NHS
North Tees and Hartlepool
NHS Foundation Trust

Annual Report and Accounts
2017-18

North Tees and Hartlepool NHS Foundation Trust

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Contents

Welcome

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

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

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

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

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

1 Chairman's Statement

I am delighted to introduce this annual report, which is the Trust's opportunity to look back at what has been achieved during the year and place on record the enormous amount of work that has gone on in the interest of patients. The Trust has experienced another extremely busy year with rising demand for our services. Despite this pressure, our staff have shown a steadfast commitment to delivering high quality care and have continued to find new ways to improve services and increase efficiency.

The Trust is proud to take a leadership role locally and nationally. Our staff are helping to shape the development of a Sustainability and Transformation Partnership (STP) across North Cumbria and the North East (CNE), with our chief executive, Alan Foster, asked to lead on this regional work in developing an integration model with a strengthened locality focus. Alan took up this new post on 1 October 2017 and, as a result, our chief operating officer and deputy chief executive, Julie Gillon, took up the role of interim chief executive for the Trust on the same date.

Following a visit by the Care Quality Commission (CQC) inspection team in November and December 2017, I was delighted to announce that the Trust received an overall rating of "Good", with elements of our maternity and urgent and emergency service being rated "Outstanding". I am very proud that the Trust has been awarded such positive recognition and achieved the rating of good across each of the five domains inspected: safe, effective, caring, responsive and well-led. The achievements outlined and recognised by the CQC are testament to the dedication of everyone involved with the organisation – not only our doctors, nurses and other clinical staff on the frontline, but also the hundreds of support staff, volunteers and partners who keep its services running smoothly around the clock, 365 days a year.

Despite being in a challenging financial climate, quality remains our top priority and we are not prepared as a trust to compromise the performance and quality of care our patients have come to expect.

We are in a difficult financial position similar to the rest of the NHS, however the Trust has risen to the challenge and we have delivered some fantastic healthcare for our communities over the last year. Our staff have undertaken a huge amount of work and are constantly making improvements in the interest of our patients.

Our urgent and emergency care service is currently the highest performing in the country. This is not just great news for the front of house team in our emergency department but for all staff across the Trust. This is due in no small part to last year's successful bid to deliver urgent care services since 1 April 2017 in alliance with Hartlepool and Stockton Health (the local GP Federation) and the North East Ambulance Service from the University Hospital of North Tees and University Hospital of Hartlepool sites. The feedback since the opening of the Integrated Urgent Care Centres has been excellent. We are also excelling in other areas including cancer care, and patients having planned operations within 18 weeks.

Our upper limb team carried out their first full shoulder replacement surgery as a day case procedure and spinal surgery marked a medical first at the Trust when major spinal surgery was carried out and the patient was discharged on the same day.

Both of our endoscopy units at University Hospital of Hartlepool and the University Hospital of North Tees successfully achieved accreditation from the Joint Advisory Group (JAG) for Gastrointestinal Endoscopy. The assessors were very impressed with the positive, safe, patient centred and enthusiastic atmosphere offered by the units. This is a fantastic achievement for the team, which is a regional leader in the specialty.

In November, I re-launched our Trust charity: "North Tees and Hartlepool Together". The new name reflects the fact that our successes are testament to the partnership working ethos we have and we are enormously grateful for the generosity of our local community, patients, staff, relatives and friends of the Trust who put

their time, energy and heart into fundraising. This takes many forms: from book stalls to dragon boats, our fundraisers really do go above and beyond to help make the Trust an even better place for staff and patients.

Following a £25m investment loan, work to build a new energy centre at the University Hospital of North Tees is progressing well and is expected to be complete in autumn 2018. You can follow the project with some great drone footage on our Instagram page. As part of the works, the old boiler house chimney will be demolished by March 2019 and planning is also underway to replace the hospital's fire alarm system and lifts.

This is part of large scale works to replace the electrical infrastructure so that we can improve our energy efficiency and bring our estate into the 21st century, enabling us to continue to give the very best care for many years to come.

Finally, on 1 March 2018, we were delighted to launch North Tees and Hartlepool Solutions, a Limited Liability partnership, which was established by the Trust in partnership with Northumbria Healthcare Facilities Management Limited. Staff from Procurement, Supplies, Estates and Facilities have now moved to the company, which we see as an important development for the Trust in maintaining its competitive position in the local health economy. This is a unique opportunity for us all to explore innovative ways of working, to identify pathways for development and to make a real difference to the patients who receive care at our hospitals.

We are continuing to see changes across the whole of the NHS to which we need to respond to ensure that we are able to meet the needs of the 400,000 people we serve in Stockton, Hartlepool and parts of County Durham.

On behalf of the Board I would like to place our thanks on record for the hard work and commitment of our staff to ensure the people we serve have a health service they can be proud of.

Paul Garvin QPM, DL
Chairman

2 Chief Executive's Statement

I was delighted to be appointed interim chief executive of the Trust in Autumn 2017 and am pleased to present our annual report for 2017-18, reflecting on the challenges and achievements during this time.

Every year the demands on the NHS continue to grow and yet again we have experienced record numbers of people accessing our services. On behalf of the Trust, I must start by thanking each and every member of staff for their continued efforts and support in delivering safe and effective care for all of our patients. While this last year has again been a successful year for the Trust, it has also been a demanding one. Like many other trusts, we've faced up to the challenges and pressures without compromising on the quality delivery of our services.

During 2017-18, there has been a welcome and increased focus on partnership working in every sense of the word. In taking forward the work that we have been developing with our partners we have already seen great progress for the benefit of patients in the communities we serve. The work of the Integrated Care System; with local trusts through the Committee in Common; and our alliance with the GP Federation and NEAS support the vision of working together to integrate services in order to provide more health care closer to where people live.

While we will continue to invest in our services, we know that we cannot keep doing the same things. Demand for healthcare services is only going to increase, so the transformation of our healthcare services in hospital and in the community, to meet the needs of an aging population, is essential. We must work together with our partners and play our part in providing the kind of care for our patients that we would want for ourselves and our loved ones in the future.

During our recent inspection, the CQC particularly noted seeing staff go the extra mile, where care and support exceeded good care standards, and recognised the excellent systems the Trust has in place to ensure safe staffing levels and good nursing documentation. The inspection report described how overwhelmingly, staff demonstrated a positivity and pride in working for the organisation, and patients told of receiving compassionate care that supported their emotional needs. This, whilst a fantastic accolade will inspire us to ensure consistency across the organisation in leadership, care for our patients and in efficient and effective delivery of services.

Through one of the toughest winters in NHS history, we are one of the best performing trusts in the country – something which we have deservedly received national media coverage for this year - and I am enormously proud of all our efforts in achieving this. Like every other trust, we find ourselves under increasing pressure to meet these very challenging targets every month. We need to work together to remain strong.

The NHS is facing unprecedented financial challenges and we are no different with our financial position having required intense focus throughout the year. This means as we move into 2018-19 we need to ensure stability and become even better at being efficient in the way we provide care to our patients and reducing waste without compromising on quality or patient safety. Our efficiency campaign, "Think Change Save", is helping us to share our ideas and our successes right across the organisation. The good news is we have already made a lot of changes, but we all need to continue to work together to identify further areas of improvement. No single service or department can deliver this alone – we are all in this together. Already we have some fantastic examples where teams and individuals have identified small changes that have resulted in great efficiencies.

The commitment of our staff and the quality of care we provide is excellent. A significant amount of work goes unseen; no matter what job people do, they are making a real difference to our patients; stability is our highest priority. Staff are one of our most valuable assets, we want to invest in them and their development and over the last year we have introduced a number of training and leadership initiatives aimed to support staff at every level of the organisation.

Amazing volunteers continue to support our staff by generously giving their time to carry out a range of roles across the Trust that make a big difference to our patients, such as meeting and greeting them as they come into our hospitals, providing support on the wards or driving them to and from appointments. We have also been working with a local charity (Investing in People and Culture), and Health Education England, on a new programme to help refugee doctors return to clinical practice – a programme that has been recognised both locally and nationally.

This report contains details of the many developments which have improved services for our patients and provides an opportunity to showcase the many achievements which have taken place throughout the year. As an organisation we will continue to build a talented team of clinical and non-clinical colleagues with one common aim – to provide the best care for our patients and their families, and I commend our staff for their hard work and dedication.

Julie Gillon
Chief Executive (Interim)

3 Performance Report

3.1. Overview of the Trust and Performance

This section of our Annual Report provides information about the Trust including its vision and values, the services that we provide and who we provide those services to. It also celebrates our success in operational performance and outlines an overview of the challenges we face and how we are addressing them.

Our History

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

Key facts about us:

- The Trust is an integrated hospital and community services healthcare organisation.
- We provide a range of health and care services to support more than 400,000 people living in Hartlepool, Stockton and parts of County Durham.
- Care is delivered from two main acute hospital sites, the University Hospital of Hartlepool; and the University Hospital of North Tees in Stockton-on-Tees.
- Care for patients in the community has been provided since 2008 and these services are provided in a number of community facilities across the area, including Peterlee Community Hospital and the One Life Centre, Hartlepool.
- Integrated Urgent Care Services are delivered, in alliance with Hartlepool and Stockton Health (the local GP Federation) and the North East Ambulance Service, at both hospital sites.
- The Trust provides bowel and breast screening services, as well as community dental services to a wider population in Teesside and Durham.
- Leading-edge spinal services at the University Hospital of North Tees attract patients from other parts of the country.
- The Chief Executive is Lead for the development of the Sustainability and Transformation Partnership for Cumbria and the North East.
- Our turnover is around £285million and over 5,000 staff are employed by the Trust.
- The Trust has a Council of Governors with 34 members, representing the public, staff and stakeholder organisations.

We are rated 'Good' overall by the Care Quality Commission.

Our Geography

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

Key

General patient catchment area

Extended patient catchment area for service developments

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

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

Service Profile 2017 – 18	
Acute Services	**Community Services across Stockton, Hartlepool and Peterlee**
Allied Health Professionals	Asthma & Tuberculosis Services
Anaesthetics (including Pain management)	Audiology
Acute Oncology Team	Cardiac Services
Cardiology	Community Integrated Assessment Team (CIAT) including Rapid Response
Care of the Elderly	Community Matrons
Diabetic Medicine	Community Paediatrics
Haematology	Continence Advisory Service
General Medicine	Dementia Liaison Service
Gastroenterology	Diabetes Nursing
Respiratory Diagnostics	Diabetic Retinopathy Screening Service
Respiratory Medicine	Ear Nose and Throat Outreach Service
Critical Care	Holdforth Unit
Stroke	Musculoskeletal Services
Rheumatology	Nutrition & Dietetics
Endoscopy including Bowel Screening	Occupational Therapy (Adults & Children)
Breast Screening and Surgery	Orthotics
Colorectal	Phlebotomy
Bariatric	Physiotherapy (Adults & Children)
Urology	Podiatry
Upper Gastrointestinal	Podiatric Surgery and Hand and Wrist Surgery
General Surgery	Respiratory/ Hospital at Home
Trauma and Orthopaedics including spinal services	Single Point of Access (SPA) including Clinical Triage
Outpatient Services	Specialist Palliative Care/ Macmillan Nursing
Gynaecology, Pregnancy Assessment Clinic and Early Pregnancy Assessment Clinic	Speech and Language Therapy (Adults & Children)
Paediatric Services including Neonatal	Stop Smoking Service – North and South of Tees
Obstetrics and Midwifery Services	Teams Around the Practice (TAPS)
Pharmacy	Teeswide Community Dental Services
Radiology	Wheelchairs
Pathology	Bereavement Services
Psychology	
Cancer Unit	
Emergency Department – Trauma Unit Status	
Urgent Care Service	
Visiting Specialties	
Dermatology Outpatients	
Ear Nose and Throat Outpatients	
Genetics	
Nephrology	
Ophthalmology	
Oral Surgery/Orthodontics Outpatients	
Plastic Surgery Outpatients	
Vascular	

3.1.1 Business Review

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

3.1.2 Trust Strategic Direction

The continuing need and appetite for transformational service change is of critical importance to the way in which healthcare services are delivered to the people of Stockton-on-Tees, Hartlepool, Sedgefield and Easington. The Trust must continue to develop new models of care and improved pathways that reflect the needs of the patient and the local health economy within the region. The drive and ambition to develop integrated healthcare services in a collaborative arrangement with partners at a local level is now greater than ever.

The mission and values underpinning the Trust's strategic direction remain relevant and appropriate in the current climate. The Trust's Corporate Strategy sets out a clear and unambiguous focus for the Trust and accurately reflects the integration of services at a regional level taking into account the many and significant changes to the health economy both locally and nationally.

Building on the Clinical Services Strategy, the Trust will transform its services by putting in place effective models, practices and procedures which will bring about genuinely integrated care to provide the best possible experience for patients and their families, who will receive services that are clinically effective, safe, of the highest quality and efficient to run. Clinical services are under review and a focus on those deemed suitable for re-design, in light of regional and sub-regional reconfiguration, is a crucial step towards ensuring sustainable services for patients and staff.

The Trust is fully committed to tackling the financial deficit that exists and has embarked on a programme of 'Delivering Productivity' in partnership with NHS Improvement to identify and configure services to drive quality and productivity and hence make them more cost efficient. Service transformation, quality improvement, compliance with national and local standards and performance improvement will continue under one strategic aim to create a robust measurement of the Trust's plans.

3.1.3 Development and Service Improvement

The Trust has made excellent progress in recent years with regard to the delivery of its Corporate Strategy, and the standards that have been set and achieved have been delivered in very challenging circumstances. Many of these have been set within a national context and reflect the challenges experienced across the healthcare sector, however the Trust continually seeks new ways to transform its services and deliver key standards, alongside safe, effective and quality services.

Improving the health of the population, and tackling the legacy of ill-health in an environment with high levels of deprivation, is acknowledged as a major challenge. Whilst meeting the increasing demands of an ageing population, the shape, form and type of healthcare provided to patients needs to be different to that available today, and this is reflected in the strategic approach as a successful foundation trust. The focus on public health measures, health promotion and ill-health prevention needs greater emphasis whilst being accompanied by changes to the way that services are provided so that people are able to access the full continuum of services from self-care through to tertiary treatments more easily and at earlier stages in the disease cycle.

The Trust is fully signed up to the development of collaborative pathways across the providers of acute, primary and social care within the region with a number of services already delivered collaboratively within the locality, including Breast, emergency Urology and Haematology. Balancing delivery of high quality services whilst also delivering a challenging cost improvement programme continues to be a high priority for the Board of Directors.

The Evidence Base

To ensure that the organisation develops a strong and robust direction of travel as a foundation trust, it will continue to use the principles, values and recommendations from the following reviews to set out its strategic approach:

- The NHS Five Year Forward View;
- The Dalton Review; Examining new options and opportunities for Providers of NHS Care;
- The Keogh Report; Urgent and Emergency Care Review;
- The focus on quality reflecting the findings of the Francis Report;
- Seven Day Services;
- The Lord Carter Review.

The Five Year Forward View highlights effective collaboration between providers and commissioners as a step towards dismantling the barriers of ‘silo’ care. The Trust is committed to working with its strategic partners and stakeholders at a local level to bring about change across primary, community, social and acute care settings as it looks to develop new and integrated models of care.

Clinical Services Strategy

The overarching philosophy of the Clinical Services Strategy is one of locally delivered, integrated and co-ordinated care services that are patient centred, safe and effective and efficiently delivered.

Integrated care pathways provide the opportunity for clinicians and specialist staff to develop a more systematic yet tailored approach to care which can be delivered closer to the patient’s home and within distinct communities. Linked to locality changes, the Trust has outlined the long term conditions that will be more effective and efficient, over time, with local delivery (either integrated or co-ordinated) that is patient-centred, safe and of the highest quality.

The Integrated Care Pathways include: Frail Elderly and Dementia, End of Life, Respiratory, Cardiac, Diabetes, and Stroke Care. An infrastructure of governance is in place with commissioners and Local Authorities feeding into the North of Tees Partnership Board and linked to the Better Care Fund objectives.

The following is a one-page summary of the Trust’s Clinical Services Strategy:

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

Emergency Care Delivery

Building on the Integrated Urgent Care Service at front of house, the strategy includes further development of streamlined pathways across A&E, urgent care and emergency assessment to optimise clinical workforce skills and expertise, with a strong focus on the frailty model to support the management of the ageing population. Integrated health care across emergency services will be aimed at reducing avoidable admissions for the frail elderly through early diagnosis and treatment, appropriate multidisciplinary pathway planning and improved discharge processes.

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

Elective and Diagnostic Provision

Outpatients

There will be a significant change in the way outpatient services are delivered:

- Clinical decisions; timeliness will be the driving ambition, while minimising the time that the patient has to spend in contact with NHS services and the number of times they need to attend a hospital;
- GPs are able to access specialist advice to enable them to avoid referrals for a second opinion;
- Utilisation of alternatives to outpatient clinics, including technological solutions, and one stop shops where patients can have diagnostics and a decision at the same time;
- Access to the GP patient record providing real time updates for the GP; and
- Virtual clinics; offered as an alternative to patients who can self-manage.

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

Diagnostics

Diagnostic services, in particular Radiology and Pathology, form a vital part of almost all patient pathways and treatment, and are becoming more significant year on year. However, the cost, capacity and timeliness of the services, alongside ageing equipment, present a significant challenge for the Trust. Collaboration and clinical networking is critical in meeting this challenge and this has featured throughout 2017-18 to support future service delivery through the creation of a Pathology hub and spoke collaborative across the region.

Inpatient

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

Women's and Children's Services

The Women's and Children's Strategy, covering Obstetrics, Gynaecology, Paediatrics and Neonatology, is driven by a range of clinical and royal college guidelines and there is a real opportunity to influence the service delivery and pathways across all Women's and Children's services, with the exception of Neonatology. Neonatology will be reconfigured according to centres of specialist expertise, in line with the Royal College guidance and STP recommendations, through a networked approach.

