Annual Report and Accounts 2018/19

Gateshead Health NHS Foundation Trust

Annual Report and Accounts
2018/19

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

Contents

Overview of Performance: Chairman and Chief Executive's Statement

Welcome to the Annual Report for Gateshead Health NHS Foundation Trust for the 2018/19 financial year.

It has been another year where Gateshead has faced significant challenges with increased pressure on our services, rising numbers of patients requiring our care and greater strain on the resources that we need to run the Trust.

Despite these increasing challenges our staff have, once again, risen to the occasion by delivering some fantastic levels of care and performance for the benefit of all our patients in Gateshead.

For Gateshead Health it was a double celebration last year as not only did the whole country celebrate 70 years of the NHS, we also shared that happy anniversary with our own Royal opening of the hospital in 1948. Our celebrations included visits by former patients and staff, turning the Gateshead Millennium Bridge blue, rediscovering Pathe news footage from our original Royal opening and taking over a local Park Run to highlight the work of NHS staff.

There has also been much cause for celebration throughout the year with the Trust rated as one of the best performing in the country for cancer care, the Cragside Unit for dementia patients reopening after a major redevelopment and a range of new theatre equipment coming online.

There is a growing national focus on how health and care services can work much more closely to help patients, which is why it was so pleasing to see our partnership work recognised at one of the highest profile events in the NHS calendar. The Gateshead Care Partnership, which brings together the Trust, Gateshead Council and local GPs, was presented with a prestigious Health Service Journal (HSJ) Award for Improved Partnerships between Health and Local Government.

This was in recognition of how we are working to streamline health and social care services for the people of Gateshead and means that GPs, hospital staff and social care professionals from the council can all come together and help deliver a much more coordinated system for patients.

The ultimate aim of this is to bring together all the expert knowledge and resources into a single point of contact so that patients and families can navigate the health and social care system far more easily. By working alongside our partners at the Council and in primary care, we can continue to put patients, and their needs, at the heart of everything we do.

In the HSJ awards, the Trust was also one of six trusts shortlisted for national trust of the year.

This was a fantastic achievement by everyone working for the Trust and provided some tangible recognition for all the hard work by our staff. Every day NHS teams across Gateshead are delivering vital services to the public both in hospital and out in the community, so to be shortlisted for the most prestigious award was testament to the commitment and dedication of all our staff.

Everyone in Gateshead should be proud of the high quality care that we're providing to patients day in, day out at a very challenging time for the NHS.

Although much attention is placed nationally on performance in Accident & Emergency, it is important to remember that overall performance in Gateshead is a reflection of how the entire health and care system is working.

Across the country the NHS is seeing a rise in the number of people using emergency services and Gateshead is no different. The number of patients attending our Emergency Care Centre (ECC) has increased by 4.6% since last year and by 8.1% since it opened in 2015 - that's an extra 6,985 people.

Despite this increase in activity we're seeing more patients within 4 hours than ever before and 94.1% of these people would recommend Gateshead to friends and family if they needed A&E treatment according to the latest survey results.

The values of the organisation put the patient at the very centre of everything that we do and that has continued this year with our work to engage with the public, whether that's patients, carers, families, volunteers, governors or members. This was highlighted again with our busiest ever open day in November, with more than 200 people turning out to learn more about Gateshead Health.

The hard work, dedication and passion of all our teams in both clinical and support roles, in the hospital and across the community, continues to shine through and we owe everyone across the Gateshead Health family a huge thank you.

Mrs J E A Hickey   Mr J Maddison
Chairman   Acting Chief Executive

Performance Report

The Trust and its services

Gateshead Health NHS Foundation Trust was authorised as a Foundation Trust in January 2005. Under its terms of authorisation and constitution, the Trust's principal purpose is the provision of goods and services for the purposes of the Health Service in England, which may include for the prevention, diagnosis or treatment of illness, and the promotion and protection of public health. The Trust may also carry out activities for the purpose of making additional income available in order better to carry on its principal purpose.

The Trust is a provider of secondary care, community and older persons' mental health services to a local population of approximately 200,000. Wider populations are served for specialist screening services, gynaecology-oncology, pathology and breast services, including South of Tyne, Northumberland, Humberside, Cumbria and Lancashire.

In 2016 the Trust took on the provision of Gateshead community services, working with the Gateshead Care Partnership (GCP). During 2018/19, transformation of these services has continued to better integrate with other professionals and ensure that people receive care delivered by the appropriate clinician at the right time and in the right place.

The Trust was given an overall rating of 'good', with 'outstanding' for caring overall, and 'outstanding' for maternity and gynaecology services, by the Care Quality Commission in February 2016.

In June 2017 the Trust received a further Care Quality Commission inspection on its older peoples' mental health services which resulted in the Trust receiving ratings of 'inadequate' for inpatient services and 'requires improvement' for its community mental health services. A focus of the Trust's work in 2018/19 has been delivering the older person's mental health action and investment plan, with key achievements including a completely redesigned and refurbished Cragside ward and implementation of a new electronic patient record system.

In keeping with its 2021 Goals, the Trust remains committed towards achieving an overall CQC rating of 'outstanding' and at the very least maintaining a 'good' rating.

The Trust's four overarching aims and its 2021 goals underpin the Board of Directors' commitment to continued high performance and provision of high quality care. The overarching aims are:

1. To provide high quality, sustainable clinical services to our local population in new and innovative ways;
2. To develop new effective partnerships with organisations in health and social care to offer high quality, seamless care;
3. To optimise opportunities to extend our business reach in the delivery of high quality clinical care; and

4. To deliver the proposed portfolio of services and quality of care within the agreed financial envelope.

The Trust eight 2021 goals describe what organisational success looks like by March 2021. They are:

1. Working with partners, we will manage and improve the health of the population of Gateshead, promoting wellbeing and preventing the occurrence and progression of ill-health wherever possible;
2. All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led;
3. In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs;
4. All our services will have a high safety culture in which openness, fairness, accountability and learning from high levels of incident reporting and mortality reviews is the norm;
5. All our services will be effective: we will reduce unwarranted variation, ensure our practice is consistent with recognised best practice 7 days a week, and improve outcomes for patients;
6. We will have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment;
7. We will deliver value for money and help ensure the local health and care system is sustainable and well led; and
8. We will use our expertise in Pathology and Women's Cancer Screening services for the benefit of the wider NHS, working with partners to provide excellent care for patients beyond Gateshead.
9. During 2018/19 the Trust made good progress in delivering its annual objectives that reflect the in–year critical steps that the senior management team believe are necessary to ensure the organisation is on course to meet its goals by March 2021.

The Trust recognises that strong partnerships with other organisations are essential to delivery of its goals. During 2018/19 there was a particular focus on developing the Gateshead Health and Care Partnership, and in continuing collaborative work with fellow providers of acute services in Newcastle, North Tyneside and Northumberland.

Uncertainty, Challenges and Risk

The Board has identified a number of significant risks to the success of the Trust and these are monitored through the Board Assurance Framework.

In 2018/19, risks related to the financial performance of the Trust, linked to the challenging financial constraints present across the health and care system, were particularly of concern to the Board.

While a level of funding growth is available from 2019/20 as a result of the NHS' 5 year funding settlement, for the Trust and its services to be financially sustainable, year on year future delivery of challenging internal efficiency targets will still be required. The Board is concerned that, beyond a certain point, the delivery of the year on year efficiencies, required to maintain financial sustainability, will not be consistent with delivery of the Trust's other goals relating to the quality of its services.

Delivery of such a level of efficiency savings in a way that is consistent with achieving the Trust's quality objectives is only feasible as part of the achievement of system wide transformational changes including the delivery of schemes that stop the growth of, or reduce the demand for, specialist hospital services.

Demand for health services provided by the Trust continued to grow during 2018/19. The Board continues to be concerned that if such demand continues to grow, especially for specialist hospital services, there is a risk that the Trust will not be able to continue to increase its capacity to meet the demand, leading to a reduction in quality.

During 2018/19, the Trust faced a number of workforce challenges, in line with those facing health services across the country. Ensuring a clinical workforce of sufficient capacity and skill to deliver on the Trust quality goals, within the context of rapidly increasing demand, continues to be a risk. The Trust is continuing to work to mitigate this risk by optimising the recruitment and retention of the nursing, allied health professional and medical workforce, and through the development of new roles. The Trust is also participating in work with partners across the Cumbria and the North East Integrated Care System to maximise the availability and usage of the region's health professional workforce.

During 2018/19 the Trust has also continued to work as a partner in wider planning for sustainable clinical services across the local health economy and the region as a whole. Service changes agreed by the regional NHS in the the year include changes to South Tyneside maternity services and changes to Vascular services, both of which will be implemented during 2019/20 and impact upon the Trust. A joint collaboration programme is in place with the Newcastle upon Tyne Hospitals NHS Foundation Trust, and the two Trusts launched their new joint Tyneside Integrated Musculoskeletal Service (TIMS) during 2018/19.

The Trust Board closely and proactively monitors and manages the risks facing the organisation and is working in partnership with others in the local health and care system to mitigate these as far as possible.

Despite the presence of these significant risks, and challenges facing front line services across the country, the Trust has continued to perform well overall during 2018/19.

QE Facilities Ltd

QE Facilities Ltd (QEF), established in 2014, is a wholly owned subsidiary company of the Trust. Through a managed healthcare contract model QEF provides estates, facilities, procurement, materials and supply chain management, equipment maintenance and transport services to the Trust.

Whilst QE Facilities' primary focus is the provision of efficient, effective and quality estates and facilities services to the Trust for the benefit 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. The financial benefits of this are returned to the Trust to support front line patient services.

The Company currently employs 650 people, of which 370 were transferred from the Trust under TUPE rules. This ensures that QEF staff retain the core values of the Trust as a whole.

Service Development

Opportunities to expand QEF's customer base and services delivered will continue to be explored to expand the range of non-clinical services it provides. In the past year this has resulted in the provision of Patient Transport Services (Hospital to Home) and Endoscopy Decontamination, delivery of medicine directly to home for around 100 patients and Pathology Logistics services for the Trust plus the development and expansions of our consultancy, estates and transport business to other Trusts.

Internal service synergies will be explored, for example between domestic, catering and housekeeping services, to ensure services are provided efficiently and effectively delivering best value to the Trust.

In addition potential future opportunities include:
- provision of estates services to other NHS organisations;
- security services;
- extension of pathology transport services to other UK locations
- patient transport services supporting hospital discharge processes (Hospital to Home scheme);
- expansion of our pharmacy services; and
- expansion of our PMVA training.

- *Industry awards to date*
- `Gold and Platinum Go sustainability awards
- Finalist for the GO procurement awards (Two categories)
- Winners for the HSJ awards (Two Categories)
- Finalist for both the Finance director of the year (HFMA) and (HCSA) Procurement leader of the year
- Finalists for the Health and Business Awards
- Leading Healthcare Awards – Highly commended

Further Information on the Company and its services is available at www.qefacilities.co.uk
or Linked in @qefacilitiesltd

Performance Analysis

Operational

The Trust judges its performance across all key domains including quality, workforce, finance and operational performance. For each domain of performance, the Board and its Committees receive regular reports on key indicators to provide assurance and to allow discussion of key issues and trends. These include, but are not limited to:
- **Quality:** Safety thermometer, incidents, Duty of Candour, Friend and Family Test, mortality, nurse staffing, complaints, healthcare associated infections.

- **Workforce:** Appraisal, Core Skills Training, staff in post, retention, absence, employee relations, recruitment.
- **Finance**: Run rate, income and expenditure, liquidity, achievement of efficiency programme, contract performance, use of resources.
- **Operational performance**: A&E waiting times, Referral to Treatment waiting times, cancer treatment waiting times, diagnostic waiting times, long stay patients.

More detailed information is available elsewhere in this report on the key performance indicators in the quality section on pages 98-234, staffing section on pages 55-72 and finance section on pages 15-20.

In the operational performance domain, the Trust was a high performer across the year compared to other Trusts, in a year when operational performance across the NHS as a whole deteriorated. Two week wait cancer, 18 week elective care and 6 week diagnostic standards were all met. There was a reduction in performance against the urgent and emergency care four hours and cancer 62 days standards, though the Trust continues to rank within the top 20% nationally for these standards.

Indicator	Target	2015/16	2016/17	2017/18	2018/19
Urgent & Emergency care 4 hours maximum waiting time	95%	93.7%	96.1%	94.6%	94.0%
2 week wait for 1st cancer outpatient appointment	93%	93.9%	96.8%	95.8%	95.6%
2 week wait for breast symptomatic referrals	93%	94.9%	96.5%	96.7%	95.1%
62 day wait for 1st definitive cancer treatment	85%	86.1%	86.8%	88.4%	83.6%
RTT incomplete pathways – waiting < 18 weeks Aggregation of month end positions.	92%	93.1%	93.5%	97.1%	92.6%
6 week wait for diagnostic procedure. Aggregation of month end positions	99%	95.8%	99.4%	99.1%	99.5%

Urgent and Emergency Care Performance

The Trust's performance against the headline A&E 4 hour access standard deteriorated slightly in 2018/19. Nevertheless comparative performance remained strong, as on average the Trust ranked 17th in the country (out of 139 Type 1 A&E providers).

There was a clear seasonal trend to performance, with the 95% standard being met in 5 of the 6 months April-September, but in none of the months October-March. This reflects that when there are breaches for non-clinical reasons in A&E, this is generally due to a lack of bed availability which is a particular challenge over the winter period.

Overall attendances at A&E and the Blaydon Walk in Centre were up 5.3% in 2018/19, equating to 17 more patients a day seen. This represents an accelerating growth rate of attendances when compared to previous years.

In 2018/19 work has continued to improve patient flow through the hospital, to provide alternatives to admission through ambulatory care and community treatment alternatives and to reduce long lengths of stay. The Trust received support from NHS Improvement's Emergency Care Intensive Support Team (ECIST) to guide the implementation of optimal processes to ensure patients only stay in hospital as long as they need to be. This work will continue in 2019/20.

Cancer performance

Key to the delivery of improved cancer outcomes is speed of diagnosis and access to treatment. In 2018/19, the Trust sustained performance for patients referred and seen on a two week wait referral, with improvements seen in many tumour pathways. There have however been particular pressures on the Trust's breast services in light of a national shortage of breast radiologists and the fragility of other regional breast services providers, which has meant that on some occasions there have been delays to first appointment. This has not however had an identifiable impact on speed of treatment for those who are then diagnosed with breast cancer.

In 2018/19 the Trust treated 785 patients for cancer, a rise of 5% on the number treated in 2017/18. Unfortunately the percentage of patients treated within the 62 day cancer standard reduced by 5% in the year, which is consistent with deterioration in performance seen both across the region and nationally. There were particular challenges in Urology cancer services that are networked with Newcastle Hospitals, with regional staff shortages impacting on speed of treatment. In Gateshead, work to improve lung and colorectal cancer pathways including faster access to diagnostics have had a positive impact on performance.

Our focus is to build on these improvements in 2019/20, to deliver improved performance throughout the year and to work to bring forward the date of diagnosis within each cancer pathway, in line with the national aspiration that patients should be diagnosed or given the all-clear within 28 days of referral.

Elective care performance: referral to treatment (18 weeks)

During 2018/19, performance against the national 18 week incomplete waiters standard has been consistently achieved but at a lower level than that delivered in 2017/18. In light of the financial pressures facing the Trust and wider NHS, there has been a more restricted use of premium (overtime) spending to clear elective waiting lists and this has contributed to longer waiting lists for general surgery and orthopaedic elective procedures. There were also challenges in outpatient waits in the gastroenterology, cardiology and respiratory specialties in the summer/autumn, but additional capacity was provided to reduce these waits by the end of the year.

Diagnostic performance

During 2018/19, the Trust's performance against the 6 week diagnostic waiting time standard continued to improve, against the trend of a deteriorating national picture. This is due to the significant investment in diagnostic capacity made by the Trust in recent years in order to respond to the growth of demand by its clinicians and local GPs for diagnostic investigations. While diagnostic demand did continue to grow in 2018/19, it did so at a lower rate than that of previous years. The Trust continues to predict future diagnostic demand and has set capacity plans to match this which, it is envisaged, will support continued high performance in this area.

Overall performance

In 2018/19, the demand for acute patient care, especially urgent and emergency care, continued to increase. Despite this and recognised national and regional shortages of workforce availability, operational performance in 2018/19 has been strong across all domains.

Performance Analysis

Financial

2018/19 has been a demanding financial year both at a national and a local level, and the Trust continues to operate in a difficult financial environment. The Trust had a challenging planned surplus of £0.7m and, conditional upon delivery of this target, the Trust was allocated £7.3m of non-recurrent national funding from the Provider Sustainability Fund (PSF), designed to provide short term stability in the NHS to enable development and implementation of required transformational and structural change. However, due to the stretching nature of the efficiency challenge and unplanned expenditure pressures, the Trust reforecast outturn during the year to a deficit of £14.1m (this revised forecast was achieved, barring increased and unforeseen costs of the national failure of the waste contract), limiting access to and availability of the non-recurrent PSF.

The consolidated accounts for 2018/2019 incorporate the results for the Trust's subsidiary company (QEF) and charitable funds, with the Group posting a deficit for the year of £14.5m. This includes £3.7m additional funding for PSF and takes into account an impairment of £2.6m.

Basis of Accounts Preparation 2018/2019

The Trust prepares the accounts under International Financial Reporting Standards (IFRS) and in line with the HM Treasury Financial Reporting Manual, Monitor Annual Reporting Manual and approved accounting policies. The Group accounts include QE Facilities, a wholly owned subsidiary of the Trust, incorporated in 2014/15, as well as the Trust's Charitable Funds.

Income

The Group received £263m of total income for 2018/2019, with NHS clinical revenue amounting to £238m, of which £226m came directly from CCGs for the commissioning of patient care and NHS England via the Area Teams, for specialised services. Together these account for 86% of the Group's income base, with 57% directly from Newcastle Gateshead CCG for the treatment of our immediate local population. An analysis of the total income the Group received in 2018/19 is shown in Chart 1.
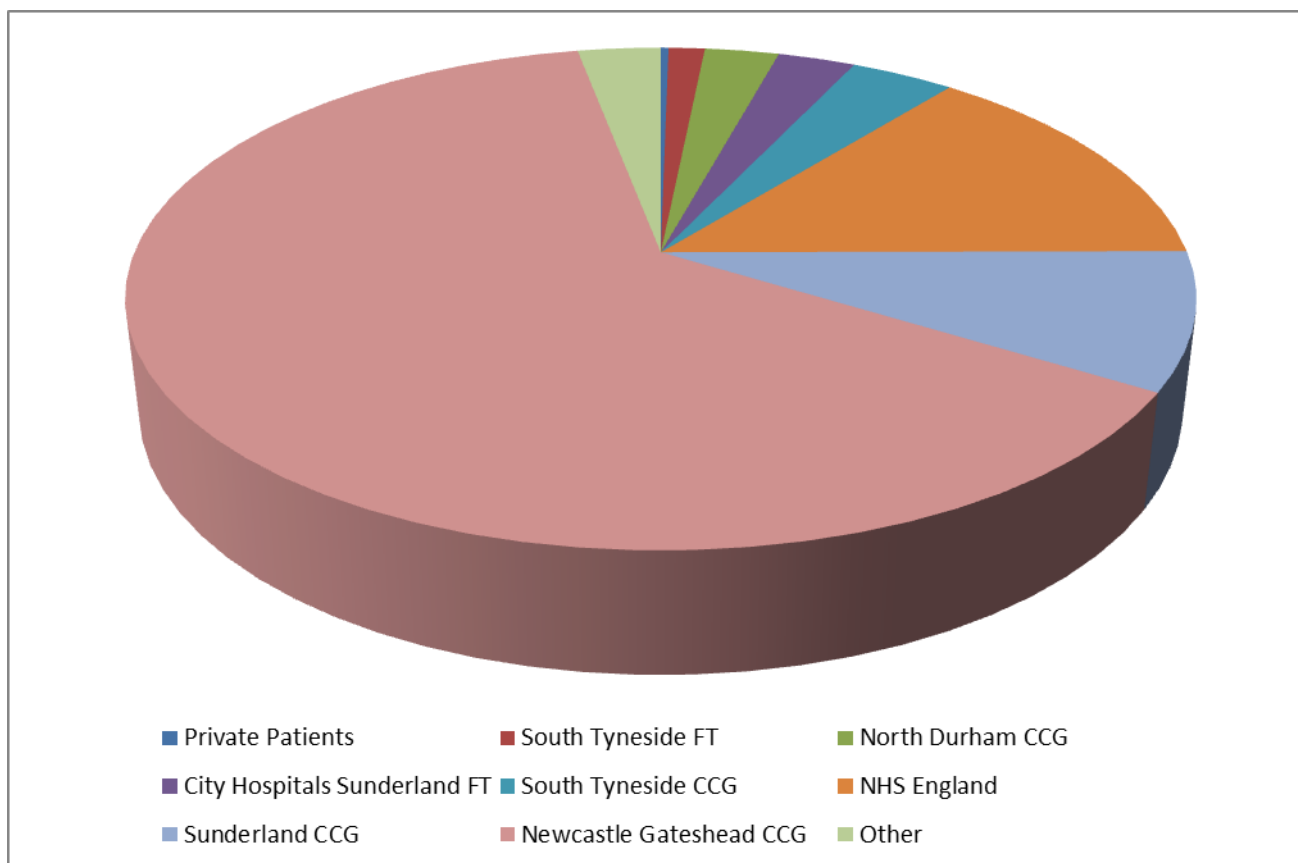
For 2018/2019 the Trust's income from private sources stood at 0.25% of total income, in line with previous years. Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. The Trust has met this requirement.

Expenditure

Total expenditure for the year was £274m (£271m net of impairment). By far the largest proportion is spending on pay and related expenses for our staff, this amounts to £180m (66%) of the total. Other material items of expenditure include medical and surgical consumables and drugs, amounting to £43m, and premises costs of £12m. Chart 2 shows the full range of expenditure.
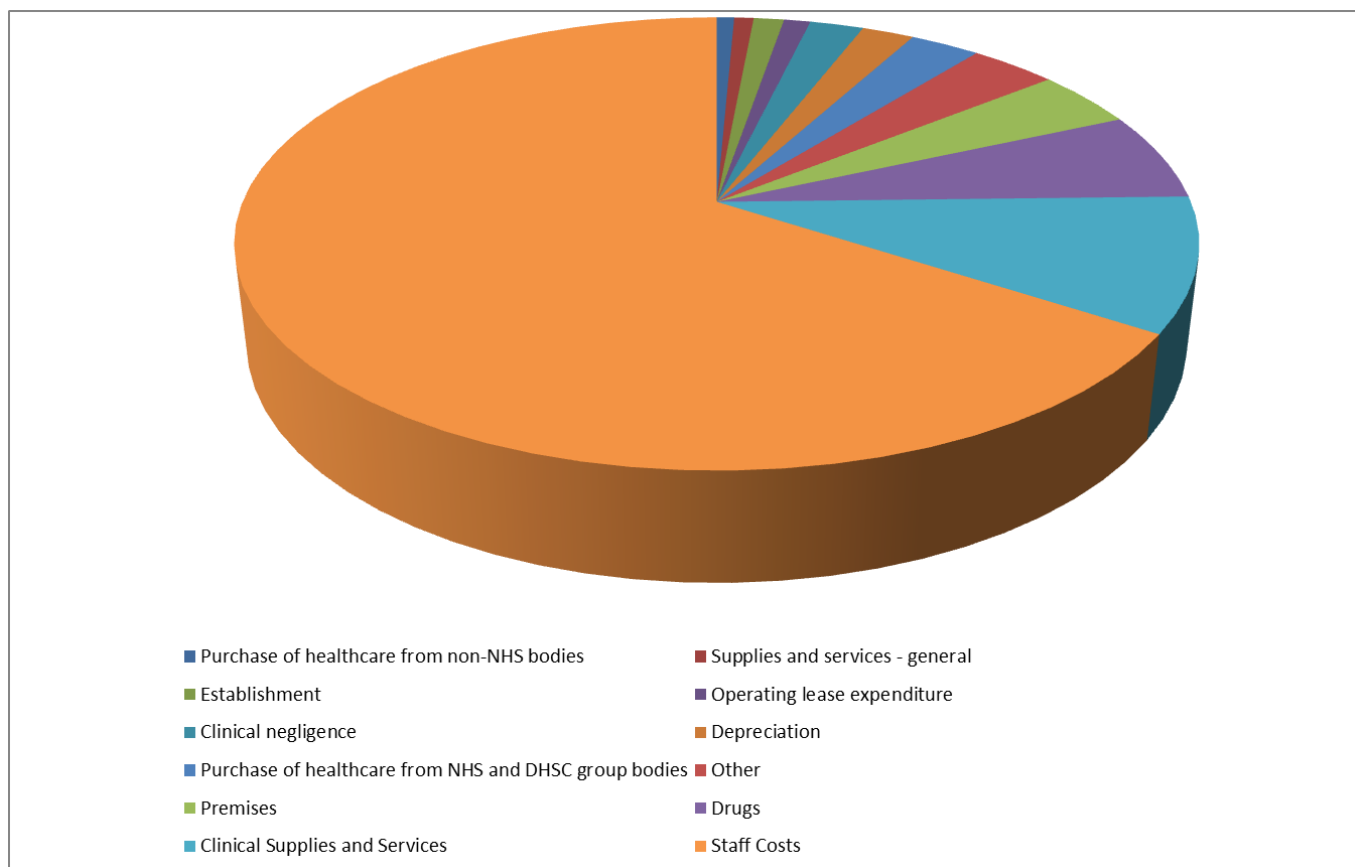
The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance. This is relevant to areas such as Payment by Results, the mechanism by which the Trust receives the majority of its income from CCGs and the production of the annual Reference Cost Return.
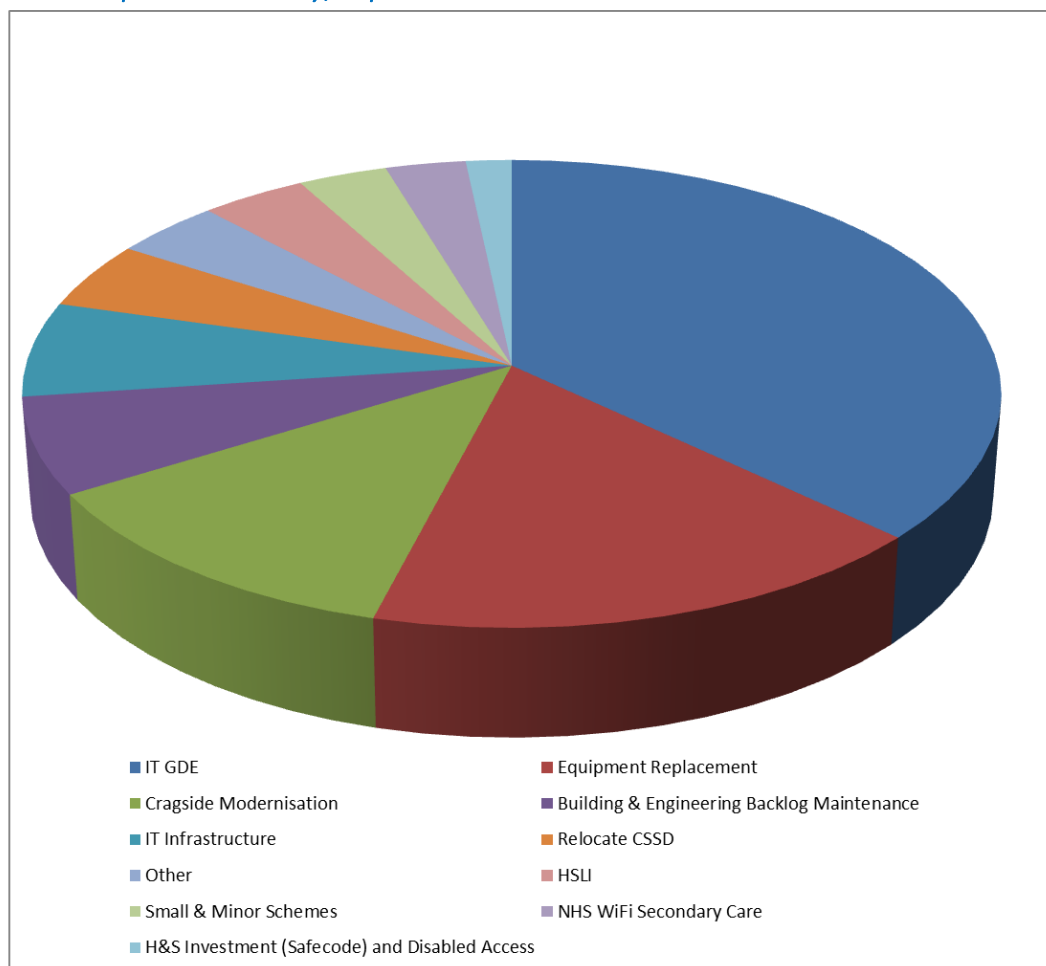
Better Payment Practice Code

We continue to work towards compliance with the Better Payment Practice Code which requires the Trust to aim to pay all valid invoices by the due date of within 30 days of receipt of goods or a valid invoice. We have had difficulty meeting this target in 2018/19 resulting from an adverse cashflow as a result of a difficult financial system upgrade and cash flow issues. And have met this standard for 54% of invoices (81.5% of value); detailed performance against the code can be found in the full accounts. Following a recommendation from government and Monitor, we also aim to pay small to medium sized businesses within 10 days of receipt of goods and services wherever possible.

Capital Expenditure

Capital expenditure for the year was £6.9m. Funding for the capital programme was made available from internal depreciation and external funding of £2.0m. In total, this was a significant increase from the levels of spend in previous years, driven by the Trust being a GDE Fast Follower. The breakdown of the capital programme is shown in Chart 3.

Legend:
- IT GDE
- Equipment Replacement
- Cragside Modernisation
- Building & Engineering Backlog Maintenance
- IT Infrastructure
- Relocate CSSD
- Other
- HSLI
- Small & Minor Schemes
- NHS WiFi Secondary Care
- H&S Investment (Safecode) and Disabled Access

Key Financial Risks

The 2019/20 financial projections build on the actual financial performance delivered in 2018/19 and take account of the activity, workforce and performance requirements, as well as the impact of the signed contracts agreed with Commissioners and the national changes to PSF and control totals along with changes for MRET funding and the introduction of FRF. The financial plan for 2019/20 aims to improve the financial performance and meet the required financial outturn set by NHSI, which is a breakeven position after receipt of national non-recurrent funding.

Delivering this financial position in the current financial environment whilst maintaining sustainable, high quality and safe services will be very challenging and is based upon achieving a recurrent efficiency programme of £8.9m, or 3.2% of turnover, system support of £4m, and achieving all performance targets to facilitate access to the local share of the non-recurrent national PSF and FRF of £6.5m.

There are a number of significant risks within this planned position and limited potential for upside opportunities.

- **Delivering the Efficiency Programme**

    As part of the 2019/20 financial plan, the Trust needs to deliver a significant efficiency programme of £8.9m as a minimum. This is predicated upon the delivery of £10.3m efficiency in 2018/19, of which £2.3m was delivered recurrently, and it represents approximately 3.2% of the Trust's turnover. It is anticipated that savings at this level will be required for the foreseeable

future and are in line with national efficiency requirement assumptions. Delivering these levels of savings year on year is extremely challenging, with the Trust's Financial Sustainability Board leading this programme of work.

- ### Local System Working
  The plan includes £4m of 'local system support' in addition to delivery of the £8.9m efficiency plan and whilst the principles of system working have been agreed between partners, there is no firm guarantee that the partners will be able to support the Trust to this level; therefore this is the most significant risk to the delivery of the financial plan and control total. If this support does not materialise the internal CRP will increase to circa 4.7%, a level which is unachievable in light of the CRP that has been delivered over the last 5 years and the relative efficiency of the Trust as per the latest Reference Cost Index.

- ### Financial Pressures and Inflation
  Expenditure plans are based on detailed projections of the resources required to support and deliver planned levels of activity whilst maintaining quality and delivering sound performance. The Trust is therefore reliant on sound financial management, particularly around operational budgetary control and the delivery of the efficiency programme, to ensure that it can manage pressures that arise in year. However the unpredictable nature of winter pressures and required surge capacity lend a degree of uncertainty to the costs of resources required. The current economic climate also creates uncertainty around potential expenditure pressures alongside the need to continually improve patient care and deliver high quality services. The Trust has included realistic estimates based on robust assumptions when developing its plans for future years.

- ### Liquidity
  The delivery of the financial plan 2019/20 would result in retained cash of £4.3m at the end of the year. However this is dependent on the delivery of the efficiency programme and expenditure plans above and therefore represents a significant risk.

Going Concern

Despite the challenging financial position in 2018/19 the Trust Board of Directors has a reasonable expectation that the Trust will have adequate financial resources to continue in operational existence for the foreseeable future. The Trust has already received interim cash support from the DHSC and the process to access this support has not changed for 2019/20 giving further assurance. Looking forward to 2019/20 the Trust has developed a financial plan that meets the NHSI required outturn. Therefore the Trust continues to adopt the going concern basis in the preparation of these financial statements.

Audit of Accounts

The full accounts are included at the end of this report. They have been prepared under the Direction issued by Monitor under the National Health Service Act 2006.

The accounts have been fully audited, and the appropriate certificate is included within the body of the accounts.

The Board of Directors acknowledge their responsibilities for the financial statements included in this report. All of the accounting records have been made available to the auditors for the purpose of their audit and all transactions undertaken by the Trust have been properly reflected and recorded in the accounting records. All other relevant records and related information has been made available to the auditors.

The Board is also satisfied that there are no issues arising since the year-end that would materially affect the 2018/19 accounts.

Social, Community and Human Rights

Sustainability

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of the rising cost of natural resources.

Our Commitment

The Sustainability Development Strategy for the NHS, Public Health and Social Care System 2014 – 2020 sets out a top-level commitment to be leaders in the field of healthcare sustainability. Our Sustainable Development Management Plan (SDMP) was originally approved in 2012, with updates provided on an annual basis, and is monitored and developed by the Trust Sustainability Group. Our SDMP's main aims are based upon the Sustainable Development Assessment Tool, which was developed on from the previous Good Corporate Citizenship Model in line with the UN Sustainable Development Goals. It is designed to help organisations understand their sustainable development work, measure progress and help focus future actions. It consists of ten modules and all utilise four cross-cutting themes including governance and policy, core responsibilities, procurement and supply chain and working with staff. As a part of the NHS, public health and social care system, it is our duty to contribute towards reducing the carbon footprint of the NHS, public health and social care system by 35% by 2020, which we are on track to do, particularly at the Queen Elizabeth Hospital site.

Corporate Approach - To be a leading example organisation in sustainable development.

Asset Management and Utilities - To reduce our energy and water consumption across the Trust.

Travel and Logistics - To encourage staff to utilise sustainable forms of transport for both commuting and business travel, whilst working with suppliers to look at their travel emissions.

Adaptation - To ensure that climate change adaptation is effectively incorporated into the Trust's business continuity, emergency planning and risk assessment procedures. The design and operation of the Estate must adequately cater for the potential effects of climate change.

Capital Projects - To reduce CO2 emissions as part of all capital projects across our estate.

Green Space and Biodiversity – To improve and maximise the extent, use and accessibility of green spaces on site for staff, visitors, patients and the local community; whilst increasing biodiversity.

Sustainable Care Models - To ensure that sustainability forms part of the culture that transforms health care delivery.

Our People - To ensure that sustainable development objectives are reflected through the workforce, promoting social value across the organisation.

Sustainable Use of Resources – To continue the reduction of waste across the organisation and reduction of emissions through the food and procurement supply chain.

Carbon/Greenhouse Gases - To reduce the Trust's organisational carbon impact and become a low carbon organisation.

Our Recent Performance

Corporate Approach – The Trust's values and vision are an integral part of the organisation in regards to everything we do and who we are. Underpinning these values is a set of value based behaviours, both of which reflect the organisation's commitment to sustainability both socially and financially. These continue to be promoted and reflected through staff induction and posters throughout the Trust.

Asset Management & Utilities - The Trust has been committed to reducing its carbon emissions and continued to invest in energy reduction technologies via the SALIX scheme, with continued investment in our ongoing LED lighting upgrades across the Trust. Our CHPs have continued to help power and heat our Hospital with around 3,000,000 kws of energy provided in to our buildings over the year at zero carbon. With the help of this ongoing work we're projecting to reduce our carbon emissions by around 800 tonnes or circa 10% over the previous year.

Travel & Logistics – The Trust's Green Travel Plan has been active since 2001 and over the years has implemented numerous measures which have resulted in a decreasing number of staff who drive to site, as we encourage staff to participate in active or sustainable travel. All the offers available to staff regarding sustainable travel are now promoted to all new starters as part of both welcome packs and induction. Following all the recent and ongoing efforts to drive change it will be interesting to see if this has made any impact on both the staff and patient and visitor travel survey results, which are currently underway as part of the large review of the travel plan. Going forward with more staff choosing to drive electric vehicles, we must develop a long term strategy regarding the implementation of further charging points across all sites for both staff and visitors.

Adaptation - The Trust recognises that there is a need to adapt and plan for potential staff or supply shortages along with an increase in patient activity due to the effects of climate change, and is committed to the ongoing development and review of a comprehensive adaptation plan. The adverse weather plan was reviewed last year and changes have since been implemented, proving successful during periods of cold weather and snowfall over the winter period. There also continues to be regular training tests of the Major Incident Plan, utilising the major incident coordination centre.

Capital Projects – Despite the limited financial spend for capital projects over the last year, sustainability is a fundamental part of any capital projects we do undertake. Example of this are the new CSSD scheme which included a heat recovery system built in to the ventilation plant along with LED lighting throughout and the Cragside refurbishment also includes an extensive LED lighting scheme with reduced night lighting to all corridor areas.

Green Space & Biodiversity - Green Space across the site is limited, however it continues to be well maintained and staff are continually looking for ways to improve patient access to these areas to improve patient health. The Cragside refurbishment not only saw the internal building improved but also the courtyard garden developing its role as part of patient care and wellbeing. Along with continually looking to improve and maintain existing green areas, there is also an emphasis on improving access for patients as part of their care, going forward there are plans for other courtyards to be developed for this purpose.

Sustainable Care Models - The Emergency Care Centre (ECC) is a great example of how a new model of care has improved patient flow by bringing together numerous services including accident and emergency, GP services and walk in centre. However moving forward other wards and departments are looking at how they can improve patient flow and reduce delayed discharges, through Rapid Process Improvement Workshops which are part of the Just Try It….SAFER Programme that aims to empower staff across the Trust to help make improvements to achieve proactive, timely and safe transfers of care. The programme has led to the appointment of discharge co-ordinators, enabling the discharge process to start earlier helping both the patient and their future care but also improving patient flow within the hospital.

Our People - As one of the largest employers in the area the Trust takes great pride and care of its staff ensuring that their opinions are valued and acted upon through annual staff surveys whilst ensuring health and well-being is a priority. It was highlighted that although many services are provided to staff, they are not co-ordinated under one umbrella so the SALS (Staff Advice and Liaison Service) was developed to make it easier for staff to access them. The annual Pedometer Challenge continues to be a great success encouraging staff to get active through healthy team competition, linking nicely with active travel and promotion of local gym facilities. The Trust continues to actively engage with the community too, through work experience, apprenticeships, volunteers and community projects. There is also engagement on sustainability issues with both public and staff through training, communications and events; with staff encouraged to join the growing network of 'green champions' across the Trust.

Sustainable Use of Resources - The Trust is committed to reducing waste out puts and working towards a zero to landfill approach, working not only with our waste contractors but with procurement as well to reduce waste volumes from the initial outset. Reducing waste is becoming more challenging as patient activity increases and more clinical areas switch to single use items; therefore there is a real emphasis on reuse (i.e. furniture) and improving waste segregation. Waste segregation is particularly important now more than ever in regards to healthcare waste streams as we look to minimise rising costs. However outside of clinical areas we can definitely focus going forward on reducing waste and single use plastics as more people are becoming aware of the global impact and new legislation is developed. As well as waste there is also the issue of sustainable food sources - the catering department is focused on supplying healthier choices ensuring not only that patients receive the nutritional and hydration required for their needs and promoting healthy eating to both staff and patients, but also that they consider the sustainable procurement of these choices.

Carbon/Greenhouse Gases - This section is an overarching area that reflects on many of the topics above in relation to reducing the Trust's carbon impact and emissions. The Trust has already met the first target set in the Climate Change Act 2008, and we are on track to meet next year's target as well.

However there is also an emphasis on encouraging staff and the local community to get involved and take steps to lower their carbon emissions, because as a health organisation we must help in prevent the effects of air quality and climate change affecting the local community and wider population.

Signed: Date: 22 May 2019
John Maddison – Acting Chief Executive

Accountability Report

Directors' Report

The Board of Directors is responsible for exercising the powers of the Trust. The Schedule of Reservation and Delegation of Authority sets out the types of decisions that must be taken by the Board of Directors and those which can be delegated to management. The Board sets the strategic direction within the context of NHS priorities, allocates resources, monitors performance against organisational objectives, ensures that clinical services are safe, of a high quality, and ensures high standards of clinical and corporate governance. The constitution defines which decisions must be taken by the Council of Governors and how disagreements between the Board and the Council of Governors should be resolved.

Composition of the Board

The Board comprises eight Non-Executive Directors (including the Chairman) and six Executive Directors (including the Chief Executive). The Board has also supported in its work by three additional Associate Directors. Although not voting members of the Board, these Directors are members of the Executive team and provide Director level leadership within their individual business units. During 2018/19, one of the Associate Directors took up n Acting Executive Director position. The Chairman and Non-Executive Director appointments are approved for terms of office of up to three years and terminated by the Council of Governors via the Governors' Remuneration Committee and may seek reappointment in line with the provisions set out in the Code of Governance.

The Board considers that all of the Non-Executive Directors are independent and Mr Shaun Bowron is the named Senior Independent Director. The Executive Directors are appointed on permanent contracts and all Directors undertake an annual appraisal process. Additional assurance of independence and commitment for those Non-Executive Directors serving longer than six years is achieved through a rigorous annual appraisal and review process in line with the recommendations outlined in the Code of Governance.

Declaration of Interests

The Board declare any interests before each meeting which may conflict with the business of the Trust and excuse themselves from any discussion where such conflict may arise. Interests are declared annually at a public meeting and these are recorded in a Register of Interests, available on the Trust website.

Directors' Declaration

The Directors of the Board at the time the annual report is approved can confirm that:

So far as they are aware, there is no relevant audit information of which the auditor is not aware and that they have taken all steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

All Directors understand that it is their responsibility to prepare the annual report and accounts, and that they consider 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 performance of Gateshead Health NHS Foundation Trust, including our business model and strategy.

Board meetings and committees

The Board supports the Nolan principles and makes the majority of its decisions in meetings open to the public. The Board met in public 8 times during the year. It also met in private 11 times and held 3 informal away days during the year.

The Board delegates some of its work to committees. There is a standing item at each Board meeting to receive the assurance reports from the Board committee meetings.

Executive Directors		Attendance at Board of Director meetings
Name & Position	Background	Total number attended
John Maddison Group Director of Finance and Informatics to September 2018 Acting Chief Executive from September 2018	John Maddison joined the Trust as Interim Director of Finance in August 2014 until his substantive appointment in January 2015. John joined the NHS as a Graduate trainee in 1982 and has many years' experience as a Finance Director in the acute FT sector both locally and further afield. He was appointed as Deputy Chief Executive in August 2016 and Acting CEO from September 2018.	11/11
Andrew Beeby Medical Director	Andy was appointed as Medical Director in November 2016. He is a Consultant Obstetrician & Gynaecologist with a special interest in Urogynaecology and has worked in the Trust since 1995. He qualified from Newcastle upon Tyne in 1985 and trained across the North East prior to his appointment at Gateshead. He was Clinical Lead for Obstetrics & Gynaecology 2003-2016 and Associate Medical Director for Workforce and 7 day services 2015-16.	10/11
Jackie Bilcliff Acting Group Director of Finance from September 2018 Group Director of Finance from January 2019	Jackie was substantively appointed as the Group Director of Finance for the Trust in January 2019. Jackie started her career in audit, training with the Audit Commission. She held various roles there before moving on and eventually becoming Finance Director of Northumbria Probation Service, prior to joining Gateshead.	11/11
Claire Coyne Director of Clinical Support and Screening Services	Claire was appointed as Director of Clinical Support and Screening services in July 2016. She joined the NHS in 1986 as a student nurse and has worked for the Trust since 1990 holding a number of nursing and management positions.	7/11
Hilary Lloyd Director of Nursing, Midwifery and Quality	Hilary was appointed as the Director of Nursing, Midwifery and Quality in 2014 having previously been the Deputy Director of Nursing Midwifery and Quality since 2011. She qualified as a registered nurse in 1989 and has extensive clinical experience. She has held a number of senior nursing posts in acute health care, education and research. Hilary has a professional doctorate in improving quality in nursing practice	10/11

Executive Directors			Attendance at Board of Director meetings
Name & Position	Background		Total number attended
Nick McDonaugh Acting Executive Director – Operational Delivery from December 2018	Nick McDonaugh joined the Trust in October 2016 as Associate Director, Surgical Services. In November 2018 Nick became Acting Executive Director of Operational Delivery to provide additional senior leadership over the winter period. Tragically, Nick was killed in a road traffic accident in March 2019. The Board would like to pay tribute to Nick and recognise the significant contribution he made to the Trust during his time with us.		3/3
Ian Renwick Chief Executive	Mr Renwick was Chief Executive of the Trust until 20 September 2018.		2/4
Susan Watson Director of Strategy and Performance	Susan has extensive experience working in the NHS dating back to 1985. She joined the Trust in December 2014 as Director of Strategy and Transformation and has worked closely with partner organisations across the health and care community to develop the Trust's approach to integrated care.		10/11

Non-Executive Directors			Attendance at Board of Director meetings
Name & Position	Background		Total number attended
Julia Hickey Chairman	Julia has been Chairman since 1 July 2012, having previously served as a Non-Executive Director and Audit Committee Chair on the Board since 2004. She is the Non-Executive lead for Diversity and Inclusion. Julia's professional background is as a chartered accountant, with experience in a wide variety of predominantly private sector fields. She has over 20 years' Non-Executive experience across health, education, social housing and probation. She is also a Trustee and Chair of the Audit Committee on the Board of the NHS Confederation. Julia's term of office ends on 30th September 2019.		10/11
Shaun Bowron Vice-Chairman and Senior Independent Director	Shaun has a background in media spanning 35 years in both the regional press and commercial radio. Prior to joining the board in July 2013, he was Group Operations Director with GMG Radio, part of the Guardian Media Group. His previous roles include Managing Director and Brand Managing Director. He has commercial, marketing and general management skills having worked at board level for over 20 years. Shaun's term of office ends on 30 June 2020.		9/11
Ruth Bonnington Non-Executive Director	Ruth has been a GP in Gateshead for 24 years and works in a small practice in Bensham where she has been a partner since 1995. She is passionate about good quality, patient-centred care that can only be delivered if staff (both clinical and non-clinical) are committed to these values and robust systems are in place to support its delivery and the staff themselves. Ruth was appointed in July 2017 and her term of office ends on 30 June 2020.		10/11

Non-Executive Directors		Attendance at Board of Director meetings
Name & Position	Background	Total number attended
Martin Gannon Non-Executive Director	Martin was elected as a member of Gateshead Council in 1984 and served in various roles including Deputy Leader for six years, before being elected as Leader of the Council in May 2016. Prior to this, Martin worked for the GMB Trade Union for 23 years undertaking a number of roles including Regional Officer, Head of Research, Health and Safety and Media and Communications. As Leader of the Council, Martin is involved in several national and regional bodies. He is Chair of the North East Joint Transport Committee and a member of North East LEP, the North East Combined Authority, LGA City Regions Board and North Music Trust. Martin was appointed in July 2017 and his term of office ends on 30 June 2020.	5/11
Paul Hopkinson Non-Executive Director	Paul is a practising solicitor based in the North East but working for large scale public sector bodies in various parts of the country. He is also a trustee of a local cancer charity. His term of office ends on 30 June 2021.	8/11
Kathryn Larkin-Bramley Non-Executive Director and Audit Committee Chair	Kathryn is a fellow of the Institute of Chartered Accountants in England and Wales and has served as an NHS Non-Executive Director in the North of England for fourteen years. Kathryn's term of office ended on 30 June 2018.	3/3
John Robinson DL Non-Executive Director	John has a professional background in Environmental Health, with over 40 years' experience of Local Government. He has developed and managed a wide range of services provided by Gateshead Council and led various partnerships involving the Local Community. Before retirement he was Strategic Director, Local Environmental Services. John is also a Deputy Lieutenant of Tyne and Wear. He became a Non-Executive Director on 1 July 2014 and his term of office ends on 30 June 2020.	11/11
Mike Robson Non-Executive Director and Audit Committee Chair from July 2018	Mike is a Fellow of both the Chartered Institute of Public Finance and Accountancy and of the Healthcare Financial Management Association. He qualified as an accountant in 1979 whilst working in local government and held Director of Finance posts within the NHS for 25 years. He is a Vice President of St Oswald's Hospice in Newcastle having retired by rotation from the role of Chair of Trustees in November 2018. Mike was appointed as a Non-Executive Director on 1 July 2018 and is Chair of the Audit Committee. Mike's term of office ends on 30 June 2021.	8/8
David Shilton Non-Executive Director	David qualified as a nurse in 1978 and after working in a range of clinical specialties moved into Nurse Management in 1984. He has worked at a senior management level in both the NHS and independent sector. His most recent role was as Executive Nurse Director with South Tyneside NHS Foundation Trust. He became a Non-Executive Director on 1 December 2015. His term of office ends on 30 June 2021.	11/11

Related Party Transactions

Gateshead Health NHS Foundation Trust is required under IAS 24 to disclose material transactions undertaken with a related party. See Notes 16.4 – 16.5 on page 286 of the accounts.

During the year none of the Board Members or members of the key management staff or parties related to them, has undertaken any material transactions with Gateshead Health NHS Foundation Trust. The Foundation Trust has received revenue and capital payments from the Gateshead Health NHS Foundation Trust Charitable Fund.

NHS Improvement's well-led framework

The Trust's Vision places the patient at the centre of everything that we do, supported by the Trust values which every member of staff has signed up to.

The Trust Quality Governance Committee (QGC), a Committee of the Board, ensures that the governance of quality is its number one focus. This is evidenced by the presentations, papers and six-monthly reports which are received for assurance from the councils who report into QGC, with a focus on quality improvement, patient experience, clinical effectiveness, patient safety, research and development, risk and claims.

To ensure that the Clinical Business Units are responsive and effective and also have quality foremost in their plans, they are required to present their Quality Improvement plans to our clinical governance meeting (SafeCare) twice a year which they update following their departmental and Business Unit SafeCare meetings. To bring all this together and support the Business Units and staff the Trust has prepared a Quality Improvement Strategy 2018/21. The Trust's achievements during 2018/19 are detailed within the Quality Accounts section of this report – please see pages 98-234.

In October 2018 the Board of Directors carried out a well-led self assessment in line with new guidance published by NHS Improvement. The findings from this assessment will be monitored through an action plan agreed by the Board. The Annual Governance Statement on pages 81- 97 highlights in more detail the Trust's approach to ensure services are well-led.

Patient Care

A mental health unit for older patients with dementia reopened following a £750,000 redevelopment. This significant investment in the Cragside Court unit at the hospital provides a wide range of improvements for patients and enables staff to offer much better care in a modern, safe and therapeutic environment. The updated building will increase privacy and dignity by incorporating more private spaces for patients as well as introducing a separate examination and treatment room. The new unit also contains artwork and a range of objects that help patients uncover memories and reminisce about times in their past. The new space will also enable staff to make better use of the activities they arrange for inpatients such as dancing and movie nights. One of the key aims of the new design is to help reduce the tension, anxiety and challenging behaviour that can often accompany serious dementia by providing a much more comfortable and stimulating environment.

Children in Gateshead are using a new and interactive way of telling medical teams how much pain they are experiencing after the Trust launched a special pain passport for youngsters. Children attending the Queen Elizabeth Hospital are given a pain passport which helps to put the child and their parent or guardian in charge of their own needs and pain management, while also helping medical staff to see if the child's pain has worsened. Dr Noel Renton worked with a wide range of staff across the hospital to design and implement the project. The Pain Passport, which was introduced at the end of last year, is now given to a child on their arrival and they are able to use this to score their pain within 30 minutes after their arrival. The passport also features an interactive 'Kid's Page', which gives children something to focus on in the waiting room, where they can draw a picture of their face and answer questions about themselves such as their favourite colour and hobbies. This helps build a rapport between patients and the nursing staff during a time where children might feel a little unsettled or anxious.

The Trust successfully reported 1016 Meticillin Resistant *Staphylococcus aureus (*MRSA) BSI free days up to November 2018 maintaining the national aspiration and improving patient safety. This significant achievement was celebrated in QE weekly and also on social media platforms such as the QE Facebook page and Twitter. The annual rate of MRSA BSI reduced from 12.17 per 100K bed days in 2006/07 to a zero rate and is a significant achievement in demonstrating high quality care; however increased to 1.1 to the end of Q4.

Further information on patient care can be found in the quality account.

Innovations

A realistic indoor bus stop was installed to help support patients with dementia. The bus stop, which looks just like the real thing, has been kindly supplied by local operator Nexus and is designed to offer some familiar and friendly signs for people coming into a hospital environment to help patients feel more at home when they're admitted. It also helps patients have a familiar and safe area that can calm challenging behaviour or ease difficult situations. Providing therapeutic activities that help entertain patients and relieve boredom or frustration are now a key part of the service at Gateshead. Some of the other activities that are organised for dementia patients at the hospital include film nights, pet therapy, local history talks, cream teas, film nights, ballroom dancing and sporting memories sessions.

The Trust officially unveiled a new, state-of-the-art theatre, making it one of the most advanced laparoscopic theatres in the North East. The operating theatre, which is used for cancer treatment, boasts advanced imaging technologies and voice activated equipment to help staff individualise treatments for patients and provide quicker, more efficient operating times. The theatre has introduced two cutting edge technologies as well as being the first hospital in the North East to provide Near Infra-Red imaging and Immunofluorescent Technology. This equipment produces high quality imaging while also using specialised dyes and instruments that enable surgeons to view areas that may not be visible to the naked eye. This means they can provide treatments tailored to each individual, reducing complications and recurring diseases.

Expectant mums in Gateshead can now access their maternity medical notes online thanks to an innovative new app. The BadgerNet Maternity Notes app allows women real-time access to their maternity records using their smartphone, PC or tablet. The information is generated from the hospital's

maternity system using details entered by a midwife or other health professional. This includes blood test results, reminders about appointments and information on antenatal classes. The app also allows pregnant women to add information about their preferred birth plan and flag up any allergies or relevant health issues prior to an appointment. As well as empowering women to feel more involved in their care, the app provides a valuable resource for their healthcare team by creating an easily accessible record of their medical and personal information.

