

**North Cumbria University Hospitals
NHS Trust**

**Annual Report and Accounts
2018/19**

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Foreword

2018 was a special year for the NHS as it turned 70 years old on 5 July. To mark the occasion, we held a variety of celebrations looking back at how the NHS and its staff has saved and transformed so many lives and also looking to the future.

The future of the NHS is very much centred on much closer working between health and care partners. During 2018/19, we are pleased to say that our work to integrate our services made great strides. In May 2018, the North Cumbria Health and Care System was confirmed by NHS England as part of the next wave of Integrated Care Systems (ICS), putting our area at the forefront of national policy. This has given us the green light to further integrate health and care services across organisational boundaries, making it easier for teams to work together for the benefit of patients and communities.

As part of our system working, we have also been progressing the merger of North Cumbria University Hospitals NHS Trust (NCUH) and Cumbria Partnership NHS Foundation Trust (CPFT) which is set to take place in October 2019. Since April 2018 we have been working as a joint Trust Board across the two organisations and our teams are working closely together so this next step feels like a natural progression. As part of the joint Trust Board, Professor Robin Talbot is now joint Chair of both NCUH and CPFT after Gina Tiller retired as Chair of NCUH in March 2019. We would like to thank Gina for her passion and commitment to North Cumbria during her six years in post.

A programme management approach has been adopted to prepare for and manage the merger transaction. Work streams led by Executive Directors deliver the required activity and report progress into the Programme Board which is chaired by the Chief Executive. CPFT's Governors Council are engaged in the process and have been involved in the review and development of the Constitution for the new Trust.

At the time of writing, following agreement from CPFT Governors Council in November 2018 and approval of the Strategic Case by NHS Improvement (NHSI) in February 2019, activity is underway to prepare for both Trusts to merge to become a single organisation. The aim is that the new Trust will 'go-live' in October 2019 following approval of the Full Business Case by the Board in June 2019, and subject to successful progress through the Transactions process with NHSI. As this transaction is technically an acquisition of NCUH by CPFT the merged Trust (name not yet confirmed at time of writing) will be a Foundation Trust.

One of the ways we are working to join up health and adult social care services in north Cumbria is in the development of eight Integrated Care Communities (ICCs) to enable closer working, help people to stay well and provide more out of hospital care. The first phase of ICCs aimed to increase the capacity of community teams to keep more people at home and support people to leave hospital sooner. This has already had a significant impact with hundreds of people avoiding a hospital stay.

As well as investment in out-of-hospital care, we have also seen great progress this year with our major investment projects at the acute hospitals. The demolition of the old tower block at the Cumberland Infirmary is making way for the new £35m cancer centre with construction set to begin in summer 2019. The centre will open in summer 2021 and will offer services to patients across the north of the county, including radiotherapy and chemotherapy.

At West Cumberland Hospital, the redevelopment work is continuing with cardiology, vascular and breast services moving into a newly refurbished area. Work will continue into the forthcoming year with the demolition of the older buildings meaning the new hospital will be more visible when you arrive at the hospital. We are also developing new ways of working at West Cumberland Hospital in order to provide a more joined-up service. The Same Day Health Centre opened in the Outpatients department at February 2019 which offers Copeland patients more appointments for those who need to see a GP, nurse or other primary care staff urgently.

In terms of performance this year, the Trust has continued to be in the top quartile nationally for performance against the 95% four hour emergency care standard which translates to more patients being seen quicker when they need us the most. In addition, we have significantly reduced delayed transfers of care which means people are spending less time in hospital when they are medically fit to be discharged. This has involved work to speed up the process of care packages being in place when patients are ready to be discharged.

We have also improved our financial position through working together as a health system. This year we are £2m ahead of our financial plan. We still have a lot of work to do but we are making positive progress.

Like many trusts up and down the country, recruiting more permanent clinical staff is a key priority. Although this remains a challenge, medical vacancy rates have reduced by 45% at NCUH since April 2018. We have held local recruitment events this year which have attracted hundreds of attendees who live both locally and outside of the county. At the last event in March 2019 we made 40 job offers to nursing and midwifery roles.

Looking ahead to 2019/20, we have another busy year with some big landmarks including the merger of NCUH and CPFT in October which will result in the beginning of a new organisation. We look forward to working alongside our fantastic staff and we would like to pay tribute to them for their continued hard work and commitment – thank you.



Professor Stephen Eames
Chief Executive for NCUH & CPFT



Professor Robin Talbot
Chair for NCUH & CPFT

1. PERFORMANCE REPORT

1a Overview

The purpose of the Overview is to give the user a short summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Chief Executive's Statement

North Cumbria University Hospitals NHS Trust (NCUH) provides acute hospital care serving a resident population of around 340,000 people in the north of the county of Cumbria living in the districts of Allerdale, Carlisle, Copeland and Eden. We also provides services to parts of Northumberland and Dumfries and Galloway. NCUH was authorised as a University Hospital Trust in August 2008.

Acute hospital services are provided from the Cumberland Infirmary in Carlisle and West Cumberland Hospital in Whitehaven. We also provide a maternity-led service at Penrith Hospital.

We deliver services including emergency care, maternity care, children's services, surgery, critical care, cancer services and medical care. We also provide a range of outpatient and diagnostic clinics at a number of the community hospitals across North Cumbria.

West Cumberland Hospital opened a new £90m capital-funded hospital facility in October 2015 to the people of west Cumbria and beyond. Funding for further phases of the redevelopment at West Cumberland Hospital as well as for a new £35m Cancer Centre at the Cumberland Infirmary was announced by NHS England in July 2017 and work is underway on both projects.

We employ over 4,500 members of staff and is one of the largest employers in Cumbria.

We are currently rated as 'requires improvement' overall by the Care Quality Commission with the majority of services rated 'good'.

We have been working very closely with Cumbria Partnership NHS Foundation Trust (CPFT) and as part of the wider North Cumbria Integrated Health and Care System. Plans are in place for NCUH to merge with CPFT in October 2019 with a joint Executive Team already established.

Prof. Stephen Eames
Chief Executive for NCUH & CPFT

Our Year at a Glance

Our Patients

- A&E attendances: 94,871
- Outpatient appointments: 314,444
- Elective inpatients: 4,425
- Non-elective admissions: 42,757
- Elective day case admissions: 32,598

Our Staff

- Medical vacancy rates have reduced by 45% since April 2018
- There has been progress with nursing & midwifery recruitment including successful local recruitment days held
- Over 75% of staff received their flu vaccination
- The first WeCelebrate staff recognition awards were held in March 2019 to celebrate staff from across the health system
- Staff took part in various celebrations to mark the 70th birthday of the NHS in July 2018
- The Trust has continued to grow its nursing apprentice programmes
- Teaching given to trainee doctors and medical students was praised in an inspection by The Northern Foundation School and Newcastle University Medical School
- In recognition of the work being undertaken to train nursing cadets, Carlisle College has named the Trust as 'Employer of the Year' in June 2018

Our Performance

- The Trust's three maternity units were rated highly by new mums in the national Care Quality Commission maternity survey published in January 2019
- Maternity and Inpatients Friends and Family Test (FFT) performance exceeds the national standard
- The Trust has not met the 95% emergency care standard in 2018/19, but has consistently remained above the national average and performance has improved year-on-year for the last 3 years
- The Trust met or exceeded all three national cancer standards for the first 2 Quarters of 2018/19
- The number of Delayed Transfers of Care have significantly reduced as a result of better system working
- The Trust was rated as 'requires improvement' overall by the Care Quality Commission following an inspection in 2018 with the majority of services now rated as 'good'

- Results of the 2017 Care Quality Commission National Inpatient Survey were published in June 2018, demonstrating continuous improvement with the Trust's average score improving from 75% in 2016 to 77%
- The Patient Reported Experience Measures (PREM) survey published in May 2018 showed that the Trust's Renal services came first out of 56 Renal centres for overall patient experience
- The Trust has not met Referral to Treatment and Diagnostic standards, but plans are in place for recovery of this including demand and capacity work and a theatre utilisation
- The Trust consistently exceeds the Safety Thermometer Harm Free Care national standard

Our Finances

- Working together as a system has reduced the Trust's overall financial deficit
- The Trust achieved a 6% cost improvement programme in 2018/19

Our Improvements

- The Trust had the lowest recorded rates of Clostridium difficile (C.diff) infections between April 2018 and March 2019 since records began in 2007
- The chemotherapy unit at West Cumberland Hospital moved into a newly renovated unit with increased capacity in August 2018
- 'Pay on exit' car parking barriers went live at the Cumberland Infirmary in following patient and visitor feedback
- Pressure ulcers reduced by 61% over a two year period, exceeding the Trust's target of 50%

Our Values

In March 2019 we officially launched our brand new set of values shared across both Trusts and NHS North Cumbria Clinical Commissioning Group which are:



Kindness - Kindness and compassion cost nothing, yet accomplish a great deal



Respect - We are respectful to everyone and are open, honest and fair - respect behaviours



Ambition - We set goals to achieve the best for our patients, teams, organisation and our partners



Collaboration - We are stronger and better working together with and for our patients

We are currently focusing on ways in which these values can become more embedded into practice; activities to support this include the review of appraisal documentation to ensure the values are built into discussions with members of staff.

We want to build a new integrated health and care system together, using our collective capabilities for a healthier and happier population and we are committed to the four long term goals we have agreed jointly with our system partners:

Our Priorities 2018/19

In April 2018 the Board agreed joint strategic objectives with CPFT. These are **Staff**, **System working**, **Service quality**, and **Sustainable finances**, which we refer to as the '4s'. The 4s underpinned our business plan for 2018/19 which was prepared collaboratively with CPFT. Our shared values, strategic objectives and priorities for 2018/19 are shown below.



The same collaborative approach was followed for preparation of our business plan for 2019/20 when we also worked closely with colleagues in North Cumbria Clinical Commissioning Group (NCCCG) to develop the 'system' plan for North Cumbria.

Principal Activities of the Trust

Our function is to provide health care services. Our principal activities are to:

- Provide elective (planned) operations and care to the local population in hospital and community setting
- Provide non-elective (unplanned emergency or urgent) operations and care to the local population in hospital settings
- Provide diagnostic and therapy services on an outpatient and inpatient basis to the local population in hospital and community settings
- Provide specialist level services within a network of regional and national organisations
- Provide learning and development opportunities for staff and students
- Provide additional services commissioned where agreement has been reached on service delivery models and price

- Provide support services to deliver the above activity and support the activity of other local health providers where these have been commissioned and agreement has been reached on service delivery models and price

Delivery of the principal activities is underpinned by our key clinical, performance and financial priorities. The Board Assurance Framework (BAF) is the main tool by which the Board monitors the risks to the organisation in relation to achieving these strategic objectives. The framework maps the organisation's objectives to principal and subordinate risks, controls and assurances.

The complete BAF is reviewed against the CQC and NHS Improvement (NHSI) compliance and regulatory requirements on an ongoing basis. The BAF changes as a result of risk mitigation plans and is reviewed by the Board on a quarterly basis.

Our Services

Our services are organised across two hospital sites and through Care Groups which place clinical leaders at the forefront of our decision-making. There are three Care Groups, which form part of a wider five Care Group integrated system structure with local partner organisation CPFT (Community and Mental Health provider) – Integrated Acute and Specialist Medicine, Integrated Acute and Specialist Surgical, and Integrated Families. The Families Care Group combines services from both Trusts. Each Care Group has an Associate Medical Director, who is clinician, and are supported by an Associate Chief Operating Officer; General Managers and Business Managers.

Hospital sites:

Cumberland Infirmary Carlisle - 382 beds

West Cumberland Hospital - 187 beds

The Care Groups are:

- Integrated Acute and Specialist Medicine – which includes elderly care; allied health professionals; gastro and renal; cardiology and respiratory; clinical oncology; dermatology; and pathology.
- Integrated Acute and Specialist Surgical – which includes radiology; vascular; outpatients; head and neck service; general surgery; theatres; anaesthetics; ITU; trauma and orthopaedics; and rheumatology.
- Integrated Families – which includes women and children's services at NCUHT and services such as Health Visiting, Childrens Community Nursing etc from CPFT.

Our services provide a full range of acute hospital and adult community services:

A&E
Cardiology

Ophthalmology
Oral and maxillofacial surgery

Children and adolescent
Services
Cancer services
Dermatology
Ear, nose and throat
General medicine
General surgery
Gynaecology
Maternity services

Orthopaedics
Maternity services
Pain management
Respiratory medicine
Rheumatology
Stroke services
Urology
Vascular

Our Key Issues and Risks

Since April 2018 we have operated aligned arrangements with CPFT for the management and reporting of strategic and operational risks. Our key risks and how they are managed can be found in the Annual Governance Statement found later in this report.

1b Performance Analysis

All healthcare providers across the country are set a range of quality and performance targets by the Government, commissioners and regulators. 2018/19 has been a challenging year for all providers due to increasing demand and pressures on the health and social care system and the financial challenges trusts have faced. Our performance this financial year reflects these pressures.

We are better than the national average and has improved overall performance in the following national constitutional standards; A&E 4 hour waits and Cancer 62 day standard. Compliance with the A&E four hour standard has improved, but has not met the national standard despite being better than the national average. The peaks and troughs in performance have reflected the national challenge faced in this area.

Trust Performance of key National Measures in 2018/19

Measure	National Standard	Latest National average YTD (to Feb-19)	Trust actuals				RAG comparisons				
			15/16	16/17	17/18	18/19	Compared to National standard	Compared to National average	Compared to 15/16	Compared to 16/17	Compared to 17/18
A&E	% of patients who waits 4 hours in A&E (17/18 inc type 3)	95%	86.3%	85.5%	87.4%	90.30%	90.06%				
	% of Cancer patients seen within 2 weeks from a GP referral	93%	92.0%	92.1%	96.8%	94.6%	91.5%				
Cancer	% of Cancer patients treated within 31 days from decision to treat.	96%	96.8%	96.5%	96.5%	97.6%	95.7%				
	% of Cancer patients treated within 62 days from GP referral	85%	79.0%	75.4%	82.9%	85.4%	81.6%				
Waiting times	% of patients treated within 18 weeks from Referral to Treatment	92%	87.0%	89.9%	92.1%	84.2%	75.3%				
	% of patients receiving a diagnostic test within 6 weeks of referral	99%	97.7%	97.8%	99.5%	98.6%	95.2%				

Comparisons key:

Significantly worse than
Slightly worse than (within 2%)



Same as or better than



The above performance summary table for 2018/19 highlights that the Trust's performance against the core national standards has been challenging this year. The Trust did not meet the national standards for both A&E four hour waits despite significant year-on-year improvements. Diagnostics and Referral to Treatment waits fell short of the national standard and have deteriorated from last year. This is due to nationally experienced pressure over the winter period which meant that urgent care for patients was prioritised over planned and non-urgent care.

Trust Performance Improvement Plans 2018-19

Our clinical and managerial teams have refreshed the continuous improvement plans that allow us to continue to improve performance across all of these standards in 2018/19. Outlined below are some of the actions within these plans:

- Operational weekly meetings will continue ensuring robust performance management of each of the core national standards.
- The Trust Board will continue to receive an update on the performance measures on a monthly basis. This will enable check and challenge supporting the Ward to Board ethos.
- Cancer Patients will continue to be individually tracked by the multi-disciplinary team throughout each of the stages of their pathway to ensure they are seen within the timeframes.
- Monitor Referral to Treatment and Diagnostic service delivery against performance and activity trajectories to improve the timeliness of patients on non-urgent care pathways.
- Within A&E there are multiple plans to improve the four hour wait target. These include:
 - Rapid Response Integrated Care Communities continued development to reduce the demand on the Acute hospitals.
 - Continue a targeted Delayed Transfers of Care programme which has seen successful reduction of delays in 2018/19 to contribute towards improved flow of patients out into the community and release pressure on the emergency care front end of services.
 - Weekly task and finish group set up with core team members to improve patient flow within the Trust.
 - Comprehensive Winter Plan to learn the lessons from previous years and implement the changes required as early as possible in the year.
 - Expansion of Hospital to Home services.

Operating and Financial Review

We have delivered a deficit of £30.1m against a planned deficit of £37.6m.

This is further improvement on the deficit of £40.3m delivered in 2017/18 and the £47.3m delivered in 2016/17. However, it has been an extremely challenging year financially and has required the commitment of our partners at CPFT and NHS North Cumbria CCG, and deployment of the joint risk share agreement, to support us in

achieving the financial plan. We achieved £8.7m of its cost savings target of £10.4m in 2018/19 through improved financial planning and control, and the delivery of a significant efficiency programme. The shortfall against the savings target was offset by increased income to the Trust, including £7.9m of central transitional support.

We were allocated £11.6m from the Provider Sustainability Fund in 2018/19 which it was able to access dependent on achieving a deficit reduction and access standards in Accident & Emergency. We achieved 90.5% against the 90% target for A&E 4 hour waits and achieved its financial target and was able to access the £11.6m in full. These achievements enabled us to access bonus STF monies totalling £7.6m.

We also incurred capital expenditure of £13.8m including investment in new medical equipment, IM&T, the West Cumberland Hospital (WCH) redevelopment and the new Northern Cancer Centre. Further details are included in the Capital Expenditure section below.

Our cash position remains very challenging. In order to support our deficit we continue to require financing support in the form of loans from the Department of Health in order to meet its outgoings. During 2018/19 we accessed new revenue loans totalling £62.1m and repaid revenue loans totalling £5.2m. In addition, we accessed new capital loans totalling £4.6m and repaid £0.5m. In total the net increase in loans during 2018/19 was £60.9m.

Statutory break-even duty

We are required to break even taking one year with another. We continue to fail our break-even duty. On an income of £283.7m, we were in deficit by £30.1m in 2018/19. The cumulative deficit now stands at £226.4m as at 31 March 2019 which equates to a cumulative breakeven position of 79.8% of annual turnover.

Capital cost absorption duty

We are required to achieve a rate of return on capital of 3.5% each year. This is a measurement of the dividend it pays to the Department of Health compared to the assets it has at its disposal to achieve this. The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%. However, since we have had negative average relevant net assets in 2018/19 we were not required to pay any dividends.

External financing/capital resource limit

The amount that we can spend on capital investment is controlled by the Department of Health via resource and cash limits. The Capital Resource Limit (CRL) controls the amount available to spend on capital. The External Financing Limit (EFL) determines whether external cash can be drawn down or whether a repayment of

cash is due to the Department of Health. For 2018/19 we were set a CRL of £13.4m and a positive EFL of £62.7m. We achieved both targets.

Better Payment Practice Code

We are required to achieve a target of 95% for the number and value of creditors paid promptly in year. We failed to achieve this target and ongoing liquidity pressures have resulted in deterioration in performance against all 4 BPPC targets in 2018/19.

	2018/19	
	Number	Value (£000s)
Non NHS		
Total bills paid in year	75,430	135,787
Total bills paid within target	7,069	52,104
Percentage of bills paid within target	9.4%	38.4%
NHS		
Total bills paid in year	3,113	34,213
Total bills paid within target	245	18,138
Percentage of bills paid within target	7.9%	53.0%
Total		
Total bills paid in year	78,543	170,000
Total bills paid within target	7,314	70,241
Percentage of bills paid within target	9.3%	41.3%

We signed up to the Prompt Payment Code in 2009/10 although due to our on-going liquidity issues we have been unable to comply with the code. Whilst the Code has no specific targets it encourages users to pay suppliers on time and gives suppliers clear guidance and promotes good practice.

We are the corporate trustee for the Trust's Charitable Fund. The charitable funds remain relatively small and therefore the Audit & Risk Committee approved that the charitable funds should continue not to be consolidated with the Trust accounts under IFRS 10 *Consolidated Financial Statements*.

The Charity is required to publish its own set of accounts and an annual report, however, a summary of the Charity's key activities and its unaudited income and expenditure figures for 2018/19 are included within the our annual report.

Going Concern

Management are required to assess whether the financial accounts should be prepared on a going concern basis. In preparing the financial statements the Directors have considered the Trust's overall financial position and expectation of future financial support. During 2018/19 the Trust delivered a deficit of £30.1m and increased borrowing from the Department of Health & Social Care by £60.9m to £247.2m. The Trust has submitted a financial plan for 2019/20 to NHS Improvement in April 2019. The plan is for a deficit of £21.7m after delivery of an £11.0m CIP programme and cash support of £22.6m. However, as the Trust does not have a

formal letter guaranteeing cash support these factors represent a material uncertainty that may cast significant doubt about the Trust's ability to continue as a going concern.

Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. The Board and the Board of CPFT approved a strategic case for a proposed merger of the two organisations. The business case, including a long term financial model, has been submitted to NHS Improvement as the regulator responsible for approving the merger, with the support of the main commissioners of the two Trusts, NHS North Cumbria Clinical Commissioning Group, as well as the NHS North Cumbria System Leadership Board. The current plan is to approve a full business case by June 2019 with a view to the merger taking place on 1st October 2019.

In addition, the Directors, having made appropriate enquiries, have a reasonable expectation that the required cash support will be received allowing it to continue in operational existence for the foreseeable future.

Taking these factors into account the Trust's accounts have been prepared by the directors on a going concern basis. The Trust has not included the adjustments that would result if it was unable to continue as a going concern.

The Year Ahead

The Trust is working with local partners through the STP to deliver sustainable services, and is committed to joint working to deliver individual organisational and shared financial targets. The Trust, Cumbria CCG and CPFT have committed to a joint financial risk share for a third year in order to facilitate this.

The Trust's financial plan for 2019/20 is to deliver a deficit of £21.7m which is an improvement of £8.4m on the 2018/19 outturn. This is a rebased control total; the scale of the improvement reflects the commitments made in the recently published Long Term Plan to allocate extra funds to providers up-front. The Cost Improvement Plan is £14.0m which is 4.5% of operating expenditure.

Whilst there will be an overall increase in funding for the NHS in 2019/20, it will remain a very tough financial year with the funding predicated on the NHS delivering efficiency improvements of between 2% and 4% each year until 2020, a real challenge for all organisations. The Trust will continue to address efficiency savings through cost improvement initiatives focussing on smarter purchasing of goods and services, use of alternative medicines, and continuing to reduce the cost of, and reliance on, agency staff. However the overall level of savings required will require more system led transformational change to move activity from acute to community

settings. North Cumbria has established leadership processes and frameworks that will support this change, in year and going forward. However, all changes enacted to achieve financial targets are set against the backdrop of making sure that patient safety and the quality of service provided is not compromised.

To finance the planned deficit additional support in the form of new loans will be required. The Trust's liquidity will remain fragile and its cash position will require close management throughout the year. The Trust liaises on a regular basis with NHS Improvement with regards to its cash position.

The Trust's planned capital programme for 2019/20 is £26.0m subject to approval of the full business case for the Northern Cancer Centre and the associated release of funding. Plans currently assume receipt of £11.4m of Treasury funded capital during 2019/20 towards the project. A further £3.6m is planned to be spent on the West Cumberland Hospital Redevelopment. Also included within plans is £5.2m of PFI Lifecycle costs and £2.7m towards new CT and MRI scanners at the Cumberland Infirmary.

Infection Prevention and Control

We monitor a range of infections to assess how good our Infection Prevention practices are, in terms of hospital onset cases this year we have seen ongoing improvements in a number of areas these are summarised below:

- A reduction in *Clostridium difficile* infection from 25 to 22 cases
- A reduction in Meticillin sensitive *Staph. aureus* bloodstream infections from 20 to 19 cases
- A reduction in *E.coli* bloodstream infection from 31 to 30 cases
- A reduction in Klebsiella spp. bloodstream infection from 14 to 8 cases
- A reduction in Pseudomonas aeruginosa bloodstream infection from 8 to 5 cases

We have however had our first hospital onset Meticillin resistant *Staph. aureus* (MRSA) infection since March 2015. This has been fully investigated. Further details on healthcare associated infections can be found in the Quality Accounts.

Ongoing development of the mortality and morbidity framework

Our Mortality and Morbidity Framework has been updated in response to the National Guidance on Learning from Deaths and is reviewed annually and/or updated as required in line with national guidance. Our SHMI has improved since 2012 and remains consistently within 'expected limits'. Approximately 80% of inpatient deaths are reviewed monthly and further in depth review is undertaken when necessary. The mortality review tool has also been updated is regularly reviewed and amended, training has been provided on the Royal College of Physicians Structured Judgement Review tool.

We receive quarterly reports from NEQOS that are reviewed at the mortality surveillance group and if deaths are higher than expected for a specific diagnostic group a more detailed review is undertaken. Further details can be found in the Quality Accounts.

Learning from Deaths - Mortality Reviews

The Trust continues to analyse deaths each week identifying those which have a high Hogan Score (an assessment of preventability with deaths judged as more than 50% preventable (Hogan core 4-6) and depending on clinical context referring them to clinical teams for review as part of the teams morbidity and mortality review process of when more serious concerns occur for declaration as a Serious Untoward Incident. In line with national recommendations, we will publish data on a quarterly basis regarding avoidable deaths and we will work more closely with families when reviewing such cases. Further details can be found in the Quality Accounts.

Patient Led Assessment of the Care Environment (PLACE)

PLACE is an annual assessment of non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The team must include a minimum of 50 per cent patient assessors.

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the environment's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability. These areas of assessment criteria are known as Domains:

- Cleanliness
- Food and hydration
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia: how well the needs of patients with dementia are met
- Disability: how well the needs of the patients with a disability are met

Information from the PLACE data collection will be used by the Department of Health to brief Ministers, answer Parliamentary questions and inform national and local policy decisions relating to the patient environment and dementia strategy. This data is also used by the Care Quality Commission and NHS England. All the results are published by the Health and Social Care Information Centre.

Assessments took place between March and May in 2018/19. 18 assessment visits were carried out across 13 sites within the Trust and CPFT were included in the PLACE audits, some of which have numerous areas to be audited within. To assist

the Trust with this year's evaluation process over 40 individuals formed our assessment teams; this included patient representation from public Governors, Patient Experience Involvement Group and Health Watch, all working in equal partnership with Trust staff who were represented by Infection Prevention, Estates and Facilities.

PLACE Scores

The table below demonstrates how the acute sites scores compare to the national average:

Hospital Site	Clean- liness	Food	Privacy, Dignity & Wellbeing	Condition, Appearance, Maintenance	Dementia	Disability
WCH site Scores 18	99%	89%	78%	94%	83%	83%
WCH Site Scores 17	96%	85%	82%	92%	84%	80%
CIC site Scores 18	88%	73%	63%	79%	61%	67%
CIC Site Scores 17	96%	82%	77%	87%	72%	79%
National Average 18	99%	90%	84%	94%	79%	84%
National Average 17	98%	88%	84%	94%	76%	82%

Areas of Concern

Cumberland Infirmary scores have failed to reach any of the national averages, and are showing much lower than the rest of the sites within the acute/specialist group. The site average has decreased by 10%.

Improvements to the Trusts' performance against these criteria are being coordinated by Nursing and Estates senior management via the Care Environment Improvement Group. This working group has been established which has aligned improvement needs with existing initiatives e.g. 15 Steps, and commenced other specific activities across the six domains e.g. weekly walk arounds by Estates to inform lifecycle painting programme. Significant progress has been made with the improvements that can more easily be achieved. There are several improvements that will require targeted investment e.g. to improve signage and wayfinding at CIC and there are other improvements such as changes to flooring and decoration schemes that will only be done as and when lifecycle refresh is due or when space can be made available to support.

PLACE Assessments in 2019/20 are due to take place in September and October. The actions being taken and the closer working between our Nursing and Estates teams should ensure the Trust performance is as good as it can be.

Staff Engagement

A considerable amount of work has taken place to focus on staff engagement, listening and learning from staff experience. Further details can be found in the Staff Report.

Patient Experience

As an organisation we remain committed to understanding the kind of experience that patients and relatives using our services have received. We continue to gather feedback from all areas across the Trust and to make changes to the way services are delivered following feedback.

Feedback is received by different methods including the friends and family tests, 2 minutes of your time card, face to face surveys, postal surveys and the national surveys. The friends and family data and national survey data is shown in other sections of this report. Further details can be found in the Quality Accounts.

Care Quality Commission (CQC) Registration and Inspections



The North Cumbria University Hospitals NHS Trust is required to register with the Care Quality Commission (CQC) as a provider of acute healthcare services in accordance with Section 10 of the Health and Social Care Act 2008. The CQC last inspected the Trust in the summer of 2018 and rated the Trust as 'Requires Improvement'. The CQC has not taken enforcement action against the North Cumbria University Hospitals NHS Trust (the Trust) during 2018/19. Further details of the CQC inspection can be found in the Quality Accounts.

Complaints

The Trust recognises the need for improvement and values the receipt of complaints as they are an important and valuable source of information providing insight and feedback on the services we provide in the acute sector here at North Cumbria University Hospital NHS Trust. We remain committed to improving the experience of our patients. 2016/17 saw a number of significant changes and refinements to the complaints and data processes and we have continued to build on these since that time.

Performance

The Trust's standardised 30 working days response timeframe has been in effect since 2016/17 with a compliance requirement of 95% for complaints investigated under due process (NHS 2009 Complaints Procedure). The national requirement for complaints to be investigated and responded to is six months. The statistics for these particular complaints are also reported quarterly to NHS Digital who records the data on behalf of the Department of Health. Internal Trust compliance (95%) has been

achieved since 2017/18 with 100% being achieved consecutively throughout 2018/19. The overall performance of complaints is shown in the table below. The Chief Executive or nominated deputy continues to review final complaint responses investigated under the complaints legislation where possible with review by an Executive Director prior to sign off as part of the Trust's robust quality assurance process for these complaints.

Complaints Performance Indicators

Complaints Performance Indicators	2016/17	2017/18	2018/19
New complaints received	285	256	312
New complaints acknowledged within 3 working days	285 (100%)	256 (100%)	312 (100%)
* All complaints closed	329	296	345
* All complaints closed in 30 working days	303 (92%)	295 (99.6%)	345 (100%)
**Number of founded complaints	225 (73%)	191 (64.5%)	176 (51.01%)

***All** complaints, refers to the total of both New complaints and Further Local Resolution cases received. Further Local Resolution cases are complaints which have been reopened for further investigation.

A total of 345 complaints (New and FLR) were closed during 2018/19 with all cases (100%) closed within 30 day timeframe set by North Cumbria.

**The number of founded complaints indicates the overall percentage of complaints which the Trust has either fully or partially upheld at either initial or further local resolution stage; these include cases where learning has been identified as a result of the findings and outcomes. The number of entirely Upheld cases totalled 60 (17.39% of the 312 received).

As part of the complaints process the Trust extends invites to complainants to meet with staff in the majority of cases where this is felt appropriate either at an early stage within the complaint investigation or an invite is extended within the final response letter. The Trust has found this works particularly well with complex complaints. Complaint responses also contain an invite to the complainant to return to the Trust if any further clarity is required or in the event the response has raised further questions (known as further local resolution cases).

Correspondence, together with any telephone calls and emails received in the Complaints and Patient Advice & Liaison Service (PALS) offices continue to be reviewed on receipt to assess the most appropriate route for investigation and response. Issues and concerns having been reviewed and clarity sought from the individual can either be escalated to the Trust's formal complaints process for investigation (under due process - complaints legislation) or likewise if a quicker

response and resolution can be provided and is more appropriate, can be passed to the PALS staff for appropriate resolution at a more informal level.

Where a complaint, once reviewed, is identified as requiring a full detailed clinical investigation either through the Trust's Root Cause Analysis (RCA) or Serious Incident (SI) investigation processes, the complaints procedure is closed and the complainant notified, and the issues are reviewed under one or the other clinical processes more appropriate to the case. Verbal and written Duty of Candour under that process is then carried out by a senior member of staff.

The Trust attempts to identify complaints that need to be investigated under either the RCA or SI processes as quickly as possible so the individual can be informed and notified as appropriate. In these cases, on conclusion of the RCA or SI, the final report and findings and any lessons learned (if applicable) are shared with the individual and an invitation is extended for the person/family to meet with clinical staff to discuss the detail of the report allowing for any questions to be addressed. Of the 312 new cases received, a total of 26 (8.33%) cases initially received as complaints reviewed by clinical staff were identified as requiring transfer to full clinical investigation following the Trust's Serious Incident or Root Cause Analysis investigation processes as explained in the above paragraph. The complaints process closes to allow for the appropriate clinical investigative process to take place.

The number of formal complaints received in 2018/19 has increased from the previous two reporting years. However both the complexity of complaints and the number of complaints received involving more than one healthcare organisation continues to increase. It is not possible to say with any certainty the reason for the increase in the numbers of complaints received this year. However, it is considered that one possibility may be the fact that less or no national or local media coverage has been given to the pressures placed on NHS services front line services, particularly regarding the winter pressures, the media instead has given way to extensive discussion around Brexit.

The Trust's ethos and expectations continues viz: issues should be addressed as close to the source as soon and where possible, thus helping to prevent further escalation, allowing for quicker resolution and satisfaction for the patient, relatives and staff. It is interesting to note that there are other trusts who have seen an increase in the number of formal complaints received during the past financial year. Trends, themes and learning are reported monthly and quarterly which includes information and data obtained via the Patient Advice and Liaison Service (PALS) together with information provided from the investigation of formal complaints to the Quality & Safety Committee which is also reports to the Trust Board. Alongside this a six-monthly Patient Experience Report is also provided to the Quality & Safety Committee in which trends, themes and learning are also reported – this includes

real time interviews with patients carried out by the patient experience team along with local and national survey data. There is opportunity to strengthen the triangulation of this data as part of the care group reconfiguration. With specific regards to complaints, the reports provide the Committee and Board with an overview of the numbers of complaints, complaints that are graded as potentially serious, the number of Further Local Resolution (reopened) cases and any Parliamentary Health Service Ombudsman (PHSO) investigations received. Complaints statistical information continues to be reported quarterly to NHS Digital (on behalf of the Department of Health known as the KO41 return) which monitors the numbers of formal complaints received by health organisations across the UK and the categories which they fall into.

Trends/Themes

The Trust continues to analyse themes from its complaints but with specific regard to formal complaints investigated, the main top categories are detailed below for both inpatient and outpatients and remain very similar to last year:

Inpatients - Treatment & Care:

- 1 Outcome of Treatment and Care
- 2 Discharge Concerns / Issues
- 3 Delay in Treatment / Care

Outpatients - Treatment & Care:

- 1 Misdiagnosis
- 2 Diagnostic Test Issues
- 3 Treatment – Clinician

Trends and themes, identified from complaints continue to be collated centrally within the Complaints and PALS departments. A larger piece of work is planned to support the Care Groups with the identification of trends and themes for all of complaints, risks and incidents received within their respective specialisms with the support of IT systems and programmes.

Learning

During 2018/19 further progression has been made in capturing the learning identified from complaints investigated within the Trust by utilising the complaints database.

The Care Quality Commission's report from the 2016/17 visit acknowledged the Trust did identify learning from complaints and the complaints received were shared with staff, identifying evidence that complaints involving the wards were discussed at ward meetings as standing agenda items; this practice has continued throughout the financial year. The CQC received detailed complaint analysis information from the Trust for the whole of the 2017/18 period. Their 2018/19 report (based on that

information) did not identify any issues with the Trust's complaint processes and no actions were levied against the Trust complaints system.

However, the Trust recognises the requirement to continually review its governance processes and implement any improvements or refinements identified. Work has continued with action plans being developed for each complaint investigated where appropriate. Work continues to ensure action plans are SMART (Specific, Measurable Attainable Realistic Timebound) and compliance with the identified actions has continued to be monitored centrally.

There is a lot of progress with learning from complaints and incidents but work is required and proposed in order to improve this process further with to ensure that learning is captured centrally so this can be accessed easily. Therefore further review and development is required to achieve this which will continue throughout 2019 /20, working with key staff within the Care Groups.

As outlined earlier, work has commenced with both Trusts. Key staff within both Trusts are the process of collaborating to look at ways that all patient experience based information can be reviewed for triangulation purposes not only within each respective organisation but across both the two Trusts. This is a considerable piece of work and will need to be phased in order to realistically achieve this significant goal.

In addition to the above work both Trusts have already commenced work to start on the process of aligning the separate complaints processes which are currently in place. This also requires the involvement of wider services including IT departments and it is anticipated this work will continue throughout 2019/20 and possibly throughout 2020/21.

Patient stories have been used previously to provide feedback to the Board following complaints from patients and families. In 2018/19, within the individual Care Groups (Surgery and Medicine), we continued to invite patients and or their families to attend educational Away Days to personally relate their experiences and the effects their experiences have had on them to staff. The patient's relating their stories directly have a very powerful and meaningful effect on the staff.

As outlined briefly above, 2018/19 saw the commencement of the merger of CPFT and NCUH as part of the wider integration of health services for Cumbria. As alluded to this includes the respective Complaints, PALS teams and Patient Experience teams. The initial work has looked at the move to align the separate complaints and PALS processes and mapping sessions have taken place. Work will remain ongoing throughout 2019/20 to allow for alignment of processes and teams to allow for full integration.

Work will continue with triangulated information for ward areas pulling together complaints and patient experience information providing an overview of how the ward feels to the patients. The reports are distributed quarterly and action plans completed by the ward managers for any areas of concern and monitored by the Head of Patient Experience.

Training and Development

An overview of complaints handling and Trust complaint requirements continued to be delivered as part of the Trust's induction training programme to all new staff commencing employment are required to attend regardless of job role. This continued until part way through 2018/19 and required all new staff commencing employment to attend regardless of job role.

This was superseded by the Complaint Handling workbooks, at two levels being offered as training through the Trust's online learning system for any member of staff to access within the Trust. Level 1 is aimed at all members of staff across the organisation as an introduction to complaints awareness and requirements and Level 2 is aimed at those staff expected to have direct involvement in the complaints investigation process.

As well as the above online training, further bespoke complaint training has continued to be offered as direct training sessions to key staff directly involved in the investigation of formal complaints. This included and continues to include complaints staff attending wards or departments to support staff. The customer service training implemented in 2016/17 aimed at all administrative staff has become an established course with sessions running throughout the year.

Duty of Candour

The Trust has in place a policy and process which meet the statutory requirements of Regulation 20 of the Health and Social Care Act (2008) Regulated Activities (2014). Here is a link to the Trust's Being Open and Duty of Candour policy:

https://cdn.cumbriapartnership.nhs.uk/uploads/policy-documents/Being_Open_and_Duty_of_Candour_Policy_POL-CLIN-001.docx_.pdf

The objective of the Trust's policy is to ensure that following an incident where harm or a near miss to a patient has occurred, there is appropriate communication, investigation and support provided for the patient, their relatives and staff. The type and level of communication and support provided will be dependent on the severity and nature of the incident.

Patient Advice and Liaison Service (PALS)

During 2018/19, we continued to offer a dedicated Patient Advice and Liaison Service (PALS) across both hospital sites, West Cumberland Hospital and

Cumberland Infirmary, although there have been gaps within the service during the course of the year due to staff recruitment and sickness periods.

The senior executive team have always supported this valuable resource which is a front line service, designed for the speedy resolution of issues with a dedicated Patient Advice and Liaison officer based at both hospital sites providing the opportunity for users of the hospital services to walk in and have face to face contact.

PALS Enquiries & Interpreters	2015/16	2016/17	2017/18	2018/19
Total number of Enquiries across both hospital sites	1882	2071	1665	1558
Interpreter requests	521 (of 1882)	385 (of 2071)	568 (of 1665)	667 (of 1558)

The number of enquiries received to the service over the course of the year has decreased. This has been described briefly above; both the West and Carlisle sites have had a change of PALS staff resulting in gaps to the service during long term sickness and recruitment phases.

The Trust's PALS service currently remains responsible for ordering face to face interpreters for patients attending the Cumberland Infirmary and West Cumberland Hospital. Requests for face to face interpreters during 2018/19 saw an increase in requests, from 568 last year to 667 in 2018/19. This currently accounts for 42.81% of PALS activity during the year. The top five languages requested for face to face interpreters in 2018/19 remain the same as the previous year: Polish 200 (29.98%), Arabic (16.4%), Romanian (11.39%), Mandarin (6.89%) and Portuguese (3.89%), accounting for 68.55% of the total requests. The predominant area for face to face interpreter requests within the hospital was by Women's Outpatients, totalling 188 requests of the 667 equating to 28.18% of the total. Statistical information and patient feedback related to PALS is reported six monthly to the Quality & Safety Committee.

The PALS service has continued to prove its worth particularly when the number of enquiries it addresses and resolves is compared to the small number requiring escalation for investigation under the formal complaint process – 32 (10.25% of total number of formal complaints received). PALS and the complaints service works well together with both services speaking with enquirers to discuss the most appropriate process for investigation in order to obtain the resolution required for the individual and passing cases to each other as appropriate. 33 cases were passed from the complaints department to PALS to address for quicker and resolution. All cases were reviewed appropriately, discussed with the enquirer as necessary and transferred to the most appropriate process for investigation and resolution. The largest number of enquiries received related to concerns about Treatment and Care; this type of

concern is also reflected as the top reason for a formal complaint. This category covers the content of the majority of complaints and enquiries involving clinical care and treatment. This was followed by enquiries relating to Length of Wait for Operation, Discharge Concerns and Length of wait for Treatment.

Parliamentary Health Service Ombudsman (PHSO)

During 2018/19 the Trust received notification of 3 new PHSO investigations

PHSO Investigations	2018/19	2017/18	2016/17
New Investigations received	3	3	14
Upheld	1	0	0
Partially Upheld	1	0	8
Not Upheld		1	4
Outstanding – awaiting PHSO outcome	1	2	2

From the three cases received during 2018/19 period, one case was upheld which included a financial recommendation, one case was partially upheld (to close in a later quarter period) and the third outcome is still awaited. At the end of 2018/19 financial year, two case remained open with one case awaiting closure (in the new financial year) and other still awaiting outcome. Where the Ombudsman identified aspects of learning for the Trust, Action Plans were formulated and the timescales set by the Ombudsman were all achieved.

Sustainability

Achievements made over a range of disciplines and departments have yielded significant carbon reduction in the past few years. There is still much work to achieve in this area. Sustainability and Carbon Reduction is a corporate and workforce responsibility. It continues to be demonstrated that with good management and the adoption of sustainable driven goals carbon reduction can be achieve, which includes a commitment to further staff and patient engagement and also leads to financial savings and importantly, improved environmental impact and reputation benefit.

The Trust will continue to concentrate on engaging with its PFI partners in identifying carbon reduction projects with a robust payback period identified when measured against investment funding such as the improvements to car park lighting and planned LED lighting in the main PFI hospital.

Sustainability is about solutions, and allows innovative managers and staff to consider how they can improve their service. The Trust has a Sustainable Development Management Plan and is actively developing this to focus activity on the projects that will provide the most benefit.

Projects

Work has commenced on the new Cancer Centre at the Cumberland Infirmary, the Cancer Centre will be BREEAM certified, and is on schedule to achieve a rating of Excellent. The continued redevelopment at the West Cumberland Hospital (WCH) will soon commence demolition of unused estate which will reduce energy use.

Energy

We have spent £2.92m on energy in 2018/19, this reflects an increase of £0.10m which is due to an increase in consumption. Compared to the previous year electricity usage was c.2% more and gas was c.5% more which is marginal and likely to be weather related. Consumption and costs are summarized in the table below:

	2018/19	2017/18	2016/17	2015/16
Electricity consumed (MWh)	17,328	16,989	17,684	17,022
Gas consumed (MWh)	30,402	29,062	28,506	20,863
Energy costs for all energy supplies (£m)	2.92	2.82	2.67	2.74

At WCH we continue to use energy across both old and new hospital buildings with about 20% (15,868m²) of that space classified as empty unoccupied. It is estimated that this empty space is costing about £0.2m in utilities each year. The planned redevelopment will address this; starting with demolition of 13,400m² in Blocks A, C and D, planned for summer 2019. Further demolition will follow once Phases 2 and 3 are constructed.

Waste

We continue to make improvements to segregation of waste into appropriate waste streams, in particular to minimise domestic waste entering the clinical waste stream. We currently have a #Binright campaign and considering the introduction of an offensive clinical waste stream. We are also exploring further recycling options, building on the existing cardboard and metal recycling.

Water

Due to the old building at WCH being partially unoccupied it is necessary to flush the system more frequently, this will continue until the completion of phase 2 of the new hospital. Water consumption is expected to reduce in 2019, due to the forthcoming demolition works.

Procurement

We are part of the shared procurement service providing increased availability and opportunity within Cumbria and Morecambe Bay area. This will utilise the use of local companies to compete for Trust contracts and reduce carbon mileage. This will help sustain local economies across the regions. We are committed to reducing packaging where possible in the contractual conditions of procurement.

Social, community and human rights issues

As a public sector organisation we have to comply with public sector equality duty, which is part of the Equality Act 2010. Our policies reflect social, community and human rights issues, for example standards of business conduct, information governance and safeguarding of vulnerable persons. We also have an equality and diversity policy and procedures for assessing impacts of significant change to our services on all those affected or vulnerable groups. In 2018/19 we have taken steps to ensure we meet the Trust's responsibilities under the Modern Slavery Act 2015, further detail can be found under Voluntary disclosures.

We have systems in place to identify whether any incidents or complaints have occurred relating to human rights, equality, and diversity issues, and for initiating investigations accordingly. Board level reports include information around reported incidents and complaints as part of the performance management reporting framework.

Our Achievements 2018/19

North Cumbria doctor to represent Cumbria on national stage: A doctor from the Trust was selected to represent Associate Specialist and Specialty (SAS) doctors on a national level at the Royal College of Obstetricians and Gynaecologists (RCOG). Dr Laura Hipple, associate specialist in obstetrics & gynaecology, went through a thorough selection process to be named as SAS representative for the RCOG. SAS doctors have at least four years' post graduate experience and work in a specific field, such as psychiatry, obstetrics and gynaecology, end of life care etc. Being an SAS doctor offers an alternative career to consultant posts.

Renal team tops national charts for patient care: Survey results for England show that Renal Services at the Cumberland Infirmary and West Cumberland Hospital came out on top for patient experience. The Patient Reported Experience Measures (PREM) survey results, carried out by the UK Renal Registry and Kidney Care UK, showed that the Trust came first out of 56 renal centres for overall patient experience. The survey asks renal patients a range of questions about their care, including access to a renal team, privacy and dignity, communications, support and decisions about care.

New innovative prostate services now available in west Cumbria: Two new state of the art services were introduced at West Cumberland Hospital with the aim of preventing hospital admissions for patients and also improving prostate cancer diagnoses. The Cybergreen Laser procedure is for patients who can't pass urine and have to live with a catheter or have severe difficulty in passing urine. Laser fibre is introduced through the urethra and prostate and then it evaporates the prostate meaning they can pass urine comfortably afterwards. This causes minimal bleeding and, for patients on anti-coagulant medication, means they do not have to stay 3-4 days in hospital as a result - the majority of patients would have the procedure as a day case.

National Inpatient Survey shows high patient satisfaction levels for north

Cumbria's hospitals: Results of the 2017 National Inpatient Survey, published on Wednesday 13 June by the Care Quality Commission (CQC), demonstrate that continuous progress has been made to improve patients' experiences at the Trust. A total of 1,200 surveys were sent to patients who used the emergency departments and were admitted to inpatient wards at the Cumberland Infirmary in Carlisle and West Cumberland hospital in Whitehaven with 540 patients completing the survey.

Renal expansion at Whitehaven means more patients to be treated locally: The Trust's newly expanded Renal unit at WCH opened in June 2018, allowing more people to receive kidney dialysis treatment closer to home. To help meet the ever increasing demand for dialysis services, the new unit at WCH has been expanded from seven treatment spaces to 11. The extra four spaces will allow a further 16 people to receive their dialysis treatment in WCH. The expansion, which is located adjacent to the current unit in the previous maternity ward, will also provide a training room for home haemodialysis to build on the work on self-care dialysis which is ongoing within the unit.

Cumberland Infirmary opens new x-ray room to speed up waiting times: A new £500,000 fluoroscopy room at the Cumberland Infirmary, Carlisle is now up and running, with more x-ray patients being examined sooner and freeing up time for other patients. The new room is part of a three year plan to upgrade equipment in the Radiology department, which included refurbishing three general x-ray rooms and installing a brand new x-ray room. Fluoroscopy is a type of medical imaging that gives a real time video image on monitors. It is useful for seeing dynamic bodily functions, such as the swallowing action and uses a range of dyes which can be swallowed or introduced through a catheter depending on the part of the body.

College names Trust as Employer of the Year: In recognition of the work being undertaken to train nursing cadets, Carlisle College has named the Trust as 'Employer of the Year'. The award, which was presented to Gill Long, head of nursing for clinical education and practice development, and Christine Blacklock, practice education facilitator, at the Carlisle College on Thursday 21 June. The Trust was selected to receive the award in recognition of the on-going support provided in delivering the curriculum with the nurse cadet programme.

New role means bright future for nursing workforce: An exciting new nursing role has been introduced in Cumbria to help grow the future workforce and support staff development. 21 health care assistants from CPFT and NCUH have now started their Nursing Associate Apprenticeships. This new role will bridge the gap between health and care support workers and registered nurses. It allows support workers to build on their existing knowledge, skills and experience through a two year, practical programme, and gain a foundation degree level qualification.

Staff help over 2,000 patients get on the road to quicker recovery with 70-day challenge: The Trust have helped thousands of patients get up, get dressed and get moving about as part of a 70-day challenge to 'end PJ paralysis'. The annual #EndPJParalysis national NHS campaign aims to aid speedier recovery of patients and this year Trust staff took part in a target-driven initiative as part of the campaign.

New west Cumbria Chemotherapy suite to provide more treatment closer to home: A newly renovated chemotherapy unit is to open at the West Cumberland Hospital. The newly refurbished unit is part of the overall development of cancer services for the north of Cumbria which will include a new cancer centre at the Cumberland Infirmary in Carlisle. The new opened on 28 August 2018.

Nursing Times Workforce Award recognises NHS recruitment efforts in north Cumbria: Innovative recruitment efforts from the NHS in North Cumbria have been shortlisted for a Nursing Times Workforce Award in the Best Recruitment Experience Category which recognises the value of working together across the health system. The Trust, CPFT and NWAS have been working together to recruit health professionals to the area for over a year. By joining forces they are able to give a consistent message about living and working in Cumbria, make better use of resources by saving time and money, and increase the number of health professionals coming to the area.

Surgical pre-admissions unit in Carlisle makes a move to improve patient care: The Surgical Pre-admissions (SPA) unit at the Cumberland Infirmary in Carlisle worked on a series of improvements for patients before it moved to its new location in October 2018. The unit has relocated to the first floor of the hospital and the move will mean all of the hospital's surgical services are located together on one level, with the exception of day surgery which remains on the ground floor.

Caring NHS staff praised following latest CQC inspection: 'Staff offering kind and compassionate care' is what the Care Quality Commission (CQC) found when they inspected services at the Trust in July and August 2018. In the CQC's report published on Thursday 22 November, the overall rating for the Trust remains as 'requires improvement' however more services are now rated as 'good' overall and staff who 'promote dignity and respect privacy' were praised throughout the Trust.

Tissue Viability Team win national award for their efforts in increasing knowledge on pressure ulcers: The Tissue Viability Team at the Trust has been announced as the winners in the 'Demonstrating an Impact on Patient Safety' category at the Bright Ideas in Health Awards 2018 for their efforts in increasing knowledge on pressure ulcers. The Trust has seen a 61% reduction over a two year period in pressure ulcers developing in hospital and this improvement is being sustained. The Tissue Viability Team also started a reward scheme for the wards for pressure ulcer free days.

Nurses from Cumberland Infirmary excel in trauma training: All staff from the A&E Department at the Cumberland Infirmary who attended a recent course have passed Major Trauma Network Nurse Training. They were the only hospital in the north east and Cumbria to get a 100% pass rate.