The recruitment and retention of registrars and junior doctors poses a risk to the Trust and the local health economy footprint with regard to Paediatric services, and with future service reviews focusing on a reduced number of centres for Paediatric acute services, resilience and continuity across Women's and Children's services will be of major importance to the Trust in both localities.

Out of Hospital – Community Services

Out of Hospital services have successfully delivered a robust platform for change in the delivery of care closer to home. However, the significant pressures that continue upon health and social care systems requires a constant focus to ensure our services are able to respond to the challenges to deliver safe, patient-focused care close to where people live. Three streams of care delivery have been implemented to support Out of Hospital services, these are;

- **Critical Intervention Team** @ *home:* high level clinical intervention supported by acute management plans;
- **Responsive Intervention Team** @ *home:* The Responsive Intervention Team deliver on-going step down care from the Critical Intervention Team and in the same way will provide step up care. This team supports delivery of the Integrated Care Pathways and work with the wider urgent care services, assessment teams, local authority providers and the voluntary sector to agree pathways to ensure people are appropriately and safely supported in their communities; and
- **Planned Intervention** @ *home:* Complex care once delivered in hospital is now being delivered in community settings; the significant levels of increasing dependency in the community will have a significant impact on the working caseloads for community nurses.

Community nursing teams continue to provide expert and co-ordinated care through patient centred pathways for managing long term conditions such as the Respiratory *Hospital@Home team*. This care is co-ordinated with primary care with a clear and agreed patient-centred care plan.

Each person receiving a service (or their carers) will be involved in their care plan, agreeing the objectives and understanding who the key worker co-ordinating the care will be. The review of community services has been supported by benchmarking work, including the NHS Benchmarking project, taking into account areas of good practice and key recommendations.

The drive for further integration between health, social care, public health and third sector services locally is now more crucial than ever with a growing need to focus on frailty issues and a critical requirement for greater innovation in redesigning local health and social care services in partnership with key stakeholders. This has provided a strong focus during 2017 and beyond to expertly understand and fully address the need to reduce avoidable admissions and prevent re-admissions amongst frail elderly patients. This has also been underpinned by initiatives, for example the developing STPs, Integrated Care Pathways and also within children's services, a change in the public health focus with funding no longer being ring fenced and the need to work in collaboration across all sectors. Delivery of the frailty model encompasses Multidisciplinary Teams (MDT) decision making through Comprehensive Geriatric Assessment (CGA).

Frailty Care Assessment

The Trust will continue to work with local authority providers and commissioners to develop improved pathways of care from in hospital to out of hospital care; develop a greater range of more integrated services in community settings designed around the needs of individuals; support interventions that keep people healthy for longer, prevent ill health and reduce health inequalities; and support options for alternatives to in hospital care, preventing avoidable admissions via localised multi-agency support.

Public Health

Following the transfer of Public Health functions to Local Authorities, the Trust continues to work with partner organisations to contribute to the priorities identified by the Joint Strategic Needs Assessment (JSNA), such as; smoking cessation in pregnancy and increasing health visitor numbers. Despite the primary focus on acute care, the Trust is committed to the public health agenda within the region and as a result has developed a strategic aim within the Corporate Strategy with associated measures and metrics that focus on some of the key determinants of life limiting illnesses i.e. smoking, obesity and alcohol.

In addition, the Chief Executive of the Trust is a voting member of the 'Health and Wellbeing Partnership' for Stockton, Hartlepool and Durham Health and Wellbeing Boards.

Seven Day Working

The delivery of seven day working has escalated on the political and patient safety agenda. In May 2016 NHS Improvement informed NHS Trust and Foundation Trust chief executives and medical directors that, backed by the Academy of Medical Royal Colleges (AoMRC), the implementation of clinical standards 2 – first consultant review, 5 - diagnostics, 6 – consultant directed interventions and 8 – on-going review had been prioritised as 'must do' for all hospitals by 2020. This priority has been reinforced in the 'Single Oversight Framework (September 2016), and also within the 'Delivering the Forward View NHS planning guidance 2016-17-2020-/21' and the 'NHS Operational Planning and Contracting Guidance 2017-2019'.

The Trust has a seven day services working group with clinician engagement and has participated in four national surveys with good compliance to the standards, exceeding national and local benchmarks. NHS England have established a northern region support group, to facilitate peer support, on which the Trust is represented.

The Trust is confident in achieving compliance to the four priority standards before 2020 and continues to progress the remaining six standards relating to patient experience, shift handovers, transfers out of hospital care and quality improvement.

Information and Technology Services (I&TS)

Over the last 12 months there have been some major developments and service improvements within the Trust many of which have links to the Information and Technology Services (I&TS) strategy.

Some significant events occurred during the year, most notably; in May 2017 the international Cyber-attack called "WannaCry", the Trust took quick and evasive action to minimise the impact with business continuity arrangements invoked to maintain critical services. As a result, the Trust was able to re-establish critical services in a timely manner and return to business as usual. Many lessons have been learned both within the Trust and across the NHS generally, one key lesson being, the NHS is a clear target for such Cyber-attacks and therefore needs to invest and prepare for such eventualities now and into the future.

In September 2017, the Secretary of State for Health and Care announced that the Trust was to be a Global Digital Exemplar (GDE) Fast Follower organisation. This achievement being a result of many years of vision, leadership and strategic investments in information technologies and demonstrated by a high degree of digital maturity when compared to other NHS organisations. Our GDE programme is a partnership with the Royal Liverpool and Broadgreen University Hospitals NHS Trust, the programme will provide a mechanism to develop new digitally enabled services by learning and sharing key aspects of; People, Process and Technology transformations.

A factor in the achievement of our GDE status is based on our digital maturity. In 2014, the Clinical Digital Maturity Index (CDMI) ranked the Trust joint 121st in the NHS acute provider rankings, the CDMI report published in February 2018 now shows the Trust in joint 1st position nationally. Fundamental to this is our Electronic Patient Record (EPR) platform - TrakCare, this has continued to develop and deliver successful deployments of new functions and features throughout the year, including; integration to the primary care record via the Medical Interoperability Gateway (MiG), the MiG is one of the initial steps towards implementing a regional integrated care record, underpinned by robust Information Governance and Information Sharing Agreements.

During September 2017, the TrakCare Theatres module implementation took place, building increased functionality in to the EPR platform. In February 2018, the new Emergency Care Data Set (ECDS) functionality went live, and was followed in March 2018 with the pilot phase Electronic Prescribing and Medicines Administration (EPMA) functionality, at the time of this annual report, there are some very positive signs related to EMPA and its potential benefits.

Regionally, during the year the Trust became a partner organisation of Health Call, collaboration between six NHS Foundation Trusts within the North East. Health Call is a vehicle for redefining best practice, and accessing the diversity of care expertise enabling professionals in the region to implement digital care at scale. The Chief Information and Technology Officer (CITO) is the Health Call representative for the Trust.

Finally, work continues in relation to the broader digital transformation agenda across Cumbria and the North East (CNE), with the Trust's CITO leading the Digital Transformation Workstream (DTW) for the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby, Sustainability and Transformation Partnership. In addition, the Trust is continuing to play a major part in the broader CNE Digital Care Programme agenda, and how this will both enable and transform health and care services in to the future, including developments such as the Great North Care Record.

Service Developments

The Trust implemented a number of service improvements during 2017-18, with key examples outlined below. The Trust's planned priorities for 2018–19 are reflected on page 33.

Emergency Care

- Integrated Urgent Care went live in April 2017 in alliance with North East Ambulance Service and Hartlepool and Stockton Health (GP Federation) and includes emergency care, minor illness, walk in and booked appointments;
- Continuation of streaming nurse to reduce avoidable attendances by re-directing to primary care/community services where appropriate; and
- Improved Patient Flow/Discharge Liaison Team Model.

In Hospital Care

- Development of advanced nurse practitioners to compliment medical and nursing teams;
- Endoscopy services achievement of Joint Advisory Group (JAG) accreditation;
- The first regional Trust to achieve British Society of Echocardiography (BSE) accreditation;
- Nurse specialists performing bone marrow biopsy;
- Enhanced capacity and improved waiting times for routine and two week rule respiratory referrals with increased flexibility to manage peaks in demand; and
- Development of diabetes email service providing advice for GPs and Practice Nurses.

Orthopaedics

- Work in conjunction with the Musculoskeletal Service (MSK) to support the re-designed commissioner Orthopaedic pathways;
- Introduced periprosthetic lower limb list to support improved complex lower limb trauma; and
- Enhance Orthopaedic clinical team with the introduction of a Consultant surgeon with a special interest in revision surgery and periprosthetic fractures.

Surgery

- Further developed the unified breast service across Teesside, with the Trust taking the lead for service provision; and
- Developed hot gall bladder theatre list to improve emergency surgery pathways for this procedure;

Out of Hospital

- Community Matrons and OPTin Team commenced working as a single team of community matrons across the locality to provide a reactive and proactive service to adult nursing and residential care homes North of Tees;
- Non-medical prescribing in Podiatric surgery with progress made in MSK, respiratory physiotherapy, nutrition and dietetics pathways;
- The plans for an integrated Single Point of Access (SPA) across health and social care has progressed. Hartlepool Local Authority and the Trust are piloting a multi-agency triage service based in the SPA. This multidisciplinary team includes Clinical Triage Nurses, Therapists and Social Workers and has a remit to prevent admissions and facilitate timely discharges;
- The Bed Bureau is now co-located with the SPA; integration is planned as part of the strategy to prevent GP hospital admissions when patients can be safely and effectively cared for in the community;
- Frailty Coordinators have been introduced into Accident and Emergency;
- The nurse led model of Care on the Holdforth Unit is now fully embedded and the Unit has had a number of positive external reviews during the last year; and
- Seven day working has continued to be rolled out across Out of Hospital Care Services.

Women and Children

- Introduction of a dedicated clinic for the assessment of women with chronic pelvic pain and accreditation as an Endometriosis Centre;
- Implementation of Hysteroscopy procedures in the outpatient setting embedded at both Hartlepool and North Tees sites;
- Self-referrals have been introduced in the Pregnancy Advisory Service and the development of nurse led clinics has reduced waiting times; and
- Paediatric Day Unit (PDU) at North Tees is now open seven days a week covering peak admission times and working in collaboration with Accident and Emergency at times of pressure;
- Successful Peer Review in Neonatology as part of the NHS England Neonatal Review.

Clinical Support Services

- ‘Fast track’ system introduced for patients with highly suspicious chest x-rays to have a CT scan at the same attendance;

- Pathology wide temperature monitoring system install now complete, with implementation being rolled out widely;
- Engaged and embedded Omnicell automated dispensing practices.
- A new replacement radio pharmacy isolator has been installed within refurbished accommodation providing a clean environment in which to prepare radio pharmaceuticals and also provides protection for the handler against radiation.
- A new CT scanner has replaced the existing aging machine at North Tees as well as a replacement of a plain film x-ray machine and associated equipment;
- Work has been completed on the replacement of a two ultra clean ventilation theatres at North Tees providing state of the art theatre environments for high risk surgery; and
- Improvements have been undertaken in the Breast Screening Unit and Breast Clinic to provide increased clinical capacity and segregation of patient flow in compliance with the requirements of the National Breast Screening Programme and allow increased flexibility in the allocation of symptomatic clinics.

Commercial Ventures

The Trust's trading company, "Optimus Health Limited", is a wholly owned subsidiary company. It started trading in 2014-15 and continues to operate the outpatient Pharmacy "Panacea" at North Tees Hospital. This continues to provide an invaluable service to patients and staff as an on-site retail pharmacy offering.

The Trust has developed North Tees and Hartlepool Solutions Limited Liability Partnership (LLP), an ambitious plan which commenced in July 2017 and concluded on the 1 March 2018.

The subsidiary entity was established to initially deliver estates, facilities, supplies and procurement services to the Trust, but may in the future be expanded further to provide a wider range of 'back office' support services. The LLP has been formed with Northumbria Healthcare Facilities Management Limited, which is a subsidiary of Northumbria Healthcare; all profits generated by the LLP are returned to the Trust as its 'parent' organisation. The aim of the company is to deliver an efficient and effective service, incentivising staff performance and a greater focus on delivering key performance indicators, to deliver improved patient satisfaction levels whilst reducing the overall cost of expenditure to the Trust.

The introduction of an integrated communications TV screen solution across the Trust 3 hospital sites has allowed the Trust to communicate health messages and campaigns as well as promote Trust news to patients, visitors and all staff. There have been over 50+ TV screens linked and managed by the Trust with also advertising and sponsorship income opportunities for the Trust.

A commercial partnership agreement for Healthcare Innovation management and research was agreed between the Trust and the University of Teesside in November 2017. This will allow the Trust to work closely with academia in the research, development and evaluation of new technologies and innovation devices/services that can be adopted by the Trust and the wider NHS and Healthcare industry. The Trust's commercial department continues to generate income from retail, advertising, staff salary sacrifice, internal facility provisions which provide commercial financial income for the Trust.

3.1.4 Stakeholder relationships

The Trust continues to build on relationships with its partners, commissioners and local stakeholders, accommodating the changes in the organisational structures in the health and social care economy. It is recognised that this is a crucial element of the Corporate Strategy, for delivery of the Trust's objectives, and meeting the needs of its patients. It is equally important to the Trust to keep the staff informed as well. The Trust's communication and engagement approach has been refreshed during this period, which will facilitate the drive towards building a platform for enhanced engagement with all stakeholders, strategic partners, communities of interest and the general public.

Relationships with local stakeholders continue to develop including:

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

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

The Integrated Urgent and Emergency Care service, implemented in April 2017, is proving successful and popular with patients. This involves working with the GP Federation on admission avoidance and in partnership to look at opportunities for the future operating model.

The emergency care pathways will continue to be further developed to improve multidisciplinary service delivery at front of house, encompassing both frailty and Paediatric provision, with the aim to reduce avoidable admissions through enhanced decision making and early diagnosis.

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

3.1.5 Risk and Uncertainties

Economic Context and Financial Pressures

The focus of the NHS financial situation needs to be put in context of the wider economic situation, which remains extremely challenging with an on-going requirement to reduce public sector expenditure in order to reduce the national debt.

In a time of significant financial constraint, the NHS remains under severe financial pressure to deliver financial balance and the NHS Improvement financial regime increasingly focuses on the delivery of control totals. The system of allocating funding through the Provider Sustainability Fund remains in place for 2018-19, and is dependent on achieving financial and performance (A&E) milestones. In order to continue to deliver efficient, cost effective services to the population it serves, the Trust will work closely with all partners in tackling the Trusts underlying deficit through the development of robust Integrated Care Plans, which will ensure a system wide approach to future service delivery.

In 2017-18 the opportunity to continually deliver efficiencies has been extremely challenging in a multi sited organisation, this coupled with historic contracting and balance sheet issues has resulted in the Trust delivering a significant deficit position. In light of this, the Trust has taken the opportunity to strengthen both financial governance and reporting, as well as enhancing 'Grip and Control' within the Trust. These measures have been undertaken with the full engagement and support of the regulator, NHS Improvement.

In 2017-18 the efficiency challenge was £18.9m of which £12.5m was delivered. In recognition of the challenges the Trust faces, which is no different to the majority of Trusts, it has set a realistic and stretching efficiency target of £12m in 2018-19 which leaves the Trust with an underlying deficit position. With a view to addressing these challenges the Trust, with support from NHS Improvement, commenced a Delivering Productivity Programme (DPP) using NHS Improvement's Model Hospital Opportunities Scanner which identifies potential areas for efficiency and savings from peer benchmarked data.

The Trust was set a control total by Monitor (operating under the name NHS Improvement) at the start of the financial year. This control total was to achieve a deficit of £(3.858)m (excluding charitable funds and exceptional items) which, if achieved, would enable the Trust to access £6.876m of Sustainability and Transformation Funding (STF), leading to an overall surplus of £3.018m. For 2017-18 the Trust did not achieve the required deficit control total and subsequently did not receive the core STF allocation. The Trust, however, did receive a general STF allocation of £1.187m.

The Trust is reporting a consolidated group (including charity, operational and technical adjustments) deficit of £(40.420)m. This includes an exceptional item of £(11.439)m of asset impairments, which, along with donated asset and asset disposal adjustments, does not count against NHS Improvement control total target. This is a non-cash technical adjustment and there are a number of other exceptional items impacting upon the 2017-18 financial position; these include Historical Balance Sheet items and settlement of Prior Year contracts. These items are identified along with the normalised position of the Trust (i.e. the position excluding these non-recurrent items) on page 238.

The day-to-day operations of the Trust are funded from agreed contracts with NHS commissioners. The uncertainty and financial risk in the current economic climate has been mitigated by agreeing contracts with clinical commissioning groups and NHS England and these payments provide a reliable stream of funding reducing the organisation's exposure to liquidity and financing problems. In addition, the Trust in conjunction with its lead Clinical Commissioning Group is committed to minimising the overall system deficit and has agreed an innovative contract arrangement for 2018-19. The Trust has also agreed to work on a system wide Finance Recovery Group with the shared aim of reducing costs to the NHS as a whole. The overarching objective is to continue to deliver high quality, safe and caring services to its patients.

In light of the reported deficit position in 2017-18; the forecast going forward for 2018-19 and the recovery planning process, it is anticipated that the Trust will require a revenue support loan to support working capital requirements in 2018-19.

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

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

The leadership of the Trust is undertaking all necessary improvements at an accelerated pace to improve the financial position and continue to strengthen financial governance. It embraces the well-led principles and following a planned well-led inspection in December 2017, was rated as 'Good' by the Care Quality Commission. To support governance arrangements, gain external assurance and look for continuous improvements, the Trust has plans in 2018-19 in relation to an external review of compliance with the well-led framework for NHS Trusts published by NHS Improvement and the Care Quality Commission.

3.1.6 Going Concern

The Trust in preparing the annual statement of accounts has undertaken an assessment of its ability to continue as a going concern. In the short to medium term there continues to be an imbalance between income and expenditure that forms a degree of future risk to the organisation. Any judgement on going concern status should be made in the context of the on-going dialogue with NHS Improvement the regulator and the absence of any indication from them of a need to consider any substantial ceasing of current operations within 2018-19. In the context of the flexibilities set out in the regulatory framework for revenue support, the presence of the loans themselves do not constitute a fundamental threat to going concern of individual organisations. For the Trust's 2018-19 plan, a total liquidity requirement / shortfall of c. £18.2m has been identified.