Digital Optimisation and Transformation including the Global Digital Exemplar Fast Follower

Patients who smoke given access to digital smoking cessation support. The NHS Health Call app allows smokers to be digitally supported to stopping smoking. The system uses digital 'nudges' to encourage patients to manage their smoking habits by providing supportive information, should they need additional motivation, and access to the local authority smoking cessation specialists should they require more in depth support.

Community services and Mental Health services go fully digital. The implementation of EMISWeb has enabled the Community and Mental Health services to move their clinical record onto Digital technology. This has enabled appropriate record sharing across the services in the Trust, but also to the patient's General Practice – thereby ensuring more consistent, higher quality, joined up care. The next step for these teams is to move to mobile technology, so they can access the record from wherever they are working; such as in the patient's home.

Underpinning technology replaced to improve cyber and business continuity. The Trust has made significant investments in underlying technology to ensure the continuity of the hospital's systems, whether that is the network infrastructure that runs the telephony services, or the equipment that runs the clinical applications, or the maintenance of the systems to reduce the risk of a cyber incident impacting on the Trust operationally.

Digital whiteboards implemented on all inpatient wards. Each ward has digital whiteboards that display the patients on the ward, together with information to support the management of their care. Information is available to show the Consultant responsible, physiotherapy assessment status, medications status and the expected date the patient is planned to be discharged from the ward. This information enables the hospital to manage patient flow better, so patients get their needs met and are discharged in a timely way enabling the clinical teams to have oversight of beds across the hospital.

Accolades and Awards

A national survey of cancer patients has again shown Gateshead among the best performing hospitals in the country. The National Cancer Patient Experience Survey results show that patients gave the Trust an average rating of 9.1 out of 10 for the care they receive, higher than the national average of 8.8. Gateshead scored well above the national average on many of the questions with particularly positive responses for people being involved in decisions about their care and treatment, patients being given the name of a Clinical Nurse Specialist and patients feeling they were treated with dignity and respect while in hospital. Gateshead has a strong track record of providing good cancer care for patients and the

hospital has regularly featured at the top of national league tables measuring patient experience across England.

Gateshead Care Partnership, which brings together the NHS, council and local GPs, was presented with a prestigious Health Service Journal (HSJ) Award. The partnership was presented with the award for Improved Partnerships between Health and Local Government in recognition of how they have streamlined health and social care services for the people of Gateshead. Gateshead Care Partnership was formed in 2015 and is a unique collaboration between QE Gateshead, Northumberland, Tyne and Wear NHS Foundation Trust (NTW), Gateshead Council and CBC (whose membership comprises all the local GPs). This means that GPs, hospital staff and social care professionals from the council all come together and help bring a much more coordinated system for patients.

QE Gateshead has again been named one of the nation's top hospitals by healthcare intelligence group CHKS. The prestigious award was presented after the analysis of data from all hospital trusts in England, Wales and Northern Ireland. Over 20 indicators of performance were analysed including safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

A specialist team from the hospital has won national recognition for its work to empower and support children living with diabetes. Gateshead Children and Young People's Diabetes Service supports children who have Type 1 diabetes, as well as their parents or carers. The service has achieved an Investing in Children award to recognise its work to consult with and listen to the children in its care, as well as make improvements and changes to the service based on their feedback. The award was given following an inspection by the Investing in Children initiative, which promotes the human rights of children and young people.

The critical care team won a national award for the work they do to support patients with a common, but often misunderstood, medical condition. Although Delirium can be fairly common most people are totally unaware of the condition, but a team from the critical care unit at the hospital picked up an award for the way they manage it at the *I Can Prevent Delirium Conference* in Durham. Delirium can affect men or women of any age but is more common among older people, those with visual and hearing impairments or those with dementia. The work in critical care has included improved education and training, better screening and much more information for relatives and families. The award recognised the importance of education, screening and delirium prevention which were all highlighted in the team's fantastic 'Down with Delirium' poster designed especially for the event.

QE Charitable Funds

Last year, around £320,000 was donated, left in kind legacies or fundraised by patients, their families and staff. Our fundraisers have excelled themselves this year with one family raising £4,000 at a charity night for our chemo unit and a bereaved son raising £3,000 in memory of his mum for St Bede's. With 35 people participating in the Great North Run to organising social evenings, the lengths our fundraisers will go to is truly amazing.

QE Charitable Funds aims to enhance patient experience here at the hospital and this has included the purchase of a paediatric ventilator for critical care, a brand new room for families in St Bede's and state of the art gym equipment to help patients with their rehabilitation.

Over the last 12 months, the charity has also attracted 5 local businesses to work in partnership, held its first staff fundraising event and increased engagements on social media by 70 per cent.

Communications/stakeholder relations

Last year was a hugely exciting time in the health service with a national campaign celebrating 70 years of the NHS. For us in Gateshead, it was a double celebration because it was also the 70th Birthday of the QE and we linked both landmarks into a single campaign delivered throughout the year.

We gained national and local coverage for this work which included a number of special events for staff and patients. To help celebrate online we rediscovered a Pathe news clip of a 1948 Royal visit, which became the most viewed post of the year on our social media channels.

The past 12 months also required lots of responsive communications work as the organisation tackled some significant reactive issues. Despite the significant challenges facing all NHS trusts we know that positive, proactive and professional communications can help engage the public, motivate staff, reassure patients and deliver improvements to patient experience.

At the start of each financial year we set out a series of communications priorities based on information provided by senior teams across the organisation and closely aligned to the key strategic objectives of the Trust. This focus has helped us establish clear lines of communications to engage with our staff, patients, partners, commissioners and the wider public in a modern and dynamic way.

The overall communications landscape continues to be defined by rapid changes in the way people consume information, find news, share opinion in real time and connect with organisations online.

Gateshead has delivered some really powerful communications this year which have seen the team shortlisted for a national award, had work showcased by NHS Employers and been asked to present our approach to communications at three national events.

Audit Committee Report

During the year the Audit Committee considered the significant issues in relation to the Group's (both QEH and QEF) financial statements, operations and compliance.

In particular, in addition to regular reporting and discussion regarding internal audit work, counter fraud activity, risk management/board assurance framework, and losses and compensation payments, the Audit Committee had detailed discussions and monitored specific actions regarding:

- Effective IT systems including security controls relating to mobile devices
- The effective submission and review of results from the Reference Cost and CTP (early implementer) process
- Review of Corporate Governance, Standing Orders, Standing Financial Instructions and Scheme of Delegation
- The migration to Oracle Cloud and effect on the public sector payment policy
- The contract and business continuity implications of the failure of the waste management contract
- Issues relating to the effective discharge of the legal service function and claims handling.

The draft financial statements for 2018/19 were discussed and reviewed at a dedicated workshop in April 2019. The draft outturn position, risks and other significant issues were discussed at this meeting.

As in 2017/18 the valuation of land and buildings was highlighted as a significant audit risk in the external auditor's audit plan presented to the Audit Committee in December 2018. A desk top revaluation of the Trust's land and buildings was undertaken during the 2018/19 financial year by a professionally qualified valuer. This revaluation has been reflected in the draft financial statements. The Audit Committee considered and accepted the basis of this valuation and its disclosure in the financial statements. Further discussions were held with the Audit Committee relating the treatment of the valuation of the Trust's investment property and prior period adjustments to the statements.

The Audit Committee also reviewed the Annual Governance Statement taking assurance from Internal Audit Reports, the work of the Quality Governance Committee, the Finance and Performance Committee and the Human Resources Committee and updates to the Board Assurance Framework. The Committee has not been made aware of any concerns around governance or breaches of internal controls during the year, which would need to be reflected in the Annual Governance Statement. All reports in which Internal Audit reported that they had gained 'limited assurance' from their review were considered specifically by the Audit Committee. As a result of these specific reviews, the Committee was satisfied that none of the concerns raised were significant in the context of the Annual Governance Statement and the Committee's other responsibilities.

External audit provided their External Audit Plan for the audit of the annual accounts to the Audit Committee in March 2019. As noted above, this outlined the key audit risk area as being the valuation

of land and buildings. Other risks identified, and unchanged from previous years, requiring specific reporting, were;

- Fraud risk from revenue and expenditure recognition
- Mis-statements due to fraud and error
- Arrangements for managing financial resources.

External Audit reported back on these risk areas in their ISA 260 as well as their view on Value for Money and the Trust's Quality Report. The Accounts have been given an unqualified audit opinion and the auditors assured the Audit Committee and Board that the Trust has proper arrangements to secure economy, efficiency and effectiveness in its use of resources. In terms of the Quality Report the auditors have provided a limited assurance opinion (which is the highest assurance they can give). There were no issues identified this year.

Members of the Committee take the opportunity to have a discussion with the auditors following the Committee meetings without any officer of the Trust being present. The purpose of these discussions is to ensure that there were no matters of concern arising from internal or external audit regarding the running of the organisation that should be raised with the Audit Committee. Any matters discussed at these meetings are reported to the Board of Directors. The Committee completed a further self-assessment in the last quarter of 2018/19 alongside the terms of reference to ensure they enable continued robust challenge and adherence to the Committee's purpose.

The 2017/18 audit year was the first year of a 3 year contract for external audit services won by Ernst & Young. The fee for external audit work undertaken under the Code of Audit Practice issued by the National Audit Office included the opinion on the financial statements, the review of the Annual Governance Statement, the opinion on the economy, efficiency and effectiveness of the Trust, work to support the Whole of Government Accounts and the review of the Quality Report and Charity audit. EY were also the auditors for QEF. In total the value of this work was £49k excluding VAT. Ernst&Young have not provided non-audit services during the year.

During the year the Chair of the Audit Committee changed from Mrs Kathryn Larkin Bramley to Mr Mike Robson, there were no significant changes to the team provided by AuditOne, Ernst&Young and NHS Protect.

There were five Audit Committee meetings in 2018/19, attendance was as follows.

Member	Attendance at Meetings
Mr P Hopkinson	4/5
Mrs K Larkin-Bramley (Chair until 30 June 2018)	1/1
Mr John Robinson	5/5
Mr M Robson (Chair from 1 July 2018)	4/4
Mr D Shilton	4/5

Council of Governors

The Council of Governors includes 16 public governors elected by members of the Foundation Trust. It also has six staff governors elected by hospital staff. They are joined by nine nominated representatives from our partner organisations.

Our Governors play an important role in helping us communicate with our members and partner organisations about our vision, performance and strategy. It is their responsibility to maintain and review the Membership strategy and increase our membership. They also have specific responsibilities in regards to the appointment and remuneration of our Chairman and Non-Executive Directors, the appointment of the external auditor and the holding to account of Non-Executive Directors individually and collectively for the performance of the Board of Directors.

The Board of Directors consults with them at a joint workshop when the operational plan is being prepared and at a mid-year review. Governors receive regular reports at meetings on financial/clinical performance and quality. Governors are also consulted on other issues such as revisions to our constitution.

The Board of Directors also attend the meetings of the Council of Governors and members of the Council of Governors attend as observers at the Board of Directors' meetings. Papers and agendas for public Board meetings and Council of Governor meetings are shared. The agenda ensures that governors are given the opportunity to question Directors and Non-Executive Directors on the performance of the Trust and to engage on strategic matters. The Trust Chairman chairs both the Board and the Council of Governors and acts as a link between the two.

A Non-Executive Director is a member of the Membership Strategy Group and, as members of the Trust, Non-Executive Directors receive all information sent to members. The relationship between the Council of Governors and the Board of Directors is key and the Trust continues to build upon opportunities for shared activities.

During 2018/19, the Council of Governors met in public five times. Agenda, papers and dates of meetings can be found on the website (details of which are on the back cover). In addition to attendance at formal Council of Governor meetings, Governors have also met as part of working groups and committees throughout the same period. Each Governor's attendance at the Council of Governors is shown in the constituency list on pages 37-38.

Attendance by the Board of Directors at Council of Governors' meeting was:

Name	Position	Meetings Attended
Andrew Beeby	Medical Director	2 out of 5
Jackie Bilcliff	Group Director of Finance (from September 2018)	3 out of 3
Ruth Bonnington	Non-Executive Director	3 out of 5
Shaun Bowron	Non-Executive Director	4 out of 5

Name	Position	Meetings Attended
Claire Coyne	Director of Diagnostic and Screening Services	4 out of 5
Martin Gannon	Non-Executive Director	1 out of 5
Julia Hickey	Chairman	5 out of 5
Paul Hopkinson	Non-Executive Director	3 out of 5
Kathryn Larkin-Bramley	Non-Executive Director (to June 2018)	1 out of 2
Hilary Lloyd	Director of Nursing, Midwifery and Quality	3 out of 5
Nick McDonaugh	Acting Executive Director – Operational Delivery	4 out of 5
John Maddison	Acting Chief Executive (from September 2018) (Formerly Group Director of Finance and Information)	3 out of 5
Ian Renwick	Chief Executive (to September 2018)	2 out of 2
John Robinson	Non-Executive Director	5 out of 5
Mike Robson	Non-Executive Director (from July 2018)	3 out of 3
David Shilton	Non-Executive Director	5 out of 5
Susan Watson	Director of Strategy and Performance	5 out of 5

Public Governors	Constituency	Appointment	Meetings Attended
Eileen Adams	Central	3 years from 2017	5 out of 5
John Bedlington	Central	3 years from 2019	1 out of 1
Bob Brammer***	Central	3 years from 2018	1 out of 1
Steve Connolly*	Central	3 years from 2016	3 out of 4
Helen Jones	Central	3 years from 2017	5 out of 5
Michael Loome* (Lead Governor to January 2019)	Central	3 years from 2016	4 out of 4
Margaret Monaghan	Central	3 years from 2019	0 out of 1
Abe Rabin	Central	3 years from 2017	4 out of 5
John Stephens	Central	3 years from 2019	1 out of 1
Karen Tanriverdi	Central	3 years from 2018	3 out of 5
Alan Dougall*	Eastern	2 years from 2016	2 out of 4
Margaret Jobson	Eastern	2 years from 2017	5 out of 5
Esther Ward	Eastern	3 years from 2019	1 out of 1
Cecilia Coulson***	Western	3 years from 2017	3 out of 3
Jenny Gill (Lead Governor from February 2019)	Western	3 years from 2017	4 out of 5
Grace Henderson	Western	3 years from 2017	3 out of 5
Mick Lamport	Western	3 years from 2018	4 out of 5
Jacqueline Lockwood*	Western	3 years from 2016	2 out of 4
Janice Todd	Western	3 years from 2015	5 out of 5
Elizabeth Vanner	Western	3 years from 2019	1 out of 1

Staff Governors	Constituency	Appointment	Meetings Attended
Joanne Coleman	Staff	3 years from 2019	3 out of 5

Claire Ellison	Staff	3 years from 2017	1 out of 5
Andrea Hayward***	Staff	3 years from 2016	1 out of 3
Kendra Marley	Staff	3 years from 2019	1 out of 1
Anna Richardson	Staff	3 years from 2018	2 out of 5
Rob Stead	Staff	3 years from 2017	1 out of 5
Aaron Walton***	Staff	3 years from 2018	0 out of 4

Appointed Governors	Organisation	Appointed	Meetings Attended
Judith Doyle CBE	Gateshead College	January 2016	4 out of 5
Mary Foy	Gateshead Council	September 2016	2 out of 5
Josh Smith	Gateshead Youth Council	January 2018	4 out of 5
Alison Machin	University of Northumbria	January 2018	4 out of 5
Aron Sandler	Gateshead Jewish Community	May 2009	1 out of 5
Laura Ternent	University of Newcastle	September 2016	3 out of 5
VACANCY	Voluntary Organisation Council		
VACANCY	Gateshead Diversity Forum		
VACANCY	Gateshead CCG		

*   Candidate did not stand for re-election or was not re-elected

**   Governor was unable to stand for re-election due to serving a maximum of nine years

***   Governor resigned from post mid-term

Through its Governors and members, the Trust is making links with local communities to gain a greater understanding of people's needs to shape services. Our most successful recruitment method is through our Governors attending Out-Patient Clinics and through our website.

During 2018/19, Governors attended the following local community meetings and venues:
- Blaydon Walk-In Centre
- Felling Methodist Church group
- Blaydon Library
- Low Fell U3A
- Whickham U3A
- Wrekenton Hub

Governor Training and Development

We believe our Governors require effective training and development to carry out their role, and we provide this in a number of ways. On appointment all Governors receive a comprehensive induction which covers areas such as the NHS as a whole, the roles of our regulators, Non-Executives and the Senior Independent Director and NHS finance.

Governors are also provided with a handbook containing all relevant Monitor guidance and are also offered a 1-1 meeting with the Chairman to discuss any particular issues they may have. The Trust held a number of governor training workshops throughout the year which have included feedback from the National Governors' Conference, and Real Time Surveys. Two Development Days were also held with

sessions such as feedback from a Rapid Improvement Workshop, Rehabilitation – Changing Models, the Just Try It Programme, and a session on the Trust's Involvement Strategy.

External training is also available and during the year a small number of governors have attended local NHS Provider seminars.

Governors take part in two workshops with Non-Executive Directors during the year to discuss the operational plan and the Non-Executive Director's role in assuring the Council of Governors that actions are being delivered.

To help Governors fulfil their role they are invited as observers at the public Trust Board meetings, with the opportunity to ask questions at the end of the meeting and at their workshop with Non-Executive Directors they discuss the role of the Non-Executive Director, and are given detailed September 2017, an additional agenda item was added to the Trust Board agenda to allow Governors in attendance to ask questions.

Governors also receive copies of all public Board agendas and receive regular information from the Trust, including a weekly briefing. They have been consulted on the Trust's Quality Account, and have received presentations on key initiatives such as Charitable Funds and the Role of External Audit.

Governors are also represented on a number of Trust committees and groups including Charitable Funds, HR, Infection Prevention and Control, Mental Health, Patient, Public and Carer Involvement Experience Group, Quality Governance, Safeguarding, End of Life Pathway and Mortality Review.

Declarations of Interest

All Governors have a responsibility to declare relevant interests as defined in the Trust's constitution. These are reported to the Council of Governors and entered into a register which is available on request from the Trust Secretary.

Expenses claimed by Governors

Whilst Governors do not receive payment for their work they are reimbursed for any necessary expenditure and may claim expenses at public transport rate or travel at 40p per mile. During 2018/19, the following expenses were claimed by our Governors:

	2018/19	2017/18	2016/17
Total number of governors in office	33	37	33
Total number claiming expenses	5	5	1
Aggregate sum of expenses	£937.26	£806.23	£24.23

Elections Held During 2018/19

Elections in both public and staff constituencies are undertaken on behalf of the Trust by the Electoral Reform Ballot Services Limited which is engaged to act as the Returning Officer and Independent Scrutineer for the election process of Gateshead Health NHS Foundation Trust.

Elections for three staff and nine public governors, whose tenure of office ended on 4 January 2019, were held during 2018/19. The results were announced on 13 December 2018 as follows:

Staff Governors

Joanne Coleman was re-elected unopposed for a three-year tenure
Kendra Marley was elected unopposed for a three-year tenure

Public Governors – Western Constituency

Elizabeth Vanner was elected for a three-year tenure
One vacancy remains

Public Governors – Central Constituency

John Bedlington was elected for a three-year tenure
Margaret Monaghan was elected for a three-year tenure
John Stephens was elected for a three-year tenure

Public Governors – Eastern Constituency

Esther Ward was elected for a three-year tenure
One vacancy remains

Public Governors – Out of Area Constituency

One vacancy remains

Related Party Transactions

The members of the Council of Governors have completed the required declaration forms and none of the governors or parties related to them has undertaken any material transactions with Gateshead Health NHS Foundation Trust.

Register of Interests

The register of Governors' interests is available for inspection by members of the public. Details on how to view the register are shown on the back page.

Membership

Membership is free and aims to give local people and staff a greater influence on how our services are provided and developed.

Membership of Gateshead Health NHS Foundation Trust is made up of three constituencies: Public; Patient; and Staff.

Public and Patient Members

Those eligible to become public members are people over the age of 16 who live in Gateshead and the immediate surrounding area which is divided into three constituencies: Western; Central; and Eastern Gateshead, and the Out of Area constituency which includes County Durham, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland (other than areas within the Gateshead constituency).

The map above shows the boundaries for the public membership.

People over 16 years of age, living in these areas who wish to become a public member of Gateshead Health NHS Foundation Trust, must complete and have accepted a membership application form. Members can vote to elect governors for their constituency and can choose to be nominated to stand for election as a governor.

Patient membership is available to individuals who live outside of the areas shown in the map above who have used any of the Trust's services within the seven years immediately preceding the date of their application for membership.

| Population/Public Membership Ratio at 31st March 2019				
	Western	Central	Eastern	Out of Area
Population	77,471	92,828	41,615	Unknown
Membership	3,764	7,125	2,399	527
%	**4.86**	**7.68**	**5.76**	Unknown

Staff Members

Staff directly employed by the Trust or its subsidiary, QE Facilities, are automatically members for the duration of their employment, unless they choose to 'opt out'.

Staff whose services are contracted for by the Trust, staff not employed by the Trust but who in effect work in and with the Trust for most of their time and volunteers are given the same status as staff, if they wish, provided they have worked with the Trust for a minimum of one year.

Employees of the Trust cannot be public members.

Membership Numbers

As at 31st March 2019, the total number of public members was 13,815, an increase since April 2018. The number of staff members was 4,192. The chart below shows the number of members per constituency:

Membership by Constituency
(31st March 2019)
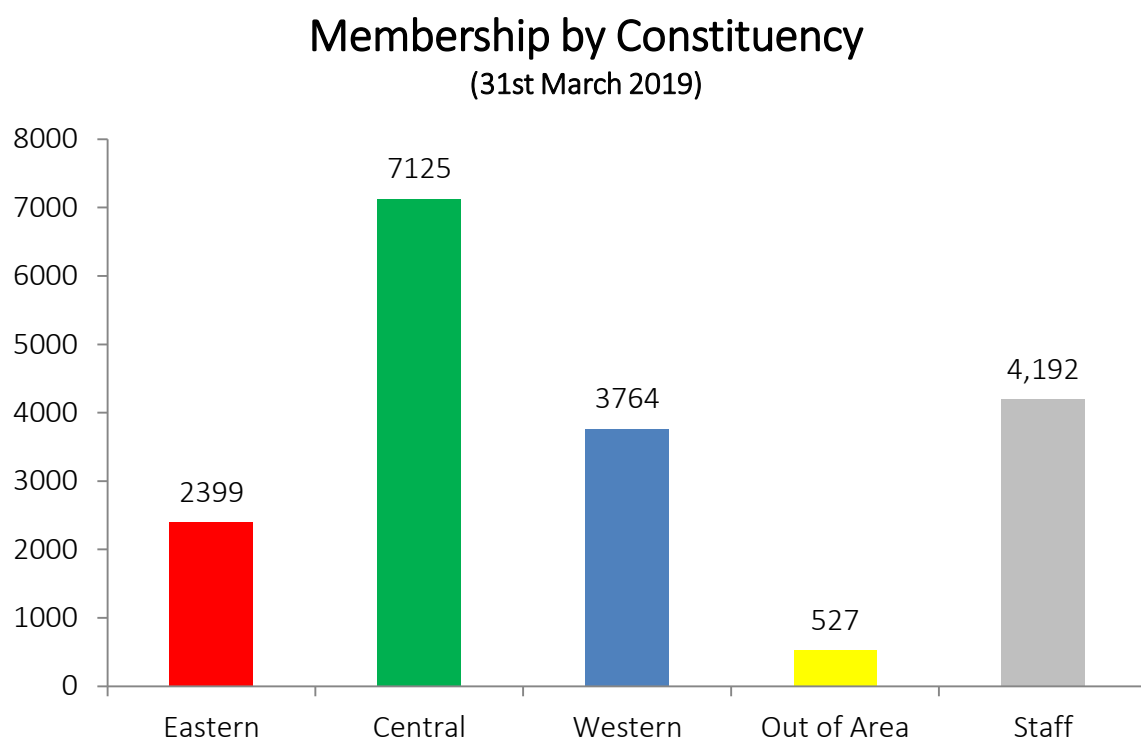
Membership Strategy

Our Membership Strategy describes how we will maintain and develop an active and engaged membership.

Over the last twelve months we have continued to increase our engagement with members through regular events with already existing community meetings such as WI meetings and local church groups. Attendance at the events allows governors to gain opinions and comments from their constituents on the Trust's services, any experiences and future plans. These comments are then fed back and shared at the Council of Governors meetings. Any queries raised at the events are investigated and a response is provided from the Membership Office.

In 2019/20 we will:

- continue to attend local community meetings to engage with members and the public
- continue to communicate with members and provide information on services and developments within the Trust
- invite members to our Medicine for Members events
- hold regular recruitment and engagement information stalls within the Queen Elizabeth Hospital
- carry out targeted recruitment to ensure our membership remains representative of the community we serve
- continue engagement work with local schools and colleges to increase the number of younger members

As at 31st March 2019, our public membership was as follows:

	Population Demographics	Membership Demographics
Gender		
Male	48.4%	35.6%
Female	51.6%	64.2%
Unknown		0.2%
Age		
Under 16*	19.3%	
16 – 19	4.9%	0.8%
20 – 29	11.4%	8.2%
30 – 59	41.6%	35.9%
60 – 74	15.2%	29.5%
75 and over	7.6%	24.0%
Age unknown		1.6%
Ethnic Breakdown		
White	98.4%	90.3%
Other	1.6%	2.3%
Unspecified		7.4%

*not able to become members

We are committed to ensuring that NHS Foundation Trust membership is representative of the whole community. We welcome membership applications from persons of any age (over 16), whatever their race, colour, religious beliefs, ethnic or national origin, gender, disability or marital status.

Analysis of membership in the tables above shows that ethnic makeup is higher than that of the Gateshead demographics. The membership is over represented by people aged over 60 and is under represented in all other age groups.

Communication and Involvement of Members

A joint members and staff newsletter, QE News, is published three times a year and sent to members either via email or post. The newsletter contains up to date information on service developments, features on departments and information on the Trust's Charitable Funds. It also includes membership information, governor activities, a calendar of events and contact details.

The members' area of the Trust's website continues to be a primary source of information and communication for members. We ensure that this section contains the most up to date information on governors, elections, events, how to apply for membership and useful links.

Three Medicine for Members events were held during 2018/19. Topics were Healthcare Associated Infections, Hip Replacements, and Parkinson's Disease. Over 120 members attended the events and feedback was, once again, extremely positive. At these events, members are encouraged to ask questions and responses are provided by clinicians or medical staff present.

Comments included:
- "Excellent presentation – thoroughly enjoyed the lecture"
- "An excellent overview of hip replacements. Easy to understand"
- "Excellent – important to hear from a patient"
- "Extremely interesting and thought provoking. Good delivery of presentation."

Membership Week

In November 2018, the Membership Office and the Membership Strategy Sub Group organised the Trust's second Membership Week to incorporate an Open Day.

A full week of information stands was planned around the hospital, with governors on hand to recruit and engage with members, giving information on membership and the role of the Council of Governors.

Over 150 people attended the Open Day including staff from various departments and initiatives. Students from local schools attended to find out more about careers in the NHS and the apprenticeship scheme, while older people attended from the community to find out about the Trust's services.

Over 60 people signed up to become members over the course of our membership week.

During 2018/19, the Trust's staff governors have been attending the Trust's Corporate Induction on a monthly basis to introduce the staff governors and their role. They have also met with the Chief Executive and fed back any issues to him and the Corporate Management Team.

Finally, we supported our members to stand for election to the Council of Governors through delivery of a pre-election workshop on the role of the governor and information on the election process. We used social media to highlight the opportunities and to publicise the results.

Governors are in attendance for all Medicine for Members events and the Annual General Meeting. If you wish to contact a governor outside of these events, please email ghnt.governors@nhs.net or alternatively contact the Membership Office. Contact details are provided on the back page and on the Trust's website www.qegateshead.nhs.uk.

Remuneration Report

This report provides information on the remuneration and terms of service of both Executive and Non-Executive Directors of the Trust.

The Trust has two Remuneration Committees, one for Executive Directors' remuneration and one for Non-Executive Directors' remuneration. The Nominations and Remuneration Committee comprises the Non-Executive Directors and is chaired by the Chairman of the Trust Board, Julia Hickey. The purpose of the Committee is to determine and keep under review the pay and terms of service of Executive and Associate Directors. The Governors' Remuneration Committee comprises 6 Trust Governors and is chaired by Judith Doyle CBE, an appointed Governor. Its purpose is to review and make recommendations to the Council of Governors on levels of remuneration for the Chairman and Non-Executive Directors and appointments/reappointments to these positions.

The Chief Executive and Deputy Director of Workforce provide advice and support to the Committees but the Chief Executive is excluded from any discussions and decisions which affect his own pay. The Chairman attends the Governors' Remuneration Committee but is excluded from any decisions which affect her own pay.

The Trust's wholly owned subsidiary, QE Facilities Ltd (QEF) has a remuneration committee to consider the remuneration of QEF Directors. The membership of the QEF Remuneration Committee comprises the Chair of QEF Board, the QEF Managing Director and the Chief Executive of the Trust. The QEF Chair and Managing Director are excluded from any decisions which affect their own pay.

Annual Statement - Executive Remuneration, Chairman Julia Hickey
During 2018/19 the Nominations and Remuneration Committee met four times and considered the following:
- Recruitment processes for the Group Director of Finance and Chief Executive
- Inflationary uplift for Executive and Associate Director payscales for 2018/19 of 1.5%
- Review of paypoint progression for 2018/19 and other terms and conditions for Executive and Associate Directors.

Annual Statement - Non Executive Remuneration, Chair Judith Doyle CBE
During 2018/19 the Governors' Remuneration Committee met twice to consider the following business:
- Succession planning for Chairman and Non-Executive Directors as terms of office come to an end.
- Membership of the Committee as Governors' terms of office have ended
- Proposal not to award an inflationary uplift to the Chairman and Non-Executive Directors for 2018/19.

The Governors' Remuneration Committee made recommendations on the above matters to the Council of Governors' meeting in November and the recommendations were accepted.

Annual Statement - QEF Director Remuneration

The QEF Remuneration Committee met once during 2018/19. The Committee agreed to award Directors a 3% inflationary uplift for the year 2018/19. The Committee supported the proposed appointment of an additional Non-Executive Director to its Board and agreed the remuneration for the post. The recommended individual performance ratings of the senior management group and associated payments were ratified. Given the Managing Director's decision to 'retire and return', the Committee agreed the revised remuneration & conditions package. The Committee received a report on talent management and succession planning for senior roles and gave its support to the framework and its extended implementation. The Committee approved the permanent appointment of the Head of Workforce who was currently employed on a fixed term contract.

Senior Managers' Remuneration Policy

The following table sets out the senior managers' remuneration policy of the Group.

Component	Specific to:	Strategic link	Maximum possible	Description
Salary	All staff	To attract and retain suitably qualified individuals to lead and direct the Trust's activities.	Dependent on salary scale, mindful of the need to attract and retain suitable individuals, subject to periodic benchmarking.	Senior managers, clinical and non-clinical will attract an A4C/M&D nationally agreed salary. Executive Directors are subject to a locally determined 3 point scale and Associate Directors are subject to a locally determined 5 point scale.
Performance bonus	QEF Directors	To attract and retain suitably qualified individuals to lead and direct the Trust's activities.	Between 5 and 20% of annual salary.	Potential to attract a performance bonus subject to the achievement of key outcomes and the approval of the QEF Rem Com.
Lease car scheme	Some Directors and senior managers (length of service dependent)	To attract and retain suitably qualified individuals to lead and direct the Trust's activities.	£9.2k	Non-contributory lease car or cash equivalent, up to the maximum amount.
Pension	All staff	To attract and retain suitably qualified individuals to lead and direct the Trust's activities.	In line with NHS pensions	NHS pension scheme and set contribution rates
QEF salary	QEF Directors	To attract a suitable individual to lead and direct the specific activities of QEF	No limit applied	Additional payment for Company Directorship
Expenses	All staff	Reimbursement of necessary business expenses	No limit	Reimbursed in line with the Trust's travel and subsistence policy and national T&Cs.

Component	Specific to:	Strategic link	Maximum possible	Description
Exceptional One off Payment	Trust Executive Directors and Associate Directors	To attract and retain suitably qualified individuals to lead and direct the Trust's activities.	£5k	To recognise additional temporary responsibilities or exceptional performance where an individual is at the top of their pay range.

Notes:

- *There are no specific provisions for the recovery of sums paid to directors or for withholding payments.*
- *Executive Directors and Associate Directors are appointed to locally determined (3 point and 5 point scales respectively). This differs from the nationally agreed Agenda for Change and Medical and Dental payscales applicable to all other employees. The Executive and Associate Director payscales are periodically benchmarked against publicly available information.*
- *There have been two changes to the remuneration policy during 2018/19. Firstly, the agreement not to offer the cash payment in lieu of employers pension to any further employees. Secondly, the introduction of the ability to make a £5,000 one-off payment to Executive or Associate Directors in exceptional circumstances.*

The following table sets out the Non-Executive Directors' remuneration policy of the Group.

Component	Specific To:	Strategic Link	Maximum possible	Description
Salary	All staff	To attract and retain suitably qualified individuals to provide the NED role on the Trust Board.	Dependent on salary scale, mindful of the need to attract and retain suitable individuals, subject to periodic benchmarking.	Locally determined scale
QEF Salary	QEF NED	To attract and retain suitably qualified individuals to provide the NED role on the QEF Board.	No limit applied. Initial Salary levels determined by independent benchmarking.	Additional payment for Company Non-Executive Director role
Expenses	All staff	Reimbursement of necessary business expenses	No limit	Reimbursed in line with the Trust's travel and subsistence policy.

Notes:

- *No element of remuneration is subject to performance conditions.*
- *There are no specific provisions for the recovery of sums paid to directors or for withholding payments.*
- *There have been no changes to the remuneration package in 2018/19.*

During the year, three senior managers of the Trust and its subsidiary were paid more than the threshold set by the Civil Service (the Prime Minister's ministerial and parliamentary salary). The policy on very senior manager pay is reviewed and benchmarked regularly. Payscales are set with reference to publicly available, independently produced, FT sector specific benchmarking information. This ensures that the Trust is able to offer salaries to recruit and retain the best candidates for these important roles which are proportionate to the market place.

All posts are permanent and may be terminated by mutual agreement, resignation or dismissal. The notice period for Executive Directors is six months. There has been no provision for compensation for early termination or significant awards made to past executive senior managers in the last 12 months. The Trust currently has no provision for compensation for early retirement or payments for loss of office.

An annual salary review is undertaken to determine whether an annual uplift should be awarded and if so the level of the uplift. In making this decision the Remuneration Committees take into consideration a number of factors including the level of pay awards made nationally to other staff groups within the NHS as well as Department of Health guidance and the affordability to the organisation. The Committees are authorised to appoint external consultants and advisers to assist in benchmarking exercises. No such consultants or advisers were employed during 2018/19.

Annual Report on Remuneration

The Nominations and Remuneration Committee membership and attendance was as follows:

	Meetings During the Year	Attended
Mrs Julia Hickey (Chairman)	4	4
Mr Shaun Bowron (Vice Chairman)	4	3
Dr Ruth Bonnington - Non Executive Director	4	3
Cllr Martin Gannon – Non Executive Director	4	0
Mr Paul Hopkinson - Non Executive Director	4	3
Mr John Robinson -Non Executive Director	4	4
Mr Mike Robson – Non Executive Director (from July 2018)	4	4
Mr David Shilton - Non Executive Director	4	4

The Governors' Remuneration Committee membership and attendance was as follows:

	Meetings During the Year	Attended
Mrs Joanne Coleman – Staff Governor	2	2
Ms Judith Doyle CBE – Appointed Governor (from November 2018)	2	2
Rev Jenny Gill – Appointed Governor (from January 2019)	1	1
Mr Michael Loome - Public Governor (to January 2019)	1	1
Mr A Rabin – Public Governor (from May 2018)	2	1
Mr R Stead – Staff Governor (from June 2018)	2	1
Mrs J Todd – Public Governor	2	1

The QEF Remuneration Committee membership and attendance was as follows:

	Meetings During the Year	Attended
Mr Shaun Bowron (Chairman)	1	1
Mr Peter Harding – Managing Director QEF	1	1
Mr John Maddison – Acting Trust Chief Executive	1	1

Director/Governor Expenses

During 2018/19 the Trust had 33 governors, 5 of whom claimed expenses totalling £937.26. The Trust and its subsidiary had 19 Directors (Executive and Non-Executive), 10 of whom claimed expenses totalling £5,793.56.

In comparison during 2017/18 the Trust had 37 governors, 5 of whom claimed expenses totalling £806.23 and 18 Directors (Executive and Non-Executive), 8 of whom claimed expenses totalling £17,824.25.

These claims were in accordance with the Trust's Travel and Subsistence Policy.

Full details of Directors' and other senior employees' remuneration are summarised in the table overleaf.

Fair Pay Multiple (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The following table shows the comparison between the median employee's pay and that of the highest paid Director in 2018/19. The banded remuneration of the highest paid director was £235k-£240k. This was 8.4 times the median remuneration of the workforce which was £28.05k. In 2018/19 no employees received remuneration in excess of the highest paid director.

2016/17		2017/18
240-245	Band of Highest Paid Director's Total Remuneration - £000	235-240*
27,635	Median Total Remuneration - £	28,048
8.7	Ratio	8.4

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments, employer pension contributions (including payments in lieu of benefits) and the cash equivalent transfer value of pensions.

Signed:

John Maddison
Acting Chief Executive

Date: 22 May 2019

Salary and Pension Entitlements of Senior Managers' - remuneration (subject to audit)

Salary and fees	Performance Bonus	2017/18 All Taxable Benefits	Pension-related Benefits	Total	Name and Title	Salary and fees	Performance Bonus	2018/19 All Taxable Benefits	Pension-related Benefits	Total
(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500) £000	(bands of £5000) £000		(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500) £000	(bands of £5000) £000
45 - 50	0	0	0	45 - 50	Mrs JEA Hickey Chairman	45 - 50	0	0	0	45 - 50
265 - 270	0	7,500	0	270 - 275	Mr ID Renwick Chief Executive	260 - 265	0	4,100	0	265 - 270
160 -165	0	16,700	0	180 - 185	Mr JG Maddison Acting Chief Executive / Group Director of Finance & Informatics	205 - 210	0	4,400	0	210 - 215
N/A	N/A	N/A	N/A	N/A	Mrs J Bilcliff Group Director of Finance / Acting Group Director of Finance	110 - 115 ***	0	6,300	37.5 - 40.0	155 - 160
135 - 140	0	0	17.5 - 20.0	150 - 155	Mrs SE Watson Director of Strategy & Transformation	135 - 140	0	0	0.0 - 2.5	135 - 140
125 - 130	0	7,400	0	135 - 140	Dr H Lloyd Director of Nursing, Midwifery & Quality	125 - 130	0	10,000	0	135 - 140
115 - 120	0	12,200	105.0 - 107.5	235 - 240	Mrs C Coyne Executive Director Clinical Support & Screening Services	120 - 125	0	14,000	20.0 - 22.5	155 - 160
N/A	N/A	N/A	N/A	N/A	Mr N McDonaugh Acting Executive Director Operational Delivery	110 - 115 **	0	6,200	57.5 - 60.0	175 - 180
155 - 160	0	0	0	155 - 160	Mr P Harding Managing Director QE Facilities Ltd	150 - 155	10 - 15	0	0	160 -165
100 - 105	0	14,800	50.0 - 52.5	165 - 170	Mr AJ Robson Finance Director QE Facilities Ltd	100 - 105	10 - 15	19,100	32.5 - 35.0	165 - 170
25 - 30	0	0	0	25 - 30	Mr S Bowron Non Executive Director, Chair of QEF	25 - 30	0	0	0	15 - 20
0 - 5	0	0	0	0 - 5	Dr JM Bryson Non Executive Director	N/A	N/A	N/A	N/A	N/A
0 - 5	0	0	0	0 - 5	Cllr MF Henry Non Executive Director	N/A	N/A	N/A	N/A	N/A
15 - 20	0	0	0	15 - 20	Ms KA Larkin-Bramley Non Executive Director	0 - 5	0	0	0	0 - 5
10 - 15	0	0	0	10 - 15	Mr HJE Robinson Non Executive Director (Trust & QEF)	15 - 20	0	0	0	15 - 20
10 - 15	0	0	0	10 - 15	Mr JP Hopkinson Non Executive Director	10 - 15	0	0	0	10 - 15
10 - 15	0	0	0	10 - 15	Mr DH Shilton Non Executive Director	10 - 15	0	0	0	10 - 15
10 - 15	0	0	0	10 - 15	Dr R Bonnington Non Executive Director	10 - 15	0	0	0	10 - 15
5 - 10	0	0	0	5 - 10	Cllr M Gannon Non Executive Director	10 - 15	0	0	0	10 - 15
N/A	N/A	N/A	N/A	N/A	Mr M Robson Non Executive Director	10 - 15	0	0	0	10 - 15
145 - 150 *	0	0	80.0 - 82.5	225 - 230	Mr AR Beeby Medical Director	155 - 160 *	0	0	0	155 - 160

Notes

*£65k - £70k relates to role as a Consultant (2017/18 = £65k – £70k)

** £75k - £80k relates to role as Associate Director Surgical Services

*** £40k - £45k relates to role as Deputy Director of Finance

Benefits in kind relate to lease car payments made by the Trust.

There were no 'golden hellos' or compensation for loss of office.

Pension (subject to audit)

Name and title	Real increase in pension at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2019 (bands of £5000) £000	Real increase in lump sum at age 60 (bands of £2500) £000	Total accrued lump sum at age 60 at 31 March 2019 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension £000
Mr ID Renwick Chief Executive (to 20/09/18)	0	70.0 - 75.0	0	220.0 - 225.0	1,292	1,255	0	0
Mr JG Maddison Acting Chief Executive / Group Director of Finance & Informatics	0	0	0	0	0	0	0	0
Mrs J Bilcliff Group Director of Finance/Acting Group Director of Finance	0.0 - 2.5	15.0 - 20.0	0.0 - 2.5	30.0 - 35.0	325	250	25	0
Mrs SE Watson Director of Strategy & Transformation	0.0 - 2.5	50.0 - 55.0	2.5 - 5.0	155.0 - 160.0	1,205	1,046	109	0
Dr H Lloyd Director of Nursing, Midwifery & Quality	(0.0 - 2.5)	40.0 - 45.0	(0.0 - 2.5)	120.0 - 125.0	853	744	71	0
Mrs C Coyne Executive Director Clinical Support & Screening Services	0.0 - 2.5	50.0 - 55.0	5.0 - 7.5	150.0 - 155.0	1,024	856	124	0
Mr N McDonaugh Acting Executive Director Operational Delivery	0.0 - 2.5	25.0 - 30.0	0.0 - 2.5	55.0 - 60.0	416	309	24	0
Mr P Harding Managing Director QE Facilities Ltd	0	65.0 - 70.0	0	195.0 - 200.0	1,361	1,361	0	0
Mr AJ Robson Finance Director QE Facilities Ltd	0.0 - 2.5	40.0 - 45.0	0.0 - 2.5	125.0 - 130.0	972	847	117	0
Mr AR Beeby Medical Director	(0.0 - 2.5)	55.0 - 60.0	(5.0 - 7.5)	170.0 - 175.0	1,383	1,270	52	0

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

4.1 Employee expenses (Including Executive Directors' Costs) (subject to audit)

	Group				Foundation Trust			
	2018/19 Total	Permanently Employed	Other	2017/18 Total	2018/19 Total	Permanently Employed	Other	2017/18 Total
	£0	£0	£0	£0	£0	£0	£0	£0
Salaries and wages	145,647	139,753	5,894	138,627	132,297	126,425	5,872	126,499
Capitalised Salaries and wages	1,283	1,283	0	0	1,092	1,092	0	170
Social Security Costs	13,589	13,084	505	12,703	12,482	11,973	509	11,747
Apprenticeship levy	674	649	25	629	610	587	23	572
Pension costs - defined contribution plans	16,140	15,540	600	15,345	15,157	14,539	618	14,397
Employers' contributions to NHS Pensions Agency/contract staff	3,500	0	3,500	3,694	2,982	0	2,982	3,192
NHS Charitable Funds staff	0	0	0	0	0	0	0	0
Termination Benefits	75	75	0	22	75	75	0	22
Total Gross Staff Costs	180,909	170,385	10,524	171,020	164,695	154,691	10,004	156,599

4.2 Number of persons employed at 31st March

(The figures shown represent the Whole Time Equivalent as opposed to the number of employees)

	Group				Foundation Trust			
	2018/19 Total	Permanently Employed	Other	2017/18 Total	2018/19 Total	Permanently Employed	Other	2017/18 Total
	Number	Number	Number	Number	Number	Number	Number	Number
Medical and dental	387	380	7	376	388	380	7	376
Ambulance staff	0	0	0	0	0	0	0	0
Administration and estates	877	847	30	807	729	699	30	721
Healthcare assistants and other support staff	836	836	0	847	483	483	0	463
Nursing, midwifery and health visiting staff	1,283	1,107	176	1,187	1,282	1,106	176	1,186
Healthcare scientists	410	410	0	408	397	397	0	396
Scientific, therapeutic and technical staff	364	361	3	336	363	361	3	336
Other *	28	28	0	29	23	23	0	23
Total	4,185	3,969	216	3,990	3,665	3,449	216	3,501

* Other relates to Apprentices employed by the Trust

Focus on Staff - Valuing Our People

The Trust's goal is to have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment. Throughout the year we have worked towards this through recognising, involving and developing our staff, in order to ensure we are a high quality, patient-focused organisation. Despite the financial pressures facing all NHS organisations, we are still committed to training and supporting staff to reach their full potential, and to attracting and retaining the best calibre of people to provide our services.

Staff Engagement

Highlighted by the Trust's values of openness and honesty, we have a multi-faceted approach to staff engagement which includes partnership working with staff representatives, involving staff in service transformation work, regular communications via QE Weekly, encouraging staff to share ideas and concerns through a range of mechanisms including the Freedom to Speak Up Guardian, using the Friends and Family Test, as well as professional forums, away days and annual conferences.

Formally, the Trust has a Joint Consultative Committee (JCC), which is the key mechanism for consulting with our employees across the organisation. Meetings are held regularly with representatives from trade union organisations and employee representatives to seek their views before decisions are made. This has been on matters ranging from policies and procedures to new systems or initiatives, and future plans of the Trust. In addition we have held a Partnership Away Day in 2018 to bring together trade union and employer representatives in a more informal setting, with a focus on learning together.

The JCC is supplemented by professional groups, business unit events, service line meetings and any organisational change processes include staff in matters relating to the financial, operational and quality performance of the Trust.

Freedom to Speak Up

As a result of Sir Robert Francis QC's follow up report to his Mid Staffs Report, all NHS Trusts are required to have a Freedom to Speak Up Guardian (FTSUG). Gateshead Health NHS Foundation Trust is committed to achieving the highest possible standards/duty of care and the highest possible ethical standards in public life and in all of its practices. We are committed to promoting an open and transparent culture to ensure that all members of staff feel safe and confident to speak up. The FTSUG is employed by the Trust but is independent and works alongside Trust leadership

teams to support this goal. The FTSUG reports to the Human Resource Committee twice a year and to the National Guardian Office on a quarterly basis. Our FTSUG supports the delivery of the Trust's corporate strategy and vision as encapsulated in our ICORE values. As well, as the FTSUG, staff may also raise concerns with their trade union or professional organisations as per our Freedom to Speak Up Policy. When concerns are raised via the FTSUG, the Guardian commissions an investigation and feeds back outcomes and learning to the person who has spoken up. The FTSUG is actively engaged in profile raising and education in relation to this role.

Listening to our Staff through the NHS Staff Survey
(* does not cover QE Facilities Limited who undertake their own staff survey))

The annual NHS Staff Survey is a critical tool in enabling the Trust to benchmark itself against similar NHS organisations and the NHS as a whole, on a range of measures of staff engagement and satisfaction.
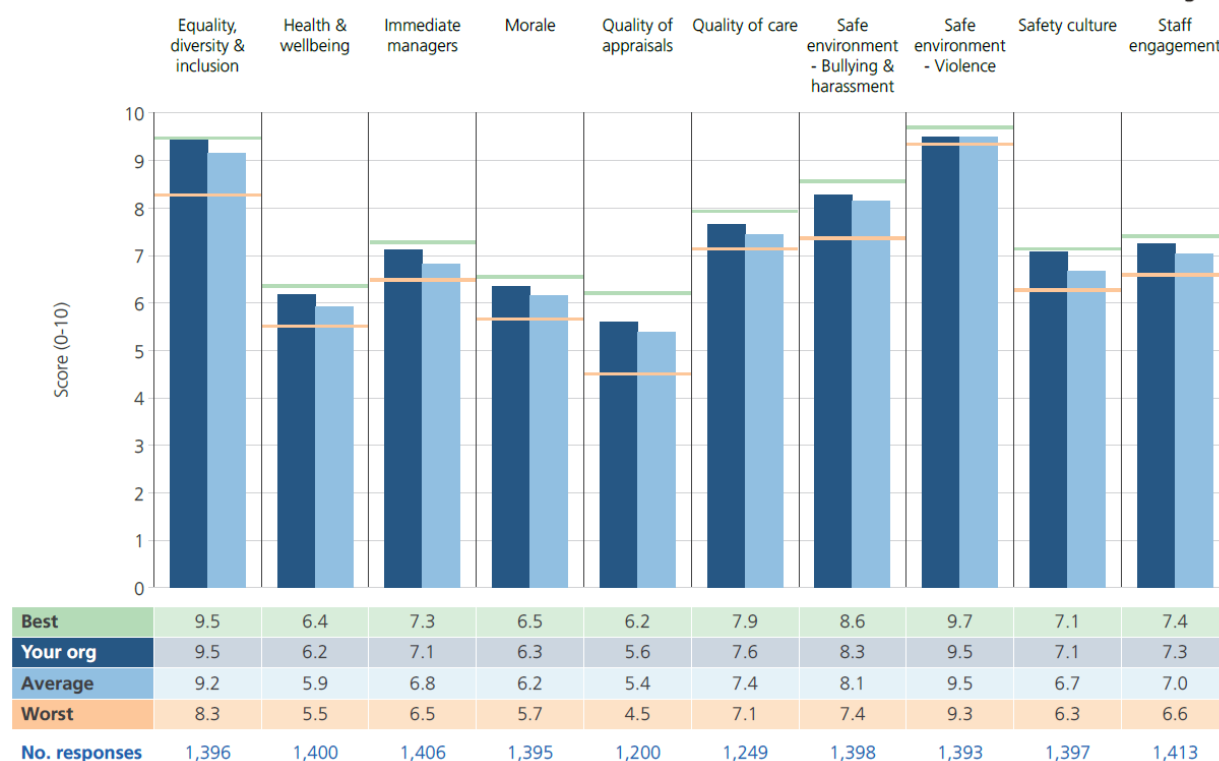
The arrival of over 600 community staff into the Trust has resulted in a shift in the profile of the Trust in line with the national survey co-ordination centre for the last 2 years. The Trust is now classified as a 'Combined Acute and Community Trust', rather than an 'Acute Trust'.

This year the Trust chose to include all staff in the Staff Survey for the fourth consecutive year (not using a sample) to give everyone the opportunity to provide feedback. Additionally, this year staff surveys were delivered to staff electronically rather than a mixture of paper-based and electronic. Our response rate is illustrated in the table below.

	2016/17		2017/18		2018/19		Trust comparison to previous year
Response rate	Trust	National average	Trust	National average	Trust	National average	
	39%	43%	44%	43%	40%	41%	4% decrease

The slight decline in the response rate, whilst reflective of the national trend could be due to all staff receiving their surveys electronically for the first time. Work is planned for the 2019 survey in order to provide support for staff that may be less confident with IT and looking at innovative ways to enable and encourage staff to complete surveys.

Previously staff surveys were organised against 32 key indicators. This year, driven nationally, the results are organised into 10 key themes. The Trust performed very well scoring above average in 9 out of the 10 key themes. Gateshead was the best Acute and Community Trust for equality, diversity and inclusion and for safety culture. The full results are below:

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.5	6.4	7.3	6.5	6.2	7.9	8.6	9.7	7.1	7.4
Your org	9.5	6.2	7.1	6.3	5.6	7.6	8.3	9.5	7.1	7.3
Average	9.2	5.9	6.8	6.2	5.4	7.4	8.1	9.5	6.7	7.0
Worst	8.3	5.5	6.5	5.7	4.5	7.1	7.4	9.3	6.3	6.6
No. responses	1,396	1,400	1,406	1,395	1,200	1,249	1,398	1,393	1,397	1,413

Following the publication of the 2017 survey results, the Trust set two-year objectives to give us sufficient time to make changes and demonstrate progress. They were to:

1. Improve staff motivation
2. Improve reporting (of bullying and/or violence)
3. Aim for all staff to agree that their role makes a difference to patients

At this 1-year stocktake, there has been a slight increase in staff feeling motivated in going to work and static reporting of staff understanding the impact their role has on patients/service users at 90.8%. There has been a deterioration in the percentage of staff/colleagues reporting experiences of violence or harassment/bullying therefore we will continue to work to improve this in pursuit of a culture of openness.
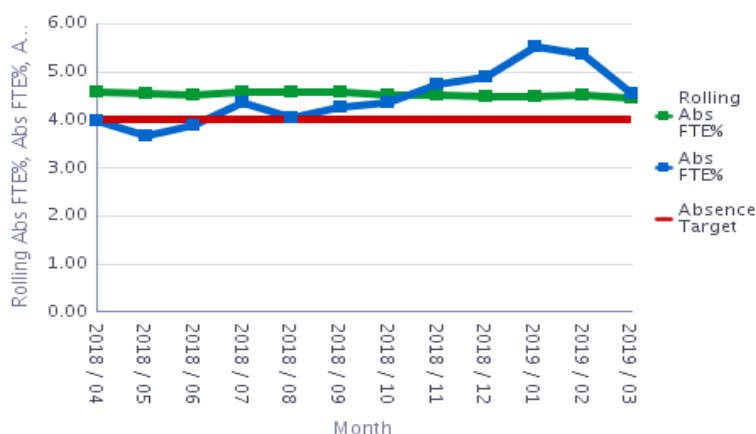
The Trust achieved very positive scores on two key questions focused on by the CQC:

Question Number	Question	Comparison to 2017 Trust score	Comparison to average
21c	I would recommend my organisation as a place to work	0.9% increase	10.9% above average
21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	0.6% increase	11.4% above average

Health and Well-being

There is a wealth of research to say that having healthy staff, both in mind and body, has a positive impact on the quality of patient experience and clinical outcomes. For this reason, the Trust invests in making sure that the right conditions and support are in place to create a healthy workforce with activities and events to increase healthier lives throughout the year, such as a fun pedometer team challenge to encourage staff to be more active.