North Cumbria's maternity care rated highly by new mums: Women who gave birth in north Cumbria last year said they were treated with dignity, respect and kindness in the latest maternity survey published by the Care Quality Commission on 29 January 2019. The 2018 national survey looks at women's experiences of maternity care. It asked women about their experiences during labour and birth and the quality of antenatal and postnatal support.

Demolition is underway for work to begin on new £35m cancer centre at the Cumberland Infirmary: Work is ongoing to demolish the tower block building at the Cumberland Infirmary in Carlisle to make way for the new £35m cancer centre. The centre will offer services to patients across the north of the county including radiotherapy and chemotherapy. The demolition is set to be completed by the end of April 2019 with construction of the new centre starting in the summer. The centre is planned to open in summer 2021.

Training at NHS organisations in Cumbria rated top by students and trainee doctors: Teaching given to trainee doctors and medical students in two NHS trusts in Cumbria has been praised in the latest inspection by education providers. The Northern Foundation School and Newcastle University Medical School visited the Trust and Cumbria Partnership NHS Foundation Trust (CPFT) in January 2019 on an annual visit to review the quality of education given to trainee doctors and medical students at the trusts. They looked at areas such as how well supported medical learners are and if training meets the General Medical Council's standards.

2. Accountability Report

3a Corporate Governance Report

The Trust Board (the Board) sets the strategic direction for North Cumbria University Hospitals NHS Trust (the Trust), governs and monitors its progress in achieving plans and targets. The Board is made up of Executive and Non-Executive Directors (NEDs) and is led by a Chair.

Membership of the Board includes lay people (NEDs) with a lay person as the Chair, to ensure the Trust is accountable to the local population. NHS Improvement appoints the Chair and NEDs for a period of up to four years to ensure suitable candidates are in place and have appropriate experience.

The Chief Executive and all Executive Directors are on permanent NHS contracts. All Executive Directors hold responsibility across both NCUH and CPFT. The Chief Executive is on secondment from Mid Yorkshire NHS Trust. All other Executive Directors are on substantive contracts with either NCUH or CPFT.

From April 2018 NCUH and CPFT have operated increasingly aligned arrangements. This included holding Board of Directors meetings in the same room at the same time with Board Members of both Trusts present in the same meeting. The Board met monthly throughout the year (except August), holding meetings in public on a quarterly basis alternating between Cumberland Infirmary in Carlisle, Voreda House in Penrith (HQ of CPFT) and being in West Cumberland Hospital in Whitehaven in October 2018. Details of Board meetings held in public are available, including minutes and papers from previous meetings, on the Board section of our website.

The Board considers the reports and recommendations made by the Trust's assurance committees including the Audit & Risk Committee (A&R), Finance Investment & Performance Committee (FIP) and the Quality & Safety Committee (Q&S). The Trust complies with the principles of corporate governance as recommended by the Cadbury Committee and with guidance specific to the NHS.

So far as each Director is aware, there is no relevant audit information of which the Trust's auditor is unaware and each Director has taken all the 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 Trust's auditor is aware of that information.

The accounting policies for pensions and other retirement benefits are set out in the notes to the accounts and details of senior employees' remuneration can be found in the remuneration report.

As part of the evolution of the north Cumbria Integrated Health and Care System, all Executive Directors have responsibility for both NCUH and CPFT. During the year three of the Trust's seven NEDs held appointments in both NCUH and CPFT. In April 2019 a joint Chair was appointed to both Trusts, taking the current number of NEDs with responsibilities for both Trusts to four. Formal confirmation has been received from NHSI that 'cross-directorships' of this nature do not compromise independence as conflicts should be minimal as the interests of the two Trusts should in most cases align. All NEDs are therefore considered to be independent in character and judgement and have no other cross directorships or significant links which could materially interfere with the exercise of their independent judgements. Arrangements are in place to manage any potential conflicts associated with 'joint' NED appointments. There are no company directorships or other significant interests held by directors which may conflict with their management responsibilities in relation to the Trust.

The composition of the Board as at 31 March 2019 is set out below which also includes background, committee membership and attendance. Gina Tiller retired as Chair in March 2019 and was succeeded by Mr Robin Talbot as joint Chair of both CPFT and NCUH. Dr Vince Connolly who joined the Trust in April 2019 and succeeded Dr Rod Harpin as Medical Director. Their details are also provided below.

Trust Board Composition - Director profiles

Non-Executive Directors



**Prof. Robin Talbot PhD, BA, Cert Ed
Chair**

Robin has spent over 26 years working in Higher Education and the NHS across Cumbria and Lancashire. Robin's previous NHS roles include chairing the Doncaster Family Practitioner Committee, the Lancaster and Morecambe Community Health Council, the Lancaster Primary Care Group and the Cumbria and Lancashire Workforce Development Confederation. Until 2004 Robin chaired the Morecambe Bay Primary Care Trust and since has had roles within the NHS including; Governing Body positions at Cumbria Partnership NHS Foundation Trust; and more recently from 2009-16 at Calderstones Partnerships NHS Foundation Trust. In addition, Robin has maintained his special interest in workforce development by Board positions until summer 2017 on the Lancashire and South Cumbria Workforce Action Board and Health Education England (North).

At St Martin's College and the University of Cumbria Robin was Executive Dean with a particular focus on Health, Social Care and Wellbeing.

Outside the NHS and Higher Education, Robin is a member of the Lakes College Board at Lillyhall, and a member of Independent Monitoring Board for HM Prisons. He also chairs the Health and Education Co-operative (a social enterprise hosting/producing online learning materials for universities and the Health Service).

Robin is Chair of the Board of Directors and member of the North Cumbria Health & Care System Leadership Board.



**Malcolm Cook
Non-Executive Director**

Malcolm has significant business experience having worked 26 years within British Telecom in a variety of roles including Head of Service Excellence and Customer

Research. More recently Malcolm was responsible for negotiating the largest HR outsource contract ever which received worldwide recognition and a World Class Leader award.

Malcolm has significant experience in the NHS as Vice Chair and Non-Executive Director of NHS County Durham between 2007- 2013 and since 2013 as Vice Chair and Non-Executive Director of North Cumbria University Hospitals NHS Trust. Malcolm is Chair of NCUH Charitable Funds Committee and Chair of NCUH Finance Investment and Performance Committee. Malcolm has a Law Degree from Northumbria University.

Malcolm is Chair of the Finance, Investment & Performance Committee and a member of North Cumbria Health & Care System Leadership Board.



George Liston

Non-Executive Director

George served in the Royal Air Force for over 30 years and travelled all over the world as an engineer officer. He retired from the Royal Air Force in January 2015 and is currently President and Chair of the Scottish Fencing Ltd. George is a Non-executive Director at North Cumbria University Hospitals NHS Trust since July 2015.

George is a member of the NCUH Audit and Risk Committee and a member of Finance, Investment & Performance Committee and Quality & Safety Committee.



David Kennedy

Non-Executive Director

David was appointed on 1 January 2017.

Dr Kennedy's roles at Newcastle University include:

- Deputy Head of School of Medical Education
- MBBS Degree Programme Director

- Director of Learning and Teaching, School of Medical Education
- Examinations lead and Chair of Phase I MBBS Meetings of Examiners
- Chair Phase I MBBS Learning, Teaching and Student Experience Committee
- Member of the MBBS Admissions Executive
- University representative for the Physiological Society

David is a member of the Quality & Safety Committee.



Louise Nelson PhD
Non-Executive Director

Dr Louise Nelson completed training as a mental health nurse in 1987, Louise completed an MBA whilst working as a Senior manager in the NHS and has since 2005 worked in higher education as a senior lecturer/programme leader for mental health nursing, a principal lecturer and, currently as Head of Nursing, Health and Professional Practice with the University of Cumbria. Louise obtained her PhD in 2014, based on Service users experiences of Mental Health Services and in 2018 completed a qualification as an Executive Coach.

Louise is involved in education-focused meetings with all local provider trusts in Cumbria and a Non-Executive Director at Cumbria Partnership NHS Foundation Trust. Louise is Chair of the Quality & Safety Committee for both Trusts.



Jeff O'Neill
Non-Executive Director

Appointed November 2018. Mr O'Neill is a chartered accountant and formerly the Global director of finance of North Group, an international marine insurance group of companies based in Newcastle upon Tyne. Jeff is a Chartered Accountant. Jeff is Chair of the Audit & Risk Committee and a member of Finance, Investment & Performance Committee.

EXECUTIVE DIRECTORS



Professor Stephen Eames

Chief Executive

Stephen was appointed in September 2017.

Stephen is a public service leader with 25 years' experience as a Chief Executive.

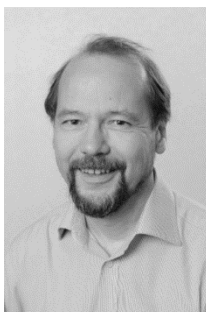
In 2012, Stephen was drafted in to Mid Yorkshire Hospitals where he spent 3 years overseeing major changes and improvements to services. Before this, Stephen was CEO of County Durham and Darlington NHS Foundation Trust where he successfully led a substantial multi-site hospital reconfiguration, secured a major acquisition of community services and ensured sound clinical and financial performance. In 2007 Stephen was awarded public service turnaround leader of the year by the Society of Turnaround professionals. In 2013 Stephen was awarded 'Turnaround performance of the year' by the Management Consultants Association for his work in Mid Yorkshire.

Stephen has a wealth of experience in top level leadership activities and in partnership working with NHS Institutions, Local Authorities, the private sector and a variety of other agencies.

Stephen has worked in a coaching capacity as a consultant for the NHS Performance Support Unit and the Leaders UK programme sponsored by the National School of Government.

Professional Qualifications:

Advanced Diploma in Senior Executive Coaching for the Oxford School of Coaching and Mentoring. Degree in Professional Coaching Practice from Middlesex University.



Professor John Howarth MBBS, DTM&H, FRCGP, FFPH

Deputy CEO for NCIHT and CPFT / System Clinical Lead / Professor of Primary Care UCLAN

John's post covers Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust.

John was a GP in Cockermouth for 24 years. He was Clinical Director for community services and elderly care lead for NHS Cumbria. Prior to this he spent 7 years as medical director of Cumbria's GP out of hours cooperative, chaired the primary care research group and was a GP trainer for over 10 years. He was medical adviser to the local hospice at home charity and co-authored a textbook in Palliative Care.

During the 1990s he trained in tropical medicine and worked in 11 different wars and natural disasters. He became medical director and head of operations of an international disaster relief charity. In 2010 he was a runner up in the national NHS Leadership Awards from over 1000 entries. In 2011 he received a Fellowship in Public Health through distinction and in 2013 he received a Fellowship to the Royal College of General Practitioners.



Michael Smillie BSc (Hons) FCPFA
Executive Director of Finance & Estates

Michael's role covers Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust.

Michael joined the Trust in January 2007 and has over 25 years' experience working in the NHS. He has held posts as the Director of Finance, Director of Commissioning and Director of Business Development in both commissioning and provider organisations in England. Michael is passionate about ensuring high quality services are delivered in the most effective way and that leadership of our health and care system demonstrates the courage and ambition that matches the vitality and needs of our communities.

Michael grew up and now lives in Cumbria and leads on financial stewardship and forward planning for the Trust and is working with our partners to improve the health and care system overall. Michael also leads on ensuring the Trust's estate and facilities are all fit for purpose and developed to support clinical care effectively.



Alison Smith

System Executive Chief Nurse

Alison's post covers North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust.

Alison has been a registered nurse for 34 years and has worked in a variety of clinical, managerial and educational roles. Alison worked at South Tees Hospitals NHS Foundation Trust for a significant part of her career including as assistant director of nursing and children's lead. After leaving South Tees, Alison then spent the next five years working in wider health system roles as deputy director of nursing & quality at NHS England for the North East & Cumbria then as senior clinical lead at NHS Improvement, taking the lead role for the quality agenda.

In both of her roles with NHS England and NHS Improvement, Alison has worked closely with colleagues in the NHS in Cumbria.



Mandy Nagra

System Executive Chief Operating Officer

Mandy was previously the delivery & improvement lead for NHS Improvement (NHSI) in Cumbria and the North East. She has been instrumental in improving patient flow across the system and embedding the first phase of integrated care communities.

Prior to joining the Trust Mandy worked in the health and social care system for 24 years in a range of roles including clinical and managerial experience both nationally and regionally. She brings a vast amount of experience from her work with NHS Improvement and NHS England where a key part of her role was to support north Cumbria.



Judith Toland

Executive Director of Workforce & Organisational Development

Judith joined in November 2018 and her post covers North Cumbria University Hospitals NHS Trust, Cumbria Partnership NHS Foundation Trust and the wider North Cumbria Health and Care system.

She has extensive experience in human resources, organisational development and transformation projects in a number of sectors including health, education and private sector. Some of her previous posts include Director of Business Transformation at Durham University, Change Director/Director of Operations at the Independent Parliamentary Standards Agency and a Business Change Consultant at British Airways.



Dr Vincent (Vince) Connolly

System Medical Director

Dr Vincent Connolly, System Executive Medical Director, North Cumbria Integrated Health & Care System, 1 April 2019, on secondment pending substantive appointment & Acute Physician at the James Cook University Hospital, Middlesbrough.

Medical Director North, NHS Improvement 2016-2019; President of the British Association of Ambulatory Emergency Care. Dr Connolly is currently Regional Medical Director (North) NHS Improvement. Vince completed a doctorate on the Impact of social deprivation on diabetes, cardiovascular risk & mortality. He has published papers on diabetes epidemiology & ambulatory emergency care. Medical Director, Emergency Care Improvement Programme. Clinical Lead for the Emergency Care Intensive Support Team since 2010, was a Clinical Advisor to the Ambulatory Emergency Care Delivery Network. Chair of the North East SHA, Clinical Innovation Team for Acute Care.

Dr Connolly was a recipient of the Hospital Doctor Acute Medicine Team of the Year Award 2004.



Ramona Duguid

System Executive Director of Strategy

Ramona Duguid was previously Director of Integration for the Trust and NCUH and has played a key role in establishing north Cumbria as one of the 14 nationally recognised systems for leading integration. Ramona has worked in a range of roles across the NHS over the last 20 years, including leading improvements in governance and quality within the acute sector in north Cumbria as part of the special measures process.

Ramona was born in Cumbria and still lives in the county she is passionate about helping to improve and develop our health and care services, with our partners for the communities we serve.

Register of Directors' Declared Interests

A copy of the Trust's Register of Declared Interests can be found on our Trust website: <http://www.ncuh.nhs.uk/about-us/freedom-of-information/Declaration-of-Interests.aspx>

Appointments and Changes to our Board during the Year

Gina Tiller	Chair	Retired on 31 March 2019 at end of contract term
Robin Talbot	Chair	Appointed from 1 April 2019
Jeff O'Neill	Non-Executive Director	Appointed in November 2018
Mr David Rawsthorn	Non-Executive Director	Resigned 11 July 2018
Esther Kirby	Director of Nursing	Appointed 18 April 2018. Left the Trust in 31 July 2018.
Alison Smith	System Executive Chief Nurse	Joined the Trust in July 2018. A joint appointment across CPFT & NCUH in September.
Helen Ray	Director of Operations	Left the Trust on 15 July 2018 to take up post in another NHS Trust.
Mandy Nagra	System Executive Chief Operating Officer	Joined the Trust on secondment from NHS Improvement in July 2018

Dr Vincent (Vince) Connolly	System Medical Director	Joined the Trust on 1 April 2019, on secondment pending substantive appointment & Acute Physician at the James Cook University Hospital, Middlesbrough.
Judith Toland	Executive Director of Workforce & Organisational Development	Joined the Trust on 5 November 2018. This was a joint appointment across CPFT & NCUH.
Ramona Duguid	System Executive Director of Strategy	Appointed in March 2019

Performance Evaluation Arrangements

Each NED is appraised by the Chair formally on an annual basis. The Chair was appraised by NHS Improvement during the year. In a similar way the executive directors and members of the wider executive team are appraised by the Chief Executive on a formal basis annually with ongoing one to one meetings taking place on at least a monthly basis for updates to be provided on progress against objectives. The performance of the Chief Executive in leading the organisation and being an effective member of the Board is assessed by the Chair.

Each member of the Board has in place a personal development plan to meet their own learning and development needs and to ensure the continuous development of the Board as a whole. Executive Directors' objectives mirror the strategic objectives of the Trust with an Executive Lead being assigned both to the attainment of strategic objectives and the management of risks to their achievement. The Board is further supported by the wider Executive team and senior operational and care group leadership teams. The committees of the Board undertake an annual review of their effectiveness and the way in which they have met the objectives set by the Board.

Trust Committee Structure

The Trust has in place a committee structure, which supports the effective governance and risk management of the organisation and the monitoring of performance. The key committees of the organisation have agreed terms of reference, which are outlined within the Trust's Standing Orders. Details of the Trust's key committees and the Standing Orders can be found via <http://www.ncuh.nhs.uk/about-us/how-we-govern>. Details are also provided in the Annual Governance Statement.

External Audit

The Trust's External Auditors are Grant Thornton UK LLP, 4 Hardman Square, Spinningfields, Manchester, M3 3EB. During the financial year ending 31 March 2019 the Trust paid Grant Thornton fees of £54,500 plus VAT for the audit of the Trust's financial statements and their opinion of whether the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of

resources (known as the Value for Money conclusion). An additional fee of £10,000 plus VAT was paid to Grant Thornton for their work on the Quality Account and a fee of £1,500 plus VAT was paid for independent review of the Trust's Charity's accounts for 2017/18.

Internal Audit

The Internal Audit service was provided by AuditOne. The service provides an independent and objective opinion to the Accountable Officer, the Board and the Audit & Risk Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives and an independent and objective consultancy service to help line management improve the organisation's risk management, control and governance arrangements. The A&R Committee considered and approved the contents of the Internal Audit Plan which was structured to enable the Head of Internal Audit Opinion to be provided for the year.

Counter Fraud

The Counter Fraud Service was provided by AuditOne. An annual plan for the service was approved and in place for the beginning of the financial year under review and regular progress reports have been received against the plan. Regular updates were also received on cases which AuditOne have been dealing with on the Trust's behalf. The work plan undertaken in the year was risk based to highlight areas at higher risk of potential fraud.

Charitable Funds

North Cumbria University Hospitals NHS Trust Charitable Fund has continued to support a wide range of healthcare services and facilities not normally provided for or in addition to the normal NHS service over the past year at the Trust.

This has been made possible by the generous donations and legacies from staff, local companies, patients and their families to Charitable Funds.

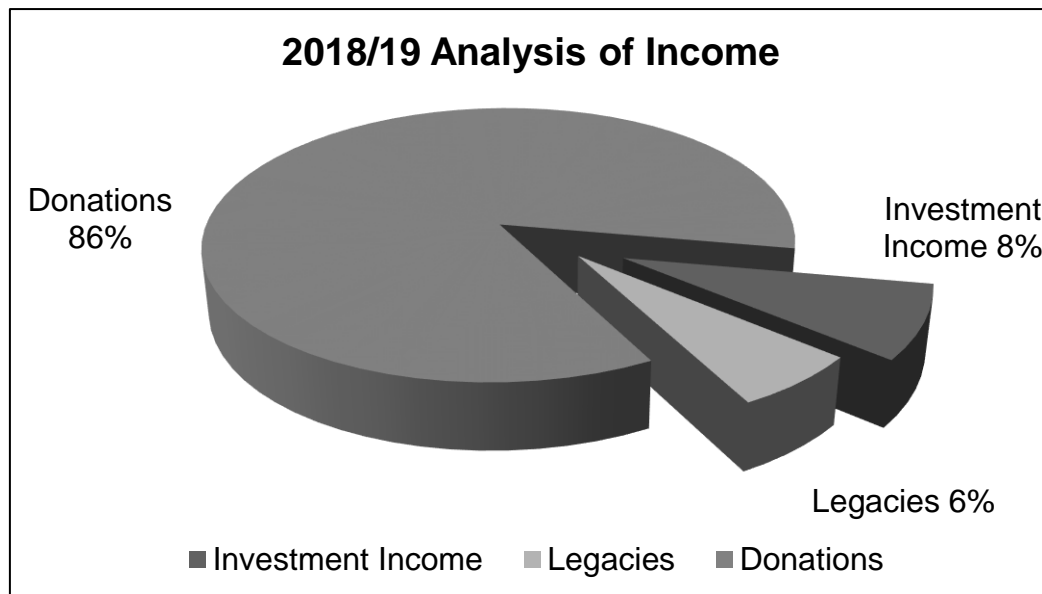
We are very grateful and wish to say a big thank you to everyone who has supported the Charity as it relies on these donations and legacies to fund its activities

The Charity is registered in England, registration number 1059946 and holds two general funds; one for West Cumberland Hospital and one for Cumberland Infirmary, alongside eight restricted funds which have been specifically registered for Cardiology, Renal, Breast Cancer, Cancer Services, CT Scanner, Radiotherapy, Children's Services and the Healing Arts.

The Charitable Fund has a Corporate Trustee, which is the North Cumbria University Hospitals NHS Trust Board who in turn has devolved management of the Fund to the Charitable Funds Committee.

Income Received

The total value of income received in 2018/19 was £341k (2017/18: £317k). Donations received were £292k (2017/18: £230k), legacies £21k (2017/18: £57k) and investment income was £28k (2017/18: £30k).

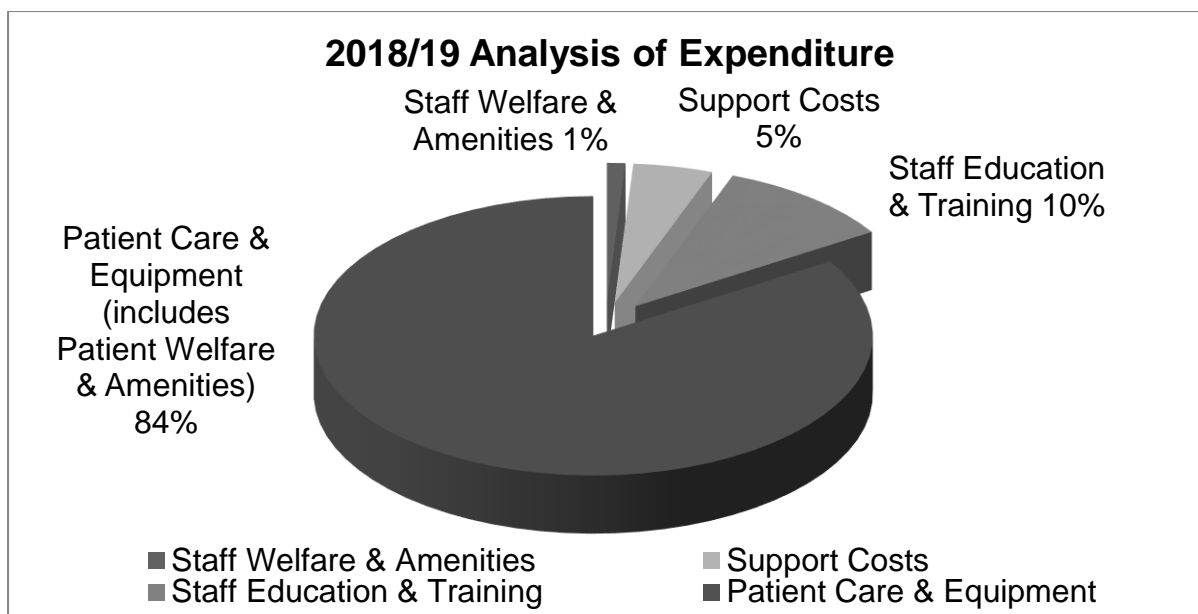


The Charity's £500k investment in CCLA's COIF Charities Ethical Investment Fund was valued at £585k at 31 March 2019 giving rise to a gain on investment of £5k during 2018/19. The Charity has no plans to sell the investment during the next 12 months.

Resources Expended

The total expenditure of the Charity in 2018/19 was £847k (2017/18: £497k). North Cumbria University Hospitals NHS Trust has benefited from revenue and capital payments from the charity amounting to £806k (2017/18: £456k) to enhance patient experience and support staff in the delivery of high quality care within the Trust.

Over the year, the charity has supported a wide range of healthcare services and facilities in respect of patient care and equipment, patients' welfare and amenities, staff education and training, and staff welfare and amenities at the Trust.



Patient Care and Equipment

In 2018/19 a total of £690k was granted to be spent on medical and surgical equipment, furniture, information technology equipment and minor building works (2017/18: £393k). These grants are used for improvements in the quality of care and comfort of patients.

Expenditure during the year included the Renal Unit expansion at West Cumberland Hospital approved towards the end of 2017/18. This allowed more patients to be treated closer to their homes in west Cumbria and improved facilities for the staff.

During 2018/19 a grant for up to £200k was approved to spend on enhancing the environment in the new Henderson Suite Chemotherapy Unit at West Cumberland Hospital as pleasant as possible for patients, their families and friends and the staff working there.

Grants continued to be awarded to support the new hospital environment at West Cumberland Hospital during 2018/19. As work continues to develop the rest of the site there are plans for further expenditure to enhance the surroundings for patients and staff.

Patient Welfare and Amenities

During 2018/19, over 70 grants totalling £20k were awarded (2017/18: £19k) to help improve the quality of care received by patients, grants were spent during the year on health and wellbeing days for patients, refreshments and activities for patient groups, newspapers and other items for patients.

Staff Education & Training

In 2018/19 a total of £88k (2017/18: £70k) was granted to staff employed by the

Trust to further develop their clinical knowledge and skills and update them on the new ideas, best practice and modern techniques in their specialties.

Staff Welfare and Amenities

12 grants were given for staff welfare and amenities in 2018/19 amounting to £9k (2017/18: £4k). Amongst other things, the staff welfare and amenities grants help to fund staff Christmas festivities and other staff functions during the year which help to strengthen staff morale and their capacity to serve their patients well.

Support Costs

In 2018/19 support costs of £34,850 (2017/18: £34,850) have been paid to North Cumbria University Hospitals NHS Trust for providing administrative and financial services to the Charity. The service includes the day to day management of the funds and the preparation of all statutory reports and returns. Remaining support costs were £3,980 (2017/18: £7,880) and this includes audit fees and banking charges.

If you would like to make a donation to the charitable fund please visit our website at www.ncuh.nhs.uk/about-us/charity-and-fundraising/make-a-donation.aspx for information on the ways in which you can do this.

Annual Governance Statement 2018/19

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 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 Trust Accountable 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 North Cumbria University Hospitals NHS Trust (the 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 the 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 and risk management arrangements

The Chief Executive has overall accountability for risk management within the organisation and discharges that duty through the Executive Directors who have collective responsibility for maintaining a system of sound internal control. The System Executive Chief Nurse with responsibility for governance is the Executive Director of Nursing who supported by the Director of Nursing and the Company Secretary coordinates governance and risk management across the organisation.

During 2018/19 we worked increasingly collaboratively with Cumbria Partnership NHS Foundation Trust (CPFT) and together we have introduced shared governance and leadership structures across all of our services. As part of our integration with CPFT, some changes were made during the year to care group structures. Some of our care groups now incorporate services from both Trusts. An example of this is the Children and Family Care Group. Activity to align quality governance arrangements has taken place during the year through alignment of policies and meetings structures. Further integration and alignment work will be undertaken during 2019/20 to refocus our clinical governance arrangements within our integrated structures and to embed quality improvement as the driving principle of our governance frameworks.

Senior clinical leaders are in place throughout each of our care groups. They are responsible for driving improvements to quality and safety, and actively support our staff in the identification and management of identified risks. Care groups are supported by staff within Corporate and Support Service teams who are specialists in various aspects of risk management, and who are a central resource for training, advice and guidance. During the year we have integrated most of our support service teams with those within CPFT and have aligned our systems and processes so that, collectively, our Corporate and Support Service teams provide support across both Trusts.

A 'best of both' principle was adopted to the work undertaken during the year with CPFT to refresh and align our quality governance, clinical risk management and leadership frameworks to ensure good practice in both Trusts formed the basis of our aligned arrangements to identify, manage, escalate and report risks, as appropriate to the scale and nature of the risk. The Board has line of sight to the management of significant operational and strategic risks through the Board Assurance Framework (BAF) and through the functioning of its committee and governance frameworks.

Risk management is part of the Trust's mandatory training programme and staff are supported to additional subject-specific training and core skills training including risk management, which make up the overall training programme.

The Board has line of sight to the management of significant operational and strategic risks through the BAF and Corporate Risk Register together with the functioning of its committee arrangements.

The Board Development programme during the year has also incorporated risk management training for board members through activity to review and update of strategic risks that underpin the BAF, review and development of the risk appetite statement, and most recently in March 2019, a review of the risk and assurance escalation flows to inform the development governance framework.

The risk and control framework

Trust Board

The Board consists of a Non-Executive Chair, five Non-Executive Directors and seven Executive Directors (including the Chief Executive). The Deputy Chief Executive is entitled to exercise the voting rights of the Chief Executive during a period of incapacity or absence and the Executive Director of Workforce & Organisational Development is a non-voting member of the Board.

Changes to Board Membership

There were a number of changes to Board membership during the year. Substantive appointments were made to the System Executive Chief Nurse, System Executive Director of People & Digital, System Executive Chief Operating Officer, Executive Medical Director and Executive Director of Strategy. The Executive Director of Strategy (non-voting) was also appointed to the Board of Directors during Quarter 4 of 2018/19. All Executive Directors have the remit across both Trusts. Three Non-Executive Directors are appointed to both Trusts. In February 2019, NHS Improvement agreed the appointment of Prof. Robin Talbot as chair of both CPFT and NCUH for a two-year term, to take effect following the retirement of NCUH Chair in March 2019. Prof. Talbot has been chair of CPFT since September 2017. These changes reflect and demonstrate our commitment in moving toward an integrated health and care system, but do not diminish our responsibilities and accountabilities as an NHS Trust. As at 23 April 2019 the Trust has:

- Six Non-Executive Directors (the Chair plus five other Non-Executive Directors, three of whom also have NED roles with CPFT)
- Eight Executive Directors, five of whom have voting rights
- No Executive Director or Non-Executive Director vacancies

The balance between Executive and Non-Executive Directors on the Board remains in line with our Standing Orders. Further details about Board members and changes to Board membership during the year can be found in the Directors Report and the Remuneration Report.

During Quarter 4 of 2017/18 a review was undertaken of the corporate governance structures that support Board subcommittee effectiveness in order to prepare for and implement aligned board-level governance arrangements across both Trusts which took effect in April 2018. During quarters 1 and 2 activity focussed on the alignment of clinical and corporate governance meetings structures to support the aligned board level arrangements. These took full effect from October 2018.

At the time of writing, following agreement from CPFT Governors Council in November 2018 and approval of the Strategic Case by NHSI in February 2019, activity is underway to prepare for CPFT and NCUH to merge to become a single organisation. The aim is that the new Trust will 'go-live' in October 2019 following approval of the Full Business Case by the Board of Directors in June 2019, and subject to successful progress through the Transactions process with NHSI. As this transaction is technically an acquisition of NCUH by CPFT the new Trust (name not yet confirmed at time of writing) will be a Foundation Trust.

A programme management approach has been adopted to prepare for and manage the merger transaction. Work streams led by Executive Directors deliver the required activity and report progress into the Programme Board which is chaired by the Chief Executive. Governors Council are engaged in the process and have been involved in the review and development of the Constitution for the merged organisation.

At the time of writing a further review is ongoing to explore opportunities to enhance the effectiveness of the Trusts' governance framework, taking into consideration feedback received in March 2019 from NHS Improvement as part of their supportive 'Moving to Good' programme. This reviews is likely to result in some changes to the governance framework and associated meetings structures which will be implemented during 2019/20.

Meetings that have been in place during 2018/19 and any changes or adjustments to their arrangements within the year, are set out below.

Board and Board level committees

The Board is supported by a governance structure as follows, which deals with various components of corporate governance and risk. With the exception of the A&R Committee and Charitable Funds Committee all meetings described below happen in an aligned manner with CPFT (meeting at the same place, at the same time). These aligned arrangements recognise the statutory duties of both Trusts as

separate legal entities whilst also enabling efficiencies through avoiding duplication of senior managers' attendance at meetings.

- Quality and Safety Committee (Q&S) – the designated Board subcommittee which oversees quality and safety issues. It is chaired by a Non-Executive Director (NED) and has Executive and NED membership. The Q&S Committee monitored clinical risk management performance throughout the year and made recommendations to the Board as appropriate.
- Finance Investment and Performance Committee (FIP) - the designated Board subcommittee which oversees financial, corporate performance and investment issues. It is chaired by a NED and has Executive and NED membership. The FIP Committee monitored risks to operational and financial performance throughout the year and made recommendations to the Board as appropriate.
- Charitable Funds Committee – this designated Board subcommittee which oversees the management of Charitable Funds held by the Trust.
- Audit & Risk Committee (A&R) – an independent committee and senior Board subcommittee, with all members NEDs. The A&R Committee has responsibility for overseeing risk management and internal control. The A&R Committee agreed audit plans with our internal and external auditors and received progress updates and audit opinions throughout the year.
- Remuneration Committee – wholly NED membership.
- Executive Leadership Group – membership is Executive Directors, led by the Chief Executive. In practice, due to the joint roles held by the Chief Executive and a number of other Executive Directors across both Trusts, this meeting takes place as a joint Executive Team meeting. The Joint Company Secretary also attends these meetings.

High level governance meetings that support Board subcommittee effectiveness

- Clinical Management Group (CMG) (formerly Trust Management Board (TMB)) - the senior operational management group led by the Chief Executive and attended by Executive Directors, senior operational and clinical leaders within care groups and Heads of Support Services. CMG monitors risks to operational, clinical and financial performance and escalates issues and risks to Board level Committees as appropriate.
- Trust Wide Clinical Governance Group (TWCGG) – the senior forum for clinical governance, led by the Deputy Director of Nursing and Quality (April 2018 – September 2018) and System Executive Chief Nurse (October 2018 – April 2019). This group monitors risks to quality and safety and provides updates to our Q&S Committee. Representation at the meeting includes the Medical Director, senior clinicians within care groups and senior managers within support services. The change in leadership of this group part way through the year arose following the substantive appointment of the System Executive Chief Nurse. In

April 2019 this meeting was 'stood down' with alternative arrangements taking effect from May 2019 as part of changes to the governance framework.

- Joint Leadership Development Group – led by the Chief Executive and including Executive Directors and senior managerial and clinical leaders, with a specific focus on the development and implementation of Trust strategy. During the year membership of this group expanded to also include senior managers from the North Cumbria Clinical Commissioning Group.
- Compliance Board - led by the System Executive Chief Operating Officer and including Executive Directors and senior managerial and clinical leaders, with a specific focus on CQC compliance.

During 2018/19 the effectiveness of our Board and committee was evaluated through a survey involving Board members and members of each Board sub-committee, and also through consideration of the Committees performance against their work plans. This evaluation indicated each Committee had met and fulfilled their functions in accordance with their Terms of Reference although identified the need to review the future format of board effectiveness surveys.

Trust Governance Framework & Priorities

Our Board last agreed the Trust's Governance Framework and Priorities in November 2018 and will be reviewing it again 2019/20 as part of the alignment of governance and risk management processes with CPFT.

The System Executive Chief Nurse is accountable for ensuring appropriate systems and processes are in place to enable the implementation of the Trust's Governance Framework and Priorities. Our Governance Framework and Priorities is implemented through the Risk Management Policy which sets out the framework for how risks are identified, evaluated and controlled. Risks can be identified through a variety of means, including investigations into incidents through to changes in the way services are designed or delivered. Risks, once identified, are assessed using the risk assessment methodology set out within our risk management policy and recorded within our Ulysses risk management system. Operational risks are managed on a day-to-day basis by staff throughout the organisation through the Trust's governance structures. Risks which are complex in nature that require senior management attention are escalated through our governance frameworks (ultimately to the Board of Directors) for decisions on how the risk will be managed. Risks which have strategic impacts are recorded in our Board Assurance Framework (BAF).

Central to our integrated approach to risk governance is risk appetite. In June 2018 the Trust agreed a joint risk appetite statement, joint strategic objectives and joint strategic risks with CPFT. In setting out our appetite for risk, the Trust uses a risk appetite framework based upon that promoted by the Good Governance Institute but which it has expanded to include wider range of risk domains that reflect complex sustainability challenges currently facing the NHS. Board members' individual risk

appetites inform a collective debate on the organisational risk appetite which is then agreed by the Board of Directors.

The System Executive Chief Nurse is accountable for ensuring appropriate systems and processes are in place to enable the implementation of our Risk Management Strategy.

The Risk Management strategy is also delivered through other policies and procedures that support the activities mentioned above, including:

- Policies on specific risk areas, including policies and procedures with respect to countering fraud and corruption.
- Policies for the reporting and investigation of incidents, complaints, concerns, and claims.
- A risk-based training programme based on an annual analysis of skills and competencies required to support the delivery of safe and effective services.
- Induction programmes for our staff.
- Training delivered by a combination of in-house experts and external partners, that gives the flexibility to provide tailored training to meet the needs of individuals with additional risk management responsibilities.
- Reporting to the Board and its committees on quality governance matters, including patient safety, patient experience, performance against key performance indicators and other regulatory and compliance requirements.

Trust Risk Profile

Risk management is fundamental to how the Trust operates. The Trust's risk appetite is articulated in our Governance Framework & Priorities document 2018/19. Risks are identified and evaluated using a 5 x 5 risk grading matrix, and recorded and reported in accordance with the Risk Management Policy.

Top strategic risks are managed through the Board Assurance Framework (BAF). Work activities of the Board and Board level committee are aligned to the BAF in order to enable line of sight to the management of strategic risks.

All operational risks are recorded in the Trust's risk management information system (Ulysses). Those risks recorded within Ulysses collectively form the Trust's risk register. The risks recorded on the Trust's risk register which scored 15-25 i.e. high risks, are also identified on the corporate risk register. An Executive Director or other senior manager is formally accountable for each recorded risk on the Trust's risk register. Individual responsibilities include ensuring appropriate arrangements are in place for effective risk management and mitigation.

During Quarter 1 the Boards of both Trusts agreed joint strategic objectives, joint strategic risks and an aligned approach to the BAF. The first 'joint' BAF was agreed in July 2018 and is reviewed on a quarterly basis.

The BAF is subject to formal review by the A&R Committee every six months and quarterly by the Board, Q&S Committee and FIP Committee. The CMG has responsibilities for risk management performance and receives monthly updates on the management of risks on the corporate risk register. The BAF review process, which takes place on a quarterly basis, incorporates a review of the risks on the corporate risk register. The management of risks is a routine item for discussion at each of the care groups' clinical governance forums.

Top Strategic risks

We take assurance that our quality governance arrangements are effective from a range of sources including audits by our Internal Auditors, and reviews by external bodies such as the CQC. We recognise that balancing high quality care with long term financial sustainability and delivering integrated care are significant and challenging strategic risks. These are integral to our BAF. We are working with our STP partners on major transformation programmes which span the Cumbria footprint to find workable solutions to these very challenging strategic risks. Examples of transformational schemes include the future provision of mental health services across Cumbria which we are working with our commissioners and regional partners to progress, and partnership working with GP practices to enable a more sustainable model for primary care across north Cumbria.

In June 2018, in collaboration with the Board of CPFT, the Board reviewed the top strategic risks and major operational and clinical risks facing the organisations, and agreed the following top strategic risks which form the basis of our aligned BAF. In January 2019 the Board agreed the inclusion of an additional risk (Risk 10) within the BAF relating to the impacts on integrated support services from transferring mental health services out of CPFT to alternative providers in line with Commissioner Intentions.

- | | |
|--------|--|
| Risk 1 | Leadership and workforce is not sufficient to deliver the scale and pace of transformative change |
| Risk 2 | Cultural change to improve quality and empower people is not sustained |
| Risk 3 | Engagement with the public and partners is not effective in achieving positive change that improves or transforms services |
| Risk 4 | Quality of services (experience, safety, outcomes) are not improved because programmes to transform, integrate and save have adverse quality impacts |

- Risk 5 Financial sustainability is not achieved as the effectiveness of cost reduction plans and implementation of new service models does not deliver the anticipated financial benefits set out in our long term plans
- Risk 6 Health and Health Service improvement plans are impeded by dependency on key partners who are not sufficiently ready / able to support our plans
- Risk 7 Vulnerable services become too unstable to continue during the implementation of wider transformation programmes across Cumbria and North East
- Risk 8 Infrastructure developments are not sufficiently enabling of transformation
- Risk 9 Fragility within primary care impacts our ability to effectively manage patient flow
- Risk 10 Support services are insufficiently resilient to effectively support the Trust following transfer of mental health services to an alternative provider

The BAF is reviewed on a quarterly basis, with the framing of top strategic risks being reviewed on at least an annual basis, usually during Quarter 3.

Significant operational and clinical risks

Risks are identified, managed and monitored through our governance frameworks, in accordance with the Risk Management Policy and the aligned performance framework. Risk reporting and measurement are actioned through our Outcomes Framework, quality and safety dashboards, and via the risk management information system (Ulysses) - all of which enable line of sight to risk management performance at all levels throughout the Trust.

Examples of significant operational and clinical risks affecting the Trust noted within the corporate risk register include the following:

- Resilience and performance of the IT network infrastructure
- Overcrowding in the emergency department
- Medical staffing at West Cumberland Hospital emergency department
- Ability to meet the better payments practice code

Quality governance

Quality governance is a key activity of the Board to ensure essential levels of quality and safety are met. External sources of assurance include:

- Internal and external auditors
- Care Quality Commission
- NHS Litigation Authority
- Other visits and inspections from regulatory agencies

The role of internal audit is to provide independent, objective assurance on the robustness and effectiveness of the Trust's systems and processes and to add value by identifying opportunities for improvement. The role of external audit is to perform an audit, in accordance with specific laws or rules, of the Trust's financial statements and is independent of the Trust.

Internal sources of assurance include:

- Activities undertaken by Clinical Divisions and the Corporate Governance Department
- Performance metrics
- Non-executive visiting programme
- Incident reporting
- Patient and carer feedback and staff surveys

To comply with the governance conditions of the Provider Licence, the Trust is required to provide a Corporate Governance Statement to NHS Improvement (NHSI). The Corporate Governance Statement relating to 2017/18 was presented to the Board of Directors for formal acceptance in May 2018 with the Statement for 2018/19 expected to be presented in May 2019. The Corporate Governance Statement sets out any risks to our compliance with the governance conditions, along with the actions taken or being taken to maintain future compliance. The statement sets out a number of key questions essential for quality governance, with evidence gathered through self-assessment or review. The Chief Executive has overall responsibility for ensuring compliance with the Trust's Provider Licence conditions, which he discharges through the Executive Team.

The Trust expects to comply with all of the Provider Licence conditions in 2019/20. Should there be any indications to the contrary we will ensure NHSI are notified as soon as they become apparent. NHSI is regularly apprised of the Trust's financial position.

Incident reporting

A positive approach to incident reporting is communicated through Trust policies and procedures. Within the Trust, the reporting of incidents or concerns is encouraged and is used as a tool to learn and improve. The Trust has a clear focus on open and honest reporting of incidents, with investigation into an incident proportional to the level of harm or potential harm, as detailed in the Trust's Being Open/Duty of Candour and Serious Incident policies.

The Trust has a designated Freedom to Speak Up Guardian who provides regular updates to the Trust Board.

Incident Management

Serious incidents which occur within the Trust are reported to the Trust's Commissioners. After reporting the incidents, a root cause analysis (RCA) is undertaken for each incident reports. An investigation report, including an action plan, is produced following the RCA investigation with the report initially reviewed by the Trust Divisional Safety and Quality Meeting and then by the Trust Patient Safety Panel, chaired by the Medical Director. Once approved, the report is submitted to the Commissioners. Actions arising for the investigation are monitored within the Divisions and by the Patient safety Panel until they are completed.

The Trust has declared 72 serious incidents, including two Never Events during this financial year. An annual analysis of themes from serious incidents during the year is undertaken to ensure that the wider contributory factors are informing the themes of learning across the organisation. These have been taken into account in the setting of quality priorities for the year.

The Trust has continued with the sharing of Trust-wide safety information through specific patient safety alerts, Trust-wide safety newsletter and where appropriate patient safety summits.

Coroner Regulation 28

The Trust was issued with one Regulation 28 notice in 2017/18 following the death of an inpatient in November 2016. Action to address this Regulation 28 notice continued into 2018/19 which included holding a patient safety summit during the summer of 2018 to discuss patient safety and learning. Human Factors training has also been reviewed with the aim to build further on this during 2019/20.

Saline Investigation

The Trust has been continuing to work closely with Cumbria Constabulary since January 2017 when a small number of saline bags appeared to have been tampered with at the Cumberland Infirmary. There was no patient harm or adverse effects related to this incident. This investigation has now concluded.

Quality Impact Assessments

As part of our collaborative working with CPFT, an aligned approach to undertaking quality impact assessments was agreed by the Q&S Committee in April 2018 and has been applied throughout the year. The approach to undertaking quality impact assessments takes a holistic approach to assessing the impacts of major change schemes, including those proposed within our efficiency programme. The impact assessment approach enables decisions to be made based upon a balance of risks to quality, equality and the clinical and financial sustainability of services. The process is jointly led by the System Executive Chief Nurse and Executive Medical Director and overseen by the Q&S Committee. It is also integrated into the Trust's

business planning process, which evolved during the year to integrate and incorporate the Trust's approach to workforce planning.

Board level assurance on the timely undertaking of impact assessments is provided through the Q&S Committee who also have a role in the EQIA approvals process. During 2019/20 the EQIA process will be strengthened further through undertaking evaluations of post-change impacts compared with anticipated impacts.

Workforce strategies

The Q&S Committee receive routine nurse staffing reports throughout the year, including fill rates and care hours per patient day (CHPPD).

The People Plan for the North Cumbria Integrated Health and Care System, approved by the Board in March 2019, sets out the strategic delivery approach to ensure a sustainable workforce. It also states the annual delivery plan priorities for 2019/20. Priorities for 2019/20 include developing an attraction plan and improving recruitment processes, and also designing an effective, inclusive and engaged workforce through local plans that meet the needs of the population built on multi professional working and new roles. Delivery of the people plan will be overseen through the Q&S Committee.

The Trust uses the population centric model for workforce planning and has a draft workforce plan. The model hospital approach is being used to identify opportunities for workforce efficiencies, although this is at an early stage of development and will be incorporated into our workforce planning approach during 2019/20.

A workforce planning group is in place, which is chaired by the System Executive Director of People & Digital and which has representation from primary care, nursing and Allied Health Professions. Our lead officer for workforce planning is a member of the workforce planning group. A workforce planning summit is planned to take place during 2019 and will involve a wide range of stakeholders.

In summary, the Trust has staffing governance processes in place although these are currently immature and will be strengthened to become embedded over 2019/20.

Business conduct / conflicts of interest

The 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 (<https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/>)

The Trust's Standards of Business Conduct policy was updated in 2018 to reflect changes to legislative requirements and to become a joint policy with CPFT. Policy requirements are being implemented on a phased approach during 2018/19 and

2019/20. This commenced with an update of Board members' in Quarter 3 of 2019/20, medical and senior clinical and non-clinical decision makers during Quarter 4 of 2019/20, with declarations for the remainder of individuals and groups stated within Trust policy being updated during 2019/20. Information on our 'declarations of interest' internet page will be updated on a progressive basis during the phased implementation period. Delivery of the phased implementation plan is being overseen by the A&R Committee.

Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). The Trust came out of special measures in late March 2017 and was rated as 'Requires Improvement'. During 2018/19 the Trust underwent a formal inspection by the CQC against the CQC and NHSI's joint 'Well Led' framework. The Trust was rated as 'requires improvement' however a number of notable improvements were identified since their last inspection of the Trust in 2015. Details of the outcome of the CQC's inspection, how we are responding to their recommendations, and details of our quality governance arrangements can be found in the Quality Account. Our 2018/19 annual self-assessment against the CQC and NHS Improvement's joint Well Led framework commenced in March 2019, with the outcome of that assessment due to be formally considered by the Board in June 2019.

NHS Pension Scheme

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.

Equality, Diversity and Human Rights

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

Environmental Issues

The 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

In November 2018 the CQC published their report on their Use of Resources inspection of the Trust which was undertaken in July 2018. The CQC assessed the Trust as 'Requires Improvement' for how productively the Trust uses its resources

and gave a combined rating of 'Requires Improvement' for quality and use of resources which took into account their Well Led inspection of the Trust conducted during August 2018. Actions to address the recommendations from the Use of Resources inspection have been progressed through our efficiency programmes. Details of how we responded to the Well Led inspection are provided in the Quality Report.

The Trust closely monitors budgetary control and expenditure through the Financial Delivery Group, Clinical Management Group and, at Board level, through the FIP Committee. A dedicated programme management team support the identification and delivery of schemes which improve efficiency and positively impact the Trust's overall financial efficiency efforts.

The Executive Director of Finance & Estates presents finance reports to both the FIP Committee and the Board of Directors. Through the Trust's Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation the Board of Directors has created clarity regarding delegated authority levels across the Trust. Executive Directors and managers have responsibility for the effective management and deployment of their staff and other resources to optimise the efficiency of each area of the Trust's operations.

The Board receives both performance and financial reports at each of its public meetings in addition to reports from the chairs of its committee, to which it has delegated powers and responsibilities. When required, the Board receives further assurance provided by its internal and external auditors.

The 2-year financial plan for 2017/18 and 2018/19 was developed based on a number of assumptions about the degree of financial recovery that could be delivered over the two year period. We recognised there were risks to the delivery of the 2-year plan which we alerted NHSI of through caveats within the 2-year operational plan and through separate correspondence and routine contacts.

Through concerted efforts driving efficiencies during the year and through our collaborative working with system partners, NCUH's year-end financial out-turn of £30.1m resulted in achievement of our financial control total. As a result of deploying our risk sharing agreements the north Cumbria system will receive, with bonuses, approximately £20.9m from the Provider Sustainability Fund for 2018/19. The financial plan for 2019/20 has been developed in conjunction with CPFT and North Cumbria Clinical Commissioning Group and was agreed by both Boards in March 2019. There are significant risks to the delivery of the financial plan and many of the caveats notified to NHSI for the 2018/19 financial plan remain relevant into 2019/20.

The Trust was rated as being placed in Segment 3 under NHSI's Single Oversight Framework at 22 April 2019. You can find further details about ratings in the NHS Improvements Single Oversight Framework Report.

We continue to reduce reliance on agency staff during the year where possible and controls are in place to control expenditure on agency workers. Board-level oversight of expenditure on agency workers is undertaken by the FIP Committee as part of the Board level performance reports. Information is also readily available to front line managers through quality and safety dashboards.

Information governance (IG) and data security

The Trust reported two incidents via the Data Security and Protection Toolkit to the Regulator during 2018/19. One incident related to a clinical letter sent to the wrong address, the other related to health assessment information sent to the wrong patient. Both incidents were investigated and investigation reports sent to the Information Commissioners Office with recommendations completed for improvement. We are committed to learning from all incidents with a view to preventing recurrence in the future. You can find further details about our Information Governance and data security arrangements in the Quality Report.

Annual Quality Account

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.

The Trust has arrangements in place to assure the Board that the Quality Account presents a balanced view and that there are controls in place to ensure the accuracy of data. Overseeing the Quality Account preparation and content was the responsibility of the System Executive Chief Nurse during 2018/19.

The Trust recognises that good quality data is essential for the delivery of safe and effective care to our patients as well as enabling us to manage services and performance. A governance framework is in place which oversees data quality performance from operational services through to Board level. Data quality performance is overseen by the Information Team. The quality and accuracy of elective waiting time data is monitored by the Patient Tracking Team and reported weekly to Executive Directors. Key performance indicators (KPI) are subject to data quality and data validation processes. Performance is routinely reported and regularly reviewed at all levels within our governance structures and includes monthly review by the Board. A balanced view of our data quality is obtained through comparing and analysing data accuracy from checks undertaken by front line staff and service managers, and through independent audits undertaken by our internal and external auditors. Further details about quality highlights can be found in the Quality Account.