There continues to be material uncertainty around the extent and nature of any financial support from NHS Improvement however given there is no indication from the regulators that the Trust will cease any part of its trading activities it is in the opinion of the directors that they expect that the Trust will continue its ability as a going concern and therefore the 2017-18 accounts have been prepared on this basis.

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

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

For further comment in this regard, please see Note **1.1.2** to the accounts, page 250.

3.2 Performance Analysis

3.2.1 Performance and Development of the Trust's Business

During 2017-18, the Trust has continued to review and re-model its services to meet the needs of the population. The Trust's bed base has been re-aligned to meet the increasing emergency activity coming into the organisation, providing resilience for the periods of seasonal demand and flexibility within service delivery. The elective bed base has been re-configured, providing a flexible week day and weekend resource to achieve maximum operational efficiency. There is a commitment to the continued review and improvement of patient pathways, through integrated acute and community care and collaborative working with social care.

The table below outlines Trust activity within 2017-18. During this time the Trust saw a decrease in elective activity across inpatient planned admissions, although an increase was evident in daycase admissions. Outpatient attendances (new and review) have shown a decrease, which is expected as the Trust reduces the number of review appointments in line with changes in clinical pathways. Ward attender activity shows an increase against the previous year, with additional patients being treated within the ward assessment areas.

2017-18 has seen a significant increase in emergency activity, linked to the change in pathways as a result of the opening of the Integrated Urgent Care Centres. Emergency admissions remain high; however indicate a slight decrease on the previous year. The Trust has been under significant operational pressure during the year with evidence of an increased acuity within patients admitted into the Trust. Of the patients coming through the emergency route the Trust continues to see, diagnose and treat a significant number of emergencies through the Ambulatory Care unit, a positive move to reducing avoidable admissions and the associated pressures within the base wards.

In line with the NHS commissioning structure, negotiation of the contracts has involved local Clinical Commissioning Groups (CCGs), NHS England, Local Authorities and Public Health organisations. The contract poses challenges to system efficiencies and pathway delivery, the detail of which will continue to be shared with the Board of Directors to enable debate and challenges as to risk and mitigation.

Point of Delivery	2016-17 Actual	2017-18 Actual	Variance 2017 – 18 against 2016 – 17	% Variance 2017 – 18 against 2016 – 17
A&E Attendances	89,057	161,123	72,066	80.92%
Day Case Admissions	34,800	35,340	540	1.55%
Inpatient Planned Admissions	6,276	4,951	-1,325	-21.11%
Inpatient Emergency Admissions	42,703	41,689	-1,014	-2.37%
Ambulatory Care Attendances	9,538	9,973	435	4.56%
Outpatient Attendances (New and Review)	190,931	180,362	-10,569	-5.54%
Ward Attenders	31,458	34,808	3,350	10.65%

Service Line Management

The Trust has embedded the principles of Service Line Management (SLM) across the organisation, equipping staff with the ability to manage and deliver efficient and quality services. Clinicians are using SLM as a model to deliver operational and financial efficiencies to improve patient experience and enhance the quality and safety of the services delivered.

Operational, financial and quality metrics are routinely reviewed at a service line level, thus identifying inefficiencies and variance in practice to inform service improvements, developments and Lord Carter principles. Service Line Reporting has been implemented, which fully utilises a patient level costing system (PLICS), to support decision making processes.

During 2017–18 the Trust has continued to advocate SLM as its model of working and continues to develop leaders, at all levels, within the organisation. The focus will be to strengthen SLM in all acute clinical, community and non-clinical services.

3.2.2 Performance Review

The Trust is committed to developing and improving service efficiency in collaboration with our lead Clinical Commissioning Groups (CCG). The Board of Directors receive regular reports on performance via the corporate dashboard, together with indicators incorporated into the specialty and sub specialty dashboards, to enable detailed review. The Trust has utilised the NHS Improvement Model Hospital data to identify the operational efficiency opportunities across the individual directorates and is progressing delivery of its potential productivity and efficiency gains through a structured programme of work, supported by the organisation's Project Management Improvement Office (PMIO) function.

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

Effective surge management remains a priority within the emergency preparedness agenda, and as such the Trust has a well-developed flexible capacity plan to accommodate surges in demand, which has been effective in managing the significant challenges posed by the seasonal pressures throughout the year.

Emergency Preparedness Resilience and Response (EPRR) Assurance 2017-18

The Trust has undertaken a self-assessment against the NHS England Core Standards for EPRR (v5.0). Following self-assessment, and in line with the definitions of compliance stated below, the organisation declared itself as demonstrating the following level of compliance against the 2017-18 standards: Substantial

Compliance Level	Evaluation and Testing Conclusion
FULL	Arrangements are in place the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement
SUBSTANTIAL	Arrangements are in place however the organisation is not fully compliant with **one to five** of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed
PARTIAL	Arrangements are in place however the organisation is not fully compliant with **six to ten** of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed
NON-COMPLIANT	Arrangements in place do not appropriately address **11 or more** core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Where areas require further action, this is detailed in the organisations *EPRR Work Plan* and will be reviewed in line with the organisation's governance arrangements.

Care Quality Commission rating

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

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

The overall rating from the recent inspection improved from 'Requires Improvement' to 'Good' in all five of the domains below:

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

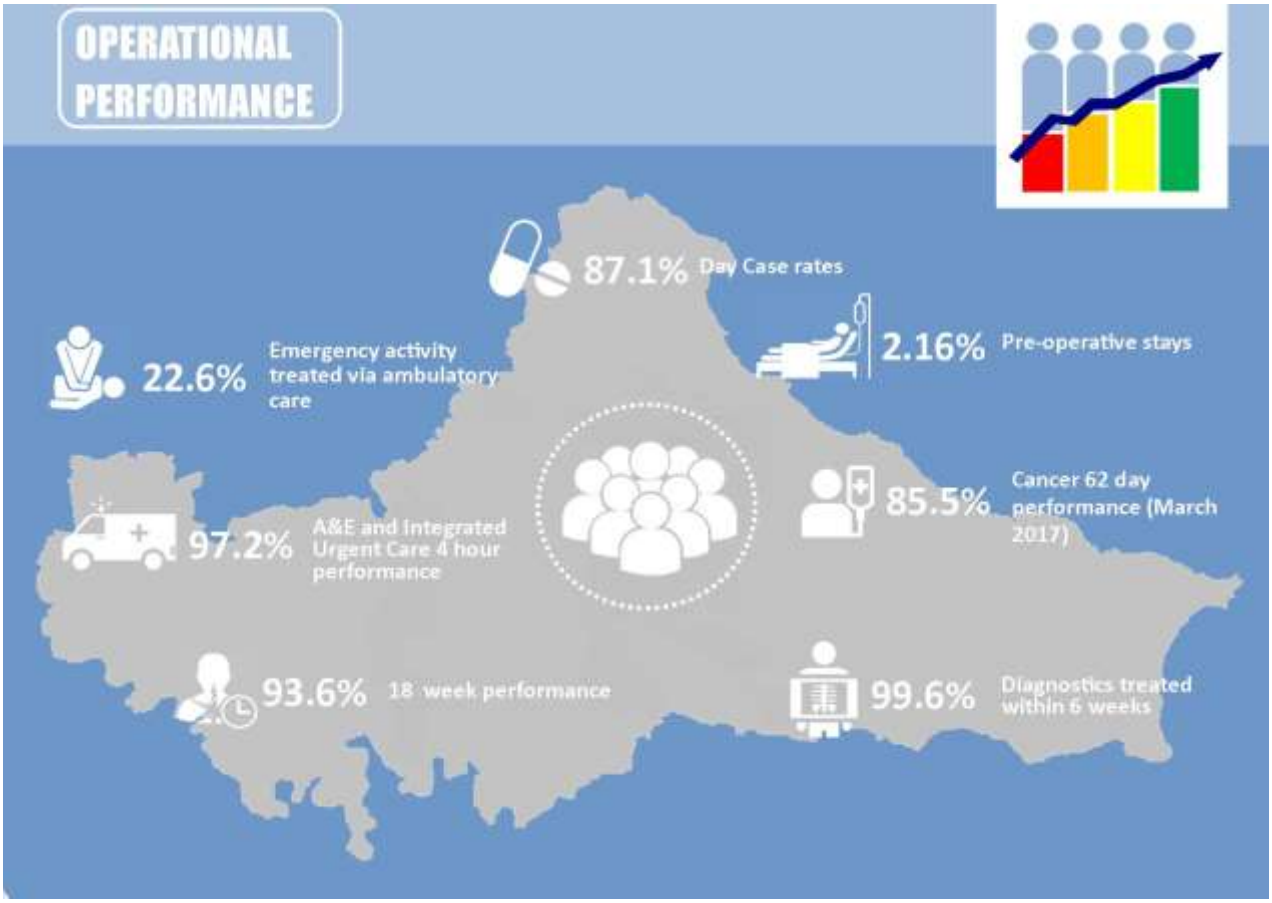
The previous inspection had identified the Effective and Well-led domains as 'requiring improvement'. The 2017 inspection improved this position for the Trust with both rated 'good' meaning all five areas are now rated as 'good'.

The CQC identified significant levels of good practice in all areas inspected and outstanding practice in Maternity services in relation to training and in the emergency department where they saw staff going the extra mile for patients and families and their care and support exceeded good care standards. The well-led element of inspection was also rated as good, noting that there was a clear statement of vision, driven by quality and sustainability and leaders at every level were visible and approachable.

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

Key Performance Standards

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



Delivery against the C-Difficile standard continued to be a challenge during 2017-18 given the Trust's annual objective which again was set at 13 cases. Whilst the Trust has not achieved against this standard it must be noted that a substantial year on year reduction has been achieved since the introduction of the standard in 2007–08. As such, achievement of the reduced objective was declared at risk by the Board of Directors in the 2017-18 annual planning submission and continues to be recognised as an on-going risk. Work has continued within the organisation to address the number of C-Difficile cases reported, with detailed action plans in place, including peer review and collaborative work to support best practice. Work is also on-going with lead commissioners to review individual root cause analysis reports to identify avoidable and unavoidable cases to support lessons learnt.

Consistent delivery of the Emergency 4 hour standard has been an on-going pressure during the year, particularly over the winter months, with unprecedented attendances and admissions seen within the organisation; a picture also witnessed nationally. Despite these pressures, the Trust was able to maintain compliance, reporting in first position nationally in February 2018, and has consistently remained above the national and North East average. Delivery of this standard has been supported by the implementation of the Integrated Urgent Care centres on both hospital sites, which has ensured patients are seen in the right setting, by the most appropriate clinical team i.e. Consultant/Nurse Practitioner/GP, first time, through robust streaming at front of house.

Continuous pressures across both attendances and admissions , together with a higher level of patient acuity, increasing delayed transfers of care and stranded patients (> 7 day stay), has significantly impacted on the flow of patients and the overarching approach to emergency care management, which is reflected in the high bed occupancy rates consistently reported during 2017-18. The Trust continues to work closely with the local authorities and social care to improve assessment, placement and discharge processes, with the aim to expedite timely safe discharge.

The Trust's emergency preparedness and resilience plan, in addition to numerous supplementary measures, has been fully implemented to support the delivery of emergency services and maintain the safety and quality of patient care. The key to success has resulted in whole system approach to pathway management, service redesign, escalation processes, workforce reviews and the implementation of the integrated urgent care service.

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

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

Monitor Compliance Framework Indicators	2017-18 Target	2017-18 Performance	2016-17 Performance	Achieved (cumulative)
Clostridium Difficile – meeting the C.Diff objective (Apr 17 – Mar 18)	13	35	39	✗
MRSA – meeting the MRSA objective (Apr 17 – Mar 18)	0	4	1	✗
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge (April 17 – Mar 18)	95%	97.24%	94.23%	✓
Cancer 31 day wait for second or subsequent treatment – surgery (Apr 17 – Mar 18)	94%	98.29%	97.90%	✓
Cancer 31 day wait for second or subsequent treatment – anti cancer drug treatments (Apr 17 – Mar 18)	98%	99.87%	99.90%	✓
Cancer 31 day wait for second or subsequent treatment – radiotherapy	94%	N/A	N/A	N/A
Cancer 62 Day Waits for first treatment (urgent GP referral for suspected cancer) (Apr 17 – Mar 18)	85%	85.83%	86.40%	✓
Cancer 62 Day Waits for first treatment (from NHS cancer screening service referral) (Apr 17 – Mar 18)	90%	97.02%	96.90%	✓
Cancer 31 day wait from diagnosis to first treatment (Apr 17 – Mar 18)	96%	98.55%	99.70%	✓
Cancer 2 week wait from referral to date first seen, all urgent referrals (cancer suspected) (Apr 17 – Mar 18)	93%	93.82%	94.30%	✓
Cancer 2 week wait from referral to date first seen, symptomatic breast patients (cancer not initially suspected) (Apr 17 – Mar 18)	93%	96.64%	96.90%	✓
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways (Apr 17 – Mar 18)	92%	93.63%	92.91%	✓
Referral to Treatment 52 Week Waits	0%	0	0	✓
Number of Diagnostic waiters over (Apr 17 – Mar 18)	99%	99.56%	99.41%	✓
Community care data completeness – referral to treatment information completeness (Apr 17 – Mar 18)	50%	96.81%	97.45%	✓
Community care data completeness – referral information completeness (Apr 17 – Mar 18)	50%	96.47%	95.88%	✓
Community care data completeness – activity information completeness (Apr 17 – Mar 18)	50%	95.70%	95.95%	✓
Community care data completeness – patient identifier information completeness (Shadow Monitoring) (Apr 17 – Mar 18)	50%	95.70%	95.95%	✓
Community care data completeness – End of life patients deaths at home information completeness (Shadow Monitoring) (Apr 17 – Mar 18)	50%	85.70%	86.62%	✓
Compliance with access to healthcare for patients with learning disabilities	100%	Full compliance	Full compliance	✓

Other National and Contract Indicators	2017-18 Target	2017-18 Performance	2016-17 Performance	Achieved (cumulative)
Cancelled Procedures for non-medical reasons on the day of op (Apr 17 – Mar 18)	0.80%	0.72%	0.54%	✓
Cancelled Procedures reappointed within 28 days (Apr 17 – Mar 18)	100%	94.84%	99.08%	✗
Eliminating Mixed Sex Accommodation (Apr 17 – Mar 18)	Zero cases	0	0	✓
A&E Trolley waits > 12 hours (Apr 17 – Mar 18)	Zero cases	1	0	✗
Choose and Book slot issues (Mar 18)	<4%	3.40%	1.60%	
Stroke – 90% of time on dedicated Stroke unit (Apr 17 – Mar 18)	80%	93.49%	91.69%	✓
Stroke – TIA assessment within 24 hours (Apr 17 – Mar 18)	75%	96.59%	90.20%	✓
Delayed transfers of care (Apr 17 – Mar 18)	<3.5%	3.42%	4.11%	✓
Retinal Screening – offered an appointment within 48 hours (Apr 17 – Jan18)	95%	99.75%	99.75%	✓
VTE Risk Assessment (Apr 17 – Mar 18)	95%	97.89%	97.09%	✓

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

3.2.3 Business Planning and Linkages to Key Activities

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

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

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

The Trust is assessing the viability of provision of the following new services in 2018-19 in contributing to the improved safe provision of efficient and cost effective services.

Planned Service Development Priorities for 2018-19 include:

Emergency Care / EAU and Ambulatory Care

- Implementation of 'Vocera', a clinical solution which will help improve communication and patient flow in a patient's journey;
- A review of the Rapid Assessment area to improve the clinical environment and allow expansion; and
- Review of A&E, rapid assessment and ambulatory care to support a dedicated 'frailty' assessment area

In-Hospital Care

- Development of Endoscopic Ultrasound Service (EUS);
- Expansion of Endobronchial Ultrasound (EBUS) service with training of additional consultants; and
- Continued consideration of working collaboratively with neighbouring Trusts for the Haematology and Rheumatology services.

Out of Hospital Care

- Partnership working with Local Authorities, CCGs, the GP Federation and the Third Sector to review intermediate care provision across both Stockton and Hartlepool localities;
- Implementation of the developing multi-agency Frailty Strategy, which will integrate all the relevant existing work into a coordinated workstream and review the management of the frail elderly in hospital and in the community;
- Development of existing community respiratory services, in line with the new service specification, to increase support for patients with asthma and TB;
- A review of Palliative Care service provision in partnership with our stakeholders, including our local Hospices;
- Piloting of Rapid Resource Nursing support in Urgent and Emergency Care; and
- Further expansion of services that provide a seven day / out of hours service.

Surgery and Urology

- Collaborative working to further support emergency urological provision;
- The expansion of Surgical Day Unit (SDU) to incorporate trauma assessment to support emergency care pathways;
- Continuation of training of the surgical care practitioner in breast services; and
- Developing an integrated Specialist Weight Management (SWM) Service to support the Bariatric Surgery pathway

Trauma and Orthopaedics

- Collaborative working for the Paediatric provision of Development Dislocation of the Hip (DDH) management; and
- Continue to work in collaboration with MSK to support a patient centred, integrated pathway approach to the management of patients with Muscular Skeletal problems.

Women and Children

- Development of 24 hour service provision for Obstetric Assessment;
- Development of a nurse led service for the Pregnancy Assessment Clinic (PAC)
- Re-design of Paediatric emergency pathway across A&E and Paediatric Day Unit, including 'hot clinics'.

Clinical Support Services

- Investment in a 3rd Cardiac enabled CT Scanner on the North Tees Hospital site providing additional capacity, service improvement and business continuity;
- Further on-going development of robust integrated clinical structure with partner organisations to maintain safe and sustainable service delivery; and
- Introduction of a Pre-Assessment Pharmacist to provide advice within pre-assessment clinics on stopping perioperative medicines and prescribing post-operative medicines in advance, improving patient flow and reducing cancellations on the day.