The Trust continues to support staff to be able to attend and sustain attendance at work. Robust monitoring of sickness absence enables early intervention and support. In 2018/19 we have seen sickness absence plateau just over 4.5%, which, whilst above our target of 4% has not increased. We continue to focus on a multi-factoral approach to prevention as well as absence management, particularly in relation to mental wellbeing, our highest reason of sickness absence.

We have an in-house Occupational Health Department consisting of an Occupational Health Physician, a nursing team, a multi-disciplinary ergonomics team, a physiotherapist, a counselling service; all supported by an administration team. The service holds national accreditation as a Safe Effective Quality Occupational Health Service (SEQOHS) following rigorous independent assessment against recognised industry standards across the UK.

During 2018/2019 we have provided 5778 appointments for staff which can be broken down as follows:
- ✓ 517 counselling appointments
- ✓ 1285 pre-employment screening appointments
- ✓ 1688 vaccination/immunisation screenings
- ✓ 320 ergonomic and workplace assessments
- ✓ 1204 sickness absence management appointments
- ✓ 201 other consultations
- ✓ 121 appointments associated with sharps injuries
- ✓ 380 physiotherapy referrals
- ✓ 62 health Surveillance appointments

During 2018/19 we were also delighted to see that 80% of our staff chose to have their flu vaccination, to protect themselves, their family and our patients and visitors.

During 2018/19 we have developed new guidance which provides line managers with a toolkit to support staff who may be experiencing poor mental well-being. This "Well-being at Work" guidance has been launched in conjunction with a bitesize training session for line managers which aims to enable managers to feel confident in supporting the mental well-being of the people in their teams.

In 2018 we trained a number of employees to act as 'diffusers' within various departments across the Trust. In the event of a traumatic incident on a ward or in a department, a 'diffuser' can provide an immediate de-brief to members of staff who are affected. The support which is provided, aims to ensure that staff feel supported in the period immediately following an incident.

During 2018/19 we have introduced the Staff Advice and Liaison Service (SALS) which brings together a range of support services which are available to staff. The Trust is committed to making sure that staff can access the support they need, when they need it, and complements our goal of improving communication, and living our values of openness and engagement. SALS will be further promoted and embedded through 2018/19.
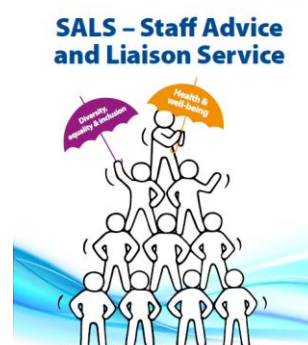
Trade Union Facilities

The Trade Union (Facility Time Publications Requirements) Regulations 2017 requires specified public-sector employers, including NHS Trusts, to report annually a range of data in relation to their usage and spend on trade union facility time. The cost of facility time in the public sector is paid for out of public funds and therefore the objective of the legislation is to ensure that taxpayers' money is properly monitored, reported and spent on appropriate and accountable trade union work that represents value for money.

The duty to report covers specific information (set out in detail in Schedule 2 of the regulations) relating to paid time off taken for *trade union duties*, for example negotiations with employers, representing members in the workplace, the duties of a learning representative, or to carry out duties and receive training under relevant safety legislation. Employers may also grant paid time off for *trade union activities* for which there is no statutory right to paid time off (i.e., wider partnership development, trade union specific work, supporting Trust-wide campaigns, training etc).

Here in Gateshead, whether providing support to individual members of Trust staff or teams going through changes, or by playing a valuable role in contributing to Trust-wide agendas (for example: Joint Consultative Committees, Policy development, Job Evaluation Panels, Health and Safety and Staff Surveys) the Trust recognises that the participation of trade union representatives supports our partnership approach and our ICORE values of openness, respect and engagement.

As part of the Trade Union Regulations 2017, employers must:

- publish the information below on their website

- include this information in their annual report

- place the information on a website maintained by or on behalf of the government

Agreed by:

Denise McLaughlin, Staff-Side Chair

Karen O'Brien, Deputy Director of Workforce

May 2019

Table One - 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 (FTE)
31	28.43

Table Two - Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent

Percentage of time	Number of employees
a) 0%	10
b) 1% - 50%	21
c) 51% - 99%	0
d) 100% of their working hours	0

Table Three - 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.

Provide the total pay bill	£163,746,000
Provide the total cost of facility time	£72,458
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.044%

Table Four - Paid trade union activities

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	20.5%

NB: for the purposes of reporting, trade union activities encompass the broad range of partnership activities which the Trust and Trade Unions support.

Organisational Development (OD)

Ensuring that each and every patient has a great experience does not only depend on **what** we do, but also **how** we do it. At the centre of this are our Trust values and in the last year our staff have spent time embedding those values which are designed to run alongside our new appraisal process and future values-based recruitment plans.

Living Our Values

NHS Gateshead Health
NHS Foundation Trust

Remember the acronym ICORE
– Innovation, Care, Openness, Respect and Engagement

I INNOVATION
- Look for better ways to do things
- Embrace new ways of working
- Continually develop ourselves
- Uphold a service ethos

C CARE
- Put ourselves in other people's shoes
- Be approachable
- Be sensitive and considerate
- Listen, respond and support

O OPENNESS
- Be honest
- Be courageous
- Admit mistakes
- Share information
- Do the right thing

R RESPECT
- Value the skill and contribution of others
- Treat each other fairly and reasonably
- Appreciate and embrace difference
- Be polite and helpful
- Maintain dignity of others

E ENGAGEMENT
- Involve others
- Listen
- Work together
- Share information and resources

(* does not cover QE Facilities Limited)

The Trust has focused this year on supporting our staff and the Trust to be ready for, and respond to the challenges it faces. This has included:

➢ Continuing support of the Community Service Teams/ Gateshead Care Partnership transformation plans, as well as the wider Gateshead System
➢ Engaging over 100 staff from multiple professions within Mental Health Services to improve the delivery of quality services
➢ Encouraging and embedding the use of Insights Discovery Model as a way to improve individual behaviours and team working
➢ Work has begun to be able to identify the talent in the Trust, and how this will help us have succession pathways to support our future workforce needs
➢ Redesigning the Appraisal process and roll out of new training for staff and managers

Recruitment and Retention

At the end of 2018/19 the Group employed 4533 people. The number is broken down as follows:

PROFESSION	
Additional Professional, Scientific and Technical	184
Additional Clinical Services	828
Administrative and Clerical	934
Allied Health Professionals	298
Estates and Ancillary	521
Healthcare Scientists	168
Medical and Dental	321
Nursing and Midwifery Registered	1276
Students	3
Total	4533

In 2019 our Board of Directors was 60% male and 40% female. There are two senior managers within the Group who are not included in the above Board statistics who are both male.

A comparison of our workforce is provided below:

	2017/18	%	2018/19	%
AGE				
17-21	107	2.44	111	2.45
22+	4279	97.56	4422	97.55
ETHNICITY				
White	4126	94.07	4223	93.16
Mixed	19	0.43	20	0.44
Asian or Asian British	120	2.74	137	3.02
Black or Black British	40	0.91	40	0.88
Other	24	0.55	29	0.64
Not Stated	57	1.30	84	1.85
GENDER				
Male	831	21.23	952	21.00
Female	3455	78.77	3581	79.00
RECORDED DISABILITY				
	167	3.81	242	5.34

Work Experience

The Trust offers an extensive work experience programme enabling us to build invaluable links with the surrounding community through working with local schools and colleges. By providing work experience for 14 -19 year old students we are aiming to build and grow our workforce for the future. Work placements are offered in a number of different areas across the Trust including medicine, midwifery, nursing and physiotherapy to help local young people to gain a broader understanding in these areas. In 2018/19 the Trust hosted 134 placements, 36% for the medical shadowing programme. We also hosted a Careers Event for one local school in 2018 inviting over 100 students from Year 12 into the Trust to showcase a range of careers within the NHS.

Policies and Practices to support diverse groups

The Trust supports Project Choice, which provides young people who have learning difficulties/disabilities with support and access to work experience placements and employment opportunities. During 2018/19 we have hosted over 10 Project Choice work experience placements in a number of different areas including Screening Services, Health Records and Bensham Café. Following a successful and positive placement, one individual has subsequently been offered a post within our Booking and Referrals Centre.

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we treat staff reflects their individual needs and does not unlawfully discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). Our key employment policies promote the right of all staff to be treated fairly and consistently in accordance with equality and human rights requirements. Our recruitment Policy encourages the use of reasonable adjustments as a means of removing any disadvantage for disabled persons. The Supporting and Managing Sickness Absence Policy provides a supportive framework to help employees return to work where possible.

We work with Access to Work, part of Jobcentre Plus, to ensure we consider the most appropriate reasonable adjustments to support our employees. In 2018 the Trust started working with the Access to Work Mental Health Support Service. This confidential service, delivered by two specialist support providers - Remploy and Able Futures and funded by the Department for Work and Pensions is available at no charge to any employees with depression, anxiety, stress or other mental health issues (diagnosed or undiagnosed) affecting their work and provides support to help individuals remain in work.

In 2018 the Trust had its status as a Disability Confident Employer confirmed for another two years. The status is awarded by the Jobcentre Plus to employers who have agreed to make certain positive commitments regarding the employment, retention, training and career development of disabled people. In continuing to hold the Disability Confident Employer status, the Trust is ensuring that disabled people and those with long term health conditions have the opportunities to fulfil their potential and realise their aspirations.
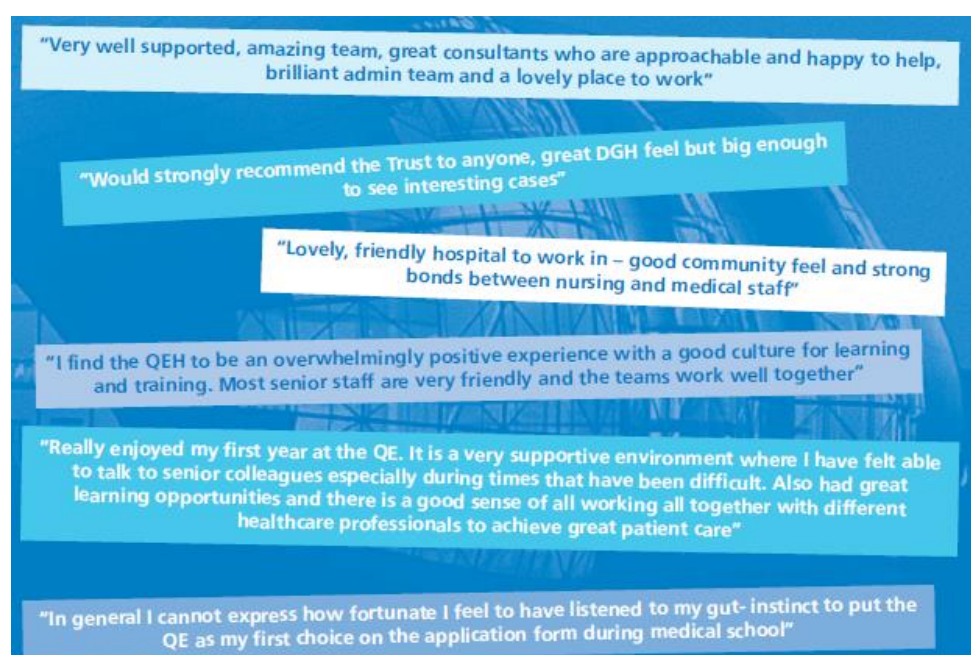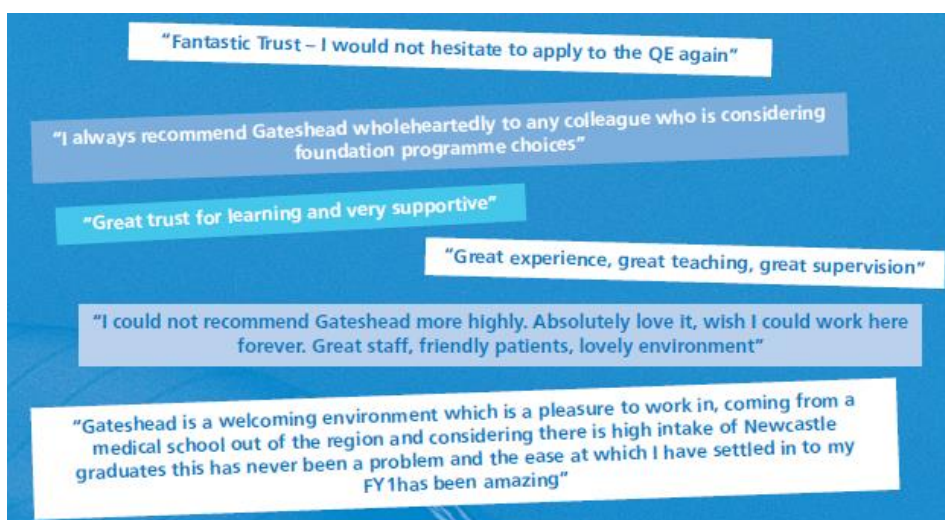
We are a Mindful Employer, which demonstrates our commitment to supporting staff who experience stress, anxiety, depression or other mental health conditions. As part of this charter, we raise awareness and share information to support both existing and prospective employees.

A Learning Culture

Library and Knowledge Services maintained a score of 97% compliance in the Library Quality Assurance Framework (LQAF) assessment, resulting in a green quality assurance status. Access to resources and support for study, research and professional development from hospital, community or home has been improved through redevelopment of the library website, introduction of a Discovery search tool, and expansion of print and digital collections.

We have also had positive feedback from a General Medical Council (GMC) Survey in relation to our Doctors in Training and an Annual Dean's Quality Meeting from Health Education England (HEE) commending our commitment to providing a positive learning environment for all. In the 'Your School Your Say' survey in 2018, 92.5% of our foundation trainees would recommend the Trust to a friend who was thinking about becoming a doctor, based on our educational opportunities and experiences.

We believe that effective leadership means not only having the right knowledge and skills, but demonstrating the right behaviours and values to ensure patient safety and quality. Our strategy has embraced the Healthcare Leadership Model as a means of ensuring that consistent messages are given around appropriate leadership behaviours and as such this is now integral to our behaviour statements in line with the Trust's values, and our Appraisal process.

We continue to work with our partners in Gateshead College to deliver Leadership Programmes aimed at first time managers and developing leaders. Our first cohort of Team Leader Apprentices will complete later this year. The programme has evaluated well and, as a result, we have recruited a new cohort of 13 to start on the Team Leader/Supervisor Apprenticeship in April 2019.

Our employees also have access to the many opportunities available to them via eLearning, development sessions, postgraduate support for specialist development, and Continuing Workforce Development (CWD) sessions as commissioned by HEE North East.

The Trust continues to provide apprenticeship opportunities to support people at all levels to gain valuable experience and a vocational qualification with the ultimate aim of securing employment within the NHS. In October 2018 the Trust recruited 10 Business & Administration, 7 Healthcare and 4 Therapy apprentices. The Nurse Associate Apprenticeship continues to grow, the first cohort are due to complete this year and we have just recruited a further 10 who started in March 2019. In addition to the above, we have supported members of our current workforce in developing via Apprenticeships in a range of specialisms such as; Theatre Assistant Practitioners, Senior Leadership MBAs and Project Management skills. The Trust has also this year supported 5 members of staff to progress onto the Registered Nurse BSc Apprenticeship which is an 18 month programme which allows those with prior qualifications and experience to upskill into the nursing profession.

Reward and Recognition

We continue to look for innovative ways to recognise our staff. We continue to run a media campaign to get our public and patients to nominate their "QE Angel", recognising the importance of our patients' voices.
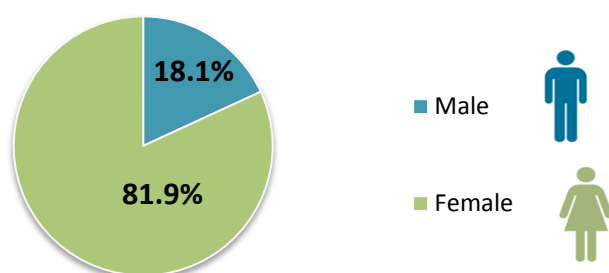
We also held our annual Star Awards event; a humbling and proud evening where around 200 guests (staff, patients and partners from the local community) came together to celebrate the amazing work that members of our workforce do each and every day. Those who were nominated as a 'Star' of the organisation received a personal note from the Chief Executive letting them know that their contribution counts, as well as a QE Gateshead Star pin badge to wear. The winners in each category were presented with a coveted QE Gateshead 2018 Trophy.

In 2018 we introduced "You're a Star" which runs alongside and in addition to the annual Star Awards. Sometimes, people do something for us which might be small, but can really make our day. We wanted to enable people to say a public 'thank you' to their colleagues for those small gestures, and to be able to tell them "You're a Star"! When someone tells us about a colleague who is, in their eyes, a star, the recipient is acknowledged by the Chief Executive with a personally signed card and a place in the 'You're a Star Hall of Fame'. The top three "You're a Star" recipients are also invited to attend the annual Star Awards ceremony, where the ultimate winner is announced.

New legislation means that all large employers across the UK with more than 250 employees are required to show the difference between the average earnings of all men and women as a percentage and publish their results. This helps us understand the gender pay gap which we must analyse and take appropriate action to address any imbalance or inequality.

Gender split - total number of employees 3849

Pay and Bonus pay gap	Mean 2018	Mean 2017	Median 2018	Median 2017
Ordinary Pay	29.84%	30.80%	14.32%	17.46%
Bonus	45.05%	50.48%	51.25%	50.94%

(* does not cover QE Facilities Limited)

Further information on our findings is published here https://www.qegateshead.nhs.uk/edhrreports

Diversity and Inclusion

The Trust has operated a human rights based approach to promoting equality, diversity and human rights for many years. This is reflected in the 'Vision for Gateshead', which promotes the core values of openness, respect and engagement. The aim is to ensure services are accessible, culturally appropriate and equitably delivered to all parts of the community, by a workforce which is valued and respected, and whose diversity reflects the community it serves. To support accountability, there is a well-established infrastructure in place which has provided leadership, governance and continuity, for example:

➢ The Trust Board has appointed Governors from diverse backgrounds, including Gateshead Youth Council, the Jewish Council and the Diversity Forum for Gateshead. Many Governors are active members of groups and committees.

➢ We publish a separate annual report relating to diversity and inclusion, on a dedicated part of the QE Gateshead website. Information about diversity and inclusion can be accessed using the following link: http://www.qegateshead.nhs.uk/edhr

➢ During 2018/19, the Trust's Executive Sponsors of our Equality Objectives have met a number of times to drive activity from a Trust Board level. This has included around Gender Pay Gap Reporting, Accessible Information Standard and Sexual Orientation Monitoring Standard.

➢ The Trust continues to invest in corporate membership of the Employers Network for Equality & Inclusion, which is a leading employer network covering all aspects of equality and inclusion issues in the workplace. We aim to develop a programme of work in partnership with other NHS organisations in the North East region to support an inclusive

and diverse workplace.   We will use this work to help build staff networks, to offer support and the opportunity for feedback in the future.

In addition, the following important areas of work were undertaken in 2018/19:

The Workforce Race Equality Standard (WRES) aims to ensure all NHS organisations demonstrate annual progress using nine different indicators (metrics) of workforce race equality. Four of the metrics are from workforce data and four of the metrics are based on data derived from the national NHS Staff Survey. The Trust published our fourth WRES information in 2018 (* does not cover QE Facilities Limited) and moving forward the Operational Workforce Forum and Your Voice Staff Forum will consider this information and use it to inform appropriate actions to ensure the treatment of our staff is not unfairly affected by their ethnicity.

A staff diversity forum 'Your Voice' was set up in 2017 and continues to champion diversity and inclusion in the workplace. The membership of the forum continued to grow steadily through 2018 and members of the forum actively contribute to internal engagement events, hold informal lunch & learn sessions, publish regular articles in the staff newsletter and represent the Trust at external events. In 2018 the forum was nominated for a QE Star Award and was described as a truly committed forum living the values through their innovative, caring and engaging approach to Diversity and Inclusion, recognising the commitment to work in partnership with the Trust and helping drive the very important agenda for the benefit of all our staff and patients.

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and will apply to all NHS Trusts from April 2019. The WDES is a set of specific measures that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used to develop a local action plan, and enable organisations to demonstrate progress against the indicators of disability equality. The Trust will be publishing its first WDES report by 1 August 2019.

The Trust continues to progress work in relation to our three Equality Objectives which underpin our Public Sector Equality Duty.

Equality Objectives

1. All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers.
2. The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments.
3. Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve.

Progress continues to be monitored through bi-monthly meetings with our three Executive Sponsors and our Non-Executive Diversity and Inclusion Lead.

During 2018/19 the Trust was selected to be part of the "NHS Employers Diversity and Inclusion Partner" programme for the second year running. This programme supports organisations to develop their equality performance over a period of 12 months, and is closely aligned to EDS2.

In May 2018 the Trust celebrated the annual NHS Employers Equality, Diversity and Human Rights Week. With the lead from the Your Voice forum, fact sheets and various leaflets on the protected characteristics including gender reassignment, disability, sexual orientation, age and religion were shared, staff were encouraged to complete a Diversity & Inclusion quiz and Hijab lessons took place to encourage cultural awareness.

The Trust now has a well-established workplace mediation service available to all staff. Workplace Mediation is an informal, voluntary process which aims to help people in disagreement or dispute to resolve their conflict and find a way to re-establish a professional working relationship. Mediation is available for all employees and can involve two or more parties.

Gateshead Health NHS Foundation Trust is positively encouraging the recruitment of Reservists from amongst our staff to join the four reservists we currently employee. We held a Reservist stand in the Queen Elizabeth Hospital on Reserves Day in 2018 and also supported a Navy Reservists stand in March 2019. The Trust signed its own Armed Forces Covenant in March 2018 and was successful in achieving the Silver award.

Team Effectiveness / Efficient / Innovative

Team Effectiveness	2015/16	2016/17	2017/18	2018/19	Target
Core Skills Training Compliance	74.56%	73.37%	79.75%	87.27%	85%
Appraisal Compliance (Staff with a current appraisal)	71.93%	81.82%	67.81%	73.34%	85%
Staff Sickness Absence (12 month rolling percentage)	4.82%	4.49%	4.62%	4.47%	4.00%
Staff Turnover (Labour turnover based on Full Time Equivalent)	24.63%**	12.92%*	11.48%	12.87%	N/A

**the significant shift in turnover is in relation to staff transferring to QE Facilities.
*the turnover figure is affected significantly by the transfer in of Community Services.

Consultancy

The Trust spent £223k on consultancy during 2018/19.

Exit Packages (subject to audit)

Exit packages provided during 2018/19 are detailed in the following table. All payments made were due to contractual or legal obligations.

Cost Band	Number of Compulsory Redundancies	Cost of Compulsory Redundancies	Number of Other Departures Agreed	Cost of Other Departures Agreed	Total Number of Exit Packages	Total Cost of Exit Packages by cost band
<£10,000			11	45.0	11	45.0
£10,000-£25,001			2	32.0	2	32.0
£25,000-£50,000	2	75.3			2	75.3
£50,001-£100,000					0	0.0
£100,001-£150,000					0	0.0
£150,001-£200,000			1	151.0	1	151.0
>£200.000					0	0.0
Total	2	75.3	14	228.0	16	303.3

NHS Foundation Trust Code of Governance

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

Provision	Requirement	Location / Section of Report
A.1.1	This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.	Accountability Report "Directors Report"
A.1.2	The annual report should identify the Chairperson, the Deputy Chairperson (where there is one), the Chief Executive, the Senior Independent Director (see A.4.1) and the Chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the Board and those committees and individual attendance by Directors.	Accountability Report "Directors Report"
A.5.3	The annual report should identify the members of the Council of Governors including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated Lead Governor.	Accountability Report "Council of Governors"
Additional Requirement of FT ARM	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	Accountability Report "Council of Governors"
B.1.1	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent, with reasons where necessary.	Accountability Report "Directors Report"
B.1.4	The Board of Directors should include in its annual report a description of each Director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS Foundation Trust.	Accountability Report "Directors Report"
Additional Requirement of FT ARM	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated.	Accountability Report "Directors Report"

Provision	Requirement	Location / Section of Report
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to Board appointments.	Accountability Report "Remuneration Report"
Additional Requirement of FT ARM	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	Accountability Report "Remuneration Report"
B.3.1	A Chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.	Accountability Report "Directors Report"
B.5.6	Governors should canvass the opinion of the Trust's members and the public and for appointed Governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Accountability Report "Council of Governors"
Additional Requirement of FT ARM	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. *Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). **As inserted by section 151(6) of the Health and Social Care Act 2012)	Governors have not exercised this power
B.6.1	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its Directors, including the Chairperson, has been conducted.	Accountability Report "Directors Report"
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the Trust.	Not Applicable

Provision	Requirement	Location / Section of Report
C.1.1	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Accountability Report "Directors Report & Annual Governance Statement"
C.2.1	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	Annual Gerovnance Statement
C.2.2	A Trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) If it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Annual Governance Statement
C.3.5	If the Council of Governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	Not Applicable
C.3.9	A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include: • The significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • An explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • If the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Accountability Report "Audit Committee Report"
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the Director will retain such earnings.	Not Applicable

Provision	Requirement	Location / Section of Report
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations	Accountability Report "Council of Governors"
E.1.6	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Accountability Report "Membership"
E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	Contact Details Back Page
Additional requirement of FT ARM	The annual report should include: • A brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • Information on the number of members and the number of members in each constituency; and • A summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership, including progress towards any recruitment targets for members	Accountability Report "Membership"
Additional requirement of FT ARM	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	Accountability Report "Directors Report"

Comply or Explain		
The trust is satisfied that it complies with the provisions of the code with the exception of point B.2.4 below		
B.2.4	The Chairperson or an independent Non-Executive Director should Chair the nominations committee	The Trust's Governors' Remuneration Committee which advises the Council of Governors on appointment and remuneration of Non-Executive Directors is chaired by a nominated governor. The Council of Governors, with the support of the Chairman of the Trust, has confirmed that this is the appropriate governance model, due to the potential conflict of interest of the Trust Chairman or any Non-Executive Director, in the decisions taken by the Committee.

Single Oversight Framework

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

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

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

Segmentation

During 2017/18 the Trust was moved from segment 2 ('targeted support') to segment 1 ('maximum autonomy') by NHS Improvement in recognition of he Trust's strong overall performance. This remains the position at 30 April 2019 as per the current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website. However, as a consequence of the decline in financial performance realised during 2018/19, NHS Improvement have confirmed that the Trust will be returned to segment 2 ('targeted support').

Finance and Use of Resources

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

Area	Metric	2018/19 Q4 Score
Financial Sustainability	Capital Service Capacity	4
	Liquidity	3
Financial Efficiency	I&E Margin	4
Financial Controls	Distance From Financial Plan	4
	Agency Spend	1
Overall Scoring		3

Modern Slavery and Human Trafficking Act 2015 Annual Statement

Gateshead Health NHS Foundation Trust offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains and in any part of its own business.

Gateshead Health NHS Foundation Trust provides secondary care, community and older persons' mental health services to a local population of approximately 200,000. Wider populations are served for specialist screening services and gynaecology-oncology services, including South of Tyne, Northumberland, Humberside, Cumbria and Lancashire. Our annual turnover is around £274m and we have a workforce of around 4,500 people.

The Trust is aware of its responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We also operate a number of internal policies to ensure that we are conducting business in an ethical and transparent manner.

Signed: Date: 22 May 2019
John Maddison – Acting Chief Executive

Statement of the Chief Executive's responsibilities as the accountable officer of Gateshead Health 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 offer, 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 Gateshead Health 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 Gateshead Health 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.*

Signed   Date: 22 May 2018

John Maddison – Acting Chief Executive

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 the risks to the achievement of the policies, aims and objectives of Gateshead Health NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Gateshead Health NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Accounting Officer and Chief Executive, I have overall responsibility for ensuring that there are effective risk management and integrated governance systems in place in the Trust and for meeting all statutory requirements and to adhering to guidance issued by NHS Improvement (in exercise of powers conferred from Monitor) in respect of governance and risk management.

The leadership and accountability arrangements for the Chief Executive Officer, Board of Directors, Business Unit Associate Directors, Heads of Service, Business Unit Service Line Managers, Clinical Leads, and staff are set out in the Trust's Risk Management Policy. In addition, there are clear terms of reference for Board committees, including the Quality Governance Committee (QGC), which is the co-ordinating committee for risk, being supported by the Finance and Performance Committee, Human Resources Committee and the Audit Committee. Strategic objectives have been set out in the 'Corporate and Operational Risk Management Strategy 2016-2019'.

The Trust has a robust inductory, statutory and core skills programme to ensure that all staff across the organisation are trained and equipped to manage risk appropriate to their role. Overarching awareness of risk management is provided for all staff within the Trust's organisation wide induction programme. This reflects on what can go wrong, how we aim to manage risks to prevent this, the importance of reporting incidents where things go wrong, or could have (near misses), and how we learn lessons from these.

Risk management training is provided for all staff annually via the Trust's core skills programme, this includes the Trust Board. Relevant further training is provided to staff and the Trust Board as required, based on issues that are current. Specific training relevant to certain types of risk is also delivered to staff, from organisation wide Information Governance or Health and Safety training, to role specific training focussing on risk assessment and controls that staff need to understand and successfully implement. Additional training to relevant staff has been provided on the use and management of risk registers, Root Cause Analysis investigation, the Board Assurance Framework and Duty of Candour. The Corporate Risk Management and Business Unit Risk Managers provide additional advice and guidance on risk management to staff as required.

The risk and control framework

The Trust's Risk Management Strategy sets out the framework for the management of risk including how risks are identified, evaluated and controlled. Risks are identified in a number of ways, and although this is primarily through the risk owners' own evaluation of their area or service, this can be as a result of other indicators, such as performance data, clinical audit, internal audit, incidents, complaints, claims, or local risk assessments.

All risks are evaluated using a risk assessment matrix to assist with scoring. A risk register is used throughout the Trust to record all relevant information, including the description of the risk, initial risk score, current controls, assurances as well as any gaps in control or assurance, the resulting current risk score, actions to formulate a summary risk treatment plan and review dates, and the target risk scores. Risks that potentially threaten achievement of strategic priorities and corporate objectives are proactively identified and included within the Board Assurance Framework (BAF).

The Board Assurance Framework and the Corporate Risk Register comprising risks with a score of 15 or more are reviewed by the Quality Governance Committee and Trust Board. Board Committees seek assurance against the strategic risks identified within the sections of the Board Assurance Framework that they lead on, these are updated during each meeting to provide the quarterly updates that are brought together for the Board.

Internal Audit review and report on control, governance and risk management processes to provide robust assurance. A comprehensive audit programme is in place and reviewed each year to maintain the ongoing programme of audit by Internal Audit. Any reports which identify remedial action have a management action plan put in place with a target date set until all actions are completed. This is monitored by the Audit Committee.

The Trust's risk framework includes a Risk and Safety Council that meets on a bi-monthly basis and reports to the Quality Governance Committee. Chaired by the Director of Nursing, Midwifery and Quality, the Council acts as the operational forum for risk management, providing improved scrutiny, challenge and support for risk management throughout the Trust, with a focus on managing risk effectively through the risk register process. Whilst the Quality Governance Committee is the overarching committee responsible for risk, the Human Resources Committee reviews workforce risks and the Finance and Performance Committee reviews financial and performance related risks. In addition, risks relating to data security are monitored by the Health Informatics Assurance Group chaired by the Chief Information Officer.

Gateshead Health NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is: registered without conditions. The CQC has not taken enforcement action against Gateshead Health NHS Foundation Trust during 2018/19. For acute services the Trust's last CQC review of compliance inspection visit was in September 2015. The Trust received an overall rating of 'Good' with 'Outstanding' for caring. Maternity Services were also rated as 'Outstanding'. The Trust has developed processes and systems for ongoing monitoring in line with the CQC inspection methodology and the five key lines of inquiry: safe, effective, caring, responsive and well led.

An unannounced focused CQC inspection of Older Person's Mental Health Services, which included Cragside Court, Sunniside Unit, and Community-based Mental Health Service, took place in December 2016. The report was published in June 2017 and rated the Community-based Mental Health Services for Older People as 'Requires improvement' and Wards for Older People with Mental Health Problems as 'Inadequate'. The report identified 22 breaches and a Mental Health Improvement Steering Group was established to oversee the action plan and improvements.

The CQC carried out an unannounced focused inspection of the Emergency Department and Ward 2 (short stay unit) in September 2018. The inspection found that lessons had been learnt following two patient safety incidents and processes and risk assessments were in place. This inspection did not change the Trust ratings.

The CQC carried out an unannounced focused inspection of Older Person Mental Health Inpatient Services in November 2018. The inspection found that improvements have been achieved in terms of care plans, training and appraisal rates and psychological therapies and activities. Some areas for improvement were identified. This inspection did not change the Trust ratings.

The CQC carried Mental Health Act 1983 Monitoring visits throughout 2018/19 and actions identified were incorporated into the overall action plan.

The Trust has a robust governance structure in place to oversee the management of data security and information risks. Throughout the year, there has been continuing progress in improving the effectiveness and raising awareness of Information Governance, including associated policies and procedures.

The new Data Protection and Security Toolkit is an online self-assessment tool that builds on the previous Information Governance Toolkit, allowing organisations to measure performance against the National Data Guardian's 10 data security standards. This has undergone an independent audit from AuditOne, the regional Internal Audit and Fraud Service, and provided assurance that there is a generally sound system of control designed to meet the organisation's objectives.

NHS Digital has agreed an action plan with the Trust to ensure full compliance with the Toolkit. This includes mandatory Information Governance (IG) training for staff and additional specialist training for senior managers responsible for information systems. The attainment of the Cyber Essentials Plus accreditation will greatly improve the compliance with the National Data Guardian's 10 data security requirements.

The Data Quality Strategy Group provides assurance on data quality and accuracy, and highlights risks to the Health Informatics Steering Group. There is a continual improvement programme which includes data quality metrics, spot check audits and a clinical coding quality assurance programme.

Update on the 2018/19 major clinical risks

- The Trust was required to deliver an internal Cost Reduction Programme (CRP)/ Efficiency Savings Programme of circa £15m (5.64% of turnover) without compromising quality, performance or patient experience.

- A robust Quality Impact Assessment process continues to be in place with regular Quality Impact Assessment meetings with the Programme Management Office team and the Medical Director and Director of Nursing, Midwifery and Quality.

- The risk of an inability to meet increased demand for services and maintain operational resilience, resulting in a negative impact on capacity and capability to deliver high quality services arising from in year activity surges and winter pressures (operational resilience).

  The Trust implemented a comprehensive and robust winter plan. Additional escalation areas were opened and safe staffing plans were reviewed on a daily basis enabling additional capacity during times of surge. The Trust implemented escalation actions aligned to the national escalation framework 'OPEL' (Operational Pressures Escalation Levels) and implemented the full capacity protocol.

- Ongoing challenges to continue to recruit a competent and skilled workforce to meet patient care requirements due to reduced numbers of clinical staff available to recruit to vacant posts in part due to national shortages and competition.

  Detailed workforce plans were developed at Service Line level and incorporated into business plans and internal business cases. A recruitment and retention senior nurse was appointed and national guidance from NHS Improvement was implemented.

- Potential inability to reduce the incidence of Clostridium Difficile Infection (CDI) and meet the challenging CDI objective for the Trust (Target of 18 post 72 hour cases for 2018/19, with a revised annual rate of 10.1%, or to deliver new national targets for the reduction of Gram Negative organisms effective from 1st April 2018).

  The Trust has an experienced Infection Prevention & Control Team, and clear policies and guidance are in place for staff, including a specific CDI policy. The team undertake surveillance and monitoring of prevalence of CDI, providing monthly data to Public Health England and NHS Improvement. The Trust reported 20 CDI cases in 2018/19 with a rate of 11.24 per 100,000 bed days. Whilst this exceeded our objective by 2 cases, it represents our lowest case numbers to date. Following review and successful appeals the Trust reported only 3 cases against the quality premium.

- Potential inability to fully deliver the Mental Health Improvement Plan resulting in inability to improve on the current CQC rating for Mental Health Services and move them to be rated as 'Good'.

A robust Mental Health Improvement Plan has been implemented. Significant recruitment has been undertaken which included the introduction of occupational therapy and consultant psychologist posts. Cragside Court has undergone a complete refurbishment and reopened in November 2018.

Update on the 2018/19 major non clinical risks

- The Trust was required to deliver an internal Cost Reduction Programme (CRP)/ Efficiency Savings Programme of £15m (5.64% of turnover) without compromising quality, performance or patient experience.

  The Trust delivered £10.3m (3.2%) of efficiency savings and as a result of this and other significant operational and financial pressures did not receive the majority of the 2018/19 Provider Sustainability Fund (PSF) and accordingly, following discussion with NHS Improvement, delivered a revised financial outturn of a £14.5m deficit (inclusive of PSF).

- Contracts with Commissioners were agreed on the basis of block contracts with arrangements to cover major pathway changes etc. Although this provided certainty of income, it presented a risk in terms of the ability to manage demand within the capacity available.

  Close system working with CCG colleagues enabled the Trust to transform a number of pathways and deliver contractual commitments.

- Management of the Trust's cash and cash flow in year was a particular risk for 2018/19 that was adversely impacted upon by the above risks.

  The Trust effectively managed its cash and cash flow in conjunction with the CCG, avoiding the need for external cash support until January 2019.

- The Global Digital Exemplar Fast Follower project implantation is progressing well with embedded internal and external project management arrangements in place monitoring, progress, risks and benefits.

Future clinical risks identified for 2019/20

- Financial challenge: There is a risk to the maintenance and delivery of high quality services to patients within the financial resources available.

- Workforce: There is a risk to maintaining a safe and effective workforce and ensuring sustainability of services into the future.

- Resilience: There is a risk that we do not have the operational resilience and capacity to meet growing demand and function safely and effectively in periods of increased demand.

Future non clinical risks identified for 2019/20

- Delivering the internal efficiency savings target of £8.9m is inherent to the delivery of the 2019/20 financial control total of breakeven, and as per previous years receipt of non-recurrent national funding (Provider Sustainability Fund (PSF)/ (FRF) is dependent upon delivery of the financial position at.

- Cash and cash flow will present a risk for 2019/20 and are dependent upon delivery of the efficiency programme and receipt of PSF/FRF funding. It is anticipated that central support may be required during the year, but the Trust will again work closely with the CCG to manage cash flow as effectively as possible.

- The plan includes £4m of local system support. Whilst the principles of system working have been agreed with partners, there is no firm guarantee that the ICS can support the Trust to this level, and this therefore, represents significant risk to delivery of the financial position.

The Trust incident reporting system is used to proactively capture incidents and near misses (failings in processes or systems that could have resulted in harm), enabling all information relating to the incident to be captured, investigated, and actions taken to address any failings, correct systems, or identify ongoing risks. An open reporting culture is promoted and supported throughout the organisation.

The Serious Incident Review Panel, chaired by the Medical Director, reviews all incidents that may potentially or actually have led to serious harm occurring. These processes are managed through the Trust Serious Incident (including Never Events) Reporting and Policy.

By minimising and managing risks, through the risk assessment process, the Trust seeks to protect the quality of services provided, reduce harm, maximise the resources available for patient services and care and protect the Trust's reputation.

The Trust aims to be proactive in its approach to the management of risk and will endeavour to identify, control, and where possible eliminate the risk before incidents of actual loss or harm have

occurred. For this approach to be effective, and for risk management to be embedded into the organisation, it is recognised that there must also be the following key elements:

- Corporate Board Assurance Framework;

- A well-founded risk register;

- Involvement/participation of all staff;

- Integration of risk management into operational management;

- Active local risk management processes;

- Clearly communicated arrangements/designated responsibilities for risk management;

- Training in risk assessment and risk management;

- Training and compliance with 'Being Open' and Duty of Candour;

- A robust integrated incident reporting system;

- Development of risk management within a fair and just culture. The Trust's approach following adverse incidents focuses on 'what went wrong' not 'who went wrong';

- Sound clinical practice which is evidence based and undertaken by appropriately skilled and equipped staff in accordance with policies, procedures and guidelines;

- Effective communication within and between Business Units, Wards, and Departments, and with patients, the public, and stakeholders;

- Proactive management of incidents, complaints and claims (including serious incidents and Never Events);

- Ongoing monitoring of actions/controls put in place to minimise the organisation's risk exposure for all risks identified from the risk register, incidents, complaints and claims;

- Systems in place to ensure lessons learned from incidents and near misses; and

- Robust monitoring, audit and reporting arrangements from Ward to Board.

The Audit Committee performs a key role in reviewing and monitoring the systems of internal control. The Committee receives regular reports on the findings of the internal and external auditors and provides an assurance report to the Board following each meeting.

The effectiveness of governance structures
The Board of Directors and Board Committees all play a role in ensuring the Trust has a robust governance structure in place.

The constitution and terms of reference of all Board Committees are reviewed periodically and any proposed amendments are subject to Board approval. The assurance reports of Board Committees are presented to the Board by the Chair of the Committees as standing agenda items.

Internal Audit has provided a 'Good level of assurance' over the Board Assurance Framework (BAF), providing assurance that there is a high level of compliance with the control framework, and risks identified are managed effectively. Only minor remedial action is required.

There are robust arrangements in place to provide assurance on the quality of performance information. The Trust reviews data, information flows and has updated its processes to ensure that they are consistent with and fit for purpose against NHS Improvement's single oversight framework that was introduced during 2016/17. Any area where there is less than significant assurance is reviewed automatically in the following audit round. For 2018/19 all indicators audited have demonstrated significant assurance.

The responsibilities of Directors and Committees

All Executive and Associate Directors have clear portfolios of responsibilities and areas for which they are accountable. Areas of risk are delegated to the Trust's Executive Directors:

- The Medical Director is the strategic lead for clinical audit;

- The Medical Director and Director of Nursing, Midwifery and Quality are the strategic leads for clinical governance, infection prevention and control, research and development, patient safety, clinical risks and quality and safety risks, and patient experience;

- The Director of Nursing, Midwifery and Quality is the strategic lead for safeguarding and mental health;

- A nominated Non-Executive Director is the Chair of the Quality Governance Committee;

- The Group Director of Finance is the strategic lead for financial risk and the effective co-ordination of financial controls throughout the Trust. The Chief Information Officer is responsible for Information Technology, Health Records and Information Governance risks;

- The Director of Clinical Support and Screening Services is responsible for emergency preparedness and non-clinical (health and safety) risks;

- The Director of Strategy and Transformation is the lead for strategy, performance, Human Resources Committee, workforce risks, and commercial activity; and

- The Associate Directors are responsible for managing risks within the Business Units.

The Trust has a strong, effective Board comprising eight Non-executive Directors (including the Trust Chairman) and six Executive Directors (including the Chief Executive). An annual appraisal process is in place to ensure knowledge and skills of Board members continue to reflect the strategic needs of the organisation and roles and responsibilities of Board members. The Trust recognises the need for its Board to respond to changing external circumstances and the composition contains an appropriate balance of clinical and management leadership skills and experience, key requirements for the successful delivery of the forward plan.

Non-executive Directors are appointed for an initial tenure of up to three years following which re-appointment processes apply.

Induction training is provided for new Board members and separate Board time out events are held to provide a forum for strategic debate and to broaden understanding of key issues impacting upon the Trust's delivery of objectives.

The Trust has appointed the Vice Chairman of the Trust as the Senior Independent Director to be available to Governors and Members if they have concerns, which contact through the normal channels of Chairman, Chief Executive or Trust Secretary has failed to resolve, or for which such contact is inappropriate.

Reporting lines and accountabilities between the Board, its Committees and the Executive Team

There is a comprehensive Board Committee structure which provides for assurance on:

- Quality Governance;

- Finance and Performance;

- Human Resources;

- Audit;

- Remuneration; and

- Charitable Funds.

There are agreed terms of reference for the Trust Board and its Committees and the role of Directors within Committees are clarified. Clear reporting lines are in place for all of the Board Committees and each Committee has both Executive and Non-executive members (except the Remuneration Committees). Relevant issues are discussed in detail at each Board Committee and significant issues raised to Board level. There are regular Trust Board reports on: quality, risk, finance and performance. All Committees have procedures in place to escalate risk to the Board through assurance reports from the Chair of each Committee. All 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 strategic objectives within their remit.

Levels of delegation are in place and are reported in the Corporate Governance Manual, Reservation and Delegation of Powers and the Trust Constitution.

The submission of timely and accurate information to assess risks to compliance with the Trust's licence and the degree and rigour of oversight the Board has over the Trust's performance.

The Board of Directors meets regularly. Part 1 Board agendas and papers are made available to all Governors and Governors receive regular information on Clinical and Corporate Governance, Performance, Finance, Quality and Patient Safety.

The Board agenda is balanced and focuses on:

- Strategy;

- Finance and performance;

- Quality, safety and risk;

- Making decisions and receiving information;

- Matters for assurance; and

- Matters internal to the organisation and external stakeholders.

On an annual basis, as part of the annual planning process, the Trust Board is required to identify the key strategic priorities and a number of corporate objectives for the Trust incorporating national and local priorities.   The risks and potential risks to the non-delivery of the corporate objectives are set out in a Board Assurance Framework. The Board Assurance Framework and the Corporate Risk Register are presented for consideration by the Board every quarter to provide assurance that the risks are relevant, up to date and controls and assurances are in place. Where gaps in controls and assurance exist actions have been identified. The Board Assurance Framework is developed through input from the executive directors and senior managers and is informed by the Risk Register.

With regard to the Annual Governance Statement , the Board satisfies itself of compliance through ongoing measurement and returns against the single oversight framework.

The Trust has a framework in place to systematically analyse a new or revised policy, function, service or business activity to identify what impact or likely impact it will have on different groups of people. The primary concern is to identify any discriminatory or negative consequences for a particular group and the action necessary to overcome any disadvantage. It is also important to understand any positive impact which can help in the Trust's decision making. We publish the resulting 'equality analysis' on a dedicated equality section of the internet, so this is accessible to the public (as per the requirements of the NHS Equality Delivery System 2).

We publish an annual equality report to help to comply with the specific duties of the Equality Act which is reviewed by the Human Resource committee. Full details can be accessed at: http://www.qegateshead.nhs.uk/edhr

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

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

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

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

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.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

During 2018/19 the Trust's overall financial performance was monitored and managed on a regular basis by the Trust's corporate management team, the Financial Sustainability board, the Financial Recovery and Sustainability Board, the Finance and Performance Committee and the Board of Directors. The Board, supported by its Finance and Performance Committee, reviews key aspects of financial and operational performance of the Trust in detail on a monthly basis.

The Trust set an efficiency/income generation target of £15m (circa 5.64% of turnover) in 2018/19 as an enabler to delivering its financial control target of a £0.7m surplus. As anticipated, this was a very challenging target with the trust delivering £10.34m (3.2%). As a consequence and due to a range of other operational and financial pressure, the Trust highlighted to NHSI from month 4 that it would not deliver the planned control total and at month 9 agreed a revised forecast outturn of a £14.5m operational deficit that was delivered.

The Trust continues to review all areas of its cost base to identify further opportunities for savings and improve efficiency. The 2017/18 Reference Cost Index improved significantly to 91 demonstrating a good level of internal efficiency. The level of potential efficiency opportunity from the Model Hospital benchmark reduced significantly and both this and the significantly reduced Reference Cost Index indicate the increasing challenge that, as a relatively small/medium sized District General Hospital (DGH), the Trust faces to deliver financial sustainability. The trust continues to refine NHS Improvement costing guidance (receiving good assurance from NHS Improvement) to underpin the production of detailed Patient Level Costing and Information Service and Service Line Reporting (SLR) information, to provide the information to identify and drive further efficiency opportunities.

Information Governance

There are formal reporting arrangements in place throughout the Trust to mitigate information risk in accordance with NHS Information Governance requirements. All Information Governance incidents are reported through the Trust's incident reporting system, DATIX.

Post adoption of the EU General Data Protection Regulation (GDPR) in May 2018, it is now a legal obligation to notify any personal data breaches within 72 hours to the Information Commissioner's Office (ICO), the Data Protection regulator, which result in a risk to the rights and freedoms of the individuals and any network and systems incidents which have a "significant impact" on the continuity of the essential service we provide. The Trust has reported 5 incidents detailed in the following table. There are 2 still with the ICO, however the latest was reported in November 2018 and we expect the ICO will close these and request we manage the incidents locally.

Datix Incident ID	Service	Ward/Dept.	Status
46283	Obstetrics	Pregnancy Assessment Unit (PAU) (Maternity)	ICO Closed
48798	Planned Care	Endoscopy	ICO Closed
50733	Planned Care	Endoscopy	Open
50888	Obstetrics	Pregnancy Assessment Unit (PAU) (Maternity)	ICO Closed
52876	Gynaecology	Gynaecology (Medical)	Open

Common themes which have occurred over the past twelve months include the unauthorised transfer of personal data and the incorrect disclosure of information either in person, via post or email. The incorrect disclosure of information is something that remains the greatest risk in terms of a data breach.

Annual Quality Report

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

The Quality Account represents a balanced view and there are appropriate controls in place to ensure the accuracy of the data.

The 12 quality priorities included within the Quality Report for 2019/21 mirror those in our recently developed Quality Improvement Strategy 2019/21 – Driving Excellence through Quality Improvement. The strategy aligns to the Trust's four organisational aims and eight strategic goals. The development of the 12 quality priorities involved extensive engagement with staff and service users, governors and stakeholders. The quality priorities were presented to the Board of Directors and the recommendations were agreed.

There are robust clinical governance processes in place that ensure continuous quality improvement and safeguard high standards of care, which is important for patient care at all levels. The Trust is committed to this through compliance with:

- Clinical Audit
- Clinical Effectiveness

- Risk Management

- Patient experience, involvement and engagement

- Research and development

- Patient safety

- Duty of candour

- Education and training

- Claims management

- Information management

This information is available for the Business Units to provide information, compliance and assurance. The Trust also produces a monthly Integrated Quality and Learning Report which provides Trust level performance data against a range of quality indicators and feedback on any learning identified.

Clinical audit work is valued as a method of providing assurance and is set into an annual clinical audit plan to reflect priorities identified by local and national agendas. Clinical audit is now managed through the Safecare Council and reported to the Board on an annual basis. The purpose of the SafeCare Council is to act as the pivotal point within the Trust for all SafeCare activities across the Trust, including clinical effectiveness. This will enable clinical audit activity to be monitored more effectively and to engage a wider cohort of staff across the Trust. The Trust has participated in 91% of eligible national audits and clinical audit is carried out to enable measurable benefits for patients.

The SafeCare Council manages the operational clinical governance with oversight of Quality Improvement Plans for all Business Units. SafeCare Council continues to report to the Trust's Quality Governance Committee, which is a Committee of the Board.

During the course of this year the Trust has had regular meetings with commissioners to monitor progress against the Commissioning for Quality and Innovation (CQUIN) indicators.

The Trust has put controls in place to ensure the accuracy of data for the Quality Account. This includes working with internal audit to provide assurance and also compliance with key policies. The list below is not exhaustive but includes:

- RM01 Risk Management Policy

- RM21 Complaints and Concerns Policy

The Trust recognises that the delivery of high quality and respectful care is dependent upon a skilled and effective workforce. The Quality Account contains a distinct section, 'Focus on Staff' that illustrates the Trust's commitment to and investment in staff development, their health and wellbeing and the importance of listening and responding to staff views. The Trust has robust policies for the recruitment and development of staff. Core training and appraisal are key performance indicators and are reported via the Performance Report on a monthly basis. The Trust continues to perform well in the national staff survey.

Implementation of the Patient, Public and Carer Involvement and Experience Strategy 2018/21 – Your Care, Your Voice is overseen by the Patient, Public and Carer Involvement and Experience (PPCE) Group. Highlight reports have been presented to the group providing progress with key priorities throughout 2018/19. Achievement against the strategy has been good with some excellent new initiatives being implemented.

The (PPCE) group forms a focal point for engagement with partners and stakeholders and supports others in the organisation in engagement and patient experience activities. It encourages, the organisation for engagement and improvement activities as well as identifying good practice within the Trust and ensuring this is shared.

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 attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Quality Governance Committee and a plan to address weaknesses and ensure continuous improvements of the systems is in place.

The Board receives regular comprehensive information to provide assurance on all aspects of quality, safety and risk issues including infection prevention and control. The Audit Committee continues to oversee the maintenance of an effective system of internal control.

The Trust ensures that the Quality Governance, Human Resources and Finance and Performance Committees, which are all Committees of the board, receive regular reports and are therefore able

to provide an assurance process to the Board that the governance processes are robust and provide high quality care.

The Trust remains committed to continuous improvement of its risk management and assurance systems and to ensuring improved effectiveness and efficiency. To assist with this, Internal Audit reviewed and reported upon control, governance and risk management processes. This review has been based on an audit plan approved by the Audit Committee. The plan included identifying and evaluating controls and testing their effectiveness in accordance with Public Internal Audit Standards. Where improvement or remedial actions have been found, Internal Audit has made recommendations and the Trust has put action plans in place. These internal audit reports, if relevant, are used to inform the Board Assurance Framework.

The Internal Auditor's Head of Audit Opinion for 2018/19 to the Chief Executive and the Board on the adequacy and effectiveness of the risk management, control and governance processes to support the Annual Governance Statement (AGS) identified that good assurance can be given that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. The basis of this opinion included an assessment of the design and operation of the underpinning Assurance Framework and supporting processes.

Conclusion

The overall opinion is that no significant internal control issues have been identified therefore significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

Signed   Date: 22 May 2019

Mr John Maddison , Acting Chief Executive

NHS

Gateshead Health
NHS Foundation Trust

Quality Account
Gateshead Health NHS
Foundation Trust
2018/19

Gateshead Health NHS Foundation Trust at a glance...
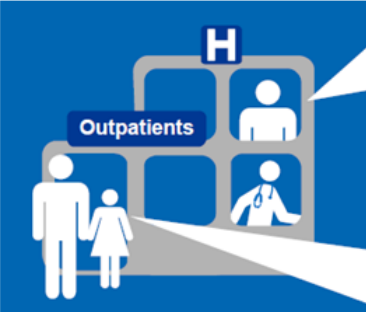
Local Population Over 200,000

Employ around 4,500 staff

Inspected and rated

CareQuality Commission

96.5% of patients and carers who responded to the Friends and Family Test and would recommend our services.
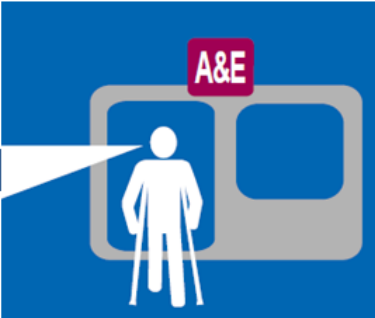
Friends & FamilyTest

H

Outpatients

64,208 Inpatient Spells
84,480 Episodes of care

300,396 Outpatient Attendances

1,762 births

A&E

123,872 Attendances

Contents

Part 1

1.Statement on Quality from the Chief Executive

I am delighted to introduce the Quality Account for Gateshead Health NHS Foundation Trust for 2018/19. This provides details of some of our work over the past 12 months on improving the care we deliver in line with our organisational aims to:

➢ Provide high quality, sustainable clinical services to our local population in new and innovative ways.