Review of effectiveness

As Accountable 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 Trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in 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 A&R Committee, the FIP Committee and Q&S Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The System Executive Chief Nurse is responsible for developing and delivering the clinical audit programme and for ensuring the audit programme supports a process of continual improvement. The Trust Wide Clinical Governance Group (TWCGG), which reports into the Q&S Committee, oversees the clinical audit programme. The Q&S Committee receives monthly updates from the TWCGG on the management of risks to quality and safety.

The Q&S Committee, FIP Committee, Charitable Funds Committee and A&R Committee each have activity schedules framed around enabling the Board of Directors to have line of sight to any significant risks to internal control. An annual evaluation of committee effectiveness is undertaken for each of these Board committees. This is a self-assessment by committee members and regular attendees, the outcome of which is considered by the A&R Committee.

Through concerted efforts driving efficiencies during the year as a result of our collaborative working with system partners and through the risk sharing agreements with our system partners, we achieved our financial control total, enabling the north Cumbria system to receive, with bonuses, approximately £20.9m from the Provider Sustainability Fund for 2018/19. The financial plan for 2019/20 has been developed in conjunction with CPFT and North Cumbria Clinical Commissioning Group and was agreed by both Boards in March 2019. There are significant risks to the delivery of the financial plan and many of the caveats notified to NHSI for the 2018/19 financial plan remain relevant into 2019/20.

The financial plan for 2019/20 includes further DHSC revenue support loans to finance the planned deficit, in line with the Trust's control total. The Board assumes that this finance will be made available to the Trust. Delivery of this plan is dependent on achieving efficiencies at a level that can only be secured by working closely with other organisations within the local health and care system. The Board is

committed to this and is satisfied that strong partnership working arrangements are in place.

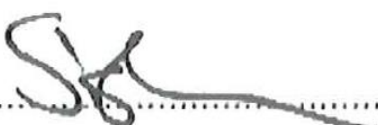
Steady progress being made on fire safety rectification works. The Trust reversed the impairment made to the Cumberland Infirmary building by £2.7m at 31 March 2019 to reflect the progress during 2018/19. There is an estimated £2.5m of works remaining outstanding at 31 March 2019 which HMC believe they will complete during 2019/20

Our internal auditors awarded substantial, good or reasonable assurance on all but three audits they undertook during the year. The three audits with limited assurance related to Business Continuity, Management of Medstrom and Ricoh Contracts, and Non-EEA Recruitment Processes. Progress on implementing recommendations from all audits is overseen by the A&R Committee.

The Head of Internal Audit has given an overall opinion of good assurance that there is a sound system of internal control, designed to meet the Trust's objectives, and that controls are generally being applied consistently.

Conclusion

As Accounting Officer and based on the review process outlined above, I conclude that no significant internal control issues have been identified during the year.

Signed.......... Date: 23 May 2019

Prof. Stephen Eames
Chief Executive for NCUH & CPFT

3c Remuneration and Staff Report

Average FTE by Staff Group 2018/19

	2018/19			2017/18
	Total	Permanently employed	Other	Total
Average Staff Numbers				
Medical and dental	473	389	84	462
Administration and estates	944	942	2	950
Healthcare assistants and other support staff	529	529	0	505
Nursing, midwifery and health visiting staff	1,141	1,134	7	1,154
Scientific, therapeutic and technical staff	309	307	2	293
Healthcare Science Staff	269	266	3	265
Other	4	4	0	5
Total	3,669	3,571	98	3,634

Gross Staff Costs 2018/19

	2018/19			2017/18
	Permanently Employed	Other	Total	Total
Staff Costs - Gross	£000s	£000s	£000s	£000s
Salaries and wages	135,634	8,314	143,948	135,132
Social Security costs	12,203	748	12,951	12,738
Apprenticeship Levy	632	38	670	638
Employer's contributions to NHS Pensions	15,354	941	16,295	15,675
Pension cost - other	49	0	49	20
Temporary staff	0	12,688	12,688	13,810
Total staff costs	163,872	22,729	186,601	178,013
Of which:				
Costs capitalised as part of assets	262	53	315	479

Staff Numbers and composition

The headcount by gender split as at 31/03/2019 is as follows:

Role	Female Headcount	Male Headcount
Directors (Executive and Non-Executive Directors)*	6	8
Other Senior Managers	0	1
Employees	4,277	1,066

*The numbers reported are the full Joint Transitional Executive and Non-Executive Team for North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust (CPFT), not all individuals are employed by CPFT but the data is included for completeness.

Sickness absence

Figures Converted by DHSC to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Day per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
3,498	34,444	9.85	1,276,803	55,876

The Trust implemented a new joint Attendance Management Policy during 2018/19 to manage sickness absence, managers are actively supported by Human Resources to identify breaches and monitor staff absenteeism.

Target rates for sickness absence for 2018/19 remained at 4% overall, 1.5% for short term absences, i.e. absences of less than 28 days in length and 2.5% for long term absences.

The average annual rate of sickness for the financial year 2018/19 was 4.57% with an estimated cost of sick pay of almost £5.2m. The Trust had a target rate of 4% and this was achieved in May 2018 (4.06%) and June 2018 (3.69%). A target rate for short term absences, absences of less than 28 days in length, was set at 1.5%. This was achieved with an average rate for the year of 1.31%. The majority of sickness (28.1%) is due to anxiety, stress, depression and other mental health illnesses. When making a comparison against the average rate of sickness in the previous year 2017/18 (4.36%) there has been an increase of 0.21%.

Health and wellbeing initiatives are being actively promoted including an employee assistance programme provided by Validium and physiotherapy services available to staff via self-referral through Occupational Health.

Staff policies and actions applied during the financial year

Policies relating to our staff continued to be reviewed and updated throughout 2018/19. Both Trusts also continued the joint consultation process to develop and agree workforce related policies across both Trusts to ensure consistency in how staff are treated across both organisations. The first policy agreed was the Joint Organisational Change Policy and subsequently all of the main workforce related policies have been developed and agreed including Absence Management, Disciplinary, Grievance and Pay Protection.

All revised policies went through local Equality Impact Assessment processes, and the HR team work in conjunction with the occupational health service and line managers to ensure any reasonable adjustments which are required to either sustain a staff member in post, or assist a return to work are put in place where appropriate as quickly as possible.

We continue to operate an equal opportunities policy and has maintained its Disability Confident status which replaced the Two Ticks Positive Action Scheme in 2016. We were awarded level 2 Disability Confident – Employer status and are committed to ensuring they meet the requirements of the scheme which includes continuing to support candidates that identify themselves as having a disability apply for posts under the guaranteed interview scheme.

During the financial year 2018/19 staff consultation, engagement and involvement has continued through the well-established and well attended monthly Joint Partnership Forum. This is a joint forum which represents both Trusts.

Significant staff consultation and engagement has been targeted around the integration of services across both Trusts with the first phase commencing in 2018/19 in relation to support services. Integration of other services, including clinical services, will continue throughout 2019.

Equal Opportunities, Equality & Diversity and Disability

The Trust Equality, Diversity and Inclusion (EDI) report, which is available on the Trust website, provides information on how both Trusts are meeting their legal duties set out in the Equality Act 2010, the Public Sector Equality Duty 2011 and the Human Rights Act 1998 which aim to:

- Eliminate unlawful discrimination, harassment and victimisation and other unlawful conduct
- Advance equality of opportunity between people of different groups; and
- Foster good relationships between people who share a protected characteristic and those who do not.

Modern Slavery Act

As of October 2015 all commercial organisations carrying on business in the UK with a turnover of £36m or more have to complete a slavery and human trafficking statement for each financial year. The Modern Slavery Act consolidates offences relating to trafficking and slavery (both in the UK and overseas). As a large business we need to publicly state each year the actions we are taking to ensure our suppliers are slavery free. We continue to work within the act.

Appraisals

We have a values based approach to appraisal's supported through training for managers which aims to ensure:

- All staff to have a meaningful appraisal that is linked to our values and translates the work of the Trust to individual objectives.
- All staff to have a personal development plan (PDP)
- Supporting performance through a coaching culture.

The Trust has an appraisal window which links with the business planning cycle to ensure objectives are aligned to the Trusts priorities and staff can understand how they are contributing. The Trust has a target for 85% of all staff to have an appraisal within the last 12 months which was exceeded in 2018/19.

Workforce strategies

The People Plan for the North Cumbria Integrated Health and Care System, approved by the Board in March 2019, sets out the strategic delivery approach to ensure a sustainable workforce. It also states the annual delivery plan priorities for 2019/20. Priorities for 2019/20 include developing an attraction plan and improving recruitment processes, and also designing an effective, inclusive and engaged workforce through local plans that meet the needs of the population built on multi professional working and new roles. Delivery of the people plan will be overseen through the Quality and Safety Committee. Further details can be found in the Corporate Governance Report.

Trade Union Facility Time

The Trusts are currently working closely with staff representatives on the Joint Partnership Forum to collate and publish the data required under the regulations

Recruitment and the use of temporary staff

We, along with our partners in the Cumbria health and social care system, continue to face significant challenges in the ability to recruit people into Cumbria with the right skills and experience to fill vacancies in our specialist roles. We continue to work together with our local partners and with leaders in the regional major transformation programmes to find workable solutions to this challenging problem. Throughout the financial year 2018/19 both Trusts have worked collaboratively on a number of attraction initiatives. Examples from the last year include:

- Attendance at various national recruitment fayres with partners including attendance at the BMJ careers fair, 20 + university nursing events and a number of Nurse Job fairs including various HSJ events.
- Local recruitment events.
- Use of social media to promote specialist vacancies.
- International recruitment for clinical posts (including successful trips to Poland for nurses and India for doctors).
- On-site Collaborative Nurse/Midwife and Paramedic Recruitment Days, held in conjunction with NWAS and University of Cumbria.
- Joint BMJ Adverts.

The Trusts have actively sought to recruit into vacant posts during the year, but where vacancies exist we ensure safe staffing levels by first looking to use bank staff, before approaching temporary recruitment agencies.

Since April 2018 our agency spend and management has been managed by the Trust's in-house team. This team's work has been recognised by NHSI who described the team's work as a 'national exemplar' and the team has recently been nominated for a HPMA award. In the last financial year, our agency spend savings (up to February 2019) have delivered a saving of £2.32 million, at CPFT for the same period the savings are £616k.

Although saving money and delivering efficiencies is a priority processes are committed to patient safety improvements and the team has worked closely with NHS Counter-Fraud to advise on reference and time-sheeting security.

The booking of agency workers is now linked to the requirement to action permanent or fixed term recruitment to ensure that the most cost-effective staffing solution is identified. This approach has contributed significantly to a reduction in our medical staffing vacancy rate from 31%+ to just over 11% in less than 3 years.

Health and Well-being

As work to develop integrated hospital and community services continues, both Trusts are now working together to develop the staff health and wellbeing programme for staff, jointly working towards a Silver Better Health at Work Award.

From April 2018, our Occupational Health service has provided a full range of Occupational Health and Health and Wellbeing services to staff across both Trusts. Staff have access to a 24/7 Employee Assistance Programme as well as a fast track staff physiotherapy service, PhysioFAST. Our health and wellbeing plan for 2018/19 included a calendar of initiatives that support the mental, emotional and physical health of our employees. It featured campaigns around women's and men's health, mental health and sleep. A network of trained Health Advocates help to raise awareness of staff health campaigns and resources on the new Health and Wellbeing section of the Staff Website and staff receive weekly updates on health and wellbeing through Staff News.

During 2018/19, we banned price promotions and advertisements on sugary drinks and foods high in fat, sugar or salt and introduced healthier options at all food and drink outlets.

From 14 March 2018 we reaffirmed the commitment for all premises to be smoke free. Staff, patients and visitors are not permitted to smoke on any Trust property; including car parks, outside the main entrance or in their cars while on Trust grounds.

Other health and wellbeing initiatives available to staff include local NHS gym and leisure discounts, Health and Wellbeing events, roadshows and competitions, pop up fruit and veg stalls and the development of mental health support through a staff

counsellor, a network of Mental Health First Aiders, Resilience and Mindfulness training, Schwartz Rounds and relaxation and massage treatments that staff can access on site.

Learning and Development

The Learning and Development Department continues to develop to meet the changing demands associated with supporting staff within an acute NHS Trust by providing a range of training programmes designed to support our staff to have the 'right skills, at the right time in the right place' to ensure we are able to deliver high quality, safe patient care.

A big focus of our work this year has been on joint working and integration with CPFT to enable better system working, reduced duplication and improved standardisation. There are joint Clinical Skills and Resuscitation teams now in place, a system Apprenticeship Strategy developed and implemented and many great examples of joint working across our teams.

The department continues to offer accredited vocational programmes to our staff including Level 2/3 qualifications in Healthcare, Administration and Pharmacy Support. 32 staff have completed the ILM Leadership and Management L3 award and we have 90 staff currently undertaking Apprenticeships as a key element of our strategy to 'grow our own' workforce. The apprenticeship offer covers a range of roles and levels and is continuing to develop – this includes Registered Nurse, Nurse Associate and Assistant Practitioner programmes to support our clinical workforce as well as non clinical roles such as Business Administration, Joinery and Senior Leadership. Developments for 2019/20 include in house delivery of Functional Skills and a 'Bridge to the Bank' programme to support nursing cadets to work on the Bank.

The Joint Clinical Skills team have developed and delivered a range of system wide clinical skills workshops, including Catheterisation, Administration of Insulin, Physiological Observations and Venepuncture. There have been 578 attendances at the 52 planned workshops delivered via CLIC, in addition to the 308 staff who have completed in house clinical skills training sessions during 2018/19. In addition, bespoke sessions have been held at the request of teams/localities to meet a specific skill training need and workshops have been integrated into other programmes, including Preceptorship and Transition, Supporting the Floor and Step into Health. Work is ongoing to ensure staff develop and maintain their competencies and a joint Competency Framework Policy has been developed and agreed. New initiatives for 2019/20 include delivery around 'Stop and Watch' and Care of CVA devices. 157 new healthcare staff have attended the Care Certificate and extended skills workshops as part of their induction programme during 2018/19.

Statutory and Mandatory training continues to be a priority area. The Trust is currently at 89% compliance for Core Skills Framework subjects, against a target of 85%. This represents further improvement in performance against our 87% achievement for 2017/18 and 83% in 2016/17. This will continue to be a priority during 2019 with the development of an aligned approach across both Trusts.

Talent for Care initiatives during 2018/19 have included 3 Step into Health programmes (which have been highlighted as exemplar practice at a national level), 50 work experience placements (included participation in the Dream Placement event led by the Centre for Leadership) and Traineeships in collaboration with Cumbria County Council.

Medical Education – Summary of performance and challenges going forward

The Medical Education department, part of the Medical Directorate Support Service, has been fully integrated across both Trusts as part of the pre-merger collaboration in north Cumbria for some 24 months, all of which is Integrated Health and Care System ready and was the first example nationally of this in the first wave of integrated care systems. The department has robust and continually improving systems and processes of educational governance as a part of good quality control, recognised by partner universities and Health Education England North East (HEE NE). Medical education has a key role in ensuring the highest clinical standards, supporting patient safety, service delivery and the maintenance of up to date clinical practice. It is central to the successful recruitment and retention of permanent medical staff.

Undergraduate Medical School Portfolios – Newcastle University (NU), University of Central Lancashire (UCLan) and University of Lancaster (LMS)

Performance continues to be robust over the last year in respect to learning placements, teaching and training for our medical students.

- Cumbria based students from NU continue to provide excellent feedback on their experience and the scheme supports the highest pass rates in the NE region. Student numbers will increase this year including Cumbria hosting medical school final exams for the first time.
- We have designed and implement the first year of UCLan medical students largely based in west Cumbria for placements and teaching events. Although the early preparations for this in previous years was problematic, the medical education department has exceeded expectations in delivering not only a satisfactory first year but very good and excellent performance as determined by student evaluation, university feedback and GMC inspection where many aspects of what Cumbria has delivered is being put forward to the sister site in Lancashire as exemplars of practice. On this basis student numbers are set to increase next year.
- The south team consistently delivers high performance for the psychiatry UG programme with Lancaster Medical School with providers in Lancashire being

the comparator. We will stop providing this service to LMS in October as services transfer, but we are now negotiating some LMS students coming to Carlisle given our strong performance and the importance of maintaining our connection with LMS as a part of sustainable workforce planning.

Postgraduate Speciality Training – Health Education England North East and North West

Our postgraduate portfolio accounts for in the order of 200 trainees across the Trusts. There are a number of specialities that have been performed particularly well both regionally and nationally;

- Respiratory Medicine, Obstetrics & Gynaecology Emergency medicine and radiology.
- Excellent performance for the foundation programme in psychiatry showing overall 2nd for FY 2 and 8th for FY1 nationally based on the GMC National Training Survey.
- Foundation Program's ability to support and develop doctors in difficulty.
- The introduction of Targeted Enhanced Recruitment Scheme piloted with HEE NE has resulted in less vacancies/and almost full postgraduate trainee rotas which has been beneficial to the service and all training programmes.

Simulation

The integrated medical education department has established Cumbria's first multi-professional faculty and has already delivered well evaluated, critical sim training in theatres in response to incidents and is accessing HEE NE resources into Cumbria. We are now producing a sustainable business case for the provision of the faculty and modern simulation facilities to support all our staff and learners both medical and multi-professional.

Performance Challenges going forward

The Hospital at Night service needs to be redesigned to ensure appropriate workload and supervision for foundation trainees. Concerns arise as staffing pressures draw members of nursing workforce out of hospital at night services and onto wards leaving the junior doctors to cover the wards alone.

The Trust is at risk of losing postgraduate trainees if the agreed improvement action plans are not implemented. The departments receiving poor feedback are at highest risk of having trainees withdrawn. Any loss of training status will impact on service delivery and on recruitment and retention of senior medical staff. There appears to be a systemic issue in trainees accessing sufficient time in theatres, which is unfortunate as concerns are not primarily about training quality. Key areas of concern are;

- Foundation Placements in all surgical specialities
- Trauma and Orthopaedics
- Obstetrics and Gynaecology – emerging concern
- Anaesthetics – emerging concern

Guardian of Safe Working

The terms and conditions of the new Junior Doctor Contract were implemented in August 2016. Almost all trainees are now employed under this contract. The contract is being monitored real time within the terms and conditions of service using an exception reporting system. All trainees have a work schedule and any deviation from it will generate an exception report. Exception reports are useful in identifying the trends and determining any outstanding issues, which can be reported to the Board.

A Joint Guardian of Safe Working (GOSW) for both Trusts was appointed from 1 January 2019. The post is supported by an administrator, rota co-ordinator and a Business Manager attached to the Medical Workforce Team.

The GOSW maintains a very healthy, useful relationship with the Medical Director. GOSW reports have been presented quarterly to the Board throughout the year. The Board was very welcoming to the newly appointed GOSW.

Junior Doctor Forum meetings have been established and attendance by members of the Executive Team who have been very helpful. Unfortunately there has been low attendance by the Junior Doctors. Efforts are being made to communicate with the Junior Doctors more effectively via email and occasionally via hard copy communication. The possibility of smart phone communication is currently being explored with the Trust Information Governance Team.

The newly appointed Joint GOSW is given 1PA for his work. The hours are being monitored with the view of increasing this to 1.5 PA after 3 months.

There have been a total of 138 exception reports from 1 April 2018 to 31 March 2019. Vast majority of these have been closed and resolved; either with time off in lieu or payment for extra time worked. As in previous years there have been a large number of exception reports in August and September periods. This is mostly around the time when the new Foundation Doctors started in the Trust.

All trainees have work schedules as per the Terms and Conditions of the Contract. A new joint trainee forum is being established with the launch planned for April 2019. From the previously held trainee forums it has been possible to identify useful informal information in order to improve Junior Doctors working lives and in turn improve the patient safety. Due to the number of vacancies in the training posts, there is potential for patient safety issues arising in the future. These need to be managed and filled in order to diminish the potential for low Junior Doctor morale and patient safety issues.

Most of the Supervisors are helpful and engage with the exception reporting system well. There have been a few instances where action has not been instituted promptly

by the relevant supervisors. Almost all of these issues have been resolved with the intervention of the GOSW.

It is important to note that with the high number of vacancies within the training grade posts there is a potential for serious de-stabilisation of the rotas. This can potentially result in patient safety issues. Flexi Shifts, which is a new electronic system of monitoring the rota gaps and passing the information to the Junior Doctors throughout the region has been helpful in managing the gaps.

The new Joint GOSW post is evolving and it is important to monitor the hours in order to maximise the potential of the post, to improve the working lives of the Junior Doctors, and in turn the safety of the patients.

The system Plus Us (Formally Brooksons) is used to manage Agency Locums and now internal locums shifts. The vacant shifts are distributed, for registered doctors, to pick up and be paid. No paper timesheets will exist and payment will be added to their monthly salary. We need departments to be more engaging with giving the agency team the vacant shifts to distribute rather than just using for payment processing.

Freedom to Speak Up (FTSU) Guardian

The Freedom to Speak up concept arose as a direct consequence of the lessons learnt from the Public Inquiry into the Mid Staffs Scandal. In February 2015; Sir Robert Francis published his Freedom to Speak Up report which made a number of key recommendations under five overarching themes with actions for NHS organisations and professional and system regulators to help foster a culture of safety and learning in which all staff feel safe to raise a concern.

Two key elements included the appointment of a local Freedom to Speak up (FTSU) guardian in each Trust and a National Guardian for Healthcare to support and oversee the work of local FTSU guardians.

Richard Heaton, Deputy Director of Nursing, (Operations) was appointed to the role of Freedom to Speak up Guardian for the Acute Trust in October 2016, initially for a period of 12 months. This appointment links directly with both the regional and national FTSU networks to ensure consistency of approach and confidential shared learning. Richard successfully completed the National 'train the trainer' programme for Guardianship in March of this year and will work with the National office and other trainers to deliver training on both a Regional and National level. Catherine Bird, MSK Physio Team Lead, Eden is now working 3 days per week in the role due to demand issues.

Both appointments are in addition to Richard's and Catherine's substantive clinical roles. A number of organisations have moved to a stand-alone full time role for

Guardianship as the role has and continues to grow with pace. Catherine has had her time increased from one day to three days as capacity was becoming increasingly challenging.

Data

The National Guardian's Office (NGO) now publishes the data for all trusts in England on their website. There were 134 recorded cases within the Trust during 2018/19.

These are the concerns brought through FTSU and so are formally recorded, as within the stages of the Raising Concerns policy there is the opportunity for individuals to raise matters informally initially. This informal process has been promoted with the Trust's open culture; however, in terms of capturing data we are unable to report the number of concerns that are raised and resolved informally, at source, via line management or another route.

Trust	Total Number of cases	Element of Patient Safety	Element Of Unacceptable Behaviours	Detriment Suffered
Quarter 1	14	4	8	
Quarter 2	14	2	12	
Quarter 3	54	1	7	
Quarter 4	52	44	6	2
Total	134	51	35	2

Some of these cases involved more than one theme, for example unacceptable behaviours may also involve patient safety issues, so can be a greater number of themes than the total number of cases.

Reflection and Lessons Learnt

We have made significant progress on improving the culture of our organisation but pockets still remain that cause concerns for staff and management e.g. bullying, poor inter-personal relationships and sometimes poor communication from immediate managers to some staff. Patient safety issues are intrinsically linked to the culture of the organisation so the FTSU Guardian is committed to pro-actively supporting staff to raise concerns about unacceptable behaviours.

More learning and development support and training is needed to enable managers and staff to become better equipped to address the issues raised. This is a continual process.

The FTSU approach is proving to be successful, and there is more engagement nationally and regionally, with a FTSU Guardian appointed in every NHS Trust. We have active support from the National Guardian's office who are collating data from Guardians around the country every quarter on:

- number of concerns;

- patient safety concerns and bullying and harassment;
- detriment suffered by speaking up;
- staff groups speaking up;
- feedback and lessons learnt – All contacts should receive a survey monkey

Feedback results in 2018/19 - 100% of staff who raised concerns were asked and would raise a concern again.

Work continues to develop the open and transparent culture that is necessary to encourage staff to raise matters, and for speaking up to be business as usual. The resulting number of formal cases suggests that staff feel comfortable to raise matters and that informal resolution is achieved in most cases. It is important to remain focused on feedback from individuals who have raised, and relevant stakeholders within the process to ensure the current policy captures the spirit of the Trust's values, and staff feel they can raise concerns or issues without fear of victimisation, blame or reprisal. The FTSU Guardian has had concerns raised from many staff groups including Directors, Senior Leaders, Admin staff and frontline clinicians.

Caldicott Guardian

The Caldicott Guardian role:

- is advisory;
- is the conscience of the organisation;
- provides a focal point for patient confidentiality and information sharing issues; and
- is concerned with the management of patient information.

The Caldicott Guardian is the person with overall responsibility for protecting the confidentiality of person identifiable data (PID). The Caldicott Guardian plays a key role in ensuring that the organisation and partner organisations abide by the highest level for standards for handling PID and adherence to the Caldicott Principles. It is the responsibility of the Caldicott Guardian to feedback any IG issues to the Executive Senior Management Team. The Caldicott Guardian is a member of the Information Governance Board.

The Caldicott Guardian is Dr Rod Harpin, Medical Director & Responsible Officer supported by Chief Clinical Information Officer – Graham Putnam.

Research and Development (R&D)

We continue to embrace clinical research as a means to contribute to progression of evidence-based healthcare. North Cumbria University Hospitals NHS Trust (the Trust) is a Partner Organisation (PO) of the National Institute for Health Research (NIHR) North East & North Cumbria Clinical Research Network (NENC CRN), one of 15 CRNs in England. The NIHR is the clinical research delivery arm of the NHS. Further information on the remit of the NENC CRN can be found on their website,

<http://www.nihr.ac.uk/nihr-in-your-area/north-east-and-north-cumbria>. As a Partner Organisation, the Trust receives funding for the delivery of research. This includes funding for the majority of the research delivery team of 18 nurses, practitioners and administrators, as well as pharmacy and pathology staff. Additional income is derived from recruiting to commercially sponsored research.

The R&D team supports delivery of a range of different types of research study ranging from large national and international clinical trials to small, single-centre studies. These include research into new drugs, surgical techniques and other therapies, and the collection of samples for genetic analysis. Particular highlights this year include being selected as a site for the ORION 4 study which is trialling a new cholesterol-lowering injection and being selected as the only UK site for the CADENCE study which is evaluating an ankle replacement system.

During the financial year 2018/19 the R&D team have integrated the R&D functions of the Trust and Cumbria Partnership NHS Foundation Trust (CPFT). The integration of the R&D teams will ultimately provide a number of benefits, including increasing opportunities for patients to participate in research by delivering studies in more locations, and removing duplication of effort by operating a central support team. Further detail on research activity and performance can be found in the Quality Account.

Health & Safety

The focus for 2018/19 as always remained on Patient & Staff safety. In line with our strategy, the Health & Safety team were a first wave corporate service working under joint leadership and have made good progress in developing joint policies and procedures maximising the potential for sharing skill and knowledge within a small specialist team.

Working together with Ward and Department staff a new self- assessment and audit tool for health and safety has been piloted and validated and is for full launch across the Trust in 2019 utilising the support of the CLIC Team.

The implementation of safer Sharps was a key priority for the Trust during 2018/19. The work undertaken between April and October led by the Head Nurse for Clinical Standards, substituting clinical sharps for safer alternatives was complimented by the Health and Safety Executive (HSE) when revisited.

Violence and challenging behaviour is a recognised hazard within healthcare. In response to an increase in incidents; a review of the management of violence and aggression has been undertaken. Key recommendations have been supported and we will provide training in prevention and therapeutic management of violence & aggression for Clinicians in high risk areas along with first response staff such as Porters. The recruitment of 2 trainers, working alongside the CPFT PMVA training is in progress to facilitate a rollout of training across the Trust throughout 2019. In

addition Ligature assessments have been undertaken in high risk areas following an incident that occurred nationally that was escalated as a concern by the Care Quality Commission. As a consequence of the shared learning the Psychiatric Liaison rooms within the Emergency Departments have had significant upgrades to reflect the requirements of PLAN (Psychiatric Liaison Accreditation Network) standards.

Security

Following the serious incident (Medication Incident 17) which occurred in January 2017 at CIC progress continues to be made and the lessons learned applied across the Trust. The review of the incident identified significant gaps in control relating to access to clean utility areas and to wards in general at CIC. WCH had minor amendments made to medicines management but as a new build had modern facilities. A Security Task Force group was established to address the findings and recommendations of the review. The Security Policy has been reviewed as a Joint Policy with CPFT and continues to embed the values for maintaining accessibility but having restrictions' to non-public areas and an auditable trail. A review and process map of Human Resource Procedures and security requirements has been undertaken and significant improvements have been identified to process and procedure. The new processes will be fully rolled out from June 2019. The Abloy system (key management system) following a successful trial has been implemented at CIC which now gives a fully auditable trail of staff entering the restricted areas (Clean Utility/Medicine storage).

An upgrade to the Swipe card security system has been undertaken by Interserve.

The national shortage of accredited Local Security Management specialist training (LSMS) remains a challenge. The Trust currently has only two members of staff with this qualification which leaves a vulnerability should either member of staff leave the national position is monitored closely for the availability of accredited courses.

Prepared For Emergencies

During 2018/19 both Trusts implemented joint working of the Emergency Preparedness, Resilience and Response (EPRR) with the Resilience Managers undertaking a North Cumbria remit. This was split with each Resilience Manager leading on a specific portfolio of either business continuity or emergency planning and response.

The Trust is fully compliant with NHS England's EPRR Core Standards for 2018-19, the CQC requirements for emergency preparedness and the requirements set out in the Civil Contingencies Act (2004). This demonstrates our readiness to respond to a wide range of incidents which could impact on hospital services and the wider Cumbrian community. This readiness to respond to multiple/mass casualties has been tested several times throughout the year, which demonstrated some areas for improvement in relation to psychosocial care for staff and patients and the availability

of regional resources. We continue to work across the North East, Yorkshire and Cumbria to address these issues. A new strategy for business continuity has been implemented which is in the process of being rolled out across the Trust ensuring the maintenance of high quality patient care throughout challenging circumstances. Continuous training, exercising and the development of detailed plans ensures the Trust is ready to respond to any incident so that the needs of patients and the residents of north Cumbria are fully met.

Two major challenges throughout this period has been the management of the national emergency plan for waste management and the EU Exit planning.

Staff Engagement and Staff Survey

Staff engagement

A core objective of the Trust is to embed the right culture and make the organisation a great place to work. Staff engagement is essential because we know that when staff are happy and fully engaged they provide the best possible care for our patients.

'This is Us' is the Trust's approach to staff engagement. Staff have the opportunity to meet with the CEO each quarter, in a variety of locations, to hear about the Trusts plans, raise any concerns and ask questions. The annual business plan and priorities are shared at the start of the financial year and cascaded to individuals through 'This is me', values based appraisal. Staff are also kept informed through a weekly CEO Blog, a newly developed staff intranet portal, email and 'Trust Talk' printed magazine.

NHS Staff Survey

The NHS Staff Survey is the largest survey of staff opinion in the UK; it is carried out annually to gather the views on staff experience at work in ten key indicators. The survey is administered electronically and completely anonymous. Indicators are measured on a scale of 10 and the Trust is benchmarked against the average score of other similar Trusts.

The response rate for the 2018 NHS staff survey was high, 43% compared to a national average of 44%. The scores for each indicator, together with comparison against the average for combined mental health / Learning disability and community Trusts are presented in the table below.

Indicators	2018/19		2017/18		2016/17	
	Trust	Average	Trust	Average	Trust	Average
Equality, diversity and inclusion	9.1	9.1	9.2	9.1	9.2	9.2
Health and wellbeing	5.6	5.9	5.8	6.0	5.7	6.1
Immediate managers	6.2	6.7	6.3	6.7	6.2	6.7

Indicators	2018/19		2017/18		2016/17	
	Trust	Average	Trust	Average	Trust	Average
Morale	5.7	6.1	x	x	x	x
Quality of appraisals	4.8	5.4	4.8	5.3	4.6	5.3
Quality of care	7.1	7.4	7.2	7.5	7.2	7.6
Safe environment – bullying and harassment	7.8	7.9	8.0	8.0	7.9	8.0
Safe environment – violence	9.4	9.4	9.3	9.4	9.3	9.4
Safety culture	6.1	6.6	6.2	6.6	6.0	6.6
Staff engagement	6.5	7.0	6.6	7.0	6.5	7.0

The results from the Staff Survey show that staff engagement is below average when compared to other similar Trusts (6.5); as is staff recommendation of the Trust as a place to receive care (53.1%) and as a place to work (53.1%).

Indicators for safe environment from violence and equality, diversity and inclusion are average when compared to similar Trust's. The results suggest that staff do not feel discriminated against or experience violence from colleagues and managers and that they are satisfied with their level of pay.

The Trust benchmarks below average in the health and wellbeing, immediate management, quality of care, safety culture, morale and staff engagement, quality of appraisal and safe environment from bullying and harassment indicators. The results suggest that staff morale is low and some staff do not feel safe to speak up. Staff do not feel that the organisation takes a positive action on staff health and wellbeing.

The Trust has achieved the bronze Health and Wellbeing at Work award which recognises the achievements of managers and health advocates in promoting health and supporting staff wellbeing. All staff have access to an employee assist programme as well as mindfulness and resilience training. Health advocates have delivered a twelve month campaign of health promotional activities based on the results of a staff health needs assessment, including awareness of enhancing sleep and reducing alcohol consumption.

In 2018 a local pulse survey was introduced to measure staff engagement on a regular basis. The pulse survey identifies how staff feel and the extent they demonstrate engagement behaviours. The survey shows that recognition and influence are the lowest enablers of engagement and, whilst discretionary effort is high, levels of energy are low.

Future Priorities and Targets

The results of the NHS Staff survey are reviewed in light of feedback from pulse surveys and exit interviews and themes from issues raised with the Freedom to

Speak Up Guardians. These themes inform our organisational development plan and initiatives.

In 2019/20 we will continue to support staff health and wellbeing and continue to work towards achieving the silver Health and Wellbeing at work award.

Our other priorities include:

- Enhancing opportunities for more flexible working.

Historic survey results show that opportunities for flexible working are not improving and are below average when compared to other similar Trusts. An Engaging for Improvement project will see HR and staff working together to explore options for flexible working and better work life balance.

Opportunities for flexible working – NHS staff survey 2018				
	2015	2016	2017	2018
NCUH	50.5%	45.1%	44.6%	44.9%
Average	48.7%	50.1%	50.4%	51.9%

- Improve relationships and positive behaviours at work.

Staff have been involved in the development of a new set of organisational values. These values and a supporting behaviours framework will be launched in April 2019 and will form the basis of a new appraisal process.

Personal experience of harassment, bullying or abuse at work from managers– NHS staff survey 2018				
	2015	2016	2017	2018
NCUH	19.7%	19.4%	18.5%	21.5%
Average	19.3%	18.6%	19.0%	20.0%

- Maintain a focus on communication

This will be particularly important through 2019-20 as the Trust progresses towards a merged organisation with Cumbria Partnership NHS Foundation Trust. We will build on the 'This is Us' engagement programme and development of the staff intranet portal.

Staff feedback will continue to be monitored through quarterly pulse checks and progress reported to the Quality and Safety Committee, a sub-committee of the Trust Board.

Remuneration Report

This report covers:

- Our remuneration policy
- The policy under which the Chair, Executive Directors and Non-Executive Directors were remunerated for the year ended 31 March 2019
- Senior managers are defined as Trust Board members

The following information in the Remuneration and Staff Report has been audited by our external auditors:

- the single total figure of remuneration for each director on pages 81-82
- Cash Equivalent Transfer Value disclosures for each director on page 83-85;
- narrative notes on exit packages on page 83;
- the analysis of staff numbers and costs on page 62; and
- the table of fair pay (pay multiples) disclosures on pages 82.

The Remuneration Committee is a committee of the Trust Board. The Trust believes that a properly constituted and effective committee is key to ensuring Executive Directors' remuneration is aligned with stakeholders' interests and that it motivates the Directors to enhance the performance of the Trust.

Membership

The members of the Committee are the Chair and all Non-Executive Directors. Meetings are considered to be quorate when the Chair and two Non-Executive Directors are present. The Chief Executive may also attend in an advisory capacity, except with his or her own remuneration or other items of service are under discussion.

Service Contracts

All Executive Directors have service contracts. Executive Directors' contracts are usually awarded on a permanent basis, unless the post is for a fixed period of time and have a six month notice period. Termination payments are made in accordance with contractual agreements. Non-Executive Directors are appointed by NHS Improvement on behalf of the Secretary of State. The length of appointments is normally four years. An appointment does not create any contract of service or contract for services between the Director and the Secretary of State or between the Director and the NHS Trust.

Appointments are not within the jurisdiction of Employment Tribunals. Neither is there any entitlement for compensation for loss of office through employment law.

Remuneration Policy for Executive Directors

Directors' posts are currently evaluated using the NHS Improvement Job Evaluation Panel and are subject to approval by the Remuneration Committee. Any pay awards are agreed by the Committee. Directors participate in an annual personal development plan process, which identifies and agrees objectives to be met. This is supported by a development plan, where appropriate. Performance related pay is not used within the Trust.

Remuneration Policy for the Chair and Non-Executive Directors

Increases in the remuneration of the Chair and Non-Executive Directors are agreed nationally by the Department of Health and implemented locally by the Trust.

Remuneration

The Trust has a joint Board arrangement with Cumbria Partnership NHS Foundation Trust (CPFT) and there are recharges between the Trusts for all posts excluding the Chair, Non-Executive Directors and the Joint Company Secretary.

The salary range quoted is pro rata to the annual salary and relates to the period that the individual was employed by the Trust in the stated post less any recharges to CPFT. The total remuneration for individuals where there were recharges between both Trusts are shown in the table below:

	Salary (bands of £5,000)	Expense payments (taxable) total (to nearest £100)	All pension related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£	£000	£000
Dr Andrew Brittlebank	180-185			180-185
Mrs Ramona Duguid wef 24th May 2018	90-95	400	40-42.5	130-135
Mr Rod Harpin	175-180	400	37.5-40	215-220
Mr John Howarth	165-170	3,000		170-175
Mrs Mandy Nagra wef 1 July 2018	70-75			70-75
Mrs Helen Ray until 15 July 2018	40-45	200	12.5-15	50-55
Mr Michael Smillie	130-135		307.5-310	440-445
Mrs Alison Smith wef 9 July 2018	80-85	400	182.5-185	265-270
Mrs Judith Toland wef 5 November 2018	50-55	200	10-12.5	65-70

Remuneration for senior managers	2018/19				2017/18			
	Salary (bands of £5,000)	Expense payments (taxable) total (to nearest £100)	All pension related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total (to nearest £100)	All pension related benefits (bands of £2,500)	TOTAL (bands of £5,000)
Name and Title	£000	£	£000	£000	£000	£	£000	£000
Mr Robin Andrews, Interim Executive Director of Finance wef 3 April 2017 until 30 April 2018	10-15		0-2.5	10-15	120-125		25-27.5	145-150
Mrs Christine Brereton, Director Human Resources & Organisational Development until 31 October 2017					55-60	300	25-27.5	85-90
Andrew Brittlebank, Executive Medical Director, Cumbria Partnership NHS Foundation Trust wef 1 April 2018	50-55			50-55				
Mr Malcolm Cook, Non-Executive Director	5-10	500		5-10	5-10	200		5-10
Mrs Maurya Cushlow, Executive Director of Nursing & Midwifery until 31 March 2018					130-135	200	17.5-20	150-155
Mrs Ramona Duguid, Director of System Integration wef 24 May 2018	50-55	200	25-27.5	75-80				
Mr Stephen Eames, Chief Executive	130-135	8,700		135-140	185-190	15,400		200-205
Dr Rod Harpin, Executive Medical Director NCUHT	140-145	300	30-32.5	170-175	175-180	500	40-42.5	220-225
Dr John Howarth, Joint Deputy Chief Executive wef 1 September 2017	80-85	1,500		85-90	n/a	n/a	n/a	n/a
Miss Julie Hull, Interim Executive Human Resources Adviser wef 1 November 2017 until 31 January 2018					25-30	200		25-30
Dr David Kennedy, Non-Executive Director	5-10	400		5-10	5-10	400		5-10
Ms Esther Kirby, Executive Director of Nursing wef 18 April 2018 - 31 July 2018	15-20			15-20				
Mr George Liston, Non-Executive Director	5-10	500		5-10	5-10	300		5-10

Mrs Mandy Nagra, Interim Chief Operating Officer wef 1 July 2018	35-40			35-40				
Dr Louise Nelson, Non-Executive Director wef 5 March 2018	5-10			5-10	0-5			0-5
Mr Jeffrey O'Neill, Non-Executive Director wef 9 November 2018	0-5			0-5				
Mr David Rawsthorn, Non-Executive Director until 4 July 2018	0-5	100		0-5	5-10	200		5-10
Mrs Helen Ray, Executive Managing Director of Operations until 15 July 2018	20-25	200	5-7.5	25-30	135-140	5,900	62.5-65	205-210
Ms Laura Robson, Non-Executive Director until 31 August 2017					0-5	200		0-5
Mr Daniel Scheffer, Joint Company Secretary wef 1 April 2018	n/a	n/a	n/a	n/a				
Mr Michael Smillie, Director of Strategy & Support Services 1 February 2018 - 30 April 2018; Executive Director of Finance, Estates & Digital wef 1 May 2018; and Executive Lead for Workforce and Organisational Development 1 February 2018 - 4 November 2018	65-70		152.5-155	220-225	n/a	n/a	n/a	n/a
Alison Smith, Executive Director of Nursing wef 9 July 2018	45-50	200	105-107.5	150-155				
Mrs Gina Tiller, Chair	35-40	400		35-40	35-40	400		35-40
Mrs Judith Toland, Executive Director of Workforce & Organisational Development wef 5 November 2018	25-30	100	5-7.5	30-35				
Band of Highest Paid Director's Total Remuneration (£000)	140-145				200-205			
Median Total Remuneration	29,031				28,746			
Ratio	4.9				7.0			

Notes to the Remuneration Table

- Mrs Duguid and Mrs Toland do not have a voting right on the Trust's Board of Directors and Dr Howarth only has a voting right in the absence of Mr Eames.

- Mr Cook, Mr Liston and Dr Nelson are Joint Non-Executive Directors for North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust. They are paid a salary by each of the Trusts directly.
- Mr Eames is on secondment from The Mid Yorkshire Hospitals NHS Trust and the Trust is invoiced for his salary costs. Since 1 September 2017 Mr Eames has worked as Joint Chief Executive for both North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust and the Trust has only been invoiced for 50% of his costs since that date.
- Dr Harpin's salary is split between his role as a director for the Trust (£50k-£55k) and his clinical duties as a Consultant Anaesthetist (£90k - £95k).
- Mrs Nagra is on secondment from NHS Improvement and the Trust was invoiced for her salary costs.
- Mr Scheffer has been the Joint Company Secretary throughout 2018/19. He is employed by Cumbria Partnership NHS Foundation Trust who met all his salary and pension costs during 2018/19.
- Mrs Smith was on secondment from NHS Improvement until 1 November 2018 and the Trust was invoiced for her salary costs up until that date.
- Taxable expenses include lease cars.
- 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 banded remuneration of the highest paid director in North Cumbria University Hospitals NHS Trust in the financial year 2018/19 was £140,000 - £145,000 (2017/18: £200,000 - £205,000). This was 4.9 times (2017/18: 7.0) the median remuneration of the workforce which was £29,031 (2017/18: £28,746). The ratio has decreased as a result of the decrease in the band of the highest paid director's remuneration resulting from the recharging arrangements in place for the Joint Trust Board. There was also a small increase in the median remuneration which has contributed to the reduction in the ratio.
- In 2018/19 46 Trust-employed members of staff (2017/18: 9) received remuneration in excess of the highest paid director. The equivalent of 48 agency medical staff earned more than the highest paid director (2017/18: 33). The increases in the number of higher paid Trust-employed and agency staff between financial years are due to the recharge arrangements resulting in a reduction in the highest paid director's salary. Remuneration ranged from £17,460 to £281,027 (2017/18: £15,404 to £277,928).
- Total remuneration includes salary and benefits in kind. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Pension Benefits (The information below is subject to audit)

	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2018	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019
Name and Title	£000	£000	£000	£000	£000	£000	£000
Mr Robin Andrews, Interim Executive Director of Finance wef 3 April 2017 until 30 April 2018	0-2.5	0	0-5	0	26	1	61
Dr Andrew Brittlebank, Executive Medical Director, Cumbria Partnership NHS Foundation Trust wef 1 April 2018	0-2.5	0-2.5	65-70	200-205	1,526	n/a	n/a
Mrs Ramona Duguid, Director of System Integration wef 24 May 2018	0-2.5	0-2.5	20-25	50-55	242	35	330
Dr Rod Harpin, Executive Medical Director	0-2.5	0	10-15	0	125	32	193
Mrs Helen Ray, Executive Managing Director of Operations until 15 July 2018	0-2.5	0-2.5	55-60	140-145	963	20	1,148
Mr Michael Smillie, Director of Strategy & Support Services 1 February 2018 - 30 April 2018; Executive Director of Finance, Estates & Digital wef 1 May 2018; and Executive Lead for Workforce and Organisational Development 1 February 2018 - 4 November 2018	5-7.5	15-17.5	45-50	100-105	446	143	759
Mrs Alison Smith, Executive Director of Nursing wef 9 July 2018	2.5-5	12.5-15	40-45	120-125	513	120	858
Mrs Judith Toland, Executive Director of Workforce & Organisational Development wef 5 November 2018	0-2.5	0	0-5	0	0	3	14

Notes to the Pension Benefits table

- As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. Only those Executive Directors who are members of the NHS Pension Scheme are included in the table above.
- The real increases noted above only reflect the increase for the proportion of the year that the member of staff has been in the stated post and the proportion of their pensionable pay that has been paid for by North Cumbria University Hospitals NHS Trust.
- There is no CETV value for Dr Brittlebank at 31 March 2019 as he reached the normal retirement age during 2018/19.
- 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 (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.
- Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It does not include 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).
- Cash Equivalent Transfer Factors ("CETVs") are calculated by the Government Actuary Department ("GAD") based on the assumption that benefits are indexed in line with CPI.

Off-Payroll Engagements longer than 6 months

The Trust is required to publish information about any off-payroll engagements that cost more than £245 per day and that last longer than six months.

	Number
Number of existing arrangements as of 31 March 2019	13
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	3
for between one year and two years at the time of reporting	7
for between 2 years and 3 years at the time of reporting	
for between 3 years and 4 years at the time of reporting	
for 4 or more years at the time of reporting	3

New Off-Payroll Engagements

The Government reformed the Intermediaries legislation, often known as IR35. This updated legislation for the off-payroll working rules within the public sector applied to payments made on or after 6 April 2017. Under the reformed rules the Trust must determine whether the rules apply when engaging a worker through a Personal

Service Company (PSC). The Trust is required to provide information on how new engagements have been assessed for tax purposes.

For all new off-payroll engagements between 1 April 2018 and 31 March 2019, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months duration, between 1 April 2018 and 31 March 2019	3
Of which:	
Number assessed as caught by IR35	3
Number assessed as not caught by IR35	
Number engaged directly (via PSC contracted to the entity) and are on the departmental payroll	3
No of engagements reassessed for consistency / assurance purposes during the year	
No of engagements that saw a change to IR35 status following the consistency review	

Board Member/Senior Management engagements

The Trust had no Board Members or senior managers with significant financial responsibility who were off-payroll engagements between 1 April 2018 and 31 March 2019.

Exit Packages

There were no exit packages agreed in 2018/19. (In 2017/18 there was one exit package falling under the heading of “Other Departures” and with a value of £5,000 agreed. This was a non-contractual package in lieu of notice which required HM Treasury approval. This exit cost is the full cost of departures agreed in the year.) This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period. Ill-health retirement costs are met by the NHS Pension Scheme and are not included above.

Consultancy

Consultancy costs during 2018/19 were £37k.

3d Parliamentary Accountability and Audit Report

Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed.....

Dated 23 May 2019

Prof. Stephen Eames, Chief Executive of NCUH & CPFT

Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

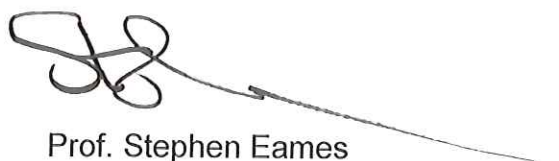
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

23 May 2019



Prof. Stephen Eames
Chief Executive for NCUH & CPFT

23 May 2019



Michael Smillie
Executive Director of Finance & Estates for NCUH & CPFT

Head of Internal Audit Opinion

North Cumbria University Hospitals NHS Trust

22 May 2019

Head of Internal Audit Opinion for the year ended 31st March 2019



assurance . counter fraud . advisory



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Freedom of Information Notice

In the event that, pursuant to a request which North Cumbria University Hospitals has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify AuditOne promptly and consult with AuditOne prior to disclosing such report. North Cumbria University Hospitals agrees to consider any representations which AuditOne may make in connection with such disclosure and North Cumbria University Hospitals shall apply any relevant exemptions which may exist under the Act to such report where it concurs that they are appropriate. If, following consultation with AuditOne, North Cumbria University Hospitals discloses this report or any part thereof, it shall ensure that any disclaimer which Audit One has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

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1. Introduction

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion on the overall adequacy and effectiveness of the organisation's system of internal control.

The purpose of this report is to provide the Audit Committee with the Head of Internal Audit Opinion for the year ended 31 March 2019, which should be used to inform the Annual Governance Statement.

2. Head of Internal Audit Opinion on the Effectiveness of the System of Internal Control at North Cumbria University Hospitals NHS Trust for the year ended 31 March 2019

2.1 Roles and responsibilities

The Accountable Officer is responsible for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is an annual statement by the Accountable Officer, on behalf of the Board of Directors, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process;

- the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the Annual Governance Statement requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon, and limited to, the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, approved by the Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below.

The opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans, generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Accountable Officer takes into account in making the Annual Governance Statement. The Accountable Officer will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

2.2 The Head of Internal Audit Opinion

The purpose of my annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Board of Directors which underpins the organisation's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist in the completion of the Annual Governance Statement.

My opinion is set out as follows:

- 2.2.1 Overall opinion;
- 2.2.2 Basis for the opinion;
- 2.2.3 Commentary.

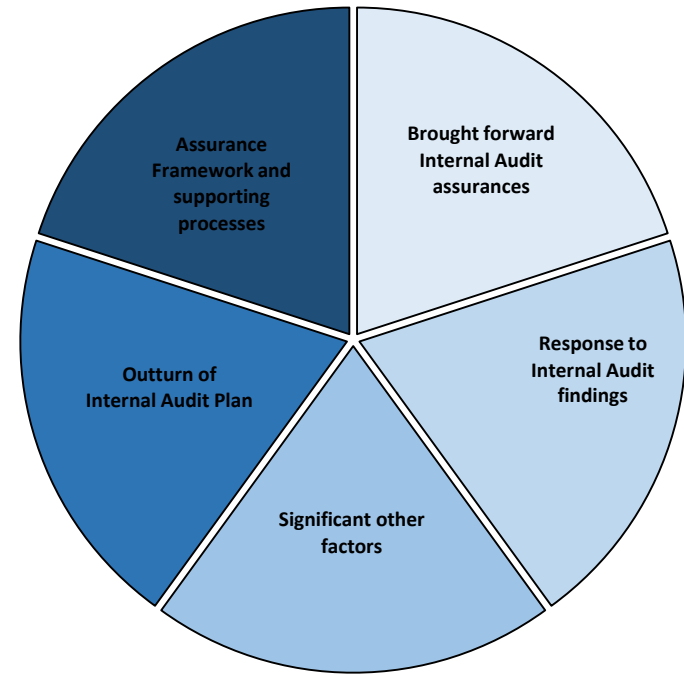
2.2.1 Overall Opinion

From my review of your systems of internal control, I am providing good assurance that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

2.2.2 Basis of the Opinion

The basis for forming my opinion is as follows:

1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes for governance and the management of risk;
2. An assessment of the range of individual opinions arising from audit assignments, contained within risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses;
3. Brought forward Internal Audit assurances;
4. An assessment of the organisation's response to Internal Audit recommendations, and
5. Consideration of significant factors outside the work of Internal Audit



2.2.3 Commentary

The commentary below provides the context for my opinion and together with the opinion should be read in its entirety.