3.2.4 Future Challenges to Performance Delivery

NHS Five Year Forward View, alongside the Single Oversight Framework, outlines the performance expectations for providers. The overall aim is to develop an integrated approach to healthcare delivery across the whole health economy with key priorities reflected within the Trust's business plans.

Future challenges include consistent delivery across the following areas;

- Referral to treatment (RTT) alongside seasonal pressures and the potential cancelation of routine elective procedures
- 62 day referral to treatment cancer standard
- Further reduction in the number of cases of C-Difficile;
- Reduction in Methicillin resistant Staphylococcus aureus (MRSA),
- Reduction in **Methicillin-sensitive Staphylococcus aureus (**MSSA), E-Coli cases, Klebsiella and Pseudomonas blood stream infections;
- Reduction in emergency readmissions within 30 days
- Reducing avoidable hospital admissions for acute conditions
- Reducing super stranded patients (> 21 day stays)
- Reducing bed occupancy below 90%

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

Effective surge management remains a priority within the emergency preparedness, response and resilience agenda. The Trust has once again responded well to this year's winter pressures, with a relatively small number of elective procedures cancelled due to a lack of beds. The Trust has reported a small number of ambulance diverts and kept ambulance handover delays to a minimum. This is despite peaks in activity, compounded with periods of ward closures due to outbreaks of diarrhoea and vomiting and a significant increase in reported flu cases during 2017-18.

The Infection Prevention and Control Team continue to work collaboratively with clinical teams and support staff within the Trust and with partner organisations such as commissioners and local authorities, to standardise pathways of care for people with infection. The work to reduce the risk of infection and to ensure that those who do acquire an infection are safely managed to achieve the optimum outcomes crosses organisational barriers and requires engagement from all stakeholders.

3.2.5 Corporate and Social Responsibility

The Trust is committed to being a Good Corporate Citizen (GCC). During the year it worked hard to strengthen its corporate responsibility programme. Corporate social responsibility touches all areas of the Trust's activities, including the way in which it trains and develops its workforce, the way it purchases goods and services, how it uses energy and how it conducts its relationships with patients, carers, and members of

staff, governors and members of the public. The Trust continues to improve its GCC rating on an annual basis and is positioned well above the national average.

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

The Combined Heat and Power units (CHPs) on both sites continue to provide site electricity whilst contributing to heat generation from free waste-heat energy. Due to the quality of units, the Trust continues to be exempt from both the Carbon Reduction Commitment and the Climate Change Levy on all gas imports through a scheme operated by the Department of Energy and Climate Change.

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

The first phase of work replacing the electrical substations was successfully completed in June 2017. The second phase of work to replace the old boiler house with a modern Energy Centre commenced on site in September 2017 and is anticipated to be complete and fully operational by the end of October 2018.

The installation of 125kW of solar panels to the Podium roof of North Tees was completed and became operational in January 2017. This is the first phase of solar panel installation which will be followed by a further 125kW of solar panels that will be installed on the new energy centre roof during the summer of 2018. Once all this work has been completed it is anticipated that 10%-15% of North Tees site's electrical demand will be powered by solar renewable energy.

3.2.6 Volunteers

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

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

To establish this, the Trust has appointed a Volunteer Co-ordinator and the Company Secretary as lead to develop the volunteering strategy. The Trust is aiming to expand the number of volunteers to 500 within the next 3 years and aspire to place them in every ward and department over 7 days per week. The Trust will invest in branding and marketing and in a new approach to attract, recruit, retain and develop volunteers.

3.2.7 Environment, Sustainability and Climate Change

During the year the estates and facilities management team has:

- Completed the capital programme for the period 2017-18 to deliver a wide range of environmental, safety and service improvements and developments across the Trust;
- Continued with the estates strategy to rationalise the Trust-wide estate, to maximise space utilisation and to improve cost efficiencies by either generating additional income or by reducing the cost of external rents; and
- Continued to deliver centralised sterile services at North Tees, modernising and upgrading equipment and increasing capacity and resilience of services by standardisation. Endoscopy

reprocessing on both sites has continued to support the expansion of the Tees bowel screening programme in addition to supporting day to day diagnostic and therapeutic services across the Trust.

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

In terms of capital investment, the Trust spent a total of £14.1m in the following areas during 2017-18:

- Development of the primary engineering infrastructure scheme and increased electrical capacity to the UHNT site, including replacement high voltage distribution systems and electrical substations and solar powered panels;
- A comprehensive ward decant programme allowing the upgrading of facilities and dementia friendly decoration and the installation of led light fittings;
- The continuation of the multi-year, Trust wide implementation of the new Electronic Patient's Record System, TrakCare, along with a major replacement of associated ICT equipment and infrastructure.
- Complete refurbishment of two ultra clean ventilation theatres; and
- Replacement of various medical equipment replacement requirements including radiology machines, CT scanners as well as investment in theatre tables, instruments.

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

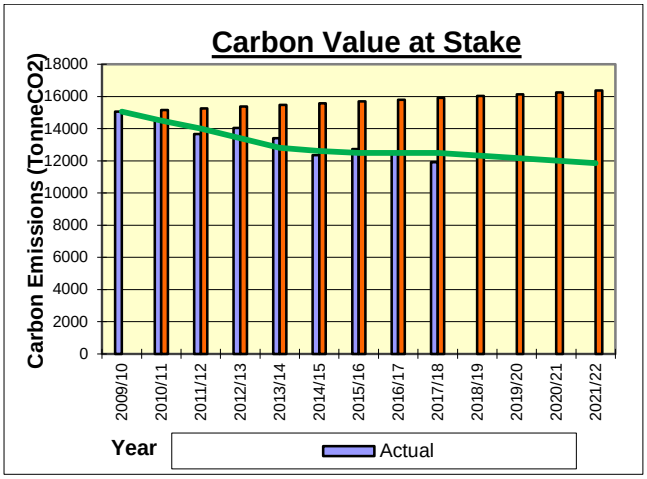
The Trust initially aimed to reduce its 2007 carbon footprint by 10% by 2015, which required it to curb the level of growth in emissions and reverse the trend in absolute emissions. An Environmental, Sustainable & Carbon Governance Committee was established to focus resources into deliverable short,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

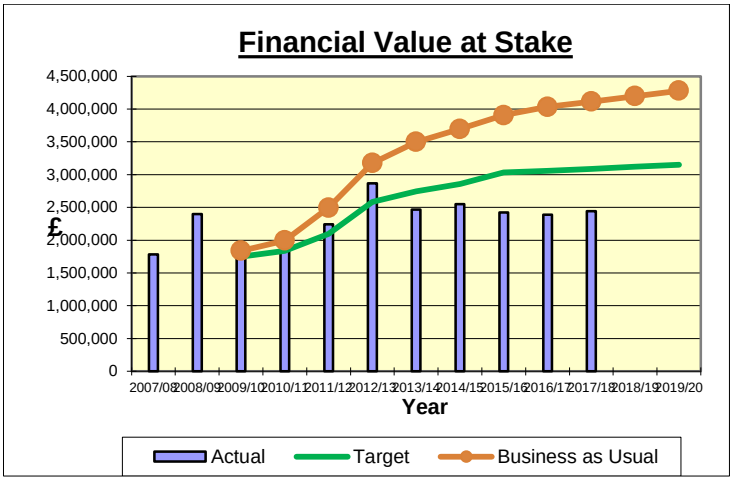
The Trust, through the committee, supported the implementation of the Carbon Management Plan with the following aims:

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

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

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





Carbon Governance Arrangements

The Environment, Sustainable Carbon Governance Committee oversees performance and governance issues. A comprehensive range of measures have been implemented and are monitored and reported upon annually.

Premises Assurance Model (PAM)

The NHS PAM has been produced for the financial year 2017-18 and includes a self-assessment to better understand the efficiency, effectiveness and level of safety with which the Trust manages its estate and how that links to patient experience. It also includes the 2018-19 corporate action plan.

Annual Statement of Fire Safety

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

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

Julie Gillon
Chief Executive (Interim)

29 May 2018

4. Accountability Report

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

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

- How the Trust is organised, with description of the structure, membership and functions of the Board of Directors, Governors and various committees (section 4.1);
- A detailed remuneration report (section 4.2);
- The Trust's commitment to its staff, including details on staff engagement, support, training and development, management of equality and diversity, absence management, findings from and action plan to address the issues raised in the Staff Survey 2017 and staffing analysis (section 4.3);
- The NHS Foundation Trust Code of Governance (section 4.4);
- Regulatory performance and ratings (section 4.5); and
- The Annual Governance Statement which includes the arrangements in place for quality governance in the Trust (section 4.7).

4.1 Directors' Report

Statement of Directors' Responsibilities

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

In preparing the accounts, the Directors are required to comply with the requirements of NHS Improvement's Foundation Trust Annual Reporting Manual 2017-18 and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- Prepare the financial statements on a going concern basis.

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

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

4.1.1 Organisational Structure

As an NHS Foundation Trust, we are required to comply with specific statutory duties and with arrangements set out by the independent regulator, NHS Improvement, in Monitor's NHS Foundation Trust Code of Governance (2010, revised 2014). These include the composition of the Council of Governors and Board of Directors. The Code of Governance requires the Trust to have a comprehensive framework in place to ensure the organisation is managed and governed properly. The Board of Directors and the Council of Governors ensure application and compliance with the Code.

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

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

The Board of Directors composition and its meeting structures are described on pages 54 - 58.

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

ratification of the appointment of the Chief Executive and approval of the appointment of the Trust's External Auditors.

It also receives the Annual Report and Accounts and holds to account the Board of Directors for its management and leadership of the Trust, the performance of the Trust, and ensures the Trust does not breach its terms of authorisation.

Working Together – the Board of Directors and Council of Governors

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

There are four Council of Governor meetings each year, and in 2017 the Board of Directors attended all these meetings. This was reviewed in 2018 with attendance revised to the Chief Executive and Non-Executive Directors to further strengthen working relationships with the Non-Executive Directors and for Governors to undertake their statutory responsibilities. Executive Directors would attend on request and would support the schedule of development sessions to ensure dedicated time is available for interaction between the Governors and the Executive Directors.

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

The range of development and information sessions held during 2017-18 focused on the following key themes:

Sustainability and Transformation Plan	Annual Operational Plan 2017-18 – 2018-19
Corporate Services and Clinical Services Strategy;	Business Planning;
Admission Routes into Hospital;	Hospital at Home
Care Quality Commission Inspection update	Well-led Governance Framework
Cancer Pathways and Services	

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

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

In addition to Council of Governors meetings and subgroups, Governors are also encouraged to attend the public Board of Directors meetings to gain a broader understanding of the review taking place at Board level, observe decision making processes and challenge from Non-Executive Directors.

There is a requirement, within the Code of Governance, for a mechanism to be in place for the resolution of any disagreement between the Board of Directors and the Council of Governors. In the first instance, it is the responsibility of the Chairman, as leader of both forums to attempt to reach a consensus. Failing that, the next formal step would be for the Chairman to receive formal representation from the designated Lead Governor, and seek to arrive at a mutually agreeable position. In 2017-18, the Trust has not needed to have recourse to such action.

4.1.2 Council of Governors

Governors are the direct representatives of staff, stakeholders, members and the public and form an integral part of the governance structure within the Trust. The Trust values the contribution of its Governors and the perspectives they bring to the Trust's development of services.

The Council of Governors Quality Accounts working group, established to review the Trust's Quality Report, has provided a third party declaration and this has also been endorsed by the Council of Governors, and can be found in section 5.

Role and Composition

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

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

The Constitution was amended and ratified by the Council of Governors in September 2017 to reflect realignment of the boundaries for Sedgefield and Easington to be in line with the local authority electoral wards and parliamentary constituencies. This resulted in the number of Governors representing Sedgefield increasing to two, and reducing the number of Governors representing Easington to two, providing a more balanced representation. These changes were implemented in time for the 2017 Governor Elections.

The Council of Governors has five sub-committees, which are described on page 42.

Elections – Public and Staff Governors

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

Elections are held on an annual basis for Governors. The last round of elections were held in the autumn of 2017, and were conducted by Electoral Reform Services (ERS) ballot services who were satisfied they were held in accordance with good electoral practice and constitutional requirements.

The Trust was required to fill the following vacancies at its elections to take effect from 1 December 2017:

Constituency	Number to elect	Positions filled
Hartlepool	2	1
Stockton-on-Tees	5	4
Sedgefield	1	-
Out of Area	1	1
Staff	4	4

The outcomes of elections are detailed in the table below:

Date of Election	Constituency	Number of Votes Cast	Turnout %	Number of Eligible Voters
10 October 2017	Hartlepool	Uncontested	-	-
10 October 2017	Stockton-on-Tees	Uncontested	-	-
10 October 2017	Sedgefield	No nomination	-	-
10 October 2017	Out of Area	Uncontested	-	-
10 October 2017	Staff	Uncontested	-	-

Meetings of the Council of Governors

The Council of Governors meetings are held in public, four were held during 2017-18. Development sessions are scheduled through the course of the year and involve Executive Directors and key stakeholders pertinent to the topic being presented.

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

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

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

Travel and Transport Group – its aim is to draft and implement a travel and transport strategy for the Trust; and

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

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

During 2017, the Nominations Committee, ratified by the Council of Governors, agreed to extend the term of office of Rita Taylor, Non-Executive Director/Senior Independent Director and Brian Dinsdale, Non-Executive Director/Vice Chair, for a period of one year, whose tenure would otherwise have ceased in December 2017 and November 2017 respectively.

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

There were no increases to the Chairman's or Non-Executive Directors' remuneration or allowances in 2017-18.

Name	Total Number of Meetings Attended	Total Number of Meetings Held
Paul Garvin	1	1
Linda Nelson	1	1
Pat Upton	1	1
Tony Horrocks	1	1
Maureen Rogers	-	1
Wendy Gill	1	1
Carol Alexander	1	1
Barbara Bright[1]	1	1

1 Attends to advise the Committee

Who's Who – Council of Governors

Public Governors	Constituency	Appointment	Year term of office ends	Total number of meetings attended	Total number of meetings held	Member of Committee (see key)
Pauline Robson	Hartlepool	3 years from 2013, re-elected for 3 years 2016	2019	4	4	MSC
Maureen Rogers[1]	Hartlepool	1 year from 2007 re-elected for 3 years 2008, 2011 & 2014	2017	2	3	NC, MSC
Thomas Sant	Hartlepool	3 years from 2010 re-elected for 3 years 2013 & 2016	2019	4	4	SSDC, TTG
Alan Smith	Hartlepool	3 years from 2015	2018	4	4	SSDC
George Lee	Hartlepool	3 years from 2015	2018	2	4	TTG
Roger Campbell	Hartlepool	2 years from 2015 re-elected for 3 years 2017	2020	1	4	SSDC,EAWG
Janet Atkins	Stockton	3 years from 2009 re-elected for 3 years 2012 & 2015	2018	3	4	SSDC, EAWG, MSC
Ann Cains	Stockton	3 years from 2011 re-elected for 3 years 2014 & 2017	2020	4	4	SSDC, MSC, TTG
Margaret Docherty	Stockton	3 years from 2013, re-elected for 3 years 2016	2019	4	4	SSDC
Mark White	Stockton	3 years from 2015	2018	3	4	SSDC, EAWG
Val Scollen	Stockton	1 year from 2015, re-elected for 3 years 2016	2019	3	4	SSDC, MSC
Tony Horrocks	Stockton	3 years from 2014, re-elected for 3 years 2017	2020	4	4	SSDC, MSC, NC
Janine Browne	Stockton	3 years from 2017	2020	-	1	SSDC,MSC
James Newton	Stockton	2 years from 2007 re-elected for 3 years 2009, 2012 & 2015	2018	2	4	SSDC
John Edwards	Stockton	3 years from 2014, re-elected for 2 years 2017	2019	2	4	SSDC
Pat Upton[2]	Stockton	1 year from 2007 re-elected for 3 years 2008, 2011 & 2014	2017	3	3	SSDC, MSC, NC, EAWG
Kate Wilson	Stockton	3 years from 2009 re-elected for 3 years 2012 & 2015	2018	4	4	SSDC
Mary King	Easington	3 years from 2010 re-elected for 3 years 2013 & 2016	2019	4	4	SSDC,MSC
John Doyle[3]	Easington	2 years from 2016	2018	-	3	
Wendy Gill	Sedgefield	3 years from 2010 re-elected for 3 years 2013 & 2016	2019	4	4	SSDC, MSC, NC
Alison McDonough	Non-core public	3 years from 2014, re-elected for 3 years 2017	2020	1	4	SSDC

Staff Governors	Representing	Appointment	Year term of office ends	Total number of meetings attended	Total number of meetings held	Member of Committee (see key)
Carol Alexander	Staff	3 years from 2011 re-elected for 3 years 2014 & 2017	2020	3	4	MSC, NC
John Hugill	Staff	2 years from 2017	2019	1	1	-
Manuf Kassem	Staff	3 years from 2012 re-elected for 3 years 2015	2018	4	4	-
Michelle Ferguson	Staff	2 years from 2017	2019	1	1	-
Asokan Krishnaier	Staff	3 years from 2017	2020	1	1	-
Gary Wright[4]	Staff	2 years from 2015	2017	2	3	SSDC
Steven Yull	Staff	3 years from 2015	2018	3	4	SSDC

Appointed Members	Representing	Total number of meetings attended	Total number of meetings held	Member of Committee (see key)
Jim Beall	Stockton-on-Tees Borough Council	2	4	-
Dave Hunter[5]	Hartlepool Borough Council	-	-	-
Brenda Loynes[6]	Hartlepool Borough Council	1	4	-
Morris Nicholls[7]	Durham County Council	-	1	-
Eunice Huntington[8]	Durham County Council	1	3	-
Simon Forrest[9]	University of Durham	-	1	-
Andrew Gennery[10]	University of Newcastle Upon Tyne	1	3	-
Tony Alabaster[11]	University of Sunderland	2	2	-
Linda Nelson	University of Teesside	3	4	NC

The cost of Council of Governors meetings and expenses, including travel and subsistence, for 2017-18 was £4,209 (2016-17: £6,204.52)

Key:

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

1 – Maureen Rogers appointment ended 30 November 2017
2 – Pat Upton appointment ended 30 November 2017
3 – John Doyle appointment ended on 8 January 2018
4 – Gary Wright appointment ended 30 November 2017
5 – Dave Hunter appointment ended 31 March 2017
6 – Brenda Loynes appointment from 1 April 2017
7 – Morris Nicholls appointment ended 10 July 2017
8 – Eunice Huntington appointment from 27 September 2017
9 – Simon Forrest appointment ended on 31 July 2017
10 – Andrew Gennery appointment from 17 September 2017
11 – Tony Alabaster appointment from 11 October 2017

Register of Interests – Governors

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

The Company Secretary,
North Tees and Hartlepool NHS Foundation Trust,
University Hospital of North Tees,
Hardwick,
Stockton,
TS19 8PE
or email: membership@nth.nhs.uk.