➢ Develop new effective partnerships with organisations in health and social care to offer high quality, seamless care.

➢ Optimise opportunities to extend our business reach in the delivery of high quality clinical care.

➢ Deliver the proposed portfolio of services and quality of care within the agreed financial envelope.

The Trust monitors all of its improvement plans from ward to Board through its Quality Governance structure. In terms of our Quality Account priorities for 2018/19, some of the key highlights are as follows:

Clinical Effectiveness

➢ Developed a programme of work to implement the recommendations within the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) "Treat as One – Bridging the gap between mental and physical healthcare in general hospitals". This included introducing Mental Health Champions across the organisation and commissioning external expertise to deliver suicide awareness training.

➢ Fully engaged with the Getting it Right First Time (GIRFT) national programme.

Patient Safety

➢ Undertook a patient safety culture assessment, engaged with the National Safer Maternity Care Strategy and reviewed the process for investigating patient safety incidents that occur within the organisation.

➢ Introduction of separate serious incident panels to review all inpatient falls and pressure damage of moderate harm and above. Development and publication of a Serious Incident (including Never Events) Reporting and Management Policy.

Patient Experience

➢ Successfully implemented an 'Always Events®' within our inpatient functional mental health ward.

➢ Adapted our Friends and Family Test card to ensure it was fit for purpose for use within the mental health setting. Established patient and carer forums within our two mental health inpatient wards.

Further detail is provided within the body of the Quality Account itself.

In addition to these priorities, our work to promote quality and safety in the care we provide can be further demonstrated by the following:

➢ Our Friends and Family Test feedback identifies that the Trust provides a positive patient experience, with 96.5% of patients indicating that they would definitely recommend our services to friends and family.

➢ 88% of patients who completed the 2018 NHS Inpatient Survey rated the care we provided at 7/10 or above (Picker Institute, 2018).

➢ Patients who have used our cancer services rated the care received as an average of 9.1/10.

➢ Our incident reporting rate has shown an increase from 33.79 in October 2017 - March 2018 to 38.27 in April 2018 – September 2018 per 1,000 bed days.

Whilst we have made significant progress in these key areas over the past year, we know that we can always do better. Our focus will not waver from providing high quality improvements and innovation in care for all our patients, carers and staff, which will be planned and implemented as part of our Quality Improvement Strategy 2019/21. To this end, our Quality Account Priorities for 2019/21 are set out below:

Clinical Effectiveness

➢ Ensure robust processes are in place to set and deliver on the National Commissioning for Quality and Innovation (CQUIN) to ensure that our patients receive the best high quality and innovative service possible

➢ Research will be undertaken to ensure that we are providing the most beneficial and cost-effective care and treatment for our patients

- ➢ Improve clinical audit: best practice and compliance to improve patient care and outcomes through systematic review of care and the implementation of changes and review alignment against Healthcare Quality Improvement Partnership (HQIP) Best Practice in Clinical Audit
- ➢ Enabling women to access their care records to improve outcomes for mother and baby
- ➢ Build a culture and environment that supports continuous health improvement through the contact we have with individuals using the Making Every Contact Count platform

Patient Safety

- ➢ We will reduce avoidable harms in the Trust, by making our organisation more resilient to risks and acting on feedback from patients
- ➢ We will promote a just, open and supportive learning culture across the organisation
- ➢ Improve mortality reviews and embed the new medical examiner process, providing families, carers and staff with opportunities to both raise concerns and highlight examples of good practice and excellent care
- ➢ To support the national ambition to halve the rates of still births, maternal deaths, neonatal deaths and brain injuries

Patient Experience

- ➢ We will ensure that patients, carers and the public have the best experience possible when they are receiving our care
- ➢ We will ensure that patients, carers and the public are engaged in our quality improvement work and that patient, carer and public involvement is embedded as business as usual across the organisation
- ➢ Improve experience for our mothers, babies and their families

I hope you enjoy reading this report which identifies the excellent progress made in providing high quality clinical care in 2018/19 and also identifies the continuous quality improvement we strive to make for the coming years. Our aim is that the Trust will provide high quality, sustainable clinical services to our local population in new and innovative ways and provide an organisation that the local population and our staff will have pride in being a part of.

Finally, none of this is possible without the commitment, passion and dedication of our staff to improve the care and experience we deliver to our patients and their families and carers, and I would like to take this opportunity to thank them for their continued efforts to improve the care we

provide. I can confirm on behalf of the Board of Gateshead Health NHS Foundation Trust that to the best of my knowledge the information presented in the Quality Account is accurate.

Signed

Mr J Maddison, Acting Chief Executive   Date: 22nd May 2019

What is a Quality Account?

Since 2009 the NHS has been required to be open and transparent about the quality of services provided to the public. As part of this process all NHS hospitals are required to publish a Quality Account (The Health Act 2009). Staff at the Trust can use the Quality Account to assess the quality of the care we provide. The public and patients can also view quality across NHS organisations by viewing the Quality Accounts on the NHS Choices website: www.nhs.uk.

The dual functions of a Quality Account are to:

➢ Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2018/19.

➢ Outline the quality priorities and objectives we set ourselves going forward for 2019/21.

Review of 2018/19 quality information

LOOK BACK

Set out quality priorities for 2019/21

LOOK FORWARD
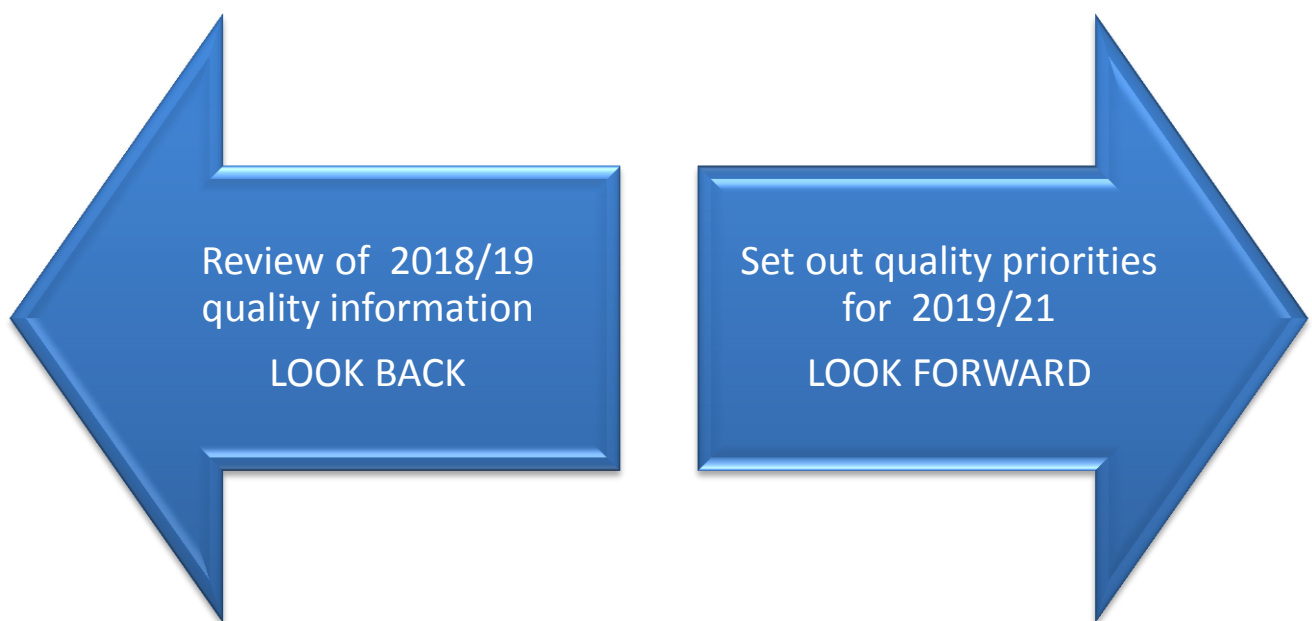
Part 2

2.   Priorities for Improvement

2.1   Reporting back on our progress in 2018/19

In our 2017/18 Quality Account we identified six quality improvement priorities that we would focus on in 2018/19. This section presents the progress we have made against these.

Clinical Effectiveness:

Priority 1:   Implementation of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) "Treat as One – Bridging the gap between mental and physical healthcare in general hospitals"

What did we say we would do?

➢   We will ensure that the recommendations within 'Treat as One – Bridging the gap between mental and physical healthcare in general hospitals' are implemented within the Trust.

Did we achieve this?
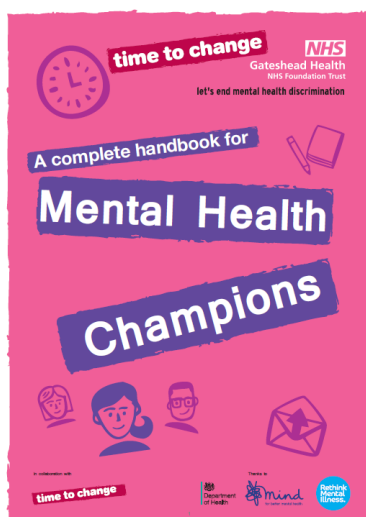
Yes we achieved this.

How we achieved it:

➢   A task and finish group was established with key stakeholders.

➢   A trust wide training needs analysis was completed to establish training requirements.

➢   A training package was introduced including e learning, simulation training, suicide awareness training, and mental health champion training, including the introduction of 64 mental health champions across the Trust.

➢   Access for Emergency Care Centre staff to RIO, the mental health team electronic patient administration system.

➢   The development and implementation of a screening tool used as part of the initial assessment within the Accident and Emergency Department. Outcome of the assessment is recorded in the notes and a named psychiatric lead is documented if appropriate.

➢   The Trust has a process to ensure that relevant information on discharge or transfer is with the patient. A programme of audit is in place to measure compliance with this.

➢ One to one observation is implemented on an individual assessment of need and complies with Trust policy.

Evidence of achievement:
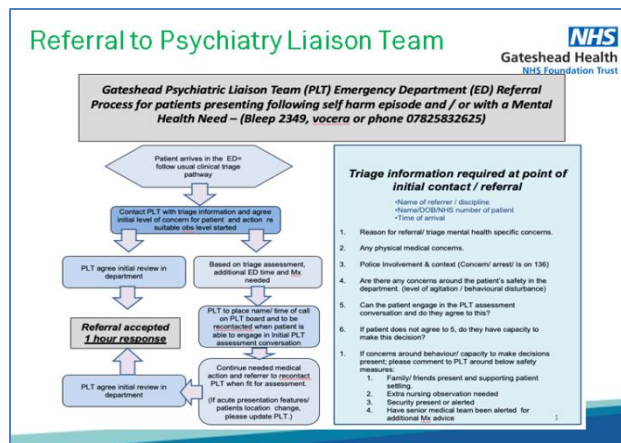
The launch, took place on Thursday 20th September in the Education Centre. It was a very successful event with over 60 attendees including staff and Governors from across the Trust and Northumberland Tyne and Wear NHS Foundation Trust.

Job Role	MH Awareness (eLearning) Level 1	Suicide Prevention Level 1 and 2	Mental Capacity Act and Deprivation of Liberty Safeguards Level 2	Simulation Training Level 2	Mental Health Champion Training Level 3	Clinical Supervision and Mentorship Level 3	Mental Health First Aid Training Level 3
Admin	✓	✓			✓		✓
AHP's	✓	✓	✓	✓	✓		✓
Healthcare Assistants	✓	✓	✓	✓	✓	As part of Mental Health Champion Training	✓
Medics	✓	✓	✓	✓	✓		✓
Nursing	✓	✓	✓	✓	✓		✓
Pharmacy	✓	✓	✓		✓		✓
Porters	✓	✓	✓		✓		✓
Security	✓	✓	✓		✓		✓

Next steps:

➢ Implement the mental capacity assessments in Medway, the Trust electronic patient administration system.

➢ Review the process for medicine reconciliation (timely access to individual treatment medicines) at weekends.

➢ Deliver training in November 2019 for Mental Health Champions specific to community and medical staff and agree process for supervision of existing Mental Health Champions.

➢ Launch of Intranet site with resources, tools, signposting to services and referral pathway to talking therapies.

Priority 2: Reducing variation in Clinical Practice – Getting it Right First Time (GIRFT) - a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations

What did we say we would do?

➢ We will ensure that the Trust fully engages with the national GIRFT programme, by ensuring that any data requests are acted upon in a timely way and that the Trust acts on any feedback we receive as a consequence.

➢ The learning from these reports will be shared with the departments and Business Units and we will develop a plan for how to address any areas for improvement.

Did we achieve this?

Yes we achieved this.

How we achieved it:

➢ We worked with specialist areas which included Trauma and Orthopaedics, Obstetrics and Gynaecology, General Surgery, Emergency Care, Diabetes, Radiology, Perioperative care, Outpatients and Managing Frailty and Delayed Transfers of Care.

➢ The clinical teams worked closely with the GIRFT regional and national teams to ensure full engagement with data requests.

➢ There was an identified clinical lead to review actions which ensured reduction in variation and production of specific quality improvement plans which were shared with the full clinical teams.

Evidence of achievement:

➢ Over 2018/19 the Trust have received and returned 10 requests for data from the GIRFT team.

➢ Over 2018/19 three visits were arranged to review the data packs and produce the improvement plans and four revisits also took place to review and update the improvement plans.

➢ Best practice was identified by working with GIRFT teams and improvements are being shared nationally with other NHS Trusts, for example, related to improving the information provided to GPs following discharge.

➢   We have been identified as an example of good practice in "Getting it Right in Leadership" from GIRFT April 2019 – Embedding continuous improvement through GIRFT, demonstrating a way of putting GIRFT into practice.

Next steps:

The Trust will continue to work with the national GIRFT team and is awaiting eight feedback meetings to be arranged where information will be shared and improvements identified.

Patient Safety:

Priority 3: Continue work on improving patient safety culture with focus on:

(a) Manchester Patient Safety Framework (MaPSaF), (b) Maternal and Neonatal safety and (c) Trust investigation training

(a) Manchester Patient Safety Framework (MaPSaF)

What did we say we would do?

Initiate the MaPSaF process throughout the Trust which is a tool to help the organisation to understand and improve its patient safety culture.

Did we achieve this?

Yes we achieved this.

How we achieved it:

➢ Using the MaPSaF tool, a Safety Culture Survey was undertaken throughout the Trust in June and July 2018. The Trust has used this on a three to four year cyclic basis to provided comparable data, the last demonstrating that the Trust had a 'very good' (proactive) safety culture. This was shared through the Trust's Risk and Safety Council.

➢ Detailed analysis was undertaken on the results and detailed Business Unit and Directorate level reports were produced. These were distributed to Directors/Associate Directors as applicable for the area and subsequent meetings held with them or presentations given at Operational Board/SafeCare meetings to provide an overview and discuss their results and any areas that may require further scrutiny.

➢ Trust-wide report was produced and published in the QE Weekly staff bulletin.

Evidence of achievement:
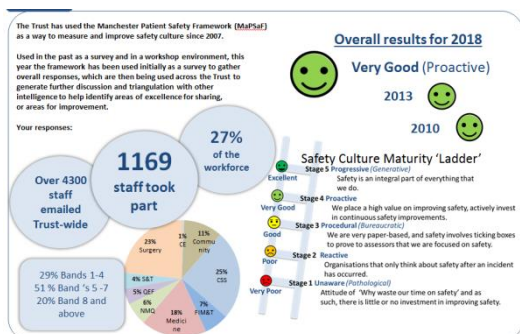
- ➢ Examples of the actions taken included:
  - o Introduction of a quarterly lessons learned bulletin;
  - o Work undertaken on the lone worker policy and use of devices to address workforce safety issues; and
  - o Clinical supervision increased in specific areas.

Next steps:

Feedback from each Business Unit/Directorate will be collated on the actions delivered and any improvements identified. These will be reported to the Risk and Safety Council and the Quality Governance Committee.

(b) Maternal and Neonatal safety

What did we say we would do?

As part of the National Safer Maternity Care Strategy which outlined that women should have continuity of the person looking after them during their maternity journey (before, during and after the birth), we will focus on improving the continuity of carer for pregnant women. Initially we will focus on women with diabetes, improving continuity of carer across their pathway. We will initially aim for 20% of these mothers to be on a continuity of carer pathway with a personalised care plan by the end of March 2019.

Did we achieve this?

We partially achieved this with 17.85% of women with diabetes identified as being on a continuity of carer pathway against our aim of 20%.

How we partially achieved it:

- ➢ Development of a task and finish group through which the Better Births recommendations and strategy were discussed and reviewed.
- ➢ A task and finish group to focus upon identification of the group of women to be included in the continuity of care enhanced pathway.
- ➢ The community midwifery teams were briefed on how to highlight and identify this group of patients at booking and how to record on the electronic maternity system which has been adapted for audit purposes.

Evidence of achievement:

Audit information from the maternity electronic records Badger system revealed 17.85% achievement.

Next steps:

➢ Confirm continuity of carer team and finalise continuity of carer pathways. Give consideration to expand eligible groups to include women who have had a previous Caesarean Section, women who are advised to have an Elective Lower Segment Caesarean Section and women less than 20 years of age.

➢ Patient information - contact mothers on continuity of carer pathway to update on pathway development and what to expect during pregnancy.

(c) Trust patient safety and complaints/Patient Advice & Liaison Service (PALS) investigation training

What did we say we would do?

The Trust is committed to using one method for investigation across patient safety and patient experience. We will work together to facilitate Root Cause Analysis (RCA) as being the method that we use. This quality improvement process will increase the number of trained investigators and ensure all investigators use a standardised process.

Did we achieve this?

➢ We partially achieved this as the RCA model was used during 2018 when a review of the current methods of investigating patient safety incidents was undertaken demonstrating improved models for staff and learning points identified.

➢ The Human Factors approach for investigating and learning from incidents is replacing the traditional RCA method across the Trust as current evidence advocates that NHS organisations develop an investigative approach which focuses on the context in which clinicians are working, rather than the actions of individual staff. Current literature suggests that complex incidents cannot be attributed to one single root cause (as proposed by the RCA model). There is also a lack of evidence that RCAs are able to prevent future incidents.

How we partially achieved it:

The Trust began the roll out of the Human Factors approach to investigate Serious Incidents at the beginning of 2019. The Patient Safety team have supported the Business Units to facilitate Human Factors investigations and early feedback from the staff involved, Serious Incident Review Panel and the Commissioners has been very positive. These investigations focus on identifying and improving weaknesses in systems rather than individuals, which current research suggests is more effective in enhancing patient safety overall.

Evidence of achievement:

➢ Training sessions for using this approach have begun and the Patient Safety team is supporting Business Units in this new process. 30 additional staff have been trained in Human Factors since January 2019, and key clinical staff from Business Units have been supported to attend external Human Factors training provided by Oxford University, to enable them to disseminate this learning to their teams.

➢ We have undertaken a Human Factors approach to investigating Serious Incidents in seven cases since January 2019. Early feedback suggests that staff find this alternative method to undertaking investigations very helpful, in that weaknesses and gaps in systems and processes are investigated and addressed rather than the practice of individuals. Patients and families have also commented positively on the accessibility of the information within the investigation reports, as these are now written with the patient and family in mind.

➢ As a result of these initiatives, there is noticeable improvement in the quality of investigations, which we believe will improve the Trust's ability to learn from incidents and prevent future harm.

Next steps:

➢ A Complaints Review Panel will be established to ensure there is a robust process in place for the Trust to respond to and learn from complaints. This will be a similar process to the way Serious Incidents are managed within the organisation.

➢ A training package will be developed and implemented for staff on how to respond to and investigate complaints. This will be based on current guidance and best practice.

➢ A review of the governance process for complaints management will take place in early 2019/20.

➢ During 2019, there will be a move for all incident investigations to be undertaken using a Human Factors approach. Therefore there will be an increased focus on providing training for this approach.

Priority 4: Ensure that all patients are kept safe by using the new national guidance for Serious Incidents and Never Events

What did we say we would do?

We will ensure that the new guidance for Serious Incidents and Never Events is fully implemented within the Trust, and that the governance process for the monitoring of Serious Incidents is robust and all opportunities for effective learning are fully realised.

Did we achieve this?

Yes we achieved this.

How we achieved it:

➢ A revised framework and list of Never Events was published by NHSI in 2018, and a SafeCare Good Practice Bulletin was disseminated across the Trust in April 2018 to highlight key changes.

➢ In April 2018, separate panels were introduced to review all inpatient falls and pressure damage of moderate and above harm. These are in addition to the Serious Incident Review Panel, chaired by the Medical Director. These changes have enabled the Trust to ensure that all possible learning is identified through the investigation process. The Inpatient Falls and Pressure Damage Panels identified themed learning to the Serious Incident Review Panel on a quarterly basis and key lessons were shared within the Quality and Learning Report, which is presented to the Board and circulated for review and discussion across the Trust.

➢ A review of the Terms of Reference and current membership of the Serious Incident Panel has also been undertaken, in order to ensure that the Panel has an appropriate range of clinical expertise available as necessary, to facilitate adequate scrutiny of incidents. Clinicians and senior staff from a range of clinical and non-clinical backgrounds are now attending Serious Incident Review Panel, and their contributions are ensuring enhanced scrutiny and challenge, and additional opportunities to learn from the incidents.

➢ There has been a separate Serious Incident (including Never Events) Reporting and Management Policy developed, which was ratified at the Risk and Safety Council in September 2018.

➢ The policy advocates the need for robust 'patient centred' investigation following a Serious Incident, whilst also recognising the importance of supporting staff who have been involved in a Serious Incident in order to reduce the 'Second Victim' phenomenon.

➢ Two cohorts of Family Liaison Officer training took place in October and November 2018. Each training programme lasted five days and was facilitated by Northumbria Police, North East Ambulance Service (NEAS), Ward Hadaway Solicitors and Independent Clinical Initiative Psychology Services. The Trust has trained 18 FLOs (from existing staff who have volunteered for the role) in the two cohorts.

Evidence of achievement:

➢ Separate Serious Incident Panels set up to review all inpatients falls and pressure damage of moderate and above harm

➢ Serious Incident (including Never Events) Reporting and Managing Policy developed and implemented

➢ 18 FLOs trained and they have supported 11 patients and their families who have been involved in serious incidents

Next steps:

A Supporting Staff Policy will be developed and ratified by the Risk and Safety Council in 2019, which will support the implementation of a 'Just culture' approach across the Trust, to support a consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.

In order to ensure there is sufficient capacity of FLOs across the Trust, two further training dates have been arranged during 2019.

Patient Experience:

Priority 5:   Develop our patient and public involvement activities

What did we say we would do?

The Trust is truly committed to patient and public involvement by ensuring that all decisions around service design and delivery will explicitly take into account the views of patients and the general public in Gateshead. We recognise that this will improve the quality of our decision making and lead to services based around the needs of patients. Throughout 2018/19 we will develop our activity of involving patients and the public to ensure we are doing this to the best of our ability.

Did we achieve this?

Yes we achieved this.

How we achieved it:

➢ We developed and published a Patient and Public Involvement Toolkit for staff to provide guidance on how to effectively involve patients and the public in healthcare planning and delivery. This was launched in August 2018, communicating with staff through newsletters and presentations.

➢ A baseline of current patient and public involvement activity within the Trust was established via discussions with Service Line Managers to ascertain what patients are currently involved in and how this could be improved. We established monthly email communications to act as a prompt for services and departments to inform the Quality Team of any patient involvement activity undertaken. 19 pieces of work involving patients and/or their families and carers were identified, with topics ranging from a Radiology Patient Access Survey, Liver Service Patient Involvement Event, establishment of forums for young onset of Dementia for carers and patients, review of the Palliative Care Day Care Services provided by the Trust, Intensive Care Unit Steps – a forum where previous patients who have been in Intensive Care meet and support existing patients, the formation of a Stoma Support Group and involvement in the Gestational Diabetes Pathway Redesign.

➢ Development of a database to ensure all activity is captured centrally. From March 2019, this has been reported through the Patient, Public & Carer Involvement & Experience Group.

Four key priority areas of involvement activity were identified for 2018/19. The progress against those key areas is as follows:

➢ Work with our patients, carers and clinicians in Elderly Mental Health Services to identify an 'Always Experience' ('Always Event®').

- o The Trust took part in a collaborative with NHS England and NHS Improvement to implement 'Always Events®'. The pilot site for this work was the Sunniside Unit (Elderly Mental Health Services). A point of care team (project team) was established including nursing staff, occupational therapist, activities co-ordinator, consultant psychiatrist and patients/carers.

- o Consultation with patients/their families and carers on what is so important to them that should always happen was undertaken throughout June 2018. All inpatients on the ward in June were consulted. In order to ensure that as wide a view as possible was obtained, patients discharged from the Sunniside Unit between January and June 2018 were also consulted.

- o The 'Always Event®' was co-designed as:

  - ▪ Vision Statement - 'I will always have the opportunity to ask questions or raise concerns.'

  - ▪ Aim Statement - 'By the end of March 2019, 90% of patients on the Sunniside unit will have the opportunity to ask questions or raise concerns.'

- o An information board was developed to keep staff in the area up to date on progress.

- o The national team visited the Trust on Wednesday 1st August 2018. The point of care team gave an overview of progress and showcased our work to date. The visit was very successful and feedback was very positive.

- o The point of care team also showcased the Trust's 'Always Events®' journey at the NHS England regional event on 2nd October 2018.

- o Two members of the point of care team were chosen to be 'Always Events® Buddies', to support other organisations to implement 'Always Events®'. Training for this took place in January 2019.

- o Key interventions have been implemented in order to ensure patients have the opportunity to raise concerns and ask questions. These include staff sharing mealtimes with patients, co-designing a patient information leaflet, question and answer session at the beginning of every patient forum meeting and awareness raising with staff.

- o In order to measure whether patients have had the opportunity to ask questions or raise concerns, patients and/or their family and carers are asked the following on discharge:

    - ▪ 'Did you have the opportunity to ask questions or raise concerns while on the Sunniside Unit?'

    - ▪ 'Was the question or concern resolved?'

    - ▪ 'How did it make your experience better?'

- o Baseline before initiatives were introduced = 69% of patients felt they had the opportunity to ask questions or raise concerns.

- o In January, February and March 100% reported that they had the opportunity to ask questions or raise concerns, the question or concern was resolved and it made their experience better.

- ➢ Involve an appropriate group of patients in the procurement of a new Interpreting Service.

    - o The deaf community and the Regional Refugee Forum North East were approached to provide their views on what makes a good interpreting service. The deaf community took up this invitation and provided their views which were incorporated into the procurement process.

- ➢ Determine a programme of involvement work for our Governors and Members to include a focus on hard to reach groups to understand their experiences.

    - o Medicine for Members Events have continued to take place throughout 2018/19, four events were held and 164 people attended. Governors also attended six community meetings in 2018 engaging with Members and communicating news from the Trust. Governors are also regular visitors in the outpatient department where they engage and recruit new members to the Trust. In conjunction with our Governors we arranged and facilitated the Trust's Open Event, inviting members and young people to visit Quenellies (café area) where staff supported stands which included careers and several services within the Trust. This proved to be a very successful event with over 150 attendees many of whom were students who subsequently signed up to be Members of the Trust.

- ➢ Develop robust monitoring to understand the patient experience and the impact of service delivery on different communities. The focus of this will be to design an equality monitoring tool and agree how to implement this within the Trust.

o   It was agreed as part of the patient involvement strategy that during community events Governors would invite members to take part in the equality monitoring questionnaire. This proved unsuccessful as the monitoring form was felt to contain too many questions on top of the usual information required when completing membership applications.   Discussions are to take place between the Human Resources Department and Patient Experience Team to develop a process to collect this information from patients.

Evidence of achievement:

Always Events - Our aim was exceeded with 100% of patients in January, February and March reporting they had the opportunity to ask questions or raise concerns.

Next steps:

➢   To establish a Patient Involvement and Engagement Group.

➢   To establish steering groups and workstreams to ensure necessary work is undertaken to meet the requirements of the Accessible Information Standard.

Priority 6:   Develop a range of approaches to understand the experiences of patients and carers who use our mental health services

What did we say we would do?

Develop a range of approaches to seek patient, family and carer feedback to help better understand the unique experiences of people who use our elderly mental health services.

Did we achieve this?

Yes, we have achieved this. However, this work has highlighted there are a number of strategies and initiatives that we would like to implement over the next two years.

How we achieved it:

➢ The Friends and Family Test card was adapted for use in the mental health setting. This was bespoke to the client group within the setting, using visuals instead of words to allow the patients to feedback their experience. This was a pilot initially for three months, and now is embedded.

➢ Patient community forums were established within the inpatient areas – the Sunniside Unit and Cragside. The forums provide patients, carers and families with an opportunity to ask questions, receive updates and give their own feedback on their experience.

➢ As part of the falls collaborative on Cragside, staff engaged with patients, families and carers to find out what they thought we should be doing to reduce falls. From this, feedback was displayed within the family hub room in a 'you said, we did' format.

Evidence of achievement:

Next steps:

A strategy 2019-21 has been developed by the Mental Health Patient Experience Group for patient experience and engagement within older persons' inpatient mental health services. This has been developed as a plan on a page and encompasses detailed work streams within the following key areas: feedback; communication; workforce; patient/carer involvement; recruitment and selection; and training and leadership. Current focus includes development of a bespoke volunteer profile, review of patient/carer information leaflets, and collaborative working with Northumberland Tyne and Wear NHS Foundation Trust to deliver carers' awareness training.

2.2   Our Quality Priorities for Improvement 2019/21

We have set 12 key priorities for quality improvement; these are aligned to our Quality Improvement Strategy – Driving Excellence through Quality Improvement 2019/21. These are two year priorities and progress after year one will be reported in our Quality Account 2019/20.

The Quality Improvement Strategy was developed using a collaborative and iterative approach; key national, regional and local reports, documents and intelligence were considered to build our strategic intent and guide the direction for our continuous improvement journey. We engaged with key internal and external stakeholders, and our patients, this has been instrumental in developing the two year strategy.

Patient Experience

Priority 1:   We will ensure that patients, carers and the public have the best experience possible when they are receiving our care

What will we do?

➢   We will reinvigorate our Volunteers Service in order to release time to care for staff across the Trust, acute and community.

➢   Following the success of the NHS England 'Always Events®' collaboration in one pilot site, we will spread the use of the methodology as a tool to understand what is important to patients, to ensure that it should always happen when patients are under our care

How will we do it?

➢   Increase the number of volunteers by 100 by March 2021

➢   Ensure that our volunteers are highly trained through a newly developed training programme.

➢   Introduce two specific role profiles:

   o   Falls volunteers in areas where there is a high prevalence of falls

   o   'Bleep volunteers' - a pool of hospital volunteers who are on stand-by to help patients and staff with a wide variety of tasks, from collecting a prescription to helping transfer a patient to X-ray.

- Identify four wards and departments to complete an 'Always Events®' project by March 2021.

- Using the 'Always Events®' toolkit and trained 'Always Events®' Mentors, develop a training programme to build capacity for 'Always Events®' to be undertaken by individuals in their own areas

  o Begin roll out of 'Always Events®' methodology across the organisation

How will it be measured?

- Numbers of volunteers recruited per month will be monitored

- New volunteer training programme will be in place

- Volunteers will be recruited into new roles

- A reduction in the number of falls

- Undertake an audit and staff survey to evaluate the impact of the 'bleep volunteers' service

- Wards identified will complete the 'Always Events®' project

- Training programme in place for 'Always Events®' and 20 staff members trained

- A reduction in the number of complaints in the areas where 'Always Events®' have been implemented

- Existing metrics for patient experience to be positive – Friends & Family Test and real time survey programme

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our Trust, our people and our stakeholders.

Priority 2: We will ensure that patients, carers and the public are engaged in our quality improvement work and that patient, carer and public involvement is embedded as business as usual across the organisation

What will we do?

- Build on our patient, carer and public involvement work to ensure their voice and contribution is included in all aspects of quality improvement and delivery of care

How will we do it?

➤ Establish a Patient Involvement Forum by Summer 2019

➤ Recruit patients to initiatives across the organisation including:

    o The Ward Accreditation Programme

    o Patient safety collaboratives for falls, pressure damage and hydration & nutrition

    o Recruit a patient representative to the Complaints Review Panel

    o Explore the involvement of patients and carers in a revised values based recruitment process

➤ Strengthen our links with our local Healthwatch to assist us to further understand the needs of our community including the Equality Delivery System

➤ Link with NHS Improvement to understand the national perspective and requirements in relation to patient, carer and public involvement

➤ Support Business Units to include patient representatives in specific service redesign projects

➤ Understand our patient demographics and ensure patients of all sexual orientations have a voice

How will it be measured?

➤ The Patient Involvement Forum will be established

➤ Work plan agreed and monitored through Patient Public & Carer Involvement & Experience Group

➤ Maintain a list of patients who are involved in all initiatives

➤ Undertake joint projects with Healthwatch and involve them in our EDS grading in 2019

➤ Complete a gap analysis against national guidance to understand where the areas of focus should be

➤ Maintain a database of all Business Unit projects

➤ Baseline assessment and implementation of the sexual orientation monitoring standard

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our trust, our people and our stakeholders.

Priority 3: Improved experience for our mothers, babies and their families

What will we do?

➢ Focus on the improvement of continuity of care implementation for pilot group of mothers

➢ Offer access to the patient portal 'Your care in your hands' to all mothers who book with us

How will we do it?

➢ Identify a core group of mothers to develop the pathway of care with us

➢ Develop the personalised care plan on the portal with our mothers

➢ Lead project midwife appointed for this work

➢ Lead project midwife for digital work to work with continuity of care team

How will it be measured?

➢ 20% of pilot group to be commenced on Continuity of care pathway by March 2019

➢ Measure percentage of mothers who actually deliver with continuity of care package by March 2020

➢ Personalised care plan maternal satisfaction survey

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our trust, our people and our stakeholders.

Patient Safety:

Priority 4: We will reduce avoidable harms in the Trust, by making our organisation more resilient to risks and acting on feedback from patients.

What will we do?

➢ Continue to raise awareness across the organisation of how Human Factors impacts upon patient safety

➢ Develop a patient safety investigation training programme to ensure that we keep the patient at the centre of everything we do

➢ Develop innovative ways to involve staff, patients and families in patient safety

➢ Work with NHS Improvement on patient safety collaboratives to ensure our work is effective and that we are implementing best practice, using a structured quality improvement approach

How will we do it?

➢ Staff will learn Human Factors skills, thus improving their own performance and that of their teams

➢ Human Factors will form the basis of how we undertake patient safety investigations within the Trust

➢ Deliver rolling program over a two year period incorporating a range of training packages based on the needs of specific staff groups

➢ Establish a patient safety forum for patients, carers and staff to share and learn from experiences that will proactively support quality improvement initiatives to reduce and prevent future harm

➢ Develop a network of Patient Safety Champions and Ambassadors ensuring patients and staff have access to advice, guidance and support

➢ Staff, patients and their families will be actively encouraged to identify potential patient safety issues and risks they perceive to their care

➢ Provide Family Liaison Officer (FLO) training to existing staff, to ensure FLOs are available in every case where they are needed

➢ Undertake a yearly programme of collaboratives for falls and pressure damage in specific clinical areas, in relation to the prevention and reduction of falls and pressure damage

How will it be measured?

- Number of staff who have undertaken Human Factors training

- Revised template for undertaking patient safety investigations

- Number of staff trained and competent in undertaking robust Patient Safety investigations

- Reduction in incidents, complaints and claims

- Increase in incident reporting rate and a reduction in level of harm as the organisation cultural safety ethos reaches a degree of maturity

- Number of staff trained in the Family Liaison Officer role

- Reduction in the number of patient falls resulting in harm

- Reduction in the number of avoidable hospital acquired pressure ulcers

- Improved outcomes for our patients

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our trust, our people and our stakeholders.

Priority 5:   We will promote a just, open and supportive learning culture across the organisation.

What will we do?

- Implement and embed all principles of a just culture across the organisation

- Adopt a Safety II approach to patient safety within the organisation

- Align this work to Freedom To Speak Up (FTSU) guardian role to ensure

    o   Staff have a range of mechanisms to voice their concerns and ideas

    o   Leaders within the organisation listen to feedback and take appropriate steps

    o   All staff feel safe to share information in the knowledge it will be used for learning, change and improvement

How will we do it?

➢ Provide a just culture workshop to the Trust Board, focusing on transparency, fairness and accountability

➢ Revise Trust policies to ensure all policies promote a just culture

➢ Work with the Trust Executive lead for FTSU and our Trust's FTSU Guardian/champions

➢ Develop a Trust policy for supporting staff, to ensure there is adequate provision for any staff involved in a serious incident

➢ Implement appreciative enquiry within patient safety work, building on the existing 'Greatix' system; identifying and learning from those who demonstrate exceptional performance

How will it be measured?

➢ Improvements in specific areas of NHS staff survey, e.g. *'My organisation treats staff who are involved in an error, near miss or incident fairly'*

➢ Provide a report to the board on a yearly basis aligned to staff feedback, patient feedback, FTSU enquiries, Greatix and Staff Advice and Liaison (SALS) for triangulation of data

➢ Through a FTSU survey

➢ Action taken to address any concerns raised

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our trust, our people and our stakeholders.

Priority 6:   Improve mortality reviews and embed the new medical examiner process, providing families, carers and staff with opportunities to both raise concerns and highlight examples of good practice and excellent care.

What will we do?

➢ The Trust will use the learning from mortality reviews to identify improvement opportunities to ensure high standards of patient care

➢ By March 2021, 80% of deaths will have received a Level 1 review within 60 days of death

- ➢ By March 2021, 100% of deaths identified within the National Quality Board "Learning from Deaths" guidance will have received a Level 2 review which will be reviewed by Mortality Council

- ➢ By March 2021, random quality assurance checks will be undertaken on 5% of cases already reviewed

- ➢ Share any lessons learned, good practice or areas for improvements, and actions identified throughout the Trust

- ➢ Investigate any national alerts and implement any corresponding recommendations for improvement if required

- ➢ By June 2019, we will implement a Medical Examiner Service within the Trust

How will we do it?

- ➢ Clinical Leads to support departments to embed mortality review process into all departments

- ➢ Cases identified and added to Mortality Council agenda

- ➢ Lessons learned to be shared via the Trust's Integrated Quality and Learning report

- ➢ Monitor data monthly at Mortality & Morbidity Steering Group

- ➢ In April 2019, we held a rapid improvement event to design the process for our Medical Examiner Service

How will it be measured?

- ➢ Monthly performance reports to Mortality & Morbidity Steering group

- ➢ Monthly report produced with learning identified. Shared via the Communication Department

- ➢ HSMR and SHMI to be in the expected range and numerically fewer deaths than expected observed. (HSMR<100 and SHMI<1)

- ➢ Medical Examiner Service in place and fully utilised across the Trust

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our trust, our people and our stakeholders.

Priority 7: To support the national ambition to halve the rates of still births, maternal deaths, neonatal deaths and brain injuries.

What will we do?

➢ Our Safety improvements will focus around key areas:

  o Implementation and development of Saving Babies Lives (SBL) Care bundle

  o Reduction of term infants admitted to Special Care Baby Unit (SCBU)

  o Ensure compliance with Clinical Negligence Scheme for Trusts (CNST)10 safety actions

How will we do it?

➢ Incorporate PreCept elements to care bundle. (Treatment of pre-term infants with Magnesium sulphate)

➢ Participate in regional SBL care bundle improvement programme

➢ Ensure all staff trained annually in the elements and application of the care bundle

➢ Participation in the Maternity and Neonatal Safety Collaborative

How will it be measured?

➢ Compliance with 10 safety actions

➢ Monitor maternity dashboard

➢ Reduction in term admissions to SCBU by 10%

➢ Quarterly small for gestational age (SGA) audits and missed SGA audits

➢ Reduction of avoidable term stillbirths

➢ Reduction in mothers smoking at delivery

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our trust, our people and our stakeholders.

Clinical Effectiveness:

Priority 8: Ensure robust processes are in place to set and deliver on the National Commissioning for Quality and Innovation (CQUIN) to ensure that our patients receive the best high quality and innovative service possible

What will we do?

➢ Ensure robust processes in place to set and deliver on the National Commissioning for Quality and Innovation (CQUIN) to ensure that our patients receive the best high quality and innovative service possible.

How will we do it?

➢ Support departments to achieve the two year National and Specialised CQUINs

➢ Produce monthly reports for the Integrated Quality & Learning Report

➢ Work with the Clinical Commissioning Group (CCG) to identify early any areas of concern

How will it be measured?

➢ Reconciliation of quality indicators with the CCG

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our Trust, our people and our stakeholders.

Priority 9: Research will be undertaken to ensure that we are providing the most beneficial and cost-effective care and treatment for our patients

What will we do?

Increase our commitment to taking part in high quality research

How will we do it?

➢ Increase the number of research projects by 33%

- Research projects will be clinically led (National Institute for Health Research (NIHR) portfolio commercial & non-commercial) in line with the North East & North Cumbria Clinical Research Network

- The increase will come from identifying clinical areas previously untapped, offering support to the multi-disciplinary teams with the research process and subsequent recruitment

- Principal investigator and research nurses within the Trust will be tasked with horizon scanning for new local and national studies coming through onto the portfolio and checking for eligibility

How will it be measured?

- Produce a Research & Development Annual Report and also through the Trust Quality Account 2020/21

- As part of the reports identified above review the patient outcomes from previous research

- An increase in recruitment of patients for research studies

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our Trust, our people and our stakeholders.

Priority 10: Improve clinical audit: best practice and compliance to improve patient care and outcomes through systematic review of care and the implementation of changes and review alignment against Healthcare Quality Improvement Partnership (HQIP) Best Practice in Clinical Audit

What will we do?

- Achieve a *'significant assurance'* outcome from next internal audit on clinical audit processes

How will we do it?

- Undertake a gap analysis against HQIP Best Practice in Clinical Audit standards; produce a plan for improvement

- Strong clinical engagement in leading programmes of work

- Develop an effective communication strategy and align with the Trust policy

> Building capability and capacity with staff in the audit processes and delivery

How will it be measured?

➤ Improvement plan developed and all actions will be complete

➤ Produce a Clinical Audit Annual Report 2019/20 which will include improved experiences of care, outcomes and resources

➤ Clinical Audit Annual Report 2019/20 – will highlight and identify audits where patients have been involved

➤ Training package with face to face training in place which covers audit process from initial idea to report and presentation

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our Trust, our people and our stakeholders.

Priority 11: Enabling women to access their care records to improve outcomes for mother and baby

What will we do?

➤ Develop and implement a transitional care model of care

➤ Develop our electronic records work stream for maternity and neonatal care

How will we do it?

➤ Digital project midwife appointed to lead this

➤ Global Digital Exemplar (GDE) project will support development of neonatal Badger, electronic patient system

➤ 4G upgrade to community teams iPads

➤ Transitional care multidisciplinary team appointed and model of care developed

How will it be measured?

➤ Co-production with service users via satisfaction surveys

➤ Feedback to Maternity SafeCare Meetings

- ➤ Model of transitional care implemented by October 2019

- ➤ Phased implementation of electronic clinical records to begin in SCBU by September 2019

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (committee of the Board) to provide assurance to our trust, our people and our stakeholders.

Priority 12: Build a culture and environment that supports continuous health improvement through the contact we have with individuals using the Making Every Contact Count (MECC) platform

What will we do?

Review pathways to ensure we support individuals with brief interventions and enable access to services for reducing smoking or alcohol intake and access to eat well, move more, live longer programmes.

How will we do it?

- ➤ Review the current programmes in the trust

- ➤ Bring all groups that are undertaking programmes together under one MECC Group to enable a full overview

- ➤ Review training opportunities for staff and support with access to this training

- ➤ Use the GDE programme to support new innovative ways of working so that individuals can access the support via digital support

- ➤ Work with the local authority to ensure all support programmes are available and provide cohesive access to these programmes for all Gateshead residents.

How will it be measured?

- ➤ Increased uptake in support services

- ➤ Report identifying how many individuals have been asked about their smoking/alcohol/weight status and how many brief interventions have been undertaken

- ➤ Longer term:

    - o Impact on health and wellbeing

How will we monitor and report it?

A six monthly continuous improvement review will be undertaken by the key leads and reported to the Quality Governance Committee (a committee of the Board) to provide assurance to our Trust, our people and our stakeholders.

2.3   Statements of Assurance from the Board

During 2018/19 the Gateshead Health NHS Foundation Trust provided and/or sub-contracted 31 relevant health services. The Gateshead Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services. The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by Gateshead Health NHS Foundation Trust for 2018/19.

Participation in national clinical audits 2018/19

During 2018/19, 35 national clinical audits and 12 national confidential enquiries covered relevant health services that Gateshead Health NHS Foundation Trust provides.

During that period Gateshead Health NHS Foundation Trust participated in 91% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Gateshead Health NHS Foundation Trust was eligible to participate in during 2018/19 are listed below.

The national clinical audits and national confidential enquiries that Gateshead Health NHS Foundation Trust participated in during 2018/19 are listed below.

The national clinical audits and national confidential enquiries that Gateshead Health NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Participation in national clinical audits 2018/19

Audit title	Participation	% of cases submitted/number of cases submitted
Adult Community Acquired Pneumonia	No	Non participation due to capacity for audit completion
Cardiac Rhythm Management (CRM)	Yes	143 submissions - no minimum requirement

Case Mix Programme (CMP)	Yes	769 submissions to December 2018 – no minimum requirement
Elective Surgery (National PROMs Programme)	Yes	Hips – 277 no minimum requirement Knees – 325 no minimum requirement
Falls and Fragility Fractures Audit Programme (FFFAP)* National Hip Fracture Database (NHFD) National In-patient Falls Audit (NAIF)	Yes Yes	90.4% submission rate No data collected during 2018/19
Feverish Children (care in emergency departments)	Yes	128 cases submitted - no minimum requirement
Inflammatory Bowel Disease programme / IBD Registry	Yes	98 cases submitted - no minimum requirement
Major Trauma Audit	Yes	60%
Myocardial Ischaemia National Audit Project (MINAP)	Yes	130% (233 cases against a requirement of 178)
National Asthma and COPD Audit Programme (NACAP adult asthma)	Yes	460 cases submitted - no minimum requirement
National Audit of Anxiety and Depression	No	Non participation due to capacity for audit completion
National Audit of Breast Cancer in Older People	Yes	Data still awaited
National Audit of Cardiac Rehabilitation	No	Non participation due to capacity for audit completion
National Audit of Care at the End of Life (NACEL)	Yes	80 cases submitted – 80 is the maximum submission limit
National Audit of Dementia	Yes	66 cases submitted – no minimum requirement
National Audit of Seizures and Epilepsies in Children and Young People	Yes	This audit is currently still in progress : Apr 19
National Bowel Cancer Audit (NBOCA)	Yes	235 cases submitted– no minimum requirement
National Cardiac Arrest Audit (NCAA)	Yes	53 – no minimum requirement
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Yes	155 cases submitted – no minimum requirement
National Comparative Audit of Blood Transfusion programme Major Haemorrhage audit Tri-regional survey of blood use in Obstetrics	Yes Yes	3 cases submitted – All cases required 5 cases submitted – All cases required

National Diabetes Audit – Adults*	No	Trust IT system incompatible to participate. April 2018 diabetes databse changing to Medway and will participate in 2019/20.
National Emergency Laparotomy Audit (NELA)	Yes	71%
National Heart Failure Audit	Yes	248 cases submitted – no minimum requirement
National Joint Registry (NJR)	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	216 cases submitted – no minimum requirement
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	223 cases submitted – no minimum requirement
National Oesophago-gastric Cancer (NAOGC)	Yes	60 patients submitted – no minimum requirement
National Paediatric Diabetes Audit (NPDA)	Yes	114 cases submitted – no minimum requirement
National Prostate Cancer Audit	Yes	164 patients submitted – no minimum requirement
National Vascular Registry	Yes	12 cases submitted – no minimum requirement
Non-Invasive Ventilation - Adults	Yes	Data collection remains open until June 2019
Sentinel Stroke National Audit programme (SSNAP)	Yes	186 cases submitted – no minimum requirement. Data available to 31.12.18
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	5 – no minimum requirement
Vital Signs in Adults (care in emergency departments)	Yes	135 cases submitted – no minimum requirement

Participation in National Confidential Enquiries 2018/19

Enquiry	Participation	% of cases submitted
Child Health Clinical Outcome Review Programme	Yes	Data still awaited
Mental Health Clinical Outcome Review Programme (NCISH)	Yes	Data still awaited
Maternal, Newborn and Infant Clinical Outcome Review Programme • Confidential Enquiry into stillbirths, neonatal deaths and serious neonatal morbidity • Perinatal Mortality Surveillance • Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Yes	100%

• Confidential enquiry into serious maternal morbidity • Maternal mortality surveillance • Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia)		
National Confidential Enquiry into Patient Outcome and Death - Acute Heart Failure	Yes	Organisational questionnaire returned 50% clinical questionnaires returned 33% case notes returned
National Confidential Enquiry into Patient Outcome and Death - Perioperative Diabetes	Yes	Organisation questionnaire returned 50% surgical questionnaires returned 66% anaesthetic questionnaires returned 16% case notes returned
National Confidential Enquiry into Patient Outcome and Death - Pulmonary Embolism	Yes	Organisation questionnaire returned 66% clinical questionnaires returned 16% case notes returned
Learning Disability Mortality Review Programme (LeDeR)	Yes	100%

The Trust utilises clinical audit as a process to embed clinical quality at all levels in the organisation and create a culture that is committed to learning and continuous organisational development. Learning from clinical audit activity is shared throughout the organisation.

The reports of 11 national clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2018/19 and Gateshead Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

The Case Mix Programme (CMP) is an audit of patient outcomes from adult and general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales and Northern Ireland. Data is collected on all patients admitted to the Critical Care Unit using the WardWatcher system and is submitted to the CMP who process the data. Data on various outcomes and process measures are then compared with the outcomes from other Critical Care

Units in the UK.

We receive a quarterly quality report which contains information on our Unit's performance compared to other Critical Care Units and also identifies trends over time. In addition to the quarterly report there is also an annual report summarising performance for the year and this is available to the general public. A network report is also produced allowing comparison of units within the North of England Critical Care Network.

For the year 2018/19 there were 1015 cases entered into the Case Mix Programme from our Critical Care Unit.

The most recent annual quality report (2017/18) demonstrates that the Critical Care Unit is performing around the national average in most areas. This includes areas of high risk admissions and high risk sepsis admissions from the ward (suggesting that patients are being admitted to Critical Care in a timely manner). Performance was better than the national average on rates of non-clinical transfers to other units, and readmissions to Critical Care within 48 hours of discharge.

The number of delayed discharges (as evidenced by the number of bed days occupied by patients with a delay of more than 8 and 24 hours) were reduced compared to the previous year and in line with the national average. There has been a significant amount of work across the Trust to raise the profile of Critical Care discharges and to help prioritise them with the patient flow team. Recording and reporting on Datix of mixed sex breaches has been established and will be monitored going forwards.

Standardised mortality rates were as predicted for all admissions. Risk-adjusted mortality for patients with a predicted mortality of less than 20% was higher than expected (although within two standard deviations). Analysis of this has identified issues with the quality of data entry into WardWatcher resulting in the predicted mortality for patients being lower than it should have been. This was addressed by education of staff on the correct input of data into WardWatcher and establishing a consultant-only task for entering of history and diagnosis data.

The data from the first three quarters of 2018/19 show an improvement in risk-adjusted mortality to below what would be expected.

Action plan:

- Continue to collect and submit data to Intensive Care National Audit and Research Centre (ICNARC)/CMP.
- Maintain accuracy of data collection within WardWatcher, with ongoing education of ward clerks and nursing staff, and the requirement for consultants to complete all history and diagnosis data. Explore the possibility of a data entry clerk role.

- Continue work on prioritising discharges from Critical Care.

Elective Surgery (National PROMs Programme)

The latest published data covers the period 2017/18. This data shows an improvement in patient reported outcomes for elective hip and knee replacement, bringing the Trust less than two standard deviations from the national average. All hip and knee patients are now given weekly physiotherapy appointments for six weeks after discharge from hospital. These appointments have become more structured and continue until the patient has been followed up by their consultant. Provision of additional staff within Occupational Therapy has provided improved work around patient function prior to discharge from hospital.

Continued improvements to the pathway are ongoing and an agreed surgery site infection bundle is being implemented. This aims to reduce risk of surgical wound infection in hip and knee replacement patients.

Action Plan:

- Continue to analyse data and identify patients who have lower than expected outcomes after surgery.
- The latest published report identifies that we have a lower than 50% participation for this period. We are confident that this will improve with the work we are currently implementing around compliance.

Falls and Fragility Fractures Audit Programme (FFFAP)*

National Hip Fracture Database (NHFD)

We continue to contribute to this national audit and aim to include all hip fracture patients over 60 years. Data is collected on a wide range of parameters regarding demographics and clinical care. In 2018 the Trust was one of the top performing hospitals in the country, and top in the region, in terms of achieving the Best Practice Tariff (BPT) for hip fracture care at a level of 90.4%. This was an improvement from 79% the year before and compares to a national average of 58% this year. A high percentage of the audit parameters demonstrate that the Trust is in the upper middle or top quartile nationally. Length of stay has continued to decrease from 17.7 days in 2017 to 16.7 days in 2018. Significant improvements have been made year on year and the Trust continues to work to reduce its levels of avoidable harm from hospital acquired pressure damage. We have seen a reduction in the percentage of patients receiving a nerve block in theatre however there has been no obvious change in clinical practice and it is suspected that this may relate to a change in how data is collected. The number of patients treated with a sliding hip screw has increased compared

to 2017 but still remains in the lower middle quartile nationally.

Action Plan:

- Improvement work will continue through the Trust Falls Strategic Group, as part of the wider Gateshead Falls Group.

Inflammatory Bowel Disease (IBD) programme /Registry

The IBD Registry is a not-for-profit company set up by three member organisations: The British Society of Gastroenterology, The Royal College of Physicians and Crohn's and Colitis UK. The IBD Registry seeks to transform outcomes for patients, clinicians and health organisations through better IBD information enabling greater understanding and treatment and care.