Opinion Area	Commentary
Design and operation of the Assurance Framework and supporting processes	<p>Operation of an effective BAF is fundamental to good governance in all NHS bodies and, as such is a key area that we are required to review in relation to forming the annual Head of Internal Audit Opinion.</p> <p>In April 2018, following the decision to integrate both North Cumbria University Hospitals (NCUH) and Cumbria Partnership Foundation Trust (CPFT), the governance structures for both NCUH and CPFT were aligned. The Board Assurance Framework (BAF) became a joint framework from that point onwards. From April 2018 until June 2018, preparation of the joint BAF was undertaken.</p> <p>Joint strategic objectives were agreed in April 2018 as part of preparing the joint business plan. At the end of June 2018, nine joint strategic risks were agreed and formed the basis of the BAF. Each of the strategic risks were assigned an Executive Director as 'risk owner'. The first aligned BAF was agreed by the Board in July 2018. The BAF is reviewed quarterly by the NCUH and CPFT Audit & Risk Committees and the Joint Trust Board.</p> <p>The Board Assurance Framework and Risk Management reviews were provided with an opinion of Good Assurance.</p>
Outturn of Internal Audit Plan	<p>A table of individual opinions arising from audit assignments reported throughout the year is contained at Appendix A. Definitions of individual opinions are given at Appendix B.</p> <p>Work is split between core assurance and assurance arising from risk-based audits, with core assurance being provided on an annual basis in those areas central to the operation of the Trust. Risk-based audits are carried out on a cyclical basis, in line with the Trust's risk profile and the contents of the Trust's Assurance Framework.</p>

Opinion Area	Commentary
	<p>The summary outcomes for the workplan is Substantial (6), Good (7), Reasonable (10), Limited (2). For those individual audit reports with an assurance rating of 'limited' / or findings prioritised as 'high', the issues leading to conclusion, the action plans agreed, and the progress made in implementing those actions are shown in Appendix C.</p>
Brought forward Internal Audit assurances	<p>The Head of Internal Audit Opinion given for the year ended 31 March 2018 was an overall 'good' opinion. There are no material issues to be brought forward for consideration in this opinion statement.</p>
Response to Internal Audit findings	<p>We have had good engagement with management when clearing internal audit reports and receiving agreed actions to the points raised. To date a total of 51 recommendations have been raised during the year. Management accepted 50 of these and agreed actions, along with implementation dates, to address them.</p> <p>During the year management were requested to confirm that actions in relation to findings with a high or medium impact had been implemented by the agreed dates. Overall 90% of actions raised and due in-year were completed, all in line with the original agreed or a revised target date.</p> <p>Currently we have 9 actions overdue from the original target date (cumulative from this year and previous). We have received revised target dates for 6 of these actions but have received no recent update for 3 of them. This position continues to be overseen by the Audit Committee.</p>
Significant factors outside the work of internal audit	<p>We have not sought to place reliance on any third party in preparing this opinion.</p>

I would like to take this opportunity to thank the staff at the Trust for the co-operation and assistance provided to my team during the year.

Carl Best
Director of Internal Audit
Date: 22 May 2019

Summary of work undertaken

Audit area	Assurance			
	Substantial	Good	Reasonable	Limited
Core Areas				
Key Financials (Budgetary Control, Financial Ledger, Accounts Receivable, Accounts Payable)				
Joint Governance Structures				
Joint Board Assurance Framework				
Risk Management				
Joint Procurement				
Data Quality – RTT			D	
Risk based audits				
Safety Alerts				
Complaints & PALS				
Income Sources – Overseas Patients				
Cost Reduction Programmes CIP				
Planned Maintenance		D		
Joint Medical Education				
Policy Management and Maintenance				
PFI Contract Management				
Duty of Candour				
Learning Following Litigation Claims			D	
Joint Safeguarding Children and Adults			D	
Business Continuity				
Management of Medstrom and Ricoh Contracts				
Research and Development	Final Report Issued – Compliance review - no level of assurance.			
Technology Risk Assessment (TRA)				
DSP Toolkit	Final Report Issued – Compliance review - no level of assurance.			

Audit area	Assurance			
	Substantial	Good	Reasonable	Limited
Network Continuous Testing: Server Operational Management				
InfoFlex System IT General Controls				
A&E System IT General Controls				
Totals	6	7	10	2

D - Draft report stage

Definitions of Assurance Levels assigned to individual audit assignments

Assurance Levels	
Substantial	Governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.
Good	Governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found to be taking place. Minor remedial action is required
Reasonable	Governance, risk management and control arrangements provide reasonable assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place in a consistent manner. Some moderate remedial action is required.
Limited	Governance, risk management and control arrangements provide limited assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place. Immediate and fundamental remedial action is required.

Details of the key issues raised in 'Limited Assurance' reports and individual 'High' impact findings are shown below.

Limited assurance reports

Title	Key Issues	Agreed Actions
NCUH 1819 08 Business Continuity	Governance reporting of BCP's (High)	A joint central register will be sent up for Business Continuity to facilitate review of the templates to ensure the plans are compliant with national guidance.
	Business Continuity Strategy (Medium)	The Joint Business Continuity Strategy has been prepared was presented to the Joint EPRR Group on 24 th August 2018.
	Review and update of BCP's (Medium)	The BCP's for NCUH will be reviewed using the BCP review process carried out at CPFT.
	Testing of Business Continuity Plans (High)	The evidence of testing of the business continuity plans will be retained in the business continuity documentation.
NCUH 1819 Management of Medstrom and Ricoh Contracts	The contracts in place with Medstrom are not signed. (High)	The Trust is aware from the 2017/18 audit of Procurement that these issues exist. However, it is important that they are highlighted to support the implementation of effective procurement processes, currently underway. A contracts register is under development, a review of contract documentation will be carried out as part of this work to ensure all contracts are completed and appropriately authorised
	There is no dedicated contract manager in respect of the contract the Trust has with Ricoh. (High)	Following the implementation of the contracts register, the Trust will appoint contract managers to protect the Trust's resources. This will ensure that high quality contracted goods and services are provided that represent value for money and protect the Trust from the potentially negative effects of contract drift.

High impact findings

Title	Finding	Agreed Action
NCUH 1819 02 Duty of Candour	We tested 10 incidents from the Medicine Division. Only 5 incidents had the application of duty of candour or the reason for not applying duty of candour recorded on Ulysses.	Governance Facilitators will provide a monthly update report following their review of incidents to provide assurance on the progress of Duty of Candour for cases identified as requiring it. This report will be presented to the Divisional Safety and Quality meetings. Refresher training on Duty of Candour to be provided to all staff, to be delivered by the Governance Facilitators.
NCUH 1819 34 PFI Contract Minor Works Orders	An appropriate contract or agreement should be put in place between the Trust and IFM for Minor Work Requests, detailing the process and expectations for both parties, including the timing of payments for work carried out and key performance measures.	The process in place between the Trust and Interserve will be documented, including relevant KPI's. A meeting will be scheduled for the Trust and Interserve where the documented process will be reviewed.

Independent auditor's report to the Directors of North Cumbria University Hospitals NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of North Cumbria University Hospitals NHS Trust (the '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 Equity, the Statement of Cash Flows and notes to the accounts, 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 as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19; and
- have been prepared in accordance with the requirements 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. We are independent of the 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 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.

Material uncertainty relating to going concern

We draw attention to note 1.2 in the financial statements, which indicates that the Trust incurred a deficit of £30.1 million during the year ended 31 March 2019 and at that date, had borrowings from the Department of Health and Social Care of £247.2 million. The Trust has submitted a financial plan for 2019/20 to NHS Improvement, which sets out a planned deficit of £21.7 million after the delivery of an £11 million savings programme.

As stated in note 1.2, the financial plan also includes cash support for 2019/20 of £22.6 million. The Trust does not have a formal letter guaranteeing this cash support.

These events or conditions, along with the other matters as set forth in note 1.2, indicate that a material uncertainty exists that may cast significant doubt about the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we

identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report and Accounts for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters, except that on 25 May 2017 we referred a matter to the Secretary of State under section 30(a) of the Local Audit and Accountability Act 2014 in relation to North Cumbria University Hospitals NHS Trust's planned ongoing breach of its breakeven duty for the three-year period ending 31 March 2019.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

The Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the

going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit and Risk Committee is those charged with governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

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.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Qualified conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in November 2017, except for the effects of the matter described in the basis for qualified conclusion section of our report, we are satisfied that, in all significant respects, North Cumbria University Hospitals NHS Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

Basis for qualified conclusion

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matters:

- The Trust is heavily reliant on financial support from the Department of Health and Social Care in order to meet its commitments. At 31 March 2019 the Trust had a cumulative breakeven deficit of £226.4 million and borrowings from the Department of Health and Social Care totalling £247.2 million.
- The Trust has set a deficit budget of £21.7 million for 2019/20 and does not have sufficient cash to meet its commitments without receiving additional funding of £22.6 million from the Department of Health and Social Care and a renewal of existing borrowings that are approaching maturity.

These matters identify weaknesses in the Trust's arrangements for setting a sustainable budget with sufficient capacity to absorb emerging cost pressures.

These matters are evidence of weaknesses in the proper arrangements for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Responsibilities of the Accountable Officer

The Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered,

whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of North Cumbria University Hospitals NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

Andrew Smith

Andrew Smith, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

28 May 2019

North Cumbria University Hospitals NHS Trust

Annual accounts for the year ended 31 March 2019

Statement of Comprehensive Income for year ended 31 March 2019

		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	3	239,175	220,439
Other operating income	4	44,529	38,433
Operating expenses	6	<u>(306,567)</u>	<u>(284,603)</u>
Operating surplus/(deficit) from continuing operations		<u>(22,863)</u>	<u>(25,731)</u>
Finance income	10	74	31
Finance expenses	11.1	<u>(10,208)</u>	<u>(9,421)</u>
Net finance costs		<u>(10,134)</u>	<u>(9,390)</u>
Other gains / (losses)	12	<u>(73)</u>	<u>(39)</u>
Surplus / (deficit) for the year		<u>(33,070)</u>	<u>(35,160)</u>
Other comprehensive income			
Impairments	13	(854)	(181)
Revaluations	15	328	1,967
Other reserve movements		<u>0</u>	<u>(149)</u>
Total comprehensive income / (expense) for the period		<u>(33,596)</u>	<u>(33,523)</u>
Adjusted financial performance			
Surplus / (deficit) for the period		(33,070)	(35,160)
Remove net impairments not scoring to the Departmental Expenditure Limit (a)	13	3,157	(5,068)
Remove I&E impact of capital grants and donations (b)		<u>(138)</u>	<u>(30)</u>
Adjusted financial performance surplus / (deficit)		<u>(30,051)</u>	<u>(40,258)</u>

Note a: An impairment charge is not considered part of the Trust's operating position.

Note b: Where grants and donations are received in year they are accounted for as income receipts. Any difference between this income and the government grant and donated expenditure charged in the year is excluded from the Trust's operating position.

Statement of Financial Position as at 31 March 2019

		31 March 2019 £000	31 March 2018 £000
	Note		
Non-current assets			
Intangible assets	14	2,652	3,159
Property, plant and equipment	15	193,176	191,992
Receivables	17	11,570	11,876
Total non-current assets		207,398	207,027
Current assets			
Inventories	16	6,503	5,867
Receivables	17	45,445	28,100
Cash and cash equivalents	18	6,492	3,635
Total current assets		58,440	37,602
Current liabilities			
Trade and other payables	19	(21,096)	(27,036)
Borrowings	21	(133,193)	(54,112)
Provisions	23.1	(435)	(327)
Other liabilities	20	(1,371)	(1,249)
Total current liabilities		(156,095)	(82,724)
Total assets less current liabilities		109,743	161,905
Non-current liabilities			
Borrowings	21	(160,174)	(179,620)
Provisions	23.1	(2,025)	(2,228)
Total non-current liabilities		(162,199)	(181,848)
Total assets employed		(52,456)	(19,943)
Financed by			
Public dividend capital		201,975	200,867
Revaluation reserve		9,650	10,176
Income and expenditure reserve		(264,081)	(230,986)
Total taxpayers' equity		(52,456)	(19,943)

The notes on pages 5 to 35 form part of these accounts.

Chief Executive:

Date:

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	200,867	10,176	(230,986)	(19,943)
Impact of implementing IFRS 9 on 1 April 2018	0	0	(25)	(25)
Surplus/(deficit) for the year	0	0	(33,070)	(33,070)
Impairments	0	(854)	0	(854)
Revaluations	0	328	0	328
Public dividend capital received	1,264	0	0	1,264
Public dividend capital repaid	(156)	0	0	(156)
Taxpayers' equity at 31 March 2019	201,975	9,650	(264,081)	(52,456)

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	196,715	9,283	(196,570)	9,428
Surplus/(deficit) for the year	0	0	(35,160)	(35,160)
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	0	(744)	744	0
Impairments	0	(181)	0	(181)
Revaluations	0	1,967	0	1,967
Public dividend capital received	4,152	0	0	4,152
Other reserve movements	0	(149)	0	(149)
Taxpayers' equity at 31 March 2018	200,867	10,176	(230,986)	(19,943)

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to NHS trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows for the year ended 31 March 2019

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(22,863)	(25,731)
Non-cash income and expense:			
Depreciation and amortisation	6	9,414	9,068
Net impairments	13	3,157	(5,068)
Income recognised in respect of capital donations	4	(355)	(227)
(Increase) / decrease in receivables and other assets		(17,280)	(11,219)
(Increase) / decrease in inventories		(636)	63
Increase / (decrease) in payables and other liabilities		(4,245)	3,860
Increase / (decrease) in provisions		(97)	(180)
Other movements in operating cash flows		0	(149)
Net cash generated from / (used in) operating activities		(32,905)	(29,583)
Cash flows from investing activities			
Interest received		70	26
Purchase of intangible assets		(325)	(703)
Purchase of property, plant, equipment and investment property		(13,986)	(8,680)
Sales of property, plant, equipment and investment property		0	0
Net cash generated from / (used in) investing activities		(14,241)	(9,357)
Cash flows from financing activities			
Public dividend capital received		1,264	4,152
Public dividend capital repaid		(156)	0
Receipt of loans from the Department of Health and Social Care		66,623	47,331
Repayment of loans from the Department of Health and Social Care		(5,764)	(1,382)
Capital element of PFI, LIFT and other service concession payments		(1,984)	(1,777)
Interest on loans		(3,106)	(2,377)
Other interest		(1)	(5)
Interest paid on PFI, LIFT and other service concession obligations		(6,873)	(6,851)
PDC dividend (paid) / refunded		0	(72)
Net cash generated from / (used in) financing activities		50,003	39,019
Increase / (decrease) in cash and cash equivalents		2,857	79
Cash and cash equivalents at 1 April - brought forward		3,635	3,556
Cash and cash equivalents at 31 March	18	6,492	3,635

The Trust accessed loans totalling £62,063k during 2018/19 to support its revenue position and £4,560k to support capital projects. It repaid a total of £5,764k (including £526k capital loan repayment) before 31 March 2019 giving a net movement of £60,859k.

The Trust also received £1,264k PDC to support expenditure on capital projects and repaid £156k PDC relating to a capital project which has been centralised at another NHS provider.

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis.

IAS1 Presentation of Financial Statements requires management to assess, as part of the accounts preparation process, whether the financial accounts should be prepared on a going concern basis. In preparing the financial statements the Directors have considered the Trust's overall financial position and expectation of future financial support. During 2018/19 the Trust delivered a deficit of £30.1m and increased borrowing from the Department of Health & Social Care by £60.9m to £247.2m. The Trust has submitted a financial plan for 2019/20 to NHS Improvement in April 2019. The plan is for a deficit of £21.7m after delivery of an £11.0m CIP programme and cash support of £22.6m. However, as the Trust does not have a formal letter guaranteeing cash support these factors represent a material uncertainty that may cast significant doubt about the Trust's ability to continue as a going concern.

Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. The Trust's Board and the Board of Cumbria Partnership NHS Foundation Trust approved a strategic case for a proposed merger of the two organisations. The business case, including a long term financial model, has been submitted to NHSI as the regulator responsible for approving the merger, with the support of the main commissioners of the two Trusts, NHS North Cumbria Clinical Commissioning Group, as well as the NHS North Cumbria System Leadership Board. The current plan is to approve a full business case by June 2019 with a view to the merger taking place on 1st October 2019.

In addition, the Directors, having made appropriate enquiries, have a reasonable expectation that the required cash support will be received allowing it to continue in operational existence for the foreseeable future.

Taking these factors into account therefore, and in accordance with the GAM 2018/19 and the Treasury FReM, the Trust's accounts have been prepared by the directors on a going concern basis. The Trust has not included the adjustments that would result if it was unable to continue as a going concern.

1.3 Charitable Funds

Following Treasury's agreement to apply IFRS10 to NHS Charities from 1 April 2013, the Trust has established that as the Trust is the corporate trustee of the North Cumbria University Hospitals NHS Trust Charitable Fund, it effectively has the power to exercise control so as to obtain economic benefits. However, the transactions are immaterial in the context of the whole group and transactions have not been consolidated. Details of the transactions with the Charity are included in the related parties' note (Note 28).

Note 1.4 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).

Note 1.4 Revenue from contracts with customers (cont'd)

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.

The majority of the Trust's income is from contracts with other NHS bodies. Under the terms of these contracts the Trust receives income in fixed monthly amounts with adjusting invoices or credit notes issued at quarterly intervals to reflect actual performance.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services including commissioners in the territorial bodies, notably Scotland. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The contract baseline is adjusted to take into account that the Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- 1) As per paragraph 121 of the Standard the Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less;
- 2) The Trust is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- 3) The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

Revenue from research contracts

The Trust's research contracts fall under IFRS 15; revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of a multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

Note 1.4 Revenue from contracts with customers (cont'd)

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Although there is a national rate provided to be used for the credit loss allowance (21.89% in 2018/19), the Trust has reviewed its completed claim withdrawal rates and estimates it to be an average of 17.62% and has used this rate to calculate the required allowance.

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 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

The Trust also receives income from a variety of other sources:

Provider Sustainability Fund (for achieving specified objectives such as A&E 4 hour waiting time targets and a financial control total)

Education & Training (>95% from contracts with Health Education England for the delivery of training to junior medical staff, medical students and a range of other staff)

Non patient services to other bodies (eg provision of Pathology and Radiology services to non-Trust patients)

Other fees and charges including car parking, catering and accommodation

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

The Trust is also one of a small number that receives central PFI support annually (£6.0m from NHS England and £0.3m from North Cumbria CCG). In this situation the Trust is not transferring any goods or services to the customers in exchange for the amount paid. However, under paragraph 15 of IFRS when an entity has no remaining obligations to transfer goods or services to the customer and all, or substantially all, of the consideration promised by the customer has been received by the entity and is non-refundable the entity can recognise the revenue. As PFI funding is received in full each year before 31 March it is included as revenue in the Trust's accounts.

1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. An estimate for the cost of annual leave entitlement relating to employees on sick and maternity leave which has not been taken by employees at the end of the period is recognised in the financial statements.

Pension costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

The Trust has identified component parts of the estate as individual buildings which are separately identifiable and depreciated over their own useful economic lives.

Note 1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. The Trust has also valued its Carlisle buildings covered by the existing PFI arrangements net of recoverable VAT on the basis that if the buildings required replacement they are currently likely to be replaced by a LIFT arrangement and under current VAT legislation input tax is recoverable.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

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.

Note 1.7.2 Measurement (cont'd)

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. Estimated useful lives and residual values are reviewed each year end with the effect of any changes recognised on prospective basis. Freehold land is considered to have an infinite life and is not depreciated. Assets under construction are not depreciated.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 De-recognition

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.5 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

The Trust can recover VAT on payments for certain contracted-out services, including the provision of a fully managed and serviced building under a PFI. The Trust has taken the view that when revaluing the assets arising from the PFI project this should be based on a value excluding recoverable VAT, reflecting the cost at which the service potential would be replaced by the PFI operator.

Note 1.7.5 Private Finance Initiative (PFI) transactions (cont'd)

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Note 1.7.6 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	1	86
Dwellings	4	52
Plant & machinery	5	17
Information technology	5	10
Furniture & fittings	5	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

The Trust only holds one type of intangible asset which is purchased software. Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment.

Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

All purchased software is held at depreciated historic cost as an approximation of fair value and is amortised over a period of between 5 and 7 years.

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.12 Financial assets and financial liabilities

Note 1.12.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.12.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at amortised cost (cont'd)

Impairment of financial assets

The Trust recognises an allowance for expected credit losses for invoiced contract receivables and for Injury Cost Recovery receivables. The Trust adopts the simplified approach to impairment measuring expected losses at an amount equal to lifetime expected losses.

HM Treasury has ruled that central government bodies may not recognise impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust, therefore, does not recognise loss allowances for impairments against these bodies. Additionally, the DHSC provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for impairments against these bodies.

It determines the credit loss allowance for its remaining invoiced contract receivables and Injury Cost Recovery receivables by grouping these into categories and using its experience of credit losses on these groups of receivables over a number of recent years to calculate a percentage credit loss allowance to apply.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.12.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.13.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13.2 The Trust as lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.24% (2017/18: positive 0.10%) in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 23.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

As the Trust has negative average relevant net assets no dividends are payable for 2018/19.

Note 1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Cumberland Infirmary was constructed under the Private Finance Initiative (PFI) and meets the criteria for inclusion in the accounts as a finance lease as the Trust bears the risks and rewards of ownership. See Note 25 for additional information.

The Trust is a signatory of the Strategic Partnering Agreement with the local eLIFT scheme. The Trust's buildings (excluding dwellings) at Carlisle included in the existing PFI arrangements have been valued on a modern equivalent asset basis and net of recoverable VAT. This is based on the Trust's assessment that if its buildings required replacement the only viable route to facilitate this would be through the eLIFT arrangement. The Trust's judgement is based on the reduced availability of public funding for major capital projects in the NHS currently and the fact that there is currently a PFI arrangement in place at Carlisle. There are tax advantages to using the eLIFT route, particularly around construction costs of buildings and their respective lifecycle replacements. Under current VAT regulations input tax would be recoverable and, therefore, the asset value should be stated net of recoverable VAT. See Note 15 Property, Plant and Equipment.

The Trust recognised income due as a result of costs incurred from Delayed Transfers of Care patients in its 2017/18 accounts. Although this remains outstanding at 31 March 2019 the Trust is satisfied that the income is recoverable. The amount owed is included within contract receivables at Note 17.1.

As stated in the Property, Plant & Equipment note (Note 15) the Trust uses a professional member of the Royal Institute of Chartered Surveyors (RICS) to carry out annual revaluations of its land, buildings and dwellings. Until January 2019 the surveyor used RICS Guidance Note 2 Depreciated Replacement Cost Method of Valuation for Financial Reporting effective from January 2014 (RICS GN2) to determine the useful lives of these assets which are used for depreciation accounting purposes. Using RICS GN2 the surveyor determined that where assets' shorter life components were not significant for accounting purposes they could be treated as immaterial to the overall asset for accounting depreciation purposes.

RICS Guidance Note Depreciated Replacement Cost Method of Valuation for Financial Reporting, 1st edition, November 2018 replaced RICS GN2 in January 2019. This guidance provides additional guidance with regards to useful life and states that if the impact of excluding shorter life components has a material impact on the useful life then the components are not actually immaterial. The valuer determined that the effect of treating shorter life components as not significant cumulatively has a material impact and that this methodology is not compliant with the amended RICS guidance.

It is the view of the Trust and its valuer that the useful lives of the Trust's buildings and dwellings had been determined in line with RICS GN2 effective from January 2014 until January 2019. The Trust has estimated that the impact of applying the revised RICS guidance in 2018/19 would be £1.0m. The Trust has not adjusted its accounts on the grounds that it is not material.

Note 1.20.1 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Asset life for building and dwellings is determined by professional advice relating to the remaining useful economic life of the asset (Note 15).

PPE and intangible assets not externally valued are carried at depreciated replacement cost as an approximation to fair value (Note 14 & 15).

In addition to partially completed spells (see Note 1.4) the Trust has also accounted for income received in advance for maternity services. This has been calculated based on the patients' estimated gestation period at 31 March 2019.

Provision balances are determined as per Note 23.1.

The in year costs of the PFI agreement are based on actual RPI. However, future RPI is estimated so as to populate the PFI model which provides an analysis of future payments under the contract as per Note 25.

The Trust continued to work with the PFI company and its partner during 2018/19 to enable the Trust to be fully compliant with fire regulations. The estimated cost of the outstanding programme of works has reduced from £5.2m at 31 March 2018 to £2.5m at 31 March 2019 as per Note 13.

The Trust is actively engaged in work with loss adjusters and other external parties on an insurance claim relating to the Energy Centre fire at Whitehaven in January 2015. The claim relates specifically to the consequential costs incurred, and income lost, by the Trust whilst the building was out of action. The Trust has already recovered compensation for the direct costs to rectify the fire damage during 2016/17. Legal experts appointed by NHS Resolution are taking the complex claim forward on the Trust's behalf and the Trust has been advised that negotiations should conclude during 2019/20 alongside agreeing retention payments due to the contractor. The Trust recognised of £1.5m in its 2017/18 accounts in respect of the claim. This is included in contract receivables in Note 17.1 at 31 March 2019.

In February 2014 the Trust entered into a call off contract with Accident & Emergency Ltd for the supply of temporary workers under a Framework Agreement awarded by Government Procurement Service (GPS). However, following internal review the Trust identified concerns about the way the contractual charges had been calculated and applied. The Trust has received legal advice that supports the Trust's concerns that it has suffered fees and charges in excess of the contractual obligations. The Trust's lawyers are supporting the Trust to seek a mutually acceptable solution with Accident & Emergency Ltd. In its 2017/18 accounts the Trust included a rebate of £1.8m based on the extent to which maximum workers' rates and the associated commission rate charged by the agency have been exceeded. The £1.8m is included in contract receivables in Note 17.1.

1.21 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 £534k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £25k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £1,547k.

Note 1.22 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).

The standard has had no impact for the Trust.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018/19. Some of these Standards are still subject to HM Treasury FReM adoption, with the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – Application in the public sector required for accounting periods beginning on or after 1 April 2020, adopted by the FReM but the opportunity for early adoption is limited.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

The Trust has one operating segment which is Healthcare and it operates in one geographical location, north Cumbria.

The Trust's "Chief Decision Maker" is the Trust Board. Information presented to the Board is not split into segments.

The Trust received income from external organisations for patient care activities amounting to £239,175k (2017/18: £220,439k) as shown in notes 3.1 and 3.2.

£230,914k of the income comes from Clinical Commissioning Groups in England and NHS England which is 97% of the total (2017/18: £212,948k which was 97% of the total).

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy Note 1.4.

Note 3.1 Income from patient care activities (by nature)	2018/19	2017/18
	£000	£000
Elective income	29,428	30,404
Non elective income	74,405	72,918
First outpatient income	15,598	14,529
Follow up outpatient income	19,157	19,244
A & E income	12,571	12,305
High cost drugs income from commissioners (excluding pass-through costs)	24,814	23,376
Other NHS clinical income	59,184	46,749
All services		
Private patient income	708	379
Agenda for Change pay award central funding	2,544	0
Other clinical income	766	535
Total income from activities	239,175	220,439

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19	2017/18
	£000	£000
NHS England	30,140	28,822
Clinical commissioning groups	200,774	184,126
Department of Health and Social Care	2,544	0
Other NHS providers	210	209
NHS other	10	0
Local authorities	278	2,460
Non-NHS: private patients	677	352
Non-NHS: overseas patients (chargeable to patient)	31	27
Injury cost recovery scheme (a)	478	535
Non NHS: other (b)	4,033	3,908
Total income from activities	239,175	220,439

Note a: Injury cost recovery income is subject to a provision for impairment of receivables of 17.62% (2017/18: 16.65%) to reflect the Trust's average experience of withdrawal rates.

Note b: The primary source of income for patient related activities is from Clinical Commissioning Groups and NHS England. In addition the Trust receives income for patient care activities from Health Boards in other parts of the UK, the main one being NHS Dumfries & Galloway £3,620k (2017/18: £3,512k).

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2018/19	2017/18
	£000	£000
Income recognised this year	31	27
Cash payments received in-year	42	44
Amounts added to provision for impairment of receivables	29	10
Amounts written off in-year	20	20

Note 4 Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	725	764
Education and training (excluding notional apprenticeship levy income)	9,576	7,402
Non-patient care services to other bodies	4,017	3,583
Provider sustainability / sustainability and transformation fund income (PSF / STF) (a)	19,133	11,692
Other contract income (b)	10,084	14,482
Other non-contract operating income:		
Education and training - notional income from apprenticeship fund	175	0
Receipt of capital grants and donations	355	227
Charitable and other contributions to expenditure	451	270
Rental revenue from operating leases	13	13
Total other operating income	44,529	38,433

Note a: The Provider Sustainability Fund (PSF) (previously known as the Sustainability & Transformation Fund(STF)) was set up in 2016/17 to support recovery across the NHS. The Trust's access to its allocated £11.6m share of the funds was dependent on achievement of a deficit reduction and A&E access standards (2017/18: £8.2m). The Trust was able to access all of this allocation (2017/18: £7.4m). Additional incentive funds of £7.6m were made available to the Trust for meeting its agreed financial control total (2017/18: £4.3m).

Note b: Other income includes £6.3m in support for the PFI scheme at the Cumberland Infirmary, Carlisle (2017/18: £6.3m). This funding was agreed by the Department of Health during 2012/13 and is received on an on-going basis. Other income also includes £1.8m for car parking, catering and accommodation income and external recharges for the Trust's estate totalling £1.4m.

Note 5.1 Additional information on revenue from contracts with customers recognised in the period

Revenue recognised in the reporting period that was included within contract liabilities at the previous period end totalled £1,147k.

Note 6 Operating Expenses

	2018/19 £000	2017/18 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	731	652
Staff and executive directors costs (see Note 8)	186,286	177,534
Remuneration of non-executive directors	72	70
Supplies and services - clinical (excluding drugs costs)	28,494	26,911
Supplies and services - general	2,456	2,552
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	33,044	31,240
Inventories written down	223	83
Consultancy costs	37	11
Establishment	2,583	2,833
Premises	11,386	9,397
Transport (including patient travel)	2,106	2,250
Depreciation on property, plant and equipment	8,569	8,319
Amortisation on intangible assets	845	749
Net impairments (see Note 13)	3,157	(5,068)
Movement in credit loss allowance: contract receivables / contract assets	16	0
Movement in credit loss allowance: all other receivables and investments	0	(10)
Increase/(decrease) in other provisions	254	94
Change in provisions discount rate (a)	(45)	37
Audit fees payable to the external auditor (b)		
- audit services- statutory audit	65	65
- other auditor remuneration (external auditor only) (see Note 7.1)	12	12
Internal audit costs	140	145
Clinical negligence	9,766	11,085
Legal fees	210	325
Insurance	183	163
Education and training (c)	947	659
Rentals under operating leases (see Note 9)	970	944
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	12,884	12,256
Car parking & security	15	106
Hospitality	14	11
Losses, ex gratia & special payments	49	24
Other services, eg external payroll	959	1,048
Other	139	106
Total	306,567	284,603

Note a: During 2018/19 HM Treasury revised the discount rates used to calculate the present value of the cashflows associated with provisions. This has resulted in a reduction to the Trust's Pension and Personal Injury Benefit provisions of £45k (2017/18: an increase of £37k). (See also Note 23.1).

Note b: Audit fees are inclusive of VAT

Note c: Education & Training includes notional expenditure to match the notional income from the apprenticeship fund (see Note 4).

Note 7.1 Other auditor remuneration

In 2018/19 other auditor remuneration was £12k (2017/18: £12k) and was for the provision of audit-related assurance services in respect of the Trust's Quality Accounts.

Note 7.2 Limitation on auditor's liability

The auditor's liability for external audit work carried out for the financial year 2018/19 is limited to £2,000,000.

Note 8 Employee Benefits

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	143,948	135,132
Social security costs	12,951	12,738
Apprenticeship levy	670	638
Employer's contributions to NHS pensions	16,295	15,675
Pension cost - other	49	20
Temporary staff (including agency)	12,688	13,810
Total gross staff costs	186,601	178,013
Of which		
Costs capitalised as part of assets	315	479
Total staff costs charged to operating expenses	186,286	177,534

Note 8.1 Retirements due to ill-health

During 2018/19 there were 3 early retirements from the Trust agreed on the grounds of ill-health (6 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £114k (£104k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8.2 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 8.2 Pension costs (cont'd)

The Pensions Act 2008 introduced new duties on employers to provide access to a workplace pension that meets certain legal requirements. As from 1 April 2013 the Trust choose the National Employment Savings Trust (NEST) to fulfil this role for employees who are unable to join the NHS Pension Scheme due to its restrictions. It is a defined contribution pension scheme where the retirement income a member gets depends on how much has been contributed, investment returns and the amount of charges over time. Current combined employee and employer contributions are around £115k per annum.

Note 9 Operating Leases

Note 9.1 North Cumbria University Hospitals NHS Trust as lessor

The Trust has one operating lease for which it is lessor which is the hospital shop at West Cumberland Hospital. Revenue in 2018/19 was £13k (2017/18: £13k). There is currently a rolling lease arrangement in place. During 2019/20 the Trust expects to receive £13k.

Note 9.2 North Cumbria University Hospitals NHS Trust as lessee

This note discloses costs and commitments incurred in operating lease arrangements where North Cumbria University Hospitals NHS Trust is the lessee. The Trust has a small number of operating lease arrangements which include land, buildings and equipment. None of the arrangements is material in value.

	2018/19 £000	2017/18 £000
Operating lease expenses charged in year	970	944
	31 March 2019	31 March 2018
Future minimum lease payments due:	£000	£000
- not later than one year;	939	960
- later than one year and not later than five years;	2,851	3,036
- later than five years.	1,642	2,164
Total	5,432	6,160

Note 10 Finance income

The Trust's only source of finance income is bank interest which amounted to £74k (2017/18: £31k).

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19 £000	2017/18 £000
Interest expense:		
Loans from the Department of Health and Social Care	3,331	2,559
Interest on late payment of commercial debt	2	5
Main finance costs on PFI scheme obligations	4,609	4,811
Contingent finance costs on PFI scheme obligations	2,264	2,040
Total interest expense	10,206	9,415
Unwinding of discount on provisions	2	6
Total finance costs	10,208	9,421

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2018/19 £000	2017/18 £000
Total liability accruing in year under this legislation as a result of late payments	3	8
Amounts included within interest payable arising from claims made under this legislation	2	5
Compensation paid to cover debt recovery costs under this legislation	1	3

Note 12 Other gains / (losses)

The Trust made a loss of £73k on disposal of Property, Plant and Equipment assets in 2018/19 (2017/18: £39k).

Note 13 Impairment of Assets

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price (a)	5,812	(5,444)
Other (b)	(2,655)	376
Total net impairments charged to operating surplus / deficit	3,157	(5,068)
Impairments charged to the revaluation reserve	854	181
Total net impairments	4,011	(4,887)

Note a: The Trust revalued its Land, Buildings and Dwellings on 31 March 2019 where specialised assets were valued on a Modern Equivalent Asset (MEA) basis. Buildings at Carlisle included in the existing PFI arrangement were also valued net of recoverable VAT. Non specialised assets were valued at market value.

Note b: Up to 31 March 2018 the Trust had recognised an overall rectification cost of £5,152k in respect of the fire safety compliance issues at the Cumberland Infirmary in Carlisle. During 2018/19 work continued to ensure that the building becomes fully compliant with fire regulations and the estimated remaining rectification cost has reduced to £2,497k.

Note 14 Intangibles

	Software licences £000		Software licences £000
Valuation / gross cost at 1 April 2018 - brought forward	5,351	Valuation / gross cost at 1 April 2017 - as previously stated	4,663
Additions	338	Additions	709
Disposals / derecognition	(106)	Disposals / derecognition	(21)
Valuation / gross cost at 31 March 2019	5,583	Valuation / gross cost at 31 March 2018	5,351
Amortisation at 1 April 2018 - brought forward	2,192	Amortisation at 1 April 2017 - as previously stated	1,464
Provided during the year	845	Provided during the year	749
Disposals / derecognition	(106)	Disposals / derecognition	(21)
Amortisation at 31 March 2019	2,931	Amortisation at 31 March 2018	2,192
Net book value at 31 March 2019	2,652	Net book value at 31 March 2018	3,159
Net book value at 1 April 2018	3,159	Net book value at 1 April 2017	3,199

All purchased software is held at depreciated historic cost as an approximation of fair value and is amortised over a period of between 5 and 7 years.

The additions figure includes £13k (2017/18: £6k) of donated assets. The donated assets came from North Cumbria University Hospitals NHS Trust Charitable Fund.

Note 15.1 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	6,695	164,122	1,033	1,083	46,284	12,273	1,433	232,923
Additions	0	6,066	0	4,290	2,527	624	2	13,509
Impairments	0	(9,760)	(11)	0	0	0	0	(9,771)
Reversals of impairments	0	2,890	0	0	0	0	0	2,890
Revaluations	0	63	0	0	0	0	0	63
Reclassifications	0	682	0	(704)	22	0	0	0
Disposals / derecognition	0	0	0	0	(3,538)	(4,261)	(132)	(7,931)
Valuation/gross cost at 31 March 2019	6,695	164,063	1,022	4,669	45,295	8,636	1,303	231,683
Accumulated depreciation at 1 April 2018 - brought forward	0	650	0	0	28,834	10,504	943	40,931
Provided during the year	0	3,341	34	0	4,350	734	110	8,569
Impairments	0	(2,500)	(11)	0	0	0	0	(2,511)
Reversals of impairments	0	(338)	(21)	0	0	0	0	(359)
Revaluations	0	(264)	(1)	0	0	0	0	(265)
Disposals / derecognition	0	0	0	0	(3,469)	(4,259)	(130)	(7,858)
Accumulated depreciation at 31 March 2019	0	889	1	0	29,715	6,979	923	38,507
Net book value at 31 March 2019	6,695	163,174	1,021	4,669	15,580	1,657	380	193,176
Net book value at 1 April 2018	6,695	163,472	1,033	1,083	17,450	1,769	490	191,992

Note 15.2 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	6,695	111,920	1,021	4,669	14,950	1,649	369	141,273
On-SoFP PFI contracts and other service concession arrangements	0	50,768	0	0	0	0	0	50,768
Owned - donated	0	486	0	0	630	8	11	1,135
NBV total at 31 March 2019	6,695	163,174	1,021	4,669	15,580	1,657	380	193,176

Note 15.3 Revaluations of property, plant and equipment - 2018/19

The Trust revalued its Land, Buildings and Dwellings on 31 March 2019. The revaluation was carried out by Iain Hudson MRICS, RCIS Registered Valuer at Cushman & Wakefield, and is consistent with the requirements of IAS 16. As the Trust has specialised assets for which there is no active market, the valuer has used Modern Equivalent Asset (MEA) valuations as a substitute for fair value. MEA is based on the value of an asset with the same service potential, not a like for like replacement. See Note 15 for further information on revaluation and details of impairments / reversals of impairments.

The Trust is a signatory of the Strategic Partnering Agreement with the Cumbria eLIFT programme and the Trust's buildings at Carlisle included in the existing PFI arrangements are valued net of recoverable VAT. This is based on the Trust's current assessment that if its buildings required replacement the only viable route to facilitate this would be through the eLIFT arrangement.

Asset lives for each class of asset are as follows:

Land - infinite

Buildings - between 1 and 86 years

Dwellings - between 4 and 52 years

Plant & Machinery - between 5 and 17 years

Information Management & Technology - between 5 and 10 years

Fixtures & Fittings - between 5 and 15 years

During 2018/19 the Trust identified assets with an historic cost of £7,931k that were no longer in use. The accumulated depreciation on these assets was £7,858k giving a net book value write-off of £73k.

The additions figure includes £342k of donated assets (2017/18: £221k). The donated assets in year came from North Cumbria University Hospitals NHS Trust Charitable Fund.

Note 15.4 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	7,134	153,247	2,304	98	45,575	0	11,913	1,527	221,798
Additions	0	5,380	0	985	2,622	0	691	99	9,777
Impairments	(439)	(772)	(1,322)	0	0	0	0	0	(2,533)
Reversals of impairments	0	5,692	49	0	0	0	0	0	5,741
Revaluations	0	649	2	0	0	0	0	0	651
Reclassifications	0	(74)	0	0	74	0	0	0	0
Disposals / derecognition	0	0	0	0	(1,987)	0	(331)	(193)	(2,511)
Valuation/gross cost at 31 March 2018	6,695	164,122	1,033	1,083	46,284	0	12,273	1,433	232,923
Accumulated depreciation at 1 April 2017 - brought forward	0	415	0	0	26,496	0	10,154	1,014	38,079
Provided during the year	0	3,168	62	0	4,292	0	677	120	8,319
Impairments	0	(275)	(37)	0	0	0	0	0	(312)
Reversals of impairments	0	(1,343)	(24)	0	0	0	0	0	(1,367)
Revaluations	0	(1,315)	(1)	0	0	0	0	0	(1,316)
Disposals / derecognition	0	0	0	0	(1,954)	0	(327)	(191)	(2,472)
Accumulated depreciation at 31 March 2018	0	650	0	0	28,834	0	10,504	943	40,931
Net book value at 31 March 2018	6,695	163,472	1,033	1,083	17,450	0	1,769	490	191,992
Net book value at 1 April 2017	7,134	152,832	2,304	98	19,079	0	1,759	513	183,719

Note 15.5 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned - purchased	6,695	112,490	1,033	1,083	16,817	0	1,757	475	140,350
On-SoFP PFI contracts and other service concession arrangements	0	50,400	0	0	0	0	0	0	50,400
Owned - donated	0	582	0	0	633	0	12	15	1,242
NBV total at 31 March 2018	6,695	163,472	1,033	1,083	17,450	0	1,769	490	191,992

Note 15.6 Revaluations of property, plant and equipment - 2017/18

The Trust revalued its Land, Buildings and Dwellings on 31 March 2018. The revaluation was carried out by Iain Hudson MRICS, RCIS Registered Valuer at Cushman & Wakefield, and is consistent with the requirements of IAS 16. As the Trust has specialised assets for which there is no active market, the valuer has used Modern Equivalent Asset (MEA) valuations as a substitute for fair value. MEA is based on the value of an asset with the same service potential, not a like for like replacement. See Note 14 for further information on revaluation and details of impairments / reversals of impairments.

The Trust's buildings at Carlisle included in the existing PFI arrangements are also valued net of recoverable VAT. This is based on the Trust's current assessment that if its buildings required replacement the only viable route to facilitate this would be through a PFI arrangement.

As part of the redevelopment plans for the site at West Cumberland Hospital the houses/flats are due to be demolished. Using MEA valuation the land is assessed as no longer being required and as the Trust is not actively marketing it for sale it has a nil value (31 March 2017: £445k).

Asset lives for each class of asset are as follows:

Land - infinite

Buildings - between 1 and 88 years

Dwellings - between 5 and 54 years

Plant & Machinery - between 3 and 20 years

Information Management & Technology - between 3 and 10 years

Fixtures & Fittings - between 5 and 15 years

During 2017/18 the Trust identified assets with an historic cost of £2,511k that were no longer in use. The accumulated depreciation on these assets was £2,472k giving a net book value write-off of £39k.

Donated assets in year came from North Cumbria University Hospitals NHS Trust Charitable Fund.

Note 16 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	2,264	1,822
Consumables	4,037	3,814
Energy	57	70
Other	145	161
Total inventories	6,503	5,867

Inventories recognised in expenses for the year were £61,604k (2017/18: £57,863k). Write-down of inventories recognised as expenses for the year were £223k (2017/18: £83k).

Note 17 Receivables

Note 17.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables* (a)	42,509	0
Trade receivables*	0	3,582
Accrued income*	0	21,208
Allowance for impaired contract receivables / assets*	(241)	0
Allowance for other impaired receivables	0	(204)
Prepayments (non-PFI)	2,035	1,374
PFI lifecycle prepayments	1,048	982
Interest receivable	10	6
VAT receivable	0	34
Other receivables (a)	84	1,118
Total current trade and other receivables	45,445	28,100

Non-current

Contract receivables* (a)	682	0
Allowance for impaired contract receivables / assets*	(120)	0
Allowance for other impaired receivables	0	(116)
PFI lifecycle prepayments	11,008	11,294
Other receivables (a)	0	698
Total non-current trade and other receivables	11,570	11,876

Of which receivables from NHS and DHSC group bodies:

Current	35,012	16,366
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*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note a: Included in current receivables at 31 March 2019 is £794k (31 March 2018: £849k) for the Injury Cost Recovery Scheme and in non-current £682k (31 March 2018: £698k). Credit scoring is not appropriate for the Scheme as it only includes person(s) who have been found to be, or accept, responsibility for injury caused. A provision of 17.62% has been applied for any potential non recovery costs based on the Trust's average withdrawal rates (2017/18: 16.65%).

Note 17.2 Allowances for credit losses 31 March 2019

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April 2018 - brought forward	0	320
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	345	(320)
Changes in existing allowances	16	0
Allowances as at 31 March 2019	361	0

Note 17.3 Allowances for credit losses 31 March 2018

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.

	All receivables £000
Allowances as at 1 April 2017 - as previously stated	330
Increase/(decrease) in provision	(10)
Allowances as at 31 March 2018	320

Note 18 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19 £000	2017/18 £000
At 1 April	3,635	3,556
Net change in year	2,857	79
At 31 March	6,492	3,635
Broken down into:		
Cash at commercial banks and in hand	5	5
Cash with the Government Banking Service	6,487	3,630
Total cash and cash equivalents as in SoFP	6,492	3,635
Total cash and cash equivalents as in SoCF	6,492	3,635

Note 18.1 Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties of £4k at 31 March 2019 (31 March 2018: £4k).

Note 19 Trade and other payables

	31 March	31 March
	2019	2018
	£000	£000
Trade payables	5,113	8,853
Capital payables	2,682	3,721
Accruals	6,781	7,962
Social security costs	1,915	1,934
VAT payables	541	0
Other taxes payable	1,610	1,637
Accrued interest on loans*	0	534
Other payables	2,454	2,395
Total current trade and other payables	21,096	27,036

Of which payables from NHS and DHSC group bodies:

Current	3,272	6,439
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Included above:

Outstanding pension contributions	2,190	2,161
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*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 21. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 20 Other liabilities

At 31 March 2019 the Trust had deferred income of £1,371k (31 March 2018: £1,249k).

Note 21 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Social Care*	133,054	52,128
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	139	1,984
Total current borrowings	133,193	54,112
Non-current		
Loans from the Department of Health and Social Care	114,138	133,446
Obligations under PFI, LIFT or other service concession contracts	46,036	46,174
Total non-current borrowings	160,174	179,620

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan instead of in payables (Note 19). IFRS 9 is applied without restatement therefore comparatives have not been restated.

The loans from the Department of Health & Social Care total £247,192k at 31 March 2019 (31 March 2018: £185,574k) and consist of 37 separate fixed interest rate loans ranging from 3 to 15 years (31 March 2018: 24). Included in the value of current loans is £759k of accrued interest as at 31 March 2019.

The Trust makes principal repayments on 6 of the loans twice annually. Interest is also paid twice annually. The details of these loans and the principal remaining at 31 March 2019 are as follows:

£2,400k at 5.20% - 15 year loan commencing 22/03/07

£78k at 5.10% - 14.5 year loan commencing 15/09/07

£92k at 4.34% - 14 year loan commencing 15/03/08

£3,684k at 1.32% - 10 year loan commencing 14/12/15

£1,560k at 1.16% - 10 year loan commencing 04/02/19 (new in 2018/19)

£3,000k at 1.08% - 10 year loan commencing 18/03/19 (new in 2018/19)

The principal remaining on the other 31 loans totals £235,619k. They all have terms of 3 years and a fixed interest rate of 1.5%. Principal is not repaid until the end of the term and interest on each loan is payable twice annually. During 2018/19 the Trust took out 11 of these loans totalling £62,063k. It also repaid £4,382k related to borrowing accessed in 2017/18 in advance of receiving STF monies which were not received until July 2018.

The fair value of loans at 31 March 2019 is £246,619k (31 March 2018: £184,940k).

The fair value of the outstanding PFI liabilities at 31 March 2019 is £69,754k (31 March 2018: £73,189k).

The fair value of these liabilities has been obtained with reference to the current fixed interest rates offered by the Department of Health & Social Care for similar loans for period matching the remaining life of the existing loans/liabilities.

In February 2019 an Interim Revenue Support Loan of £50,746k was due for repayment. The loan's maturity date was extended by 12 months until February 2020 and the Trust was advised by the Department of Health & Social Care that it can expect to be supported on to Planned Term Support (or a variation of it) before the new expiry date. The Trust has a further 8 revenue support loans totalling £79,861k due for repayment in 2019/20. The Trust is in discussions with NHS Improvement and the Department of Health & Social Care and expects that these loans will also be taken into account when the Planned Term Support is put in place.

The PFI liability is discussed further in Note 25.

Note 22 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	185,574	48,158	233,732
Cash movements:			
Financing cash flows - payments and receipts of principal	60,859	(1,984)	58,875
Financing cash flows - payments of interest	(3,106)	(4,608)	(7,714)
Non-cash movements:			
Impact of implementing IFRS 9 on 1 April 2018	534	0	534
Application of effective interest rate	3,331	4,609	7,940
Carrying value at 31 March 2019	247,192	46,175	293,367

Note 23.1 Provisions for liabilities and charges analysis

	Pensions:			
	early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Total £000
At 1 April 2018	335	2,093	127	2,555
Change in the discount rate (a)	(1)	(44)	0	(45)
Arising during the year	23	56	245	324
Utilised during the year	(90)	(113)	(103)	(306)
Reversed unused	(10)	(48)	(12)	(70)
Unwinding of discount	0	2	0	2
At 31 March 2019	257	1,946	257	2,460
Expected timing of cash flows:				
- not later than one year;	64	114	257	435
- later than one year and not later than five years;	146	447	0	593
- later than five years.	47	1,385	0	1,432
Total	257	1,946	257	2,460

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within Legal Claims.

Note a: The discount rate used in the calculation of the Pensions and Personal Injury Benefit provisions has changed from 0.10% to 0.29% in 2018/19.

Pensions: Early departure costs

The Pensions provision is based on an estimate of the number of years individual pensions will continue to be paid and is considered a realistic assessment of future pension costs.

Pensions: Injury benefits

The Injury Benefits provision is based on an estimate of the number of years individual pensions will continue to be paid and is considered a realistic assessment of future pension costs.

Legal Claims

Provisions for legal claims includes claims made through NHS Resolution. This includes on-going cases where the date of conclusion and settlement figures are not certain. The total value of the provision made for the Trust through NHS Resolution is £257k at 31 March 2019 (31 March 2018: £129k).