Membership of Our Trust

Public and staff are invited to participate in NHS Foundation Trust status by becoming members. Membership brings the important benefits of being able to stand for and vote in the elections for our Governors. As the Trust continues to develop, members can expect to participate more fully and help to shape the delivery of services. The Trust has some 10,707 members, which comprise 5,703 public members and 5,004 staff members:

Constituency	Number of members	Percentage of membership
Hartlepool	1,620	28.4%
Stockton-on-Tees	2,517	44.1%
Easington	843	14.8%
Sedgefield	482	8.5%
Non-Core	241	4.2%
Total	**5,703**	

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

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

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

The Trust's Membership Strategy provides for: engagement with members; opportunities to contact Governors; increasing and maintaining membership and ensuring it reflects the population it serves; communication with members (for example Anthem magazine) and providing benefits for members. The Membership Strategy was updated and refreshed in Autumn 2016, the strategy and resulting action plan was ratified by the Council of Governors in May 2017.

Members are sent a copy of our Trust magazine 'Anthem', which includes special notices, social media sites, and member events of which two were held during 2017-18. These events provide opportunities for members to receive and discuss information relating to our services, and included:

- Admission Routes into Hospital;
- Hospital at Home; and
- Cancer Pathways and Services

The member events are also attended by Governors, and provide an opportunity for members to raise any issues or ask questions. In addition, the Trust has continued its good practice of communicating with members by email and enabling members to communicate with the Trust using this medium. Members can send emails to their elected Governor through the email account membership@nth.nhs.uk; emails sent to this address are passed on through the Trust's Private Office, the contact address is provided in section 8, page 287.

4.1.3 Board of Directors

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

The role of the Board of Directors is to function as a unitary corporate decision-making body and exercise all powers when managing the Trust by providing effective and proactive leadership through setting the overall strategic direction of the Trust, regular monitoring of performance against objectives, ensuring the integrity of financial control and planning, the quality of patient care and safety through clinical governance.

The Board of Directors comprises: a Non-Executive Chairman, five Non-Executive Directors (NED), all of who are independent; five voting Executive Directors and four non-voting Executive Directors. The balance, completeness and appropriateness of the membership of the Board is reviewed periodically and upon any vacancies arising amongst either the Executive or Non-Executive Directors.

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

Membership of the Board of Directors and biographical details of Board Members are displayed on pages 54 – 58. The Trust recognises the need for balance, completeness and appropriateness with regard to its Board Members and believes this is provided and shown in the Directors' experience section pages 54 - 58.

There were a number of changes to Board membership during the year which can be found in the Remuneration Report. The background and experience of all individual Board members as at 31 March 2018 can be found later in the report.

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

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

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

The Board of Directors can confirm, it has met the requirement of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) in that income from the provision of goods and services for the purposes of health services is greater than its income from the provision of goods and services for any other purposes. Income disclosures are included in note 3 and 4 of the accounts.

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

The Trust made no political or charitable donations during 2017-18. The Trust acknowledges the Bribery Act 2010 and strong ethical standards are expected from all Trust employees. The Trust has a policy for gifts and hospitality and this is publicly available on its website.

The Trust has signed up to the Better Payments Practice Code, which aims to encourage and promote best practice between the organisation and its suppliers. It aims to pay all suppliers within clearly defined terms, and also commits to ensuring there is a process for dealing with any issues that may arise. This helps the

Trust to build stronger relationships with its suppliers. Furthermore, the organisation also abides by a prompt payment code which aims to ensure suppliers are paid on time and as per agreed terms and conditions of the contract to trade.

Better payment practice code	31 March 2018	
	Number	£'000
Non NHS		
Total bills paid in the year	78,699	88,900
Total bills paid within target	27,520	40,400
Percentage of bills paid within target	**35.0%**	**45.4%**
NHS		
Total bills paid in the year	1,140	11,900
Total bills paid within target	139	8,000
Percentage of bills paid within target	**12.2%**	**67.2%**
Total		
Total bills paid in the year	**79,839**	**100,800**
Total bills paid within target	**27,659**	**48,400**
Percentage of bills paid within target	**34.6%**	**48.0%**

Board of Directors Attendance

Name	Total No. of meetings attended	Total No. of meetings held	Notes
Paul Garvin, Chairman	15	15	
Brian Dinsdale, Non-Executive Director	13	15	Deputy Chair
Rita Taylor, Non-Executive Director	11	15	Senior Independent Director
Stephen Hall, Non-Executive Director	15	15	
Kevin Robinson, Non-Executive Director	15	15	
Jonathan Erskine, Non-Executive Director	15	15	
Alan Foster, Chief Executive/STP Lead for CNE	7	7	Appointed as STP Lead for CNE on 1 October 2017
Julie Gillon, Chief Executive (Interim)	15	15	Appointed on 1 October 2017
Deepak Dwarakanath, Medical Director	7	15	
Robert Toole, Director of Finance (Interim)	4	6	Appointed on 30 October 2017
Caroline Trevena, Director of Finance	8	9	Left the Trust on 30 November 2017
Julie Lane, Director of Nursing, Patient Safety & Quality	14	15	
Ann Burrell, Director of HR and Education	7	7	Left the Trust on 31 October 2017
Alan Sheppard, Director of Workforce (Interim)	6	6	Appointed on 1 November 2017
Julie Parkes, Director of Operations (Interim)	8	8	Appointed on 1 October 2017
Lynne Taylor, Director of Planning and Performance (Interim)	8	8	Appointed on 1 October 2017
Graham Evans, Chief Information & Technology Officer	15	15	
Peter Mitchell, Director of Estates and Facilities	9	9	Transferred to North Tees and Hartlepool Solutions LLP on 1 March 2018
Barbara Bright, Company Secretary	15	15	

The Board held 8 seminars, all of which provided the opportunity for detailed debate and discussion regarding Trust services and developments. The Board also held 15 formal meetings during 2017-18 comprising 7 public, 8 in committee meetings. The agendas and papers for the public meetings are published on the Trust's website together with dates of future meetings.

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

The Nominations Committee would consider such situations and would make proposals to take to a general meeting of the Council of Governors of which 75% shall be in agreement. The performance evaluation of the Board, its activities and committees is presented throughout this section, and assurance is provided in section 4.7, page 82. In addition, the Non-Executive Directors all undertake an annual appraisal, the outcomes of which are presented to the Nominations Committee.

Development and Performance

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

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

All Executive and Non-Executive Directors undergo annual performance evaluation and appraisal. The Executive Directors had two appraisals; one relating to their board role which was undertaken jointly by the Chairman and Chief Executive, and a second relating to their operational role in the Trust by the Chief Executive. The outcomes of the Executive Director appraisals are provided to Non-Executive Directors at a meeting of the Remuneration Committee. The outcomes of the Non-Executive Director appraisals are provided to the Council of Governors' Nominations Committee in detail, and in summary to a meeting of the Council of Governors.

Well-Led Review

The Trust has commenced activities in relation to an external review of compliance with the well-led framework for NHS Trusts published by NHS Improvement and the Care Quality Commission. At the time of writing, an internal self-assessment process has been undertaken, developed by the Deputy Executive Team and presented to the Board of Directors for approval. Discussions have been held with preferred suppliers relating to a targeted review focussing on specific key lines of enquiry with a proposed commencement date in quarter 2; 2018-19.

Internal Control

The Board of Directors is responsible for the Trust's system of internal control and for reviewing its effectiveness, which is designed to manage risk to achieve the Trust's objectives. It provides reasonable, but not absolute, assurance against material misstatement or loss. The Board has established a process which is demonstrated in the Trust's Risk Management Policy that covers identification, evaluation and management of significant risks the Trust may encounter. Further details of the Trust's risk management process can be found within the Annual Governance Statement section 4.7, page 82.

Board Sub-Committees and Membership

Committee Name	Membership	In attendance
Board In-Committee	Paul Garvin (Chairman) including all members of the Board of Directors	
Remuneration Committee	Paul Garvin (Chair), Rita Taylor, Stephen Hall, Kevin Robinson	
Audit Committee	Brian Dinsdale (Chair), Kevin Robinson, Rita Taylor, Jonathan Erskine	Robert Toole/ Julie Clennell/Internal Audit/External Audit
Finance Committee	Brian Dinsdale (Chair), Steve Hall, Kevin Robinson, Robert Toole	
Investment Committee	Brian Dinsdale (Chair), Paul Garvin, Kevin Robinson, Jonathan Erskine, Robert Toole	
Charitable Funds Committee	Brian Dinsdale (Chair), Paul Garvin, Rita Taylor, Jonathan Erskine, Julie Gillon, Robert Toole	
Patient Safety and Quality Standards Committee	Rita Taylor (Chair), Stephen Hall, Kevin Robinson, Deepak Dwarakanath, Julie Lane	Julie Clennell
Performance, Planning and Compliance Committee	Kevin Robinson (Chair), Jonathan Erskine, Lynne Taylor, Julie Parkes, Alan Sheppard	Lindsey Wallace
Transformation Committee	Stephen Hall (Chair), Brian Dinsdale, Jonathan Erskine, Julie Gillon	

Remuneration Committee

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

Name	Total number of meetings attended	Total number of meetings held
Paul Garvin	2	2
Rita Taylor	2	2
Stephen Hall	2	2
Kevin Robinson	2	2
Barbara Bright	Provided reports which the Remuneration Committee considered to enable decisions to be made	

The Committee took account of the overall performance of the Trust, and although recognised that all achievements had been met, due to the current economic climate and taking account of national pay restraints agreed that no cost of living pay awards or bonuses would be paid during 2017-18.

The Remuneration Committee considered and approved a number of changes at Executive Director level as a result of the Chief Executive being confirmed as Lead to support the delivery and integration of the STPs across Cumbria and the North East. In addition, it approved appointments to vacant positions following the Director of HR and Education and Director of Finance tendering their resignations leaving the Trust with effect from 31 October and 30 November 2017 respectively.

The Remuneration Committee considered and agreed in 2016 an annual performance bonus framework, based on executive team performance and linked to achievement and delivery of key targets and indicators, which would support the need for significant transformational service, change over the next 5-10 years. The bonus award would be determined on an annual basis by the Remuneration Committee, which would include the following: achievement of financial control targets and the achievement of a financial surplus; achievement of agreed metrics in respect to quality, safety and performance; delivery of core objectives; and satisfactory individual appraisal.

The performance targets to be achieved within the financial year 2016-17 were determined in May 2016 and were reviewed and assessed by the Remuneration Committee in August 2017. These, along with changes at Executive Director level, are provided in detail within the Remuneration report in section 4.2.2.

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

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

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

The Audit Committee met six times during 2017-18 to assess and critically review the key risks facing the Trust and to ensure that the key financial controls were in place and operating effectively.

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

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

- Management override of controls;
- Fraud in revenue recognition;
- Fraud in expenditure recognition;
- Valuation of property, plant and equipment; in particular the impact of the newly formed wholly owned subsidiary company North Tees & Hartlepool Solutions LLP;
- Financial sustainability; and
- Significant audit and accounting matters, in particular relating to Inventory / Stock management systems, processes and reviews; resolution of known Fixed Asset reconciliation issues and addressing historic and emerging issues not previously identified by management or audit .

These have been considered through the presentation of the external audit plan and discussions with our external auditors, PricewaterhouseCoopers LLP and have been included in the Audit Report on page 227.

Documents presented included: the annual plans for external audit, internal audit and the local counter fraud service, annual reports for internal audit and the local counter fraud service, annual quality account 2017-18, external assurance on the quality report 2017-18, annual accounts for 2017-18, external audit report on the 2018 audit, Trust annual report and accounts and the annual governance statement. Reports on the Board Assurance Framework were presented quarterly. A compliance and performance report was presented quarterly. A verbal update was provided by PricewaterhouseCoopers LLP at one of the meetings.

The following reports were also presented to the Audit Committee:

- Overdue policies;
- Assurance framework benchmarking report;
- IG toolkit audit report;
- Update on cyber security;
- Update on pharmacy omnicells internal audit report;
- Perception v reality counter fraud report;
- Update on action taken in respect of the PACS internal audit review;

- Digital strategy board minutes;
- Report relating to gifts and hospitality; and
- Timeline Report into reviews by Internal Audit concerning the Trust's Stock Management System.

A verbal update on the protocol for liaison between internal and external audit was given.

Name	Total Number of meetings attended	Total number of meetings held
Brian Dinsdale (Chair)	6	6
Rita Taylor	5	6
Jonathan Erskine	4	6
Kevin Robinson	1	1

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

The following reports were presented to the Finance Committee:

2017-18 forecast position and financial recovery plan	Board Assurance Framework
Business planning updates	Capital programme 2017-18 updates
Cash forecasting	Combined costs collection 2016-17 – approval of costing process
Corporate finance risks	Financial performance framework update
Financial recovery plan updates	Update on NHS Improvement diagnostic review
Implementation plan updates for North Tees and Hartlepool Solutions LLP	Innovative improvement
Materials management – inventory system review	Obsolete stock
Patient level information and costing system update	Proposal to dispose of surplus land
Risk management strategy 2017 – 2019	Temporary staffing

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

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

The Charitable Funds Committee has agreed actions in relation to increasing appropriate fundraising and a number of activities have commenced in year including the re-branding and relaunch of the Trust Charity, 'North Tees and Hartlepool Together – Your NHS Charity'. The Committee received details of VIP visits to the Trust and major donors in line with the recommendations from the Savile Inquiry.

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

The Committee meets on a monthly basis and is chaired by a Non-Executive Director. The quorum of the committee also requires at least one Director and two clinicians to be in attendance. The agenda of the

committee is informed by the requisite sections of the Board Assurance Framework and also reflects the domains of the Care Quality Commission:
Are services safe?
Are services responsive to the needs of our patients?
Are services caring?
Are services effective?
Are services well-led?

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

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

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

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

In order to ensure an active governance structure covering Ward to Board, the Committee receives the minutes of a number of operational committees and groups across a wide spectrum. Each of these is provided to the Committee members with a short summary of key points, identifying areas of good practice and also any areas of concern that need to be considered by the members for further action and support. This also allows members of the Committee to request details for any areas in the minutes for clarity or further action.

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

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

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

Transformation Committee
The Transformation Committee was established to assure the establishment, monitoring and delivery of the Trust's transformation programme. The Committee, chaired by a Non–Executive Director, ensures that transformation projects and initiatives have robust deliverable plans in place and that projects are being realised in line with these plans. The Committee also provides guidance to the Project Management

Improvement Office on priorities and is responsible for providing all the necessary Executive support to ensure the success of the transformation programme.

Over the course of the year, the Committee has monitored the development and delivery of the transformation programme; supporting and assuring actual and planned activity and monitoring the financial performance of programmes. The Committee has also been responsible for reviewing identified risks and the efficacy of actions in place to manage those risks, ensuring this is reported regularly to the Board of Directors.

Executive Team

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

Register of Interests – Board of Directors

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

Company Secretary,
North Tees and Hartlepool NHS Foundation Trust,
University Hospital of North Tees,
Hardwick,
Stockton,
TS19 8PE

or email: membership@nth.nhs.uk.

Board of Directors – Who's Who

Paul Garvin QPM, DL, Chairman

Appointed as Chairman from 1 November 2009, Acting Chairman from 26 November 2008. Appointed as Non-Executive Director on 1 January 2006. Term of office as Chairman concludes on 31 October 2018.

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

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

Brian Dinsdale OBE, Non-Executive Director/Deputy Chairman

Appointed 30 November 2007, Deputy Chairman from 9 March 2010. Term of office as NED until 30 November 2018.

Current commitments include:
Board Member of the Thirteen Housing Group

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

Rita Taylor, Non-Executive Director/Senior Independent Director

Appointed 1 January 2006. Term of office until 31 December 2018.

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

Stephen Hall JP, Non-Executive Director

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

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

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Jonathan Erskine, Non-Executive Director

Appointed 1 August 2015. Term of office until 31 July 2018

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

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

Kevin Robinson, Non-Executive Director

Appointed 1 August 2015. Term of office until 31 July 2018

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

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

Alan Foster MBE, Chief Executive

Date of commencement as Chief Executive 10 September 2007.
Appointed as Lead for the development of the Integrated Care System plan for Cumbria and the North East from 1 October 2017.

Current commitments include:
Honorary Colonel 201 Field Hospital (Volunteers).

Former positions:
NHS and Strategic Health Authority positions as Director of Finance and first Chief Executive of a Foundation Trust to integrate Acute and Community Services.
Member of the Chartered Institute of Public Finance and Accountancy.

Awarded an MBE in January 2013 honours list.

Julie Gillon, Chief Executive (Interim)

Date of commencement as Chief Operating Officer/Deputy Chief Executive 10 June 2008.
Date of commencement as Chief Executive (Interim) 1 October 2017.

Extensive NHS experience at regional and acute level. Lead on a range of complex portfolios, which have included: compliance; quality; governance; strategy; successful resilience planning, financial and operational performance. Substantively holds the position of Chief Operating Officer/Deputy Chief Executive, but since 1 October 2017 is undertaking the Chief Executive role on an interim basis.