The quarterly report issued by the registry for the period ending September 2018 aims to provide local data/information to participating teams to support improvement in services provided to patients incorporating future planning of services.

In the various graphs that the registry have provided us, we can see that Gateshead IBD team falls within the median range when compared to the national standards.

The initial part of the report provides the comparison of basic demographic data between local and national statistics and the Trust is in line with the national figures for the recording of this. However we have identified the need to improve the recording of both smoking status and for patients to give consent to be included in the registry (currently optional for registry participants).

Action Plan:

- Identify patients eligible for recruitment and ensure in line with national average.
- Improvement patient information that will encourage patients to participate in research.
- Improve the data and follow up of patients on biologics at three and six month intervals which we should strive to improve.
- Improve the recording of the activity indices of IBD at follow up.

Major Trauma Audit

The Trauma Audit & Research Network (TARN) is a collaboration of hospitals from all over England, Wales, Ireland and other parts of Europe. The Trauma Network has been operating since 1989. The TARN database is the largest trauma database in Europe with more than 200,000 cases including over 22,000 paediatric patients.

Results from the March 2019 TARN report analysed cases from 1st April 2018 and 30th November

2018. Data ascertainment (% submission rate) was 60-71% (151 cases from an estimated 213-253 according to Hospital Episode Statistics). 60% of patients were aged 75 years or older whilst 21% patients were severely injured (Injury Severity Score of more than 15). 13 of the 151 patients were transferred out of the Trust meaning that 138 patients had their in-patient episode completed within the Trust.

From 1st April 2017 – 30th Nov 2018 the Ws score (hospital survival rate) was 1.5 (CI -0.87 – 3.87). This means there were 1.5 excess survivors per 100 patients than expected. Whilst demonstrating a positive result we acknowledge that the data was less than 80% ascertainment and should be noted with the above results.

Over the next few months our primary aim has to be to try and increase the data ascertainment figure to over 80% in order to increase the reliability of the results.

Action Plan:

- To review the hospital episode statistics (HES) data set to identify missing data
- Liaise with TARN regarding patients from HES figures that were excluded due to suitability from this audit.
- To increase data ascertainment figure to over 80% (to increase reliability of results).

National Audit of Care at the End of Life (NACEL)

The overall results are very good and demonstrate the continuous emphasis on the embeding of the five priorities of care for the dying patient. A significant piece of work has also been undertaken by the Specialist Palliative Care Team to implement the regional caring for the dying patient document. This document brings together all elements relating to the five priorities of care and this has been included in all palliative and care of life care education sessions.

Action Plan:

- To explore provision of seven day working to provide telephone and face to face support by our specialist nursing team at the weekends.

National Cardiac Arrest Audit (NCAA)

The NCAA is the national clinical comparative audit for cardiac arrests that take place in hospitals. The purpose of the NCAA is to promote local performance through comparative data in participating hospitals. NCAA is a joint initiative between the Resuscitation Council and Intensive Care National Audit and Research Centre (ICNARC).

The results from 1st April to 31st December 2018 show a return of spontaneous circulation in 43.3%,

with survival to hospital discharge of 8.1% which is lower than the national trend but the difference is not statistically significant. In addition the trust had fewer patients in ventricular fibrillation (VF) and pulseless electric activity (PEA) than the national trend and more in pulseless ventricular tachycardia (pVT) and asystole. We have identified that more of our patients are older and have significant co-morbidities than the national trend. We are an active participant in the regional Deciding Right Group which seeks to promote appropriately early end of life decision making.

Action plan:

- Establish training to include further information on criteria for Do Not Resuscitation decision.

- To improve basic life support training to include the importance of recognition and management of the deteriorating patient including a focus on NEWS 2.

- Analyse data downloaded from the memory card within all defibrillators (data will provide quality of cardiac compressions, time off the chest and the number of shocks delivered).

- Provide feedback to the clinical areas and medical staff of the analysed data above and produce action plans if improvements are necessary.

National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)

The Trust has demonstrated improvements from the last audit 2014-2015, recruiting 160 patients to date. The average waiting times for patients to be seen within three weeks (quality standard 2) is 48% as opposed to the target of 80%. This is due to an increase in the number of referrals, especially out of area, and reduced capacity.   However the average wait in the last six months has been 22-28 days which is consistently below the national 25th centile. The average waiting times to start Disease-Modifying Anti-rheumatic Drugs (DMARDs) within six weeks (quality standard 3) is 48.6% as opposed to the target of 80% again. Positive improvements have been seen in average waiting times to below three weeks.

Action Plan:

- To review the full pathway within an improvement workshop to establish and implement necessary changes which will improve the patient journey.

National Emergency Laparotomy Audit (NELA)

The National Emergency Laparotomy Audit continues as a national clinical audit for patients having emergency bowel surgery, which is associated with high mortality. The quality of care and outcomes for patients can be improved through planning and delivering care based upon a comprehensive assessment of each patient's risk of death. The Trust reported 156 cases, with case

ascertainment of 93%. The audit reports on nine key standards that are subject to RAG rating (vs standard of 80% or more). The Trust is rated green (G) for five of these, amber (A) for three and red (R) for one.

The majority of areas demonstrate we are within the national average, however we recognise improvements are required in the documentation of the consultant pre-op assessment, post-critical care discharge deaths and the involvement of the Care of the Elderly physicians. Our case numbers entered into NELA have increased and demonstrate good cases input by both consultant surgeon and anaesthetist pre-op. Data also revealed high Physiological and Operative Severity Score for the enumeration of Mortality and morbidity (POSSUM) scores in the Trust's patients due to local population health status (i.e. sicker patient population than average).

Action Plan:

- To address below average rate of input by Care Of The Elderly physicians.

National Joint Registry (NJR)

The Trust continues to contribute to the National Joint Registry. Data is entered regarding all hip, knee, ankle, elbow and shoulder replacement operations, enabling the monitoring of the performance of joint replacement implants and the effectiveness of different types of surgery.

In 2014 the NJR introduced annual data completeness and quality audits for hip and knee cases, with the aim of improving data quality. The Trust continues to contribute to these audits and achieved 100% compliance for the 2017/18 NJR data quality audit. The Trust has also been awarded NJR Quality Data Provider status for 2017/18.

Action Plan:

- Continue to ensure that robust systems are in place to guarantee that a minimum dataset form is generated for all eligible NJR procedures.

National Paediatric Diabetes Audit (NPDA)

The Children and Young People (CYP) Diabetes Service has provided treatment for 127 patients (123 with Type 1 Diabetes and four with Type 2 Diabetes) during the past year (13 patients who were transferred and 10 new patients). The Trust's continuous support to this audit has demonstrated improvements through the ability to benchmark ourselves regionally against good practice. Our current annual median HbA1C is 63mmol/mol and mean is 67.5 mmol/mol. All our new patients are started on intensive multi dose insulin injection regimes and are taught to carbohydrate count from

diagnosis. We have 41% patients on insulin pump therapy and 53% on either Libre Flash Glucose Scanning (FGS) or Continuous Glucose Monitoring (CGM). New technology has been introduced which includes downloading meters and pumps in clinic and the ability to download at home. Our service meets the Borderline Personality Therapy (BPT) criteria with 92.1% of our patients having had over eight contacts per year in addition to at least four multidisciplinary team (MDT) clinics per year.

We have significantly improved the uptake and provision of care processes, in particular retinal screening.

Action Plan:

- To continue to work across multi agencies to support the significant number of CYP requiring local authority support, mental health/MDT psychology services and /or safeguarding.
- To continue to improve education for CYP and their carers/ families and school staff to enable them to use new technology and ensure CYP with diabetes are fully included in all aspects of school life and achieve their full potential.
- To review administration support in relation to data entry to include accurate documentation of Physical Disability and Sensory Needs (PDSN) activity for Best Practice Tariff (BPT) , National Paediatric Diabetes Audit (NPDA) and Regional Diabetes registry, to support the new Value Based Commissioning (VBC) pathway & other funding requests, to improve efficiency of communication with CYP and their families.
- Review the pathway and consider implementation of a dedicated young person (19-25 years) clinic within adult services with adult dietetic provision; a dedicated Young Person's Adolescent Development Support Nurse (ADSN); psychology provision; to facilitate access to education (accessing the new Clinical Commissioning Group education pathway for those with Type 1 & Type 2 Diabetes); to improve engagement - as complex needs prevent regular clinic attendance and potentially results in Did Not Attends (DNAs) and effectively early discharge from the adult service.

The reports of 13 local clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2018/19 and Gateshead Health NHS Foundation Trust intends to take actions to improve the quality of healthcare provided. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of our services:

Business Unit	Speciality	Actions identified
Clinical Support & Screening	Breast Screening	A technical recall is a screening examination which has to be repeated for non-clinical reasons examples of this are; incorrect positioning of the lady, incorrect exposure of the image, poor image quality. Technical recalls cause increased anxiety to the

		screened ladies and should be avoided as much as possible, this is achieved by thorough training of all staff and continuous audit of the standard of mammography within the unit. Technical recalls can be done immediately while the lady is still at the screening venue or the lady may need to be recalled later after the images are examined on the more detailed monitors that are available in the screening centre. The National Breast Screening Programme expects breast units to achieve a technical recall rate of less than 3%. Gateshead breast unit continually monitors the TR rate we are achieving and a full audit is carried out annually. The audit found that the breast unit is continuing to exceed the expected target with an average TR rate for the year of 2.2%.
Clinical Support & Screening	Abdominal Aortic Aneurysm (AAA) Screening	Improving uptake and reducing variation in AAA screening - recommended areas for improvement are to carry out service promotion on a local level, source new clinics in suitable locations, and consider extension of clinic times.
Clinical Support & Screening	Diagnostic Imaging	Reporting Radiographer Audit - Accuracy was in excess of 95% reference standard. No trends identified to suggest any specific areas of weakness within the team that would require additional targeted training sessions. Standards will need to be maintained over the next 12 months. Reporting standards were met however there was a minimal drop in accuracy from the year before and there is still room for improvement. Repeat audit for assurance is needed to make sure standards are maintained; this will be undertaken in 2019/20.
Clinical Support & Screening	Bowel Screening	Audit Report Adverse Event - Changes will be made to current practice as a result of this audit. Recommendations would be to use patient identifiers on the system to facilitate easier review, ensure appropriate training to all staff concerned in relation to adverse event recording within the Bowel Cancer Screening Programme guidelines. Timely incident reporting. Inform appropriate people. Regular team communications – in order for analysis and learning.
Medical Services	Palliative Care	Audit to review transfer of patients to St. Bede's Unit from other hospital wards within the Trust. The audit has continued to identify issues with transfers. The increase in issues detected in the second audit may partly reflect the smaller amount of data collected and the increased use of the checklist by staff. To further improve the service we have offered training to all St. Bede's staff on how to make best use of the checklist and made the checklist available on the Trust Intranet for staff to complete before a transfer is arranged. Trust staff including Macmillan nurses, junior doctors and ward staff will be educated on the existence and use of the checklist when they identify a patient for transfer. This project will be re-audited in the next audit programme.
Medical Services	Mental Health	Audit of incidents of Rapid Tranquilisation (RT) against case notes to ensure appropriate use and monitoring following RT. There is

		some duplication, the printed out incident report is the only record and all relevant details are within this report, which are then added to patient notes on the Cragside Unit. The Sunniside Unit have duplication of where the information within this report is documented. The report highlighted that the policy was not being adhered to; there were no recorded post incident reviews and there were no records of a patient being given the opportunity to document their own account of the intervention in their medical notes. Ward managers to ensure compliance with policy and standard operating procedure. Training for the qualified nurses in RT. Repeat audit six months' time.
Medical Services	Ward 23	Venous Thromboembolism (VTE) thromboprophylaxis prescription on Ward 23. Monitoring of weight and renal function should be continued. More input is needed in regard to patients who are independently mobile. Recommendations to add mobility status to the nursing handover, the Medway whiteboard system to be monitored in order to identify when a patient is independently mobile. This will prevent a potential subcutaneous injection in a patient population frequently with agitation and/or dementia. The audit found we were compliant with patient's prescription of Tinzaparin in regard to weight and renal function. However with regards to patient's mobility, three out of four patients who were deemed independently mobile by physiotherapy were still on prophylactic, preventative, Tinzaparin. Re-audit in 2019/20.
Medical Services	Care of the Elderly	An audit of prescribing of Osteoporosis drugs to ensure compliance with local and national guidance, safe and effective practice as a non-medical prescriber. The audit shows that prescribing is safe and in line with local and national guidance. Consultant to undertake a further audit on another 10 patients for quality assurance purposes.
Medical Services	Rheumatology	Medications on the Medical Interoperability Gateway (MIG), the system that provides access to real time information about patients. The audit identified areas for improvement in relation to the recording of hospital prescribed medications on the MIG. If these prescriptions were issued by General Practitioner (GP), then the rate would be much nearer to 100%. The Trust continues discussions with the Clinical Commissioning Group and GP surgeries regarding long-term prescriptions of hospital commenced medications.
Nursing & Midwifery	Safeguarding	Measuring the quality of Looked After Children (LAC) Health Assessments for Unaccompanied Asylum Seeking Children (UASC), As the UASC had only recently arrived in the UK there were no child health records available. There were also gaps in the information about the health care some had received prior to being moved to Gateshead. Height and weight were recorded in all of the young people who accepted the health assessment (100%). However weight and height percentile / Body Mass Index (BMI) were only calculated for 62%. Weight and height percentile / Body Mass Index (BMI)

|		
		should be recorded as standard on all health assessments. Named nurse for LAC and Young People to share findings of audit with paediatricians and Clinical Commissioning Group. Practitioners carrying out health assessments for young people need to ensure that consent is sought at the time of the health assessment for all young people who have the capacity to consent. Junior clinicians carrying out health assessment for UASC, need to be supervised and action taken to ensure that they have completed referrals as per guidance.
Surgical Services	Ward 14	To what extent do our Trauma and Orthopaedic operation notes comply with Royal College of Surgeons' guidelines (Re-audit)? This audit found that there are several areas not routinely documented in operation notes, including indication, blood loss and time. This audit found no significant change from previous audit and as such it is imperative to re-audit the issue following implementation of the planned actions. Plan to edit current operation note templates to include titles for these areas to prompt inclusion in documentation that is then transferred to ward. Plan for re-audit in one year's time, this project has been placed on the audit programme for 2019/20.
Surgical Services	Paediatrics	Safeguarding supervision audit of Community Midwives safeguarding cases. The findings from this audit provide the Trust with significant assurance that the community midwifery teams are complying with Safeguarding Children Supervision processes as documented in the Safeguarding Children Policy. The Safeguarding supervision is positively assisting the Community Midwives' ability to reflect around safeguarding children issues leading to an increased confidence, critical analysis of cases and enhanced ability to work collaboratively with other agencies. Only 72% of forms returned felt that the child's voice is incorporated in to Safeguarding Supervision. The Safeguarding Supervision paperwork has a section where it specifically asks about 'the child's voice'. As a recommendation from this audit, with assistance from the Named Midwife, further attempts will be made to incorporate the supervision documentation on to the maternity system. Issues regarding time allocated for supervision and extra time required for actions raised following supervision will be raised with the Named Midwife and Head of Maternity. The audit form will be revised for the next audit and be more specific as to what is meant by capturing the child's voice within supervision. This audit will be repeated in one year and will remain part of the Safeguarding Children Annual Audit Programme.
Surgical Services	Theatres	Scrub Count Audit - Audit identified staff concerns regarding lack of continuity when different members of the team were involved in the same count. A full handover has been suggested if different team members are to undertake any part of the count that they were not initially involved in. Handover needed between staff if change during the procedure for breaks. New standard of practice

		implemented this will require further audit to make sure standard operating procedure is adhered to.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Gateshead Health NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by the Health Research Authority (HRA) was 1,213. This was a decrease of 160 participants from last year (2017/2018).

The Trust continues to demonstrate its commitment to improving the quality of care it offers and making its contribution to wider health improvement. In line with North East and North Cumbria: Clinical Research Network (NE & NC CRN), the Trust has focused on building the recruitment for both Portfolio and Industry studies.

Gateshead Health NHS Foundation Trust is currently involved in 234 clinical research studies with 14 in setup. This research is in a variety of areas including cancer, dementia & neurodegenerative disease, diabetes, critical care, cardiology, endocrinology, medicines for children, mental health, stroke, rheumatology, gynecological oncology, obstetrics and various specialty groups. The top 5 recruiting studies for 2018-2019 were The GCA Study (Rheumatology - 162 participants), DALES (Anesthesia - 142 participants), PEPTIQ Study (Critical Care - 135 participants), PREP (MS-E-CIG) (Maternity - 127 participants) and The PQIP Study (Critical Care - 80 participants). The Recruitment by Managing Specialty can be seen below –
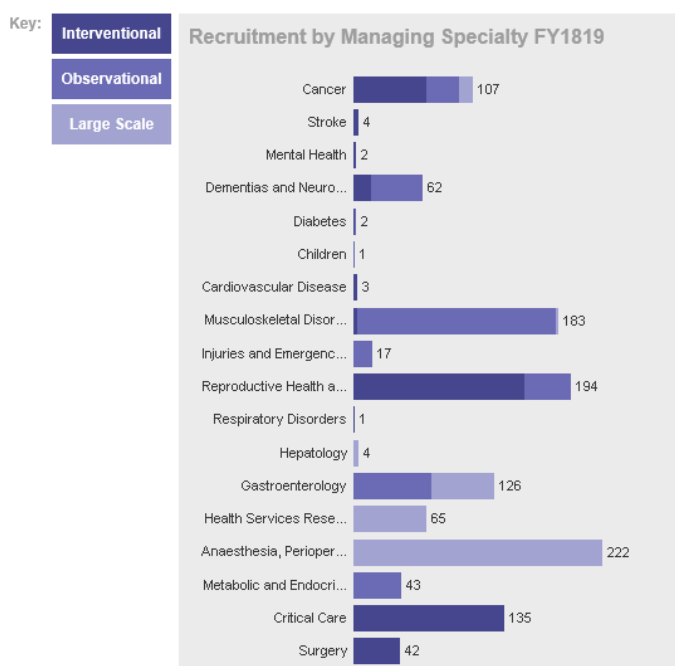
Over the last year, researchers from the Trust have published over 54 publications, two posters and one presentation which show our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

There were 88 members of staff participating in research at Gateshead Health NHS Foundation Trust during 2018/2019. These staff participated in research covering 18 medical specialties.

Our engagement with clinical research also demonstrates Gateshead Health NHS Foundation Trust's commitment to testing and offering the latest medical treatments and techniques.

Good News!

➢ The Trust was successful in meeting the Quality Improvement Incentive Criteria for 2018/2019. This element of the scheme focused on completion of specific Pharmacy data fields within the Local Portfolio Management System (LPMS) related to the NE & NC CRN High Level Objectives with a 90% target for data field completion for Pharmacy Set-Up. The Trust achieved a 100% completion on the target and was awarded £6,000. The initiative took place over quarter four 2017/2018 and quarter one 2018/2019.

➢ The MAMMO-50 - Mammographic Surveillance in breast cancer patients aged 50 years or older research team were congratulated on being one of the highest recruiting Trusts in May 2018.

➢ The PREP (MS-E-CIG) – Helping pregnant smokers quit: Multicentre RCT of electronic cigarettes vs usual care – the research team were congratulated for their strong recruiting performance and for being the highest recruiting Trust in the whole of the UK from January through to September 2018.

➢ The MROC – The impact of multiparametric MRI on the staging and management of patients with suspected or confirmed ovarian cancer – the research study team were congratulated for being one of the highest recruiting Trusts between August and November 2018.

➢ The QUIDS – Quantitative Fibronectin to help Decision-making in women with symptoms of pre-term labour – the research team were congratulated for having the highest number of clinician consents for interview (12). 30 consents were obtained in total across 10 Trusts.

➢ The Endometrial Scratch Trial team were congratulated on recruiting 62 participants – well above their target of 46.

Use of the Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of Gateshead Health NHS Foundation Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Gateshead Health NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at http://www.qegateshead.nhs.uk/cquin

A monetary total of £4,945,070 of the Trust's income in 2018/19 was conditional upon achieving quality improvement and innovation goals. The Trust were paid a total of £4,981,173 for achieving the quality improvement and innovation goals for 2017/18.

Registration with the Care Quality Commission (CQC)

Gateshead Health NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against Gateshead Health NHS Foundation Trust during 2018/19.

Gateshead Health NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Following on from the unannounced focused CQC inspection of Older Person's Inpatient Mental Health Services which took place in December 2016, the CQC returned to re-inspect the wards for older people with mental health problems in November 2018. Following the 2016 inspection there were 22 must do actions across 8 areas of Regulated activity (covering both Inpatients and Community). It is positive that this latest inspection has identified a significantly reduced number, down to four, 'must do' actions; across three areas of Regulation.

A Mental Health Improvement Steering Group supports with the actions required to improve the services. The overall plan contributes to improving patient safety and the quality of care through

the provision of staff training, introduction of improved care planning and structured documentation, more robust risk assessment processes and increased therapeutic activity.

The four actions across three areas of Regulation include:

➢ New blanket restrictions in place without evidence of review

➢ Some individual risk assessments not carried out or no mitigation in place to protect the privacy and dignity of patients using dormitories

➢ One ward did not comply with guidance on eliminating mixed-sex accommodation which compromised patients' privacy and dignity

➢ Data on the use of tranquilisation by oral administration was not being recorded, monitored or documented through incident reports

The CQC has recently carried out two Mental Health Act 1983 Monitoring visits in December 2018 and February 2019. Actions were identified from both and these were incorporated into the overall action plan.

Data Quality

Gateshead Health NHS Foundation Trust recognises that it is essential for an organisation to have good quality information to facilitate effective delivery of patient care and this is essential if improvements in the quality of care are to be made.

Gateshead Health NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS Number was:	Trust %*	National %*
Percentage for admitted patient care	99.8%	99.4%
Percentage for outpatient care	99.8%	99.6%
Percentage for accident and emergency care	99.0%	97.6%
Which included the patient's valid General Medical Practice Code was:	Trust %*	National %*
Percentage for admitted patient care	99.7%	99.9%
Percentage for outpatient care	99.8%	99.8%
Percentage for accident and emergency care	99.7%	99.3%

* SUS Data Quality Dashboard - Based on the April 18 to February 19 - SUS data at the Month 11 inclusion date

Information Governance Toolkit

Gateshead Health NHS Foundation Trust's Information Governance Assessment Report overall score for 2018/19 was 98/100 and graded as 'Standards not fully met (plan agreed)"

Standards of Clinical Coding

Gateshead Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Gateshead Health NHS Foundation Trust will be taking the following actions to improve data quality:

➢ A full review of the Data Quality Strategy Group, to ensure it includes key staff from all specialities, to highlight and drive continual improvement.

➢ Continual development of our Data Quality Metrics to ensure all appropriate indicators are covered and aligned to national and local quality indicators.

➢ Continue with daily batch tracing to ensure the patient demographic data held on our Patient Administration System (PAS) matches the data held nationally.

➢ A project is underway with the Global Digital Exemplar programme to deliver an integrated Patient Demographic Search (PDS) to the national spine which validates patient demographic details and allocates real time NHS numbers to patient records, improving and updating the quality of patient information.

➢ Circulate weekly patient level reports to allow the clinical services to fully validate 18 week and cancer pathways.

➢ A real time dashboard for 18 weeks validation has been developed with the services which no longer require them to wait until reports are circulated. They have at a glance their waiting time position with the ability to drill down to patient level information for validation purposes.

➢ Spot check audits to randomly select patients and correlate their health record information with that held on electronic systems.

➢ Continue to work with the data quality leads throughout the Trust to promote and implement data quality policies and procedures to ensure that data quality becomes an integral part of the Trust's operational processes.

➢ Clinical Coding Quality Assurance Programme to provide assurance on the quality of coding within the Trust.

➢ Continue to work with Commissioners to ensure commissioning datasets are accurate, completing data challenges within five days.

➢ Monthly Data Quality Information Governance (DQIG) meetings are held with the CCG to discuss any data concerns and data challenges.

➢ Review Internal Audit Department plans to include data quality processes.

2.4   Learning from Deaths

During 2018/19, 1,060 of Gateshead Health NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

➢   269 in the first quarter;

➢   247 in the second quarter;

➢   272 in the third quarter;

➢   272 in the fourth quarter.

* Seasonal increases in mortality are seen each winter in England and Wales.

By 16th May 2019, 884 case record reviews and 85 investigations have been carried out in relation to 1,060 of the deaths included above.

In 79 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:

➢   236 in the first quarter;

➢   210 in the second quarter;

➢   232 in the third quarter;

➢   206 in the fourth quarter.

One death representing 0.11% of the patient deaths during the reporting period is 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:

➢   0 representing 0% for the first quarter;

➢   0 representing 0.% for the second quarter;

➢   1 representing 0.11% for the third quarter;

➢   0 representing 0% for the fourth quarter;

These numbers have been estimated using the Trust's 'Reviewing and Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and National Confidential Enquiry into Patient Outcome and Death (NCEPOD) overall care score following case note review by the consultant led team that was responsible for the patient at the time of death.

Summary of learning:

The Mortality Council has highlighted areas of improvement in practice. These include the following:

1.   GP Notification of Deaths

2.   Palliative and End of Life care

3.   Education around Resuscitation and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

4.   Education around anticoagulation

5.   Place of Death at home rather than hospital as laid out in the patient's Emergency Health Care Plan (EHCP)

6.   Communication with families

Description of Actions:

➢   Medway training has been instituted for all senior clinicians in order to educate them on how to complete the GP Notification of Deaths form and pass the information on to juniors. This is already done for the junior doctors at the time of their induction but will be reinforced.

➢   Palliative care teaching sessions now take place regularly for medical and nursing staff.

➢   Resuscitation and DNACPR training for senior staff is now being carried out by Resuscitation Team. This is level 2 training focused at senior staff that may not have undergone any update. Level 1 training is mandatory and is already in place for junior staff.

➢   Education around management of anticoagulation has taken place in the respective business units where the incidents have occurred.

➢   EHCP pathways are being made more robust in order to reduce inappropriate number of hospital admissions where clear plans have been made for management at home.

➢   There are several areas of poor communication which has been fed back to the staff involved.

Assessment of the Impact:

➢   Mortality review has highlighted areas of excellent team working between staff and families and examples of excellent documentation.

- ➢ Level 1 and Level 2 reviews have identified some clear areas where improvement is required and appropriate actions have been implemented.

- ➢ The Trust has further developed its bereavement service to make this more accessible to families and carers.

- ➢ We strive to continue to improve our service on the result of mortality review.

192 case record reviews and 94 investigations were completed after 1st April 2018 which related to deaths which took place before the start of the reporting period. 0 representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Trusts 'Reviewing and Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and NCEPOD overall care score following case note review by the consultant led team that was responsible for the patient at the time of death.

0 representing the 0% of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.5   Seven Day Hospital Services

The Trust has fully implemented priority standards five (access to diagnostics) and six (access to consultant directed interventions) from the 10 clinical standards as identified via the seven day hospital services NHS England recommendations.

For clinical standard eight (ongoing review) we have 100% compliance for those requiring twice daily review. We have increased our consultant cover on Care of the Elderly wards at the weekends and were above 90% compliance for once daily review for patients in during weekdays (96%) but below 90% for weekends (83-87%) (April 2018 Seven Day Self-Assessment Tool). Current workforce resources make increasing weekend consultant ward cover further not viable and we will need to look at other ways such as improving flow and defining more clearly patients who require consultant review at weekends.

For clinical standard two (speciality consultant review within 14 hours) we are 76% compliant (April 2018) across all seven days. We have identified arrival of patients between 4-8pm as a problem area. We have introduced an extra twilight registrar shift to improve flow (August 2018) and held a week long improvement event in March 2019 to look at flow in the Emergency Admissions area. Improvements in documentation (e.g. noting the time seen/identity of doctor) may also help to make survey results more accurate. We have introduced a seven day frailty front of house assessment to reduce admission and plan discharge. There is ongoing system work within Gateshead to look at frailty across all parts of the health and social care sector with which we are fully engaged.

We have moved to the Board assurance approach for assessing compliance with the seven days standards and presented the first (test) template to the Board in January 2019. We have incorporated aspects of the seven day audit work (standards two & eight) into our ongoing regular notes audit (from February 2019) and will assess if this gives us the required data to give assurance around performance.

2.6   Freedom to Speak Up

As a result of Sir Robert Francis QC's follow up report to his Mid Staffs Report, all NHS Trusts are required to have a Freedom to Speak Up Guardian (FTSUG). Gateshead Health NHS Foundation Trust is committed to achieving the highest possible standards/duty of care and the highest possible ethical standards in public life and in all of its practices. We are committed to promoting an

open and transparent culture to ensure that all members of staff feel safe and confident to speak up. The FTSUG is employed by the Trust but is independent and works alongside Trust leadership teams to support this goal. The FTSUG reports to the Human Resource Committee twice a year and to the National Guardian Office on a quarterly basis. Our FTSUG supports the delivery of the Trust's corporate strategy and vision as encapsulated in our ICORE values. As well as via the FTSUG, staff may also raise concerns with their trade union or professional organisations as per our Freedom to Speak Up Policy. When concerns are raised via the FTSUG, the Guardian commissions an investigation and feeds back outcomes and learning to the person who has spoken up. The FTSUG is actively engaged in profile raising and education in relation to this role.

2.7   NHS Doctors and dentists in training – annual report on rota gaps and the plan for improvement to reduce these gaps

The Trust Board via the Human Resources Committee receives quarterly reports from the Guardian of Safe Working summarising identified issues, themes and trends. The exception report data are scrutinised by the Medical Workforce Group with representation from all business units and actions to support areas and reduce risk/incident levels identified on a quarterly basis. These actions are escalated to the Human Resources Committee by exception when it is deemed necessary due to difficulty in reaching local resolution.

The Trust Board via the Human Resources Committee receives an annual report from the Guardian of Safe Working which includes a consolidated report on rota gaps and actions taken by the Medical Workforce Group. This report is provided to the Local Negotiating Committee (LNC) by the Guardian of Safe Working and the LNC representation at the Medical Workforce Group.

2.8   Mandated Core Quality Indicators

(a)   SHMI (Summary Hospital-level Mortality Indicator)

SHMI	Jul-16 - Jun 17	Oct-16 - Sep-17	Jan-17 - Dec 17	Apr-17 - Mar-18	Jul-17 - Jun 18	Oct-17 - Sep-18
Gateshead Health NHS Foundation Trust	1.01	1.00	1.02	1.03	1.05	1.04
England highest	1.23	1.25	1.22	1.23	1.26	1.27
England lowest	0.73	0.73	0.72	0.70	0.70	0.69
Banding	2	2	2	2	2	2

Source: www.digital.nhs.uk/SHMI

(b)   The percentage of patient deaths with Palliative Care coded at either diagnosis or specialty level

% Deaths with palliative coding	Jul-16 - Jun 17	Oct-16 - Sep-17	Jan-17 - Dec 17	Apr-17 - Mar-18	Jul-17 - Jun 18	Oct-17 - Sep-18
Gateshead Health NHS Foundation Trust	16.7%	18.9%	19.9%	22.1%	22.7%	24.9%
England highest	58.6%	59.8%	60.3%	59.0%	58.7%	59.5%
England lowest	11.2%	11.5%	11.7%	12.6%	13.4%	14.3%
England average	31.1%	31.5%	32.2%	32.5%	33.1%	33.6%

Source: www.digital.nhs.uk/SHMI

Gateshead Health NHS Foundation Trust considers that this data is as described for the following reasons:

➢   The Summary Hospital-level Mortality Indicator (SHMI) reports death rates (mortality) at a Trust level across the NHS in England and is regarded as the national standard for monitoring of mortality. For all of the SHMI calculations since October 2011, mortality for the Trust is described as being 'as expected'.

➢   The Clinical Coding department receive information on a monthly basis from the palliative care team that identifies those patients under their care. The clinical coding team verifies this information against the coded admissions to ensure that palliative care coding is captured accurately.

Gateshead Health NHS Foundation Trust has taken the following actions to improve the indicator and percentage in (a) and (b), and so the quality of its services, by:

➢   Continuing to review the Trust's mortality review process and standardising it across the Trust

➢   Production and implementation of a new Learning from Deaths policy

➢   Increasing the proportion of cases receiving a mortality review following the release of the CQC 'Learning, Candour and Accountability' (December 2016) publication and subsequent guidance on learning from deaths

➢   The Trust's Mortality Council continues to review cases outlined in the learning from deaths requirements, or cases where carers, relatives or staff have expressed concerns

➢   Regularly reviewing a variety of mortality indicators at the Trust's Mortality and Morbidity Steering Group. Conducting further review where appropriate

➢   Regular review of learning themes, identifying actions, and sharing of learning across the Trust

- ➤ Developing a family bereavement letter and reviewing the existing questionnaire to capture valuable feedback from relatives and carers.

Patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care

Proportion of patients on Care Programme Approach (CPA) who were followed up within 7 days	2016-17				2017-18				2018-19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Gateshead Health Foundation Trust	100%	90.0%	80.0%	84.6% *	71.4% †	87.5% ††	90.9% †††	100%	100%	100%	100%	100%
England Average	96.2%	96.8%	96.7%	96.8%	96.7%	96.7%	95.4%	95.5%	95.8%	95.7%	95.5%	95.8%
England Highest	100%	100%	100%	99.4%	100%	100%	100%	100%	100%	100%	100%	100%
England Lowest	28.6%	76.9%	73.3%	84.6%	71.4%	87.5%	69.2%	68.8%	73.4%	83.0%	81.6%	83.5%

* 13 of 11 patients followed up within 7 days after discharge from psychiatric inpatient care

† 5 of 7 patients followed up within 7 days after discharge from psychiatric inpatient care

†† 7 of 8 patients followed up within 7 days after discharge from psychiatric inpatient care

††† 10 of 11patients followed up within 7 days after discharge from psychiatric inpatient care

Gateshead Health NHS Foundation Trust considers that this percentage is as described for the following reasons:

- ➤ We recognise that the number of patients on a CPA is relatively small; however we pride ourselves on taking a person centred approach and caring well for our patients.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by:

- ➤ The Trust has high standards of practice related to the communication from our community services in supporting discharge from hospital for all of our patients; this includes involvement in the discharge planning process and including a date/time and venue for a post-discharge appointment as mandatory.

- ➤ The Trust has learned lessons from previous years, which include having a community nurse at ward multidisciplinary teams to support discharge planning.

PROMs (Patient Reported Outcome Measures) for Hip Replacement and Knee Replacement:

Hip Replacement Adjusted average health gain EQ-5D index	2015-16 Final	2016-17 Final	2017-18 Final
Gateshead Health Foundation Trust	0.403	0.401	0.463
England Average	0.438	0.445	0.468
England Highest	0.512	0.537	0.566
England Lowest	0.320	0.310	0.376

Knee Replacement Adjusted average health gain EQ-5D index	2015-16 Final	2016-17 Final	2017-18 Final
Gateshead Health Foundation Trust	0.284	0.282	0.339
England Average	0.320	0.325	0.338
England Highest	0.398	0.404	0.417
England Lowest	0.198	0.242	0.234

Source: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms

Gateshead Health NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

Hip & Knee

➢ The Trust has invested significantly in a PROMS improvement project to improve previous scores which were below the national average over the last two years. The Trust is delighted to report a significant improvement and the results show we are in line with the national average.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by:

➢ We will continue to share data with clinical teams and commissioners to ensure that health gains can be maximised from future procedures.

➢ We are continuing to work in conjunction with the North East Quality Observatory Service (NEQOS) to further analyse the information recorded and identify trends.

Emergency Readmissions within 28 Days

➢ Aged 0 – 15yrs

Child 0-15 Years	2015-16	2016-17	2017-18	2018-19 to Jan 2019
Emergency Readmission Rate	8.95%	8.54%	7.19%	8.22%
Number of Spells	4,772	4,849	4,563	3,819
Number of Readmissions	427	414	328	314

Source: Healthcare Evaluation Data (HED)

➢ Aged 16 years or over

Adult 16+ Years	2015-16	2016-17	2017-18	2018-19 to Jan 2019
Emergency Readmission Rate	9.34%	8.73%	8.50%	8.33%
Number of Spells	62,451	59,000	57,830	49,326
Number of Readmissions	5,832	5,150	4,916	4,109

Source: Healthcare Evaluation Data (HED)

Gateshead Health NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

➢ The rate of our emergency admissions is a valued quality metric that helps us measure the quality of care and it can also provide us with an indicator of the quality of discharge. It will never be zero as patients will, and do, deteriorate, and they also may be admitted for a different reason or condition. We monitor this metric closely to ensure there is no adverse impact on the quality of our discharge practice as we continually make changes to improve discharge co-ordination.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcome scores, and the quality of its services, by:

➤ This year there has been a significant amount of work undertaken as part of the Trust's Just Try It… SAFER Programme. This has included:

o Launch of the 'Just Try It… SAFER Programme: Safe, Timely and Effective Transfers of Care.

o Launch of the Transfer of Care Policy – a full review of the Trust's former discharge policy.

o A SAFER baseline audit on all wards and development of local improvement action plans.

o A Rapid Process Improvement Workshop (RPIW) on Ward 22 focusing on the effectiveness of the board round.

o Development of electronic white boards to improve the visibility and tracking of patient discharge plans.

o A long stay patient audit to identify any delay themes.

o Establishment of a transfer of care forum.

o Discharge improvement workshop and a refresh of all supporting training material.

o A website and resource file made available for all staff.

This is a long term programme of work that will continue into 2019/20.

Trust's responsiveness to the personal needs of its patients

Inpatients - Overall Patient Experience Score	2014-15	2015-16	2016-17	2016-17*	2017-18
Gateshead Health NHS Foundation Trust	81.8	79.2	79.1	80.4	81.9
England Average	76.6	77.3	76.7	78.0	78.4
England Highest	87.4	88.0	88.0	89.0	88.9
England Lowest	67.4	70.6	70.7	72.0	71.8

Source: www.england.nhs.uk/statistics/statistical-work-areas/pat-exp

*Adjusted to allow comparison to 2017-18 data

A&E - Overall Patient Experience Score	2014-15	2015-16	2016-17	2017-18
Gateshead Health NHS Foundation Trust	79.8	*	83.6	*
England Average	77.1	*	78.2	*
England Highest	83.5	*	83.6	*
England Lowest	67.2	*	71.1	*

Source: www.england.nhs.uk/statistics/statistical-work-areas/pat-exp
* national survey not undertaken

Outpatients - Overall Patient Experience Score	2009/10	2011/12	2017/18
Gateshead Health NHS Foundation Trust	83.4	83.5	*
England Average	78.6	79.2	*
England Highest	85.1	85.8	*
England Lowest	72.5	73.7	*

Source: www.england.nhs.uk/statistics/statistical-work-areas/pat-exp

* national survey not undertaken since 2011/12

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

➢ Our inpatient score remains stable for 2017/18 and we remain above the national average for our overall patient experience score. We continually listen to what our patients tell us and recognise the importance of their feedback. We act upon this to improve the care we deliver to patients.

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

➢ Continually monitoring and acting upon feedback from patients, carers, the public and our staff.

Percentage of staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends

Staff who would recommend the Trust to their family or friends	2016	2017	2018
Gateshead Health NHS Foundation Trust	81.1%	80.9%	81.2%
England highest - Combined Acute & Community Trusts	84.8%*	89.3%	90.3%
England Lowest - Combined Acute & Community Trusts	48.9%*	48.1%	49.2%
England Average - Combined Acute and Community Trusts	69.8%*	68.4%	69.9%

Source:www.nhsstaffsurveys.com

*Acute Trusts

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

➢ Gateshead Health NHS Foundation Trust is consistently well regarded by our staff as a place for their family/friends to receive care, and this has continued in 2018. We believe this is because of multiple factors, and not least because we have a loyal, compassionate and

proud workforce who continuously live our values of innovation, care, openness, respect and engagement.

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

➢ Continuing to promote the Trust's Vision and Values, which place the patient at the centre of everything we do.

➢ Embedding the Vision and Values into recruitment, induction, training and appraisals, to ensure all staff, regardless of their role contribute directly or indirectly to patient care.

➢ Embedding the use of LEAN and continuous improvement techniques to support our workforce to develop outstanding services.

➢ Recognising the high standards of care delivered by staff through our 'You're a Star' programme and Star Awards ceremony.

Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism

Year	Quarter	Gateshead Health NHS Foundation Trust	England Highest Acute Trust	England Lowest Acute Trust	Acute Trusts Average
2015-16	Q1	95.6%	100.0%	86.1%	96.0%
	Q2	95.1%	100.0%	75.0%	95.8%
	Q3	95.0%	100.0%	78.5%	95.5%
	Q4	95.3%	100.0%	78.1%	95.5%
2016-17	Q1	97.8%	100.0%	80.6%	95.6%
	Q2	97.9%	100.0%	72.1%	95.5%
	Q3	98.5%	100.0%	76.5%	95.6%
	Q4	98.8%	100.0%	63.0%	95.5%
2017-18	Q1	98.3%	100.0%	51.4%	95.1%
	Q2	99.2%	100.0%	71.9%	95.2%
	Q3	99.3%	100.0%	76.1%	95.3%
	Q4	99.1%	100.0%	67.0%	95.2%
2018-19	Q1	99.5%	100.0%	75.8%	95.6%
	Q2	99.2%	100.0%	68.7%	95.4%
	Q3	99.1%	100.0%	54.9%	95.6%
	Q4	98.5%	Not yet available	Not yet available	Not yet available

https://improvement.nhs.uk/resources/vte/

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

➢ Gateshead Health NHS Foundation Trust continues to have a high compliance with the NICE guidance regarding patient risk assessment for VTE on admission to hospital, and this is documented as being above 98% for the last year. The audit process has been facilitated and risk assessment continues to be recorded on the electronic prescribing management system.

The Gateshead Health NHS Foundation Trust intends to take the following actions to improve these percentages, and so the quality of its services, by:

➢ Ensuring we identify all patients with hospital acquired VTE through ongoing audit and data collection by the coding team. Continuing to perform Root Cause Analysis (RCA) on all patients diagnosed with a hospital associated thrombosis.

➢ Identifying learning as a result of these RCAs and ensure it is shared with our clinical teams,

➢ Continuing to promote education and training to all relevant clinical and support staff.

The rate per 100,000 bed days of cases of Clostridium difficile infection (CDI) reported within the Trust amongst patients aged 2 or over

Rate of CDI per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	2015/16	2016/17	2017/18	2018/19
Gateshead Health NHS Foundation Trust	26.7	11.1	17.4	11.2†
England highest	66	82.7	91.0	Not yet available
England lowest*	1.1	1.2	1.4	Not yet available
England Average	14.9	13.2	13.7	Not yet available

Source:www.gov.uk/government/statistics/*clostridium-difficile*-infection-annual-data

*Where cases reported

†During 2018/19 the Trust reported twenty (20) Hospital-onset CDI cases against its annual objective of 18 cases and an annual rate of 11.2 against its annual objective rate 10.1 per 100,000 bed days as reported by Public Health England data capture site.

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

➢ *Clostridium difficile* infection (CDI) is an unpleasant, and potentially severe or fatal, infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. Reduction of CDI continues to present a key

challenge to patient safety across the Trust, therefore ensuring preventative measures and reducing infection is very important to the high quality of patient care we deliver. The Trust has reported 20 cases for 2018/19 and reporting a rate of 11.2 per 100k bed days. Whilst this exceeds our objective by two cases we are reporting our lowest case numbers to date. However following review and successful appeals the Trust reports only three cases against the quality premium. 2018/19 has proved to be a successful year for improving patient safety and reducing CDI. A focused and zero tolerance approach continues to support a reduction in CDI for patient safety in line with national guidance.

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services by using the following approaches:

➢ Local multidisciplinary CDI Root Cause Analysis meetings are arranged and reviewed to ensure lessons learned are shared within the Trust.

➢ The Trust works closely in partnership with the Newcastle Gateshead Clinical Commissioning Group and other regional Foundation Trusts to review lessons learned and share good practice in reviewing CDI cases. A more efficient localised process has been implemented in partnership with the CCG to review all CDI cases, root cause and lessons learned in a timely fashion.

➢ Lessons learned are shared with clinical staff and Business Units including key themes based on sampling delays, prescribing, documentation, patient management and review, human factors, feedback and education.

➢ Enhanced education support has been provided to both secondary and primary care sectors across Gateshead.

➢ The Diarrhoea Assessment Management Pathway (DAMP) tool provides guidance for clinical staff managing those patients experiencing loose stools.

➢ Enhanced personal protective equipment is worn following isolation of the patient with suspected infective diarrhoea.

➢ Patients are risk assessed and prioritised, ensuring those patients requiring a level of isolation are identified.

➢ To enhance antimicrobial stewardship Trust guidelines are developed to reflect the national five year AMR strategy.

➢ Polymerase chain reaction (PCR) testing continues to be used to enhance the testing regimen of samples.

➢ A weekly CDI MDT meeting takes place and antimicrobial prescribing is reviewed along with all aspects of CDI care.

➤ Ribotyping of all Hospital-onset positive CDI cases is arranged with the Clostridium difficile Ribotyping Network (CDRN) to determine if cross infection has taken place within clinical areas and to identify the specific organism type. This confirmed there was no cross infection with any of the 20 cases reported.

The number and rate of patient safety incidents reported within the Trust and the number and percentage of such patient safety incidents that resulted in severe harm or death

Patient Safety Incidents per 1,000 bed days	Apr 17 – Sep 17		Oct 17 – Mar 18		Apr 18 – Sep 18	
Organisation	Gateshead Health NHS Foundation Trust	Acute (non specialist) Organisations	Gateshead Health NHS Foundation Trust	Acute (non specialist) Organisations	Gateshead Health NHS Foundation Trust	Acute (non specialist) Organisations
Total number of incidents occurring	3001	705,564	3472	730,151	3308	731,348
Rate of all incidents per 1,000 bed days	34.19	N/A	33.79	N/A	38.27	N/A
Number of incidents resulting in Severe harm or Death	21	2,482	32	2,522	29	2,477
Percentage of total incidents that resulted in Severe harm or Death	0.70%	0.35%	0.92%	0.35%	0.88%	0.34%

Source: www.improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-data/

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

➤ The Trust has seen an overall 10.2% increase in the number of incidents reported between April- September 2017 and April- September 2018. This evidences the ongoing work that the Trust is undertaking to improve our reporting and learning culture.

➤ There has been an increase in the number of incidents that have resulted in Severe Harm and Death. This is at least partly attributable to the fact that the Trust has been reporting

pressure damage incidents on behalf of the local authority and care homes. This arrangement was initially agreed during the formation of the care home vanguard, as reporting systems were not established at that time. It has recently been agreed with Newcastle Gateshead CCG that appropriate governance will be developed to ensure those external organisations will soon start reporting incidents on their own behalf, which should then result in a significant decrease in the numbers of incidents reported by the Trust.

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by the following:

➢ The Trust has begun to implement the human factors approach to investigating incidents, focusing on improving processes and systems rather than on the performance of individuals, as was sometimes the case when using the traditional root cause analysis method. The human factors approach to incident management and investigation is endorsed by numerous strategic healthcare agencies, including CQC, NHSE and the Department of Health.

➢ The Trust implemented the role of the Family Liaison Officer in October 2018 to support and involve patients and their families in the investigation process following the occurrence of a patient safety incident. This has significantly improved the quality of our investigations, and has ensured that the learning from incidents is maximised.

➢ The Trust has reviewed the functioning of the Serious Incident Review Panel, and membership now includes a range of clinicians from a broad spectrum of clinical backgrounds, which has facilitated robust discussion and respectful challenge, thereby ensuring more effective learning.

Part 3

3. Review of quality performance

2018/19 has been a successful year in relation to the three domains of quality:

➢ Patient Safety

➢ Clinical Effectiveness

➢ Patient Experience

3.1 Patient Safety

Safeguarding Adults and Children

The safeguarding agenda is immense and the responsibilities are broad and far reaching. The Trust has effective partnership working arrangements in place and systems, processes and policies are constantly reviewed to ensure compliance with local and national guidance. Safeguarding for adults and children has clear lines of accountability, well defined structures and clarity about roles and responsibilities. A dynamic work plan is in place to support the realisation of the safeguarding agenda which is monitored through strong governance arrangements. There is recognition by our organisation that safeguarding all our patients is everybody's business.

Within the Trust, the Safeguarding team continue to work towards the training standards set by the Intercollegiate Documents for Safeguarding Children and Adults. A safeguarding training strategy is in place and is regularly monitored by the Safeguarding Committee. Risks, when identified, are being managed effectively and audits carried out to monitor effectiveness and identify areas for improvement.

Key Achievements for 2018:

➢ The safeguarding children team have been instrumental in facilitating the implementation of the Child Protection Information Sharing System (CP-IS) throughout the maternity settings within the Trust. CP-IS went live throughout the urgent care settings within the Trust in June 2017, followed by implementation of CP-IS throughout the Trust's maternity settings in March 2018.

➢ The children's cause for concerns forms are now completed by staff electronically via the Datix system, rather than by paper forms. This system has been embedded well throughout 2018.

- The safeguarding children team historically shared a safeguarding database with South Tyneside NHS Foundation Trust. Due to the changes in commissioning of the 0-19 Service, the database was de-commissioned in June 2018 and the Safeguarding Children Team have implemented a Trust safeguarding database.

- A briefing paper was provided to the Trust Board in September 2018 to provide assurance to the Board that the Trust has a planned response to the Newcastle Joint Serious Case Review Recommendations. This response includes the Named Nurse for Safeguarding Children and the Strategic Lead for Adults being involved in the Gateshead Action Plan.

- In response to Recommendation 10 from the Newcastle Joint Serious Case Review a 'Sexual Exploitation and Grooming Risk Identification Checklist' was launched throughout the urgent care settings in November 2018. The aim of this tool is to be used by practitioners that have 'time limited' contact with patients *(Emergency Care/Walk in Centre Staff)*, to help them quickly identify risk of sexual exploitation and grooming. Girls are Proud, Men are Proud (GAP MAP) provided some bespoke training sessions to staff in the emergency care settings prior to the implementation of the new Sexual Exploitation and Grooming Risk Identifier tool.

- The Government Agenda for PREVENT has continued to be highlighted with Workshops to Raise Awareness of Prevent (WRAP) training transferred to e learning as core skills training for identified staff.

- Mental Capacity Act (MCA) has been identified as a priority area for awareness in light of the changing legislation and a new post for MCA and Deprivation of Liberty (DoLs) Lead has been approved for appointment in 2019.

- The safeguarding adult team appointed a Domestic Abuse (DA) advisor in April 2018, a post funded by the Police and Crimes Commissioner, to provide support and training to the staff of the trust with identification of adults and children at risk. The DA advisor works with community partners and attends Multi Agency Risk Assessment Conference (MARAC) meetings for individual case discussions. A training programme was commenced in October 2018 and identified champions will be recruited for 2019.

- The safeguarding children and adult teams launched a quarterly safeguarding newsletter in July 2018. The aim of the newsletter is to keep staff updated quarterly with key safeguarding information and support staff with their safeguarding responsibilities.

- The safeguarding children and adult teams hosted a Joint Safeguarding Conference in the Trust in September 2018. The Conference was organised by the children and adult safeguarding teams as a collaborative project to raise the awareness of the diverse range of areas covered by safeguarding and that safeguarding is 'Everyone's Responsibility'. 102 delegates attended the conference from a wide variety of disciplines within the Trust along

with colleagues from the local authority safeguarding and housing, police and probation services.

Early recognition and prompt treatment for patients with Sepsis

Early recognition and prompt treatment for patients with Sepsis remains a high priority for the Trust. Sepsis is the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure, and death. The key achievements this year include:

➢ Sepsis Steering group meetings

➢ Representation at regional Deteriorating Patient group

➢ Review of data from North East Quality Observatory Service and National Suspicion of Sepsis (SOS) dashboard

➢ Collaboration with Sepsis team at regional and national platforms

➢ Electronic Sepsis pathway

Training and Education

➢ Development of competency based assessment for qualified nurses and midwives with accompanying work book

➢ Sessions for junior doctors at induction and at various levels within their teaching programme.

➢ Sessions at corporate induction

➢ Preceptorship training

➢ Maternity teaching monthly

➢ Three half day teaching sessions

➢ Ward based training

➢ Each ward and department has identified Sepsis Champions to provide support and promote best practice within their areas.

➢ Critical care event 56 staff trained within one week

Sepsis trolley teaching

Due to increasing pressures on ward staff we wanted to develop a series of educational tasks/games that could be delivered quickly and within ward areas that did not require staff to be

released from the clinical area. A trolley was purchased which has all its own resources. The sessions take 25 minutes and also incorporate information on National Early Warning Score 2 (NEWS2) and delirium. So far over 200 staff have been trained using the teaching trolley.


Sepsis celebration day

60 staff attended and the session evaluated very well; comments included, good networking excellent presenters.

Medicines Management - Improving Discharge Medicines Delivery to Wards

Introduction

The Pharmacy has been for many years actively tracking the dispensing and checking of discharge prescriptions in the department, which has enabled wards and clinical areas to remotely view progress with individual items. Recently, as part of a broader piece of work we have been extending our tracking system to allow visibility of discharge prescription collection and delivery (see diagram below for process map).
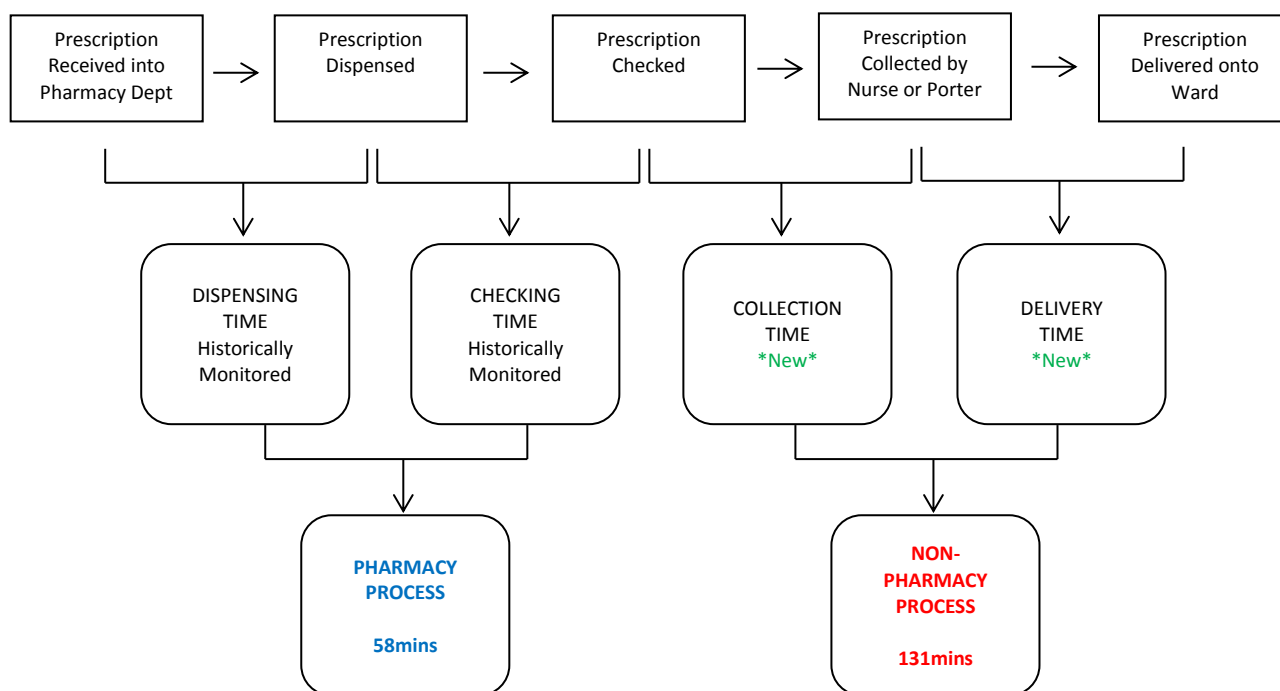
Problem

This data highlighted that the non-pharmacy process was taking in excess of the value-added pharmacy process. Further data analysis demonstrated that this prolonged wait was largely due to the lack of a porter delivery at a key point in the afternoon.