Note 23.2 Clinical negligence liabilities

At 31 March 2019, £158,021k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Cumbria University Hospitals NHS Trust (31 March 2018: £125,255k).

Note 24 Contractual capital commitments

The Trust has capital commitments totalling £0.6m relating to the ongoing redevelopment at the West Cumberland Hospital at 31 March 2019. At 31 March 2018 capital commitments were £2.2m and related to the redevelopment at West Cumberland Hospital and the A&E GP Streaming project at the Cumberland Infirmary.

Note 25 On-SoFP PFI, LIFT or other service concession arrangements

The PFI scheme is for the provision of a hospital facility, the Cumberland Infirmary. The scheme was completed in 2000 and the contract runs for 45 years with a break clause after 30 years. At the end of the contract period, or at the break clause, the buildings included in the contract will transfer to the Trust.

The scheme is a design, build, finance and operate contract for a 444 bedded hospital which has enabled all services to be centralised on one site in Carlisle. The capital value of the scheme was £67m. Payments made to the consortium in 2018/19 were £24.3m (2017/18: £23.4m) with a recurring annual commitment of £24.2m (at March 2019 prices) subject to changes in inflation, performance of provider, availability of asset, and agreed variations to services provided by PFI operator.

Under IFRIC 12, the asset is treated as an asset of the Trust; the substance of the contract is that the Trust has a finance lease and payments comprise two elements – imputed finance lease charges and service charges – details of the imputed finance lease are shown below. This information is required by the Department of Health for inclusion in national statutory accounts.

Note 25.1 Imputed finance lease obligations

North Cumbria University Hospitals NHS Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	31 March 2019 £000	31 March 2018 £000
Gross PFI, LIFT or other service concession liabilities	77,601	84,193
Of which liabilities are due		
- not later than one year;	4,625	6,593
- later than one year and not later than five years;	29,506	26,820
- later than five years.	43,470	50,780
Finance charges allocated to future periods	(31,426)	(36,035)
Net PFI, LIFT or other service concession arrangement obligation	46,175	48,158
- not later than one year;	139	1,984
- later than one year and not later than five years;	13,567	9,834
- later than five years.	32,469	36,340

Note 25.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2019 £000	31 March 2018 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	316,727	344,285
Of which liabilities are due:		
- not later than one year;	25,017	24,579
- later than one year and not later than five years;	107,534	105,782
- later than five years.	184,176	213,924

Note 25.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/19 £000	2017/18 £000
Unitary payment payable to service concession operator	24,337	23,389
Consisting of:		
- Interest charge	4,609	4,811
- Repayment of finance lease liability	1,984	1,777
- Service element and other charges to operating expenditure	12,884	12,256
- Capital lifecycle maintenance	2,596	1,876
- Contingent rent	2,264	2,040
- Addition to lifecycle prepayment	0	629
Total amount paid to service concession operator	24,337	23,389

Note 26 Financial instruments

Note 26.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCGs) and NHS England (NHSE) and the way these commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health & Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCGs and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 26.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial assets as at 31 March 2019 under IFRS 9	Total £000	Carrying values of financial assets as at 31 March 2018 under IAS 39	Total £000
Trade and other receivables excluding non financial assets	42,841	Trade and other receivables excluding non financial assets	24,807
Cash and cash equivalents at bank and in	<u>6,492</u>	Cash and cash equivalents at bank and	<u>3,635</u>
Total at 31 March 2019	<u>49,333</u>	Total at 31 March 2018	<u>28,442</u>

Note 26.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial liabilities as at 31 March 2019 under IFRS 9	Total £000	Carrying values of financial liabilities as at 31 March 2018 under IAS 39	Total £000
Loans from the Department of Health and Social Care	247,192	Loans from the Department of Health and Social Care	185,574
Obligations under PFI, LIFT and other service concession contracts	46,175	Obligations under PFI, LIFT and other service concession contracts	48,158
Trade and other payables excluding non financial liabilities	14,770	Trade and other payables excluding non financial liabilities*	21,235
Total at 31 March 2019	<u>308,137</u>		<u>254,967</u>

* The value of Trade and other payables excluding non financial liabilities at 31 March 2018 has been increased by £534k to include interest payable on DH loans.

Note 26.4 Fair values of financial assets and liabilities

The financial instruments above are shown at carrying (book) value. DH loans and the PFI finance lease creditors are considered to have fair values that are not the same as their carrying values. These values are £246,619k and £69,754k respectively. (See also Note 21)

Note 26.5 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018* £000
In one year or less*	147,963	75,347
In more than one year but not more than two years	50,884	81,382
In more than two years but not more than five years	73,336	60,318
In more than five years	35,954	37,920
Total	<u>308,137</u>	<u>254,967</u>

* The value of financial liabilities maturing in one year or less at 31 March 2018 has been increased by £534k to include interest payable on DH loans.

Note 27 Losses and special payments

	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	3	0	3	0
Bad debts and claims abandoned	290	65	174	62
Stores losses and damage to property	4	223	6	83
Total losses	297	288	183	145
Special payments				
Ex-gratia payments	25	11	41	11
Special severance payments	0	0	1	5
Total special payments	25	11	42	16
Total losses and special payments	322	299	225	161

Note 28 Related parties

During the year none of the members of the key management staff, or parties related to any of them, have undertaken material transactions with North Cumbria University Hospitals NHS Trust.

The Department of Health & Social Care is regarded as a related party. During the year North Cumbria University Hospitals 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. These include:

NHS England
NHS North Cumbria Clinical Commissioning Group
NHS Northumberland Clinical Commissioning Group
NHS Morecambe Bay CCG
Health Education England
Cumbria Partnership NHS Foundation Trust
The Mid Yorkshire Hospitals NHS Trust
The Newcastle upon Tyne NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
Northumberland, Tyne and Wear NHS Foundation Trust
Lancashire Teaching Hospitals NHS Foundation Trust
University Hospitals Morecambe Bay NHS Foundation Trust
NHS Resolution
NHS Blood & Transport
NHS Business Services Authority

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with the NHS Pensions Agency, HM Revenue & Customs, the Scottish Office (in respect of Scottish Health Boards), Cumbria County Council, Carlisle City Council, Copeland Borough Council.

During 2018/19 North Cumbria University Hospitals NHS Trust Charitable Fund spent £806k (2017/18: £497k) on medical and education equipment, salaries and training courses from which the Trust benefitted. North Cumbria University Hospitals NHS Trust is the sole corporate trustee for the Charity.

Note 29 Events after the reporting date

There are no events to report.

Note 30 Better Payment Practice Code

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	75,430	135,787	70,752	124,593
Total non-NHS trade invoices paid within target	7,069	52,104	22,681	69,553
Percentage of non-NHS trade invoices paid within target	9.37%	38.37%	32.06%	55.82%
NHS Payables				
Total NHS trade invoices paid in the year	3,113	34,213	2,482	34,891
Total NHS trade invoices paid within target	245	18,138	516	22,512
Percentage of NHS trade invoices paid within target	7.87%	53.01%	20.79%	64.52%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 31 External financing

The Trust is given an external financing limit against which it is permitted to underspend:

	2018/19 £000	2017/18 £000
External financing limit (EFL)	62,718	50,499
Cash flow financing (from SoCF) (a)	57,126	48,245
Other capital receipts	0	0
External financing requirement	57,126	48,245
Under / (over) spend against EFL	5,592	2,254

Note (a): This is defined as net cash flows before financing, following the derivation set out in the NHS Improvement provider finance in year monitoring return.

Note 32 Capital Resource Limit

	2018/19 £000	2017/18 £000
Gross capital expenditure	13,847	10,486
Less: Disposals	(73)	(39)
Less: Donated and granted capital additions	(355)	(227)
Plus: Loss on disposal from capital grants in kind	0	0
Charge against Capital Resource Limit	13,419	10,220
Capital Resource Limit	13,437	10,240
Under / (over) spend against CRL	18	20

Note 33 Breakeven duty financial performance

	2018/19 £000	2017/18 £000
Adjusted financial performance surplus / (deficit) (control total basis)	(30,051)	(40,258)
Breakeven duty financial performance surplus / (deficit)	(30,051)	(40,258)

Note 34 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
Breakeven duty in-year financial performance		327	1,356	1,095	203	(27,133)	(16,442)	(62,997)	(47,328)	(40,258)	(30,051)
Breakeven duty cumulative position	(5,214)	(4,887)	(3,531)	(2,436)	(2,233)	(29,366)	(45,808)	(108,805)	(156,133)	(196,391)	(226,442)
Operating income		216,098	223,132	227,483	235,295	230,580	262,174	234,067	251,224	258,872	283,704
Cumulative breakeven position as a percentage of operating income		(2.26%)	(1.58%)	(1.07%)	(0.95%)	(12.74%)	(17.47%)	(46.48%)	(62.15%)	(75.86%)	(79.82%)

The Trust has delivered a deficit of £30.1m in 2018/19 taking the cumulative deficit to £226.4m. Strategic revenue support funding has not been available since the abolition of Strategic Health Authorities in March 2013 and the Trust has posted significant deficits in each subsequent financial year.

Throughout the 2018/19 financial year the north Cumbria local health economy has continued to develop and integrate its leadership with the goal of creating a sustainable integrated health and social care service model. In particular, North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust have continued working closely together with a joint board of directors and executive director team in place for most of the year. The boards of both North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust approved a strategic case for a proposed merger of the two organisations. The business case, including a long term financial model, has been submitted to NHSI as the regulator responsible for approving the merger, with the support of the main commissioners of the two Trusts, NHS North Cumbria Clinical Commissioning Group, as well as the NHS North Cumbria System Leadership Board. The current plan is to approve a full business case by June 2019 with a view to the merger taking place on 1st October 2019.

North Cumbria University Hospitals NHS Trust Quality Accounts 2018/19

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PART 1 INTRODUCTION

What is a Quality Account?

A Quality Account is an annual report to the public about the quality of the services our Trust delivers. The Health Act 2009 requires all providers of NHS services in England to produce a Quality Account to provide information about the quality of those services.

The aim of the Quality Account is to enhance the Trust's accountability to the public and its commissioners (purchasers of healthcare) on both the achievements made to improving the quality of services for our local communities as well as being very clear about where further improvement is required. Quality Accounts are both retrospective and forward looking.

A single definition of quality for the NHS was first set out in High Quality Care for All. This definition sets out three dimensions to quality, all three of which must be present in order to provide a high quality service:

- **Clinical effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes
- **Safety** – quality care is care which is delivered to avoid all avoidable harm and risks to the individual's safety; and
- **Patient experience** – quality care is care which aims to give patients as positive an experience as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect

This Quality Account places the focus on the quality of the Trust's services so that the public, patients and anyone with an interest in healthcare will be able to understand:

- Where the Trust is doing well
- Where improvements in service quality are needed and how we have prioritised these
- How the Trust Board has reviewed our challenges in improving the quality of care during the year and what we have prioritised for 2019/20

The Quality Account includes the following mandatory requirements:

Part 1:

- A statement on quality from the Chief Executive
- Statement from Directors

Part 2: Priorities for improvement and statements relating to quality of NHS services

Part 3: Other information

- Review of the quality performance for 2018/19 and engagement with stakeholders.
- Statements from stakeholders and commissioners.

This document complies with the Trust's statutory duties under the Health Act 2009

and the guidance issued by the Department of Health for the development of Quality Accounts.

Chief Executive Statement

Over the last year we have continued on our journey to system working across North Cumbria, this year, work has included a significant programme of development in terms of joint ways of working across North Cumbria University Hospital NHS Trust (the Trust) and Cumbria Partnership NHS Foundation Trust (CPFT) and the establishment of a System Executive Team. This work has included the development of joint meetings, policies and procedures. For example we now have in place a joint Being Open and Duty of Candour policy which underpins our thinking around Just Culture and is supported by joint Duty of Candour training.

The further development of joint ways of working across the two Trusts, prior to the merger in October 2019 now dovetail with the system governance arrangements which include meetings such as the System Quality Assurance Committee (SQAC) attended by the systems leaders. We continue to work with partner organisations across Cumbria to ensure high quality services for our patients. We are committed to the emerging six aims of the North Cumbria Health and Care System plan and have joint objectives with CPFT and NHS North Cumbria Clinical Commissioning Group (NCCCG) for 2019/20.

Our last CQC inspection took place in between July and August 2018, under the new inspection format, and the final report from the inspection was published in November 2018. Overall the Trust maintained a rating of 'requires improvement.' However, I am pleased to state there were many noted improvements from the previous inspection, including areas of outstanding practice identified across Urgent and Emergency Care and Medical Care.

In March 2019 we officially launched our brand new set of values shared across the Trust, CPFT and NCCCG, they are:

- Kindness
- Respect
- Ambition
- Collaboration

We are currently focusing on ways in which these values can become more embedded into practice; activities to support this include the review of appraisal documentation to ensure the values are built into discussions with members of staff.

We remain committed to the four long term goals we have set:

- To consistently deliver the highest quality of services we can;
- To ensure we are fulfilling the potential of all of our staff, patients, families and carers;
- To improve and transform services with our partners;
- To be relentlessly efficient and effective to ensure we are financially sustainable.

The key highlights as detailed in this quality report for 2018/19 include:

- ✓ Consistently achieving significantly better than the national average in terms of harm free care as monitored through the Classic Safety Thermometer
- ✓ Implementation Medication Safety Thermometers
- ✓ Further developed a suite of Quality and Safety Dashboard which are used from the ward to the board in terms of the identification and triangulation of key concerns
- ✓ Developed a joint e learning Duty of Candour training for all staff to complete, which includes a focus on Just Culture and Human Factors
- ✓ Introduction of a joint Trust assurance process for CQC standards, which included a relaunch and rollout of the 15 Steps process across both Trusts in January 2019

Our focus for 2019/20, based on our strategic plans, feedback from our patients, staff and our communities, and from our CQC regulatory inspections will be:

- The development of a system wide 5 year Quality Strategy and associated Plan, which has four key aims:
 1. Focus on culture: journey to Just and improvement culture
 2. Continuously seek out and reduce patient harm
 3. Deliver what matters most to patients, families and carers through positive experiences when accessing our services
 4. Evidence our ongoing improvement journey through getting to 'Good' and striving for 'Outstanding' in CQC ratings
- Continue to focus and learn from incidents and events to continuously improve the services that we provide;
- Strengthening our clinical governance arrangements both as a merged organisation and the system.



Prof. Stephen Eames
Chief Executive

Statement of Directors' in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing their Quality Account, directors should take steps to assure themselves that:

The Quality Account presents a balanced picture of the Trust's performance over the reporting period

The performance information reported in the Quality Account is reliable and accurate


There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice

The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review

The Quality Account has been prepared in accordance with any Department of Health guidance

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Signed:

Prof. Robin Talbot, Chairman



Signed:

Prof. Stephen Eames, Chief Executive

PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS RELATING TO QUALITY OF NHS SERVICES

Our Priorities

In setting our priorities for the year we have described our joint objectives as follows. These reflected the strategic objectives of both our Trust and Cumbria Partnership NHS Foundation Trust (CPFT).

Core Objectives (The 4 Ss)	Core Objective Statements
Staff	"We will reshape our workforce using more innovative workforce models, and value our staff highly by; being a great place to work and embedding the right culture."
System working	"We will work effectively across the health and care system, sustaining and transforming services for patients and building a platform for the Integration of Health and Social Care"
Service quality	"We will improve the quality of our services, as experienced by our patients and as measured by regulators, always learning from our mistakes to continually improve what we do."
Sustainable finances	"We will deliver our Financial Strategy collectively across our system, improving the efficiency and affordability of care for our patients, investing in the right services for the future."

Delivery against our Quality Improvement Plans is monitored through the Quality & Safety Committee and formally reported to the Board during the year. An update around the progress made against the priority areas for 2018/19 can be found in Appendix A.

Our focus for 2019/20, based on our strategic plans, feedback from our patients, staff and our communities, and from our CQC regulatory inspections will be:

- The development of a system wide 5 year Quality Strategy and associated 19/20 Plan, which has four key aims:
 1. Focus on culture: journey to Just and improvement culture
 2. Continuously seek out a reduce patient harm
 3. Deliver what matters most to patients, families and carers through positive experiences when accessing our services
 4. Evidence our ongoing improvement journey through getting to 'Good' and striving for 'Outstanding' in CQC ratings
- Continue to focus and learn from incidents and events to continuously improve the services that we provide
- Strengthening our clinical governance arrangements both as a merged organisation and the system
- Develop and implement Nursing, Midwifery and AHP strategy

CQUIN Priorities 2018/19

Part of the Trust's income for 2018/19 will be conditional upon making quality improvements and reaching innovation goals agreed with our clinical commissioners. This will be achieved and monitored through the National Commissioning for Quality and Innovation (CQUIN) Framework.

Our services earned an estimated 76% of available CQUIN monies during 2018/19 as we delivered the quality improvements as detailed below. The total amount available was £2.28m and the Trust is predicted to achieve £1.73m.

Clinical Commissioning Group

2018/19 CQUIN Schemes		18/19 £ (available)	Prediction £ score
Improving Staff Health and Wellbeing	Improvement of health and wellbeing of NHS staff - 5% improvement in 2 out of 3 relevant survey questions	£130,931	£0
	Healthy food for NHS staff, visitors and patients – healthy options in retail food outlets in hospital	£130,931	£130,931
	Flu vaccinations for frontline clinical staff at 75%	£130,931	£130,931
Reducing the impact of serious infections (Antimicrobial resistance and Sepsis)	Patients screened for SEPSIS in inpatients and emergency	£98,198	£98,198
	Patient screened positive for SEPSIS patients treated within 1 hour in inpatients and emergency.	£98,198	£83,468
	Antibiotic review empiric review for SEPSIS improvement to 90%	£98,198	£0
	Antibiotic treatment reduction in usage overall	£98,198	£65,400
Improving services for people with mental health needs who present to A&E	Reduction in A&E attendances for a selected cohort of frequent attenders with mental health needs	£392,793	£314,234
Hospital Consultants offering Advice and Guidance service to GPs	Advice and Guidance delivered in specialties covering 75% of referrals	£392,793	£392,793
Preventing ill health by risky behaviours – alcohol and tobacco. Alcohol and Tobacco Screening, advice and referral for all inpatients	% Inpatients screened for smoking	£19,640	£9,820
	% given smoking brief advice	£78,559	£39,279
	% Tobacco referral and medication	£98,198	£49,099
	% Inpatients screened for Alcohol	£98,198	£49,099
	% Alcohol brief advice or referral	£98,198	£49,099
		£1,963,964	£1,412,352

Specialist Commissioning

2018/19 CQUIN Schemes	Year 2 £ (available)	Prediction £ score
Dental dashboard & Orthodontics / Oral Surgery network engagement	£47,955	£47,955
Chemotherapy Dose banding.	£71,961	£71,961
Optimising Palliative Chemotherapy.	£71,961	£71,961
Medicines Optimisation.	£47,955	£47,955
Local - Improving Radiotherapy Pathways.	£80,366	£80,366
	£320,198	£320,198

Mandatory Statements of Quality Standards

The mandatory quality indicators set by the NHS England that we are required to report in this Quality Account are detailed in the following pages. The data periods comply with the national required data sets for the production of this Quality Account. In addition the supporting narrative statement for each of these indicators complies with the mandatory requirements for the publication of the Quality Account.

Summary Hospital Mortality Indicator (SHMI)

The preferred indicator for inclusion in the Quality Account in relation to patient mortality is the SHMI. Understanding how hospitals perform against its peers in relation to patient deaths is a fundamental quality indicator.

The SHMI is represented as a ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI methodology does not make any adjustments for patients who are recorded as receiving palliative care or for local deprivation indices. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

The Trust considers that this data is as described for the following reasons:

- Significant improvements have been made to our mortality rate resulting in the Trust being in line with the national average
- The palliative care coding has not influenced the Trusts mortality rate

Table: Summary Hospital Mortality Indicator

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
Published: February 2019 (October 2017 to September 2018)	SHMI	0.96	1.00	0.69	1.27	As Expected
	Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	32.1	33.8	14.3	59.5	
Published:	SHMI	0.96	1.00	0.70	1.26	As Expected

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
November 2018 (July 2017 to June 2018)	Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	30.1	33.3	13.4	58.7	

Learning from Deaths - Mortality Reviews

The Trust continues to analyse deaths each week identifying those which have a high Hogan Score (an assessment of preventability with deaths judged as more than 50% preventable (Hogan core 4-6) and depending on clinical context referring them to clinical teams for review as part of the teams morbidity and mortality review process of when more serious concerns occur for declaration as a Serious Untoward Incident.

In line with national recommendations, we will publish data on a quarterly basis regarding avoidable deaths and we will work more closely with families when reviewing such cases.

Mortality Statistics

(i) Mortality Statistics for Q1 – Q4, can be found below:

Ref ***	Indicator	Q1	Q2	Q3	Q4
27.1	Total Number of Deaths	279	258	272	323
27.2	Total number of deaths that have been subjected to a case record review or investigation) <i>[Structured Judgment Reviews (SJR's) and SIRI investigations)</i>	174	111	36	94
27.3	Estimation of the number of deaths for which a case record review or investigation has been carried out which has been judged as a result of the review or investigation was more likely than not to have been due to problems in the care provided.	2	2	0	0
27.4	A summary of what the provider has learnt from case record reviews and investigations conducted in	Narrative below			

Ref ***	Indicator	Q1	Q2	Q3	Q4
	relation to the deaths identified in item 27.3.				
27.5	A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).	Narrative below			
27.6	An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.	Narrative below			
27.7	Total Number of SJR's or investigations completed in the current reporting quarter, but related to deaths reported in a previous reporting period.	3			
27.8	Estimation of the number of deaths (<i>where the SJR or investigation has been completed in the current reporting quarter but related to deaths in previous reporting period</i>) for which a case record review or investigation has been carried out which has been judged as a result of the review or investigation was more likely than not to have been due to problems in the care provided.	As above			
27.9	Revised total estimate of the number of deaths (from 27.3 & 27.8 above) for which a case record review or investigation has been carried out which has been judged as a result of the review or investigation was more likely than not to have been due to problems in the care provided.	As Above			

27.1 During 2018/19, 809 of NCUH patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 279 in the first quarter;
- 258 in the second quarter;
- 272 in the third quarter;
- 323 in the fourth quarter.

27.2 By 31st March 2019, 415 case record reviews and 415 investigations have been carried out in relation to 1132 of the deaths included in item 27.1.

In 415 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:

- 174 in the first quarter;
- 111 in the second quarter;
- 36 in the third quarter;
- 94 in the fourth quarter.

27.3 4 representing 0.49% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 2 representing 0.72 % number of deaths which occurred for the first quarter;
- 2 representing 0.78% for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% in the fourth quarter.

These numbers have been estimated by the Associate Medical Director for Safety and Quality using Hogan method as previously described.

27.4 - 27.5

A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3.

Stage one reviews using a standardised form are carried out by two lead reviewers one on each site. Any specific concerns relating to a case are passed on to the relevant clinical team so they can be reviewed and discussed at the relevant governance and/or morbidity and mortality meeting. Key success in 2018-19 was ongoing feedback to clinical teams at the WCH site regarding the deteriorating patient, review and discussion of these cases this has led to improved communication with intensive care and keeping selected patient in EAU so they can be monitored and reviewed more closely by the medical team. It is noteworthy that the most recent SHMI (Jan-Dec 18) for that site being 1.0.

There have been two reviews carried out during the year, one was an external review of sepsis cases that had been identified because of concerns raised during mortality review and declared as serious incidents. The key findings of this review are detailed below:

- Delay to assessment- found in all cases (times vary between 15 mins – 3 hours). This delay includes community or paramedic assessments, but predominantly refers to the delay in assessment once admitted into NCUH.
- Failure to recognise sepsis - found in three cases. Even in those cases where sepsis was diagnosed (4) there were significant delays to treatment.
- Delay to Treatment - found in all cases (times vary between 1 hour and 10+ hours). Causes of delays include access to non- stock antibiotics, difficulty with IV access, and failure to act on prescribed plan of care (due to staffing shortages).
- Non- compliance with sepsis policy - found in six cases. The sepsis policy and associated training has been implemented.
- Documentation standards - lacking in four cases. This includes the lack of recorded NEWS in paramedic documentation, A+E assessment document, medical and nursing notes.
- Communication issues - found in five cases

In six out of seven cases the patient was admitted out of hours either during the weekend or through night.

The action taken in response to this review is ongoing (monthly) feedback and discussion with in particularly the emergency admission teams regarding key sepsis performance indicators (review and antibiotics within one hour). This report and subsequent actions are monitored and discussed at the multi-agency sepsis meeting and within the Emergency Department Governance meeting.

In surgery there was a review of 25 cases who had undergone major vascular surgery, the review identified that overall the cases were managed well, it emphasised the difficulty of covering a large geographic area and inherent delays that introduces as well as the high risk (using a standardised assessment tool) of many of the cases involved.

- A single mortality/morbidity risk assessment tool should be agreed by the Vascular Surgeons and relevant Anaesthetics leads and used both for Elective and Emergency vascular surgery
- Pre-operative anaesthetic assessment should be carried out by an anaesthetist with an interest in vascular surgery anaesthesia; the vascular anaesthetists also need to be active members of the vascular MDT.
- This report should be shared and discussed with the relevant ambulance teams so in particular those patients with known aneurysms are, as appropriate, transferred directly to the Vascular Centre where an intervention is possible
- Patients with known aneurysms awaiting elective surgery should be educated and aware of alert signs and symptoms and what to do if the condition deteriorates and they become symptomatic
- The Clinical Director for Vascular Surgery should in conjunction with the relevant operational manager review the options to support the introduction of EVAR for emergency ruptured

Aortic Aneurysm repair.

- The Clinical Director for Anaesthesia should in conjunction with the relevant operational manager review the options to support improved availability of Cell Salvage for all major vascular surgery.

27.6 An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.

The Trust level SHMI has improved from 0.98 (Jan-Dec 17) to 0.95 (Jan-Dec 18) furthermore the site specific SHMI for WCH is now 1.0.

Key improvements were made during 2018/19 around Sepsis, which include improved management of the deteriorating patient, development of an e-learning package, and improved CQUIN performance in Q3 & Q4. Further detail around these improvements can be found in the Sepsis section below.

Key Findings from Structured Judgement Reviews completed (Q1 – Q4 2018/2019):

- (i) Summary of learning and notable practice include:
- (ii) Actions taken during the reporting period, and those actions proposed going forwards, from what has been learned from SJR's and Investigations undertaken.
- (ii) Assessment of the impact of actions taken.

Patient Reported Outcome Measures (PROMs)

The information in the tables below summarises the PROMs feedback against four procedures. PROMs calculate a measure of the 'health gains' following surgical treatment using pre and post-operative surveys of the patients' subjective impression of improvement. PROMs measure a patient's health status or health-related quality of life at a single point in time and are collected through short, self-completed questionnaires. The adjusted average health gain is a measure of the Trust's score relative to other trusts performing the same procedure. There are three methods of analysis employed that give slightly different results.

The procedures covered are hip and knee replacement, hernia and varicose vein surgery.

We have reviewed this data and it does not give any immediate concern, nevertheless we will continue to explore how to achieve continuous improvement in PROMS scores through the specialty review of outcome data and associated quality improvements.

The following is taken from the 2017/18 PROMS Score comparison tool for Hip and Knee replacements for the Trust:

Figure 1: Adjusted average health gain on the EQ-5D™ Index by procedure

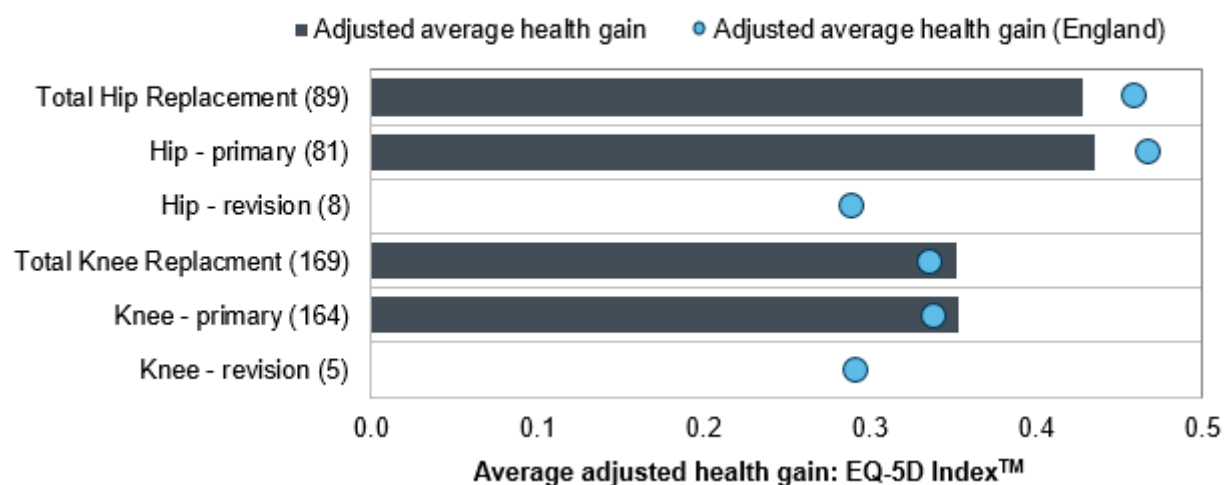


Figure 2: Adjusted average health gain on the EQ-VAS by procedure

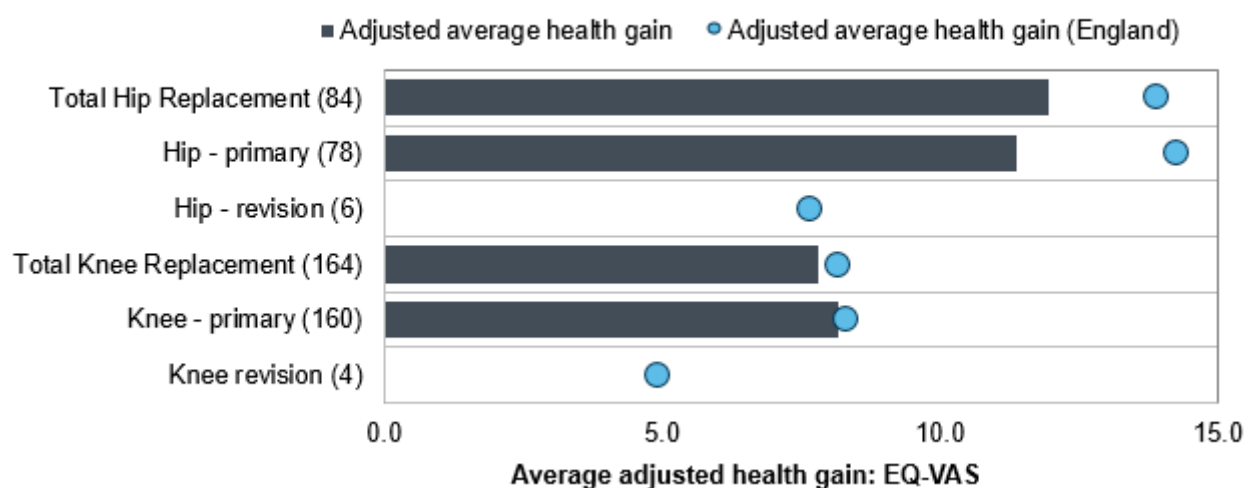
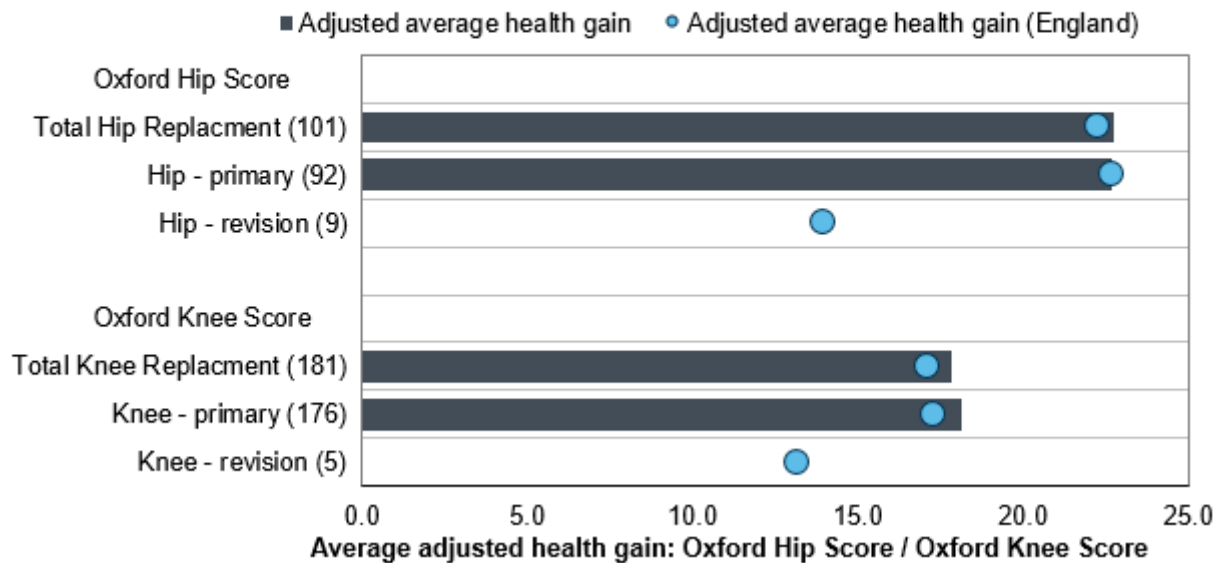


Figure 3: Adjusted average health gain on the Oxford Hip Score / Oxford Knee Score by procedure



Please note that the graphs above use different scales on their x-axes, reflecting differences in the underlying measures:

- scores on the EQ-5D™ Index range from -0.594 (worst possible health) to 1.0 (full health)
- scores on the EQ-VAS range from 0 (worst) to 100 (best)
- scores on the Oxford Hip Score and the Oxford Knee Score range from 0 (worst) to 48 (best)

The count of modelled records on which provider- or CCG- level findings are based is given in parentheses following the procedure:

- an asterisk (*) denotes a small number of records, the exact count having been suppressed
- a '0' indicates that there were no procedures of this type for the provider or CCG.

The exact England-level score for the various measures sits at the centre of the filled circle that represents the England-level findings. England-level scores are reported only if there are 200 or more modelled records.

Provider- or CCG-level adjusted average health gain can only be produced for a procedure where 30 or more modelled records exist.

The following is taken from the April 2017 to September 2017 PROMS Score comparison tool for Groin Hernia and Varicose Vein procedures for the Trust:

Figure 1: Adjusted average health gain on the EQ-5D™ Index by procedure

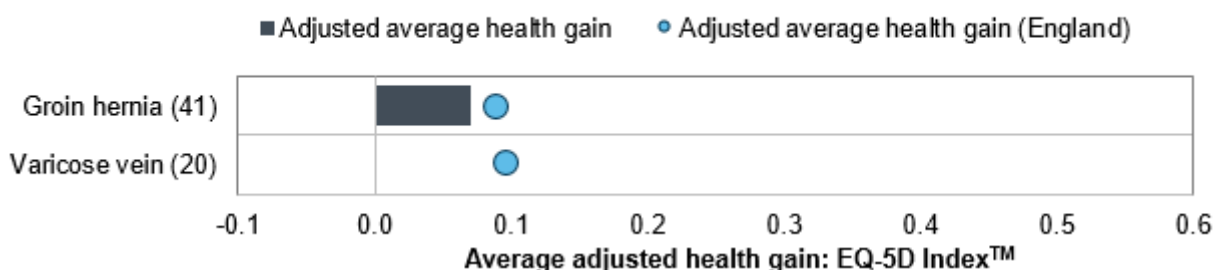
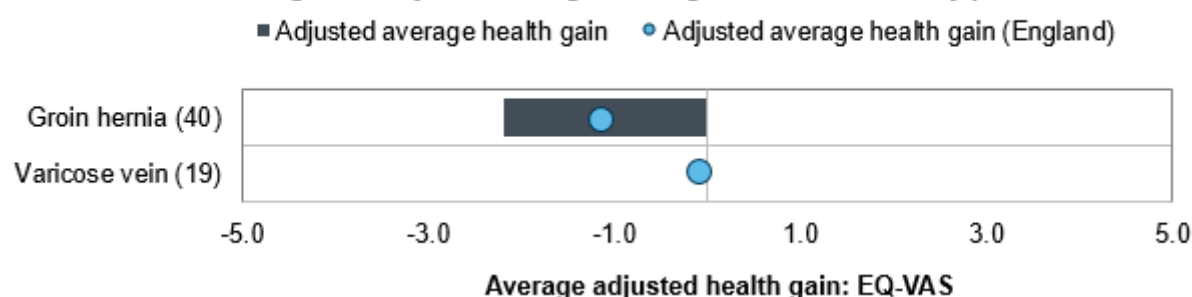


Figure 2: Adjusted average health gain on the EQ-VAS by procedure



Please note that the graphs above use different scales on their x-axes, reflecting differences in the underlying measures:

- scores on the EQ-5D™ Index range from -0.594 (worst possible health) to 1.0 (full health)
- scores on the EQ-VAS range from 0 (worst) to 100 (best)
- scores on the Aberdeen Varicose Vein Questionnaire range from 100 (worst) to 0 (best): a negative adjusted average health gain indicates improvement.

The count of modelled records on which provider- or CCG- level findings are based is given in parentheses following the procedure:

- an asterisk (*) denotes a small number of records, the exact count having been suppressed
- a '0' indicates that there were no procedures of this type for the provider or CCG.

The exact England-level score for the various measures sits at the centre of the filled circle that represents the England-level findings. England-level scores are reported only if there are 200 or more modelled records.

Provider- or CCG-level adjusted average health gain can only be produced for a procedure where 30 or more modelled records exist.

Emergency Readmissions to Hospital within 28 Days

Understanding the level of emergency readmissions to hospital is an important quality indicator in relation to avoiding emergency admissions to hospital when patients have been discharged. The Trust considers that this data is as described for the following reasons:

The following tables represent our performance and are the latest national data set available at production of this quality account. We have taken the following actions to improve this rate and so the quality of its services by:

- Ensuring system wide focus on discharge planning across primary and secondary care.
- Working towards the SAFER standards in relation to patient discharge planning.

HED			
Period	Indicator	North Cumbria Value	Hospital Episode Statistics(HES) Acute
2018 (Jan-Dec)	Patients aged 0-14	11.58%	9.47%
	Patients aged 15 or over	8.10%	7.80%
2017 (Jan-Dec)	Patients aged 0-14	10.69%	9.13%
	Patients aged 15 or over	8.29%	7.70%
2016 (Jan-Dec)	Patients aged 0-14	10.81%	9.09%
	Patients aged 15 or over	8.05%	7.47%

Responsiveness to the Personal Needs of Patients

The responsiveness to the personal needs of patients is taken from the NHS Outcomes Framework indicator 4.2 - the average weighted score of 5 questions from the Inpatient Survey relating to responsiveness to inpatients' personal needs.

North Cumbria University Hospitals NHS Trust scored slightly higher than the England average score for 2017/18.

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
2017/18	Responsiveness to inpatients' personal needs	69.1	68.6	60.5	85.0	As expected
2016/17	Responsiveness to inpatients' personal needs	68.1	68.1	60.0	85.2	As expected
2015/16	Responsiveness to inpatients' personal needs	68.2	69.6	70.6	88.00	As expected

The results below are for the surveys which were carried out in 2017 and the results published in 2018. The results of the 2018 surveys will not be available until later in 2019.

In the **National Inpatient Survey** for 2017 North Cumbria 540 completed surveys were returned from the 1250 that were sent out, a response rate of 45%, higher than the National response rate of 41%. The Trust average score was 77% which is in keeping with 2016 when it was 77.2%. Compared with the 2016 survey the Trust showed a 5% or greater, improvement on 8 areas and a 5% or greater reduction on 1 area.

An area for improvement is that of the provision of written or printed information about what to do on leaving hospital. The Trust has recently recommissioned a clinical patient information system – EIDO which is due for re launch in June 2019.

The **National Emergency Department Survey** 2018 is based using the Patient Perspective Headline Data. 408 completed surveys were returned from 1250 sent out equating to a response rate of 34% in keeping with 2016. The average score has increased by 0.7% to 82% from 81.3% in 2016. The Trust has scored in the top 20% of 20 questions with an increase of 5% or more in areas of

- Waiting times to being examined increased by 9% - 49% in 2018 compared to 40% in 2016
- Contact information when leaving the department increased by 6%- 83% in 2018 compared to 77% in 2016

- Did a member of staff tell you about medication side effects to watch for? Increased by 7% - 65% in 2018 compared to 58% in 2016

In one area the Trust had declined by 5 % that of:

- Do you think the hospital staff did everything they could to help control your pain? Reducing from 76% 2018 compared to 81% in 2016.

The National Children's and Young People's Survey is a 2 yearly survey and is currently underway with final reports due in July 2019.

The National Maternity Services survey for 2018 was sent to women who gave birth. The return rate was 127 from the 300 sent out equating to a response rate of 43%, which is slightly lower than the return of 45.5% in 2017. The Trust scored in the top 20% Trusts nationally on 20 questions with an increase 5% or more improvement in areas of:

- Midwives and other health professionals gave you active support and encouragement about feeding your baby? An increase of 6% - 84% in 2018 compared to 78% in 2017
- Taking into account personal circumstances when giving advice? An increase of 5%- 93% in 2018 compared to 88% in 2017
- During evenings, nights or weekends you needed support/advice about feeding your baby you were able to get this An increase of 5% - 78% in 2018 compared to 73% in 2017

Areas showing a reduction of 5 % or more include

- Choice offered around hospitals, consultant led unit, home
- Being listened to around concerns and movement during labour
- Discharge delays
- Information about post birth recovery

In April 2019 Maternity Services have launched the maternity electric record which uses an app for women to have their records with them at all times. Initial feedback from women is extremely positive as they don't need to carry paper records and they have ready access to all their information via an App.

The national results offer indicators of where we can strengthen the relationship of analysis between the national and local data in which to determine improvements to enhance the overall patient experience. As the Trust reconfigures this data will inform improvement areas for the relevant care groups.

Staff who would recommend the Trust to Family or Friends

It is well researched and recognised that there is a clear link between the experience of staff and patients. It is therefore important that the experience of staff in relation to recommending the Trust as a place to receive treatment is included in the core quality

indicators.

This data is taken from the annual NHS staff survey.

- There has been continued improvement in the scores for staff recommending the Trust to friends and family as a place to work.

It is widely recognised that in cases where staff are content at work, patient experience is enhanced. The Trust has taken the following actions to improve this score and therefore the quality of its services by:

- Health and well-being plans and initiatives in place for staff
- Increased focus on employee engagement with increased accessibility/visibility from senior managers and Chief Executive “drop in” sessions
- Community Leadership Forum in place to ensure engagement and support with the senior leadership teams
- Improving staff and patient experience remains a core priority for the Trust in 2019/20
- As we are working more closely with CPFT on the actions to improve the survey results will be incorporated into a joint organisational development plan which will cover both Trusts.

Period	Indicator	North Cumbria Value	National Average	Performance
2018	Staff survey responses “if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust”.	53%	71%	Slight deterioration of score by 1%; remains lower than the national average.
2017		54%	71%	Increase by 5%; remains lower than the national average.
2016		49%	70%	Decrease in value by 3%, and remained lower than the national average
2015		52%	70%	Lower than the national average

FFT Inpatient and A&E Discharges

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental 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 from extremely likely, likely, neither likely, unlikely, extremely unlikely, don't know. The responses for extremely likely together make the recommendation rate shown as a percentage of the total number of responses.

VTE Risk Assessment

Venous thromboembolism (VTE) is a collective term for deep vein thrombosis (DVT) – a blood clot that forms in the veins of the leg; and pulmonary embolism (PE) – a blood clot which has embolised to the lungs. Minimising the risk of VTE is one of the constitutional

standards for all Trusts. All adult patients who are admitted to hospital should be risk assessed for VTE and depending on that risk assessment appropriate strategies taken to minimise the risk of VTE such as use of chemoprophylaxis.

Our VTE Policy has been updated to reflect NICE guidance.

Screening data is presented below:

- Our performance is consistently 95% or above
- Data on performance is fed back to clinical teams in order to identify areas for improvement

Cases of healthcare associated VTE undergo Root Cause Analysis (RCA), we are in the process of transferring ownership of this to the care groups.

Period	North Cumbria value	National average	National min	National max	Performance
2018/19 Q4	96.30%	n/av	n/av	n/av	As expected
2018/19 Q3	96.5%	95.65%	54.86%	100.0%	As expected
2018/19 Q2	96.3%	95.49%	68.67%	100.0%	As expected
2018/19 Q1	97.4%	95.63%	75.84%	100.0%	As expected
2017/18 Q4	97.47%	95.21%	67.4%	100.0%	As expected
2017/18 Q3	97.27%	95.36%	76.08%	100.0%	As expected
2017/18 Q2	97.85%	95.25%	71.88%	100.0%	As expected
2017/18 Q1	98.22%	95.20%	51.38%	100.0%	As expected
2016/17 Q4	94.86%	95.53%	63.0%	100.0%	As expected
2016/17 Q3	95.64%	95.57%	76.48%	100.0%	As expected
2016/17 Q2	95.67%	94.45%	72.14%	100.0%	As expected
2016/17 Q1	96.62%	95.73%	84.32%	100.0%	As expected
2015/16 Q4	97.16%	95.53%	78.06%	100.0%	As expected
2015/16 Q3	96.77%	95.48%	61.47%	100.0%	As expected
2015/16 Q2	96.54%	95.86%	75.04%	100.0%	As expected

Period	North Cumbria value	National average	National min	National max	Performance
2015/16 Q1	96.48%	96.05%	86.08%	100.0%	As expected

C-DIFFICILE

Clostridium difficile infection is an infection which is spread by bacterial spores and can be linked to patients on certain types of antibiotics or antibiotics taken for a period of time. Good practice in relation to antibiotic prescribing as well as infection control practice such as good hand hygiene and deep terminal cleans of wards are key to reducing the spread of C-difficile infection. Monitoring C-Difficile infections is a key infection control and patient safety indicator across all hospitals.

The Trust considers this data is as described for the following reasons:

- Data is validated by the DIPC on a monthly basis reviewing both laboratory and reported data, previous audits have confirmed the accuracy of this method of data verification
- All cases are assessed and undergo a post infection review to identify contributory causes
- All cases are discussed at weekly Healthcare Associated Infection meetings to ensure lessons shared
- The new West Cumberland Hospital is significantly better for preventing healthcare associated infections with the vast majority of in-patient beds being single room with en-suite facilities

We had 22 hospital-onset Clostridium difficile infections in 2018-19, our lowest total over recent years. Of these 22 cases, 17 were on the CIC site, 5 cases on the WCH site. Our overall rate of infection is estimated to be 12.2/100,000 bed days; we estimate the national average for 2018-19 to be around this value with data reported this year being as follows Q1 12.6, Q2 14.3 and Q3 10.8.

Our trajectory for 2019-20 is 53 cases, the reason for the increase is that the case definition has now changed it includes both Hospital Onset (post 48 hour) Hospital Associated (HOHA) and Community Onset Hospital Associated (COHA) cases.

We need to sustain and improve on current cleaning standards if we are to not exceed our trajectory in 2019/20.

The number of cases in the community has also fallen with 88 cases in 2018-19 although rates are likely to be greater than national average which was 24 per 100,000 population in 2017-18.

Year	Number of Cases	Number of Cases by site	Rate per 100,000 bed-days	National average rate per 100,000	Performance
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				bed days	
2015/16	23	CIC - 16	12.2	14.9	Below trajectory and better than average
		WCH - 7			
2016/17	26	CIC – 21	13.8	13.2	Above trajectory and slightly greater than average
		WCH – 5			
2017/18	25	CIC - 19	13.8	14.0	Below trajectory and better than average
		WCH - 6			
2018/19	22	CIC – 17	12.2 (est.)		Below trajectory
		WCH - 5			

Patient Safety Incidents

Patient safety incidents are any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care. As a provider of NHS care we are required to have local systems in place to report such incidents which are submitted nationally via the National Reporting and Learning System. This is to allow national comparisons on patient safety incidents.

The Trust considers that this data is as described for the following reasons:

- We submit all patient safety incidents to the National Reporting and Learning System within the required deadline
- We have continued to increase our incident reporting rate and efficiently escalates incidents that may be considered for declaration as a serious incident

The Trust has taken the following actions to improve this rate and so the quality of its services by:

- Improving reporting systems and performance reports during 2018/19
- Staff have been encouraged to report incidents, resulting in better information to assist improvement in key areas

Period	Indicator	North Cumbria Value	Acute (Non-Specialist) Average	Acute (Non-Specialist) Minimum	Acute (Non-Specialist) Maximum
Published: April 2019 (April 2018 to September 2018)	Number of Incidents	3260	5583	566	23692
	Rate per 1000 Bed Days	36.9	42.4 *	13.1	107.4
	Number of incidents resulting in severe harm or death	18	19	0	87
	Percentage of incidents resulting in severe harm or death	0.55%	0.37%	0%	1.22%

Period	Indicator	North Cumbria Value	Acute (Non-Specialist) Average	Acute (Non-Specialist) Minimum	Acute (Non-Specialist) Maximum
Published: October 2018 (October 2017 to March 2018)	Number of Incidents	3277	5449	1311	19897
	Rate per 1000 Bed Days	35.12	40.83 *	24.19	124.00
	Number of incidents resulting in severe harm or death	34	19	0	99
	Percentage of incidents resulting in severe harm or death	1.04%	0.37%	0%	1.55%

During March 2019 the Healthcare Safety Investigation Branch (HSIB) process was rolled out across the Trust, that will manage Maternity incident investigations that fulfil a certain criteria, and is in line with national Maternity safety mandates. Escalating and reporting of the eligible cases remains the responsibility of the Trust, however timescales will differ from that of usual Trust and CCG processes, and learning from the investigations will be based on national findings.

INFECTION PREVENTION

We monitor a range of infections to assess how good our Infection Prevention practices are, in terms of hospital onset cases this year we have seen ongoing improvements in a number of areas these are summarised below:

A reduction in *Clostridium difficile* infection (CDI) from 25 to 22 cases

This is the lowest annual number of CDI cases in recent years, we believe the reduction is due to careful management of clinical cases, improving cleaning methods and improving antibiotic management.

We have also seen a reduction in the number of Healthcare-associated Gram-negative infections, data from hospital onset cases indicate the following improvements:

- A reduction in *E.coli* bloodstream infection from 31 to 30 cases
- A reduction in *Klebsiella spp.* bloodstream infection from 14 to 8 cases
- A reduction in *Pseudomonas aeruginosa* bloodstream infection from 8 to 5 cases

We believe these changes are due to careful review of cases and taking lessons from such cases to improve peri-operative prophylaxis, catheter care (roll out of catheter passport and HOUDINI (catheter protocol)) and raising awareness regarding hydration. There remains the need to try and reduce the number of *E.coli* bloodstream infections in the community and we are working with colleagues as part of a UTI collaborative to achieve this.

We have however had our first hospital onset Meticillin resistant *Staph. aureus* (MRSA)

infection since March 2015. This has been fully investigated and a report shared with the CCG. We have seen a reduction in Meticillin sensitive *Staph. aureus* (MSSA) bloodstream infections from 20 to 19 cases however we feel we can do better as rates remain higher than the national average. Over the year we have introduced a reward scheme for areas that have no MSSA cases but feel further improvements could be made with more considered peripheral cannula placement and earlier removal.

SEPSIS

There are 1.4 WTE Sepsis nurse specialists working in the Trust. Their primary role is education and training in addition to data collection and policy development.