Former positions:
Held a range of nursing and senior management positions including Registered General Nurse; Senior Sister; Senior Nurse; Assistant Director and Head of Strategic Planning.

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

Deepak Dwarakanath, Medical Director
Date of commencement 15 June 2016.
Extensive experience in the NHS working across medicine and gastroenterology. Consultant Physician/Gastroenterologist with Trust since 1996 with interests in inflammatory bowel disease and therapeutic endoscopy. Involved in external activity, Secretary for the Royal College of Physicians of Edinburgh for 7 years before becoming Vice-President in 2016.

Former positions:
Registrar in Gastroenterology and Medicine, Research Registrar, Senior Registrar in Gastroenterology, Consultant Physician/Gastroenterologist, Clinical Director In Hospital Care

MBChB (Wales), F.R.C.P (Edinburgh) 1999, F.R.C.P (London) 2000

Julie Lane, Director of Nursing, Patient Safety & Quality
Date of commencement 1 October 2015.
Experienced Nurse and Midwife having held a number of clinical and senior nurse posts. Led implementation of IT systems in clinical practice in a previous organisation prior to attaining General Manager role and latterly Deputy Director of Nursing role at the Trust.

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

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

Alan Sheppard, Director of Workforce (Interim)/Freedom to Speak Up Guardian
Date of commencement 1 November 2017.
Alan has extensive NHS experience as a registered nurse, educator and has led functions at general manager and deputy director level. Alan started his NHS career as a student nurse in Hartlepool before working in Darlington and returning to North Tees in his last clinical job on the Stroke Unit at North Tees.

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

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

Robert Toole - Interim director of finance
Date of commencement 30 October 2017.
Robert is a senior Finance and Commercial professional with over 20 years' experience as a board director. Experience includes both multi-national and multi-site operations in both the private sector and the NHS. His NHS director and consultancy experience covers the spectrum of provider and commissioner, including primary / community and mental health care alongside acute and ambulance & Urgent and emergency care services.

Former positions:
Prior to his NHS experience he has worked for Carnaud Metal Box and Rolls-Royce plc, where he held director roles in a European Multi-National division based in France and the Global Helicopter Engine Business based in the USA.

Fellow Chartered Management Accountant and member of the HFMA.

Dr Graham Evans, Chief Information and Technology Officer

Date of commencement 4 July 2016.
Graham has held a number of national and regional leadership roles relating to health informatics/Information and Communications Technology (ICT), commencing his NHS career with North Tees and Hartlepool NHS Foundation Trust in June 2004 as the director of IM&T. Prior to joining the NHS, Graham worked within the private sector in a range of senior commercial, operational and engineering management positions, predominantly in the chemical, electronics and Fast Moving Consumer Goods (FMCG) industries.

Following periods at the North East Strategic Health Authority (NESHA) and NHS England, Graham returned to the Trust in July 2016 as Chief Information and Technology Officer (CITO), in addition, he leads the Digital agenda for the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP footprint. In March 2017, Graham was appointed to work collaboratively with South Tees Hospitals NHS Foundation Trust for a period of two years, maintaining his role with the Trust whilst developing an information and technology strategy for both Foundation Trusts.

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

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

Julie Parkes, Director of Operations (Interim)

Date of commencement 1 October 2017
Began career in the NHS as an Occupational Therapist; experience includes working in acute and community health services and social care services at both local and regional level; with a Regional and National role in leadership and Innovation in relation to Allied Health Professionals

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

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

Lynne Taylor, Director of Planning and Performance (Interim)

Date of commencement 1 October 2017
NHS career commenced within Information Management and Technology before progressing into roles across Performance, Planning and Strategy.

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

Former position:
Associate Director of Strategy, Performance and Planning

Msc Health Information Management

Ann Burrell, Director of Human Resources and Education

Extensive experience in human resource management, organisational design and development in both public and private sectors. Has worked at Board level in civil service and private sector.

Former positions:
Director of Human Resources at: Department of Work and Pensions; Child Support Agency; Moores Furniture Group and held other senior positions in the private sector.

Chartered Member of the Chartered Institute of Personnel and Development (CIPD).

Left the Trust on 31 October 2017

Caroline Trevena, Director of Finance
Date of commencement 1 March 2016
Held a range of senior finance roles across the health sector, working at regional and local level in Foundation Trusts, NHS Trusts, acute hospital in Australia, PCTS and Strategic Health Authorities. Experience includes working with Trusts in turnaround, merging and de-merging provider organisations and performance management of NHS organisations.

Former Positions:
Deputy Director of Finance at North Tees and Hartlepool NHS Foundation Trust, Deputy Director of Finance at Lewisham and Greenwich NHS Trust

Chartered Management Accountant (ACMA)
MBA (Durham).

Left the Trust on 30 November 2017

Peter Mitchell, Director of Estates and Facilities Management
Date of commencement 1 July 2016
A chartered electrical engineer with extensive experience gained from a wide range of posts across the estates and facilities directorate including regional capital planning.

Former positions:
Held a range of estates and facilities positions including time-served electrician, estates supervisor, hospital engineer, Head of Estates, Assistant Director of Estates, and Deputy Director of Estates & Facilities.

B.Eng. (Hons) Engineering. MBA Facilities Management. Chartered Engineer. Member of the Institute of Healthcare Estates Engineering Management (IHEEM).

Transferred to North Tees and Hartlepool Solutions LLP on 1 March 2018

4.2 Remuneration Report

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

4.2.1 Annual Statement on remuneration

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

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

The Remuneration Committee considers the key business objectives as set out in the Trust's Corporate Strategy and business objectives allocated to each Executive Director through the appraisal process, and receive a report of the individual's progress against those objectives. Performance is closely monitored and discussed through both an annual and on-going appraisal process. All senior managers' remuneration is subject to satisfactory performance.

The Chief Executive takes the lead on the evaluation of Directors and the Chairman takes the lead on the Chief Executive's performance. During 2017-18 the Chief Executive and Chairman continued to hold joint appraisals with each Executive Director in relation to their Board role, and the Chief Executive held a separate appraisal in relation to the Executive Director's operational role. On an individual basis targets are set against the Trust's strategy and aligned to Directors by a number of agreed objectives at appraisal meetings.

A number of changes took place during 2017-18 to support the delivery and integration of the STPs across Cumbria and the North East. The Chief Executive was confirmed as the STP lead for the region undertaking the role 4 days a week and in order to ensure the necessary capacity and capability within the Trust to deliver the challenging agenda, interim senior management arrangements were agreed up to 31 March 2018. The Chief Operating Officer/Deputy Chief Executive moved into the role of interim Chief Executive with her position backfilled by the appointment of an interim Director of Operations and interim Director of Planning and Performance. Both these appointments were made internally and the postholders retained the functional remit of their substantive roles.

In addition, the Director of HR and Education and Director of Finance tendered their resignations leaving the Trust with effect from 31 October and 30 November 2017 respectively. The Director of HR and Education role was redefined as the Director of Workforce with interim arrangements established internally for a 12 month period. Interim arrangements were also put in place for the Director of Finance whilst recruitment to the post was undertaken on a substantive basis. A permanent appointment was made to the post in March 2018, with the appointee taking up position on 1 May 2018.

In addition the Chief Information and Technology Officer worked collaboratively with South Tees Hospital NHS Foundation Trust during 2017-18, maintaining his role with the Trust whilst developing an information and technology strategy for both foundation trusts.

The Nomination Committee is responsible for the recruitment, appointment, retention and removal of the Chairman and Non-Executive Directors, including matters of remuneration and conditions of appointment. The Nomination Committee in 2017-18 considered the terms of office of two Non-Executive Directors, recommending that both were re-appointed to a further 1 year term of office. The recommendations were presented and ratified at the Council of Governors meeting in September 2017.

4.2.2 Senior managers' remuneration policy

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

The Remuneration Committee considered its policies on remuneration and performance in order to satisfy itself that the level of remuneration paid above the threshold of £150,000 to some members of the senior team was justifiable and reasonable; given the diversity and complexity of portfolios, the Remuneration Committee confirmed that the salaries were appropriate. Given the current economic climate, the Remuneration Committee agreed there should be no cost of living rise for the Chief Executive or any Executive Director in 2017-18.

Details of Directors' remuneration and pension entitlements for the year ending 31 March 2018 are published in this Remuneration Report and the Annual Accounts section which is section 7, page 236. There have been no awards made to past senior managers. The dates of commencement of the Executive Directors in their current posts can be found in section 4.1.3, page 54.

Future policy table

Element of pay	Purpose and link to strategic objectives	How operated in practice	Maximum opportunity	Description of performance metrics
Base salary	To help promote the long term success of the Trust and to attract and retain high calibre Executive Directors to implement the strategy. To provide a competitive salary relative to comparable healthcare organisations in terms of size and complexity.	As determined by spot salary on appointment. The Committee recognises the need to pay in the upper quartile to ensure it both attracts and retains staff The Committee considers: • Individual responsibilities, skills, experience and performance; • Salary levels for similar positions in other foundation trusts; • The level of pay increases across other pay grades in the Trust; • Economic and market conditions; and • The performance of the Trust. The Committee retains the right to approve any increase in exceptional cases, such as major changes to roles/duties or internal promotion to the position of Director. Salaries are paid monthly in arrears	There is no prescribed maximum annual increase. The Committee on occasion may need to recognise changes in the role/duties of a Director; movement in comparator salaries; and salary progression for newly appointed Directors.	N/A
Benefits (taxable)	To help promote the long term success of the Trust and to attract and retain high calibre Executive Directors and to remain competitive in the market place.	Benefits for Directors include: • Pension related benefits based on NHS pension scheme arrangements. Non-Executive Directors do not receive benefits.	There is no formal maximum	N/A
Pension	To help promote the long term success of the Trust and to attract and retain high calibre Executive Directors and to remain competitive in the market place	The Trust operates the standard NHS pension scheme for senior staff.	As per standard NHS pension scheme	N/A
Annual bonus	To motivate and reward Executive Directors for the achievement of demanding financial objectives and key strategic and performance measures over the financial year. The performance targets set are stretching whilst having regard to the nature and risk profile of the Trust.	The Committee reviews individual performance as measured at the end of the financial year and the level of bonus payable is calculated at that point. Bonus payments will be between 0% - 5% of base salary, dependent on organisational and individual performance. Annual bonus is not pensionable and not consolidated into basic salary.	Maximum earning potential of up to 5% of base salary.	As defined by the Trust Annual Performance Bonus Framework.
Non-Executive Directors' fees (including the Chairman)	To attract and retain high quality and experienced Non-Executive Directors (including the Chairman).	The remuneration of the Non-Executive Directors, including the Chairman, is set by the Council of Governors on the recommendation of	Non-Executive Director fees take into account fees paid by other foundation trusts.	N/A

		the Nomination Committee having regard to the time commitment and responsibilities associated with the role. The remuneration of the Chairman and the Non-Executive Directors is reviewed annually taking into account the fees paid by other foundation trusts. The Non-Executive Directors do no participate in any performance related schemes nor do they receive pension or taxable benefits.		

There are no components to senior manager salaries other than those disclosed within the tables on pages 64. Total remuneration includes salary, non–consolidated performance-related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions for 2017-18.

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

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

The Remuneration Committee considered and agreed in 2016 an annual performance bonus framework, based on executive team performance and linked to achievement and delivery of key targets and indicators, which would support the need for significant transformational change over the next 5-10 years. The bonus award for each individual covered under the framework would be based on collective team performance and would be dependent on achievement of financial control targets for the financial year in question, along with achievement of all or most of the key performance targets, to be determined on an annual basis by the Remuneration Committee.

The performance targets to be achieved within the financial year 2016-17 were determined in May 2016 and reviewed and assessed by the Remuneration Committee in August 2017. The performance related elements of remuneration were set at a maximum of 5% of salary and the performance targets and relevant weighting (where applicable) are identified in the table below:

Performance Bonus Scheme 2016-17	Target%	Achieved	Actual%
Deliver NHS Improvement financial control total target	30	√	30
Risk Assessment Framework Maintain at least a continuity of service rating of 2 and governance risk rating of green	20	√	20
Ensure that mortality (using HSMR) is within a tolerance of 105 – 110 by 31 March 2017	15	√	15
Deliver the following performance measures:			
4 hour target in A&E (annual)	5	**X**	0
All relevant cancer targets (annual)	5	√	5
All RTT targets (annual)	5	√	5
Infection control			
o MRSA target of zero cases in 2016-17	5	**X**	0
o Cdiff target of no more than 20 cases in 2016-17	5	**X**	0
Satisfactory individual appraisal and delivery of core objectives	10	√	10
	100		**85**

On review, the Remuneration Committee agreed to award a 4% bonus on the basis that all targets were achieved with the exception of 3 objectives which amounted to 15% of the overall weighting.

The performance targets to be achieved within the financial year 2017-18 were determined in August 2017 and will be reviewed and assessed by the Remuneration Committee in quarter 1: 2018-19. The performance related elements of remuneration were set at a maximum of 5% of salary, under the performance measures linked to access standards; six metrics were identified and it was agreed that all would need to be achieved in order to attain the 30% allocated to this measure. The performance targets and relevant weighting (where applicable) are identified in the table below:

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

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

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

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

4.2.3 Annual report on remuneration

The Trust's Remuneration Committee membership and roles are reflected in section 4.1.3, page 49, this Committee has responsibility for setting the salaries, allowances and terms and conditions for the Chief Executive and Executive Directors.

The Trust's Nomination Committee sets the remuneration and expenses for the Chairman and Non-Executive Directors. Details of the Nomination Committee can be found in section 4.1.2, page 42. The remuneration and expenses remained unchanged in 2017-18.

Expenses paid to directors in the year have been £12,532 (2016-17: £12,781), and for governors £803 (2016-17: £863). Expenses are in relation to travel and subsistence necessarily incurred in the performance of their duties in accordance with Trust policies and in compliance with HMRC regulations or other legislation. As at 31 March 2018 there are 15 (2016-17:14) directors in office, and 12 (2016-17:12) of these have received expenses in 2017-18. As at 31 March 2018 there are 30 (2016-17:29) governors in office, with 6 (2016-17:9) of these having received reimbursement in the form of expenses.

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

The Trust is required to disclose the median remuneration of the Trust's staff and the ratio between this and the mid-point of the banded remuneration of the highest paid Director. The calculation is based on full-time equivalent staff of the reporting entity at the reporting year end date on an annual basis. The median remuneration of all Trust staff is £24,813 (2016-17: £24,201) and the ratio between this and the mid-point of the banded remuneration of the highest paid director is a ratio of 10.44 (2016-17: 9.4) to the highest paid Director being £255k - £260k (2016-17: £225K - £230K). In 2017-18, 1 employee (2016-17: 2) received remuneration in excess of the highest paid director, remuneration ranged from £300k – £305k (2016-17: £235k – £240k and £245k - £250k). Three directors earned over £150,000.

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

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

Julie Gillon
Chief Executive (Interim) 29 May 2018

This table has been subject to audit review.

Name & Title	To 31 March 2018					
	Salary and Fees	All Taxable Benefits	Annual performance related bonuses	Long term performance related bonuses	Pension Related Benefits	Total Remuneration
	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
Mr Paul Garvin Chairman	50 - 55	-	-	-	-	50 - 55
Mr Alan Foster Chief Executive	250 - 255	-	5 - 10	-	-	255 - 260
Ms Julie Ann Gillon Chief Operating Officer/Deputy Chief Executive until 30.9.17 Chief Executive (Interim) commenced 1.10.17	160 - 165	8.5	5 – 10	-	87.5 - 90	250 – 255
Dr Anandapuram Dwarakanath Medical Director	215 - 220	-	0 - 5	-	30 – 32.5	265 - 270
Mrs Julie Lane Director of Nursing, Patient Safety and Quality	120 - 125	0.6	0 - 5	-	72.5 - 75	190 - 195
Dr Graham Evans Chief Information Technology Officer	135 - 140	-	0 - 5	-	47.5 - 50	180 - 185
Mr Alan Sheppard Director of Workforce (Interim) commenced 1.11.17	40 - 45	-	-	-	535 – 537.5	580 - 585
Mrs Lynne Taylor Director of Planning and Performance (Interim) commenced 1.10.17	40 - 45	-	-	-	10 – 12.5	50 - 55
Mrs Julie Parkes Director of Operations (Interim) commenced 1.10.17	45 - 50	-	-	-	15 – 17.5	60 - 65
Mrs Barbara Bright Company Secretary	100 - 105	-	0 - 5	-	37.5 - 40	140 - 145
Mrs Ann Burrell Director of Human Resource and Education	75 - 80	-	5 - 10	-	47.5 - 50	120 – 125
Miss Caroline Trevena Director of Finance	95 - 100	-	0 - 5	-	72.5 - 75	170 – 175
Mr Robert Toole Director of Finance (Interim) commenced 30.10.17	60 - 65	-	-	-	212.5 - 215	275 - 280
Mr Peter Mitchell Director of Estates and Facilities	100 – 105	-	0 - 5	-	42.5 - 45	145 - 150
Mr Stephen Hall Non-Executive	15 – 20	-	-	-	-	15 - 20
Mrs Rita Taylor Non-Executive	15 – 20	-	-	-	-	15 - 20
Mr Brian Dinsdale Non-Executive	15 – 20	-	-	-	-	15 - 20
Mr Jonathan Erskine Non-Executive	15 – 20	-	-	-	-	15 - 20
Mr Kevin Robinson Non-Executive	15 – 20	-	-	-	-	15 - 20

NOTES

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

Julie Gillon
Chief Executive

29 May 2018

This table has been subject to audit review.