Solution

In response to this data, we liaised with the portering service to introduce an additional delivery **each day.**

Outcome

A re-audit post-implementation of this additional delivery has shown that the non-pharmacy process time has dropped on average to 57 minutes.

This represents a 57% reduction in the delay in discharge prescriptions being delivered to the wards after the pharmacy process is completed.

This additional delivery round is now embedded in the normal portering schedule ensuring that there is minimal delay in the discharge of patients from the hospital due to waiting for medicines.

Harm Free Care – measured by the NHS Safety Thermometer

The NHS safety thermometer is an audit undertaken on all patients on one day every month, to measure, monitor and analyse patient harm and "harm free" care. The four areas of harm which are measured are:

➢ Pressure damage

➢ Falls

➢ Catheter associated urinary tract infections (CAUTIs)

➢ Venous thromboembolism (VTE)

The results from the audit are shared with clinical staff and key information is displayed on the wards. This data enables wards to address areas for improvement. The table below demonstrates: a) percentage of harm free care we have delivered each month; and, b) the prevalence of harm for the four key areas measured within the audit.

Safety Thermometer	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sample	866	703	775	747	744	785	690	714	715	690	758	667
Surveys	32	31	30	31	32	31	30	30	30	31	30	31
Harm free	97.0%	93.3%	97.3%	96.4%	95.7%	96.2%	96.5%	96.4%	96.4%	96.8%	96.4%	95.7%
Pressure Ulcers - All	2.1%	2.4%	1.4%	2.3%	3.2%	2.7%	2.9%	2.7%	2.2%	2.3%	2.5%	3.2%
Pressure Ulcers - New	0.5%	0.6%	0.1%	0.5%	0.3%	0.6%	0.1%	0.8%	0.3%	0.7%	0.4%	0.9%
Falls with Harm	0.6%	0.7%	0.3%	0.5%	0.4%	0.3%	0.3%	0.4%	0.7%	0.6%	0.7%	0.5%
Catheters and UTIs	0.6%	0.4%	1.0%	0.8%	0.7%	0.5%	0.3%	0.7%	0.7%	0.4%	0.5%	0.8%
Catheters and New UTIs	0.4%	0.4%	0.9%	0.5%	0.4%	0.5%	0.3%	0.6%	0.7%	0.3%	0.5%	0.5%
New VTEs	0.1%	0.1%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
All Harms	3.0%	3.7%	2.7%	3.6%	4.3%	3.8%	3.5%	3.6%	3.6%	3.2%	3.6%	4.4%
New Harms	1.5%	1.9%	1.3%	1.6%	1.1%	1.8%	0.7%	1.8%	1.7%	1.6%	1.6%	1.8%

➢ **Pressure Damage**

The NHS safety thermometer asks the organisation to record the patient's worst old pressure ulcer and worst new pressure ulcer. An 'old' pressure ulcer is defined as being a pressure ulcer that was present when the patient came under our care, or developed within 72 hours of admission to our organisation. A 'new' pressure ulcer is defined as being a pressure ulcer that developed 72 hours or more after the patient was admitted to our organisation.

Over the last 12 months we have consistently achieved a prevalence rate of 0.8% or less for new pressure ulcers that have developed whilst the patient has been under our care. This has been achieved due to the work that has been undertaken across the Trust, building upon the success of participating in the Northern Regional Pressure Ulcer Collaborative. Teams have been supported to actively take ownership for improving their care process using a variety of improvement methodologies by testing small changes in practice and monitoring closely their effectiveness. The safety cross is displayed at ward level which graphically shows how many days since the last incident of pressure damage which helps to generate a sense of pride and achievement whilst also providing a constant reminder of our 'Pressure Ulcer Prevention Strategy'.

As part of our strategy the 'Pressure Ulcer Prevention Policy' has been amended to reflect changes in clinical practice and incorporate Community Services. A number of pictorial guides and aids have been incorporated to aid staff to appropriately classify pressure damage and select products to aid the redistribution of pressure. An extensive training package has also been formulated which can be accessed by all Trust staff and also staff from the local community who work in residential and nursing homes.

➢ **Falls**

The safety thermometer asks the organisation to record the severity of any fall that the patient has experienced within the previous 72 hours in a care setting (including home if the patient is on a district nursing caseload). A fall is defined as an unplanned or unintentional descent to the floor, with or without injury, regardless of cause (slip, trip, fall from a bed or chair, whether assisted or unassisted). Patients 'found on the floor' should be assumed as having fallen, unless confirmed as an intentional act.

Over the past 12 months we have achieved a prevalence rate of 0.7% or less for those patients who have suffered harm as a result of a fall. Staffs are committed to reducing patient falls and are supported by the Practice Development and Falls Team to actively take ownership of improving patient falls risk assessments and monitoring processes.

Falls Prevention week continues to be held annually. The initiative has been well received by staff which has also included a public engagement event in which visitors, patients and staff were asked for their opinions on how the Trust could reduce the incidence of in-patient falls. Improvement methodologies are currently being introduced in two in-patient areas as a structured falls collaborative.

➢ Catheter Associated Urinary Tract Infections (CAUTI)

The safety thermometer asks the organisation to record whether the treatment started before the patient was admitted to our organisation (old) or after the patient was admitted to our organisation (new).

Over the last 12 months we have achieved a prevalence rate of 0.9% or less for those patients who have developed a CAUTI whilst in our care. The Infection Control Team continues to undertake targeted work on a daily basis using the 'High Impact Interventions' from the NHS Improvement Infection and Prevention Society to prevent catheter associated urinary tract infections from occurring.

Two main areas of practice are being targeted: the insertion phase and also routine maintenance and assessment. Risks can be greatly reduced by complying with all parts of the process for safe catheterisation which incorporates the removal of the catheter as soon as it is no longer required. Daily surveillance continues for those patients who have grown an organism with a review of both the patient and documentation at the bedside.

➢ Venous Thromboembolism (VTE)

The NHS safety thermometer asks the organisation to record whether or not a patient is being clinically treated for VTE of any type. A patient may be defined as having a VTE if they are being treated for a deep vein thrombosis (DVT), pulmonary embolism (PE) or any other recognised type of VTE with appropriate therapy such as anticoagulants. If treatment for the VTE was started after the patient was admitted to our organisation, it is counted for this measure as a new VTE.

Over the last 12 months we have consistently seen a very low prevalence rate of less than 0.3 % and eight months when we have seen no VTEs to declare. This has been achieved as a direct result of introducing an electronic prescribing and dispensing system into the organisation known collectively as JAC. This has provided reassurance that all patients are assessed by a Doctor

according to their individual risk of developing a VTE whilst they are in hospital and if they require treatment as a preventative measure this is prescribed and the necessary medication given. If any missed doses occur this can be quickly highlighted to the nursing staff during their drug round and investigated immediately.

➢ **Monitoring our results**

As an organisation we will continue to capture data across the four areas of harm, using the NHS safety thermometer as a local improvement tool for measuring, monitoring and analysing patient harm and 'harm free' care. The Trust is performing well above the national average for harm free care in comparison to other organisations achieving 96.4% in February 2019 in comparison to the national average of 93.9%.

3.2 Clinical Effectiveness

Health Records Audit

The aim of this multidisciplinary audit undertaken on a monthly basis is to assess the compliance with basic record keeping standards, identify areas of good practice and highlight and address areas for improvement. Every professional member of staff is required to audit one set of case notes each month (real time) using an electronic audit tool (available to everybody on the intranet). The core standards are displayed in a dashboard across all disciplines to make comparison as easy as possible.

Uptake of this year's audit has been steady throughout the year with a total of 2,315 individuals participating. Examples of positive results for 2018 include:

➢ Legibility of every entry record

➢ Documents filed within the record in the correct location

➢ Documentation assisting with patient care all achieved consistently 98% or higher throughout the year for each discipline.

➢ "Consent" results for this year – only 31 of the 313 (10%) cases audited by medical staff had the need for consent, which were 100% compliant with the consent process and the patient was offered a copy of the consent form in 63% of cases.

➢ In the small number of errors that occur, the results demonstrate that there could be improvements in the way in which these errors are corrected.

In addition to the criteria for this audit, the Clinical Effectiveness Team undertakes a visual inspection of the cases notes we hold within the organisation. 95 case notes are inspected per month, five sets of notes from each ward for the physical state of the patient's record.

Nutrition – Improvement Collaborative

The Trust joined the second NHS Improvement (NHSI) Nutrition Collaboration in September 2018. Allied Health Professionals (AHPs), nurses, housekeepers and catering were able to work together towards achieving the three main goals as detailed below:

Goal One:

On two wards:

a)   Improve the Malnutrition Universal Screening Tool (MUST) scores by 20% before June 2019.

b)   Provide assurance the MUST care plans are implemented fully according to level of malnutrition risk.

Goal Two:

a)   To implement the International Dysphagia Diet Standardisation Initiative (IDDSI) across the Trust by April 2019.

b)   Implementation of risk feeding across hospital and community, with new policy and patient information leaflet by June 2019

Goal Three:

Reformat of the Nutrition Steering Group to provide the governance and assurance required for Regulation 14 to the SafeCare Council and the Trust Board by June 2019

Goal 1 has been achieved fully, with the extra benefits of 'making nutrition fun', streamlining activities on Ward 4 to enhance mealtimes for our patients.

Goal 2 is fully implemented across the hospital and community with 2a in Care Homes.

An addition to goals one and two education and training continues across the care homes of Gateshead. This was started in 2017, commissioned by the Clinical Commissioning Group.

Goal 3, work has commenced but this requires further meetings to be completed by June 2019.

This work has been showcased to the NHSI and celebrated with the NHSI Nutrition Collaborative in London. The biggest celebration of this work was the collaborative working of AHPs, ward staff and Catering with the constant help from NHSI that has shown an improvement to patient care and safety.

The improvements in care and quality will continue on three wards at a time over the next two years to ensure sustainability.

3.3   Patient Experience

‡ denotes that this indicator is governed by standard national definitions

‡Friends and Family Test

We continue to apply the Friends and Family Test (F&FT) within the inpatient wards, outpatient areas and community services. This patient experience survey is based on asking all patients a standard question, in line with the national guidance:

"How likely are you to recommend our service to friends and family if they needed similar care or treatment?"

The F&FT provides patients with an easy way of providing us with direct feedback through asking a very simple question. All responses are reviewed monthly and feedback is provided directly to the relevant departments, this ensures we are providing the best possible service to our patients.

Friends and Family Test Recommend Rate	2016-17	2017-18	2018-19	National 2018-19*
A&E	95.1%	95.1%	94.1%	86.7%
Inpatients & Day cases	97.2%	97.8%	98.4%	95.8%
Maternity - Antenatal	98.8%	98.1%	99.5%	95.3%
Maternity - Delivery	98.6%	98.5%	98.8%	96.9%
Maternity - Postnatal Ward	97.8%	98.0%	99.1%	95.0%
Maternity - Postnatal Community	100.0%	100.0%	100.0%	97.7%
Outpatients	96.2%	97.4%	97.6%	93.9%
Mental Health	99.7%	99.1%	99.4%	89.4%
Community	-	98.3%	96.4%	95.5%

Friends and Family Test Response Rate	2016-17	2017-18	2018-19	National 2018-19*
A&E	35.4%	24.0%	21.0%	12.3%
Inpatients & Day cases	28.5%	27.1%	24.3%	24.7%
Maternity - Antenatal	3.8%	6.0%	11.4%	Not measured
Maternity - Delivery	44.0%	32.8%	46.2%	21.1%
Maternity - Postnatal Ward	45.3%	30.0%	42.4%	Not measured
Maternity - Postnatal Community	7.8%	5.4%	5.4%	Not measured

* published data Apr-18 to Feb-19

source: https://www.england.nhs.uk/fft/friends-and-family-test-data/

The National Patient Survey Programme

The National Patient Survey Programme comprises the annual adult inpatient survey and maternity survey and in rotation the community mental health survey, urgent and emergency care survey, children & young people survey and the outpatient survey. These national surveys are valuable sources of information on various aspects of our service and are used to measure and monitor our performance against Trusts locally and nationally.

Adult Inpatient Survey 2018

There were 77 Trusts commissioned to undertake the 'Picker' inpatient survey in 2018. 1,250 patients from our Trust were sent a questionnaire of which 593 were returned. This gave us a response rate of 49%; this is above the average response rate of 43% of the other 76 Trusts taking part in the Picker survey.
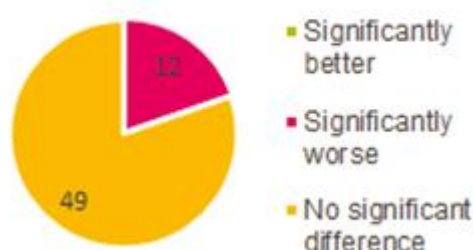
In relation to overall positive score, we are ranked number 19 out of 77 trusts who took part in the Picker survey.

62 questions were included in the 2018 survey and 61 questions were included in the 2017 survey.

Maternity Survey 2018
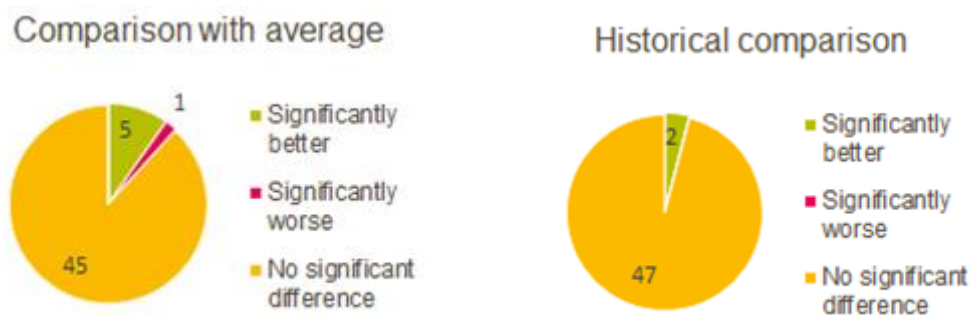
There were 69 trusts commissioned to undertake the 'Picker' Maternity Survey in 2018. 115 eligible patients responded. This gave us a response rate of 39% this is slightly above the average response rate of 36% of the other 68 trusts taking part in the survey.

51 questions were included in the 2018 survey and 49 questions were included in the 2017 survey.

Good results:

➢ 83% were given a choice of where to have their baby

➢ 100% said that the midwives listened to them during their antenatal care

➢ 96% felt that their partner was involved in their care during labour and birth

➢ 99% said that they were treated with respect and dignity.

In relation to overall positive score, we are ranked number 14 out of 69 trusts who took part in the Picker survey.

National Cancer Patient Experience Survey 2018

The National Cancer Patient Experience Survey was first undertaken in 2010. It was designed to monitor national and local progress on cancer care, providing information to drive quality improvements. This is the 7th National Cancer Patient Experience Survey that has been published.

Since the 2016 survey the Care Quality Commission (CQC) standard of reporting comparative performance, based on calculations of 'expected ranges', has been adopted. This means that the Trust would be flagged as an outlier if our scores deviate from the range of scores that would be expected from a Trust of the same size.

As a Trust we scored within the expected range in all of the questions asked. We scored on or above the expected upper range in 22 of the 52 questions and above the national average in 49 of the 52 questions. Importantly, when our patients were asked to rate their care on a scale of zero to 10, respondents gave an average rating of 9.1, this is a slight increase on last year.

The key achievements are as follows:

➢ 90% of respondents said that there were seen as soon as necessary

➢ 98% of respondents said that they received all of the information they needed about their test

➢ 97% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment

➢ 89% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist

➢ 94% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital

➢ 97% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital

The following actions will be taken as a result of the survey findings:

➢ Share the National Patient Survey results through cancer leads group

➢ Share patient comments to site specific tumour groups / MDT leads and Service level managers for reflection of good practice and learning

➢ Ensure patient information book (green pocket folder) is actively used by the cancer nurse specialists to all new diagnosis and contains appropriate general information

➢ Continue discussions with Macmillan Cancer support and CCG Cancer Group regarding access to financial advice & support for cancer patients and explore models to implement improvements.

➢ Continue to participate in the national audit annually
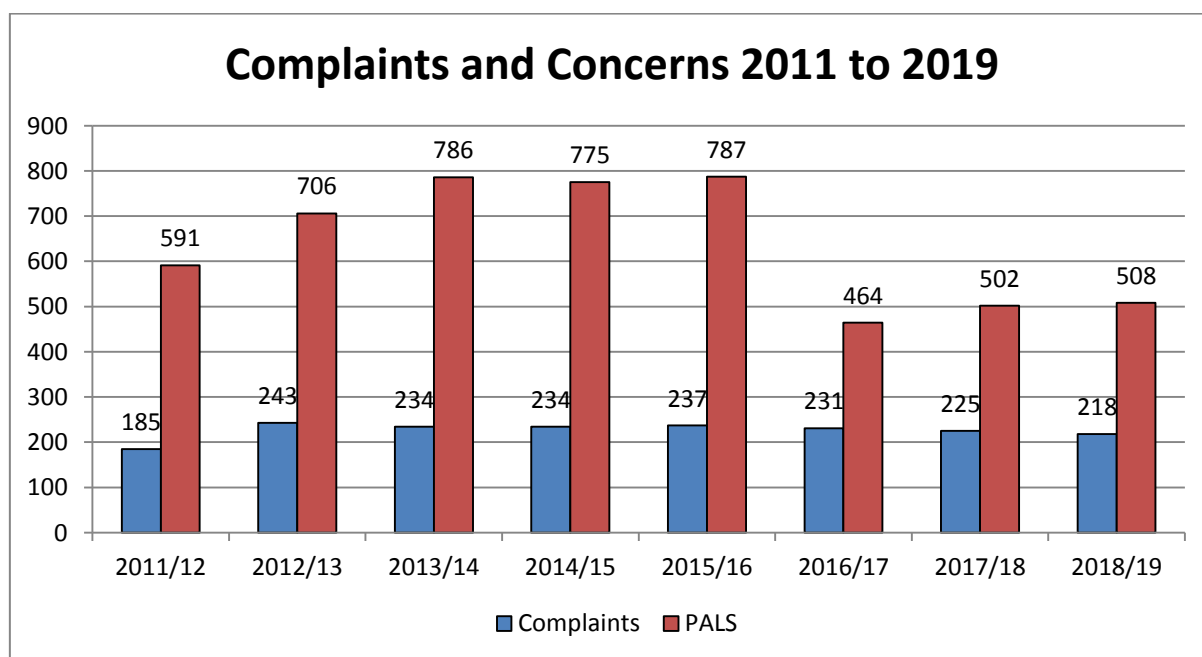
Listening to Concerns and Complaints, Compliments

The Trust acknowledges the value of feedback from patients and visitors and continues to encourage the sharing of personal experiences. This type of feedback is invaluable in helping us

ensure that the service provided meets the expectations and needs of our patients through a constructive review.

For the year 2018/19 we received a total of 218 formal complaints. Promoting a culture of openness and truthfulness is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been harmed as a result of their healthcare treatment when inpatients or outpatients of the Trust. It also involves apologising and explaining what happened to staff or visitors who have suffered harm. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers, staff and visitors and makes sure that openness, honesty and timeliness underpins responses to such incidents.

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and carers.

Complaints and Concerns 2011 to 2019

Year	Complaints	PALS
2011/12	185	591
2012/13	243	706
2013/14	234	786
2014/15	234	775
2015/16	237	787
2016/17	231	464
2017/18	225	502
2018/19	218	508

During 2018/19 the top five main reasons to raise a formal complaint were in relation to:

➢ Communications (46 complaints).

➢ Clinical Treatment – Surgical Group (43 complaints).

➢ Clinical Treatment – General Medical Group (42 complaints).

➢ Clinical Treatment – Accident & Emergency (29 complaints).

➢ Values & Behaviours (Staff) (13 complaints).

Complaints Performance Indicators	Total 2018/19
Complaints received	218
Acknowledged within three working days	218
Complaints closed	199
Closed within agreed timescale (eight weeks)	82
Number of complaints upheld	159
Concerns received by PALS	508

Complaints Indicators	Total 2018/19
Number of closed complaints reopened	42*
Number of closed complaints referred to Health Service Ombudsman	7

Outcome of complaints referred to Health Service Ombudsman (HSO)	Total 2018/19
Awaiting decision	2 (1 referred 17/18)
Complaints upheld	0
Part upheld	3 (referred 17/18)
Declined to be investigated	6

*Number of closed complaints reopened.

In the year 2018/19 42 closed complaints were reopened. This compares to 46 in 2017/18. The number had been under-reported for a number of years previously. Reasons for reopening cases include where the complainant has additional questions/concerns. They may request a meeting or the meeting may have been offered in the response. Of the 42:

Two were complaints initially raised in 16/17

11 were complaints initially raised in 17/18

The remaining 29 were raised in 18/19.

The 42 included seven meeting requests.

As a result of complaints and concerns raised over the past year a number of initiatives have been implemented.

➢ The Endoscopy Department made changes to the format of their appointments as a result of complainant feedback. Patients will be asked about surgically placed metal work i.e. pins, plates, joint replacement in their body at the beginning of the procedure and again if staff identify any polyps and plan to remove them. Patients will be asked prior to entering the room if they would like music played during procedure.

➢ In relation to missed fractures, individual cases have been used within teaching sessions with the Emergency Department junior doctors.

➢ In response to issues identified around patients being discharged inappropriately, particularly around the attire that they are dressed in, a number of initiatives have been implemented. Firstly, the trialing of foil blankets to be used under normal blankets to assist keeping patients warm. The discharge checklist has been updated to include a step to check that the patient is wearing suitable attire for discharge and lastly these issues have been raised with the Trust's internal ambulance service to ensure they are transporting patients in appropriate attire.

➢ In one complaint there were concerns surrounding diagnosis of melanoma not followed through to treatment within given time. As a result of this case, work has commenced with the Lead for Cancer working across all the cancer specialties at the Trust to review pathways for patients having to move to other organisations due to their provisional diagnosis and need for treatment.

➢ As a result of a number of issues with the interpreting service, the Trust is shortly to move to a different language and translation service.

➢ As a direct result of the investigation into a patient's laparoscopic cholecystectomy, the Consultant will ensure that the standard practice for patients undergoing laparoscopic cholecystectomy under his care will be removal of the gallbladder via the epigastric port site, which will mean that the port site can be inspected from within the abdomen after the laparoscopic port has been removed, and then should bleeding occur, steps to control this will be able to be taken. Consultant will ensure this reflection and learning is shared with his colleagues.

➢ As a result of concerns raised about the shower on ward 4 being used as a storage facility for a number of chairs, the Chief Matron carried out an inspection of Ward 4 and provided assurances that all equipment and chairs are stored in appropriate storage areas and the showers are free of inappropriate equipment.

➢ As a result of concerns raised regarding the attitude of a nurse practitioner at Blaydon Walk in Centre, all members of the team at Blaydon were reminded of the importance of caring communication and to be aware of how they present themselves and how manner and tone can be perceived by patients and relatives using the service.

➢ A complaint was raised around incorrect dosage of medication given resulting in the patient having to be cared for in the Critical Care department. As a result the Sister reflected on her actions and acknowledged she did not follow the Trust policy, which would have been to check the dosage on the medication label. As part of her own reflection she spoke to the staff at the Ward meeting to address her mistake. She has also initiated teaching sessions for qualified staff and student nurses, addressing her own error so they can learn from this

as well as the need to follow policy at all times. Of her own volition, she also attended one of the Trust's SafeCare meetings to take the error to the wider teams within the hospital such as medical staff and other Ward managers, to promote shared learning and support service improvement. The ward now has a designated nurse on duty each shift who receive all deliveries from Pharmacy and places them into the appropriate allocated slot in the Omnicell cabinet.

During 2018/19 the Patient Advice and Liaison Service (PALS) received 854 compliments.

Business Unit	Number of Compliments
Medical Business Unit	302
Surgical Business Unit	161
Clinical Support and Screening Business Unit	211
Community Based Services	180
Total	854

"I would like to take this opportunity to acknowledge the care and treatment I received as an inpatient on treatment centre level 2. As a member of staff I was able to appreciate the service from the perspective of a patient and can confidently say I have absolute reverence in the provision provided by QE Gateshead. The Sister and her entire team went above and beyond to promote my comfort. I was always made to feel at ease and nothing was too much trouble. I would also like to extend my gratitude to the theatre/recovery staff and anaesthetist; whose reassurance made a world of difference".

"I am writing to say what an excellent service your minor injuries clinic provides. I popped in on Thursday evening at around 5.30pm after what I thought was a sprained ankle didn't seem to be healing three and a half weeks after the injury. I had prepared myself for a lengthy wait but was happy to do so – better to wait a long time with a minor injury than have something so serious as to warrant immediate treatment".
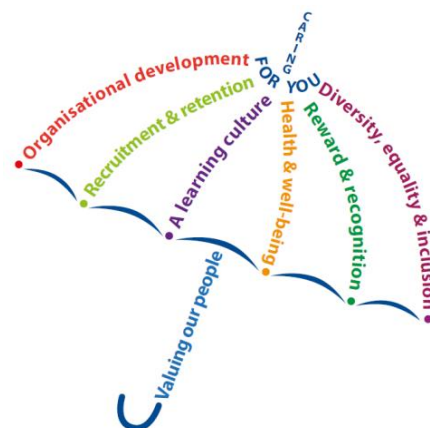
"Within about five minutes of booking in I was called into see the triage nurse. She took my details and advised that I would be seeing the minor injuries nurse practitioner and that it was only a short wait. She wasn't exaggerating. I was called into the nurse practitioner within ten minutes. She was lovely (I'm afraid I've forgotten her name), examined my injury and sent me along for an x-ray again. Again I only waited five to ten minutes to be seen".

"Once out of x-ray it was the longest wait of my visit – about 15 minutes to see the nurse practitioner again who advised that there was an abnormality on the x-ray and she would ask the on call orthopaedic registrar to check it over. The online system meant that they didn't even have to leave the ward where they were working. Another ten minutes or so and the fracture was confirmed. I was speedily fitted with a support boot and discharged with a virtual appointment in the fracture clinic".

"I had a double knee osteotomy under the care of Mr E at the end of January 2018. From the beginning the care and communication was fantastic. Big thanks to Mr E, his secretary S, the pre-op staff, Peter Smith Surgery Centre staff, Dr K and his team. The care on Ward T26 and physiotherapy was amazing. The food was not bad at all. I'm going for a six week appointment next week, where hopefully I can start to put my foot down and subsequently walk again. Keep up the good work".

3.4   Focus on Staff - Valuing Our People

The Trust's goal is to have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment. Throughout the year we have worked towards this through recognising, involving and developing our staff, in order to ensure we are a high quality, patient-focused organisation. Despite the financial pressures facing all NHS organisations, we are still committed to training and supporting staff to reach their full potential, and to attracting and retaining the best calibre of people to provide our services.

Staff Engagement

Highlighted by the Trust's values of openness and honesty, we have a multi-faceted approach to staff engagement which includes partnership working with staff representatives, involving staff in service transformation work, regular communications via QE Weekly, encouraging staff to share ideas and concerns through a range of mechanisms including the Freedom to Speak Up Guardian, using the Friends and Family Test, as well as professional forums, away days and annual conferences.

Formally, the Trust has a Joint Consultative Committee (JCC), which is the key mechanism for consulting with our employees across the organisation. Meetings are held regularly with representatives from trade union organisations and employee representatives to seek their views before decisions are made. This has been on matters ranging from policies and procedures to new systems or initiatives, and future plans of the Trust. In addition we have held a Partnership Away Day in 2018 to bring together trade union and employer representatives in a more informal setting, with a focus on learning together.

The JCC is supplemented by professional groups, business unit events, service line meetings and any organisational change processes include staff in matters relating to the financial, operational and quality performance of the Trust.

Listening to our Staff through the NHS Staff Survey (* does not cover QE Facilities Limited)

The annual NHS Staff Survey is a critical tool in enabling the Trust to benchmark itself against similar NHS organisations and the NHS as a whole, on a range of measures of staff engagement and satisfaction.
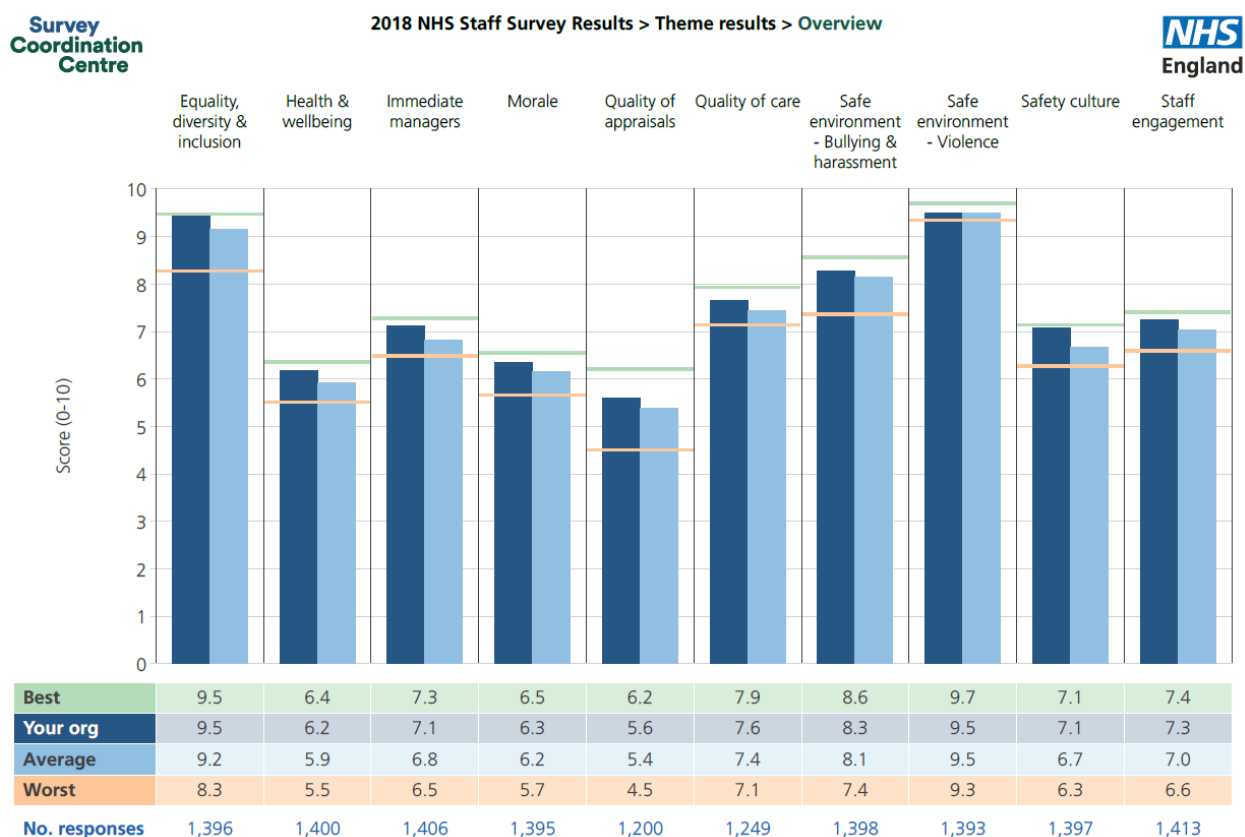
The arrival of over 600 community staff into the Trust has resulted in a shift in the profile of the Trust in line with the national survey co-ordination centre for the last 2 years. The Trust is now classified as a 'Combined Acute and Community Trust', rather than an 'Acute Trust'.

This year the Trust chose to include all staff in the Staff Survey for the fourth consecutive year (not using a sample) to give everyone the opportunity to provide feedback. Additionally, this year staff surveys were delivered to staff electronically rather than a mixture of paper-based and electronic. Our response rate is illustrated in the table below.

	2016/17		2017/18		2018/19		Trust comparison to previous year
Response rate	Trust	National average	Trust	National average	Trust	National average	
	39%	43%	44%	43%	40%	41%	4% decrease

The slight decline in the response rate, whilst reflective of the national trend could be due to all staff receiving their surveys electronically for the first time. Work is planned for the 2019 survey in order to provide support for staff that may be less confident with IT and looking at innovative ways to enable and encourage staff to complete surveys.

Previously staff surveys were organised against 32 key indicators. This year, driven nationally, the results are organised into 10 key themes. The Trust performed very well scoring above average in 9 out of the 10 key themes. Gateshead was the best Acute and Community Trust for equality, diversity and inclusion and for safety culture. The full results are below:

2018 NHS Staff Survey Results > Theme results > Overview

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.5	6.4	7.3	6.5	6.2	7.9	8.6	9.7	7.1	7.4
Your org	9.5	6.2	7.1	6.3	5.6	7.6	8.3	9.5	7.1	7.3
Average	9.2	5.9	6.8	6.2	5.4	7.4	8.1	9.5	6.7	7.0
Worst	8.3	5.5	6.5	5.7	4.5	7.1	7.4	9.3	6.3	6.6
No. responses	1,396	1,400	1,406	1,395	1,200	1,249	1,398	1,393	1,397	1,413

Following the publication of the 2017 survey results, the Trust set two-year objectives to give us sufficient time to make changes and demonstrate progress. They were to:

1.   Improve staff motivation

2.   Improve reporting (of bullying and/or violence)

3.   Aim for all staff to agree that their role makes a difference to patients

At this 1-year stocktake, there has been a slight increase in staff feeling motivated in going to work and static reporting of staff understanding the impact their role has on patients/service users at 90.8%. There has been a deterioration in the percentage of staff/colleagues reporting experiences of violence or harassment/bullying therefore we will continue to work to improve this in pursuit of a culture of openness.
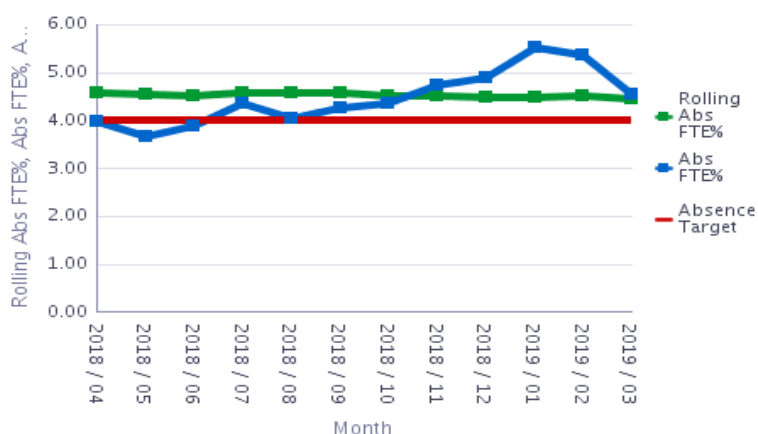
The Trust achieved very positive scores on two key questions focused on by the CQC:

Question Number	Question	Comparison to 2017 Trust score	Comparison to average
21c	I would recommend my organisation as a place to work	0.9% increase	10.9% above average
21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	0.6% increase	11.4% above average

Health and Well-being

There is a wealth of research to say that having healthy staff, both in mind and body, has a positive impact on the quality of patient experience and clinical outcomes. For this reason, the Trust invests in making sure that the right conditions and support are in place to create a healthy workforce with activities and events to increase healthier lives throughout the year, such as a fun pedometer team challenge to encourage staff to be more active.

The Trust continues to support staff to be able to attend and sustain attendance at work. Robust monitoring of sickness absence enables early intervention and support. In 2018/19 we have seen sickness absence plateau just over 4.5%, which, whilst above our target of 4% has not increased. We continue to focus on a multi-factorial approach to prevention as well as absence management, particularly in relation to mental wellbeing, our highest reason of sickness absence.

We have an in-house Occupational Health Department consisting of an Occupational Health Physician, a nursing team, a multi-disciplinary ergonomics team, a physiotherapist, a counselling service; all supported by an administration team. The service holds national accreditation as a Safe Effective Quality Occupational Health Service (SEQOHS) following rigorous independent assessment against recognised industry standards across the UK.

Throughout 1st April 2018 – 31st March 2019 we have provided 5778 appointments for staff which can be broken down as follows:

- ✓ 517 counselling appointments

- ✓ 1285 pre-employment screening appointments

- ✓ 1688 vaccination/immunisation screenings

- ✓ 320 ergonomic and workplace assessments

- ✓ 1204 sickness absence management appointments

- ✓ 201 other consultations

- ✓ 121 appointments associated with sharps injuries

- ✓ 380 physiotherapy referrals

- ✓ 62 health Surveillance appointments

In 2018/19 we were also delighted to see that 80% of our staff chose to have their flu vaccination, to protect themselves, their family and our patients and visitors.

During 2018 we have developed new guidance which provides line managers with a toolkit to support staff who may be experiencing poor mental well-being. This "Well-being at Work" guidance has been launched in conjunction with a bitesize training session for line managers which aims to enable managers to feel confident in supporting the mental well-being of the people in their teams.

In 2018 we trained a number of employees to act as 'diffusers' within various departments across the Trust. In the event of a traumatic incident on a ward or in a department, a 'diffuser' can provide an immediate de-brief to members of staff who are affected. The support which is provided, aims to ensure that staff feel supported in the period immediately following an incident.

During 2018 we have introduced the Staff Advice and Liaison Service (SALS) which brings together a range of support services which are available to staff. The Trust is committed to making sure that staff can access the support they need, when they need it, and complements our goal of improving communication, and living our values of openness and engagement. SALS will be further promoted and embedded through 2018/19.

SALS – Staff Advice and Liaison Service

Organisational Development (OD)

Ensuring that each and every patient has a great experience does not only depend on **what** we do, but also **how** we do it. At the centre of this are our Trust values and in the last year our staff have spent time refreshing those values and developing a behaviours framework around them. This is designed to run alongside our new appraisal process and future values-based recruitment plans.

(* does not cover QE Facilities Limited)

The Trust has focused this year on supporting our staff and the Trust to be ready for, and respond to the challenges it faces. This has included:

➢ Continuing support of the Community Service Teams/ Gateshead Care Partnership transformation plans, as well as the wider Gateshead System

➢ Engaging over 100 staff from multiple professions within Mental Health Services to improve the delivery of quality services

➢ Encouraging and embedding the use of Insights Discovery Model as a way to improve individual behaviours and team working

➢ Work has begun to be able to identify the talent in the Trust, and how this will help us have succession pathways to support our future workforce needs

➢ Redesigning the Appraisal process and roll out of new training for staff and managers

Recruitment and Retention

At the end of 2018/19 we employed 4533 people. The number is broken down as follows:

PROFESSION	
Additional Professional, Scientific and Technical	184
Additional Clinical Services	828
Administrative and Clerical	934
Allied Health Professionals	298
Estates and Ancillary	521
Healthcare Scientists	168
Medical and Dental	321
Nursing and Midwifery Registered	1276
Students	3
Total	4533

As at 31st of March 2019 our Board of Directors was 57.2% male and 42.8% female. There are two senior managers within the Group who are not included in the above Board statistics who are both male.

A comparison of our workforce is provided below:

	2017/18	%	2018/19	%
AGE				
17-21	107	2.44	111	2.45
22+	4279	97.56	4422	97.55
ETHNICITY				
White	4126	94.07	4223	93.16
Mixed	19	0.43	20	0.44
Asian or Asian British	120	2.74	137	3.02
Black or Black British	40	0.91	40	0.88
Other	24	0.55	29	0.64
Not Stated	57	1.30	84	1.85
GENDER				
Male	831	21.23	952	21.00
Female	3455	78.77	3581	79.00
RECORDED DISABILITY				
	167	3.81	242	5.34

Work Experience

The Trust offers an extensive work experience programme enabling us to build invaluable links with the surrounding community through working with local schools and colleges. By providing work experience for 14 -19 year old students we are aiming to build and grow our workforce for the future. Work placements are offered in a number of different areas across the Trust including medicine, midwifery, nursing and physiotherapy to help local young people to gain a broader understanding in these areas. In 2018/19 the Trust hosted 134 placements, 36% for the medical shadowing programme. We also hosted a Careers Event for one local school in 2018 inviting over 100 students from Year 12 into the Trust to showcase a range of careers within the NHS.

Policies and Practices to support diverse groups

The Trust supports Project Choice, which provides young people who have learning difficulties/disabilities with support and access to work experience placements and employment opportunities. During 2018/19 we have hosted over 10 Project Choice work experience placements in a number of different areas including Screening Services, Health Records and Bensham Café.

Following a successful and positive placement, one individual has subsequently been offered a post with within our Booking and Referrals Centre.

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we treat staff reflects their individual needs and does not unlawfully discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). Our key employment policies promote the right of all staff to be treated fairly and consistently in accordance with equality and human rights requirements. Our recruitment Policy encourages the use of reasonable adjustments as a means of removing any disadvantage for disabled persons. The Supporting and Managing Sickness Absence Policy provides a supportive framework to help employees return to work where possible.

We work with Access to Work, part of Jobcentre Plus, to ensure we consider the most appropriate reasonable adjustments to support our employees. In 2018 the Trust started working with the Access to Work Mental Health Support Service. This confidential service delivered by two specialist support providers - Remploy and Able Futures, and funded by the Department for Work and Pensions - is available at no charge to any employees with depression, anxiety, stress or other mental health issues (diagnosed or undiagnosed) affecting their work and provides support to help individuals remain in work.

In 2018 the Trust had its status as a Disability Confident Employer confirmed for another two years. The status is awarded by the Jobcentre Plus to employers who have agreed to make certain positive commitments regarding the employment, retention, training and career development of disabled people. In continuing to hold the Disability Confident Employer status, the Trust is ensuring that disabled people and those with long term health conditions have the opportunities to fulfil their potential and realise their aspirations.
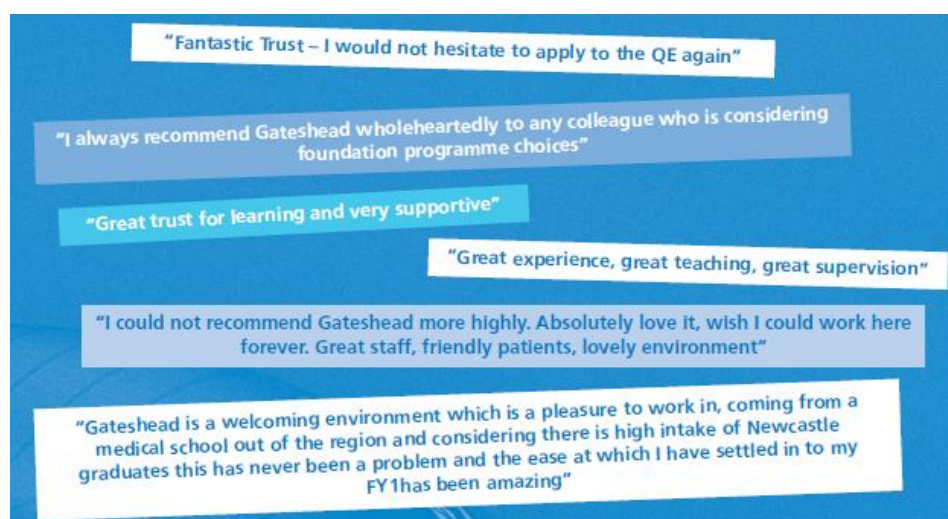
We are a Mindful Employer, which demonstrates our commitment to supporting staff who experience stress, anxiety, depression or other mental health conditions. As part of this charter, we raise awareness and share information to support both existing and prospective employees.

A Learning Culture

Library and Knowledge Services maintained a score of 97% compliance in the Library Quality Assurance Framework (LQAF) assessment, resulting in a green quality assurance status. Access to resources and support for study, research and professional development from hospital, community or home has been improved through redevelopment of the library website, introduction of a Discovery search tool, and expansion of print and digital collections.

We have also had positive feedback from a General Medical Council (GMC) Survey in relation to our Doctors in Training and an Annual Deans Quality Meeting from Health Education England (HEE) commending our commitment to providing a positive learning environment for all. In the 'Your School Your Say' survey in 2018, 92.5% of our foundation trainees would recommend the Trust to a friend who was thinking about becoming a doctor, based on our educational opportunities and experiences.

"Very well supported, amazing team, great consultants who are approachable and happy to help, brilliant admin team and a lovely place to work"

"Would strongly recommend the Trust to anyone, great DGH feel but big enough to see interesting cases"

"Lovely, friendly hospital to work in – good community feel and strong bonds between nursing and medical staff"

"I find the QEH to be an overwhelmingly positive experience with a good culture for learning and training. Most senior staff are very friendly and the teams work well together"

"Really enjoyed my first year at the QE. It is a very supportive environment where I have felt able to talk to senior colleagues especially during times that have been difficult. Also had great learning opportunities and there is a good sense of all working all together with different healthcare professionals to achieve great patient care"

"In general I cannot express how fortunate I feel to have listened to my gut- instinct to put the QE as my first choice on the application form during medical school"

We believe that effective leadership means not only having the right knowledge and skills, but demonstrating the right behaviours and values to ensure patient safety and quality. Our strategy has embraced the Healthcare Leadership Model as a means of ensuring that consistent messages are given around appropriate leadership behaviours and as such this is now integral to our behaviour statements in line with the Trust's values, and our Appraisal process.

We continue to work with our partners in Gateshead College to deliver Leadership Programmes aimed at first time managers and developing leaders. Our first cohort of Team Leader Apprentices will complete later this year. The programme has evaluated well and as a result, we have recruited a new cohort of 13 to start on the Team Leader / Supervisor Apprenticeship in April 2019.

Our employees also have access to the many opportunities available to them via eLearning, development sessions, postgraduate support for specialist development, and Continuing Workforce Development (CWD) sessions as commissioned by HEE North East.

The Trust continues to provide apprenticeship opportunities to support people at all levels to gain valuable experience and a vocational qualification with the ultimate aim of securing employment within the NHS. In October 2018 the Trust recruited 10 Business & Administration apprentices, 7 Healthcare and 4 Therapy apprentices. The Nursing Associate Apprenticeship continues to grow, the first cohort is due to complete this year and we have just recruited a further 10 to start in March/April 2019. In addition to the above, we have supported members of our current workforce in developing via Apprenticeships in a range of specialisms such as; Theatre Assistant Practitioners,

Senior Leadership MBAs and Project Management skills. The Trust has also this year supported 5 members of staff to progress onto the Registered Nurse BSc Apprenticeship which is an 18 month programme which allows those with prior qualifications and experience to upskill into the nursing profession.

Reward and Recognition

We continue to look for innovative ways to recognise our staff. We continue to run a media campaign to get our public and patients to nominate their "QE Angel" recognising the importance of our patients' voices.

We also held our annual Star Awards event; a humbling and proud evening where around 200 guests (staff, patients and partners from the local community) came together to celebrate the amazing work that members of our workforce do each and every day. Those who were nominated as a 'Star' of the organisation received a personal note from the Chief Executive letting them know that their contribution counts, as well as a QE Gateshead Star pin badge to wear. The winners in each category were presented with a coveted QE Gateshead 2018 Trophy.

In 2018 we introduced "You're a Star" which runs alongside and in addition to the annual Star Awards. Sometimes, people do something for us which might be small, but can really make our day. We wanted to enable people to say a public 'thank you' to their colleagues for those small gestures, and to be able to tell them "You're a Star"! When someone tells us about a colleague who is in their eyes, a star, the recipient is acknowledged by the Chief Executive with a personally signed card and a place in the 'You're a Star Hall of Fame'. The top three "You're a Star" recipients are also invited to attend the annual Star Awards ceremony, where the ultimate winner is announced.

New legislation means that all large employers across the UK with more than 250 employees are required to show the difference between the average earnings of all men and women as a percentage and publish their results. This helps us understand the gender pay gap which we must analyse and take appropriate action to address any imbalance or inequality.

Gender split - total number of employees 3849

Pay and Bonus pay gap	Mean 2018	Mean 2017	Median 2018	Median 2017
Ordinary Pay	29.84%	30.80%	14.32%	17.46%
Bonus	45.05%	50.48%	51.25%	50.94%

(* does not cover QE Facilities Limited)

Further information on our findings is published here:

https://www.qegateshead.nhs.uk/edhrreports

Diversity and Inclusion

The Trust has operated a human rights based approach to promoting equality, diversity and human rights for many years. This is reflected in the 'Vision for Gateshead', which promotes the core values of openness, respect and engagement. The aim is to ensure services are accessible, culturally appropriate and equitably delivered to all parts of the community, by a workforce which is valued and respected, and whose diversity reflects the community it serves. To support accountability, there is a well-established infrastructure in place which has provided leadership, governance and continuity, for example:

➢ The Trust Board has appointed Governors from diverse backgrounds, including Gateshead Youth Council, the Jewish Council and the Diversity Forum for Gateshead. Many Governors are active members of groups and committees.

➢ We publish a separate annual report relating to diversity and inclusion, on a dedicated part of the QE Gateshead website. Information about diversity and inclusion can be accessed using the following link: http://www.qegateshead.nhs.uk/edhr

➢ During 2018/19, the Trust's Executive Sponsors of our Equality Objectives have met a number of times to drive activity from a Trust Board level. This has included around Gender Pay Gap Reporting, Accessible Information Standard and Sexual Orientation Monitoring Standard.

➢ The Trust continues to invest in corporate membership of the Employers Network for Equality & Inclusion, which is a leading employer network covering all aspects of equality and inclusion issues in the workplace. We aim to develop a programme of work in

partnership with other NHS organisations in the North East region to support an inclusive and diverse workplace.   We will use this work to help build staff networks, to offer support and the opportunity for feedback in the future.

In addition, the following important areas of work were undertaken in 2018/19:

The Workforce Race Equality Standard (WRES) aims to ensure all NHS organisations demonstrate annual progress using nine different indicators (metrics) of workforce race equality.   Four of the metrics are from workforce data and four of the metrics are based on data derived from the national NHS Staff Survey. The Trust published our fourth WRES information in 2018 (* does not cover QE Facilities Limited) and moving forward the Operational Workforce Forum and Your Voice Staff Forum will consider this information and use it to inform appropriate actions to ensure the treatment of our staff is not unfairly affected by their ethnicity.

A staff diversity forum 'Your Voice' was set up in 2017 and continues to champion diversity and inclusion in the workplace. The membership of the forum continued to grow steadily through 2018 and members of the forum actively contribute to internal engagement events, hold informal lunch & learn sessions, publish regular articles in the staff newsletter and represent the Trust at external events. In 2018 the forum was nominated for a QE Star Award and described as a truly committed forum living the values through their innovative, caring and engaging approach to Diversity and Inclusion, recognising the commitment to work in partnership with the Trust and helping drive the very important agenda for the benefit of all our staff and patients.

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and will apply to all NHS Trusts from April 2019. The WDES is a set of specific measures that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used to develop a local action plan, and enable organisations to demonstrate progress against the indicators of disability equality. The Trust will be publishing its first WDES report by 1 August 2019.

The Trust continues to progress work in relation to our three Equality Objectives which underpin our Public Sector Equality Duty.

Equality Objectives

1. All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers.

2. The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments.

3. Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve.

Progress continues to be monitored through bi-monthly meetings with our three Executive Sponsors.

During 2018/19 the Trust was selected to be part of the "NHS Employer Diversity and Inclusion Partner" programme for the second year running. This programme supports organisations to develop their equality performance over a period of 12 months, and is closely aligned to EDS2.

In May 2018 the Trust celebrated the annual NHS Employers Equality, Diversity and Human Rights Week. With the lead from the Your Voice forum, fact sheets and various leaflets on the protected characteristics including gender reassignment, disability, sexual orientation, age and religion were shared, staff were encouraged to complete a Diversity & Inclusion quiz and Hijab lessons took place to encourage cultural awareness.

The Trust now has a well-established workplace mediation service available to all staff. Workplace Mediation is an informal, voluntary process which aims to help people in disagreement or dispute to resolve their conflict and find a way to re-establish a professional working relationship. Mediation is available for all employees and can involve two or more parties.

Gateshead Health NHS Foundation Trust is positively encouraging the recruitment of Reservists from amongst our staff to join the four reservists we currently employee. We held a Reservist stand in the Queen Elizabeth Hospital on Reserves Day in 2018 and also supported a Navy Reservists stand in March 2019. The Trust signed its own Armed Forces Covenant in March 2018 and was successful in achieving the Silver award.

3.5   Quality overview - performance of Trust against selected indicators

The following sections provide details on the Trust's performance on a range of quality indicators. The indicators themselves have been extracted from NHS nationally mandated indicators, Commissioning for Quality and Innovation (CQUIN), and locally determined measures. Trust performance is measured against a mixture of locally and nationally agreed targets. The key below provides an explanation of the colour coding used within the data tables.

	Target achieved
	Although the target was not achieved, it shows either an improvement on previous year or performance is above the national benchmark
	Target not achieved but action plans are in place

Where applicable, benchmarking has been applied to the indicators using a range of data sources which are detailed in the relevant sections. The Trust recognises that benchmarking is an important tool that allows the reader to place the Trust performance into context against national and local performance. Where benchmarking has not been possible due to timing and availability of data, the Trust will continue to work with external agencies to develop these in the coming year.

‡ denotes indicators governed by standard national definitions

1) Visible Leadership for Safety and Culture
‡*Outcomes of Trust Wide MaPSaF Patient Safety Culture Assessment:*

2013/2014	2015/2016	2016/2017	2017/2018	2018/19
Pro-Active	No Assessment Due	No Assessment Due	No Assessment Due	Pro-Active

2) Team Effectiveness / Efficient / Innovative

Team Effectiveness	2015-16	2016-17	2017-18	2018-19	Target
Core Skills Training Compliance	74.56%	73.37%	79.75%	87.27%	85%
Appraisal Compliance (Staff with a current appraisal)	71.93%	81.82%	67.81%	73.34%	85%
Staff Sickness Absence (12 month rolling percentage)	4.82%	4.49%	4.62%	4.47%	4.00%
Staff Turnover (Labour turnover based on Full Time Equivalent)	24.63%**	12.92%*	11.48%	12.87%	N/A

    **the significant shift in turnover is in relation to staff transferring to QE Facilities.
    *the turnover figure is affected significantly by the transfer in of Community Services.