In 2018/19 the main achievements have been improved system wide focus on Sepsis and managing deteriorating patients via the Sepsis steering group, the Sepsis Policy has been reviewed and updated, supporting the implementation of NEWS 2, continued Sepsis education and training, development of a Sepsis e-learning package (awaiting implementation), branching out to provide education for care homes, mental health and learning disability teams. We also completed a system wide “month of Sepsis” in February engaging with public and staff across North Cumbria.

Sepsis CQUIN performance is measured and is reported monthly directly to the clinical teams, NHSI and CCG. The performance measures are 1) appropriate screening for sepsis and 2) for those with Sepsis; antibiotics are given within 1 hour. Both elements must be above 90%.

	Screened for Sepsis	Treated for Sepsis
Q1	82%	90%
Q2	89%	86%
Q3	97%	91%
Q4	99%	96%

Q4 2018/19 has seen the highest percentage achieved since Sepsis data collection began, demonstrating the effectiveness of the Sepsis Service within the organisation.

The focus for 2019/20 will be to continue to monitor and learn from patient safety incidents in relation to sepsis, maintain >90% achievement in sepsis standards, continue to embed the use of the Sepsis screening tool, strengthening gaps in education and training, continued development of system wide approaches to sepsis and supporting the 2019/20 CQUIN for UTI management. In addition the Sepsis nurses will be working with the critical care outreach team to implement the new escalation documentation (including sepsis criteria).

Performance in National and Clinical Audit

All NHS organisations are required to have in place a comprehensive programme of quality improvement activities that include healthcare professionals participating in regular clinical

audit to ensure that they are delivering care to the best possible standard.

The clinical audit element of this Quality Account requires details of the trust's clinical audit participation for each of the national audits (see below for detail) that it's participated in, along with information related to improvements responding to clinical audit report recommendations.

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) are audits that are commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP) and comprises of several national audits related to some of the most commonly-occurring conditions. These collect and analyse data supplied by local clinicians to provide a national picture of care standards for that specific condition.

The NHS England Quality Accounts List for 2018/19 was made available in January 2018 and comprised national audits, Clinical Outcome Review Programmes (CORP) (see below for detail) and other quality improvement projects that NHS England advises NHS Trusts to prioritise for participation during the forthcoming financial year. This list is used to plan which national projects we participated in during the year.

At the Trust we categorise our clinical audits into the following 3 priorities:

Priority 1 – National Audits (Those included on the Quality Account List)

Priority 2 – Trust Directed Audits including health records and consent audits

Priority 3 – Local Audits including those that are clinician interest

National Audits (Priority 1 - Those included on the Quality Account List) and National Confidential Enquiries

During 2018/19, 44 national clinical audits and 4 national confidential enquiries covered relevant health services that the Trust provides.

During that period we participated in 98% (43/44) national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The one national audit that we did not participate in was the Inflammatory Bowel Disease (IBD) Programme due to staff capacity issues within the relevant speciality and the lack of the correct software for effective participation. The Clinical Audit & Effectiveness manager has been working closely with the Associate Medical Director for the Medical Division and the IBD nurses and has successfully commissioned the installation of the correct software so that participation can commence as soon as any staffing issues are resolved. These issues are still on-going however it is hoped that participation will commence during 2019/20.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during are illustrated on the following pages.

The national clinical audits and national confidential enquiries that the 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.

The following pages also illustrate the number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period along with a description of the actions the Trust intends to take to improve the quality of healthcare following the review of reports identified.

Table 1

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
BAUS Urology Audits: Nephrectomy	N/A	Yes	Yes	No national report is published for this audit. Surgeons review their own results to produce a local report	2015-2017	92	Areas of good practice: A) Low complication and blood transfusion rate. B) Low length of stay. Recommendations: None All data are already into national Register for 2018.
BAUS Urology Audits: Percutaneous Nephrolithotomy	N/A	Yes	Yes	No national report is published for this audit. Surgeons review their own results to produce a local report	2015-2017	19	Areas of good practice: A) Low transfusion rate. B) Low length of stay. Recommendations: None
Case Mix Programme (CMP) (ICNARC)	N/A	Yes	Yes	April 2017-March 2018	2017-2018	775 at CIC 283 at WCH	Areas of good practice: A) Low SMR B) Short length of Stay C) Low incidence of unit acquired infection. Areas for Improvement: A) Monitor readmission rates. B) Monitor non-clinical transfers. Recommendations:

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							1. Monitor and review unplanned admissions. 2. Monitor non-clinical transfers Actions: 1. Observe trend. Look at individual patient data as required. 2. Raise issue with hospital management. Consider need to place on risk register.
Child health clinical outcome review programme	Long-term ventilation in children, young people and young adults	No	No	Report not published during 2018/19	October 2018 - March 2019	N/A	The Trust was not eligible to participate in the project this year however the report will be reviewed once produced for any lesson learned.
Elective surgery (National PROMs Programme)	Inpatient Falls	Yes	Yes	February 2019	April 2017 to March 2018	Ascertainment rate not available	Patient questionnaire with no site specific results
Falls and Fragility Fractures Audit Programme(FFF AP):	National Hip Fracture Audit	Yes	Yes	September 2018	January-December 2017	459	31.4% of patients who NICE views as eligible for total hip replacement (THR) for displaced intracapsular fracture received this operation. This is an improvement from 30.4% in 2016, but there is still huge variation between units, with rates that varied from 0–100%. (Cumberland Infirmary achieved 26.1% - Lower

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							middle quartile – Performance decline from 2016.)
	National Audit of Inpatient Falls (NAIF)	Yes	Yes	Expected publication March 2020	Jan 2019 to 31 March 2019	2 of 3 identified to date – input ongoing	Report not yet published and audit is on-going
Feverish Children (care in Emergency Departments)	N/A	Yes	Yes	Expected publication Spring 2019	August 2018 to January 2019	CIC - 120 WCH -106	Report not yet published
Inflammatory Bowel Disease Registry	N/A	Yes	No	N/A	N/A	0%	The Trust did not participate in this audit during 2018/19
Learning Disability Mortality Review Programme (LeDeR)	Perinatal Mortality Surveillance (reports annually)	Yes	Yes	May 2018	01/07/16 - 30/11/17	10 = 100%	"National recommendations made based on completed local reviews of deaths in 2016-2017 are as follows: 1. Strengthen collaboration and information sharing, and effective communication, between different care providers or agencies. 2. Push forward the electronic integration (with appropriate security controls) of health and social care records to ensure that agencies can communicate effectively, and share relevant information in a timely way. 3. Health Action Plans, developed as part of the Learning Disabilities

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>Annual Health Check should be shared with relevant health and social care agencies involved in supporting the person (either with consent or following the appropriate Mental Capacity Act decision-making process).</p> <p>4. All people with learning disabilities with two or more long-term conditions (related to either physical or mental health) should have a local, named health care coordinator.</p> <p>5. Providers should clearly identify people requiring the provision of reasonable adjustments, record the adjustments that are required, and regularly audit their provision.</p> <p>6. Mandatory learning disability awareness training should be provided to all staff, and be delivered in conjunction with people with learning disabilities and their families.</p> <p>7. There should be a national focus on pneumonia and sepsis in people with learning disabilities, to raise</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>awareness about their prevention, identification and early treatment.</p> <p>8. Local services must strengthen their governance in relation to adherence to the Mental Capacity Act, and provide training and audit of compliance 'on the ground' so that professionals fully appreciate the requirements of the Act in relation to their own role.</p> <p>9. A strategic approach is required nationally for the training of those conducting mortality reviews or investigations, with a core module about the principles of undertaking reviews or investigations, and additional tailored modules for the different mortality review or investigation methodologies.</p> <p>The future focus of the LeDeR programme will be to move beyond 'learning' into 'action' to support improved service provision for meeting the health and care needs of people with learning disabilities and their families.</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
Major Trauma: The Trauma Audit & Research Network (TARN)	Perinatal Mortality and Morbidity confidential enquiries (reports every second year)	Yes	Yes	N/A	January – December 2018	Total cases - 362, eligible cases - 314	No local action plans.
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	N/A	Yes	Yes	N/A	N/A	MRSA = 1 MSSA = 18 Klebsiella Spp = 11 Pseudomonas aeruginosa = 5 Ecoli = 30	No reports published
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK):	Perinatal Mortality Surveillance (reports annually)	Yes	Yes	Dec-18	2016	3015 = 100%	Liaise with maternity re-implementation of MBBRACE recommendation. Staff will require training and access for PMRT tool. Neonatal deaths are to be discussed in neonatal morbidity and mortality meetings. Liaise with maternity Re quality of data entered

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							Highlighting areas of good data completion and flagging up areas for improvement. Share this recommendation with both obstetric and paediatric teams.
	Perinatal Mortality and Morbidity confidential enquiries (reports every second year)	Yes	Yes	TBC 2020	Not publishing during 2018/19	N/A	Report not published during 2018/19
	Maternal Mortality surveillance and mortality confidential enquiries (reports annually)	Yes	Yes	1 November 2018 - Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and	April 2018 to March 2019	1 (information provided by MBRRACE)	Draft national audit report with Consultant Obs & Gynae and Safety & Quality Midwife Manager for review and completion.

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
				Morbidity 2014–16			
	Maternal morbidity confidential enquiries (reports annually) Breast cancer in pregnancy (publishing in 2019)	Yes	Trust will be contacted by MBRRACE-UK if they are requested to submit a breast cancer in pregnancy case.	2019	2018/19	0	Draft national audit report with Consultant Obs & Gynae and Safety & Quality Midwife Manager for review and completion.
National Asthma and COPD Audit Programme (NACAP):	COPD Secondary Care	Yes	Yes	11/07/2019	-	Case ascertainment for period 1 April-30 September 2018: 21%	No national audit report published during 2018/19
	Pulmonary Rehabilitation	Yes	Yes	TBC	-	Launches continuous clinical data collection in March 2019	No national audit report published during 2018/19

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
	Asthma Adult in Secondary Care	Yes	Yes	2019	01/11/2018-31/03/2019	Continuous data collection launched in November 2018: 8 cases submitted (06/03/19)	No national audit report published during 2018/19
	Asthma Paediatric in Secondary Care	Yes	Yes	-	-	Launches continuous clinical data collection in June 2019	-
National Audit of Breast Cancer in Older Patients (NABCOP)	N/A	Yes	Yes	June 2018	2014 - 2016	712	<p>Areas of good practice:</p> <p>A) 94% of women over the age of 70 years had ER and Her2 receptors done. When we do core biopsy we always do ER& Her2 receptors. Only those women who could not have a tissue diagnosis, we did not do ER & Her2 receptor studies.</p> <p>B) 85% of women received primary surgical treatment after a diagnosis of operable breast cancer. This is well above national average which is 75%.</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>C) The rate of post mastectomy radiotherapy is the same for women 50-70 years old and those over the age of 70.</p> <p>Areas for Improvement:</p> <p>A) In the study period 35% of women over the age of 70 stayed more than 2 days in hospital. This was partly due to routine drains after mastectomy and women stayed until their drains were out to facilitate mobility. It was thought that elderly patients would find it difficult to manage drains at home. However in recent years women who had drains after axillary lymph node clearance are sent home with drain in situ to be removed 5-7 days later.</p> <p>B) There is scope for improvement in streamlining pre- operative investigations and consultation with Anaesthetist prior to surgery so that time to surgery can be reduced.</p> <p>There is no named geriatrician to be consulted prior to surgery. Routine Geriatric consultation, as advocated by some, has never been done in out Unit.</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Ensure that women are assigned a named breast clinical nurse specialist (CNS) to provide information and support; and Review how data on the assignment of a named breast CNS is submitted to NCRAS and ensure their figures agree with those reported by the patient experience survey. 2. Must ensure that WHO performance status and, for women having surgery, American Society of Anaesthesiologists classification (ASA) score are complete. This will enable better understanding of the reasons behind the variation in the patterns of primary surgery between women of different ages and across NHS organisations. <p>Actions:</p> <ol style="list-style-type: none"> 1. This information should be collected as part of the COSD collection by the Cancer Services Team. Although due to lack of resource and difficulty in obtaining this information it is not currently collected for Breast. Although plans

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							to improve this data collection are being implemented. 2. The recording of WHO status is done by the clinician who first sees the patient in the triple assessment clinic. Some discrepancies were noted in this recording which will be ratified by the Consultant surgeon when the patient is reviewed in the results clinic.
National Adult Community Acquired Pneumonia Audit (BTS)	N/A	Yes	Yes	Expected publication late 2019	December 2018 - January 2019 (audit closes May 2019)	N/A	Report not published during 2018/19
National Audit of Care at the End of Life	N/A	Yes	Yes	Expected publication April 2019	May – October 2018	96% - (77/80)	Report not published during 2018/19
National Audit of Dementia (NAD)	N/A	Yes	Yes	Expected publication Round 4 National Report May 2019 Round 4 local reports May-June 2019	April 2018 to September 2018	CIC – Casenote: 63 Carer: 16 Staff: 61 WCH – Casenote: 52 Carer: 14 Staff: 72	Report not published during 2018/19

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	NA	Yes	Yes	10 January 2019 - National Organisational Report	1 April 2018 to 31 March 2019	National Organisational Audit Report with no site specific data	1. sufficient provision of defined general paediatricians with expertise in epilepsies to correctly diagnose epilepsy and provide appropriate ongoing management for all children with epilepsy 2. sufficient provision of epilepsy specialist nurses to ensure ongoing input to all children with epilepsies 3. ensuring rescue medication training 4. ensuring epilepsy clinic capacity 5. fulfilling Best Practice Criteria 6. defining paediatric neurology referral pathways 7. facilitating local access to vagus nerve stimulation 8. co-locating mental health provision 9. improving 'service contactability'
National Bowel Cancer Audit (NBOCA)	N/A	Yes	Yes	13/12/2018	01/04/2016 - 31/03/2017	96% (195/204)	Key Success: A- Management of all patients- Seen by clinical nurse specialist (%) - 93 (overall- 93) B- Case ascertainment and data completeness of the Audit- Case ascertainment (%) - 96 (overall- 92),

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>It is better than last year trust data- 70%)</p> <p>C- Data completeness for patients having major surgery (%) - 81 (overall- 83)</p> <p>D- Proportion of colon cancer who had major surgery with cases ≥ 12 nodes reported(%)- 80</p> <p>E- Proportion of patients with recorded margin status reported (%) - 94 (overall- 84)</p> <p>F- Proportion of patients with negative margins reported (%) - 94 (overall-77%)</p> <p>Area of improvement:</p> <p>A- Data completeness- Patients with recorded performance status (%) - 43 (overall- 85)</p> <p>B- Management of all patients-0</p> <p>Curative major resection treatment pathway (%) - 33 and Not known/ Other treatment pathway (%) - 44.</p> <p>Action:</p> <p>A Improvement in data collection.</p> <p>Comments/action status:</p> <p>B Primary data collection by consultants at result clinic, recording on clinic letter and MDT proforma-</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							plan in place but need encourage for cooperation and participation C Data entry team to find the Performance status record in notes/MDT proforma D Entry issue- may have missing data and therefore adding more patients into “not known/ other treatment pathway – plan to add treatment intention box on the mdt proforma”
National Cardiac Audit Programme (NCAP)	National Audit of Cardiac Rhythm Management (CRM)	Yes	Yes	Not included in NCAP Annual Report 2018	N/A	Ascertainment not available	Report not published during 2018/19.
National Cardiac Audit Programme (NCAP)	Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	22 November 2018	2016/17	154.23%	Draft national audit report with Cardiology Team for review and completion.
National Cardiac Audit Programme (NCAP)	National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Yes	22 November 2018	2016/17	Ascertainment not available	Draft national audit report with Cardiology Team for review and completion.

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
	(Coronary Angioplasty)						
National Cardiac Audit Programme (NCAP)	National Heart Failure Audit	Yes	Yes	22 November 2018	2016/17	85%	Draft national audit report with Cardiology Team for review and completion.
National Cardiac Arrest Audit (NCAA)	N/A	Yes	No	N/A - NCAA does not currently publicly report on a national level, but is making moves towards this aim. Hospital level reports are available only to each participating hospital.	01/04/2017-31/03/2018	CIC had 96 cardiac arrests WCH had 24 cardiac arrests attended by the team that met the scope of NCAA	Ensure that a daily log of 2222 calls is sent to the Resuscitation Department from switchboard at both WCH and CIC so that all cardiac arrest data can be captured from both CIC and WCH. Dr David Lewis to action this by speaking to Elizabeth Hodgson, Head of Communication for both sites To ensure that a Cardiac Arrest form is filled in immediately following every in-hospital cardiac arrest call. Resuscitation Level 3 (ILS) training to include educating all staff about the Cardiac Arrest audit form. Resuscitation Department to write a standard operating procedure for post arrest actions required following an arrest. This will be added as an appendix to the current resuscitation policy.

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>New Standard operating pack to be developed and placed with every emergency trolley/bag. To include cardiac arrest audit.</p> <p>Resuscitation officers to collate, verify and input data into National Cardiac Arrest audit tool on a weekly basis.</p> <p>Review TNA to ensure that the staff are trained at an appropriate level of resuscitation, highlighting the deteriorating patient and use of NWS2.</p> <p>To ensure that there are ALS trained members of staff able to respond as part of the crash team to a 2222 call at all times at both CIC and WCH.</p>
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	N/A	Yes	Yes	Report to published October 2019 in 2019/2020 financial year	May 2018 to April 2019	N/A	Report not published during 2018/19
National Comparative Audit of Blood	Use of Fresh Frozen Plasma and	Yes	No	Report not yet published		N/A	The Trust did not participate in this audit however the report will be

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
Transfusion programme:	Cryoprecipitate in neonates and children						reviewed once published for any lessons learned
	Management of major massive haemorrhage	Yes	Yes	TBC May 2019	September 2018 to February 2019	89%/8	Report not published during 2018/19
National Diabetes Audit – Adults	National Diabetes Inpatient Audit (NaDia)	Yes	Yes	14/03/2018	25 to 29 September 2017	CIC – 59 WCH – 37	<p>Improve staffing levels</p> <p>DSN: Number already increased through NHS England funding for inpatient DSN across both sites</p> <p>Podiatrist: Need to increase podiatrist time on the ward</p> <p>Reduction in drug Errors</p> <p>Improve staff education</p> <p>Dedicated pharmacist to review diabetes medications on the ward</p> <p>Change iv insulin infusion chart</p> <p>Increase diabetes team input</p> <p>Increasing the number of appropriate referrals/identification of diabetes patients who require input</p> <p>Improving presence on high risk wards</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>Improve inpatient diabetic foot care</p> <p>Complete inpatient diabetes referral pathway</p> <p>Embed diabetic foot assessment as part of nursing assessment</p> <p>Improve podiatrist availability on the ward</p>
	National Diabetes Inpatient Audit (NaDia) – Harms	Yes	Yes	Expected publication 9 May 2019	1 May 2018 to 31 October 2018	Ascertainment rate not available	Report not published during 2018/19
	National Pregnancy in Diabetes Audit (NPID)	Yes	Yes	Expected publication October 2019	01/01/17-31/12/18	CIC – 16 WCH – No figures provided	Report not published during 2018/19
National Emergency Laparotomy Audit (NELA)	N/A	Yes	Yes	08/11/2018	01/12/16 – 30/11/17	48 (24.7%)	Awaiting Consultant report. National. Recommendations – over three pages.
National Joint Registry (NJR)	N/A	Yes	Yes	29/10/2018	2017-2018	CIC - 331 WCH - 411	Awaiting Consultant report.
National Lung Cancer Audit (NLCA)	N/A	Yes	Yes	Expected publication date 11 July 2019	N/A	N/A	Report not published during 2018/19
National Maternity and		Yes	Yes	Report not yet published	01/04/16-31/03/17	2986	Report not yet published

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
Perinatal Audit (NMPA)							
National Mortality Case Record Review Programme (previously Retrospective Case Record Review, funded by NHSI)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
National Neonatal Audit Programme (NNAP) (Intensive and Special Care)	N/A	Yes	Yes	October 2018	Annual Report 2018 - on 2017 data	North West Neonatal ODN 1,905	<p>1. Neonatal units should display their NNAP results poster and the accompanying poster describing the ongoing relevant quality improvement activities that the unit is making, in public and professional facing areas of the neonatal unit.</p> <p>2. Neonatal units should use NNAP Online to identify quality improvement opportunities relevant to them, and to identify partner units with results they wish to emulate.</p> <p>3. Neonatal units should ensure they have adequate processes for the timely capture of information for quality improvement, and build in regular review processes to</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							measure their improvement progress
National Oesophago-gastric Cancer Audit (NOGCA)	N/A	Yes	Yes	September 2018	01/04/15 - 31/03/17	129/(101-150) 81-90%	<p>1. Regular review of HGD cases submitted to the NOGCA to make sure that all patients meeting the inclusion criteria are submitted. - Local planned action: Discuss at AGM.</p> <p>2. NHS trusts / local health boards should ensure there are clear protocols with neighbouring hospitals for the referral of all cases of HGD to the specialist MDT. Local audit to identify the reasons why cases are not discussed at the specialist MDT and to take any required action. Local planned action: Continue to follow Network guidelines. Perform local audit of HGD cases to identify those not discussed at specialist MDT.</p> <p>3. NHS trusts / local health boards should set out clear pathways for referral to specialist treatment centres, where necessary. Cancer Alliances with high rates of non-treatment of HGD should consider conducting local audits to</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>explore the reasons for this. Local planned action: Continue to follow Network referral guidelines. Re-affirm at AGM.</p> <p>4. NHS trusts / local health boards should make sure that all patients meeting the audit inclusion criteria are submitted to the audit. For patients having treatment in a specialist centre, the diagnosing hospital and the specialist centre should check data collection is coordinated across organisations. Local planned action: Continue to discuss ALL cases in specialist MDT to ensure data capture. Re-affirm in AGM.</p> <p>5. NHS trusts and Local Health Boards should review referral protocols with local GPs and assess whether initiatives are required, such as OG cancer awareness campaigns within the local community. Local planned action: Continue to take part in regional awareness campaign.</p> <p>6. Together with commissioners, MDTs should review waiting times</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>through the care pathways and discuss ways to improve the progression of patients from diagnosis through to staging and treatment. Local planned action: Review at AGM / Network Meetings.</p> <p>7. NHS trusts / local health boards should review the use of staging investigations and the submission of the data about these investigations. MDTs should examine whether patients with oesophageal cancer being considered for curative treatment are offered a PET-CT scan. Local planned action: PET CT now part of OG staging. Re-affirm in AGM.</p> <p>8. NHS organisations should review their use of palliative treatments, and those with comparatively low use of active treatment among palliative patients should examine whether more patients would be suitable for these therapies. Local planned action: Local Audit of patients recommended for palliative treatment.</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>9. Surgeons and pathologists should regularly monitor the reporting of these indicators, and work towards standardisation of the way surgical specimens are collected. Local planned action: N/A for diagnostic centre.</p> <p>10. NHS organisations should investigate the reasons why patients who may have been sufficiently fit to be candidates for chemotherapy received best supportive care. Local planned action: Local Audit patients recommended for best supportive care</p> <p>11. NHS organisations should review local practice guidelines on the use of triplet regimens for palliative treatments in patients with OG cancer. Local planned action: NA- for specialist MDT.</p>
National Ophthalmology Audit	N/A	Yes	Yes	August 2018	2016-2017	Not participated	Not participate due to Software was not available.
National Paediatric Diabetes Audit (NPDA)		Yes	Yes	Jul-18	2016-17	100%/155	The MDT agreed that completion of the key Care-Processes and data entry should be the responsibility for the whole Multi-Disciplinary Team

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>but that some processes could more reliably undertaken and recorded by Paediatric Diabetes Specialist Nurses.</p> <p>The PDSNs within the MDT created a separate database to record the date of completion for the Key Processes. PDSNs to maintain completeness of this database.</p> <p>The new Data Completeness Report available with the 2016-17 greatly helped identify cases where care-processes had been completed but were recorded elsewhere in paper records or the dietetic and psychology electronic databases.</p> <p>To identify completeness rates and overcome ongoing barriers</p> <p>None</p> <p>PDSNs to undertake HbA1c at home/ schools when children miss outpatient appointments</p> <p>Use of new diabetes Database to prompt discussion</p> <p>Completion of new Diabetes Database that includes the data fields for the 2017-18 and subsequent NPDA</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
National Prostate Cancer Audit (NPCA)	N/A	Yes	Yes	February 2019	2016-2017	183	<p>Areas for Improvement:</p> <p>A) Data Completeness for PSA, Gleason score, and TNM is lower than Newcastle Area Network average.</p> <p>Area of good practice:</p> <p>A) Data Completeness for Performance Status is higher than Newcastle Area Network average.</p> <p>B) Use of multiparametric MRI is higher than Newcastle Area Network average.</p> <p>C) Post-radiotherapy functional outcome seems to be of no concern.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Increase the use of pre-biopsy multiparametric MRI and avoid its use post biopsy. 2. Increase the use of transperineal prostate biopsy where necessary to reduce the risk of post-biopsy sepsis and to maximise diagnostic accuracy and risk stratification. 3. Advocate active surveillance in the first instance for men with low risk prostate cancer. 4. Investigate why men with locally advanced disease are not

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>considered for radical local treatment.</p> <p>5. Use data on side effect prevalence from this report to ensure appropriate counselling and management for all patients.</p> <p>6. When outlying performance is confirmed, engage with partners, including the NPCA, to review practice urgently and instigate quality improvement measures.</p> <p>7. Engage with the NPCA Quality Improvement initiatives planned for 2019.</p> <p>8. Review and improve data completeness focussing particularly on performance status, use of multiparametric MRI and biopsy route.</p> <p>Actions:</p> <p>1. Increase Radiology capacity</p> <p>2. Increase experience of trans-peritoneal biopsy under GA in order to develop the technic under local.</p> <p>(Only two Consultants have regular access to trans-peritoneal biopsy at WCH).</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							3. Send e-mail to Urology Team to present the results. (Active surveillance always offered when appropriate as per Regional MDT) 4. NCUH NHS Trust to keep on providing data for NPCA. 5. Inform Staff involved in data collection about completeness results.
National Vascular Registry (NVR)	N/A	Yes	Yes	28/11/2018	2015-2017	1. Carotid endarterectomy = 27 pts.(2017) 2. Elective infra-renal AAA repairs = 39 (2017), Repair of complex AAAs = <5. (2015-2017) Emergency repair of ruptured AAA (2015-2017) 3. Lower limb bypass	Awaiting Consultant report.

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
						(2015-2017) = 215 4. Lower limb angioplasty/s tenting (2015-2017) = 514. 5. Major lower limb amputation (2015-2017) = 119	
Non-Invasive Ventilation - Adults (BTS)	N/A	Yes	Yes	Expected publication Late 2019	February 2019 - March 2019 (audit closes June 2019)	N/A	Report not published during 2018/19
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	N/A	Yes	Yes	No report is published	No report is published	Audit for sepsis data 1st April 2018 to 31st March 2019 <u>Emergency Department</u>	N/A

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
						Submitted for audit = 4900 Triggered Sepsis Screening Tool (NEWS >5) = 967 Treated for Sepsis = 531 <u>Inpatient Areas</u> Submitted for audit = 10118 Triggered Sepsis Screening Tool (NEWS >5) = 104 Treated for Sepsis = 22 <u>Both Areas Combined</u>	

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
						Submitted for audit = 15018 Triggered Sepsis Screening Tool = 1071 Treated for Sepsis = 553	
Sentinel Stroke National Audit Programme (SSNAP)		Yes	Yes			April-December 2018 CIC 260 WCH 176	
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	N/A	Yes	Yes	July 2018	2017	Ascertainment rate not available	The current Blood Transfusion Authorisation Chart has been amended to incorporate both the above recommendations and to meet SHOT and Chief Medical Officer recommendations' and complies with BSH guidelines 2017. However it is not out in general circulation due to being with policy group for comment. The chart will be released concurrently with the new Blood Transfusion policy and

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
							<p>accompanying standard operating procedures.</p> <p>System in place that enables updated policies and standard operating procedures to be approved and uploaded onto Trust Intranet in a timely fashion.</p> <p>Introduction of monitoring by Learning & Development Department of blood transfusion competency compliance with reminder flags as to when re-assessment is due. Issue of non-compliance notices to matrons of poor performing ward areas.</p> <p>Introduction of e-learning for issue and administration of anti-D via the Learn Blood Transfusion e-Learning package (www.learnbloodtransfusion.org.uk) as recommended by SHOT.</p> <p>Introduction of foetal genotyping (cffDNA analysis) service to reduce the amount of anti-D issued unnecessarily. This will also be a reduction in cost to the Trust.</p>

Audit Title	Workstream	Eligible	Participating	Date report published	Audit period report refers to	% of cases submitted / No. of cases submitted	Key Actions & Improvements from report
Seven Day Hospital Services	N/A	Yes	Yes	December 2018	April 2018 to March 2019	100	A draft local report has been produced however not finalised. Improvement work is on-going through the Performance Team
Surgical Site Surveillance Service	N/A	Yes	Yes	Expecting Spring 2019	January to December 2018	Jan-Sep – 608 (Oct-Dec 219 - these data being reconciled by Public Health England)	Report not published during 2018/19
Vital Signs in Adults (care in Emergency Departments)	N/A	Yes	Yes	Expected Spring 2019	August 2018 to January 2019	CIC – 129 WCH - 140	Report not published during 2018/19

National Confidential Enquires into Patient Outcome and Death

National Confidential Enquiries into Patient Outcome and Death (NCEPOD) is an independent organisation which is commissioned by HQIP to carry out surveys and research to assist in maintaining and improving standards and quality of patient care. They regularly publish the results of their findings on their website.

Table 5 below details the studies that were commissioned to run throughout 2018/19 and whether they are relevant to the Trust along with our submission rate where applicable:

Table 5

Study	NCUH Eligible	Organisational Questionnaire Returned	No. of Clinician Questionnaire Submitted	No. of Cases Included	No. of Case Notes Submitted	Report Publication Date
Pulmonary Embolism	Yes	2 (100%)	6/9 (67%)	11 (2 excluded = 9)	5/9 (56%)	Summer 2019
Acute Bowel Obstruction	Yes	None to date	2	5	None to date	Winter 2019
Long Term Ventilation	No	N/A	N/A	N/A	N/A	Winter 2019
Perioperative Diabetes	Yes	2 (100%)	10 (91%)	11	3/11 (27%)	December 2018

NB: The Pulmonary Embolism and Acute Bowel Obstruction studies are both still open therefore these figures are not final
Table 7 below details the reports published by NCEPOD during 2018/19:

Table 7

Date	Publication Title	Comments
December 2018	Perioperative Diabetes: Highs & Lows	The report was circulated with staff in February 2019. Working groups and actions are yet to be developed.
December 2018	Cancer in Children, Teens and Young Adults: On the right course?	The report was circulated with staff in February 2019. It has been confirmed by the Clinical Director for Paediatrics that the recommendations in this report are not relevant to the Trust as we do not provide the services.
November 2018	Acute Heart Failure: Failure to Function	The report was circulated with staff in November 2018. Working groups and actions are yet to be developed.
November 2018	Common Themes	The report was circulated with staff in November 2018. Working groups and actions are yet to be developed.

Local Audits - Priority 2 – Trust Directed Audits including health records and consent audits

During 2018/19 the Trust completed 59 priority 2 audits which focussed on a number of key priorities including:

- NICE Guidance
- Health Record keeping audits
- Care Quality Commission consent
- Regulatory maternity audits
- Regulatory speciality audits
- Other

The reports of 59 local clinical audits (Priority 2) were reviewed by the Trust in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided:

Table 2

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
Audit of 14 hour Standard to Consultant Clinical Review (Emergency Care)	Significant assurance	Yes	Share copy of the report for information with ward manager and Acute Medical Consultants. Report to be presented to Acute Medical Consultants and Ward Manager Re-audit to be organised. Re-audit to take place by 01/05/2019.
Venous Thromboembolism in pregnancy	Limited Assurance	Yes	Share copy of the report for information with Department of OBG CIC/WCH. Improve documentation. Change AUDIT to more clinically orientate.
Maternal Antenatal Screening Tests	Full assurance	No	Share copy of the report for information with Local antenatal screening board. Report to presented at next meeting.
Newborn Feeding	Limited Assurance	Yes	Continue to work to work towards BFI Stage 3. Work is already in progress. This requires full managerial support to achieve. Ongoing Training. 2 hour update sessions have now been agreed and dates released. The full BFI Study Day is ongoing for new staff. We have funding for the IFC and a link midwife to attend an updated BFI course in October. Link Staff to support the IFC to implement BFI. We have 6 hours a week appointed at CIC. We are waiting for a second link MW at WCH. Working Groups. Staff have been invited but there is limited attendance at these meetings which need act upon. Re audit in 6 months. Complete in 6 months. Share a copy of the report for information with the Director of Midwifery, Senior Managers/Team Leaders and seek managerial support to implement recommendations. Present at Maternity Audit Group.

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
Examination of the Newborn	Full assurance	No	Share copy of the audit report and evidence of good practice at Screening Board meeting and relevant members of staff. Report to be presented at Screening Board meeting and Maternity S&Q, and with relevant members of staff.
Audit of Health Records in Elderly Care WCH April/May 2018	Very limited assurance	Yes	Share copy of the report for information with the team. Team meeting. Ward 4 governance meeting. Prioritised areas selected for improvement are: Using a standardised initial assessment proforma. Developing and implementing frailty assessment proforma. Record of “Do Not Attempt Resuscitation” decision and discussion with patient/relatives. Using a specific identifier to identify the entry. Record of changes of the responsible consultant/lead professional dated and timed.
Acute kidney injury (AKI)	Very limited assurance	Yes	To share copy of the report with the medical staff at WCH. Present results at the weekly educational meeting. To share copy of the report with the all staff on Ward 4. Present the audit results at the ward governance meeting. Present the re-audit results at the ward governance meeting. To identify patients at risk of AKI. To identify patients at risk of AKI on admission to Ward 4: To use AKI magnets for those at risk to improve the awareness and communication between the medical and nursing staff; To pilot a new fluid chart suitable for dementia patients; To implement AKI patient information leaflet Adherence to all aspects of AKI NICE guideline. To re-audit

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
Multiple Pregnancy & Birth 2018/19 (17/18 data)	Very limited assurance	Yes	<p>Share copy of the report for information with Safety and Risk Management team and with Maternity guideline group to ensure audit reflects new updated Trust Multiple Birth Guidelines. Report to be presented to the Guideline Group Introduction of Trust care plans and ante-natal proformas, to ensure documentation is the same on both sites. Discuss at Guideline Group for implementation of new proformas.</p> <p>Care for women delivering by ELCS differs from those aiming for vaginal birth and the audit needs to reflect this. Amend audit tool before next audit.</p> <p>Audit needs to reflect current management for PPH. Amend audit tool before next audit.</p>
CQC Regulation 17 - Health Records - Renal CIC 2017/18	Significant assurance	Yes	Share copy of the report for information with Renal Team. Report to be presented to weekly departmental teaching
National Audit of Cardiac Rehabilitation (NACR) - WCH 2017/18 (NICE CG48)	-	Yes	<p>Programmes should aim to recruit a greater proportion of eligible female patients. Greater positive action is required to recruit more female patients which is likely to require significant changes to the type and location of CR offered.</p> <p>A much bigger proportion of eligible heart failure patients should be referred to CR and supported to take up the offer. Referral of patients with HF should increase in line with clinical recommendations.</p> <p>A greater range of modes of delivery, beyond just group-based, should be offered to patients. Programmes need to offer and strongly promote a wider portfolio of CR delivery options.</p> <p>Assessment of patients who complete Cardiac Rehabilitation should be at 100%.</p> <p>Assessment of patients as they complete their programme should be a major priority.</p>

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
			<p>The duration of Cardiac Rehabilitation should meet the minimum requirement of eight weeks. Services operating below minimum standards should strive to increase the duration and frequency of rehab sessions.</p> <p>Programmes should seek to have their service accredited as part of the National Certification Programme for Cardiac Rehabilitation. All programmes should contact the NACR team to assess their extent of readiness for a possible submission to the National Certification Programme for Cardiac Rehabilitation. This service is free to NACR users.</p>
CQC Regulation 17 - Health Records - Cardiology CIC & WCH 2017/18	Very limited assurance	Yes	<p>Share copy of the report for information with Cardiology Department. Report to be presented at Cardiology Clinical Governance Meeting</p> <p>Prioritised areas selected for improvement are:</p> <p>Use patient labels on every page</p> <p>sign/date/time deletions</p> <p>Print name legibly</p> <p>Heart centre pathway document to include space (boxes) for patient labels on each and every page</p>
CQC Regulation 17 - Health Records - EAU CIC 2017/18	Very limited assurance	Yes	<p>Share copy of the report for information with appropriate clinical staff. Report to be presented to Larch A/B staff, and also emailed to appropriate staff.</p> <p>Prioritised areas selected for improvement are:</p> <p>Place stickers with patient's identifying details on each page of patient's notes.</p> <p>Emphasise to staff the need to sign and date any alterations.</p> <p>The use of stamps or legible entry in the notes to identify staff member and designation.</p>

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
			Health Records audit is now part of a Trust programme, and Emergency Care will be reviewed over three periods during 2018/19 as part of the overall Health Records programme.
CQC Regulation 17 - Health Records - Gastroenterology CIC 2017/18	Limited assurance	Yes	All staff to take extra care in documentation with respect to times etc. All entries should be signed. Names should be clearly documented. Deletions should be countersigned with date recorded.
Referral When a Fetal Abnormality is Detected	Limited Assurance	Yes	Share copy of the report for information at maternity governance group. Report to be presented next maternity governance group LJJH able to attend. Full completion of tertiary referral forms by antenatal staff both sites (especially WCH). Feedback to ANC staff from LASC. Update medical staff re/antenatal referral system/paperwork. Medical staff teaching by LASC team. Re-audit to assess for improved compliance. Re-audit for inclusion in Clinical Audit Plan 2019/20.
Urinalysis in AKI patients at CIC	Limited Assurance	Yes	Acute medical admission unit should perform a urine dipstick to assess the causes of acute kidney injury. The section of urinalysis in clerking proforma should be completed. Junior doctor and staff nurse in acute medical admission unit should perform urinalysis in patients with AKI. Patients with intrinsic renal disease or AKI stage 3 or renal transplant should be discussed with nephrology to provide a better care and to assess the possibility of intrinsic or parenchymal disease. A plan whether to involve nephrologist should be documented by the post take consultant. Report and results to be presented in audit and departmental meeting by FY1.

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
CWILTED 2017/18	NA	No	1. This will be further explored at team meetings and monitored to ensure that this information is recorded
Audit to determine the flow of children through NCUH when they present following self-harm/ overdose (Safeguarding Children)	Limited Assurance	Yes	1. Report to be presented to Safeguarding Board. 2. Attend department, ward and business unit meetings. 3. Gain an understanding of whether this is recording anomaly. If children are not been spoken to alone understand how we can ensure that they are given this opportunity. 4. Promote good record keeping processes. Gain an understanding of whether this is recording anomaly. If children are not been spoken to alone understand how we can ensure that they are given this opportunity. 5. Promote good record keeping processes. Agree a self-harm/overdose pathway with clinicians.
Intravenous fluid therapy in children and young people	Limited Assurance	Yes	1. Present our clinical findings from the audit at a staff meeting and deliver teaching on IV fluids - Staff meeting 2. New guideline on IV fluid administration – review and re-write updated guideline. 3. Re-Audit - To undertake audit
Facing the Future - Standards for acute general paediatric services	Limited Assurance	Yes	1. Will forward the report to the consultants at WCH 2. Continue to work on plan to introduce Middle Grate at CIC 3. Share report and increase awareness of accurate documentation
The positive predictive value of colposcopy to detect high grade	Full Assurance	No	1. Share findings within team 2. Share findings with team

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
lesions in North Cumbria 2017-2018			
An audit of documentation to assess compliance level regarding Mental Capacity Act Assessment on Elderly Care Wards, Stroke Wards and Emergency Admissions Unit	Limited Assurance	Yes	<ol style="list-style-type: none"> 1. Report to be presented to Head of Clinical Standards and to Medical Director and to Executive Nurse 2. Report to be communicated to Medical Director for consideration of actions to improve compliance 3. Modifying audit questions in light of audit findings to drill down and better understand key the issues. Selection of one more ward on each site and one outpatient clinic on each site to fall within survey of documentation 4. Potential joint study with University of Cumbria to be explored by Named Nurse Safeguarding Adults with University academic staff.
NEWS2 Patient Escalation Audit (NICE CG50)	Limited Assurance	Yes	<ol style="list-style-type: none"> 1. Organise staff meeting Share copy of report with Liz Klein, matrons and ward sisters. 2. Discuss with ward staff any ongoing issues with e-obs for discussion with IT. 3. Discuss with audit team
TA407: Secukinumab in AxSpA	Full Assurance	No	To be documented more clearly. (BASDAI scoring to be recorded clearly during combined ankylosing spondylitis clinic.)
Management of Hyperthyroidism in Pregnancy	Significant Assurance	No	<ol style="list-style-type: none"> 1. To communicate this during presentation 2. Produce the pro-forma 3. Start doing it at early pregnancy 4. Order both TSH and T4
Fetal Blood Sampling	Very Limited Assurance	No	1. Flyers circulated across the department, doctors and midwives to be briefed at hand over a 1 week period

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
Venous Thromboembolism	Significant Assurance	Yes	Maternity Newsletter
Clinical Risk Assessment (Antenatal)	Very Limited Assurance	Yes	<ol style="list-style-type: none"> 1. Ensure that current paper and future electronic systems collect the same data - this is part of the Maternity IT Project. 2. Amend audit tool to reflect current practice. 3. Face-to-face feedback to all consultants who lead antenatal clinics. 4. Feedback to all Maternity clinicians and midwives the need to keep up-to-date lead carer information on front of notes. The key findings of the audit could be presented at the Lead Midwives Forum or by using Maternity Newsletter, and/ or Message of the Week.
Maternal Antenatal Screening Tests	Significant Assurance	No	<ol style="list-style-type: none"> 1. Action plan already in progress <p>Failsafe system implemented by CMW and LCO'S to check all blood results are reviewed.</p>
Newborn Infant physical examination	Significant Assurance	No	<ol style="list-style-type: none"> 1. None
Small for gestational age	Significant	No	<ol style="list-style-type: none"> 1. None
Paediatric Allergy Service Survey 2017 NICE CG116	Limited Assurance	No	<ol style="list-style-type: none"> 1. A new consultant with special interest in allergy is commencing in September 2018 2. Newsletter or GP teaching sessions
Health Record Audit in Paediatric 2017 – CIC	Significant assurance	Yes	<ol style="list-style-type: none"> 1. The audit highlighted several areas of good practice. 2. The audit flagged that areas to improve included authors of entries should be identified by grades and to enter growth details.

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
An audit to assess compliance against NICE NG76 Child Abuse & Neglect - Safeguarding Children CQC Audit	Limited Assurance	Yes	1.1. Determine criteria for discussion with child – i.e. age range. Presenting condition. 1.2. Pilot new pathway and review. 1.3. Launch in ED & paediatric wards. 2.1. Ensure that practitioners are aware that they should be working in an open & transparent way. 2.2. Promote of the safeguarding information sharing leaflet to parents & young people. 3.1. To share audit findings in a series of 'roadshows'. 3.2. To highlight in quarterly safeguarding children newsletter. 3.3. To discuss with safeguarding children champions
Audit of the compliance of the completion of the Paediatric drug chart WCH Q3 CAP 2017/18	Limited Assurance	Yes	Share copy of report with interested parties Medicines management group
Audit of the compliance of the completion of the Paediatric drug chart CIC Q3 CAP 2017/18	Limited Assurance	Yes	None
PEWS CIC	Limited Assurance	No	Report to be presented next team meeting

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
PEWS WCH	Limited Assurance	No	Report to be presented next team meeting
Maternity Health Recordkeeping	Limited Assurance	Yes	<p>All staff to be aware of findings of audit. Maternity Quality Improvement (Audit) team to develop learning bulletin to be shared.</p> <p>Audit findings to be shared with relevant managers/team leads. As Action 1 – also share at Senior Midwives forums and teaching session.</p> <p>CTG stickers to be used at start of trace to be reinstated. Stickers to be used.</p> <p>Penrith Birth Centre to undertake their own notes audit to ensure a relevant size sample and tailored learning. Audit to be undertaken.</p> <p>Future audit tools to be developed to be more specific and relevant with other elements covered by separate audits removed from this tool. Revised tool.</p>
WHO Surgical Safety Checklist (2016)	Limited Assurance	Yes	<p>1. Report to be presented to board.</p> <p>2. Re-audit.</p>
National Audit Project 6 on Perioperative Anaphylaxis (NAP6) - WCH	N/A	No	<p>For the activity/allergen survey 18 forms were submitted from WCH and 44 from CIC.</p> <p>NAP6 key findings and recommendations were emailed to anaesthetists (WCH) and NAP6 infographic was emailed to WCH theatres for display on the notice board.</p> <p>There was no case of anaphylaxis at WCH during the study period.</p>
National Audit Project 6 on Perioperative Anaphylaxis (NAP6) - CIC	N/A	No	<p>For the activity/allergen survey 18 forms were submitted from WCH and 44 from CIC.</p> <p>NAP6 key findings and recommendations were emailed to anaesthetists (WCH) and NAP6 infographic was emailed to WCH theatres for display on the notice board.</p>

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
CQC Regulation 11 Consent Audit 2017 in Urology - CIC	Very limited assurance	Yes	No action plan available.
CQC Regulation 17 Health Record Audit 2017 in Oral & Maxillofacial Surgery	Limited Assurance	Yes	1. Report to be presented to all clinicians in team. 2. We will re-audit to demonstrate improvements.
CQC Regulation 17 Health Record Audit 2017 in Orthopaedics - CIC	Very Limited Assurance	Yes	Report to be presented to T & O team by email
CQC Regulation 11 Consent Audit 2017 - Orthopaedics CIC	Significant Assurance	Yes	1. Report to be presented to Colleagues. 2. Re audit.
CQC Regulation 17 Health Record Audit 2017 in Rheumatology	Significant Assurance	Yes	1. Presented on 5th December 2017 to Rheumatology CG 2. Identify Patients Requiring reassessment 3. Post aid memoir posters in clinical rooms
CQC Regulation 17 Health Record Audit 2017 in Anaesthetics CIC & WCH	Limited Assurance	Yes	Report to be presented at Anaesthetic department audit meeting.
Proportion of Patients Referred	Significant Assurance	No	The report of this audit has been presented to all the Urology consultants in the weekly Urological meeting on the 19th July 2018.

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
with Raised PSA Who Undergo Biopsy (NICE CG175)			
Thromboprophylaxis After Surgery for Colorectal Cancer (NICE CG92 - NG89)	Significant Assurance	Yes	<p>2nd Cycle: Report to be presented during unit business meeting.</p> <p>1st Cycle:</p> <ol style="list-style-type: none"> 1. To make sure all patients undergoing major abdominal and pelvic cancer surgery have Clexane prescribed for 28 days in total and documented in discharge letter. 2. To present audit findings in surgical unit and also put up notices on surgical wards. 3. To communicate with ward managers of surgical ward and make sure they disseminate this piece of information to nursing staff who involve in discharging patients.
Five Steps to Safer Surgery LocSSIPs Theatres Pilot Audit	Very Limited Assurance	Yes	<ol style="list-style-type: none"> 1. Report to be presented to theatre teams in the role. 2. Clinical Directors to engage with their colleagues. 3. Audit team liaising with Audit R to devise tool.
Audit of Anaesthetic Machine Daily Log Book	Very Limited Assurance	Yes	Report to be presented
Health Record Audit (pilot new online audit tool) - ENT	Limited assurance	Yes	<ol style="list-style-type: none"> 1. Report to be presented to ENT team during M&M in power point and emailed to MDT. 2. Professionals documenting in notes to make sure to record both names of

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
			patient, NHS/identifier and sign correctly as per GMC requirements and legal requirements.
RCR National Audit of the provision of imaging of the severely injured patient	Limited Assurance	Yes	<ol style="list-style-type: none"> 1. Present at the upcoming meeting 2. Discuss options at the upcoming meeting 3. Discuss recommendation or consider other options at upcoming meeting 4. Discuss findings at meeting and feedback to Clinical Director of Radiology for further discussion with Everlight. 5. Repeat audit
Audit of the Time of Initiation of Adjuvant Treatment of Breast (NICE CG80) replaced by (NG101)	Very Limited Assurance	No	<ol style="list-style-type: none"> 1. Report to be presented to the Breast MDT. 2. None.
Prospective VTE Compliance for Trauma and Orthopaedics Admissions NICE (CG92) replaced by (NG89).	Significant Assurance	No	None
Intravitreal Injection Audit (Re-audit of 5965)	Significant Assurance	No	Present audit findings at audit meeting in May.
The Administration of Intravesical	Limited Assurance	No	<ol style="list-style-type: none"> 1. Report to be presented to Urology Team. 2. Re-audit to be done

Project Title	Assurance rating	On CAP for a re-audit during 2019/20	Actions
Mitomycin C Following First Transurethral Resection of Bladder Tumour			
Post Operative Pain Management in Hip Fractures (re-audit of 6271)	Limited Assurance	No	<ol style="list-style-type: none"> 1. Report to be presented to Trauma Lead and to the department. 2. Discussion between Trauma Lead and Department about this action needed. 3. Re-audit of the change in number of nerve blocks done over this year.
WHO Surgical Safety Checklist Audit Report on 2017 data	Limited Assurance	No	<ol style="list-style-type: none"> 1. Report to be presented to theatre teams in morning meetings. 2. Work with audit team to access the audit tool.

Priority 3 – Local Audits including those that are clinician interest

The reports of 60 local clinical audits (Priority 3) were reviewed by the Trust in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided:

Table 3

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Audit of the acute in-patient referrals department standard	Full assurance	Yes	Share the results of the audit with the Dietetic Department. Present the audit at a team meeting. Update the Acute In-Patient Referral Standard and appendices. Amend the criteria to include the MUST scores. Provide advice on triaging MUST 0 and 1. Re-audit the Standard in 2020.
Audit of the hyperlipidaemia department standard	Significant assurance	Yes	Share the results of the audit with the Dietetic Department. Present the results of the audit to the Dietetic Department at a Departmental meeting. Update the Department Standard for hyperlipidaemia. Amend the Standard targets to be specific to the Standard and measurable. Ensure the Standard is comparable to NICE guidelines. Re-audit the Department Standard in 2020.
Emergency oxygen prescribing audit CIC	Very limited assurance	Yes	Share copy of the report for information with all applicable wards and staff. Report presented to Beech B medical and nursing team. Continue with ongoing training for both the doctors and Advanced Practitioners in their weekly training and ongoing reminders for staff on the ward areas. Including a lecture to incoming FY1 doctors during their induction week. Continue to prompt on the wards. Teaching session to incoming FY1's during induction week. To arrange for a message to go out on screensavers pointing out the poor performance – Vicky has liaised with communications they are working on it. To liaise with communications team and get their support and expertise. A notice to stick on the wall behind all of the oxygen ports in the Trust – CAF has liaised with communications regarding this. To liaise with communications team and get their support and expertise. Re-audit as included in Clinical Audit Plan 2018/19. Re-audit as included in Clinical Audit Plan 2018/19.