Name & Title	To 31 March 2017					
	Salary & Fees	All Taxable Benefits	Annual performance related bonuses	Long term performance related bonuses	Pension Related Benefits	Total Remuneration
	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
Mr Paul Garvin Chairman	50 - 55	-	-	-	-	50 - 55
Mr Alan Foster Chief Executive	225 - 230	-	-	-	-	225 - 230
Ms Julie Ann Gillon Chief Operating Officer/Deputy Chief Executive	145 - 150	8.2	-	-	20 - 22.5	170 - 175
Ms Lynne Hodgson Director of Finance, ICT & Support Services	10 - 15	-	-	-	-	10 - 15
Mr David Glatton Charles Emerton Medical Director	30 - 35	-	-	-	-	30 - 35
Dr Anandapuram Dwarakanath Medical Director	180 - 185	-	-	-	252.5 - 255	435 - 440
Mrs Catherine Siddle Director of Nursing, Patient Safety and Quality	15 - 20	-	-	-	-	15 - 20
Mrs Ann Burrell Director of Human Resource and Education	130 - 135	-	-	-	35 - 37.5	170 - 175
Mrs Barbara Bright Company Secretary	95 - 100	-	-	-	45 - 47.5	145 - 150
Miss Caroline Trevena Director of Finance	115 - 120	-	-	-	87.5 - 90	205 - 210
Mr Peter Mitchell Director of Estates and Facilities	70 - 75	-	-	-	47.5 - 50	120 - 125
Mrs Julie Lane Director of Nu4rsing, Patient Safety and Quality	110 - 115	1.1	-	-	287.5 - 290	400 - 405
Dr Graham Evans Chief Information Technology Officer	90 - 95	-	-	-	7.5 - 10	100 - 105
Mr Stephen Hall Non-Executive	15 - 20	-	-	-	-	15 - 20
Mrs Rita Taylor Non-Executive	15 - 20	-	-	-	-	15 - 20
Mr Brian Dinsdale Non-Executive	15 - 20	-	-	-	-	15 - 20
Mr Jonathan Erskine Non-Executive	15 - 20	-	-	-	-	15 - 20
Mr Kevin Robinson Non-Executive	15 - 20	-	-	-		15 - 20

NOTES

1. All taxable benefits relate to cars and are expressed in £000's. The method of calculating benefits in kind is based upon HMRC guidance and uses the CO2 emissions rate of the vehicle and the type of fuel used.

2. Remuneration in relation to the Medical Director includes payment for clinical sessions and clinical excellence awards as follows: Mr David Glatton Charles Emerton clinical sessions £10k-£15k. Dr Anandapuram Dwarakanath clinical sessions £70k-£75k and clinical excellence award of £25k-£30k which is paid by the Department of Health.

3. The amount reported in salary and fees for Mr David Glatton Charles Emerton and Dr Anandapuram Dwarakanath relates purely to their basic pay and the other salary category includes allowances in connection with medical duties.

4. Mr David Glatton Charles Emerton ceased being Medical Director on 14 June 2016.

5. Dr Anandapuram Dwarakanath became Medical Director on 1 June 2016.

6. Mr Peter Mitchell was appointed Director of Estates and Facilities on 1 July 2016

7. Dr Graham Evans Chief Information Technology Officer joined the Trust on 4 July 2016

8. Mrs Lynne Hodgson, Director of Finance, ICT & Support Services left the Trust on 30 April 2016.

9. Miss Caroline Trevena took up the post of Director of Finance on 5 July 2016 she had previously been Acting Director of Finance from 15 February 2016.

10. Mr Alan Foster, Chief Executive has not made contributions into the NHS pension scheme this financial year and has been entitled to claim pension in year.

11. Mrs Catherine Siddle, Director of Nursing, Patient Safety and Quality has not made contributions into the NHS pension scheme this financial year and has been entitled to claim pension in year due to ill health. Mrs Siddle died May 2016.

12. Mrs Julie Lane change in pension related benefit value is due to the figures submitted in 2015-16 being for 6 months only - Mrs Lane came in to post October 2015.

13.Pension - Related Benefits have been calculated in line with the 2016-17 Monitor ARM guidance and have been determined in accordance with the HMRC method of calculating less the amounts paid by employees.

Julie Gillon
Chief Executive

29 May 2018

This table has been subject to audit review.

Salary and Pension Entitlements of Senior Managers - B) Pension Benefits								
Name & Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2018	Lump sum at pension age related to accrued pension at 31 March 2018	Cash equivalent transfer value at 31 March 2017	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2018	Employers contribution to stakeholder
	(bands of £2,500)	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	0
Mr Alan Foster Chief Executive	-	-	-	-	1,718	-	-	-
Ms Julie Ann Gillon Chief Executive (Interim) from 1.10.2017 previously Chief Operating Officer/Deputy Chief Executive	2.5-5	12.5-15	65-70	195-200	1,099	158	1,269	22
Dr Anandapuram Dwarakanath Medical Director	2.5-5	7.5-10	77	232	1,464	137	1,615	31
Mrs Julie Lane Director of Nursing, Patient Safety and Quality	2.5-5	10-12.5	45-50	140-145	804	125	937	17
Dr Graham Evans Chief Information Technology Officer	2.5-5	7.5-10	23	70	435	87	527	19
Mr Alan Sheppard Director of Workforce (Interim) (from 1.11.2017)	25-27.5	7.5-10	28	85	382	56	520	6
Mrs Lynne Taylor Director of Planning and Performance (Interim) (from 1.10.2017)	0-2.5	-	0-5	-	16	10	35	6
Mrs Julie Parkes Director of Operations (Interim) (from 1.10.2017)	0-2.5	2.5-5	17	50	326	24	376	6
Mrs Barbara Bright Company Secretary	2.5-5	2	40-45	100-105	632	69	708	15
Mrs Ann Burrell Director of Human Resource and Education (left the Trust 31.10.2017)	2.5-5	-	5-10	-	84	39	124	11
Miss Caroline Trevena Director of Finance (left the Trust 30.11.2017)	2.5-5	0-2.5	30	72	432	15	452	14
Mr Robert Toole Director of Finance (Interim) (from 30.10.2017)	7.5-10	25-27.5	20-25	60-65	-	221	528	10
Mr Peter Mitchell Director of Estates and Facilities (transferred 1.3.2018)	0-2.5	5-7.5	40	121	830	97	935	15

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

Julie Gillon
Chief Executive

29 May 2018

4.3 Staff Report

4.3.1 Awards and Accolades

The Trust supports its staff in seeking both internal and external recognition for its excellent work. The awards and accolades achieved in 2017-18 recognised the hard work, commitment and contribution staff make to enable North Tees and Hartlepool NHS Foundation Trust to be a successful provider of healthcare services.

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

Star of the Month 2017-18

Team of the Month 2017-18

Shining stars

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

Award success for Trust's A&E team

The team has been shortlisted in the Student Placement of the Year: Hospital category in the Nursing Times Awards.

Award winning team

Congratulations to the endometriosis team who have been awarded the status of 'Accredited Endometriosis Centre' from the British +Society for Gynaecological Endoscopy (BSCE).

Award winning care

Congratulations to paediatric physiotherapist June Ezard who won the *Family Champion* award in the 2017 Contact a Family Awards, which recognises unsung heroes who have cared for children.

Finance team scoop awards at annual event

The Trust's finance team picked up a cluster of awards and recognition at an annual regional conference.

Ankle study wins prestigious award

A registrar has won an award for a study paper about the treatment of patients suffering with ankle arthritis. Prasad Karpe carried out the study and was chosen from more than 3,000 abstracts to be presented at EFORT's annual conference in Vienna.

Fellowship award

Congratulations to head of pharmacy Philip Dean who has been made a fellow of the Royal Pharmaceutical Society.

Award for our reserve force work

The Trust has been presented with a 2017 Silver Award under the Ministry of Defence's National Employer Recognition Scheme. The award recognises the major contribution the organisation is making to the Defence People agenda.

High praise for joint replacement team

The elective care unit at the University Hospital of Hartlepool has won national recognition for a host of improvements made.

Estates apprentices pick up prizes

Five of the Trust's estates apprentices were recognised at an annual regional awards evening.

Health and wellbeing

The Health and Wellbeing team have been awarded for 'Maintaining Excellence' in the North East Better Health at Work Awards. .

4.3.2 Keeping Staff Informed

Engaging with staff has been central in activities carried out by the Employee Relations and Communication Teams. A wide range of resources and methods for communication have been adopted to encourage and develop positive engagement.

Monthly engagement sessions have become embedded into a continuing programme based on feedback obtained from staff and allow our employees further opportunity to share their views and comments about various topics. It also provides senior management the opportunity to listen and respond.

In June 2017, a Trust app was launched which allows all staff to access Trust information and communications via their personal smart phones/devices. To date, 1,500 staff have downloaded the app and the feedback has been positive, allowing employees to have access to information that they previously may not have been able to access, due to the nature of their work or a lack of time during working hours.

Staff are provided with regular news round-ups twice a week, along with the bi-monthly Chief Executive briefing and a quarterly Anthem magazine. The Occupational Health Department have also created a fortnightly Well Being Wednesday update, which details the various health and wellbeing services that are available for staff to access. The Workforce and Employee Relations teams produce monthly newsletters for managers, detailing key activities and legislative changes.

The strands of engagement continue across the Trust with the Joint Forum established for working in partnership with staff side and also the Local Medical and Medical Staff Committees for medical colleagues. The launch of 'Our Voice' in May 2017 is another means of communicating with and seeking views from our staff. The group has committed representatives from various directorates who come together each month to discuss current topics and share information which is then cascaded back to their area of work.

4.3.3 Supporting Staff

The Occupational Health and Wellbeing Service is a central part of the Trust's support system. Carrying out referrals to monitor the health of staff and help them to return to work following a period of absence is just one aspect of the support provided. There are a number of other measures that have been put in place to help facilitate the wellbeing of staff. These include offering staff rapid access to services such as physiotherapy and counselling, providing guidance for staff on improving their health and wellbeing, providing health checks, access to counselling and providing advice in relation to health promotion and mental health. In addition to this, the wellbeing campaign provides staff with information on a weekly basis on a whole range of services such as healthy eating, weight management, running groups and exercise classes, plus anxiety workshops, mindfulness sessions, relaxation programmes, stress workshops, reading groups and sleep workshops. There are a variety of other initiatives which are all aimed at improving the health and wellbeing of our staff.

The Trust has various policies in place which offer support to staff throughout the course of their employment. The Work Life Balance Policy covers flexible working, annualised hours and career breaks, whereas the Special and Duty Leave Policy provides guidance on entitlement to time off for domestic emergencies and bereavement leave. We also have in place the promotion of good mental health and management of stress policy. Working within a healthcare environment means that staff may experience traumatic situations or incidents and we have a "Procedure for Supporting Staff involved In Traumatic / Stressful Incidents, Complaints and Claims" in place to ensure that staff are provided with appropriate support prior, during and following the event, as required.

During the course of their employment, staff have access to our First Stop Contact Officers (FSCOs) who can provide informal and confidential support for staff experiencing difficulties in the workplace. The scheme allows staff to discuss any issues and concerns they may have in confidence and the FSCOs are then able to direct them to the correct source for further support.

In November 2017, the Trust received the Silver Award as part of the Ministry of Defence Armed Forces Employer Recognition Scheme. The award recognises the major contribution the Trust is making to the Defence People agenda, in respect of the support we offer to our Reservist Staff.

As staff approach the end of their employment, they are invited to a pre-retirement course to help them with the choices that lie ahead for them. The Retirement Policy provides further guidance to staff on alternatives to full retirement and those staff who contribute to a company pension scheme (either NHS or NEST) are able to meet with the Trust's Pension Officer for further advice and guidance.

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

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

Managing Absence

As part of a pilot during 2017, a Workforce Advisor (Attendance Management) has been appointed to facilitate collaborative working between Occupational Health, Workforce and departmental managers to assist in improving attendance and the wellbeing of staff. Greater understanding is being encouraged to explore the reasons for absence and an Absence Strategy has been developed to monitor and implement different initiatives to improve attendance of staff.

The Trust has seen a decrease in overall absence in 2017-18 when compared to 2016-17. The average rate in 2017-18 was 4.51% compared to 4.76% in 2016-17.

The table below reflects the relevant nationally published figures:

Figures converted by DHSC to best estimates of required data items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2017	**Adjusted FTE days lost to Cabinet Office definitions**	**Average Sick Days per FTE**	**FTE-Days Available**	**FTE-Days Lost to Sickness Absence**
4,672	48,432	10.4	1,705,348	78,567

Source: NHS Digital – Sickness Absence Publication – based on data from the ESR Warehouse for the period January to December 2017.

The Mental Health Advisor, described below, within the Occupational Health Department continues to be a great asset for the Trust's staff who are able to access the service when they are experiencing stress and anxiety. The suite of workshops available for managers and employees to help improve mental wellbeing has been increased and promoted via the 'Wellbeing Wednesday' newsletter.

Occupational Health & Wellbeing

The Health and Wellbeing team continues to make significant improvements in the range and accessibility of activities, advice, guidance and training available for staff and managers.

An average taken over four months of employees seen by the Mental Health workplace advisor for 1:1 sessions show that 78% of staff were seeking help whilst at work and consistently reported the sessions effective in managing their symptoms to remain at work. A further 4% of staff were not at work due to sickness absence and 18% of these returned to work during the course the sessions, and continued to engage whilst reintegrating into the workplace.

For the eighth consecutive year, the Trust has received external recognition, achieving the Better Health at Work Award for "on-going commitment and outstanding practice in the workplace for health and wellbeing". Ambassador status has therefore been maintained as well as gaining the continuing excellence award for the fourth consecutive year. The Health and Wellbeing Advisor was awarded Health Advocate of the year for the North East

Increased engagement has resulted in achieving a 70% uptake in staff having their 'flu jab' for 2017-18. This is the first year this national target has been achieved.

4.3.4 Development & Education of Staff

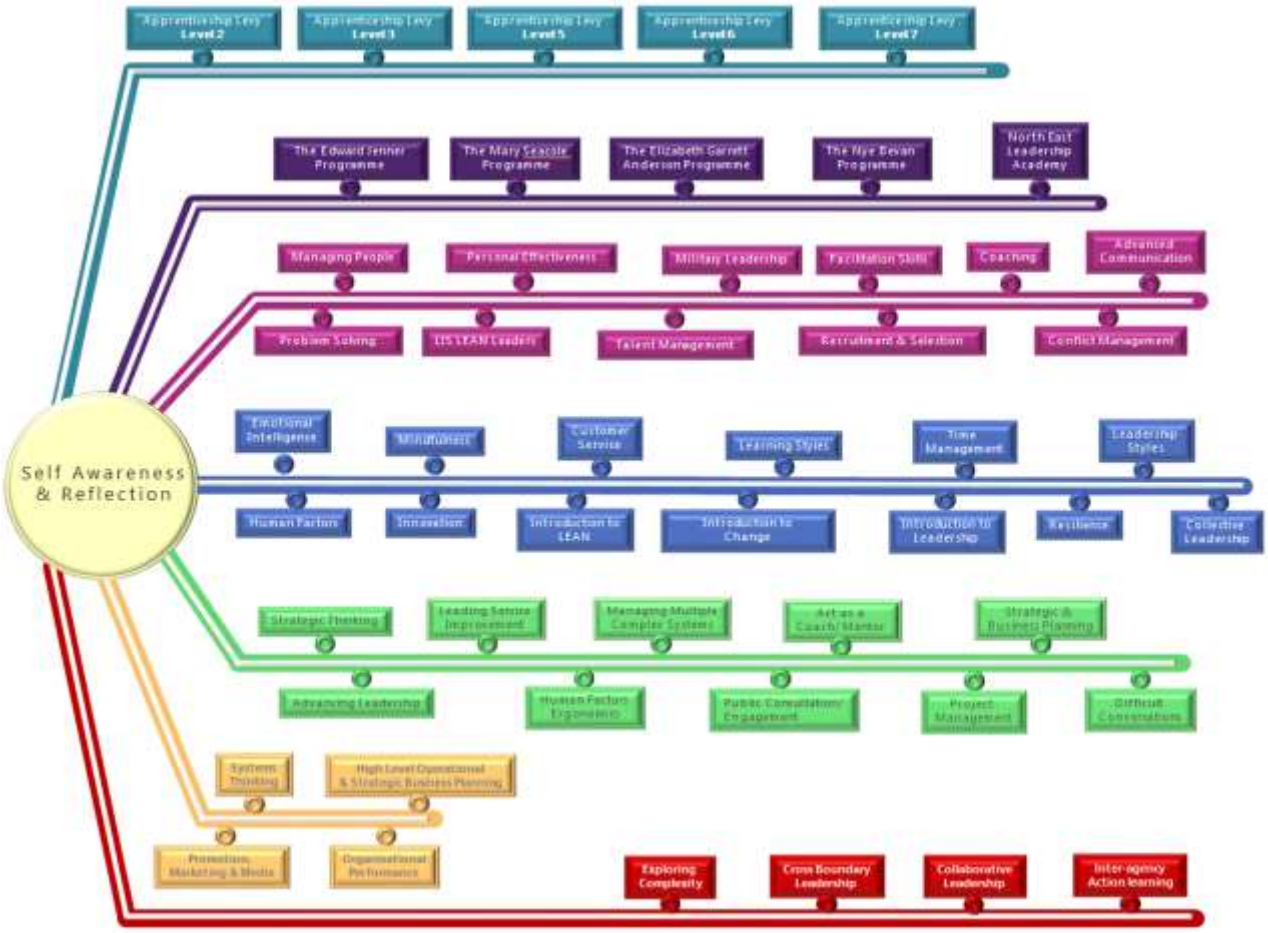
The Education team has been part of an innovative project involving an alliance of providers commissioned by Hartlepool and Stockton Clinical Commissioning Group to deliver training within care homes in Stockton and Hartlepool. This involved collaborating with staff from Tees, Esk and Wear Valleys NHS Foundation Trust, Alice House Hospice and Stockton Borough Council to deliver a suite of training modules and introduce National Early Warning Scores using digital technology within the care homes. This project was very well received leading to the team being nominated for a regional Bright Ideas Award in November 2017. Its success has led to a further two year training series being commissioned.

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

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

This year the Trust committed to implementation of Stage one of the programme which is the 'discover' phase where baseline information is collected. The Trust invested in the resources required to support the Organisation Development team implement this phase with data collection including interviews with all members of the Board and completion of the culture survey by over 500+ staff. A further 120 staff attended focus groups, allowing them to understand the importance of their contribution in the programme. A virtual focus group was also held using an interactive app. This information is now being thematically analysed with an end report significantly underway.