3) Safe Reliable Care / No Harm
A) Reducing Harm from Deterioration:

Safe Reliable care	2016-17	2017-18	2018-19	Target
HSMR	104.0	107.9	109.4*	<100
SHMI Period	Apr-17 to Mar-18	Jul-17 to Jun-18	Oct-17 to Sep-18	
SHMI	1.03	1.05	1.04	<=1
SHMI Banding	As Expected	As Expected	As Expected	As expected or lower than expected
SHMI - Percentage of admitted patients whose treatment included palliative care (contextual indicator)	22.1%	22.7%	24.9%	N/A
Crude mortality rate taken from CDS	1.67%	1.81%	1.62%	<1.99%
Number of calls to the CRASH team	177	156	118	N/A
Of the calls to the arrest team what percentage were actual cardiac arrests	53.1%	43.6%	45.8%	N/A
Cardiac arrest rate (number of cardiac arrests per 1000 bed days)	0.52	0.37	0.31	N/A
Hospital Acquired Pressure Damage (grade 2 and above)	104	92	130	Year on year Reduction
Community Acquired Pressure Damage (grade 2 and above)	1214†	1346	1312	N/A
Number of Patient Slips, Trips and Falls	1668	1505	1656	N/A
Rate of Falls per 1000 bed days	9.18	9.02	9.38	Reduction (<8.5)
Number of Patient Slips, Trips and Falls Resulting in Harm	407	347	385	N/A
Rate of Harm Falls per 1000 bed days	2.24	2.08	2.18	Reduction (Less than <2.25)
Falls Change	13.8% reduction	7.1% reduction	4.8% Increase	Reduction (Less than <2.25)
Ratio of Harm to No Harm Falls (i.e. what percentage of falls resulted in Harm being caused to the patient)	24.4%	22.7%	23.2%††	Year on Year reduction

*HSMR figures are April 2018 to December 2018

† Community services transferred from South Tyneside in October 2016

†† 20% low harm, 1.6% moderate harm, 1.6% severe harm

B) Reducing Avoidable Harm:

Reducing Avoidable Harm		2015-16	2016-17	2017-18	2018-19	Target
Medication Errors	No Harm	366	413	454	562	N/A
	Minimal Harm	51	45	54	73	N/A
	Moderate Harm	5	3	10	7	<8
	Severe	1	0	0	0	0
	Total	423	461	518	642	N/A
Never Events		2	3	3	4	0
Patient Incidents per 1,000 bed days		34.72	37.33	43.93	45.60	N/A
Rate of patient safety incidents resulting in severe harm or death per 100 admissions		0.16	0.18	0.21	0.17	N/A

Source: Trust incident reporting system Datix

C) Infection Prevention and Control:

Infection Prevention & Control	2016-17	2017-18	2018-19	2018-19 Objective
MRSA bacteraemia apportioned to acute trust post 48hrs	0	0	2*	0
MRSA bacteraemia rate per 100,000 bed days	0	0	1.12*	0
NB: *Clostridium difficile* Infections (CDI) post 72hr cases	20^	31†	20††	<=18
Clostridium difficile Infections (CDI) rate per 100,000 bed days	11.59^	17.97 †	11.24††	<=10.1

*During 2018/19 the Trust reported two (2) MRSA bacteraemia.
The Trust had successfully achieved 1,016 Hospital-onset MRSA BSI free days up to October 2018 and celebrated continuing to maintain the national aspiration until November when two hospital-onset positive blood culture samples were reported. All Investigations were implemented in line with revised guidance followed by a post infection review (PIR). Both cases were allocated to the Trust however upheld as unavoidable with appropriate lessons learned and shared.

††During 2018/19 the Trust has reported twenty (20) CDI cases; exceeding its objective by two (2) cases and reporting a rate of 11.24 per 100k bed days. However following review and successful appeals the Trust reports only three (3) cases against the quality premium and seventeen (17) cases with no lapses in care. 2018/19 has proved to be a successful year for improving patient safety by reducing CDI, reporting our lowest case numbers to date A focused and zero tolerance approach continues to support a reduction in CDI for patient safety in line with national guidance.

†During 2017-18 the Trust reported thirty one (31) cases of post 72hr CDI overall however six (6) cases were deemed unavoidable with twenty five (25) cases against the Trust objective of nineteen (19). NHS Improvement (NHSI) contacted the Trust during November as an informal response to the Trust being outside of its monthly objective to review possible causes, the Trust approach to CDI, the reaction to increasing cases and to ascertain if there was any support NHSI could offer.

^During the 2016/17 period the Trust reported zero (0) MRSA bacteraemia. The Trust reported 20 cases of CDI overall however nine (9) cases were deemed unavoidable with eleven (11) CDI cases against the Trust objective of nineteen (19).

4) Right Care, Right Place, Right Time
Care of patients following a Stroke:

Results from the Sentinel Stroke National Audit Programme (SSNAP) are provided below.

Key Stroke indicators are grouped into domains, and each domain is given a performance level (level A to E). The domain levels are then combined into a Total Key Indicator (KI) score. The methodology aims to take into account guideline recommendations and clinical consensus. The SSNAP Summary Report, including scores and levels, is available in the public domain.

‡Team Centred Key Indicators	Dec-Mar 17	Apr-Jul 17	Aug-Nov 17	Dec-Mar 18	Apr-Jun- 18	Jul-Sep- 18
1) Scanning*						
2) Stroke unit	B	A	B	A	A	A
3) Thrombolysis*						
4) Specialist Assessments*						
5) Occupational therapy	A	A	C	B	A	A
6) Physiotherapy	A	A	A	A	A	A
7) Speech and Language therapy	C	C	D	D	C	B
8) MDT working*						
9) Standards by discharge	C	C	B	C	C	C
10) Discharge processes	A	A	A	D	D	C
Team-centred Total KI level	A	A	B	B	B	A
Team-centred Total KI score	83	87	77	70	77	83
Team-centred SSNAP level (after adjustments)	C	B	B	C	B	B
Team-centred SSNAP score	67	74	73	63	73	79

Source: https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx

* These indicators are no longer relevant to the Trust as patients are now transferred to the Newcastle Upon Tyne Hospitals NHS Foundation Trust's Stroke Unit for these services.

Other Indicators:

Other Indicators	2016-17	2017-18	2018-19	Target	Benchmark
Percentage of Cancelled Operations from FFCE's†	0.70%	0.68%	0.60%	0.80%	1.0%**
Percentage of Patients who return to Theatre within 30 days (Unplanned / Planned / Unrelated)	4.80%	5.48%	5.28%	Improve Year on Year	N/A
Fragility Fracture Neck of Femur operated on within 48hrs of admission / diagnosis	91.8%	94.7%	95.3%	90%	N/A
Proportion of patients who are readmitted within 28 days across the Trust*	8.63%	8.32%	8.29%	Improve year on year	N/A

Proportion of patients undergoing knee replacement who are readmitted within 30 days*	4.41%	5.90%	6.00%	Improve Year on Year	N/A
	20 patients readmitted	24 patients readmitted	18 Patients readmitted		
Proportion of patients undergoing hip replacement who are readmitted within 30 days*	7.46%	7.43%	6.09%	Improve Year on Year	N/A
	34 patients readmitted	31 patients readmitted	19 patients readmitted		

* Figures taken from Healthcare Evaluation data (HED) and provide full financial years for 2016-17 and 2017-18, and April to December 2018

** NHS England Statistics - NHS Cancelled Elective Operations Quarter Ending December 2018

† FFCE's refer to First Finished Consultant Episodes. A patient's treatment or care is classed as a spell of care. Within this spell can be a number of episodes. An episode refers to part of the treatment or care under a specific consultant, and should the patient be referred to another consultant, this constitutes a new episode

5) Positive Patient Experience

Responsiveness to Inpatients' personal needs NHS Inpatient Survey 2018 Positive Scores	2014	2015	2016	2017	2018	5 year average All Inpatient Organisations	Average for similar organisations
Was the patient as involved as they wanted to be in decisions about their care and treatment?	93%	91%	90%	92%	89%	69%	69%
Did the patient find someone to talk to about their worries and fears?	81%	82%	76%	82%	73%	73%	73%
Was the patient told about medication side effects to watch out for?	67%	65%	59%	64%	57%	57%	57%
Was the patient told who to contact if they were worried?	80%	84%	80%	82%	77%	77%	77%
Was the patient given enough privacy when discussing their condition or treatment?	96%	94%	95%	96%	95%	94%	96%

Source: Picker Institute Inpatient Survey 2018 Gateshead Health NHS Foundation Trust Management Report February 2019

6) Safe, Effective Environment, Appropriate Equipment & Supplies

Patient-Led Assessments of the Care Environment (PLACE)		2016	2017	2018
Cleanliness	Gateshead Health NHS Foundation Trust	99.9%	99.9%	99.9%
	National Average	98.1%	98.4%	98.5%
Food	Gateshead Health NHS Foundation Trust	91.5%	93.9%	93.4%
	National Average	88.2%	89.7%	90.2%
Environment	Gateshead Health NHS Foundation Trust	96.5%	97.1%	99.0%
	National Average	93.4%	94.0%	94.3%
Privacy, Dignity and Wellbeing	Gateshead Health NHS Foundation Trust	84.7%	85.3%	87.0%
	National Average	84.2%	83.7%	84.2%

Dementia	Gateshead Health NHS Foundation Trust	75.8%	78.3%	86.6%
	National Average	75.3%	76.7%	78.9%
Disability	Gateshead Health NHS Foundation Trust	81.6%	86.7%	93.4%
	National Average	78.8%	82.6%	84.2%

Source: https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place

The Maximiser is an electronic auditing tool for measuring environmental cleanliness. It is a handheld device that captures audit scores (PASS /FAIL) against checklist items and calculates scores for each area.
Below are the results for the Trust as a whole.

Maximiser	2016-17	2017-18	2018-19	Target
Gateshead Health NHS Foundation Trust	98.60%	98.54%	98.70%	98.00%

3.6 National targets and regulatory requirements

‡ The following indicators are all governed by standard national definitions

No	Indicator		2016/17	2017/18	2018/19	Target	National Average
1	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted		83.7%	81.5%	78.3%	90.0%	73.1%
2	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted		91.4%	91.4%	91.7%	95.0%	88.1%
3	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway		93.4%	94.3%	92.6%	92.0%	87.2%
4	A&E – maximum waiting time of four hours from arrival to admission / transfer / discharge		96.1%	94.6%	94.0%	95.0%	88.0%
5	All cancers: 62 day wait for first treatment from: urgent GP referral for suspected cancer /		86.7%	88.4%	83.6%	85.0%	79.1%
	NHS Cancer Screening Service referral		94.5%	96.3%	92.8%	90.0%	88.1%
6	All cancers: 31 day wait for second or subsequent treatment, comprising:	Surgery	100.0%	98.9%	99.0%	94.0%	93.2%
		Anti-cancer drug treatments	99.7%	99.9%	99.9%	98.0%	99.4%
		Radiotherapy	N/A	N/A	N/A	94.0%	97.1%
7	All cancers: 31 day wait from diagnosis to first treatment		99.9%	99.7%	99.5%	96.0%	96.8%
8	Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	96.8%	95.8%	95.6%	93.0%	92.0%
		Symptomatic breast patients (cancer not initially suspected)	96.5%	96.6%	95.1%	93.0%	85.9%
9	Maximum 6-week wait for diagnostic procedures		99.4%	99.1%	99.5%	99.0%	97.5%†

10	Care Programme Approach (CPA) patients, comprising:	Receiving follow up contact within seven days of discharge	84.60%	87.10%	100.00%	95.0%	95.7%
		Having formal review within 12 months	nil return*	nil return*	nil return*	nil return*	N/A
11	Minimising mental health delayed transfers of care		0.0%	3.0%	1.2%	< 7.5%	N/A
12	Mental health data completeness: identifiers		99.70%	99.73%	99.98%	97.0%	N/A
13	Mental health data completeness: outcomes for patients on CPA		85.4%	83.3%	80.0%	50.0%	N/A
14	Certification against compliance with requirements regarding access to health care for people with a learning disability		N/A	N/A	N/A	N/A	N/A
15	Data completeness: community services, comprising:	Referral to treatment information	98.1%	96.3%	84.2%**	50.0%	N/A
		Referral information	100.0%	100.0%	90.6%**	50.0%	N/A
		Treatment activity information	100.0%	95.3%	87.4%**	50.0%	N/A
16	C. difficile – meeting the C. difficile objective	No. of Post 72hr Clostridium difficile cases	20	31	20	<=18	N/A
		No. of Post 72hr Clostridium difficile cases following appeal	11	25	3	N/A	N/A
		Clostridium difficile - infection rate (per 100,000 bed days	11.6	17.97	11.24	<=10.1	N/A

Source: http://www.england.nhs.uk/statistics/statistical-work-areas

Source:www.gov.uk/government/statistics/Clostridium-difficile-infection-annual-data

* There were no qualifying patients for this period

** figures relate to April to November prior to CIDS transfer to Newcastle

† March 2019 position

Annex 1: Feedback on our 2018/19 Quality Account

4.1 Gateshead Overview and Scrutiny Committee

Statement for inclusion in Gateshead Hospitals NHS Foundation Trust Quality Account

Based on Gateshead Care, Health and Wellbeing OSC's knowledge of the work of the Trust during 2018-19 we feel able to comment as follows:-

Quality Priorities for 2019 – 20

OSC expressed its support for the Trust's 12 proposed Quality Priorities for Improvement for 2019-20.

Progress Against Quality Priorities for 2018-19

Clinical Effectiveness - Reducing variation in Clinical Practice – Getting it Right First Time (GIRFT)

OSC was very pleased to note that the work which had taken place in this area had been very successful in reducing variation and achieving improvements and as a result the Trust had recently been highlighted as one of the GIRFT leaders nationally.

Patient Safety

OSC expressed concern that the improvements made last year in reducing incidents of pressure damage and the percentage of falls resulting in harm had not been sustained and the Trust had not met its targets in these areas. OSC acknowledged the challenges the Trust and the wider system faced in these areas, as a result of the high, frail, elderly population but was keen that these areas continued to be a priority area of focus for the Trust. OSC noted that the Trust had carried out a deep dive to better understand the situation in relation to incidents of pressure damage and was provided with assurances that the Trust was continuing to prioritise / take all actions it could to reduce levels of both pressure damage and falls in general and particularly the percentage of harmful falls.

OSC was, however, pleased to note that the work the Trust had carried out during this period in relation to improving discharge medicines delivery to wards had resulted in a 57% reduction in delays. This ensured a minimal delay in discharge of patients from hospital due to waiting for medicines. OSC congratulated the Trust on the improvements achieved in this area.

Infection Control

OSC considered that this is a priority area of focus and noted that whilst handwashing containers are placed outside each ward they do not appear to be in place at entry points into the hospital. OSC asked the Trust to explore the feasibility of installing additional containers for hand washing near to points of entry into the hospital.

CQC Inspection Outcomes

OSC noted that the Care Quality Commission has not taken enforcement action against Gateshead Health NHS Foundation Trust during 2018/19.

4.2   Gateshead Clinical Commissioning Group

NHS Newcastle Gateshead Clinical Commissioning Group statement for Gateshead Health NHS Foundation Trust Quality Accounts 2018/19

As commissioners, Newcastle Gateshead Commissioning Group (CCG) is committed to commissioning high quality services from Gateshead Health NHS Foundation Trust and takes 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 CCG welcomes the opportunity to submit a statement on the Annual Quality Account for Gateshead Health NHS Foundation Trust.

The CCG can confirm 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. The CCG would like to provide the following statement:

The CCG continues to hold regular quality review group meetings with the Trust which are well attended and provide positive engagement for the monitoring, review and discussion of quality issues. The CCG also continued throughout 2018/19 to conduct a programme of assurance visits to the Trust to gain assurances and an insight into the quality of care being delivered to patients. This has resulted in valuable partnership working with the Trust and has provided the CCG with an opportunity to make recommendations for suggested areas of improvement. A programme of CCG visits is planned for 2019/20.

The report provides a comprehensive and accurate description of the quality improvement work undertaken within the Trust and an open account of where improvements in priorities have been made. It is acknowledged that a lot of work has been undertaken to deliver the Trust's ambitions in a number of key areas and the Trust is to be commended on their achievements during 2018/19. We are happy to see that quality remains the Trust's number one priority for 2019/20 and it is reassuring to see that this is reflective of the CCGs and national priorities.

The CCG recognises the Trust's excellent achievement in implementing the recommendations within the National Confidential Enquiry into Patient Outcome and Death "Treat as One - Bridging the gap between mental and physical healthcare in general hospitals". This has been achieved by a number of initiatives including setting up a task and finish group, undertaking a gap analysis of current processes, identifying actions to address non-compliance, the introduction of mental health champions and commissioning external expertise to deliver suicide awareness training. The CCG notes that a specific triage tool for use in the Emergency Care Department has been developed and was introduced in April 2019. The CCG fully supports the planned next steps detailed in the report.

The Trust has fully engaged with the national Getting it Right First Time (GIRFT) programme. During 2018/19 the Trust received and returned ten requests for data from the GIRFT team. Three visits were arranged to review the data packs and improvement plans produced. Four re-visits also took place to review and update the improvement plans. The CCG recognises the collaborative work with the GIRFT team identifying best practice improvements and sharing these nationally with other NHS Trusts, specifically relating to improving the

information provided to GPs on discharge. The CCG notes the Trust's continued commitment and supports the planned next steps.

Never Events are serious incidents which are preventable with appropriate procedures in place and it is noted that during 2018/19 the Trust reported 4 never events. The CCG will continue to monitor incidents and gain assurance through the CCG serious incident panels and quality review group.

The Trust has made good progress to improve their patient safety culture, focusing on the Manchester Patient Safety Framework (MaPSaF), maternal and neonatal safety and investigation training. The work included the development and completion of the Safety Culture Survey, improved continuity of care with women booked on to the care pathway, deployment of family liaison officers (FLOs) and the introduction of the Human Factors approach in the investigation of serious incidents. It is acknowledged that the Trust did not achieve the expected 20% of mothers being on a continuity of care pathway with a personalised care plan by a slim margin, achieving 17.8%. The CCG notes the Trust's continued commitment to this priority and supports the planned next steps.

The CCG notes the work the Trust has undertaken implementing the national guidance for serious incidents and never events. This included a gap analysis against current processes, publishing a Never Event SafeCare bulletin, the introduction of separate serious incident panels for inpatient falls and pressure damage and the review of the terms of reference and membership of the serious incident panel to ensure that the range of clinical expertise is appropriate. The CCG commends the involvement of trained FLOs to support patients and families who have been involved in serious incidents. The CCG notes the Trust's continued commitment to this priority and planned next steps.

The Trust has made excellent progress in developing the patient and public involvement activities priority which has been achieved through a number of initiatives. It is pleasing to note that there have been 19 pieces of work undertaken throughout 2018/19 where patients and/or their families have been involved. The Trust has worked collaboratively with NHS England and NHS Improvement to implement Always Events on Sunniside Unit. The CCG supports the next steps detailed in the report.

The Trust has achieved the priority for developing a range of approaches to understand the experiences of patients and carers using their mental health services. It is noted that this work highlighted a number of strategies and initiatives the Trust would like to implement over the next two years to improve engagement with elderly mental health patients.

The CCG supports the Trust in its continued improvement work following the CQC initial and subsequent visits to their Older Person's Inpatient Mental Health Services. The CCG has received regular updates on the improvement plan via the quality review group process. The CCG undertook a commissioner assurance visit to the older persons mental health wards in January 2019 and were impressed with the transformation of Cragside Ward and the positive difference the environment has made to patients.

The Trust has made good progress in improving the Patient Reported Outcome Measures (PROMS) scores for hip and knee replacements, with the results now in line with the national average. The CCG recognises and supports the Trust in its continued efforts to safeguard adults and children, ensure sepsis patients are identified and treated promptly, and to improving discharge medication deliveries to wards.
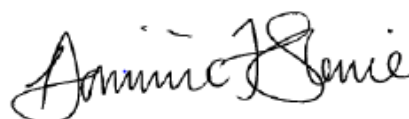
The CCG would also like to congratulate the Trust on receiving excellent results in the national cancer patient survey; scoring above the national average for many of the questions and patients rating their overall care as 9.1 out of 10.

The CCG supports the Trusts initiatives to improve staff health and well-being, including an in-house, nationally accredited Safe Effective Quality Occupational Health Service, and introduction of the Staff Advice and Liaison Service, which provides a range of support services for staff. The CCG also recognises the Trusts commitment to recruitment and retention and the support of Project Choice which provides young people with learning difficulties/disabilities to access work experiences. The CCG commends the Trust for its work to ensure that their services are accessible, culturally appropriate and equitably delivered to all parts of the community, by a workforce whose diversity reflects the community it serves.

The CCG welcomes the specific priorities for 2019/20 which are highlighted within the report and consider that these are appropriate areas to target for continued improvement. The CCG looks forward to continuing to work in partnership with the Trust in delivering high quality effective care for patients.

Chris Piercy
Executive Director of Nursing, Patient Safety & Quality

Dr Dominic Slowie
Interim Medical Director

May 2019

4.3 Healthwatch

Healthwatch Gateshead statement for the Gateshead Health NHS Foundation Trust Quality Account 2018/19

Healthwatch Gateshead welcomes the opportunity to provide our statement on the Quality Account for Gateshead Health NHS Foundation Trust. We are pleased to see that the Trust has made some significant progress over the last 12 months as identified in the report. For example:
- 88% of patients who completed the 2018 Inpatient Survey rates the care provided at 7/10 or above (Picker Institute 2018)
- patients who have used the cancer services rated the care received as an average of 9.1/10
- 96.5% of people who completed the Friends and Family test said the Trust provided a positive patient experience indicating they would definitely recommend these services to friends and family.

The Trust's Priorities for 2018/19

Clinical Effectiveness
Healthwatch Gateshead commends the Trust on its achievement in implementing the 'Treat as One – Bridging the Gap between mental health and physical healthcare…' With mental health services significantly in the forefront of the government's agenda, it is positive to see that this service has a high priority and made improvements through a number of means such as more joined up working between mental health services and general hospital services as well as increased training and awareness raising for staff. Healthwatch Gateshead is also pleased to note that the Trust is committed to continue this work through ongoing training rolled out to more staff and Champions as well as the planned launch of a resources intranet site to aid with signposting to appropriate services.

Reducing Variation in Clinical Practice – Getting it Right First time (GIRFT)
The Trust and clinical teams should be congratulated on the work it carried out by closely working with the GIRFT Regional and National teams to ensure information requests were responded to in a timely manner. It is also good that the Trust was fully committed to this process and in ensuring best practice improvements are implemented and shared and that quality improvement plans are put in place.

Patient Safety
The continuation of improving patient safety and developing a culture of improving the continuity of care of pregnant women is welcomed. Whilst it is noted that the continuity of care pathway figure is down 3% from the expected 20% achievement for pregnant women with diabetes, we welcome the continual improvement in this area.

In terms of Trust patient safety and improvements it is pleasing to see that maternity staff see the new methods of investigating (i.e. weaknesses and gaps in the systems rather than addressing individual practice) as positive and as a result the quality of investigations has noticeably improved.

Patient Experience
Healthwatch Gateshead fully supports the Trust in its commitment to involving patients and the public in service design and delivery. We very much welcome working in partnership to help deliver a Patient and Public Involvement and Engagement Group as well as supporting the Trust in the set-up of steering groups and workstreams to meet the requirements of the Accessible Information Standard. We also welcome supporting the Trust in its 2019/20 strategy to specifically develop information in an accessible way for mental health patients.

Quality Improvements for 2019/20

Patient Experience
Healthwatch Gateshead recognise the efforts by the Trust to date in ensuing patients receive the best experience possible while in the hospitals care as well as ensuring patient and the public involvement is embedded into the work of the Trust. We also welcome the efforts to improve continuity of care for mothers, babies and their families. We fully support this ongoing work and are happy to give our assistance where possible in order to achieve a highly satisfactory experience and service from maternity departments within the Trust.

Beneficial and cost-effective care and treatment for patients
Healthwatch Gateshead fully support the continuation of research through increased research projects as well as undertaking gap analysis and developing effective communications strategies in order to ensure best practice.

We also fully support the ongoing work to ensure the Making Every Contact Count programme continues by supporting and enabling patients' access to services to reduce alcohol and/or smoking, improve eating, and being more active as part of the live long programmes.

Healthwatch Gateshead has taken note of the Trust's priorities for 2019/2020. We believe that a continued focus on improved outcomes for patient experience; patient safety; and clinical care are important. In particular, plans to continue to develop patient and public improvement activities, specifically for hard to reach groups and maternity patients, is recognised.

To conclude, Healthwatch Gateshead would like to commend the Trust for their achievements in the 2018/19 Quality Account. It is positive to see examples of the use of feedback to make changes such as; listening to the deaf community, and developing a toolkit for staff on Patient and Public involvement in order to effectively involve patients and the public in healthcare planning and delivery. These are to be commended.

We look forward to seeing further improvements in these areas in the 2019/20 Quality Account. As per our role, Healthwatch Gateshead is running various projects to support providers in Gateshead to meet their statutory role of consulting/engaging with patients and the public. Consequently, ensuring that Trusts are using public and patient feedback to inform changes to services, improve the quality of services and understand inequality in access to services and health outcomes. We would welcome the opportunity to explore how we can support the Trust to improve in the year ahead.

4.4   Council of Governors

The Governors of Gateshead Health NHS Foundation Trust have been consulted on and been involved in the formation of the Trust's Quality Account in 2018/19. Governors have been continuously involved in refreshing the Trust's strategic plans with their involvement at various Trust committees and the Council of Governors meetings throughout the year. At each of the Council of Governors meeting during 2018/19, a range of reports have been presented, which enable Governors to receive and discuss quality and patient safety matters and progress against our quality priorities. In January 2019 a Governor workshop was held where Governors were consulted on the quality priorities for inclusion in the Quality Account 2018/19.

Overall the Quality Account clearly demonstrates the Trust's ongoing commitment to delivering high quality and safe patient care and improved health outcomes.

Annex 2: Statement of directors' responsibilities in respect of the quality account

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

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.
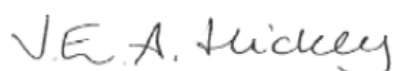
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

➢ the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance

➢ the content of the Quality Report is not inconsistent with internal and external sources of information including:

  o board minutes and papers for the period April 2018 to March 2019

  o papers relating to quality reported to the board over the period April 2018 to March 2019

  o feedback from commissioners dated – 17/05/2019

  o feedback from governors dated – 22/05/2019

  o feedback from local Healthwatch organisations dated - TBC

  o feedback from Overview and Scrutiny Committee dated – 21/05/2019

  o the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated – May 2019

  o the 2018 national patient survey February 2019

  o the 2018 national staff survey February 2019

  o the Head of Internal Audit's annual opinion of the Trust's control environment dated – 22/05/2019

  o CQC inspection report dated CQC Inspections and rating of specific services dated 28/06/2017

- 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, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Date: Chairman:

22nd May 2019

Date: Acting Chief Executive:

22nd May 2019

Glossary of Terms

'Always Events'

'Always Events®' are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time. These can only be developed with the patient firmly being a partner in the development of the event, and the co-production is key to ensuring organisations meet the patients' needs and what matters to them.

Antimicrobial

Antimicrobial is an agent that kills micro-organisms or inhibits their growth. Antimicrobial medicines can be grouped according to the micro-organisms they act against. For example, antibacterials are used against bacteria and antifungals are used against fungi.

Care Quality Commission (CQC)

The CQC is the independent regulator of all health and adult social care in England. The CQC aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people own homes, or elsewhere.

Clinical Audit

Clinical audit measures the quality of care and service against agreed standards and suggests or makes improvements where necessary.

Clostridium difficile infection (CDI)

Clostridium difficile is a bacterium that occurs naturally in the gut of two-thirds of children and 3% of adults. It does not cause any harm in healthy people, however some antibiotics can lead to an imbalance of bacteria in the gut and then the Clostridium difficile can multiply and produce toxins that may cause symptoms including diarrhoea and fever. This is most likely to happen to patients

over 65 years of age. The majority of patients make a full recovery however, in rare occasions it can become life threatening.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN framework was introduced in April 2009 as a national framework for locally agreed quality improvement schemes. It enables commissioners to reward excellence by linking a proportion of English healthcare provider's income to achievement of local quality improvement goals.

Commissioners

Commissioners are responsible for ensuring that adequate services are available for their local population by assessing need and purchasing services.

Continuity of Care

Care where the midwife is the lead professional in the planning, organisation, and delivery of care throughout pregnancy, birth, and the postpartum period.

Datix

Datix is an electronic risk management software system which promotes the reporting of incidents by allowing anyone with access to the Trust Intranet to report directly into the software on easy-to-use web pages. The system allows incident forms to be completed electronically by all staff.

Deprivation of Liberty (DoLS)

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Dignity

Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to respect them as a valued person, taking into account their individual views and beliefs.

Dysphagia

Is the medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all.

Foundation Trust

A Foundation Trust is a type of NHS organisation with greater accountability and freedom to manage themselves. They remain within the NHS overall, and provide the same services as traditional Trusts, but have more freedom to set local goals. Staff and members of the public can join the board or become members.

Fragility Fracture

A fragility fracture is any fall from a standing height or less, that results in a fracture.

Friends and Family Test (F&FT)

The Friends and Family Test is an important feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses.

Getting It Right First Time (GIRFT)

Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes

that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

Healthcare Quality Improvement Partnership (HQIP)

The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales.

Hospital Standard Mortality Ratio (HSMR)

The HMSR is an indicator of healthcare quality that measure whether the death rate at a hospital is higher or lower than would be expected.

Healthwatch

Healthwatch is an independent arm of the CQC who share a commitment to improvement and learning and a desire to improve services for local people.

Healthcare Evaluation Data (HED)

HED is an online benchmarking solution designed for healthcare organisations. It allows healthcare organisations to utilise analytics which harness Hospital Episode Statistics (HES) national inpatient and outpatient and Office of National Statistics (ONS) Mortality data sets.

Hospital Episode Statistics (HES)

HES is a data warehouse containing a vast amount of information on the NHS, including details of all admissions to NHS hospitals and outpatient appointments in England. HES is an authoritative source used for healthcare analysis by the NHS, Government and many other organisations.

Invasive

A medical procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body.

Joint Consultative Committee (JCC)

JCC is a group of people who represent the management and employees of an organisation, and who meet for formal discussions before decisions are taken which affect the employees.

Lasting Power of Attorney (LPA)

A lasting power of attorney is a legal document that lets the 'donor' appoint one or more people (known as 'attorneys') to help make decisions or to make decisions on their behalf. There are two types of LPA: health and welfare and property and financial affairs.

Making Every Contact Count (MECC)

Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

Manchester Patient Safety Framework

The Manchester Patient Safety Framework (MaPSaF) is a tool to help NHS organisations and healthcare teams assess their progress in developing a safety culture.

MaPSaF uses critical dimensions of patient safety and for each of these describes five levels of increasingly mature organisational safety culture. The dimensions relate to areas where attitudes, values and behaviours about patient safety are likely to be reflected in the organisation's working practices. For example, how patient safety incidents are investigated, staff education, and training in risk management.

Meticillin Resistant *Staphylococcus aureus* (MRSA)

MRSA is a bacterium responsible for several difficult to treat infections in humans. MRSA is, by definition, any strain of *Staphylococcus aureus* bacteria that has developed resistance to antibiotics. It is especially prevalent in hospitals, as patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.

Multidisciplinary Team

A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.

National Confidential Enquiries

These are enquiries which seek to improve health and healthcare by collecting evidence on aspects of care, identifying any shortfalls in this, and disseminating recommendations based on these findings. Examples include Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MMBRACE) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

NCEPOD's purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients. This is done by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing the results.

National Institute for Health and Clinical Excellence (NICE)

The National Institute for Health and Clinical Excellence provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. It makes recommendations to the NHS on new and existing medicines, treatments and procedures, and on treating and caring for people with specific diseases and conditions. It also makes recommendations to the NHS, local authorities and other organisations in the public, private, voluntary and community sectors on how to improve people's health and prevent illness.

National Patient Survey

The NHS patient survey programme systematically gathers the views of patients about the care they have recently received because listening to patients' views is essential to providing a patient-centred health service.

National Reporting and Learning System (NRLS)

The National Reporting and Learning System is a central database of all patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.

NHS Improvement (NHSI)

NHS Improvement supports Foundation Trusts and NHS Trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

NHS England (NHSE)

NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

North East Quality Observatory System (NEQOS)

The North East Quality Observatory Service provides quality measurement for NHS organisations (both providers and commissioners).

Overview and Scrutiny Committee

The Overview and Scrutiny Committees in local authorities have statutory roles and powers to review local health services. They have been instrumental in helping to plan services and bring about change. They bring democratic accountability into healthcare decision-making and make the NHS more responsive to local communities.

Patient Advice and Liaison Service (PALS)

PALS is an impartial service designed to ensure that the NHS listens to patients, their relatives, their carers and friends answering their questions and resolving their concerns as quickly as possible.

Picker Institute

Picker Institute is a non-profit organisation that works with patients, professionals and policy makers to promote a patient centred approach to care. It uses surveys, focus groups and other methods to gain a greater understanding of patients' needs.

Pressure Ulcers

Pressure ulcers are also known as pressure sores or bed sores. They occur when the skin and underlying tissue becomes damaged. In very serious cases the underlying muscle and bone can also be damaged.

Prevent

Prevent is part of the UK's Counter Terrorism Strategy.

Rapid Process Improvement Workshop (RPIW)

An RPIW is an improvement workshop that brings together staff from the organisation or health and care system improve a process.

Research

Clinical research and clinical trials are an everyday part of the NHS and are often conducted by medical professionals who see patients. A clinical trial is a particular type of research that tests one treatment against another. It may involve people in poor health, people in good health or both.

Ribotyping

Is a technique for bacterial identification and characterisation. It is a rapid and specific method widely used in clinical diagnostics and analysis of microbial communities in food, water, and beverages.

Risk

The potential that a chosen action or activity (including the choice of inaction) will lead to a loss or an undesirable outcome.

Risk assessment

This is an important step in protecting patients and staff. It is a careful examination of what could cause harm so that we can weigh up if we have taken enough precautions or should do more to prevent harm.

Root Cause Analysis (RCA)

This is a technique that helps us to understand why something has occurred that was not expected. The learning is then shared with staff across the hospital to inform our practice and help prevent further recurrence.

Safety Cross

The safety cross is a visual tool used to collect data for improvement. It is displayed in care settings to encourage the communication of goals and results to the team. It can also help to empower ownership of the data locally.

Secondary Use Services – SUS

A system designed to provide management and clinical information based on an anonymous set of clinical data.

Special Review

A special review is carried out by the Care Quality Commission. Each special review looks at themes in health and social care. They focus on services, pathways and care groups of people. A review will usually result in assessments by the CQC of local health and social care organisations as well as supporting the identification of national findings.

Staff Advice and Liaison Service

Brings together a range of support services that are available to staff.

Standard Operating Procedure

A Standard Operating Procedure is a set of step-by-step instructions compiled to help workers carry out complex routine processes.

Trust Board

The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community. The Chair and Non-Executive Directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the Board is empowered to govern the organisation and to deliver its objectives.

Ulysses System

Ulysses Safeguard is an electronic system. The Trust use two modules, Ulysses Alerts module is used to track alerts issued from external agencies, as well as disseminating internal policies and documents. The audit module is used to register and monitor all clinical audit activity within the organisation, including all National Audits.

Appendix A: Independent Auditor's Report to the Board of Governors of Gateshead Health NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Gateshead Health NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of Gateshead Health NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 13 May 2019. 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 that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- A&E – maximum waiting time of four hours from arrival to admission / transfer / discharge (page 213)

- All cancers: 62 day wait for first treatment from: urgent GP referral for suspected cancer (page 213)

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and Ernst & Young LLP

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 2018/19' 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 2018/19' (published on 6 November 2018), which is supported by NHS Improvement's 'Detailed requirements for quality reports 2018/19' (published on 17 December 2018) issued by NHS Improvement;

- the Quality Report is not consistent in all material respects with the sources specified in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19' 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 2018/19' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance, 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 the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19'. These are:

- Board minutes for the period April 2018 to April 2019;

- Papers relating to quality reported to the Board over the period April 2018 to April 2019;

- NHS Newcastle Gateshead Clinical Commissioning Group Statement for Gateshead Health NHS Foundation Trust Quality Accounts 2018/19 dated May 2019;

- Gateshead Health NHS Foundation Trust Quality Account Feedback – Paper for Council of Governors Meeting 22 May 2019;

- Statement for inclusion in Gateshead Health NHS Foundation Trust's Quality Account received from Gateshead Care, Health and Wellbeing Overview and Scrutiny Committee in May 2019;

- Healthwatch Gateshead statement for the Gateshead Health NHS Foundation Trust Quality Account 2018/19;

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, for the periods April to June 2018, July to September 2018, October to December 2018 and January to March 2019;

- NHS Inpatient Survey 2018 Management Report – Gateshead Health NHS Foundation Trust, February 2019

- Gateshead Health NHS Foundation Trust 2018 NHS Staff Survey Benchmark Report;

- the Head of Internal Audit's annual opinion over the trust's control environment, dated 16 May 2019; and

- Gateshead Health NHS Foundation Trust Wards for Older People with Mental Health Problems Quality Report published by CQC on 29 January 2019.

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 Gateshead Health NHS Foundation Trust as a body, to assist the Council of Governors in reporting Gateshead Health 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 indicators. 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 Gateshead Health 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, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- making enquiries of management;

- 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 2018/19' to the categories reported in the Quality Report; and

- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report**.** The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent 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 2018/19' and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Gateshead Health NHS Foundation Trust.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Gateshead Health 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 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018) issued by NHS Improvement

- the Quality Report is not consistent in all material respects with the sources specified in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19'; and

- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018) issued by NHS Improvement .

Ernst & Young LLP
Newcastle upon Tyne
29 May 2019

Notes:

1.   The maintenance and integrity of the Gateshead Health NHS Foundation Trust web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

2.   Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Annual Accounts 2018/19

Foreward to the Accounts

These accounts for the year ended 31 March 2019 have been prepared, on a going concern basis, by Gateshead Health NHS Foundation Trust under Schedule 7 (paragraphs 24 and 25) of the National Health Service Act 2006 in a form which NHSI has, with the approval of the Treasury, directed.

John Maddison
Acting Chief Executive

Date: 22 May 2019

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF GATESHEAD HEALTH NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Gateshead Health NHS Foundation Trust (the 'Foundation Trust') for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of changes in taxpayers' equity, the Statement of Cashflows and the related notes 1 to 24, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Gateshead Health NHS Foundation Trust and Group's affairs as at 31 March 2019 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2018/19 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of Gateshead Health NHS Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

Key audit matters	• Risk of fraud in revenue and expenditure recognition
	• Valuation of land and buildings
Materiality	• Overall materiality of £5.5m which represents 2% of group operating expenditure

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in our opinion thereon, and we do not provide a separate opinion on these matters.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
Risk of fraud in revenue and expenditure recognition **Group operating revenue: £263.3m (2017/18 - £264.8m)** **Group operating expenditure: £274.4m (2017/18 - £254.9m)** *Refer to the Audit Committee Report (pages 34, 35); Accounting policies; and notes 2 and 3 of the Consolidated Financial Statements* In November 2018 the Foundation Trust declared that it would not meet its control total for 2018/19 and a financial recovery plan was submitted to NHS Improvement. We therefore assessed the significant risk to lie in the overstatement of revenue and understatement of expenditure. We evaluated the income and expenditure streams of the Foundation Trust and identified that those areas where management are more likely to be able to override existing controls is where the risk of inappropriate revenue and expenditure recognition lies, specifically: • income accruals for year-end settlements with the CCGs; • capitalisation of expenditure; and • omission of expenditure from the accounts.	We obtained the NHS Agreement of Balances mismatch report for debtors and creditors from the National Audit Office ('NAO') to identify any receivables recognised by the Trust at the year-end that were not agreed by the counterparty. We did not identify any balances with the Trust's main commissioners over the NAO testing threshold of £300,000. We did identify some variances over the threshold with other NHS bodies and we confirmed that the Trust had evidence to support the position that they were reporting as part of the Agreement of Balances exercise. We obtained a listing of the NHS receivables making up the balance recognised in the financial statements, agreed a sample to supporting evidence and assessed the recoverability of the balance. We obtained a breakdown of property, plant and equipment additions recognised in 2018/19. We confirmed that there were no additions recognised that were individually material to our audit. We selected a sample of the additions and agreed them back to supporting documentation to confirm that the expenditure was capital in nature. We selected a sample of invoices received, and payments made, in the month of April 2019 and checked back to supporting documentation to confirm that the expenditure was recognised in the correct period.	We provided the Audit Committee with a summary of the outstanding Agreement of Balances variances over the £300,000 variance threshold set by the NAO. There were no findings arising from our work to report to the Audit Committee.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
Valuation of land and buildings **Land £3.9m (2017/18 - £2.2m)** **Buildings £102.6m (2017/18 - £111.6m)** *Refer to the Audit Committee Report (pages 34, 35); Accounting policies; and note 8 of the Consolidated Financial Statements* The Foundation Trust engaged Cushman & Wakefield to perform a desk top valuation of the estate. Land was valued on comparable market data. Buildings were uplifted by indexation and adjusted for anticipated physical depreciation and any significant expenditure on the building.	We obtained a copy of the valuation report produced by Cushman & Wakefield and agreed the valuation in the report to the financial statements. We compared assumptions in the 2018/19 valuation report to those used in 2017/18 to confirm that assumptions were consistent year on year. We recalculated the indexation uplift applied by Cushman and Wakefield with reference to the RICS Building Cost Information Service 'All in' Tender Price Index	As in 2017/18, we highlighted some of the key assumptions used in the valuation of land and buildings, including the circumstances around the exclusion of VAT from the valuation and the fact that the asset lives used for valuation purposes are not the same as those used for accounting purposes. There were no findings arising from our work to report to the Audit Committee.

The key matters in our audit report are consistent with those in our audit report for 2017/18.

An overview of the scope of our audit

Tailoring the scope

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

Changes from the prior year

In 2018/19 we changed the scope of the Foundation Trusts' wholly owned subsidiary company, QE Facilities Limited, to a full scope engagement from a specific scope engagement in 2017/18 for the purposes of the Group consolidation. This was to reflect the significance of the component to the overall Group expenditure.

Materiality
The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Group to be £5.5 million (2018: £5.1 million), which is 2% (2018: 2%) of operating expenditure. We believe that operating expenditure provides us with an appropriate basis for materiality as it is the key driver of the Group's financial position.

During the course of our audit, we reassessed initial materiality and updated our calculations based on the draft accounts received for audit.

Performance materiality
The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Group's overall control environment, our judgement was that performance materiality was 75% (2018: 50%) of our planning materiality, namely £4.1 million (2018: £2.6million). We have set performance materiality at this percentage as this is our second year as auditor and our experience from the prior year indicates that we do not expect a significant volume of audit adjustments.

Reporting threshold
An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.27m (2018: £0.24m), which is set at 5% of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Other information

The other information comprises the information included in the Annual Report and Accounts 2018/19, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the Annual Report and Accounts 2018/19 to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We have nothing to report in this regard.

Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Matters on which we report by exception

The Code of Audit Practice requires us to report to you if

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;

- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and is not misleading or inconsistent with other information forthcoming from the audit; or
- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2018/19 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.
- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the Accounting Officer of Gateshead Health NHS Foundation Trust set out on page 79, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Auditor's responsibilities with respect to value for money arrangements

We are required to consider whether the Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your Annual Governance Statement.

We are only required to determine whether there are any risk that we consider significant within the Code of Audit Practice which defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

Certificate

We certify that we have completed the audit of the financial statements of Gateshead Health NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Use of our report

This report is made solely to the Council of Governors of Gateshead Health NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 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, for our audit work, for this report, or for the opinions we have formed.

Nicola Wright
for and on behalf of Ernst & Young LLP
Newcastle upon Tyne
29 May 2019

The maintenance and integrity of the Gateshead Health NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Statement of Comprehensive Income

for the year ended 31 March 2019

	Note	Group 2018/19 £000	Trust 2018/19 £000	Group 2017/18 £000	Trust 2017/18 £000
Revenue					
Operating Income from patient care activities	2	**237,590**	**237,590**	234,986	234,986
Other operating income	2	**25,586**	**18,890**	29,785	24,685
Operating Expenses	3	**(274,384)**	**(270,079)**	(254,890)	(251,836)
Operating surplus / (deficit) from continuing operations		**(11,208)**	**(13,599)**	9,881	7,835
Finance Costs					
Finance income	6	**141**	**1,113**	91	1,195
Finance expense - financial liabilities	6.1	**(711)**	**(2,391)**	(741)	(2,487)
PDC Dividends payable		**(2,444)**	**(2,444)**	(2,733)	(2,733)
Net Finance Costs		**(3,014)**	**(3,722)**	(3,383)	(4,025)
Other Gains/(Losses)		**0**	**0**	0	0
Share of profit/(loss) of associates joint ventures		**0**	**0**	0	0
Gains/(losses) from transfers by absorption		**0**	**0**	0	0
Corporation tax (expense)/income	5.0	**(248)**	**0**	(522)	0
(Deficit) / Surplus from continuing operations		**(14,470)**	**(17,321)**	5,976	3,810
Surplus / (Deficit) of discontinued operations		**0**	**0**	0	0
(Deficit)/Surplus for the financial year		**(14,470)**	**(17,321)**	5,976	3,810
Other comprehensive income					
Impairments	6.2	**(4,777)**	**(4,777)**	0	0
Revaluations	6.2	**0**	**0**	1,848	1,848
Other recognised gains and losses		**0**	**0**	0	0
Actuarial gains/(losses) on defined benefit pension schemes		**0**	**0**	0	0
Other reserve movements		**71**	**0**	24	24
Total Comprehensive Income for the year		**(19,176)**	**(22,098)**	7,848	5,682

The notes on pages 252 to 258 form part of these accounts.

Analysis of deficit for the year	Group 2018/19 £000	Trust 2018/19 £000	Group 2017/18 £000	Trust 2017/18 £000
(Deficit)/surplus for the financial period	**(14,470)**	**(17,321)**	5,976	3,810
Movement in fair value of investment property and other investments	0	0	0	0
Net Impairments	2,614	2,614	(3,554)	(3,554)
Charitable Funds (surplus/deficit)	(27)	0	175	0
Impact of Capital Donations I&E Impact	166	0	(193)	0
Remove 2016/17 STF Post Accounts Allocation	0	0	(150)	0
Surplus/ (Deficit) for the financial period before impairments, revaluations and charitable funds	**(11,717)**	**(14,707)**	2,254	256

The result for the financial period before impairment, revaluation and the impact of the charitable funds is one of the primary financial KPIs used by the trust and Monitor. This Non -GAAP measure has been referred to as 'operational surplus' in the Annual Report.

Statement of Financial Position
as at 31 March 2019

	Note	Group 31 March 2019 £000	Trust 31 March 2019 £000	Group 31 March 2018 £000	Trust 31 March 2018 £000
Non-current assets					
Property, plant and equipment	8.2	**116.062**	**115,649**	122,252	121,826
Investment Property	8.5	**80**	**0**	80	0
Investments in Subsidiaries	8.9	**0**	**16,824**	0	16,824
Loans to Subsidiaries	8.9	**0**	**23,618**	0	27,335
Other Investments (Charitable)	22	**1,107**	**0**	1,113	0
Trade and other receivables	10.1	**2,396**	**1,555**	1,696	1,705
Total non-current assets		119,645	157,646	125,141	167,690
Current assets					
Inventories	11.1	**3,023**	**1,268**	2,943	1,154
Trade and other receivables	10.1	**16,627**	**18,184**	20,052	18,843
Other financial Assets		**0**	**0**	0	0
Cash and cash equivalents	12	**9,127**	**5,870**	8,073	5,631
Total current assets		28,777	25,322	31,068	25,628
Current liabilities					
Trade and other payables	13.1	**(27,259)**	**(26,986)**	(28,539)	(25,992)
Borrowings	14.1	**(1,410)**	**(3,483)**	(1,356)	(3,358)
Provisions	15	**(469)**	**(271)**	(429)	(427)
Other liabilities	13.2	**(3,010)**	**(2,072)**	(1,708)	(1,440)
Total current liabilities		(32,149)	(32,812)	(32,032)	(31,217)
Total assets less current liabilities		116,273	150,156	124,177	162,101
Non-current liabilities					
Trade and other payables	13.1	**0**	**0**	0	0
Borrowings	14.1	**(28,779)**	**(73,872)**	(17,900)	(65,067)
Provisions	15	**(2,692)**	**(2,886)**	(2,822)	(2,821)
Other Liabilities	13.2	**(2,156)**	**(912)**	(3,334)	(1,371)
Total non-current liabilities		(33,627)	(77,670)	(24,056)	(69,259)
Total assets employed		82,646	72,486	100,121	92,842
Financed by taxpayers' equity					
Public Dividend Capital		**115,447**	**115,447**	113,746	113,746
Revaluation reserve		**9,743**	**9,743**	14,519	14,519
Charitable Fund Reserve		**1,248**	**0**	1,150	0
Other Reserves		**99**	**99**	99	99
Income and expenditure reserve		**(43,890)**	**(52,843)**	(29,393)	(35,522)
Total taxpayers' equity		82,646	72,446	100,121	92,842

The financial statements on pages **247-292** were approved under designated authority of the Board on 22 May 2019 and signed on its behalf by:

John Maddison
Acting Chief Executive

Date: 22 May 2019

Statement of Changes in Taxpayers' Equity 2018/19

	Group						Trust				
	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Charitable Fund Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000
Taxpayers' Equity at 1 April 2018	100,121	113,746	14,519	1,150	99	(29,393)	92,842	113,746	14,519	99	(35,522)
Changes in taxpayers' equity for 2018/19											
Retained surplus/(deficit) for the year	(14,470)	0	0	27	0	(14,497)	(17,321)	0	0	0	(17,321)
Impairments	(4,777)	0	(4,777)	0	0	0	(4,777)	0	(4,777)	0	0
Transfer from Revaluation Reserve to I & E reserve	0	0	0	0	0	0	0	0	0	0	0
Revaluations Property, Plant and Equipment	0	0	0	0	0	0	0	0	0	0	0
Asset disposals	0	0	0	0	0	0	0	0	0	0	0
Other Recognised gains / losses	0	0	0	0	0	0	0	0	0	0	0
Other reserve movements	71	0	0	71	0	0	0	0	0	0	0
	80,946	113,746	9,743	1,248	99	(43,890)	70,744	113,746	9,743	99	(52,843)
Public Dividend Capital received	2,087	2,087	0	0	0	0	2,087	2,087	0	0	0
Public Dividend Capital repaid	(386)	(386)	0	0	0	0	(386)	(386)	0	0	0
Taxpayers' Equity at 31 March 2019	82,646	115,447	9,743	1,248	99	(43,890)	72,446	115,447	9,743	99	(52,843))

Statement of Changes in Taxpayers' Equity 2018/19

	Group						Trust				
	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Charitable Fund Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000
Taxpayers' Equity at 1 April 2017	93,934	112,892	12,671	1,301	99	(33,029)	86,330	112,892	12,671	99	(39,332)
Prior Period Adjustment	(2,515)					(2,515)					
Changes in taxpayers' equity for 2017/18											
Retained surplus/(deficit) for the year	5,976	0	0	(175)	0	6,151	3,810	0	0	0	3,810
Impairments	0	0	0	0	0	0	0	0	0	0	0
Transfer from Revaluation Reserve to I & E reserve	0	0	0	0	0	0	0	0	0	0	0
Revaluations Property, Plant and Equipment	1,848	0	1,848	0	0	0	1,848	0	1,848	0	0
Asset disposals	0	0	0	0	0	0	0	0	0	0	0
Other Recognised gains / losses	0	0	0	0	0	0	0	0	0	0	0
Other reserve movements	24	0	0	24	0	0	0	0	0	0	0
	99,267	112,892	14,519	1,150	99	(29,393)	91,988	112,892	14,519	99	(35,522)
Public Dividend Capital received	854	854	0	0	0	0	854	854	0	0	0
Public Dividend Capital repaid	0	0	0	0	0	0	0	0	0	0	0
Taxpayers' Equity at 31 March 2018	100,121	113,746	14,519	1,150	99	(29,393)	92,842	113,746	14,519	99	(35,522)

Statement of Cashflows for the year ended 31 March 2019

	Note	Group 2018/19 £000	2017/18 £000	Trust 2018/19 £000	2017/18 £000
Cash flows from operating activities					
Operating surplus /(deficit) from continuing operations		(11,208)	9,880	(13,599)	7,835
Operating surplus /(deficit) of discontinued operations		0	0	0	0
		(11,208)	9,880	(13,599)	7,835
Non-cash income and expense:					
Depreciation and amortisation		5,680	5,394	5,628	5,347
Impairment		2,614	0	2,614	0
Reversals of Impairments		0	(3,554)	0	(3,554)
Non Cash Donations credited to Income	22	(89)	(415)	0	0
Change in Trade and Other Receivables		2,963	(1,503)	4,294	(2,308)
Change in Inventories		(80)	(49)	(114)	114
Change in Trade and other Payables		(524)	1,305	265	3,505
Change in Other Liabilities		123	442	173	317
Change in Provisions		(92)	(244)	(91)	(236)
Tax (paid)/received		(473)	(522)	0	0
Other movements in operating cash flows		225	(4)	(101)	1,302
NHS Charitable Funds - working Capital adjustments	22	19	(234)	0	0
Net cash inflows from operating activities		(842)	10,496	(931)	12,322
Cash flows from investing activities					
Interest received		107	50	1,113	1,228
Purchase of Property, Plant and Equipment		(7,537)	(4,022)	(7,498)	(3,930)
NHS Charitable Funds - net cash flow from investing activities	22	111	256	0	0
Net cash outflow from investing activities		(7,319)	(3,716)	(6,385)	(2,702)
Net cash (outflow) / inflow before financing		(8,161)	6,780	(7,316)	9,620
Cash flows from financing activities					
Public dividend capital received		2,087	854	2,087	854
Public dividend capital repaid		(386)	0	(386)	0
Movement in Loans from the DHSC		10,879	(1,356)	10,879	(1,356)
Interest paid		(689)	(732)	(2,389)	(2,482)
PDC Dividend paid		(2,676)	(3,063)	(2,676)	(3,063)
Net cash inflow / (outflow) from financing activities		9,215	(4,297)	7,515	(6,047)
Increase in cash and cash equivalents		1,054	2,483	199	3,573
Opening Cash and Cash equivalents at 1 April 2018		8,073	5,590	5,631	2,058
Closing Cash and Cash equivalents at 31 March 2019		9,127	8,073	5,830	5,631

Notes to the Accounts

1   Accounting policies and other information

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 accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and certain financial assets and financial liabilities.