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Audit of standard for the management of food allergy/ intolerance	Full assurance	Yes	Share the results with the Dietetic Team. Discuss findings and agree changes to standard Update the Standard. Updated Standard to be distributed around the department. Re-audit in 2 years. Add to departmental audit programme.
Audit of the Community Out-Patient Standard	Significant assurance	Yes	Continue to use the current standard for Outpatient Community Referrals. Update standard review date to June 2020. Update standard - target to be changed to 95% of high priority patients to be seen within 4 weeks. Review, amend and circulate attached documents to the Dietetic team. Documents attached to the standard to be reviewed and updated. No action until next audit due. Consider a different aspect of the standard or a different patient group at the next audit.
Antibiotic prescribing in surgery - Start Smart Then Focus!	Limited assurance	Yes	Presentation and antimicrobial management meeting. Presentation at the weekly surgical teaching. Forward emails regarding the antibiotic audit FY1s and FY2s. Antibiotics prescribing at FY1 induction Adding an antibiotic review column to the surgical handover sheet. Probably introducing the new ARK project (new drug chart) in the surgical wards.
Baseline Level of Community Midwife Continuity of Carer with Planned Births at	Limited assurance	Yes	Share copy of the report for information with WNE Cumbria LMS, Better Births Board. Report to be presented to Eleanor Hodgson, in the role of Director Women's and Children's, North Cumbria CCG, and Ali Atkinson-Budd, Associate Director of Midwifery, NCUH. Share report within Maternity Governance NCUH. Report presented to Maternity Governance teams. Share with Maternity staff. Load the report on to Maternity SharePoint for staff.

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Penrith and Homebirths			
Audit of treatment of patients presenting to emergency departments with supraventricular tachycardia (SVT)	Very limited	Yes	Share copy of the report for information with AED. Report to be presented to Dr A Bow - Associate Medical Director, Medicine Care Group and Dr R Moore – Clinical Director for Cardiology. Creation of standardized tool for management plan for patients presenting with SVT. Design SVT management plan tool. Re-audit.
Audit of IBD Department Standard	Significant Assurance	Yes	Inform the Dietetic Team on the improvements. Continue to use the new checklist for even better results on the next audit. Report to be presented to team at clinical supervision meeting.
Audit of the acute out-patient referrals department standard	Full Assurance	No	Share copy of the report for information with the Dietetic Department. Report to be presented to the Dietetic Team, with updated Standard. Re-audit Standard. Reporting of DNA rates of the Acute Out-patient Clinic. Continue to monitor and collate DNA rates of the Acute Outpatient Clinic and report rates on a quarterly basis at the Acute Team meeting. Training for Band 5 Dietitians by Paediatric Dietetic Team. Review of previous education sessions given. Acute Team Lead to arrange with Paediatric Team.

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Cardiac Rehabilitation service evaluation - WCH 2017/18	Significant Assurance	No	Report to be presented to Dr Moore, Cardiology Clinical Director; Lynne Gorley, OSM; Tracey Mifflin, Clinical Lead Physiotherapy
Patient experience survey from the lung cancer service at WCH and CIC 2017 - clinic route	Significant Assurance	No	<p>Copy of the report to share with the larger lung cancer MDT. Report to be presented to the lung MDT team at the Lung Cancer AGM and sent via email to those not able to attend.</p> <p>We need to continue to ensure all patients have access to a lung cancer nurse specialist at all stages of the lung cancer diagnostic journey and that they know who they are this should help ensure the emotional, physical and spiritual needs are met and supported. Ongoing daily.</p> <p>Continue to highlight the holistic review to the patients in the patients info pack and provide a holistic review at least once after breaking bad news or more if required. Ongoing daily.</p> <p>To ensure all patients get a Lung Investigation Booklet at the start of their journey where appropriate. Ongoing daily.</p> <p>To update the lung investigation booklet regarding new team members and investigations such as the new CT lung bx service. CNS team to look at changes required.</p>
Depression reporting in older adults – survey		No	<p>Acute hospital staff caring for older people should consider the regular use of screening tools to help identify common symptoms associated with depression. Disseminate the use of the 4 item Geriatric Depression Scale on the wards.</p> <p>Acute hospital managers should ensure there is a clear referral pathway to mental health liaison services for older people who are admitted to hospital and suspected of</p>

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
			<p>having depression. Make sure a referral pathway to mental health liaison service for older people is in place and communicated to the ward staff.</p> <p>Records should be updated by acute hospital staff following any relevant assessments, interventions and treatment for depression in hospital. These should be well-documented and included in discharge summaries. Raise awareness amongst junior doctors of the importance of documenting in the discharge summary the assessments and/or treatment for depression.</p>
IV morphine pre and during ED admission and review by senior clinician	Full assurance	No	<p>Share the report for with the entire ED team. Report to be presented to the ED team over 3 weeks at the morning meeting.</p> <p>Implement the blue morphine sticker at triage. Order further stickers and place with the CoW on the back corridor/step/resus.</p> <p>Re-audit the compliance in March 2019. Re-audit via symphony.</p> <p>Present findings to clinical team. 10 minute topic presentation.</p>
Audit to determine compliance levels against Clinical Guidelines in relation to Gastric Dysplasia	Full assurance	No	<p>Data to be shared with a two region wide database for a meaningful conclusion. Report to be collated to the Northern/Wales gastric dysplasia audit.</p> <p>Re-audit. To be completed by end December 2018.</p>
Management of acute coronary syndromes, excluding STEMI	Limited Assurance	Yes	<p>Share audit with those responsible for managing non-STE ACS. Audit to be presented to EAU doctors and cardiology consultants.</p> <p>Two month trial period of ACS combined referral form and bundle tool. Print copies and place in A&E and EAU. Remind doctors to use as appropriate.</p>

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
			Re-audit. Use same methodology as described herein.
Emergency oxygen prescribing audit WCH	Very limited assurance	Yes	<p>Continue with ongoing training for both the doctors and Advanced Practitioners in their weekly training and ongoing reminders for staff on the ward areas. Continue to prompt on the wards.</p> <p>To arrange for a message to go out on screensavers pointing out the poor performance – CAF has liaised with communications they are working on it. To liaise with communications team and get their support and expertise.</p> <p>A notice to stick on the wall behind all of the oxygen ports in the Trust – CAF has liaised with communications regarding this. To liaise with communications team and get their support and expertise.</p>
Fluid balance chart and food diary compliance NICE QS24 re-audit	Limited assurance	No	<p>Share copy of the report for information and action with the Senior Nursing Teams. Report to be presented to the Nursing, Midwifery & AHP Board to agree an action plan for the areas requiring improvement and also the assurance level of the risk.</p> <p>Share a copy of the report with the Dietetic Team. Report to be presented at the Dietetic Team Meeting for discussion and ideas on how we can work with the nursing teams to improve the outcomes.</p>
Audit of Vital Sign Measurement in Emergency Department	Limited assurance	No	<p>Departmental teaching</p> <p>Standardise method of recording escalation</p>

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Cryoglobulin testing	Significant assurance	No	<p>Further adjustments to cryoglobulin test requesting in ICE. The Immunology team (AGH) to liaise with IT to determine if it is possible to add additional steps to the cryoglobulin requesting procedure in ICE to ensure that the Immunology (CIC) or Blood Science (WCH) laboratories are contacted in advance.</p> <p>Escalate the issue of some NCUH Trust department continuing to use hand-written paper request forms. AGH to take the issues of paper requesting and the adoption of ICE requesting for all requests in all departments to Path Board Meeting for further escalation.</p>
Audit of positioning patients undergoing NG or PEG feeding	Limited Assurance	Yes	<p>Share copy of the report for information with nursing staff and junior doctors. Mortality and morbidity meeting Report to be presented to lead.</p> <p>Education of nurses is to be carried out to include Auxiliaries Speak to nursing team and junior doctors. Place poster reminding staff re positioning on duty room wall.</p>
Retrospective audit of the clinical utility of specialist liver autoantibody testing (EUROLine liver immunoblot) for the investigation of suspected autoimmune liver disease	Significant Assurance	No	<p>CIC Immunology department should continue to use a combination of indirect immunofluorescence (rodent LKS & HEp2) and immunoassay (Liver antibody immunoblot) for the detection of liver autoantibodies (in line with EASL practice guidelines). Current practice to continue.</p> <p>CIC Immunology department should continue to use the Liver antibody immunoblot as part of the investigation of suspected autoimmune liver disease. Current practice to continue.</p> <p>This audit supports our current policy of only reporting weak positive (+) liver antibody blot results if they are accompanied by supporting immunofluorescence (except SLA antibodies where Ro52 can be used) and/or a convincing clinical, biochemical, histopathological picture of autoimmune liver disease. This reporting policy should continue and this should be formalised in the reporting section of the liver antibody blot</p>

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
			<p>SOP: IS-VI-SOP-212. Update relevant SOP (IS-VI-SOP-212) and disseminate information to all scientific staff involved in clinical authorisation of immunology results. From now on, incidental findings of AMA by IIF (rodent LKS and HEp2 cell lines) should NOT have a liver antibody immunoblot automatically reflexed by laboratory staff unless there is clinical or biochemical evidence of cholestatic liver disease. Update relevant SOP (IS-VI-SOP-212) and disseminate information to all scientific staff involved in clinical authorisation of immunology results and reflex testing.</p> <p>In any new findings of an AMA pattern by IIF, where no clinical or biochemical evidence of cholestatic liver disease is present the following comment should be included on the report:</p> <p>Anti-mitochondrial antibody (AMA) pattern detected by indirect immunofluorescence testing. No obvious evidence of liver disease from available results incidental finding. If autoimmune liver disease suspected (e.g. primary biliary cholangitis) please send a further serum sample for liver antibody immunoblot testing.</p> <p>New comment to be created in TelePath for reporting incidental AMA results.</p>
Audit of the Management and Treatment of neonatal Sepsis on SCBU correct policy.	Limited Assurance	Yes	
Post anaesthetic follow ups of Obstetric patients	Limited assurance	Yes	<ol style="list-style-type: none"> 1. Regular follow up on weekdays after elective list 2. Review cases after morning handover on weekends 3. Midwife/ward staff to alert anaesthetist to follow up cases before discharge 4. Documentation of follow up: name/sign, reasons why not followed up

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
External cephalic version (ECV) 	Full assurance	No	1. Report to be escalated throughout teams in order to make them aware of high standards identified and to encourage them to continue with the same practices. 2. Re-audit to be registered to be completed during 2019/20
Safeguarding Record Keeping Audit	Very limited assurance	Yes	Revise the audit tool and re-audited
Post Anaesthetic Follow up of Obstetric Patients Re-Audit 6542	Full Assurance	No	None required Presentation to be presented in the audit meeting
Safeguarding Record Keeping Audit Re-audit 6625	Limited Assurance	Yes	Add to the agenda Quarterly safeguarding supervision sessions
Annual Safeguarding Children Audit 2017/18	Limited Assurance	Yes	1. Report to be presented to safeguarding champions. 2. None
NEWS 2 Patient Escalation Audit Jan 2019	Full assurance	Yes	On-going to change proposed tool instead of 'RED' stickers – escalation of NEWS 2
Audit of Compliance to BOAST	Significant Assurance	Yes	Changes from the initial audit implemented, and audit loop completed with no further action even though there is not full assurance.

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Guidelines in Management of Distal Radius Fractures (re-audit of 6511)			
An audit to assess the compliance level against recommendations relating to postmenopausal bleeding	Significant assurance	Yes	1. Report to be presented to Clinical Director the role of Consultant for sharing with the team.
Audit of Primary HPV Testing for Cervical Screening	Full assurance	No	Audit report to be presented in departmental teaching and audit meeting to disseminate audit findings to all colposcopists in the Trust
Audit of the Evaluation of Plain Radiographic Images at CIC	Significant assurance	No	1. Present at Audit Meeting. 2. Book In House CPD slot. 3. Highlight at Staff Meetings. 4. Highlight at Staff Meetings. 5. Report to be presented to Clinical Audit Lead.
Incidental breast lesions found on	Significant Assurance	No	Present the findings to the radiologists and the breast team.

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
CT -audit of current practice			
Access to acute services to improve the health outcomes for a person with a learning disability	Limited Assurance	No	<p>To discuss with GP's at their learning disability stakeholder event – development of task and finish group (CCG led)</p> <p>Development of systems within the acute hospital to identify reasonable adjustments</p> <p>Review of needs assessment within the supporting people with a learning disability to access the acute hospital</p> <p>Report to findings be presented to Access to Acute services for people with learning disability</p> <p>Report findings to be presented at NM&AHP meeting</p> <p>Development of learning disability champions within wards and departments to improve awareness of responsibilities regrading supporting individuals with complex needs</p> <p>Review of job description and roles and responsibilities</p> <p>Report to findings be presented to Access to Acute services for people with learning disability</p> <p>Report findings to be presented at NM&AHP meeting</p> <p>Development of learning disability champions within wards and departments to improve awareness of responsibilities regrading supporting individuals with complex needs</p> <p>-Repeat audit for learning disability specific patients undergoing surgery or treatment.</p> <p>- to link findings to audit being undertaken by named nurse for safeguarding findings on MCA/ capacity assessment audit 2018-2019</p>
Female Genital Mutilation Advice	Limited Assurance	Yes	<p>1. To include FGM in the professional issues study day</p> <p>2. Present audit findings through maternity governance</p>

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
			3. Awareness of obstetrics and gynaecology staff to be raised in regard to aspects of content/documentation
Laparoscopic Conversion Rate	Full assurance	No	1. Share copy of the report for information with Consultant Colleagues performing laparoscopic cholecystectomies.
Sedation Hold Audit	Very limited assurance	Yes	1. Report presented at ITU meeting 26th July 2018 2. & 3. Project consultant lead, Stakeholders Consultant Anaesthetist and ITU Advanced Critical Care Practitioner at WCH to complete sedation hold guideline and present at ITU meeting for comment 4. To be re-audited in 2019
Enhance Recovery After Arthroplasty Surgery (ERAAS) (initial audit)	Full assurance	No	1. Report to be presented to the team at Divisional meeting 2. To anaesthetic department, orthopaedic wards, theatre staff, physiotherapists, orthopaedic consultants and registrars. 3. Avoid use of opiates during spinal anaesthetic. 4. Day 0 / Day 1 mobilisation in all patients unless advised otherwise by operating consultant. Improve documentation on this aspect in clinical notes. 5. Amend the protocol for use of wound catheter as it is no more practiced in our department.
Regional Audit of the Incidence and Severity of Demineralised White Spot Lesions	Significant Assurance	No	1.1 Information changed on the fixed appliances instruction sheet 1.2 Discussion at consent appointment with high risk patients 2. Clinicians to have a lower threshold for sending patients with suboptimal OH to the OH clinics. 3. Information changed on the fixed appliances instruction sheet 4. Discuss with Consultant Team 5. Re- Audit in 2 years

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Early review of trans-nasal oesophagoscopy	The author did not risk score	Yes	1. Continuous data collection. 2. Adopt OGD software for TNO.
Audit of management of T3 laryngeal cancers: chemoradiotherapy versus surgery	The author did not risk score	No	None
Use of Capnography in Recovery Unit	Limited Assurance	Yes	1. Educational sessions for Anaesthetic & Recovery staff at both sites 2. To inform person in charge of preparing form. 3. Notified all anaesthetists during the Audit meeting 4. Clinical Director agreed to provide necessary equipment
Audit of RCP Guidelines Looking at Assessment for and Management of Glucocorticoid Induced Osteoporosis in Rheumatology Outpatients	Significant Assurance	No	1.1 Information changed on the fixed appliances instruction sheet 1.2 Discussion at consent appointment with high risk patients 2. Clinicians to have a lower threshold for sending patients with suboptimal OH to the OH clinics. 3. Information changed on the fixed appliances instruction sheet 4. Discuss with Consultant Team 5. Re- Audit in 2 years

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Re-audit of Safety of Patient Controlled Analgesia	Limited Assurance	Yes	1. Email dissemination. 2. Email dissemination. 3. Presentation at Departmental Meeting.
Audit of completion of changes made to orthopaedic ward rounds at WCH	Full assurance	No	1. Report to be presented at divisional audit meeting
Re-audit of NEWS Patient Escalation Audit CIC	Limited assurance	Yes	1. Report to be presented to the Head of Nursing Clinical Standards 2. NEWS 2 action plan already in progress 3. Further implementation of E-Obs throughout the hospital.
An audit of finger nail biting habits (Onychophagia) in orthodontic patients at CIC	Limited Assurance	No	1. Discussion at Departmental Clinical Governance meeting. 2. Update appliance advice sheets and present for discussion at Departmental Clinical Governance meeting. 3. Discussion at Departmental Clinical Governance meeting. 4. Discussion at Departmental Clinical Governance meeting.
A snap-shot audit of the Clerking Proforma document on Larch D ward against record	Limited Assurance	Yes	1. Report to be presented to the Vascular Department on 23rd Jan 2019. Members of the general surgical team to be invited to attend. 2. Edit surgical junior doctor's handbooks – will requiring liaising with general surgical team. 3. Annual re-audit of data. 4. Ward round checklists have recently been introduced in the surgical department.

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
keeping standards			Including a small section to ensure the consultant is happy with the quality of the clerking proforma may well lead to better completion.
Audit of Compliance to BOAST Guidelines in Management of Distal Radius Fractures	Very Limited Assurance	Yes	Findings presented at the departmental meeting and consensus sought over recommendations.
An Audit of Compliance Against National Standards for Record Keeping	Limited Assurance	No	Report to be presented to colleagues on MB
The quality of completion & appropriateness of referrals using the newly implemented NE & Cumbria referral forms	Limited Assurance	No	<ol style="list-style-type: none"> 1. Share information with practitioners across the region at the regional audit meeting in February 2019. 2. Share information with NHSE Area Team 3. Draft agreed standard rejection letters for suspected inappropriate referrals and show to Consultants

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Volatile Anaesthetic Consumption (re-audit of 6214)	Significant Assurance	Yes	1. Presentation at Anaesthetic audit meeting. 2. Send email reminding about use of econometer. 3. Re-audit.
Audit of Paediatric Pre-operating Fasting Times in Day Surgery Unit	Limited Assurance	No	1. Send new information to current authors of revised information leaflets Change silverlink riders for pre-operative fasting information Contact surgical secretaries to ensure they are aware of change to riders. 2. Agreement from Anaesthetic and Paediatric surgical group on alterations to guidance Alterations to current policy Approval at anaesthetic, paediatric surgical and guideline meetings. (Already agreed at Divisional meeting June 2018 and PSG July 2018). Alteration of policy to be done. 3. Dependent on duration of implementing changes.
Percutaneous Tracheostomy Insertion Audit (re-audit of 5929)	Limited Assurance	Yes	1. Report to be presented to staff at monthly ICU meeting. 2. Dissemination from meeting.
Quality of Portable Chest X-rays for Nasogastric Tube Placement in ITU	Significant Assurance	Yes	Report to be presented in the radiology department audit meeting.
Audit of compliance with Enhanced Recovery	Significant Assurance	Yes	1. Share copy of the report for information with Department of Anaesthesia and ERAS Group.

Project Title	RAG rating	On CAP for 2019/20 for a re-audit	Actions
Guidelines for Primary Arthroplasty			
An Audit of ENT Operation Notes	Significant Assurance	Yes	1. Discussion with IT & Theatres team. 2. Presentation to ENT governance meeting. 3. Re-audit.
Therapy Outcomes Measure Audit	Full Assurance	No	1. Results of audit reported for information to Occupational Therapy leadership team, & to OT staff. 2. On-going quarterly monitoring of compliance to support assurance about data quality

National Institute for Health and Care Excellence (NICE) guidelines

At the end of Quarter 4 2018/19 the Trust was demonstrating a 69% compliance with guidance that had been through the Trust process, acknowledged and responded to by the relevant clinician. Of this 69%, 25% have been audited to confirm compliance.

Clinical Research

Research & Development

The Trust continues to embrace clinical research as a means to contribute to progression of evidence-based healthcare.

North Cumbria University Hospitals NHS Trust (the Trust) is a Partner Organisation (PO) of the National Institute for Health Research (NIHR) North East & North Cumbria Clinical Research Network (NENC CRN), one of 15 CRNs in England. The NIHR is the clinical research delivery arm of the NHS. Further information on the remit of the NENC CRN can be found on their website, <http://www.nihr.ac.uk/nihr-in-your-area/north-east-and-north-cumbria>. As a Partner Organisation, the Trust receives funding for the delivery of research. This includes funding for the majority of the research delivery team of 18 nurses, practitioners and administrators, as well as pharmacy and pathology staff. Additional income is derived from recruiting to commercially sponsored research.

The R&D team supports delivery of a range of different types of research study ranging from large national and international clinical trials to small, single-centre studies. These include research into new drugs, surgical techniques and other therapies, and the collection of samples for genetic analysis. Particular highlights this year include being selected as a site for the ORION 4 study which is trialling a new cholesterol-lowering injection and being selected as the only UK site for the CADENCE study which is evaluating an ankle replacement system.

During the financial year 2018/19 the R&D team have integrated the R&D functions of the Trust and Cumbria Partnership NHS Foundation Trust (CPFT). The integration of the Research & Development teams will ultimately provide a number of benefits, including increasing opportunities for patients to participate in research by delivering studies in more locations, and removing duplication of effort by operating a central support team

Research Activity

Clinical research continues to thrive in a number of specialties. The number of patients receiving relevant health services provided or sub-contracted by North Cumbria University Hospitals NHS Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 822. A total of 44 different studies were recruited to.

There is a well-established relationship between research activity within NHS organisations and a range of outcomes. A recent review reports a positive association between engagement in research by healthcare organisations and improvements in healthcare performance within the specialities engaging in research. Two papers, recently published in the journals *Public Health* and *Journal of Evaluation in Clinical Practice*, have shown that clinical research activity may have numerous indirect positive effects on the functioning of a

hospital. In summary, the paper shows that increased levels of clinical research activity are linked with better care quality commission ratings, increased speciality clinical trial activity is linked with reduced mortality, that these relationships are primarily associated with interventional research (clinical trials) activity and that, although the associations are more pronounced for teaching hospital trusts, the link between clinical trials activity and mortality and CQC ratings still persists for non-teaching hospital trusts.

The R&D Department's core function is to recruit participants into research studies which are included in the National Institute for Health Research's (NIHR) portfolio. To be eligible for inclusion on the portfolio a research project must meet certain standards (commercial and academic studies that are of good scientific quality, peer-reviewed and funded from a competitive funding stream). For 2018/19, NCUH's recruitment figure stands at 822 participants into 44 different portfolio studies. This has remained stable from the previous year's figures. Table 1 summarises recruitment activity since 2010 by financial year. The study identified in 2013-15 (Catfish) was an unusually large study looking at the effects of fluoridisation in Cumbria which distorted underlying trends, and so the data is reported both with and without this study.

Year	Patient Accrual	Number of studies
2010-11	1084	62
2011-12	1479	52
2012-13	210	23
2013-14	1435 (366 without Catfish)	24
2014-15	1235 (595 without Catfish)	25
2015-16	663	23
2016-17	1051	27
2017-18	920	35
2018-19	722	35

Studies can be classified in a number of different ways. Firstly, they are listed as commercial or non-commercial. A commercial study is a study where a commercial company has developed the study protocol and fully funded the additional costs of hosting the trial within the NHS. CPFT currently has 4 commercial studies open to recruitment, with 57 recruits to date, an increase on this time last year. This activity has particularly contributed to strategic aim 4: To support research active staff to develop research activity that could lead to innovation and/or funded grant applications.

Studies can also be classified as observational, interventional or CTIMPS (Clinical Trial of an Investigational Medicinal Product). Recruitment is also looked at in terms of how complex a study is and adjusted according to the weighting given to the level of complexity.

Interventional studies are rated as a higher complexity than observational. While NCUH's overall recruitment figure has slightly dropped from last year the complexity adjusted recruitment figure for 2018/19 is 5432 as opposed to 5295 the year before and 3288 prior to that. This shows that level of complexity of the studies recruited to within NCUH has been rising.

In 2018/19 the NENC CRN set a Quality Improvement Incentive relating to accuracy of recruitment figures within the Local Portfolio Management System (LPMS). This incentive was, in turn, linked to national High Level Objectives. The target was 95% synchronicity between the recruitment figures entered into LPMS and those entered into the Central Portfolio Management System (CPMS). The R&D team met this target. As a result the Trust was awarded additional funds of £10,000.

The R&D metrics for study set up (previously a 40 day target) and first patient recruited (previously a 70 day target) have now been discontinued and as such are no longer measured by the department for quality purposes.

Review of Services – Mandatory Statements

During 2018/19 the Trust provided and/or sub-contracted 40 NHS Services. The Trust has reviewed all the data available to them on the quality of care provided in all of these NHS Services.

The income generated by the NHS Services reviewed in 2018/19 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for 2018/19.

Data Quality

North Cumbria University Hospitals NHS Trust will be taking the following action to improve data quality:

- Manage and maintain standard operating procedures (SOPs) trustwide for data collection and validation. This includes statutory returns with sign off by relevant managers in divisions prior to submission
- Develop and support the updated Trust Performance Framework for 2019/20
- Promote the use of data quality dashboards and key performance indicators (KPIs) to monitor Trust income and Data Quality priorities
- Work closely with clinicians and managers to reduce replication in data recording of clinical and management data
- To discuss and reconcile schedules to legally binding contracts
- Ensure that staff take responsibility for the data that they record and manage
- Review and action audit reports in relation to data quality
- Review the data quality standards within the Information Governance Toolkit

Secondary Uses Service

North Cumbria University Hospitals NHS Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS Number was:

- 98.8% for admitted patient care
- 99.1% for outpatient care
- 97.4% for accident and emergency care

Data excluding Scottish patients:

- 99.8% for admitted patient care
- 99.9% for outpatient care
- 99.3% for accident and emergency care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 99.7% for admitted patient care
- 99.9% for outpatient care
- 84.3% for accident and emergency care

Information Governance 2018/19

Information Governance is to do with the way the Trust processes and handles information. It covers personal information (relating to patients/service users and employees) and also corporate information (for example financial and accounting records). By embedding Information Governance in the culture of the Trust, we can provide assurance to the public and our regulators that we comply with relevant legislation and central guidance; that information is handled appropriately, lawfully and securely. The Information Governance vision is that we *“Enable high quality care by facilitating the ethical, legal, effective & appropriate use of accurate & reliable information that maintains confidentiality, integrity & availability”*.

This has been a busy year as there has been numerous changes in the standards that we need to adhere to in order to help us comply with the data laws. These include:

- **The Data Security and Protection (DSP) Toolkit** - From April 2018, the new Data Security Protection Toolkit (DSP Toolkit) replaced the Information Governance Toolkit. It forms part of a new framework for assuring that organisations are implementing the ten data security standards and meeting their statutory obligations on data protection and data security. Final publication assessment scores reported by organisations are used by the Care Quality Commission for use as part of the Well Led inspection. The new Toolkit includes compliance with GDPR.
- **The General Data Protection Regulation (GDPR)** was implemented on the 25 May 2018. Alongside this Regulation is the Data Protection Bill (published in September 2017) which introduced a number of changes to the GDPR requirements which are extensive. There is a raft of other legislative requirements to following (i.e. NIS Directive).

Compliance with the Information Commissioner's 12 step approach to GDPR together with receipt of associated guidance from the Article 29 Working Party) and receipt of specific health IG guidance from NHS England, IG Alliance.

- **National Data Opt Out Programme** - organisations need to be compliant by 31 March 2020. Cumbria Partnership NHS Foundation Trust is leading the way as one of the pilot sites working with NHS Digital in preparation. The Trust has added the national data opt-out to their record of processing activities (ROPA) as part of their GDPR work and provided valuable feedback on NHS Digital's Compliance Implementation Guide which will be available to all organisations nationally soon.

The Trust submitted as compliant against all mandatory assertions contained within the Data Security and Protection Toolkit. Improvement plans are in place to further enhance compliance in 2019/20. This was independently verified by Audit One auditors.

Information Governance and Cyber Security incidents

We take our responsibilities for the protection of patient and staff information seriously. Breaches of confidentiality or loss of personal data are reported and investigated through the Trust's Incident Reporting procedure and assurance processes. During the reporting period, the Information Governance Team has recorded 198 IG incidents between 1 April 2018 and 31 March 2019. We use the national Incident Reporting Tool within the Data Security and Protection Toolkit. Incidents are coded in line with the SIRS guide "Guide to the Notification of data security and protection incidents – reporting incidents post the adoption of the General Data Protection Regulations (25 May 2018) and the NIS Directive (10 May 2018). Any incident must be graded according to the significance of the breach and the likelihood of those serious consequences occurring. The incident must be graded according to the impact on the individual or groups of individuals and not the organisation.

The Trust reported the following incidents via the Data Security and Protection Toolkit to its Regulators:

Date of Incident	Reference number	Summary of Incident	Outcome	Status
27/02/2019	9411	A patient raised a complaint with the Trust and has taken his story to local newspaper following issuing of incorrect past medical history on a letter of communication received by the Trust.	ICO (27/02/2019)	Closed
05/02/2019	8139	A data subject highlighted (via Facebook) to two school friends who work at the Hospital that she would be taking legal action against them for accessing her	ICO (05/02/2019)	Closed

		medical records and discussing confidential information about her. She made this allegation...		
01/02/2019	8119	A member of staff visited local Sainsbury Store and a member of staff asked if she worked at hospital and duly handed her some information that had been handed into the Customer Service Desk of the Store. The information contained a print out of a spreadsheet...	Not required to report Not required n/a	Closed
28/01/2019	8055	We have submitted withheld identity data to a regional submission portal (SLAM) which is administered by the North East and Cumbria Commissioning Support Unit (NECS). The withheld identity relates to 1 HIV patient.	Not required to report Not required n/a	Closed
20/12/2018	7713	A complainant received a response to his complaint letter but was sent to the wrong address (no 2 instead of number 21 - Street Name etc). The response was hand delivered to him by a neighbour and naturally he was angry and did not help resolve the ...	Not required to report Not required n/a	Closed
18/10/2018	5998	After a handover it was noticed that a member of nursing staff was taking the handover sheet home - this was challenged by the matron enquiring the rationale for taking clinical information home.	Not required to report Not required n/a	Closed
18/10/2018	5997	A physiotherapy service is operational within our local sports centre. The process was that the physiotherapist provide the admin team patients for discharge. The admin kept this information in a box to then record on the patient administration system....	Not required to report Not required n/a	Closed
08/06/2018	221	On 7 June 2018, the IG department became aware of a	Not required to report Not	Closed

		complaint relating two data breaches: - complaints dept at NCUH wrote to the relative of a deceased patient and sent the letter to the wrong address. - the relative put in a SAR request for notes ...	required n/a	
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IG SIRI level 1

IG SIRI level 1 incidents are those that involve small numbers of patients and / or information that is unlikely to identify individuals.

Cause 1	Count
Breach Of Confidentiality/Privacy Issue	78
Application Failure Or Network Failure	31
Pt Info-Inappropriate/Unauthorised Access/Release	16
Pt/Staff Loss Of Personal Information	16
Inappropriate/Insecure Transport Patient/Staff Info	16
Insecure/inappropriate Disposal Of Information	12
Information Given To Wrong Pt	8
Staff Info-Inappropriate/Unauthorised Access Release	6
Corruption/loss Of Data	6
Sharing Of User ID/Password For Network Or Application	3
Internet/Intranet Misuse	3
Failure Of Data Validation Programmes	2
Misuse / Abuse Of Post Or Email	1
Grand Total	198

The IG compliance programme against the Data Security and Protection Toolkit standards is closely monitored by the Joint IG Board that meets on a quarterly basis. The meeting is chaired by the Joint Director of Finance & Estates (our Senior Information Risk Owner). The Medical Director (Caldicott Guardian) for CPFT and NCUHT are regular attendees at this meeting, and along with representatives from the care groups, providing the much needed clinical input. In addition, the Head of IG chairs a monthly IG Performance Group with operational managers.

Some of our key successes in 2018-19 include:

General Data Protection Regulations came into force on 25 May 2019. To support compliance the Trust has:

- Developed awareness programme for all staff with Trust Board trained by NHS Digital with IG staff achieving Certification or GDPR Practitioner status
- New Individual Rights process developed

- Single Subject Access request process in place with plans to integrate further in 2019 – 2020
- Record of Processing activities mapping tool developed and in pilot stage
- Contractor documentation package developed for use by Procurement Team
- Single coding process of IG incidents in line with national guidance
- Single Data Protection Impact Assessment process in place
- Appointment of Data Protection Officer for both Trusts

Integration:

- Appointment of Senior Joint IG roles
- Joint Trust policies in place
- Alignment of staff under single management arrangements pending future re-structure in 2019 – 2020.

Data Security and Protection Toolkit:

- Successful completion of the inaugural year of Data Security and Protection Toolkit
- All mandatory requirements met with improvement plans in place for areas such as security due to NCUH infrastructure and procurement contracting process.
- Mandatory IG training –94.42%
- Independently audited by Audit One with all recommendations recommended being completed by the end of the financial year.

Information Rights

- With changes in GDPR the response rate to respond to subject access requests is now 30 days and FOI to be responded in 20 days the % of cases hitting this compliance level is detailed below.

	NCUH
%SAR responded in 30 days	83%
% FOI responded in 20 days	97%

- National target set by Information Commissioner is that 85% as a minimum of all requests are dealt on time.
- 4% increase in FOI cases received this year – complied within existing resources – requests with increased complexities.
- Future plans to align processes further in 2019 – 2020

General

- Whole IG Team trained at either Certificate or Practitioner level in GDPR.
- The strong IG performance framework we have in place means an evidence base of compliance and continual improvement.
- Head of IG chairs the Lancashire and Cumbria Group ensuring we are a key strategic partner in changing arena.
- Compliant IG policies and procedures that are being reviewed jointly.

Payment by Results

North Cumbria University Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2018/19. Payment by Results audits ceased and were superseded by the Cost Reference audits which incorporated a small hot spot review of coding, if an area of concern was found a PbR audit would be performed. These occur every three years; there was nothing of concern noted via the hot spot review therefore no audit was undertaken.

Being Open and Duty of Candour

We fully support the principles of being open with patients, their families and carers when they have suffered patient harm or have been involved in a patient safety incident.

What does Duty of Candour mean for patients?

Duty of Candour is applicable to any patient safety incident which has resulted in a moderate or above level of harm and is a legal obligation set out in the Care Quality Commission Regulation 20. In summary the Regulation sets out that there are specific stages of the Duty of Candour process which should be complied with:

- **Stage one** is the initial notification where a patient and or family member is informed in person that they have been involved in a patient safety incident.
- **Stage two** is written confirmation about what has happened and how this will be investigated, this includes a written apology.
- **Stage three** is the sharing of the outcome of the investigation. There are set timescales which apply to each of these stages. Breach of the regulation has the potential to result in either regulatory or legal sanction.

What is our Policy and Process?

A joint Being Open and Duty of Candour policy for both Trusts (CPFT and NCUH) has been in place since August 2018. This gives the reader/ member of staff an overview in terms of Just Culture within the organisation and also the statutory requirements under Health and Social Act for the Duty of Candour. The statutory requirements of the Duty of Candour relate only to incidents which meet the criteria for a patient safety incident and also are graded as moderate or above harm. Clearly in spirit of 'being open' there are many more examples of staff being open and honest with patients however this report relates specifically to the application of the Duty of Candour. Compliance against Duty of Candour is reported to the Safety and Quality Committee.

Freedom to Speak Up Guardian (FTSU)

Freedom to Speak up Guardians have a pivotal role in helping to raise the profile of speaking up and raising concerns in their own organisation, and provide a supportive, confidential advice and support service to staff. The FTSU process is to act as conduit to raise concerns in an appropriate forum and is not there to replace other mechanisms for staff to raise concerns, such as through their line manager, through incident reporting, and through the Raising a Concern (Whistleblowing) process.

Following the guidelines of the FTSU report, the FTSU Guardian role is independent of management and able to hold the Board to account. They are supported by the Board to create an open culture which is based on listening and learning and not blaming

We have a dedicated FTSU Guardian, and the role is supported by nominated FTSU Ambassadors.

Lessons continue to be learnt and feedback gathered from those who have used the FTSU Guardian service to raise concerns particularly about patient safety and behaviours.

To raise awareness of the role and to further support staff there is:

- Dedicated e mail address to contact the FTSU Guardian
- Permanent screensaver reminder of FTSU service
- Corporate presentation available for all staff to use with their teams
- Promotional leaflet
- New promotional posters to be placed around both organisations
- Appointment of ambassadors

Work continues to develop the open and transparent culture that is necessary to encourage staff to raise matters, and for speaking up to be business as usual. The resulting number of formal cases suggests that staff feel comfortable to raise matters and that informal resolution is achieved in most cases. It is important to remain focused on feedback from individuals who have raised, and relevant stakeholders within the process, to ensure the current policy captures the spirit of the Trust's values, and staff feel they can raise concerns or issues without fear of victimisation, blame or reprisal.

Anonymous surveys are conducted where people who have raised concerns can respond to a series of questions, including whether they were subjected to any detrimental behaviour following the concern being raised; whether they felt that by following the process there was a positive outcome; and also if they feel that they would feel confident to raise a concern through this route again.

Rota Gaps

We are currently implementing our People Plan for the developing IHCS for North Cumbria. Development of this strategic delivery plan over 2019 - 2025 will be undertaken through co-production by the whole system, with the first action plan for 2019/20 aligned with the current business planning cycle. This strongly links workforce with service and financial plans, focussed upon the merging Trusts and associated organisations.

We have taken care in the strategy to ensure that we are not simply trying to solve the problems of 2019 or 2020. Instead, the strategy identifies the objectives which need to be achieved to ensure that we have the optimum number of workforce, with the best mix of skills, for the issues that will exist in 2025. The objectives therefore must allow for flexibility in

how they will be implemented over the next five years. Engagement has taken place with Care Groups and System Leaders to ensure that transformational Business Cases are balanced with operational pressures affecting service delivery and patient flow, to develop a programme of workforce activity over the short and medium terms.

Our approach to managing bank, agency and locum spend has been nationally recognised as an exemplar leading to a reduction in our temporary workforce and significant cost improvements. This work is now being considered wider into Community and Primary Care, to provide alternative workforce models to support traditional roles and fill workforce gaps. A recent recruitment campaign has also resulted in the successful appointment of a number of International Clinical Fellows who will arrive in June 2019 to help fill our longstanding vacancies and support our existing medical workforce.

With increasing workloads and a workforce seeking flexible working patterns, we need to consider different skill mixes and roles for the workforce of the future in order to meet changes in the complexity of conditions and patient outcomes. Gaps in our workforce lead to over reliance on agency and bank staff, which places further pressure on permanent teams to provide continuity, safety and assurance and at increased cost.

In response to national skills shortages and the local rural/geographical challenges we face, transformation and redesign of our services will be critical to ensure we continue to deliver sustainable, high quality services for our patients with the resources we have. This will be supported by targeted attraction campaigns, an overhaul of our recruitment processes and effective on-boarding, which are all currently being developed.

PART 3: OTHER INFORMATION

Care Quality Commission (CQC) Registration and Inspections

The North Cumbria University Hospitals (NCUH) NHS Trust is required to register with the Care Quality Commission (CQC) as a provider of acute healthcare services in accordance with Section 10 of the Health and Social Care Act 2008. The CQC has not taken enforcement action against the Trust during 2018/19.

North Cumbria University Hospitals Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

CQC Inspections

Our last CQC inspection took place between July and October 2018, under the new inspection format, and the final report from the inspection was published in November 2018.

Five core service lines were inspected across the Trust sites during July and August:

- Urgent and Emergency Care
- Surgery
- Maternity
- Medical Care
- Children and Young People

In addition the Well Led domain was inspected in October, which was a trust wide inspection.

Four of the five Key Lines of Enquiry (KLOE) were rated as Requires Improvement, and overall the Trust maintained the rating of 'requires improvement.'

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↔ Nov 2018	Requires Improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires Improvement ↔ Nov 2018	Requires Improvement ↔ Nov 2018	Requires Improvement ↔ Nov 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

The overall ratings are an amalgamation of all the inspection ratings from 2018 report and from all the ratings from areas that were inspected at a previous time. The overall trust level ratings amalgamation also includes the new Use of Resources Assessment rating, which was 'Requires Improvement'.

A large number of improvements were noted from the last inspection in 2016, which was

reflected in the updated ratings for the core services, as below:

- Surgery – achieved ‘Good’ rating in the Responsive and Well Led domains. This meant an improvement in the overall service to a rating of ‘Good’.
- Maternity - achieved ‘Good’ rating in the Safe and Well Led domains. This meant an improvement in the overall service to a rating of ‘Good’.
- Children and Young People - achieved ‘Good’ rating in the safe domain. This meant the service maintained their overall ‘Good’ rating for this site.

However there were also areas where the rating provided had deteriorated from last inspection:

- Urgent and Emergency Care – the ratings in the following domains had reduced from ‘Good’ at last inspection to ‘Requires Improvement’. These were Safe, Effective and Responsive. This meant an overall rating of ‘Requires Improvement’ for the service.

In total there were 29 Must Do actions, and 51 Should Do actions from this inspection. The Must Do actions are referred to as requirement notices, and were formally responded to the CQC on the 20 December 2018. Some key areas of improvement required are around mandatory training; staffing; medicines management; environment; access and patient flow.

Care groups and support services have incorporated the actions into their wider Quality Improvement Plans (QIP). Ongoing monitoring of the progress against the Must and Should do actions is through the Joint Compliance Board, and through regular reporting to the Quality & Safety Committee and the Board.

The CQC have oversight of the action progress through the regular engagement meetings and reporting that were re-introduced in October 2018.

In addition to the QIP, there are a number of mechanisms in place for monitoring compliance with the CQC regulations and KLOEs as assurance of our CQC registration compliance:

- 15 Steps programme has continued across Inpatient and ED areas - During 2018/19 there have been 15 assessments carried out unannounced on wards and departments in both WCH and CIC. The assessment teams consist of clinical and non-clinical staff and representatives from the patient panel who are independent of the ward or department being assessed.
- Monthly self-assessment programme (changing to quarterly as of April 2019)
- Non-Executive Director/Governor Visits – these visits take place on a regular basis to services across the Trust and are facilitated by our Corporate Governance Team. Any issues raised from these visits are fed back to the care groups and formal reporting to the Quality & Safety Committee.
- Annual Care Group Clinical Governance Reports – these have been introduced in 2018/19 to provide assurance against the systems, processes and outcomes in relation to:
 - Governance structures
 - Listening and responding to patient experiences

- Patient Safety Incidents
- Risk management
- Staffing and staff management
- Education, training and continuing professional development
- Clinical audit
- Evidence based care and effectiveness
- Clinical Information
- Introduction of a joint Trust assurance process for CQC standards, which includes a relaunch of the 15 Steps process, across both Trusts, which was rolled out at end January 2019

CQC Local Area Systems Review

Commissioned by the Secretaries of State for Health and for Communities and Local Government the CQC were required to undertake a local system review in Cumbria. The local area was one of a number chosen across England that would feed into a wider national report. The main review in Cumbria took place from the 12 – 16 February 2018.

The final report following this review, which was looking at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old, and people with dementia, was received in May 2018 and includes the findings and recommendations for the local area.

A Quality Summit with the CQC and the Local Area took place on the 21st May 2018, and a completed action plan to address the recommendations was submitted. Findings and action progress is being monitored through the Cumbria Health and Wellbeing Board.

Delivering Our Quality Improvement Plan 2018/19 – Key Headlines

The Trust's Quality Improvement Plan for 2017/18 identified seventeen work streams, and these were carried over into 2018/19. Delivery against the plan is summarised in table in Appendix A. The sections below summarise the delivery of improvements during the year.

Improving the management of the deteriorating patient

Improving the management of the deteriorating patient has been a key safety and quality priority for the Trust during the last 3 years. Improvements in the Trust's mortality rate have been demonstrated, however the learning from serious incidents and also in depth audits against the national early warning scores (NEWS) indicate that there is still work to do in improving our compliance with and action taken when patients become ill and deteriorate.

This was a specific area for improvement in 2018/19 to ensure each ward has a targeted objective for improvement in relation to NEWS compliance and escalation of the deteriorating patient. NEWS e-learning training is now delivered three yearly; NEWS audit

shows good compliance with monitoring of patient with high NEWS; a deteriorating patient management training and improvement campaign was delivered across the whole Trust. The launch of NEWS2 in July 2018 will include re-run of ROARRRR (deteriorating patient improvement campaign).

Improve the recognition and initiation of treatment of sepsis

The quality of sepsis management remains a priority for the Trust. This year there has seen the appointment of two Sepsis nurses who have supported training and audit of the sepsis pathway; NEWS is being recorded on an electronic system (Real Time) with the aim of improving escalation of the deteriorating patient, this will be further strengthened by the rollout of NEWS2. A paediatric Sepsis screening tool has also been shared from the Great North Children's Hospital and has been implemented. Improvement in sepsis screening and the number of patients receiving antibiotics has improved over the year. We will be expanding this work in the coming year to improve Sepsis recognition and management throughout Cumbria's wider health economy in partnership with our colleagues in the community. The Sepsis nurses will monitor compliance with the protocol, identify areas for improvement and audit will continue during 2017/18.

Ongoing development of the mortality and morbidity framework

Our Mortality and Morbidity Framework has been updated in response to the National Guidance on Learning from Deaths and is reviewed annually and/or updated as required in line with national guidance. Our SHMI has improved since 2012 and remains consistently within 'expected limits'. Approximately 80% of inpatient deaths are reviewed monthly and further in depth review is undertaken when necessary. The mortality review tool has also been updated is regularly reviewed and amended, training has been provided on the Royal College of Physicians Structured Judgement Review tool.

We receive quarterly reports from NEQOS that are reviewed at the mortality surveillance group and if deaths are higher than expected for a specific diagnostic group a more detailed review is undertaken.

Healthcare for the Future- update of the clinical strategy

The challenges for health and social care in north Cumbria have been deep-rooted, long-standing and spread across the whole system as opposed to individual organisations. The main health provider Trusts, NCUH and CPFT, along with the local commissioner (NCCCG) have faced multiple challenges in relation to quality, performance and financial sustainability. In addition to this the ability to recruit to key positions whilst facing the rising demand for services has required partners to think about working together in different ways.

In 2016 we held our 'Healthcare for the Future' public consultation about some of the services where there were concerns about the sustainability of services, and this has given us clear priorities, which we have continued to focus on and deliver across our local communities. Ensuring accessible, safe, high quality secondary care services will continue to

form a key part of our strategic plans moving forwards, including how we develop district general hospital services and links to specialist centres for treatment.

In May 2018 the North Cumbria Health & Care system was recognised as one of fourteen national exemplar areas as an 'Integrated Care Systems' (ICS). This has allowed the health organisations to work even closer together on the longer term needs and delivery of services, which will be a core feature in our refreshed strategy for health and care in north Cumbria.

We have already realigned our staff to work in Integrated Care Communities (ICCs) where more care is being delivered closer to home and teams across primary, community, social care and third sector are working in much more joined up ways to meet the needs of our local communities. We are continuing with the:

- Reconfiguration of Maternity Services
- Reconfiguration Children's Services
- Provision of a HASU
- Continued provision of A&E and acute medicine on both DGH sites
- Increasing surgical services at WCH
- Reconfiguring Community Hospital capacity
- Integrating primary care, community and social care services through eight new place based teams – Integrated Care Communities (ICCs).
- A range of pathway improvements / service reconfigurations which will ensure more care is delivered in the community, achieving a reduction in reliance upon inpatient and outpatient acute care.

We are working more closely than ever before with our colleagues in Public Health and the Local Authority to focus on reducing health inequalities across our communities as well as recognising the crucial importance adult and children's care services have in improving outcomes for the communities we serve. In 2019 a new Health and Wellbeing Strategy for Cumbria will be published which will sit at the heart of our plans to improve health outcomes across north Cumbria.

A clear vision, ambition and purpose have been developed for the Integrated Health and Care System (IHCS) in north Cumbria:

Our Vision: We want to build a new IHCS together, using our collective capabilities for a healthier and happier population.

Our Purpose: Using our collective will and capabilities we will work together in truly integrated ways with our people to reduce inequalities, raise standards of care, use our resources wisely and provide positive experiences for our local communities.

We have set out what our IHCS means for our patients, staff and communities which will form part of the engagement we undertake during Quarter 1 2019/20 in developing our

longer term strategy.

Sustainability & Transformation Plan (STP)

In December 2015, the NHS asked every health and care system in England to produce a Sustainability and Transformation Plan (STP), showing how local services will evolve to deliver better patient care and improved NHS efficiencies. West, North & East (WNE) Cumbria is our STP 'footprint', now styled as an Integrated Health and Care System (IHCS); it is led by Stephen Eames, Chief Executive of NCUH and CPFT.

In developing our IHCS Transformation Programme, the CCG, both provider Trusts and County Council have come together to set out a vision and plans for the people of WNE Cumbria; to enjoy improved health and wellbeing, underpinned by health and care services that are safe, sustainable and effective. In doing this we have set out how we will most effectively use the resources available over the next five years to reduce our financial challenge. We know that this will require significant transformation of services and much closer relationships between all parts of our health & care system and our local communities. We now have a System Leadership Board which drives our integrated agenda, a system wide transformation plan already underway (supported by a system PMO) and a single system financial control total, with associated risk share agreement between all NHS organisations, which in practical terms means we manage real costs rather than a PBR based funding model.

We have taken the opportunity to go further and deeper in our analysis and understanding of the key gaps we need to address in health and wellbeing, based on work undertaken by the WNE Cumbria Success Regime, the outcomes of a public consultation on key service reconfigurations, and a strategy of co-production in respect of all our planning processes. Our success requires strong partnerships with the people of WNE Cumbria as we seek to empower and share responsibility for health and wellbeing with individuals, communities and local services. We plan to enable our local population to be as independent, with as much choice and control as possible, in respect of their health and wellbeing.

The IHCS Transformation Programme has been developed to address three key priorities; Population Health & Wellbeing, Service Quality and Sustainability. Key components of the Transformation Programme are as follows:

- Reconfiguration of Maternity Services
- Reconfiguration Children's Services
- Provision of a HASU
- Continued provision of A&E and acute medicine on both DGH sites
- Increasing surgical services at WCH
- Reconfiguring Community Hospital capacity
- Integrating primary care, community and social care services through eight new place based teams – ICCs (Integrated Care Communities).
- A range of pathway improvements / service reconfigurations which will ensure more

care is delivered in the community, achieving a reduction in reliance upon inpatient care.

Nursing, Midwifery & Allied Health Professionals Strategy

In 2018/19 NCUH and CPFT nursing and midwifery and allied health professional (AHP) teams have worked collaboratively in order to improve patient care through evidence based practice and shared learning. The senior nursing and AHP team hold positions which span both Trusts, supporting the system wide approach to care. A combined Nursing and Midwifery board has been established and a work plan developed. A refresh of the Nursing and Midwifery strategy has begun with engagement of frontline staff scheduled for Quarter 2 in 2019/20.

Patient experience and involvement

The Head of Nursing for Patient Experience continues the progression of work in a number of areas including:

- Dementia care – dementia champions in place across the Trust
- Triangulated reports for ward areas every quarter (pulling together all the patient experience feedback and identifying actions to share the feedback and make changes where required) in place, managed and monitored by Head of Nursing for patient experience
- Ongoing engagement with service users

Keeping patients safe

- The program to reduce falls over 2017/18 was introduced starting with the Trust being part of the National Falls Collaborative In 2017 the trust set an improvement target of 25% reduction in all inpatient falls from Initial baseline data for 2016/17. During 2017/18 a reduction of 19% was achieved. To date in 2018/19 a reduction of 21% has been reached from baseline.
- A target of a 50% reduction in hospital acquired pressure ulcers in 2017/18 compared to 2015/16 baseline data was achieved by March 2018. For 2018/19 the aim was to sustain the minimum 50% reduction. To date in 2018/19 this has been exceeded with a reduction of 73.86% in Q1, 66.73% Q2 and 78.61% Q3 (to date). The zero tolerance aspiration targets of grade 4 hospital acquired pressure ulcers were set in April 2017. There has been 1 grade 4 pressure ulcer in 2018/19 to date.

Create a great workforce

- Developing a better bank system that is managed, more reliable and more responsive.
- Undergo an extensive recruitment campaign working collaboratively with our partners to reduce the costs. Recruiting from Jobs fairs, abroad, NHS employers, University careers fairs within a 150 mile radius to the Trust, and having open days for the Trust and show casing the two sites to generate interest in working within the Trust, alongside the ongoing day to day recruitment from the ward areas.