Going concern
These accounts have been prepared on a going concern basis. The Trust Board of Directors has a reasonable expectation that the Trust will have adequate financial resources to continue in operational existence for the foreseeable future, despite the challenging financial position in 2018/2019. The Trust has already received interim cash support from the DHSC and the process to access this support has not changed in 2019/2020 giving further assurance. Looking forward to 2019/2020 the Trust has developed a financial plan that meets the NHSI required outturn. The Trust therefore continues to adopt the going concern basis in the preparation of these financial statements.

Consolidation

NHS Charitable Fund
The Foundation Trust is the corporate trustee to Gateshead Health NHS Foundation Trust Charitable Fund. The Foundation 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 foundation trust's accounting policies and
• eliminate intra-group transactions, balances, gains and losses.

Other subsidiaries
QE Facilities Limited is a wholly owned subsidiary of the Trust. 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.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

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 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.

Other income
Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Expenditure on employee benefits
Short-term employee benefits
Salaries, wages and employment-related payments 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 the Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as 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.

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.

Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:
- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year and
- the cost of the item can be measured reliably; and
- assets individually have a cost of at least £5,000, or collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

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. Fair values are determined as follows :
-        Land and non specialised buildings - market value for existing use
-        Specialised buildings - depreciated replacement cost.

Interest on borrowings is not capitalised with fixed assets in line with the DH GAM.
An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

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 economic 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' ceases 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 are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

•   the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales; and
•   the sale must be highly probable i.e.:
-        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 dropped 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 economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Property, plant and equipment (continued)

Donated, government grant and other 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.

Investment property

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, to support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS 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.

Inventories

Inventories are valued at the lower of cost and net realisable value. Inventories are valued using the weighted average cost method.

Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Tust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS. This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which performance occurs, i.e. when receipt or delivery of the goods or services is made.

Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques. Financial assets and liabilities are subsequently measured at amortised cost.

Financial instruments and financial liabilities (cont.)

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.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For 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.

De-recognition

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.

Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as 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.

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.

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 resource 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 Litigation Authority 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 15 but is not recognised in the trust's accounts.

Non-clinical risk pooling

The Foundation 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.

Contingencies

Contingent liabilities are not recognised, but are disclosed in note 16.3, 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.

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 trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation 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 NHS foundation 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 of the audit of the annual accounts.

Value added tax

Most of the activities of the NHS Foundation 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.

Corporation tax

QE Facilities Limited is a wholly owned subsidiary of Gateshead Health 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 income statement 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 substantively enacted at the balance sheet date, and any adjustment to tax payable in respect of previous years. Deferred tax is provided on temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for taxation purposes. The following temporary differences are not provided for: the initial recognition of goodwill; the initial recognition of assets or liabilities that affect neither accounting nor taxable profit other than in a business combination; and differences relating to investments in subsidiaries to the extent that they will probably not reverse in the foreseeable future. The amount of deferred tax provided for is based on the expected manner of realisation or settlement of the carrying amount of assets and liabilities, using tax rates enacted or substantively enacted at 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.

A reduction in the UK corporation tax rate from 21% to 20% (effective from 1 April 2015) was substantively enacted on the 2nd July 2013. Further reductions to 19% (effective from the 1st April 2017) and to 18% (effective from the 1st April 2020) were substantively enacted on the 26th October 2015, and an additional reduction to 17% (effective on the 1 April 2020) was substantively enacted on the 6th

September 2016. This will reduce the company's future current tax charge accordingly. The deferred tax asset at 31 March 2019 has been calculated based on these rates.

Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation 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 Financial Reporting Manual.

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 NHS Foundation Trusts 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.

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 remunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/2019.

Note 1.1 Segmental Analysis

The Foundation Trust operates within a single reportable segment i.e. healthcare. This primarily covers the provision of a wide range of healthcare related services to the community of Gateshead and additionally, the provision of an increasing range of more specialised services to patients outside of the area.

The Board of Directors/ Chief Executive acts as the Chief Operating Decision Maker for the Foundation Trust and the monthly financial position of the Foundation Trust is presented/reported to them as a single segment.

	Group		Foundation Trust	
	2018/19 Total £000	2018/19 Healthcare £000	2018/19 Total £000	2018/19 Healthcare £000
Income				
Income from activities	237,590	237,590	237,590	237,590
Other operating income	25,586	25,586	18,890	18,890
Income from discontinued operations	0	0	0	0
Total Operating Income	263, 176	263,176	256,480	256,480

The majority of the Trust's total income from activities is received/derived from CCG's and NHS England. Of the £237.590k reported in 2018/19 (2017/18: £234,986k), an amount of £223,116k ie 93.91% was attributable to CCG's and NHS England (2017/18: £223,97k i.e. 95.31%)

	Group		Foundation Trust	
	2017/18 Total £000	2017/18 Healthcare £000	2017/18 Total £000	2017/18 Healthcare £000
Income				
Income from activities	234,986	234,986	234,986	234,986
Other operating income	29,785	29,785	24,685	24,685
Income from discontinued operations	0	0	0	0
Total Operating Income	264,771	264,771	259,671	259,671

Note 2. Income
2.1 Operating Income from activities by classification

	Group 2018/19 £000	Foundation Trust 2018/19 £000	Group 2017/18 £000	Foundation Trust 2017/18 £000
Elective income	33,335	33,335	34,562	34,562
Non elective income	51,113	51,113	50,646	50,646
First Outpatient income	9,111	9,111	8,694	8,694
Follow Up Outpatient income	10,748	10,748	10,708	10,708
Other NHS Clinical income	97,606	97,606	98,616	98,616
A & E income	12,311	12,311	11,030	11,030
Community Income	19,300	19,300	19,498	19,498
Additional income for the delivery of healthcare services	96	96	56	56
Private patient income	663	663	610	610
AfC Pay Award Central Funding	2,580	2,580	0	0
Other clinical income	728	728	566	566
Total Income from Activities	237,590	237,590	234,986	234,986
Research and Development	772	772	648	648
Education and training	7,320	7,300	8,137	8,065
Charitable and other contributions to expenditure	89	89	415	415
Non-patient care services to other bodies	7,530	2,428	6,171	2,288
Sustainability and Transformation Funds	3,707	3,707	8,924	8,924
Other Income	4,542	3,564	3,850	3,381
Profit on disposal of other tangible fixed assets	0	0	0	0
Profit on disposal of land and buildings	0	0	0	0
Rental revenue from finance leases	0	0	0	0
Rental revenue from operating leases	346	38	351	37
Income in respect of staff costs	993	993	927	927
NHS Charitable Funds Incoming resources excluding investment income	286	0	362	0
	25,586	18,890	29,785	24,685
Total Operating Income	263,176	256,480	264,771	259,671

All services are commissioner requested except private patients

2.1.1 Private patient income

Group	2018/19 £000	2017/18 £000
Private patient income	663	610
Total patient related income	237,590	234,986
Proportion (as percentage)	0.28%	0.26%

Foundation Trust	2018/19 £000	2017/18 £000
Private patient income	663	610
Total patient related income	237,590	234,986
Proportion (as percentage)	0.28%	0.26%

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the 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 purposes. The Foundation Trust has met this requirement.

2.2 Operating lease income

	Group & Foundation Trust	
	2018/19 £000	2017/18 £000
Rents recognised as income in the period	346	351
Total	346	351
Future minimum lease payments due		
- not later than one year	0	0
- later than one year and not later than five years	998	982
- later than five years	2,233	2,311
Total	3,231	3,293

2.3 Income from activities by source

	Group 2018/19 £000	Foundation Trust 2018/19 £000	Group 2017/18 £000	Foundation Trust 2017/18 £000
NHS Foundation Trusts	10,336	10,336	9,667	9,667
NHS Trusts	6	6	0	0
CCGs and NHS England	223,116	223,116	223,971	223,971
Local Authorities	96	96	56	56
Department of Health - grants	0	0	0	0
Department of Health - other	0	0	0	0
Department of Health – social care	2,580	2,580	0	0
NHS Other	81	81	30	30
Non-NHS Private patients	663	663	610	610
Non-NHS Overseas patients (non-reciprocal)	117	117	40	40
NHS injury scheme	609	609	565	565
Non NHS other	(14)	(14)	47	47
Additional income for the delivery of healthcare services	0	0	0	0
Total Income from continuing Activities	237,590	237,590	234,986	234,986

Injury cost recovery income is subject to a provision for impairment of receivables of 21.89% to reflect expected rates of collection.

2.4 Other Operating Income	Group 2018/19 £000	Foundation Trust 2018/19 £000	Group 2017/18 £000	Foundation Trust 2017/18 £000
Research and development	772	772	648	648
Education and Training	7,320	7,300	8,137	8,065
Charitable and other contributions to expenditure	89	89	415	415
Non-patient care services to other bodies	7,530	2,428	6,171	2,288
Sustainability & Transformation Funds	3,707	3,707	8,924	8,924
Profit on disposal of land and buildings	0	0	0	0
Profit on disposal of other tangible fixed assets	0	0	0	0
Reversal of impairments of property, plant and equipment	0	0	0	0
Rental revenue from finance leases	0	0	0	0
Rental revenue from operating leases	346	38	351	37
Car Parking	904	904	870	870
Estates Recharges	0	0	0	0
IT recharges	0	0	0	0
Pharmacy Sales	197	0	155	0
Staff costs	993	993	927	927
Creche Services	308	308	247	247
Clinical Test Services	394	394	410	410
Clinical Excellence Awards	88	88	149	149
Charitable Funds NHS income excluding investing	286	0	362	362
Catering	585	0	529	0
Property Rentals	0	0	0	0
Other (note 2.41)	2,065	1,869	1,490	1,343
Total Other Operating income	25,586	18,890	29,785	24,685

2016-17 reversal of impairment of property plant and equipment reported in Note 3.1 operating expenses in accordance with revised guidance. In previous years this was included in operating income and has been restated this year.

2.4.1 Other Operating Income - Other	Group 2018/19 £000	Foundation Trust 2018/19 £000	Group 2017/18 £000	Foundation Trust 2017/18 £000
Telecommunications	0	0	0	0
Central Sterile Supplies Department	6	0	6	0
Sponsorship	120	120	104	104
Tyneside Surgical Services	116	116	150	150
Salary sacrifice	551	521	508	508
Training	0	0	52	52
Capital schemes funding	0	0	0	0
Other	1,271	1,112	670	529
Total Other Operating Income - other	2,065	1,869	1,490	1,343

Note 3. Expenses
3.1 Operating expenses comprise:

	Group 2018/19 £000	Foundation Trust 2018/19 £000	Group 2017/18 £000	Foundation Trust 2017/18 £000
Purchase of healthcare from NHS and DHSC Bodies	7,619	7,619	6,103	6,103
Purchase of healthcare from non NHS Bodies	1,899	1,591	1,357	1,218
Staff and Executive Director Costs	178,733	162,955	170,288	155,866
Employee Expenses - Non-executive directors	176	162	173	162
NHS Charitable Funds -employee expenses	0	0	0	0
Drug Costs (non inventory)	0	0	0	0
Supplies and services - clinical (excluding drugs costs)	25,933	11,938	25,209	12,680
Supplies and services – general	2,108	18	2,115	24
Establishment	3,299	2,160	3,058	1,996
Research and development - (Not included in employee expenses)	0	0	0	0
Research and development - (included in employee expenses)	572	572	542	542
Change in Provisions discount rates	34	34	0	0
Transport (Business travel only)	829	743	805	743
Transport (Other)	369	117	315	88
Premises	12,467	48,807	10,010	44,244
Increase/(decrease) in bad debt provision	108	(47)	146	137
Increase in other provisions	0	0	0	0
Inventories written down (net, including inventory drugs)	0	0	0	0
Drugs Inventories consumed	16,963	13,487	17,309	13,941
Operating Lease Expenditure Net	2,873	1,163	3,159	1,586
Depreciation on property, plant and equipment	5,680	5,628	5,394	5,348
Net Impairments of Property, Plant & Equipment	2,614	2,614	(3,554)	(3,554)
Audit fees				
*audit services - statutory audit	58	50	48	39
Other auditors' remuneration				
Other services	8	8	8	8
Audit Fees payable to external auditor of charitable funds accounts	4	0	4	0
Clinical negligence	5,846	5,846	5,168	5,168
Loss on Disposal of Land and Buildings	0	0	0	0
Loss on Disposal of other Property , Plant & Equipment	0	0	0	0
Legal Fees	299	258	399	323
Consultancy Costs	223	140	596	517
Internal Audit costs- (not included in employee expenses)	233	151	184	152
Training, courses and conferences	993	646	766	658
Car parking & Security	194	0	329	65
Voluntary Severance Payments	0	0	0	0
Redundancy	75	75	22	22
Hospitality	0	0	0	0
Insurance	231	74	260	88
Other Services	1,929	1,929	2,877	2,836
NHS Charitable funds other resources expended	289	0	574	0
Losses, ex-gratia and special payments	0	0	0	0
Other	1,725	1,340	1,226	836
	274,384	270,079	254,890	251,836

*EY LLP Limited liability of £1,000,000

*KPMG LLP Limited liability of £1,000,000

3.2 Operating leases

Group & Foundation Trust

Payments recognised as an expense

	2018/19	2017/18
	£000	£000
Minimum lease payments	4,060	4,182
Sub-lease payments *	(1,187)	(1,023)
	2,873	3,159

Total future minimum lease payments

	2018/19	2017/18
	£000	£000
Payable:		
Not later than one year	2,970	2,689
Between one and five years	3,098	3,341
After 5 years	30	132
Total	6,099	6,162

* Sub-lease payments relate to contributions from employees in the Trust's Green Car Salary Sacrifice scheme

3.3 The Late Payment of Commercial Debts (Interest) Act 1998/Public Contract Regulations 2015

	2018/19	2017/18
	£000	£000
Total liability accruing in the year under this legislation as a result of late payments	200	318

No claims were made against the Foundation Trust during the accounting period under this legislation. No compensation was paid to cover debt recovery under this legislation.

3.4 Better Payment Policy

	2018/19		2017/18	
	Number	£000	Number	£000
Total bills paid in the year	32,728	129,531	29,315	118,050
Total bills paid within target	17,669	105,630	12,694	75,791
Percentage of bills paid within target	54.0%	81.5%	43.3%	64.2%

The Better Payment Practice Code recommends the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, with the exception of small to medium sized businesses which, under the recommendation of central government, are paid within 10 days of receipt of goods and services wherever possible.

Note 4. Employee expenses, numbers and benefits

4.1 Employee expenses (Including Executive Directors' Costs)

	Group				Foundation Trust			
	2018/19 Total £000	Permanently Employed £000	Other £000	2017/18 Total £000	2018/19 Total £000	Permanently Employed £000	Other £000	2017/18 Total £000
Salaries and wages	145,647	139,753	5,894	138,627	132,297	126,425	5,872	126,499
Capitalised Salaries and wages	1,283	1,283	0	0	1,092	1,092	0	170
Social Security Costs	13,589	13,084	505	12,703	12,482	11,973	509	11,747
Apprenticeship Levy	674	649	25	629	610	587	23	572
Pension costs - defined contribution plans	16,140	15,540	600	15,345	15,157	14,539	618	14,397
Employers' contributions to NHS Pensions Agency/contract staff	3,500	0	3,500	3,694	2,982	0	2,982	3,192
NHS Charitable Funds staff	0	0	0	0	0	0	0	0
Termination Benefits	75	75	0	22	75	75	0	22
Total Gross Staff Costs	180,908	170,384	10,524	171,020	164,695	154,691	10,004	156,599

4.2 Number of persons employed at 31st March 2018
(The figures shown represent the Whole Time Equivalent as opposed to the number of employees)

	Group				Foundation Trust			
	2018/19 Total Number	Permanently Employed Number	Other Number	2017/18 Total Number	2018/19 Total Number	Permanently Employed Number	Other Number	2017/18 Total Number
Medical and dental	387	380	7	376	388	380	7	376
Ambulance staff	0	0	0	0	0	0	0	0
Administration and estates	877	847	30	807	729	699	30	721
Healthcare assistants and other support staff	836	836	0	847	483	483	0	463
Nursing, midwifery and health visiting staff	1,283	1,107	176	1,187	1,282	1,106	176	1,186
Healthcare scientists	410	410	0	408	397	397	0	396
Scientific, therapeutic and technical staff	364	361	3	336	363	361	3	336
Other *	28	28	0	29	23	23	0	23
Total	4,185	3,969	216	3,990	3,665	3,449	216	3,501

* Other relates to Apprentices employed by the Trust

4.3 Staff Exit Packages

Exit package cost band	2018/19 Group				2017/18 Group			
	Number of compulsory departures agreed	Cost of compulsory departures agreed £000s	Number of other departures agreed	Cost of other departures agreed £000s	Number of compulsory departures agreed	Cost of compulsory departures agreed £000s	Number of non compulsory departures agreed	Cost of non compulsory departures agreed £000s
< £10,000	0	0	11	45	0	0	0	0
£10,001 - £25,000	0	0	2	32	1	22	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	1	151	0	0	0	0
> £200,001	0	0	0	0	0	0	0	0
Total	0	0	14	228	1	22	0	0
Redundancy	2	75	0	0	0	0	0	0
Voluntary Severance Scheme	0	0	0	0	0	0	0	0
Total	2	75	0	0	0	0	0	0

5. Corporation Tax

	Group 2018/19 £000	Group 2017/18 £000
UK corporation tax expense	468	407
Adjustments in respect of prior years	34	0
Current tax expense	502	407
Origination and reversal of temporary differences	(242)	129
Change in tax rate	(12)	(14)
Deferred tax charge/ (credit)	(254)	115
Total income tax (income)/expense in Statement of Comprehensive Income	248	522

The trust has no corporation tax expense (2017/18 £nil)

Reconciliation of effective tax rate	2018/19 £000	2017/18 £000
Surplus for the year	2,784	2,325
Total tax (income)/expense	248	522
	3,032	2,847
Tax using the UK corporation tax rate of 19% (2018:19%)	576	541
Adjustments to current tax charge in respect of prior years	(321)	0
Deferred tax not recognised	0	(5)
Tax exempt revenues	5	0
Recognition of previously unrecognised deferred tax asset	0	0
Other	(12)	(14)
Total tax (income) expense	248	522

6. Finance Income

	Group 2018/19 £000	Foundation Trust 2018/19 £000	Group 2017/18 £000	Foundation Trust 2017/18 £000
Interest received on commercial bank accounts	107	107	50	50
NHS Charitable Funds Investment Income	34	0	41	0
Intragroup Loan Interest	0	1,006	0	1,145
	141	1,113	91	1,195

6.1 Finance Expense

	Group 2018/19 £000	Foundation Trust 2018/19 £000	Group 2017/18 £000	Foundation Trust 2017/18 £000
Finance Leases - external	0	0	0	0
Finance Leases - inter group	0	1,702	0	1,746
ITFF Loan	711	689	741	741
	711	2,391	741	2,487

6.2 Impairment / Revaluation of Assets

	Group & Foundation Trust	
	2018/19 £000	2017/18 £000
Gross Impairment	(7,391)	0
(Impairment)/Reversal of impairment	(2,614)	3,554
Increase/(Decrease) in valuation of assets	0	1,848
Total Impairment / (Revaluation)	(4,777)	5,402

In 2018/19 £2.614m has been debited to operating expenses and £4.777m debited as an impairment in other comprehensive income.

In 2017/18 £3.554m has been credited to operating expenses and £1.848m has been credited to other income.

The Foundation Trust has no recorded intangible assets at the Statement of Financial Position date nor in the prior period.

7. Intangible Fixed Assets

The Foundation Trust had no recorded intangible assets at the Statement of Financial Position date nor in the prior period.

Note 8. Property, plant and equipment - Group
8.1 Property, plant and equipment 2018/19

2018/19	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	192,967	4,214	151,159	0	0	20,817	151	16,375	251
Additions purchased	6,792	0	2,031	0	0	1,279	0	3,483	0
Additions donated	89	0	0	0	0	89	0	0	0
Impairments	(4,777)	0	(4,777)	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Cost or valuation at 31 March 2019	195,072	4,214	148,413	0	0	22,184	151	19,858	251
Accumulated Depreciation at 1 April 2018	70,716	1,990	39,595	0	0	15,938	63	12,948	182
Provided during the year	5,680	0	1,893	0	0	1,813	22	1,915	37
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	2,614	(1,705)	4,319	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Accumulated Depreciation at 31 March 2019	79,010	285	45,807	0	0	17,751	85	14,863	219
Net book value - 31 March 2018									
- Owned	121,243	2,225	111,428	0	0	3,996	89	3,436	69
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,009	0	133	0	0	873	0	3	0
Total NBV at 31 March 2018	122,252	2,225	111,561	0	0	4,869	89	3,439	69
Net book value - 31 March 2019									
- Owned	115,352	3,930	102,605	0	0	3,725	66	4,994	32
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	710	0	0	0	0	708	0	2	0
Total NBV at 31 March 2019	116,062	3,930	102,605	0	0	4,433	66	4,996	32

8.1 Analysis of tangible fixed assets

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
- Protected assets at 31 March 2019	106,535	3,930	102,605	0	0	0	0	0	0
- Unprotected assets at 31 March 2019	9,527	0	0	0	0	4,433	66	4,996	32
Total at 31 March 2019	**116,062**	**3,930**	**102,605**	**0**	**0**	**4,433**	**66**	**4,996**	**32**

Property is deemed "protected" if it is required for the purposes of providing either the mandatory goods and services or the mandatory education and training as defined in the Terms of Authorisation of the Trust.

Note 8. Property, plant and equipment – Trust

8.2 Property, plant and equipment 2018/19

2018/19	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	192,477	4,214	150,927	0	0	20,796	63	16,226	251
Additions purchased	6,753	0	1,991	0	0	1,279	0	3,483	0
Additions donated	89	0	0	0	0	89	0	0	0
Additions – transfer of assets from QEF Limited	0	0	0	0	0	0	0	0	0
Impairments	(4,777)	0	(4,777)	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Cost or valuation at 31 March 2019	194,542	4,214	148,141	0	0	22,164	63	19,709	251
Accumulated Depreciation at 1 April 2018	70,652	1,990	39,595	0	0	15,940	50	12,894	183
Provided during the year	5,628	0	1,890	0	0	1.808	8	1,884	37
Transfer of assets from QEF Limited	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	2,614	(1,705)	4,319	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Accumulated Depreciation at 31 March 2019	78,894	285	45,804	0	0	17,748	58	14,778	220
Net book value - 31 March 2018									
- Owned	102,690	2,224	93,072	0	0	3,983	13	3,329	69
- Finance lease	18,128	0	18,128	0	0	0	0	0	0
- Donated	1,009	0	133	0	0	873	0	3	0
Total NBV at 31 March 2018	121,827	2,224	111,332	0	0	4,856	13	3,332	69
Net book value - 31 March 2019									
- Owned	114,939	3,930	102,337	0	0	3,706	5	4,929	32
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	710	0	0	0	0	708	0	2	0
Total NBV at 31 March 2019	115,649	3,930	102,337	0	0	4,414	5	4,931	32

8.2 Analysis of tangible fixed assets

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
- Protected assets at 31 March 2019	106,267	3,930	102,337	0	0	0	0	0	0
- Unprotected assets at 31 March 2019	9,223	0	0	0	0	4,255	5	4,931	32
Total at 31 March 2019	**115,649**	**3,930**	**102,337**	**0**	**0**	**4,414**	**5**	**4,931**	**32**

Property is deemed "protected" if it is required for the purposes of providing either the mandatory goods and services or the mandatory education and training as defined in the Terms of Authorisation of the Trust.

8.3 Property, plant and equipment 2017/18 Group

2017/18	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	182.909	4,214	143,491	0	0	19,254	93	15,606	251
Additions purchased	4,240	0	2,133	0	0	1,280	58	769	0
Additions donated	415	0	133	0	0	282	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	5,402	0	5,402	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Cost or valuation at 31 March 2018	192,966	4,214	151,159	0	0	20,816	151	16,375	251
Accumulated Depreciation at 1 April 2017	65,322	1,990	37,634	0	0	14,243	44	11,268	143
Provided during the year	5,394	0	1,961	0	0	1,695	19	1,680	39
Impairments	0	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Accumulated Depreciation at 31 March 2018	70,716	1,990	39,595	0	0	15,938	63	12,948	182
Net book value at 31 March 2017									
- Owned	116,775	2,225	105,857	0	0	4,201	49	4,335	108
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	815	0	0	0	0	811	0	4	0
Total NBV at 31 March 2017	117,590	2,225	105,857	0	0	5,012	49	4,339	108
Net book value at 31st March 2018									
- Owned	121,243	2,225	111,428	0	0	3,995	89	3,436	69
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,009	0	133	0	0	873	0	3	0
Total NBV at 31 March 2018	122,252	2,225	111,561	0	0	4,868	89	3,439	69

8.4 Prior Year - Analysis of tangible fixed assets

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
- Protected assets at 31 March 2018	113,835	2,225	111,561	0	0	0	49	0	0
- Unprotected assets at 31 March 2018	8,417	0	0	0	0	4,869	40	3,439	69
Total at 31 March 2018	122,252	2,225	111,561	0	0	4,869	89	3,439	69

Note 8. Property, plant and equipment Trust
8.3 Property, plant and equipment 2017/18

2017/18

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	182,574	4,214	143,354	0	0	19,235	63	15,457	251
Additions purchased	4,086	0	2,038	0	0	1,279	0	769	0
Additions donated	415	0	133	0	0	282	0	0	0
Additions – transfer of assets from QE Limited	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	5,402	0	5,402	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Cost or valuation at 31 March 2018	192,477	4,214	150,927	0	0	20,796	63	16,226	251
Accumulated Depreciation at 1 April 2017	65,304	1,990	37,636	0	0	14,239	42	11,254	143
Provided during the year	5,348	0	1,959	0	0	1,701	8	1,640	40
Transfer of assets from QEF Limited	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Accumulated Depreciation at 31 March 2018	70,652	1,990	39,595	0	0	15,940	50	12,894	183
Net book value 31 March 2017									
- Owned	99,371	2,224	88,380	0	0	4,439	21	4,198	109
- Finance lease	17,337	0	17,337	0	0	0	0	0	0
- Donated	562	0	0	0	0	557	0	5	0
Total NBV at 31 March 2017	117,270	2,224	105,717	0	0	4,996	21	4,203	109
Net book value at 31 March 2018									
- Owned	102,690	2,224	93,072	0	0	3,983	13	3,329	69
- Finance lease	18,128	0	18,128	0	0	0	0	0	0
- Donated	1,009	0	133	0	0	873	0	3	0
Total NBV at 31 March 2018	121,826	2,224	111,332	0	0	4,856	13	3,332	69

8.4 Analysis of tangible fixed assets

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
- Protected assets at 31 March 2018	113,556	2,224	111,332	0	0	0	0	0	0
- Unprotected assets at 31 March 2018	8,270	0	0	0	0	4,856	13	3,332	69
Total at 31 March 2018	121,826	2,224	111,332	0	0	4,856	13	3,332	69

Property is deemed "protected" if it is required for the purposes of providing either the mandatory goods and services or the mandatory education and training as defined in the Terms of Authorisation of the Trust.

8.5 Investment Property

	£000
Valuation	
At 1 April 2017 (restated)	80
At 31 March 2018	80
Net Book Value	
at 31 March 2019	80

	Group 2018/19 £000	2017/18 £000
Carrying value at 1 April 2018	80	80
Transfer from Property, Plant & Equipment	0	0
Fair value gains taken to I&E	0	0
Carrying value at 31 March	80	80

8.6 Economic life of Property, Plant and Equipment

Group & Foundation Trust	Min Life Years	Max Life Years
Buildings excluding dwellings	2	87
Plant & Machinery	4	15
Transport Equipment	5	7
Information Technology	5	5
Furniture & Fittings	5	5

8.7 Profit / Loss on Disposal of Fixed Assets
Group & Foundation Trust

Profit / Loss on the disposal of fixed assets is made up as follows:

	2018/19 £000	2017/18 £000
Profit/Loss on the disposal of fixed assets is made up as follows:		
Profit / Loss on disposal of Property, Plant & Equipment	0	0
	0	0

8.8 Revaluation Reserve - property, plant and equipment

Group & Foundation Trust	Total £000
Revaluation reserve at 1 April 2018	14,519
Impairments	(4,777)
Revaluations	0
Other reserve movements	0
Revaluation Reserve at 31 March 2019	9,743
Revaluation reserve at 1 April 2017	12,671
Impairments	0
Revaluations	1,848
Asset disposals	0
Revaluation Reserve at 31 March 2017	14,519

8.9 Investments in Subsidiary Undertakings

	2018/19 £000	2017/18 £000
Shares in subsidiary undertakings	16,824	16,824
Loans to subsidiary undertakings > 1 year	23,618	27,335
	40,441	44,159
Loans to subsidiary undertakings< 1 year	3,717	3,591
	44,158	47,750

The shares in the subsidiary company QE Facilities Limited comprises a 100% holding in the share capital consisting of 16,824,382 ordinary £1 shares.

The principal activity of QE Facilities Limited is to provide estate management and facilities services.

Note 9. Finance leases

Note 9.1 Finance lease receivables
Group & Foundation Trust

	31 March 2019 £000	31 March 2018 £000
Gross lease receivables	1,230	1,325
of which those receivable		
- not later than one year	93	95
- later than one year and not later than five years	352	361
- later than five years	784	869
Unearned interest income	(282)	(317)
Net lease receivables	948	1,008
of which those receivable		
- not later than one year	60	60
- later than one year and not later than five years	240	240
- later than five years	648	708
	948	1,008

Note 9.2 Finance lease details

	31 March 2019 £000	31 March 2018 £000
The unguaranteed residual value accruing to the FT	1,500	1,500
The accumulated allowance for uncollectable minimum lease payments receivable	948	1,008
Contingent rents recognised as income in the period	60	60

Note 10. Receivables
10.1 Trade and Other Receivables

	31st March 2019	Financial assets	Non-financial assets	31st March 2018	Financial assets	Non-financial assets
	£000	£000	£000	£000	£000	£000
Current - Group						
NHS Receivables *	7,523	7,523	0	11,733	11,733	0
Other receivables with related parties	2,023	0	2,023	1,081	0	1,081
Provision for impaired receivables	(624)	(399)	(225)	(599)	(374)	(225)
Prepayments	3,839	0	3,839	2,110	0	2,110
Accrued Income	0	0	0	1,352	1,352	0
Other receivables	3,865	2,924	942	4,375	2,748	1,627
Total Current Trade and Other Receivables	16,627	10,048	6,579	20,052	15,459	4,593
Current - Trust						
NHS Receivables *	6,378	6,378	0	10,631	10,631	0
Other receivables with related parties	1,905	0	1,905	1,216	0	1,216
Provision for impaired receivables	(492)	(286)	(206)	(593)	(368)	(225)
Prepayments	3,558	0	3,558	922	0	922
Accrued Income	0	0	0	179	179	0
Loan repayments from QEF Limited (note 8.9)	3,717	3,717	0	3,591	3,591	0
Other receivables	3,118	1,348	1,770	2,897	1,886	1,011
Total Current Trade and Other Receivables	18,184	11,157	7,027	18,843	15,919	2,924

* The majority of NHS receivables are with Clinical Commissioning Groups and NHS England, as commissioners for NHS patient care services. NHS receivables that are neither past due date nor impaired are expected to be paid within their agreed terms.

	31st March 2019	Financial assets	Non-financial assets	31st March 2018	Financial assets	Non-financial assets
Non-Current Group						
NHS Receivables *	888	888	0	948	948	0
Provision for impaired receivables	(302)	0	(302)	(225)	0	(225)
Deferred tax	870	0	870	616	0	616
Other receivables	941	0	941	357	0	357
Total Non Current Trade and Other Receivables	2,396	888	1,508	1,696	948	748
Non-Current Trust						
NHS Receivables *	888	888	0	948	948	0
Provision for impaired receivables	(275)	0	(275)	(225)	0	(225)
Other receivables	942	0	942	982	0	982
Non current trade and other receivables (excluding loans)	1,555	888	667	1,705	948	757
Loan repayments from QEF Limited (note 8.9)	23,618	23,618	0	27,335	27,335	0
Total Non Current Trade and Other Receivables	25,173	24,506	667	29,040	28,283	757

Note 10.2 Allowances for Credit Losses - 2018/2019
Group & Foundation Trust

	Group	
	Receivables and contract assets	All other
	£000's	£000's
At 1 April		825
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	825	(825)
Transfers by absorption	0	0
New allowances arising	444	0
Changes in existing allowances	(113)	0
Reversals of allowances	(223)	0
Utilisation of allowances (write offs)	(34)	0
Changes arising following modification of cotractual cash flows	0	0
Foreign exchange and other changes	0	0
At 31 March	899	0

Note 10.3 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.

	£000's
Allowances as at 1 Apr 2017 - restated	679
Increase in provision	146
Amounts utilised	0
Unused amounts reversed	0
At 31 March 2018	825

Note 10.4 Deferred Tax Asset
Recognised deferred tax assets

Deferred tax assets are attributable to the following:	Group 2018/2019 £000	Group 2017/2018 £000
Property, plant and equipment	870	616
Total deferred tax asset	870	616

Movement in deferred tax during the year

	2018/2019 £000	2017/2018 £000
Increase/(decrease) in deferred tax asset		
Property, plant and equipment	254	(115)
	254	(115)

Note 11. Inventory
Note 11.1 Inventory Balances

	Group		Foundation Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Drugs	1,141	1,117	795	807
Consumables	1,788	1,729	473	347
Energy	95	97	0	0
Total Inventories	3,023	2,943	1,268	1,154

Note 11.2 Inventories Recognised as an Expense

	Group		Foundation Trust	
	2018/2019 £000	2017/2018 £000	2018/2019 £000	2017/2018 £000
Inventories recognised in expenses	24,765	26,070	14,378	14,900
	24,765	26,070	14,378	14,900

Note 12. Cash and cash equivalents

	Group		Foundation Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
At 1 April	8,073	5,590	5,631	2,058
Net change in year	1,054	2,483	239	3,573
At 31 March	9,127	8,073	5,870	5,631
Broken down into:				
Cash at commercial banks and in hand	3,257	2,442	0	0
Cash with Government Banking Service	5,870	5,631	5,870	5,631
Other current investments	0	0	0	0
Cash and cash equivalents as in Statement of Financial Position	9,127	0	5,870	5,631
Bank overdraft	0	0	0	0
Cash and cash equivalents as in Statement of Cashflows	9,127	8,073	5,870	5,631

Note 13. Payables and other Liabilities
13.1 Trade and other payables

Group Current	Total 31st March 2019 £000	Financial liabilities £000	Non- financial liabilities £000	Total 31st March 2018 £000	Financial liabilities £000	Non- financial liabilities £000
NHS payables	3,133	3,133	0	4,074	4,074	0
Other trade payables	0	0	0	0	0	0
Trade payables - capital	255	255	0	999	999	0
Other payables	12,178	12,088	90	11,451	11,361	90
Corporation Tax	236	0	236	323	0	323
Accruals	11,457	11,457	0	11,692	11,692	0
Total current trade and other payables	27,259	26,933	326	28,539	28,126	413

Trust Current	Total 31st March 2019 £000	Financial liabilities £000	Non- financial liabilities £000	Total 31st March 2018 £000	Financial liabilities £000	Non- financial liabilities £000
NHS payables	3,133	3,133	0	3,439	3,439	0
Other trade payables	0	0	0	0	0	0
Trade payables – capital	255	255	0	984	984	0
Other payables	15,511	15,511	0	12,817	12,727	90
Accruals	8,087	8,087	0	8,087	8,752	0
Total current trade and other payables	26,986	26,986	0	25,992	25,902	90

13.2 Other Liabilities

	31st March 2019 £000	31st March 2018 £000	31st March 2019 £000	31st March 2018 £000
Current				
Deferred Income	3,010	1,708	2,072	1,440
Total other current liabilities	3,010	1,708	2,072	1,440
Non-current				
Deferred Income	2,156	3,334	912	1,371
Total other non current liabilities	2,156	3,334	912	1,371

Note 14. Borrowings

14.1 Borrowings

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Current				
Loans from Foundation Trust Financing Facility	1,410	1,356	1,410	1,356
Obligations under finance leases	0	0	2,073	2,002
Total current borrowing	1,410	1,356	3,483	3,358
Non-current				
Loans from Foundation Trust Financing Facility	16,544	17,900	16,544	17,900
Revenue Support Working Capital Loans	12,235	0	12,235	0
Obligations under finance leases	0	0	45,093	47,167
Total other non current liabilities	28,779	17,900	73,872	65,067

The Trust Finance Leases have been accounted for in accordance with the GAM.

The £47.2m obligation under finance leases in the Trust arises from the arrangements between the Trust and its subsidiary undertaking, QEF Ltd for the supply of operational healthcare facilities. This liability and the associated property have both been recognised in the balance sheet of the Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement

14.2 Finance Lease Obligations - Trust

	31 March 2019 £000	31 March 2018 £000
Gross Lease Liabilities	47,166	49,169
Of which liabilities are due:-		
- Not later than one year	3,681	3,681
- Later than one year and not later than five years	9,732	11,240
- Later than five years	97,901	100,074
Finance charges allocated to future periods	(64,148)	(49,169)
Net Lease Liabilities	47,166	49,169
- Not later than one year	2,073	2,002
- Later than one year and not later than five years	3,768	5,120
- Later than five years	41,325	42,047
	47,166	49,169

The Group does not have any Finance Lease Obligations following disposal in year.

Note 15.   Provisions for liabilities and charges - Group and Foundation Trust

	Current		Non Current	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Pensions early departure costs	158	155	1,190	1,284
Pensions injury benefits	100	97	1,503	1,537
Legal claims	211	177	0	(0)
	469	429	2,692	2,822

	Pensions early departure costs £000	Pensions injury benefits £000	Legal Claims £000	Equal Pay £000	Redundancy £000	Other £000	Total £000
At 1 April 2018	1,440	1,634	177	0	0	0	3,250
Change in the discount rate	49	(15)	0	0	0	0	34
Arising during the year	39	83	46	0	0	0	168
Utilised during the year	(159)	(25)	(13)	0	0	0	(197)
Reversed unused	(23)	(75)	0	0	0	0	(98)
Unwinding of discount	2	2	0	0	0	0	4
At 31 March 2019	1,348	1,603	210	0	0	0	3,161

Expected timing of cash flows:

	Pensions early departure costs	Pensions injury benefits	Legal Claims	Equal Pay	Redundancy	Other	Total
-not later than one year;	158	100	210	0	0	0	468
-later than one year and not later than five years;	618	407	0	0	0	0	1,025
-later than five years;	572	1,096	(0)	0	0	0	1,668
	1,348	1,603	210	0	0	0	3,161

	Pensions early departure costs £000	Pensions injury benefits	Legal claims £000	Equal Pay £000	Redundancy £000	Other £000	Total £000
At 1 April 2017	1,621	1,688	177	0	0	0	3,486
Changes in discount rate	0	0	0	0	0	0	0
Arising during the year	(16)	40	0	0	0	0	24
Utilised during the year	(157)	(98)	0	0	0	0	(255)
Reversed unused	(12)	0	0	0	0	0	(12)
Unwinding of discount	4	4	0	0	0	0	8
At 31 March 2017	1,440	1,634	177	0	0	0	3,251

Expecting time of cash flows:

	Pensions early departure costs	Pensions injury benefits	Legal claims	Equal Pay	Redundancy	Other	Total
-not later than one year;	155	97	177	0	0	0	429
-later than one year and not later than five years;	614	391	0	0	0	0	1,005
-later than five years;	671	1,146	(0)	0	0	0	1,817
	1,440	1,634	177	0	0	0	3,251

£71,118k is included in the provisions of the NHS Litigation Authority at 31/3/2019 in respect of clinical negligence liabilities of the trust which are managed through the NHS risk pooling scheme on behalf of the Foundation Trust (31/3/2018 £55,216k)

i) Pensions relating to directors and other staff represents the present value of quarterly payments to the NHS Pensions Agency in respect of the unfunded element of the pensions of staff and directors who have taken early retirement. The provisions are uncertain to the extent that the period over which payments will be made is an estimate.
ii) Other Legal claims £210k relates to a provision for Employer Liability claims which are covered under the terms of the Trust's commercial insurance. Provisions are stated net of reimbursements from the Trust's insurers. The Trust is liable for excess payments against each claim under the terms of the commercial insurance.
iii) Pensions Injury Provisions £1,603k relate to Service Injury Benefit payments reimbursed to the NHS Pensions Agency in respect of former staff with service related injuries. The provision represents the present value of quarterly payments to the NHS Pensions Agency. The provisions are uncertain with regard to the value of the cash reimbursements and the period of time over which the contribution will be made.

16.1 Contractual Capital Commitments - Group and Foundation Trust

Contractual capital commitments at 31 March 2019 not otherwise included in these financial statements:

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	0	171
Total	0	171

16.2 Events after the Reporting Period - Group and Foundation Trust

There were no events after the reporting period having a material effect on the accounts.

16.3 Contingent Liabilities - Group and Foundation Trust

	31 March 2018 £000	31 March 2017 £000
Gross estimated value of Non-Clinical Liabilities	(36)	(84)
Expected recoverable amount	0	0
Net value contingent liabilities	(36)	(84)

The Employer Liability Contingency figure of £36k is estimated using information received from the NHS Litigation Authority and the Foundation Trust's legal services department.

16.4 Related Party Transactions - Group and Foundation Trust

The Department of Health and Social Care is regarded as a related party. During the year the Group has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent Department in addition to those in the public sector. These entities are listed below:-

NHS England
Newcastle Gateshead CCG
North Durham CCG
Northumberland CCG
South Tyneside CCG
Sunderland CCG
Durham Dales, Easington and Sedgefield CCG
Health Education England
South Tyneside and Sunderland NHS Foundation Trust
The Newcastle upon Tyne Hospitals NHS Foundation Trust
HMRC
NHS Pension Scheme

16.5 Related Party Transactions - Group and Foundation Trust

Gateshead Health NHS Foundation Trust is required under IAS 24 to disclose material transactions undertaken with a related party.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Foundation Trust has received revenue and capital payments from the Gateshead Health NHS Foundation Trust Charitable Fund. The Foundation Trust acts as the Corporate Trustee for the Charitable Fund.

The total value of Funds Held on Trust at 31st March 2019 was £1,248k. The Foundation Trust owed the Charity £0k and the Charity owed the Trust £57k.

On 1st February 2017, North East Transformation System Limited (Company Number 10178726) commenced trading. The controlling parents are Gateshead Health NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust, with each party holding 50% of the £50,000 share capital. 2 directors of Gateshead Health NHS Foundation Trust were also directors of the joint venture whose purpose is to deliver training and coaching on organisational change. The North East Transformation System Limited received income of £438k (2018: £207k) and spent £410k (2018: £340k) inclusive of £286k staff costs (2018: £69k), making a surplus of £28k (2018:£133k loss).

Note 17. Financial Assets / Liabilities - Group and Foundation Trust
Note 17.1 Carrying Value of Financial assets by category

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Group		Foundation Trust	
Assets as per Statement of Financial Position	Total £000	Loans and receivables £000	Total £000	Loans and receivables £000
Trade and other receivables excluding non financial assets - Note 10	10,936	10,936	35,663	35,663
Cash and cash equivalents at bank and in hand - Note 12	9,127	9,127	5,870	5,870
Charitable Funds investments – Note 22	1,107	1,107	0	0
Total at 31 March 2019	21,170	21,170	41,533	41,533
Trade and other receivables excluding non financial assets – Note 10	16,407	16,407	44,202	44,202
Cash and cash equivalents (at bank and in hand) – Note 12	8,073	8,073	5,631	5,631
Charitable Funds investments – Note 22	1,113	1,113	0	0
Total at 31 March 2018	25,593	25,593	49,833	49,833

Note 17.2 Financial liabilities by category

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Group		Foundation Trust	
		Other financial		Other financial
	Total	liabilities	Total	liabilities
Liabilities as per Statement of Financial Position	£000	£000	£000	£000
Borrowings excluding Finance lease liabilities - Note 14	30,189	30,189	30,189	30,189
Obligations under finance leases - Note 14	0	0	47,166	47,166
NHS Trade and other payables excluding non financial liabilities - Note 13	26,933	26,933	26,986	26,986
Other Financial Liabilities	0	0	0	0
Provisions under contract – Note 15	3,161	3,161	3,161	3,161
Charitable Fund Financial Liabilities	57	57	0	0
Total at 31 March 2019	60,340	60,340	107,502	107,502
Borrowings excluding Finance lease liabilities – Note 14	19,256	19,256	19,256	19,256
Obligations under finance leases – Note 14	0	0	49,169	49,169
NHS Trade and other payables excluding non financial liabilities - Note 13	28,126	28,126	25,902	25,902
Other Financial Liabilities	0	0	0	0
Provisions under contract – Note 15	3,251	3,251	3,251	3,251
Charitable Fund Financial Liabilities	33	33	0	0
Total at 31 March 2018	50,666	50,666	97,578	97,578

17.3 Liquidity Risk

The Foundation Trust's net operating costs are incurred under annual legally binding contracts with local Clinical Commissioning Group, which are financed from resources voted annually by Parliament. The Trust also finances its Capital expenditure from retained depreciation and accumulated surpluses. The Foundation Trust has a loan financed by the Foundation Trust Financing Facility for £22m which partly funded the construction of the Emergency Care Centre. A further £2.5m Loan was approved from the ITT to fund Radiology Equipment.

17.4 Interest Rate Risk

26% of the Trust's current financial assets consist of cash which carries a floating rate of interest.
Finance Lease arrangements are subject to a fixed rate of interest.
The current ITFF loan of £22m is subject to an interest repayment rate of 3.78%
The current ITFF loan of £2.5m is subject to an interest repayment rate of 1.15%
The Deficit support loans are subject to an interest repayment rate of 1.5%

17.5 Foreign Currency Risk

The Trust has no foreign currency income or expenditure.

Note 18. Fair Values - Group and Foundation Trust
Note 18.1 Fair values of financial assets

		Group			
		31 March 2019 Book Value £000	31 March 2019 Fair value £000	31 March 2018 Book Value £000	31 March 2018 Fair value £000
Cash & cash equivalents		9,127	9,127	8,073	8,073
Current Receivables		10,048	10,048	15,459	15,459
Non Current Receivables	a	888	888	948	948
Charitable fund Investments		1,107	1,107	1,113	1,113
Total		21,170	21,170	25,593	25,593

		Foundation Trust			
		31 March 2019 Book Value £000	31 March 2019 Fair value £000	31 March 2018 Book Value £000	31 March 2018 Fair value £000
Cash & cash equivalents		5,870	5,870	5,631	5,631
Current Receivables		11,157	11,157	15,919	15,919
Non Current Receivables	a	888	888	948	948
Loan to Subsidiary		23,618	23,618	27,335	27,335
Total		41,534	41,534	49,833	49,833

Note 18.2 Fair values of financial liabilities

		Group			
		31 March 2019 Book Value £000	31 March 2019 Fair value £000	31 March 2018 Book Value £000	31 March 2018 Fair value £000
Provisions under Contract	b	3,161	3,161	3,251	3,251
Obligations under finance leases - Note 14		0	0	0	0
Trade & Other Payables		26,933	26,933	28,126	28,126
Loans		30,189	30,189	19,256	19,256
Charitable Fund Financial Liabilities		57	57	33	33
Total		60,340	60,340	50,666	50,666

		Foundation Trust			
		31 March 2019 Book Value £000	31 March 2019 Fair value £000	31 March 2018 Book Value £000	31 March 2018 Fair value £000
Provisions under Contract	b	3,161	3,161	3,251	3,251
Obligations under finance leases - Note 14		47,166	47,166	49,169	49,169
Trade & Other Payables		29,986	29,986	25,902	25,902
Loans		30,189	30,189	19,255	19,255
Total		107,502	107,502	97,577	97,577

a   This relates to a long term finance lease of a property to another NHS body.

b   Fair value is not significantly different from book value since, in the calculation of book value, the expected cash flows have been discounted where appropriate using the discount rates published and mandated by HM Treasury.

Note 19. Third Party Assets

The Trust held £1,076 cash at bank and in hand at 31/03/19 (£2,370 at 31/03/18) which relates to monies held on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts as the Trust has no beneficial interest.

Note 20.   Public Dividend Capital Dividend

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The resulting calculation of PDC (Public Dividend Capital) dividend, totalling £2,444,000 was calculated on the average relevant net assets of £69,842,000.

Note 21.   Losses and Special Payments - Group and Foundation Trust

NHS Foundation Trusts are required to follow the guidance issued by the Department of Health
in accounting for losses and special payments:

- These 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 divided into different categories, which govern the way each individual case is handled.

The number and value of losses and special payment cases:

Ref.	Category of loss / special payment	1 April 2018 – 31 March 2019 Number of cases	Value of cases	1 April 2017 – 31 March 2018 Number of cases	Value of cases
1a	Losses of cash due to theft, fraud etc	0	0	0	0
1b	Losses of cash due to overpayment of salaries etc.	5	5	5	1
1c	Losses of cash due to other causes	1	12	0	0
2	Fruitless payments	0	0	0	0
3a	Bad debts and claims abandoned – private patients	16	4	45	10
3b	Bad debts and claims abandoned – overseas visitors	14	30	47	84
3c	Bad debts and claims abandoned – other	31	1	375	11
4a	Damage to buildings, loss of equipment and property due to theft, fraud etc	0	0	0	0
4b	Damage to buildings, loss of equipment and property due to other causes	4	5	10	(3)
Total Losses		**71**	**58**	**482**	**103**
Special Payments					
5	Compensation under legal obligation	0	0	0	0
7a	Ex-gratia payments for loss of personal effects	12	2	6	1
7b	Clinical Negligence with advice	0	0	0	0
7c	Ex-gratia payments for personal injury with advice	0	0	0	0
7d	Other negligence and injury	0	0	0	0
7e	Ex-gratia payments - other	0	0	0	0
7f	Ex gratia maladministration, no financial loss	0	0	0	0
Total Special Payments		**12**	**2**	**6**	**1**
Total Losses and Special Payments		**83**	**60**	**488**	**104**

The above values have been calculated on an accruals basis whereby expenditure is recognised in the period in which the associated liability was incurred.

22 Charitable fund reserve

The Trust is the corporate trustee to Gateshead Health NHS Foundation Trust Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary in accordance with IAS 27, because the Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff. Prior to 2013/14 the Treasury had directed that IAS 27 should not be applied to NHS Charities, and therefore the FT ARM did not require the Trust to consolidate the charitable fund.

The main financial statements disclose the Trust's financial position alongside that of the group (which comprises the Trust, subsidiary and charitable fund).

Gateshead Health NHS Foundation Trust Charity - Summary Statement of financial activities;

	Year ended 31 March 2019 £000'	Intra-group eliminations £000'	Year ended 31 March 2018 £000'	Intra-group eliminations £000'
Donated income	284	0	215	0
Income from legacies	2	0	147	0
Investment income	34	0	41	0
Total incoming resources	320	0	403	0
Patients' welfare and amenities	141	0	131	0
Staff welfare and amenities	36	0	26	0
Medical research	21	0	0	0
Contributions to the Foundation Trust	89	0	415	0
Governance costs	6	0	6	0
Total outgoing resources	293	0	578	0
Unrealised gain on investments	71	0	24	0
Net incoming resources	98	0	(151)	0

Gateshead Health NHS Foundation Trust Charity - Summary Statement of financial position;

	As at 31 March 2019 £000'	Intra-group eliminations £000'	As at 31 March 2018 £000'	Intra-group eliminations £000'
Investments	1,107	0	1,113	0
Receivables	20	0	15	0
Cash	178	0	55	0
Payables	(57)	0	(33)	0
Total net assets	1,248	0	1,150	0
Represented by:				
Unrestricted funds	862	0	751	0
Restricted funds	351	0	351	0
Endowment funds	51	0	48	0
	1,248	0	1,150	0

The total funds are represented in the Group accounts as Charitable Funds Reserve.

Restricted funds are funds donated for a specific purpose. Unrestricted funds may be designated for a particular area but are not restricted on the purpose of expenditure. Endowment funds relate to capital funds where the charity does not hold the power to convert capital into income. The capital must generally be held indefinitely; the income generated by the investment of the funds can be used for charitable purposes at the discretion of the Trustees.

23 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 £35k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in no change 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 £1,933k.

24 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).

25 Prior Period Adjustment

In previous years, QEF valued its investment property based on the lease premium received for the 30 year lease. Per IAS 40, investment properties should be valued at fair value and also annual revaluations are required, but had not taken place. In 2017/2018, a formal independent revaluation took place that reduced the value of the investment property as set out below:-

It has been necessary to adjust the opening balance sheet to reflect the amended revaluation of the investment property on the correct valuation basis.

Contact Information

Trust Secretary

If you would like:

- to view the register of Board of Directors interests which are also available on the Trust internet site
- to contact the Chairman or any of the Board of Directors
- detailed information about Board of Directors meetings of Gateshead Health NHS Foundation Trust, which are open to the public. Details of meetings are displayed in all Trust premises, clinics, health centres and libraries throughout Gateshead and on the Trust's website
- to contact the Chief Executive's office for more information or if you have any comments
- further copies of this report or copies of the full accounts

Telephone: 0191 4453712

Email: debbie.atkinson4@nhs.net

Website: www.qegateshead.nhs.uk

Membership Co-ordinator

If you would like:

- to become a member of Gateshead Health NHS Foundation Trust
- to contact any of the governors
- to view the register of Council of Governors interests also available on the Trust's internet site
- to view the register of Members
- detailed information about the meetings of the Council of Governors

Write to: Freepost NAT14353

                         Gateshead Health NHS Foundation Trust

                         Queen Elizabeth Hospital

                         Sheriff Hill, Gateshead, NE9 6BR

Telephone: 0191 445 3713

Fax: 0191 482 6001

Email: ghnt.foundation.enquiries@nhs.net

Patient Advice and Liaison Service (PALS)

If you would like information, support or advice about the Trust's services.

Telephone: (freephone) 0800 953 0667

Fax: 0191 445 3542

Direct Dial: 0191 445 6129

Email: ghnt.pals.service@nhs.net

Gateshead Health NHS Foundation Trust

Trust Headquarters, Queen Elizabeth Hospital

Gateshead.NE96SX