- Offer a relocation package to encourage staff to relocate and make that transition from different regions easier this is an ongoing program to build pastoral care into this
- Promote Nursing as a career at a young age by attending secondary school events and career fairs.
- Working with the head of Nursing Education to support newly qualified students in the Trust with a preceptorship package over a 12 month period, this is ongoing.
- Promote the Trust via the use of social media in different formats to highlight the great work under taken by the Trust and so promote the Trusts profile making it a more desirable place to work.
- Development of a People Plan by the Workforce and OD team, with a focus on new roles and different ways of working.

Implementation of NHS Constitutional Standards

During the year the Trust made significant improvement in delivery of cancer standards across the Trust as well as achieving 99% of patients undergoing diagnostic tests within 6 weeks. Performance improvement plans and set trajectories are in place for 2019/20 to support the delivery of the A&E standards, 18 week referral to treatment target and also reducing patient cancellations. During the year the Trust has also focussed on improving patient discharge both within the Trust and also across the health and social care system which will remain a priority for 2019/20 with our partners.

Seven day hospital services

The Seven Day Services (7DS) is a set of 10 clinical standards that were developed by NHS England/Improvement to ensure that patients admitted as an emergency to hospital receive high quality consistent care, whatever day they are admitted. ([Full standards can be viewed by clicking here](#)).

Four of the 10 clinical standards were identified by NHSI and the Academy of Medical Royal Colleges as priorities on the basis of their potential to positively affect patient outcomes. These are:

Clinical Standard 2 – Time to first consultant review

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

Clinical Standard 5 – Access to Consultant Directed Diagnostics

Hospital inpatients must have scheduled seven day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients

- Within 24 hours for non-urgent patients

Clinical Standard 6 – Consultant Directed Interventions

Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols. These interventions would typically be:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency general surgery
- Emergency renal replacement therapy
- Urgent radiotherapy
- Stroke thrombolysis
- Percutaneous Coronary Intervention
- Cardiac pacing (either temporary via internal wire or permanent)

Clinical Standard 8 – Ongoing Review

All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

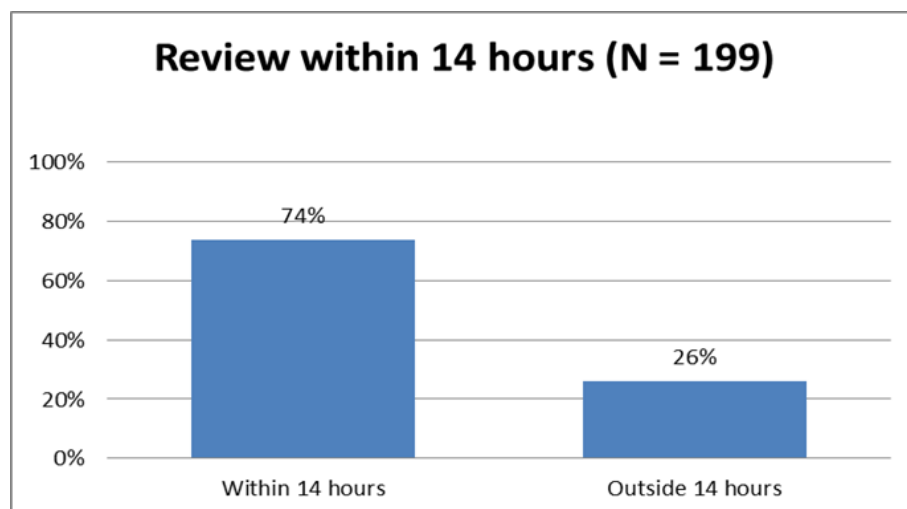
During 2017/18 the Seven Day Standards Audit (7DS) was commissioned as a national audit from NHS England and was listed on the Health Care Quality & Improvement (HQIP) Quality Account list for the year, therefore it was considered mandatory for applicable Trusts to participate.

The aims of the audit were to assess compliance against national standards and to provide evidence of our progress towards meeting these standards. The audit ran from 11 April 2018 until 9 May 2018. We had to select a 7 day period during this time in which to collect data; 11 – 17 April was selected as the data collection period.

A process was participation was developed by the Clinical Audit Team and a total of 199 (143 for CIC and 56 for WCH) case notes were reviewed with the data being entered directly into a web-based self-assessment audit tool developed by NSHI. The sample size was automatically calculated based on the number of admissions to the Trust.

The results of this audit were as follows:

Standard 2 – Time to first consultant review



74% (147/199) of patients were reviewed by a consultant within 14 hours. This is a slight increase from the previous year where the compliance rate was 70% however the standard of 90% compliance was not met.

Standard 5 – Access to consultant directed diagnostics

The table below illustrates the responses provided for Standard 5 which demonstrates that the standard was not met as MRI testing is not available at the weekends.

Diagnostic Test	Is diagnostic testing and reporting always or usually available on weekdays?	Is diagnostic testing and reporting always or usually available at weekends?
CT	Yes - test is available on site by formal arrangements	Yes - test is available on site by formal arrangements
Microbiology	Yes - test is available on site by formal arrangements	Yes - test is available on site by formal arrangements
Echocardiograph	Yes - test is available on site by formal arrangements	Yes - test is available on site by formal arrangements
Upper GI Endoscopy	Yes - test is available on site by formal arrangements	Yes - test is available on site by formal arrangements
MRI	Yes - test is available on site by formal arrangements	No - the test is only available on or off site via formal arrangement
Ultrasound	Yes - test is available on site by formal arrangements	Yes - test is available on site by formal arrangements

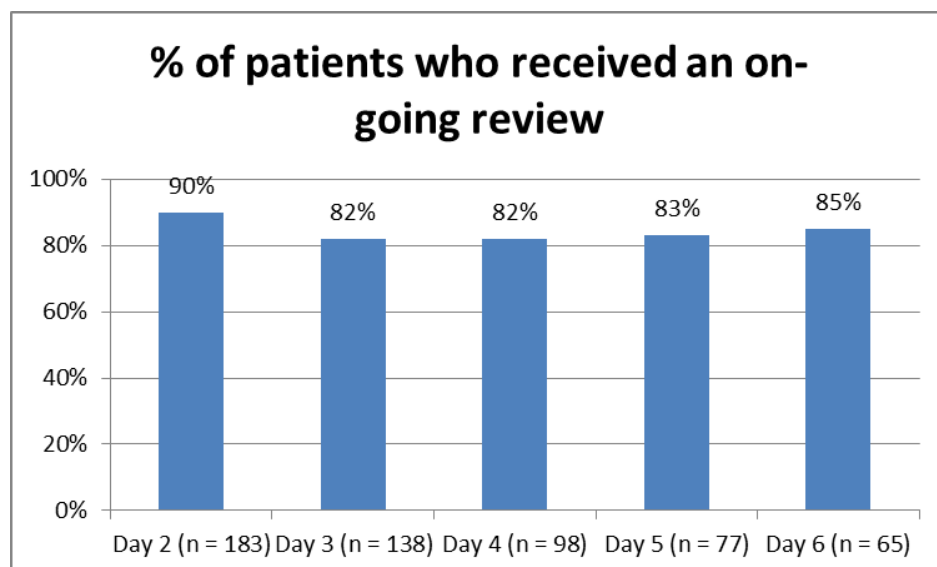
Standard 6 – Consultant Directed Interventions

The table below illustrates the responses to this standard which demonstrates that the standard was met:

	Weekday	Weekend
Critical Care	Yes - On Site	Yes - On Site
Primary Percutaneous Coronary Intervention	Yes - On Site	Yes - On Site
Cardiac Pacing	Yes - On Site	Yes - On Site
Thrombolysis for Stroke	Yes - On Site	Yes - On Site
Emergency General Surgery	Yes - On Site	Yes - On Site
Interventional Endoscopy	Yes - On Site	Yes - On Site
Interventional Radiology	Mix of on and off site (all by formal arrangement)	Mix of on and off site (all by formal arrangement)
Renal Replacement	Yes - On Site	Yes - On Site
Urgent Radiotherapy	Mix of on and off site (all by formal arrangement)	Mix of on and off site (all by formal arrangement)

Standard 8 – Ongoing Review

The table below illustrates the percentage of patients who received an on-going review when required on each day of admission. The compliance standard of 90% was only met on Day 2:



Following on from the audit during 2017/18 NHS Improvement have developed a new way of measuring Seven Day Standards (7DS) for all trusts which has now been introduced and replaces the previous survey with a self-assessment framework.

This will consist of a standard measurement and reporting template, with self-assessment

against the existing four priority 7DS clinical standards (standards 2, 5, 6 & 8), supported by local evidence. The self-assessment will then be formally assured by the Board. We completed a trial run in February 2019 which included the completion of self-assessment template by using the data obtained from the audit completed during 2018. All trusts are expected to complete a self-assessment and submit it twice a year to NHS England/Improvement with the first submission due by 28 June 2019. Plans for effective participation are currently being developed within the Trust.

Estates, equipment and facilities are fit for purpose

During 2017/18 significant progress has been made with works at WCH to enable demolition of three of the blocks of the old WCH. Several services have already been relocated to newly fitted-out facilities and others are planned over the next few months. Further infrastructure works are planned prior to demolition of the old blocks in 2019. In addition works have been completed to extend Renal Dialysis services and to upgrade fire safety systems for all inpatient areas.

At CIC, notable progress has been made with fire safety improvements; the installation of a sprinkler system has progressed well through lower ground and ground floors and is now moving into the first floor, and a new fire alarm has also been installed. These measures have contributed to being able to scale back interim monitoring across the site. Car parking at CIC has settled down with the site evidently free from congestion or incident and ordinarily staff and patients are now able to park as required.

Our facilities are benefitting from system planning across the STP footprint which has secured about £68m of investment from the NHS national wave 1 of funding. This is earmarked to support development of a new Cancer Centre at CIC and to continue with the redevelopment of WCH. Business cases are being developed through the internal and external governance processes required to support these fundamentally important schemes. In the interim significant progress has been made to stabilise the Cancer services at CIC including the relocation of chemotherapy into Reiver House and the having the new linear accelerator up and running.

Planning for the future development of services on both sites continues and the Trust has developed further proposals for investment in the facilities at both WCH and CIC and is hopeful some of the c.£100M + will be allocated funding from the national wave 4 funding. These include the potential development of Education, Research, Training and Accommodation facilities at WCH, and potential expansion at CIC to e.g. better support the busy Emergency Department.

Embed new system for clinical effectiveness

A Clinical Audit Plan (CAP) for was approved by the Clinical Divisions and the Quality & Safety Committee. The CAP incorporates National Audits as identified by HQIP and a number of audits against NICE guidance. Improvements have been made in identifying

NICE guidance that is applicable to the Trust. Clinical audit and effectiveness will remain a priority for the Trust in 2019/20.

Implementation of the End of life Care Strategy

Our vision in Cumbria for end of life care is that “ all people who die in Cumbria are treated with dignity, respect and compassion at the end of their lives and that regardless of age, gender, disease or care setting they will have access to integrated person- centred, needs based services”.

Our bereavement service has been in operation for 18 months and a review of this service reflects how valued it is by families, staff and external partners including the Coroner service and registrar. The team of 2 registered nurses plus 2 bereavement support staff cover both acute hospital sites. Achievements from this service include:

- 1287 hospital deaths (2018/19) of these 50% bereaved families were supported directly by the team
- Collaborative working with the specialist palliative care team, bereavement midwife and children's service to ensure staff and families are supported in a coordinated way
- Staff feedback reflects direct referrals means they can focus on End of Life Care
- The coroner's office have a single point of contact saving time, improved efficiency and impact on the experience for the family
- Time saving and emotional support for families as the quality of the detail on certification has improved reducing potential delays of funeral arrangements
- Education & training programme delivered on all aspects of end of life care

To reflect the changing context of our health providers the priorities of the 5 year system strategy for End of Life Care for Adults in Cumbria 2016-2021 have been refreshed. This is against the context of national and local policy changes and the recent National Audit of Care at End of Life, February 2019 which related to the 5 priorities of care set in One Chance To Get It Right and NICE Quality Standard 144 which addresses last days of life, within the context of NICE Quality Standard 13, which addresses last year of life. Key to quality of experience is agreement to standardise to the 'Deciding Right Do Not Resuscitate' document Version 17 which will provide equity across Acute/Primary and Community Services in north Cumbria aligning us to regional practice. The refreshed objectives are outlined as 6 priority work streams of improvement activity that will build on foundations in place while integrate partners.

These include:




- Data & Information
- Personalised care planning
- Patient/Carer and Staff End of Life Improvement
- Education & Training
- Children & Young People
- Medicines Management

The introduction of the Medical Examiner role by 2020 is also a key priority for us this year.

Enhance the patient experience

We are committed to improving the experience for patients and carers who access our services. It is well recognised that quality should be at the heart of everything we do within our health and care services. In order to understand what matters most to patients we need to create opportunities and a climate for patient /carer engagement and feedback stories which will shape our quality priorities.

Currently feedback is gathered from different sources with the national FFT and real time data from patient interviews informing our metrics and measures. FFT data shows a decline of 1.5% for In-patients, 4.1% A&E and an increase for maternity services of 2.3% on the same period 2018. This reflects a national trend and we remain in the top 20 Trusts in relation to FFT.

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend
FFT Inpatients % positive (NCUH)	Mar-19	95%	● 97.4%	● 96.5%	● 96%	
FFT A&E % positive (NCUH)	Mar-19	87.5%	● 80.4%	● 80.4%	● 86%	
FFT Maternity % positive (NCUH)	Mar-19	95%	● 99.2%	● 99.2%	● 97%	

National Patient Experience Data

We take part in the annual national survey's supported by the Independent body Patient Perspective. The survey design is based on the national CQC patient survey programme along with locally important questions such as recommending the Trust to friends and relatives. This survey allows patients to feedback on their experience once they have left the service. The summary reports indicate we well inside the top 20% nationally when compared to other Trusts for service areas of A & E and Inpatients whilst Outpatients being above the top 20% threshold indicator of 85.4%.

Real Time Patient Feedback

A patient experience team visit the 33 ward areas to talk about their experience and what matters to them. This data is captured on a system that is relayed back to the ward manager with positive areas identified and suggested areas for improvement. The wards should use this feedback to inform improvements conveyed to patients/carers through their visual 'you said, we did' boards. In a 6 month period the team of 3.4 WTE have spoken to 1,439 patients.

This data has informed a number of organisational improvements including:

- The recommissioning of EIDO clinical patient information library with easy read modules
- The development of a SOP and governance process for clinicians designing patient information not contained with the EIDO library

- Patient experience improvement meetings with all clinical matrons to coach on how they can embed patient feedback into the quality agenda of their units
- A benchmark of the chaplaincy service against the NHS chaplaincy guidelines (2015)
- Maternity Services using the data to support the roll out of the maternity electronic record which enables women to carry their antenatal records electronically and access via an APP.
- A review of cleanliness audits as part of the PLACE assessments, aligning with monthly 15 step quality reviews
- To inform a 'No Place Like Home Campaign' which aims to empower patients/carers to be active participants in their care journey

Whilst a good foundation has been put in place to gain patient feedback within the Trust, the opportunity to strengthen and broaden approaches as the Trust's merge will allow for more qualitative experiential stories to be heard which will ensure our patient's voice is heard from Board to ward. One of the team objectives for the coming year is to benchmark against the NHSI's Patient Experience Framework which will inform the design of a patient experience plan as part of our Quality Strategy.

Enhance staff experience in line with Organisational Development Strategy

Staff engagement:

A core objective of the Trust is to embed the right culture and make the organisation a great place to work. Staff engagement is essential because we know that when staff are happy and fully engaged they provide the best possible care for our patients. 'This is Us' is the Trust's approach to staff engagement. Staff have the opportunity to meet with the CEO each quarter, in a variety of locations, to hear about the Trust's plans, raise any concerns and ask questions. The annual business plan and priorities are shared at the start of the financial year and cascaded to individuals through 'This is me', values based appraisal. Staff are also kept informed through a weekly CEO Blog, a newly developed staff intranet portal, email and 'Trust Talk' printed magazine.

NHS Staff Survey

The NHS Staff Survey is the largest survey of staff opinion in the UK; it is carried out annually to gather the views on staff experience at work in ten key indicators. The survey is administered electronically and completely anonymous. Indicators are measured on a scale of 10 and the Trust is benchmarked against the average score of other similar trusts.

The response rate for the 2018 NHS staff survey for NCUH was 43%, which was lower than the national average of 44% for Acute Trusts. Our scores for each indicator, together with comparison against the average for Acute Trusts, are presented in the table below.

	2018/19		2017/18		2016/17	
	Trust	Average	Trust	Average	Trust	Average
Equality, diversity and inclusion	9.1	9.1	9.2	9.1	9.2	9.2
Health and wellbeing	5.6	5.9	5.8	6.0	5.7	6.1
Immediate managers	6.2	6.7	6.3	6.7	6.2	6.7
Morale*	5.7	6.1	x	X	x	x
Quality of appraisals	4.8	5.4	4.8	5.3	4.6	5.3
Quality of care	7.1	7.4	7.2	7.5	7.2	7.6
Safe environment – bullying and harassment	7.8	7.9	8.0	8.0	7.9	8.0
Safe environment – violence	9.4	9.4	9.3	9.4	9.3	9.4
Safety culture	6.1	6.6	6.2	6.6	6.0	6.6
Staff engagement	6.5	7.0	6.6	7.0	6.5	7.0

*There is no comparable data for 2017/18 and 2016/17 for the Morale indicator, as this was a new indicator for the 2018/19 survey.

The results from the Staff Survey show that staff engagement is below average when compared to other similar trusts (6.5); as is staff recommendation of the Trust as a place to receive care and as a place to work. The results are similar to 2017 when staff engagement was reported as 6.6.

Indicator	2017/18	2018/19
Staff recommendation of the Trust as a place to receive treatment	54.5%	53.1%
Staff recommendation as a place to work	45.3%	45.4%

Indicators for safe environment from violence, and equality, diversity and inclusion are average when compared to similar Trust's. The results suggest that staff do not feel discriminated against or experience violence from colleagues and managers and that they are satisfied with their level of pay.

The Trust benchmarks below average in the health and wellbeing, immediate management, quality of care, safety culture, morale and staff engagement, quality of appraisal and safe environment from bullying and harassment indicators. The results suggest that staff morale is low and some staff do not feel safe to speak up. Staff do not feel that the organisation takes a positive action on staff health and wellbeing. We achieved the bronze Health and Wellbeing at Work award which recognises the achievements of managers and health advocates in promoting health and supporting staff wellbeing. All staff have access to an employee assist programme as well as mindfulness and resilience training. Health advocates have delivered a twelve month campaign of health promotional activities based on

the results of a staff health needs assessment, including awareness of enhancing sleep and reducing alcohol consumption. In 2018 a local pulse survey was introduced to measure staff engagement on a regular basis. The pulse survey identifies how staff feel and the extent they demonstrate engagement behaviours. The survey shows that recognition and influence are the lowest enablers of engagement and, whilst discretionary effort is high, levels of energy are low.

Future Priorities and Targets

The results of the NHS Staff survey are reviewed in light of feedback from pulse surveys and exit interviews and themes from issues raised with the Freedom to Speak Up Guardians. These themes inform our organisational development plan and initiatives.

In 2019/20 we will continue to support staff health and wellbeing and continue to work towards achieving the silver Health and Wellbeing at work award. Our other priorities include:

- Enhancing opportunities for more flexible working

Historic survey results show that opportunities for flexible working are not improving and are below average when compared to other similar Trusts. An Engaging for Improvement project will see HR and staff working together to explore options for flexible working and better work life balance.

Opportunities for flexible working – NHS staff survey 2018				
	2015	2016	2017	2018
NCUH	50.5%	45.1%	44.6%	44.9%
Average	48.7%	50.1%	50.4%	51.9%

- Improve relationships and positive behaviours at work

Staff have been involved in the development of a new set of organisational values. These values and a supporting behaviours framework will be launched in April 2019 and will form the basis of a new appraisal process.

Personal experience of harassment, bullying or abuse at work from managers - NHS staff survey 2018				
	2015	2016	2017	2018
NCUH	16.6%	16.3%	17.3%	18.5%
Average	13.6%	12.9%	13.2%	13.7%

- Maintain a focus on communication

This will be particularly important through 2019-20 as we progress towards a merged Trust with CPFT. We will build on the 'This is Us' engagement programme and development of the staff intranet portal.

Staff feedback will continue to be monitored through quarterly pulse checks and progress reported to the Quality & Safety Committee, a committee of the Board.

Sharing learning from errors and our experience

Incidents

The National Reporting and Learning Service (NRLS) recognise those Trust's that report more incidents, generally have better safety cultures. During 2018/19 there were 7052 Patient Safety Incidents reported by staff across the Trust through the electronic incident management system Ulysses, compared with 6639 in 2017/18. Once reported each incident is investigated and remedial action taken as necessary, and any learning identified is shared.

Our Reporting Rate for April to September 2018 was 36.9, compared to the National Median of 42.4. Our rate has improved from 35.12 in the previous 6 months, but due to the rise in the National Median is now in the lowest quarter of trusts (previously in the 2nd lowest). This is partly due to some positives, e.g. fewer pressure ulcer incidents, but also proportionally fewer incidents are being reported in general. We are working collaboratively with CPFT to deliver further education and training on the system and the importance of reporting to improve training and staff engagement.

The percentage of Severe / Death incidents is 0.55% for the latest reporting period, an improvement of 0.49% on the previous six months. The national average has stayed the same at 0.37%.

The top three types of incident, and related issues, reported during 2018/19 are shown below:

Slips, Trips & Falls	1443	Falls Prevention Practitioner in post
Treatment and Patient Care	1232	Delay in Care / Treatment being most common
Medication Error/Problems	609	Medication not given being the most frequent

Staff receive feedback on all incidents reported electronically via the Ulysses system. All moderate and above incidents are reviewed weekly by the governance divisional leads, and are scrutinised through our Patient Safety Panel.

The Risk Management team and Governance Facilitators continue to work with our staff to emphasise and publicise the importance of reporting incidents.

Serious Incidents

Serious incidents (SI's) which occur within the Trust are reported to the Commissioners. After reporting the incidents a root cause analysis (RCA) is undertaken for each incident. An investigation report, including an action plan, is produced following the RCA investigation. This report is reviewed by our Divisional Safety and Quality Meeting, and then reviewed at the Patient Safety Panel, chaired by the Medical Director.

Once approved the report is submitted to the Commissioners. Actions arising for the

investigation continue to be monitored within the Care Groups and by the Patient Safety Panel until they are completed.

In 2018/19 the Trust declared 72 serious incidents, including two Never Events. Progress has continued during the year with provision of external training for staff on how to conduct root cause analysis. The top causes for declared SIs are below:

Treatment Delay	9
Diagnosis Delay	4
Breach of Confidentiality	3
Failure To Follow Up Missed Appointment	3

Saline Investigations

The Trust has been continuing to work closely with Cumbria Constabulary since January 2017 when a small number of saline bags appeared to have been tampered with at the Cumberland Infirmary. There was no patient harm or adverse effects related to this incident. This investigation has now concluded.

Never Events

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. During the year 2018/19, two never events occurred within the Trust, one relating to a retained fragment of surgical instrument, and one insulin related incident and the use of an incorrect dosage.

The incidents were investigated as a serious untoward incident with an action plan developed to address the investigation recommendations, the implementation of these actions were monitored by the Board until completion.

Regulation 28

The Trust was issued with a Regulation 28 notice in January 2018 following the death of an inpatient in November 2016. The action required by the Trust was identified as:

To ensure that all relevant staff are provided with training in 'simulation suites' or other facilities to drill, refresh and enhance their skills to enable them to deal clearly and logically in crisis situations.

Action taken in 2018/19:

A patient safety summit was held during the summer 2018, which was attended by staff from across the Trust. Various speakers attended the event to discuss patient safety and learning. The trust has also undergone a review of the Human Factors training, with the aim to build further on this during 2019/20.

Complaints

The Trust received 312 new complaints during the 2018 /19 financial year; in comparison to

256 in 2017/18. Out of the total number of complaints received 46 (14.74%) were returned for further investigation. This represents a slight reduction on 2017/18. Complaints are reviewed on receipt and initially assessed to ensure the correct and most appropriate level and route of investigation is applied, at this stage all complaints are given an initial risk grading.

Focus continues on early identification of those complaints which may require a full clinical investigative process whilst also ensuring the complainant /patient is made fully aware of any findings. Following review 25 complaints (8%) were transferred for an in-depth clinical investigative review. Both the clinical and complaints investigation processes include capturing learning identified on an action plan. This may include changes in process or practice; the action plans are monitored and reviewed within the Care Groups.

The Trust's robust quality assurance process for reviewing the standard of complaint responses prior to signature has continued with the Chief Executive, nominated deputy, or senior executive review of complaints responses prior to sign off. Where appropriate, meetings continue to be offered at either an early stage of the investigation or post response. Face to face meetings work particularly well for those complaints which have a greater degree of complexity.

The Trust's standardised timeframe to respond to 95% of complaints investigated under due process in 30 working days set in during 2016/17 has continued. 100% compliance has been achieved through the 2018/19 reporting period.

The complaints teams at both NCUH and CPFT are working collaboratively to review their current processes to enable alignment to a single process across both Trusts.

A total of three investigation notifications were received from the Parliamentary and Health Service Ombudsman during the 2018/19 period. Two have received outcomes; one was partially upheld, one upheld and the third outcome is still awaited at the time of reporting

Appendix A - Quality Improvement Plan 2018/19 – Delivery Summary

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
MONITORING & REPORTING RESPONSIBILITIES: CLINICAL EXECUTIVE GROUP / SAFETY & QUALITY COMMITTEE / TRUST BOARD			
1.1 Embedding quality, safety and service improvement across the Trust	1.1.1 50% reduction in pressure ulcers from 2015/16 baseline	F	Quarterly reductions compared to 2015/16: Q1 70.3%↓ Q2 60%↓ Q3 79.4%↓ Q4 82.3%↓ Overall reduction of 74.3% (total 130 ulcers) Improvement sustained and further reduction noted from 2017/18.
	1.1.2 Zero tolerance to grade 4 hospital acquired pressure sores	P	Whilst the target of 0 grade 4 pressure ulcers has not been achieved, there has been year on year improvement: 2016/17 = 7 grade 4 2017/18 = 2 grade 4 2018/19 = 1 grade 4
	1.1.3 25% reduction in patient falls from 2016/17 baseline	P	Preliminary data (including Jan & Feb) is showing an overall 21.7% total reduction. This is an improvement on 2017/18 which was 19%. Although the target of 25% has not been reached, improvements continue. It should be noted that some improvements initiatives have not yet taken place i.e. ward 4 trial of open visiting.
	1.1.4 Reduction in urinary catheters by 25%	F	% of patients with catheters continues below national average consistently since September 2018.

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
	1.1.5 Reduction in medication errors causing harm by 25% from 2016/17 baseline	F	Targeted improvement on omitted medicines end of year target = 12%, 2018/19 Q4 updates: Medication Safety Thermometer is showing: Proportion of patients with an omission of a critical medicine: Jan 2019 - 6.2% (national 6.9%) Feb 2019 - 8.5% (national 6.1%) Mar 2019 -10.9% (national 6.5%)
	1.1.6 Deliver medicines management training in line with the Trust target	P	There are currently 2 medicines management e-learning modules and the overall Trust level of completion as at 31/03/2019 is as follows: Medicines Management = 85% Calculating Drug Doses = 81% Safe Use of Insulin e-learning programme was introduced August 2018 and as at end of March 2019 the overall Trust completion rate is already at 44%.
	1.1.7 Reduction in mortality Hogan 5 cases from 2016/17 total of 5	F	
	1.1.8 Reduction in failure to respond to escalating NEWS score from agreed baseline across all wards	P	Latest audit shows poor written evidence of escalation although patients in the audit do improve which implies that actions were taken but not documented. New documentation designed by CCO has been piloted on Ward 2 and Beech C. The NEWS group have approved rollout of the new documentation across the Trust.
	1.1.9 Reduction in incorrect NEWS calculations from agreed baseline across all wards	F	All wards are showing 100% for NEWS2 calculation on the NEWS2 audit.

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
	1.1.12 Deliver our regulation 28 Nasogastric Tube Improvement plan	F	
	1.1.13 Improve fluid balance and food chart compliance	P	Guidance on completion of fluid balance charts and reducing the number of patients on a chart was given to Larch D. Before and after audits show an improvement in the quality of completion. Discussion is now taking place with CCO on how we can replicate effectively providing this support and guidance across all ward areas.
	1.1.14 Set a baseline for sepsis management and agree trajectory for improvement Sepsis plan in place via CQUIN. The targets are to achieve 90% of patients screened and 90% of patients treated within an hour in both inpatients and emergency departments.	F	Sepsis screening has improved significantly during 2018/19 against the 90% targets. As at end of Q4 targets have been met: Emergency Screening –average 92% Emergency Treatment – average 89% Inpatient Screening –average 98% Inpatient Treatment - 100%
	1.2.4 Systematic roll out of human factors	P	As at March 2019: 65 people attended to date, 12 one day programmes of basic awareness planned for 2019-20- a total of 240 training places available for staff.

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
	1.2.5 Undertake a trust wide culture audit	P	Results of the 2018 national NHS staff survey show that 8/10 key themes are below national average rates when compared to similar trusts. Presentation of full survey to directorate governance meetings planned in March / April 2019.
1.3 As a minimum, delivering a good rating against CQC standard	1.3.1 Develop divisional governance systems	P	Governance structures in the Care Groups have occurred and there are now AMDs for governance in both Care Groups Medicine and Surgery. There are governance leads supporting the AMD and Governance meetings.
	1.3.2 Deliver the Quality Improvement Plan	P	The outstanding actions from the 2018/19 QIP were closed at the end of Q4 to be considered as part of the 2018/19 updated priority plan which will be a joint plan with CPFT. Until the combined plan is finalised, the outstanding actions will continue to be monitored via this plan and presented to the Quality & Safety Committee.
	1.3.3 Deliver the 'must' and 'should' CQC requirements	P	Following CQC inspection in July / August 2018, the final report was received in November and Care Groups are in progress of developing and progressing actions against the Must & Should Do items. These are being incorporated into Care Group Quality Improvement Plans (QIPs) which are being progressed within the Care Groups and monitored at Exec team QIP meetings with exceptions being received at the Compliance Board on a monthly basis.

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
2.1 Deliver national standards in emergency care and reduce delayed transfers of care	2.1.2 Roll out and embed SAFER across all wards.	P	SAFER has been replaced by the "No Place Like Home" concept. This focuses on patient and carer empowerment through information availability and support to be involved in and question care plans. The pilot for the acute information has taken place on ward 2, Hazel and Larch AB. Patient carer feedback is positive. Next steps are to engage acute trust wide and into the community.
2.2 Deliver financial targets	2.2.1 Deliver financial Control Total £44.3m deficit	P	The trust is working within an overall long term financial plan and an annual financial plan. The long term financial plan requires our system to achieve an improved annual financial performance and this has been demonstrated. The control total for the Trust is subject to the wider system risk share arrangements and is a shortfall is therefore balanced by a surplus as North Cumbria CCG. The Trust's shortfall is currently well within the CCG's surplus and so the Trust has demonstrated that it is meeting its long term plan and collectively the Trusts and CCG are meeting the overall system financial plan.
	2.2.2 Deliver WNE Cumbria financial Control Total	P	
	2.2.3 Develop plan to support STP (revenue and capital) delivery in current and future years	P	

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
	2.2.4 Reviewing and prioritising Trust capital programme for 2017 -2020	P	<p>The Trust has successfully secured early draw down of national moneys to fund the preparatory works for its major capital investment schemes - Cancer Centre and West Cumberland Hospital. In addition, the Trust has completed work to facilitate GP streaming services as part of enhanced facilities for urgent care and has commenced investment to renew Digital infrastructure. Risks remain in the availability of capital for equipment replacements programmes and for major diagnostic investments and the Trust has developed further investment cases for these as part of national capital fund/planning rounds.</p> <p>The Trust has appointed a Chief Information Officer for North Cumbria Integrated Health Care System (IHCS) in September 2018.</p> <p>The integration of IT is now progressing with the appointment of Digital Healthcare leadership team for IHCS:</p> <ul style="list-style-type: none"> • Joint Associate Director of Digital Healthcare • Joint Head of IT • Joint Head of Information Governance • Joint Head of Information Services
	2.2.5 Deliver WNE Cumbria integration of back office functions – finance and procurement	P	<p>The consultation on the Finance structure has now concluded and the implementation phase of the new structure is now underway. The process is slightly delayed and is now due to be completed by the end of May 2019</p>

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
	3.1.5 Ensure consistent care plans and assessments are in place for dementia	P	Due to capacity challenges the review of care plans has not fully taken place. A position paper to review progress against the dementia activity plan is underway with the lead matron (Christine Musgrave) and consultant (Anna Much-Anderson) this will outline current progress, gaps and objectives for the coming year. This paper will be complete by 30th April 2019.
	3.1.6 Ensure all ward staff are aware of adjustment to communication for visually impaired, hearing difficulties and translation requirements.	P	There have been issues with the project plan which had been approved by the Project Board for joint software that will assist implementation and compliance of AIS. A scoping of the current system capability to deliver on AIS is underway. A business case to reinstate EIDO which offers a module on AIS easy read information has been submitted to CMG. A position paper is being written which will outline current capability/gaps/risks and a proposal to address. This will be complete by end April 2019.
3.2 Improve staff experience	3.2.1 Improve staff survey bottom ranking scores in: KF31 - Staff confidence and security in reporting unsafe clinical practice (Trust staff survey score 3.41, national average 3.65)	F	A trust-wide procedure has been approved and published. There was a formal launch of Stop The Line week commencing 11 March 2019 including presentation to the Leadership Community Forum. Communication team started publicity in April and further presentations are being delivered to clinical teams.

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
	3.2.2 KF12 - Quality of appraisals (Trust staff survey score 2.76, national average 3.11)	P	A new joint appraisal policy has been developed and appraisal process including new trust values. Ongoing programme of training is planned for 2019-20
	3.2.3 KF19 - Organisation and management interest in and action on health and wellbeing (Trust staff survey score 3.32, national average 3.61)	F	
	3.2.4 Improve the percentage of staff reporting good communication between senior management and staff (KF6 staff survey result) (Trust staff survey score 20%, national average 33%)	P	No change in scores relating to this in staff survey. There is a planned programme of 'This is us' discussions about visible leadership as part of Clinical Management Group development March 2019.
	3.2.5 Improve support from immediate managers (KF10 staff survey result) (Trust staff survey score 3.54, national average 3.73)"	P	Programme for Leadership Community Forum continues. Management competencies to be developed as part of the workforce and OD business plan 2019-20
	3.2.6 Improve employee engagement and develop continuous improvement skills across teams	F	The 'This is Us' programme is linked to staff appraisal and PDPs (This is Me). Programme for 2019-20 planned linked to launch of refreshed system strategy and new values.

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
	3.2.7 Reward, recognise and celebrate staff achievements	F	The Trust celebrated the contribution of staff through the NHS at 70 celebrations in July, an ongoing programme of recognition of individual staff and team achievements is delivered through 'Glimpse of Brilliance' and the CEO weekly blog.
	3.2.8 Improvement in number of staff recommending the Trust as a place to work	P	No change in national NHS staff survey results for this measure. A programme of OD initiatives in place and draft OD plan to support Trust merger.
	3.2.9 Improvement in number of staff recommending the Trust as a place to receive treatment	P	
4.1 Provide leadership to implement outcome from the public consultation and deliver the Sustainability and Transformation Plan	4.1.1 Invest in capacity across the system to deliver the STP.	F	
	4.1.2 Deliver the milestones set out across the core work streams	P	Some projects still in progress and some are behind schedule. Some work streams completed (e.g. ICC Ph1 / Community Hospitals/Delirium outreach/GP Advice & Guidance). Milestones and implementation timetables in place for all projects still in progress.
4.2 Work with our partners to develop an Accountable Care Organisation	4.2.1 Develop and implement shared governance arrangements.	P	Joint Executive Management arrangements in place across CPFT & NCUH. Memorandum of Understanding in place for both Boards to formally align / work collectively (single Joint Board meetings and Board Sub Committees). Progress on the alignment of corporate functions complete. Work underway to integrate main North Cumbria CCG functions for implementation in April 2019.

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
4.3 Demonstrate capability to deliver major change and improve operational performance	4.3.1 All matrons to be trained in improvement methodology and undertake two improvement projects.	F	
	4.3.2 SRO leads to be supported to deliver work stream priorities	P	SRO and EXEC Leads have been supported by NECS PMO. New model being developed to integrate all PMOs & change agent functions (IT/Finance/NECS PMOs + OD/Workforce planning + CLIC) within north Cumbria, to create an integrated 'Change Engine' which makes best use of all transformational and change agent expertise.
5.1 Improve recruitment and retention	5.1.1 Reduce medical staffing vacancy rate to 20%	F	
	5.1.2 Reduce nursing vacancy rate to 5% or lower	P	Attraction plan for 2019-20 in development - activity continues to increase nursing workforce including attendance at national careers fayres, local careers/ attraction events, increase social media activity e.g. Job of the Week.
	5.1.3 Identify areas of high turnover / retention difficulties and where necessary, implement solutions to help retain staff.	P	Analysis of exit data on going, planned retention work includes on boarding programme for overseas recruits.
	5.1.4 Reduce locum reliance and financial spend against 2016/17 baseline	F	Good progress against vacancy spend, weekly monitoring and proactive management of time sheets. Significant reduction of medical vacancies. Agency and Bank team shortlisted for HPMa award.

Our quality priorities for 2017/18	What we said we would achieve 2017/18	Achieved F=Fully P=Partial N=Not	If partial or not achieved, what is outstanding (as at end of Q3 data)
5.2 Develop clinical leadership	5.2.1 Improve clinical lead of clinical leadership	P	Medical leaders programme launched, 20 GP and consultant leaders attending cohort 1. GP and consultant exchange programme launched.
5.3 Develop middle manager skills	5.3.1 Improve middle management capability and leadership (see also 3.2.4 and 3.2.5)	F	There is an ongoing programme of ILM management training available. Leadership development also available through CLIC.
5.4 Improve staff health and well-being	5.4.1 Reduce overall sickness absence to 4%.	P	Sickness rates remain above target. Monitoring and proactive management of staff absence.
	5.4.2 Reduce short term sickness rate to 1.5%	P	Trust working towards silver health and wellbeing at work award and have a programme to engage staff
	5.4.3 Achieve flu vaccinations for 2017	F	
	5.4.4 Raise the profile of the health and well-being strategy through management and leadership team	F	

Annex 1: Statements from commissioners, local Health watch organisations and Overview and Scrutiny Committees

Cumbria County Council



Cumbria Health Scrutiny Committee North Cumbria University Hospitals Trust Quality Accounts Feedback 2019

The Cumbria Health Scrutiny Committee again welcomes the opportunity to comment on the Trust's draft Quality Account for 2018/19.

The document is generally well laid out but Members were concerned about the length and whether the public would find it somewhat impenetrable

Members felt that the report accurately reflects the evidence submitted to the Cumbria Health Scrutiny Committee and Lead Health Scrutiny Members over the past twelve months. In particular the Committee has been closely monitoring the necessary reduction in Never Events, and this will continue to be an area of close scrutiny through 2019/20

The Committee has welcomed the goal of the Trust to work hard together towards achieving an overall rating of 'good' as a minimum.

Members were disappointed again with the results of the Staff Survey which remains below average and suggests that staff morale is low and some staff do not feel safe to speak up. This has been an area of close concern for the Committee and Lead Members over the last 12 months particularly with the proposed merger with Cumbria Partnership Foundation Trust.

As always the Committee would always encourage the Trust to focus on patient and staff feedback as drivers for timely and continuous service improvement throughout.

Overall, we appreciate the co-operation received and expect this to continue in the future.

A handwritten signature in black ink, appearing to be 'CD' or similar initials.

Cllr Claire Driver
Chair, Cumbria Health Scrutiny Committee

9th May 2019

03 May 2019



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Corroborative Statement from North Cumbria CCG
North Cumbria University NHS Trust's Quality Account 2018/19

Thank you for sharing the Trust's Quality Report. North Cumbria Clinical Commissioning Group welcomes the opportunity to review and provide commentary on the Quality Report for 2018/19. As commissioners, North Cumbria Clinical Commissioning Group (NCCCG), are committed to commissioning high quality services from North Cumbria University Hospitals NHS Trust (NCUH) and take seriously their responsibilities 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 Quality Review process has changed this year as the Integrated Health and Care System has developed; incorporating the Acute, Mental health and Community Trusts. A monthly Integrated Healthcare Partnership Quality Assurance Committee was established to provide Senior Staff in across organisations, with NHSE, NHSI, CQC and other partners, the forum to seek assurance about quality. This has developed through the year, and has become a System Quality Assurance Committee, providing the opportunity to monitor, review and discuss quality issues. This committee provides oversight for the quality agenda in in both NCUH and Cumbria Partnership Foundation NHS Trust as staff, have been starting to work together on continuous improvement across the services. In addition to this, NCCCG carried out commissioner-led, unannounced assurance visits to monitor the quality of the services provided and to encourage continuous quality improvement.

The report provides a comprehensive description of quality improvement work within the Trust and an open account of where improvements in priorities have been made. The

CCGs recognise the challenges faced by the Trust in the delivery of their 2018/19 priorities and their achievement to date. We welcome the Trusts specific priorities for 2018/19 and note that they reflect the strategic objectives of both NCUH and Cumbria Partnership NHS Foundation Trust (CPFT), spanning Staff, System working, Service quality and Sustainable finances. The CCGs consider that these are appropriate areas to target for continued improvements which link to the CCGs commissioning priorities.

The CCGs acknowledge the work carried out to date by the Trust, and the continued improvements made in relation to patient mortality resulting in the Trust maintaining its position of being in line with national average.

The CCG would like to note the positive contributions to research made by the Trust, who have embraced clinical research as a means to contribute to progression of evidenced based healthcare and commend the Trust on meeting or exceeding recruitment targets in a number of trials. We acknowledge the Trust's commitment to improve data quality standards and Information Governance compliance and note the success including the development of the awareness programme for all staff and the joint appointment between NCUH and CPFT joint IG roles. The CCG acknowledges the assurance level of 'Good' following the internal audit of the application of Duty of Candour and the ongoing work to monitor performance.

The CCGs acknowledge the work carried out to date by the Trust, and the improvements made as a result of the CQC action plan. Whilst the Trust overall 'requires improvement' remained unchanged following an inspection by the CQC between July and October 2018 a number of service specific domains have moved to 'good' following the inspection including Surgery, Maternity and Children and Young People and the Trust again received an 'Good' rating in the caring domain. The CCG were disappointed to note that the rating had deteriorated from 'Good' to 'Requires Improvement' in Urgent and Emergency Care. The CCG note the oversight of the action plan / progress and the mechanisms in place from the monitoring of compliance with CQC regulations and key lines of enquiry.

The CCG were encouraged to note the improvements across infection control and in particular the improvement in the screening and treatment of Sepsis during the year, we note that there was one MRSA and confirm receipt of the RCA. The CCGs will continue to monitor the effectiveness of the measures that the Trust is putting in place through its new Governance structure.

The CCG acknowledge the work to date on the delivery of the 'Seven day hospital services' and that the Trust completed the mandated audit to assess compliance against the standard and demonstrate progress towards meeting these standards. We note the compliance with Standard 6 'Consultant Directed Interventions', the small improvement in Standard 2 'Time to first consultant review', the noncompliance with of Standard 5 'Access to consultant directed diagnostics' and Standard 8 'Ongoing review' where the

90% standard was only met on day two.

The CCGs acknowledge the commitment of the Trust in seeking patient views on the services provided, and highlight the high percentage recommended scores achieved in the Friends and Family Test. The CCG are encouraged to see that the Trust has embedded the Freedom to Speak Up Guardian role within the Trust and further supported this with the appointment of Freedom to Speak Up Ambassadors; we note that lessons continue to be learnt from feedback gathered from those who have used the service.

We would like to commend the Trust on the initiatives and activities that the Trust has been involved with during the year to give to embed the right culture and make the organisation a great place to work, including achieving the bronze status for the Health and Wellbeing at work award. It was disappointing to note however that the results of the staff survey, where 8/10 scores were below the national average. The CCG acknowledge the Trust continued commitment to improve relationships and behaviours at work, and maintain a focus on communication.

Overall the report is well written and presented and is reflective of quality activity across the organisation. As required under the Quality Report Regulations, staff within the CCG has checked the accuracy of data relevant to the contract. In so far as we have been able to check the factual details, the CCGs view is that the report is materially accurate. It is clearly presented in the format required by NHS England and the information it contains accurately represents the Trust's quality profile. The CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2018/19.

Yours sincerely,

Anna Stabler

A handwritten signature in black ink, appearing to read 'A Stabler', with a stylized flourish at the end.

**Director of Nursing & Quality
North Cumbria Clinical Commissioning Group**

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Healthwatch Cumbria Response to North Cumbria University Hospitals Trust Quality Accounts Report for 2018-19

30th April 2019

Introduction:

Healthwatch Cumbria is pleased to be able to submit the following considered response to North Cumbria University Hospitals Trust's Quality Accounts Report for 2018-19.

Part 1:

The Account commences with a description titled 'What is a Quality Account?', a useful explanation as to the purpose and content, we like this as an introduction.

Statement on quality from the Chief Executive

A positive statement very much focussed on the provision of high quality services to patients and local communities and acknowledging the contribution that the staff within the Trust have made to achieving a rating of 'good' for the CQC 'caring' and 'effective' domains. Further to this, we are pleased to note the work being undertaken to improve the health and wellbeing of staff. The importance of partnership working and 'co-production' with the wider health and care system, organisations, communities and individuals to develop a safe and sustainable clinical strategy for the future is recognised as playing a 'pivotal' role in shaping priorities going forward.

Part 2: Priorities for improvement and statements of assurance from the Board of Directors

The tone of the whole document is summarised within the opening section of Part 2, namely

the commitment to deliver high quality care and to improve and transform services with partners and the clear aspiration to improve the Care Quality Commission (CQC) rating across all services.

In accordance with the current NHS reporting requirements, mandatory quality indicators requiring inclusion in the Quality Account we believe the Trust has fulfilled this requirement. The Quality Indicators, results and supporting narrative are clear and well laid out. We note that additional consideration (2) of the NHS Improvement letter 17th December 2018 Quality accounts: reporting arrangements 2019/19, ahead of legislation requested Trusts to provide details of ways that staff can speak up (including whistle-blowers) and how they ensure such staff do not suffer detriment as a result has been addressed with measures including the role of the Freedom to Speak Up Guardians and the Raising a Concern process.

The value and impact of engagement in research is well described and again demonstrates emphasis of improvement from learning approach that the Trust has adopted, we particularly liked the 'Actions' column within the tables.

Information received by Healthwatch Cumbria (HWC) from service users and their families and carers regarding services provided by North Cumbria University Hospitals Trust (NCUHT) is consistent with the data, statements and comments contained in the Quality Account.

Healthwatch Cumbria is aware that the Trust is actively collaborating with other organisations and listening to public opinion, plus utilising co-production methodology to help public services and communities to develop alternative service models, actions we fully support.

Appendix A – Quality Improvement Plan 2018/19 – Deliver Summary

Progress against 2017/18 priorities for improvement

The detailed and clear narrative in respect of the Quality Priorities 2018/2019 describing the rationale, progress, actions, learning and next steps is good and very informative.

Healthwatch Cumbria considers this to be a well presented, informative and balanced document and we look forward to seeing future collaborative and partnership working contributing to the delivery of tangible improvements.



Sue Stevenson
Chief Operating Officer
Healthwatch Cumbria

GLOSSARY

A&E	Accident & Emergency – also known as the Emergency Department
Acute Trust	An NHS hospital trust that provides secondary health services within the English National Health Service
Administration	When relating to medication, this is when the patient is given the tablet, infusion or injection. It can also mean when anti-embolism stockings are put on a patient.
Bacteraemia	Presence of bacteria in the blood
Bed days	Unit used to calculate the availability and use of beds over time
Benchmark	A method for comparing (e.g.) different hospitals
CCG	Clinical Commissioning Group
CIC	Cumberland Infirmary, Carlisle
Clinical Audit	A process for assessing the quality of care against agreed standards
Clinical Coding	A system for collecting information on patients' diagnoses and procedures
Clinical Dashboard	An internal website used by staff to measure various aspects of clinical quality
Clinical Quality Committee	A committee led by the Trust's Chairman which reviews clinical quality in detail
Commissioners	See CCG
Congenital	Condition present at birth
Contraindication	A condition which makes a particular treatment or procedure potentially inadvisable
CPFT	Cumbria Partnership Foundation NHS Trust
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation payment framework
Datix	Database used to record incident reporting data
Day case	Admission to hospital for a planned procedure where the patient does not stay overnight
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
Division	Specialties at UHB are grouped into Divisions
Elective	A planned admission, usually for a procedure or drug treatment
ENT	Ear, Nose and Throat
GI	Gastro-intestinal
GP	General Practitioner
HCS	Healthcare Commissioning Services
Healthwatch Cumbria	An independent group who represent the interests of patients and the public
Hospital Episode statistics(HES)	A database containing details of all admissions, A and E attendances and outpatient appointments at NHS hospitals in England.
HQIP	Healthcare Quality Improvement Partnership
HSMR	Hospital Standardised Mortality Ratio
ICNARC	Intensive Care National Audit & Research Centre
IT	Information Technology
ITU	Intensive Treatment Unit (also known as Intensive Care Unit, or Critical Care Unit)

MDT	Multi-Disciplinary Team
MINAP	Myocardial Ischaemia National Audit Project
Monitor	Independent regulator of NHS Foundation Trusts
Mortality	A measure of the number of deaths compared to the number of admissions
MRI	Magnetic Resonance Imaging – a type of diagnostic scan
MRSA	Meticillin-resistant Staphylococcus aureus
Myocardial Infarction	Heart attack
NaDIA	National Diabetes Inpatient Audit
NBOCAP	National Bowel Cancer Audit Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death - a national review of deaths usually concentrating on a particular condition or procedure
NCUHT	North Cumbria University Hospitals NHS Trust
NELA	National Emergency Laparotomy Audit
NEWS	National Early Warning Scores
NHS	National Health Service
NHS Choices	A website providing information on healthcare to patients. Patients can also leave feedback and comments on the care they have received
NICE	National Institute For Health and Clinical Excellence
NIHR	National Institute for Health Research
NOF	Neck of Femur
NRLS	National Reporting and Learning System
Observations	Measurements used to monitor a patient's condition e.g. pulse rate, blood pressure, temperature
PALS	Patient Advice and Liaison Service
Peri-operative	Period of time prior to, during, and immediately after surgery
PHE	Public Health England
PICS	Prescribing Information and Communication System
PROMs	Patient Reported Outcome Measures
Prophylactic / prophylaxis	A treatment to prevent a given condition from occurring
Readmissions	Patients who are readmitted after being discharged from hospital within a short period of time e.g., 28 days
RPIW	Rapid Process Improvement Workshop
Safeguarding	The process of protecting vulnerable adults or children from abuse, harm or neglect, preventing impairment of their health and development
SAFER	Senior Review - All patients will have an expected discharge date - Flow of patients will commence at the earlier opportunity - Early discharge - Review
SSNAP	Sentinel Stroke National Audit Programme
SOP	Standard Operating Procedure
STP	Sustainability and Transformation Plan
TARN	Trauma Audit and Research Network
VTE	Venous thromboembolism – a blood clot

WCH	West Cumberland Hospital
WNE	West North and East Cumbria