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



Simulation – During Quarter 3, a Simulation Open Day was held where staff from within the Trust were invited to attend and view the equipment and facilities available. Clinical and Executive staff attended to see the Simulation Manikins in use, as well as videos demonstrating the community suites functions.

Weekly inter-professional simulations continue to be held in the Emergency Assessment Unit, Accident & Emergency and for Paediatrics/Neonates along with monthly surgical and orthopaedic specialist nurse development simulation days focusing on sepsis, acute kidney injury (AKI) and haemorrhage.

Core Medical Trainees working in the Trust have received further simulations based on Stroke with Haemorrhage and Hypertension, as well as Sepsis, Anaphylaxis and patients requiring Non-Invasive Ventilation.

Regular Orthopaedic and Surgical Nurse development days were delivered with key areas of training in Sepsis, Acute Kidney injury and use of Early Warning Score charts, as well as challenging communication skills. Nurse Preceptorship teaching has also focused on these key skills with an emphasis on Human Factors awareness.

Several Paediatric and Neonatal simulations have run on their wards allowing learners to practice in their own environment, partly identifying system errors and other issues & limitations which may impact patient care.

A&E teams have undergone undergoing trauma simulations in anticipation of mass trauma events with a focus on blast injury and acid burns working with A&E teams, anaesthetics and surgical colleagues in patient assessment and management.

Overseas doctors received simulation training regarding anaphylaxis, reduced consciousness, respiratory arrest and nasogastric tube misplacement and its complications which received good feedback and is planned to run again in the coming year.

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

Response to regional and national surveys remains at 100% compliance.

Feedback from the Messley Training Navigator (based on the General Medical Council (GMC) National Training Survey) ranked the Trust as top in the country for *'overall satisfaction'* in core general surgery, and was also ranked within the top 10 for every other indicator making the Trust the only hospital to achieve this.

4.3.5 Equality and Diversity

The Trust is committed to Equality, Diversity and Inclusion (EDI) in all aspects of its services and employment of staff.

The Trust has policies on employing individuals with disabilities, long term conditions and those on ill health and disability redeployment. This includes permanent adjustments to the role an individual undertakes, in order to help maintain the employment of staff with disabilities or long term conditions. The Trust ensures that as a 'positive about disabled people' employer, any applicant who indicates that they have a disability as part of their application and who meets the essential criteria of the post being recruited to, is guaranteed an interview.

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

The Trust complies with the **Equality Act 2010** (Gender Pay Gap Information) Regulations 2017**.** Our gender pay gap report as of 31 March 2017 (snap shot date) shows the Trust has an average pay gap of 27.64%, and a median pay gap of 13.16%. A further breakdown of results shows that the average and median pay gap is higher amongst the medical workforce compared to non-medical staff. Men account for 61% of all Trust medical staff compared to 39% female. There has been an increase in female medical staff commencing employment with the Trust in recent years. If this trend continues this is likely to have a positive impact on our gender pay gap results.

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

4.3.6 Staff Survey

The response to the national staff survey for 2017 was published in March 2018.

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

- Increasing compliance and quality of performance appraisals across the Trust;
- Ensuring all staff know how they can / do make positive impact on patient care;
- Recognising and celebrating good practice; and
- Communicating our strategic vision and the part we all play in making it happen.

It is positive to note a steady and sustained improvement in the Trust engagement score over the last 4 years, which is a reflection on the activities developed and implemented with these 4 key priority areas in mind.

2017	2016	2015	2014
3.81	3.82	3.75	3.64

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

Summary of performance

The Trust's response rate in 2017 was 51% accumulated from 620 completed surveys. This is significantly higher than the national average of 43%.

	2015	2016	2017	Benchmarking group average	Trust deterioration/ improvement
Trust Response rate	45%	61%	51%	43%	Decreased 10%

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

	2016	2017	Benchmarking group average	Trust deterioration/ improvement
KF16	65%	63%	71%	2% decrease (improvement)
KF21	91%	93%	85%	2% increase (improvement)
KF2	4.01	4.05	3.90	0.04 increase (improvement)
KF28	25%	25%	29%	Remained the same
KF24	81%	75%	67%	6% decrease (improvement)

KF16 People working extra hours
KF21 People believing that the organisation provides equal opportunities for career progression or promotion
KF2 People feeling satisfied with the quality of work and care they are able to deliver
KF28 People witnessing potentially harmful errors, near misses or incidents
KF24 People reporting violence

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

	2016	2017	Benchmarking group average	Trust deterioration/ improvement
KF11	74%	77%	86%	3% increase (improvement)
KF25	28%	30%	27%	2% increase (deterioration)
KF22	19%	15%	14%	4% decrease (improvement)
KF23	3%	2%	2%	1% decrease (improvement)
KF3	92%	89%	90%	3% decrease (deterioration)

KF11 Number of people appraised
KF25 People experience harassment, bullying or abuse from patients, relatives or public
KF22 People experience physical violence from patients, relatives or public
KF23 People experiencing physical violence from staff
KF3 People agreeing that their role makes a difference to patients/service users

There have been significant improvements in: the quality of appraisal; reduction in the number of people working extra hours; equal opportunities for career progression/promotion; people experiencing physical violence from patients, relatives or public, and; people experiencing physical violence from staff and the reporting of incidents.

Future priorities

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

Engagement

The launch of 'Our Voice' in May 2017 is a means of communicating with and seeking views from our staff. The group has committed representatives from various directorates who come together each month to discuss current topics and share information which is then cascaded back to their area of work.

In June 2017, the Trust introduced an app which allows all staff to access Trust information and communications via their personal smart phones/devices. To date, 1,500 staff has downloaded the app and the feedback has been positive allowing employees to have access to information that they previously may not have been able to, due to the nature of their work or a lack of time during working hours.

Recognition

There have already been good inroads made in relation to recognising excellence and the achievements of staff and teams; something that has been very much supported through the use of social media. The 'Employee of the Month' has been in place since April 2016 and has since been renamed 'Stars of the Month' to align with the annual 'shining stars' event.

From April 2017, the Trust introduced the 'Team of the Month' awards due to the volume of nominations made for teams on both a monthly and annual basis. The scheme continues to grow as individuals and teams are recognised for their achievements and efforts each month.

4.3.7 Disclosure of Concerns (Whistleblowing)

The number of concerns raised under the Trust's Disclosure of Concerns Policy for the period 1 April 2017 to 31 March 2018 are shown in the following table:

Cases carried forward from 2016-17	Cases commenced in 2017-18	Cases concluded in 2017-18 (with outcome)	Total on-going cases carried forward
1	2	3 - not upheld (1 pending)	0

The themes of the cases can be summarised as follows:

- **Performance Capability -** The disclosure relates to concerns regarding management practices within a clinical service and also made reference to concerns regarding compliance with HR policies and procedures, IT issues and the documentation of records.
- **Quality and Safety -** The disclosure relates to an allegation of bullying and harassment by a line manager, with additional concerns relating to the mortality and morbidity of patients.
- **Quality and Safety -** Concerns were raised regarding staffing levels, increased activity and patient safety issues.

In all three cases, a thorough investigation was undertaken by a senior and impartial manager, with support from a workforce representative. The outcome for all three cases was no further action taken, although some general recommendations were fed back to the relevant area(s). Following the outcome of the investigation, two individuals chose to refer their cases to the Trust's Freedom to Speak Up Guardian who undertook a further review of the cases and concluded that the outcome of the investigation was appropriate.

4.3.8 Staffing analysis

The Trust employs over 5,000 staff and the table below shows staff numbers at 31 March 2018.

Headcount and FTE figures split by gender as at 31 March 2018

	Headcount		WTE	
	Male	Female	Male	Female
Directors (inc non execs and chairman)	10	5	10	5
Senior Managers	51	121	47.72	110.47
Employees	733	4,084	640.01	3,366.77
Grand Total	**794**	**4,210**	**697.73**	**3,482.25**

Average number of employees.

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

			2017-18	2016-17
	Permanent	Other	Total	Total
Medical and dental	220	143	363	500
Ambulance staff	-	-	-	-
Administration and estates	962	79	1,041	997
Healthcare assistants and other support staff	771	55	826	573
Nursing, midwifery and health visiting staff	1,420	70	1,490	2,016
Nursing, midwifery and health visiting learners	5	5	10	-
Scientific, therapeutic and technical staff	682	29	710	732
Healthcare science staff	196	8	204	100
Social care staff	-	-	-	-
Agency and contract staff	-	-	-	-
Bank staff	-	-	-	-
Other	-	-	-	-
Total average numbers	**4,256**	**388**	**4,644**	**4,918**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	-	-

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

			2017-18	2016-17
	Permanent	Other	Total	Total
			£000	£000
Salaries and wages	151,413	10,205	161,618	159,270
Social security costs	12,985	1,018	14,003	14,520
Apprenticeship Levy	690	-	690	-
Employer's contributions to NHS pensions	16,016	1,459	17,475	17,135
Pension cost - other	-	50	50	38
Agency/contract staff	-	8,061	8,061	6,848
NHS charitable funds staff	-	-	-	27
Total gross staff costs	-	-	201,897	**197,838**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**181,104**	**20,793**	**201,897**	**197,838**

Expenditure on consultancy
The Trust, in 2017-18, spent a total of £675,000 on services provided by external consultancies.

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

Exit package cost band	Number of compulsory redundancies 2017-18	Number of other departures agreed 2017-18	Total number of exit packages 2017-18	Number of compulsory redundancies 2016-17	Number of other departures agreed 2016-17	Total number of exit packages 2016-17
<£10,000	1	-	1	1	-	1
£10,001 - £25,000	2	-	2	1	-	1
£25,001 - £50,000	3	-	3	-	-	-
£50,001 - £100,000	1	-	1	3	-	3
£100,001 - £150,000	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total number of exit packages by type	7	-	7	5	-	5
Total resource cost (£)	**£173,792**		**£173,792**	**£308,000**	-	**£308,000**

The Trust had no non-compulsory departure payments in 2017-18, or 2016-17.

Off-payroll arrangements
The Trust, as of 31 March 2018, had no off-payroll engagements for more than £245 per day and that lasted for longer than six months.

The Trust had no new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that lasted longer than six months.

The Trust had no off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018.

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

	Number of engagements 2017-18
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/ or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	19

4.4 Code of Governance

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

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

4.5 NHS Improvement's Single Oversight Framework

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

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

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

Segmentation
North Tees and Hartlepool NHS Foundation Trust has been placed into segment 2 within the Single Oversight Framework risk assessment, with no NHS Improvement (Monitor) enforcement actions in place.

This segmentation information is the Trust's position as at 31 March 2018. Financial recovery continues to be the Trust's key challenge, with the organisation's Single Oversight Framework segmentation currently under review by NHS Improvement, with a revised segmentation of 3 expected in 2018-19, resulting in additional external support, intervention and scrutiny. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Use of Resources
The finance and use of resources theme is based on the scoring of five measures from ''1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that

finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017-18 scores				2016-17 scores	
		Quarter 4	Quarter 3	Quarter 2	Quarter 1	Quarter 4	Quarter 3
Financial sustainability	Capital Service Capacity	4	4	4	4	1	1
	Liquidity	3	1	1	1	1	1
Financial efficiency	I&E margin	4	4	4	4	1	2
Financial Controls	Distance from financial plan	4	4	4	4	1	1
	Agency spend	1	1	1	1	2	3
Overall scoring		**3**	**3**	**3**	**3**	**1**	**2**

The Trust has continued to strive to achieve clinical and financial success during 2017-18, which has resulted in overall adherence to the Licence Conditions.

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

In addition to the emergency pressures, the Trust experienced pressures in delivery of the cancer standards, particularly with *Cancer 62 day urgent referral to treatment standard*. The Trust further reviewed the agreed actions within its cancer recovery plan, evaluating all elements of cancer management including, governance, pathway management, escalation procedures, tracking processes, Multi-disciplinary Team (MDT) management and capacity and demand. The Trust achieved compliance against all the cancer standards by the end of 2017-18. Key pressures are a result of complex pathways, multiple diagnostic investigations and patient choice.

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

The Trust has, in the main, consistently delivered against the core standards historically, with robust operational plans in place to mitigate against the risk of under-achievement with regard to variables, within its control, however it recognises external influences can impact on the delivery against the key indicators i.e. Cancer standards, A&E 4 hour standard, Referral to treatment (RTT) and C-Difficile and as such identifies the risk to delivery for 2018-19 as outlined within the Board Assurance Framework.

4.6 Statement of the Chief Executive Officer

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

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

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

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

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

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

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

J Gillon

Julie Gillon
Chief Executive (Interim)
29 May 2018

4.7 Annual Governance statement

1. Scope of Responsibility

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

2. The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North Tees and Hartlepool NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in North Tees and Hartlepool NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the Annual Report and Accounts.

3. Capacity to Handle Risk

The Board of Directors provides leadership on the overall governance agenda, whilst the Chief Executive has overall accountability for risk management within the organisation, and discharges that duty through the Executive Team who have responsibility for the delivery of a robust risk management and governance process in both their functional and corporate roles to ensure the efficient and effective management of use of resources and financial performance. By embracing the well-led principles, this enables the Trust to support the delivery of sustainable high quality person-centred care, support learning and innovation, and promote an open and fair culture.

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

During 2016-17, we further improved our BAF to ensure that, at Trust Board level, we are focusing on the key risks to delivering our plans and the mitigating actions taken to enhance controls. The Board also agreed the level of risk we are prepared to accept across the Trust (the Trust's risk appetite). All risks in our BAF are reviewed by one of the Board Assurance committees (either the Audit Committee or Quality and Outcomes Committee).

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

During 2017-18, the Trust has focused its attention on the management of strategic risks, with the Risk Management Strategy and Board Assurance Framework driving the Board of Directors' agenda. Board sub-committees and other high-level groups who have defined responsibilities and accountabilities for risk management are in place for the escalation of risks from the front line, through governance channels, to the Board of Directors. Overall decisions in relation to prioritisation of corporate risk issues and resource allocation are taken by the Board of Directors, with delegation of decisions relating to specific risks to sub-committees or the Executive Team as appropriate. This features highly in the planning round to deliver the Annual Plan and the Board of Directors' ability to self-certify.

In strengthening its risk management processes, the Trust has devolved responsibility and leadership at directorate level in order to build capacity to enable clearer lines of accountability to risks to quality, safety, operational and financial performance. Senior clinical leaders are in place throughout each directorate, who are responsible for driving improvements to quality, safety, operational and financial performance and actively supporting staff in the identification and management of identified risks. Clinical Directorates are

supported through highly skilled and competent staff within the Corporate and Support Service functions that are a central resource for training, advice and guidance on all areas of risk management.

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

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

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

Staff of all grades can access this training in areas such as risk assessment, risk management and the use of the Trust's risk reporting system. The training opportunities include a variety of direct training sessions, a paper based work book and also an e-learning package. All learning from good practice and training is shared appropriately across the Trust; this is described further under 'The Risk and Control Framework' below.

4. The Risk and Control Framework

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

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

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

The Risk Management Strategy 2017-19 sets out the strategic direction for risk management in the Trust to comply with legal and statutory requirements, assist in compliance with national standards, promote proactive risk management and improve the safety and quality of patient care. The Risk Management Strategy confirms the organisational framework for the management of risk and ensures that it is an integral part of the management of the organisation and is an iterative process of continual improvement.

The Risk Management Strategy has been developed to support the delivery of the Trust's Strategic Aims and Objectives. Its strategic priorities are to ensure all strategic risks are managed in line with the Board's risk appetite and to ensure that risks that could prevent objectives being achieved are proactively identified,

quantified and managed to an acceptable level and in doing so provide a robust risk management framework with appropriate reporting arrangements and individual responsibilities clearly identified.

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

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

Risk appetite is defined as *"the amount of risk at board level that an organisation is willing to take on in order to meet strategic objectives"* (2016: Institute of Risk Management). It is the level at which the Board of Directors determines whether an individual risk, or a specific category of risks are considered acceptable or unacceptable based upon the circumstances/situation facing the Trust.

Risk appetite can be influenced by personal experience, political factors and external events. Risks need to be considered in terms of both opportunities and threats and are not usually confined to money - they will invariably also impact on the capability of our organisation, its performance and its reputation.

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

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

As part of its drive to improve quality governance, during 2017-18 the Board has continued to manage strategic risks through the Board Assurance Framework. The Trust's revised Board Assurance Framework has been enhanced through a series of seminar events held during the year with the Board of Directors. This involved working through the risk management process, monitoring and committee structure, reviewing risk controls and assurance, whilst considering risk appetite. This work was scrutinised and assessed for assurance by internal audit and has enabled the Trust to enhance and firmly embed the process within the wider risk management strategy of the organisation.

During the course of 2017-18 the highest scoring risk identified via the Board Assurance Framework related to the Trust's ability to deliver the 2017-18 financial control total set by NHS Improvement. The Trust did not achieve the control total and ended the year in a significant deficit position. Actions and plans were identified and progressed through the year which will continue in 2018-19, including grip and control processes and governance arrangements that have been strengthened to ensure support for the appropriate management, monitoring and implementation of actions. A system finance recovery group was established with the Clinical Commissioning Group and internally a Project Management Improvement Office re-aligned with strengthened Director support and Executive sponsors.

To promote the sharing of good practice the Trust uses an integrated approach to the identification and management of risk. Risks are identified through a variety of processes including formal risk assessments and in response to trends linked to incident reports, complaints and litigation claims. The Risk Register provides the key vehicle for this; information relating to the register is scrutinised on a regular basis by the Executive Team and in allocated sub-committees of the Board

To ensure risk management is embedded in all Trust activities, care is taken to ensure that Directorate Business Plans and projects introduced to support the organisation's strategic objectives are informed by reference to the Trust's Risk Assessment process and where necessary included in the risk register. In

order to ensure service changes are reviewed effectively, the Trust has continued to utilise Quality Impact Assessments (QIA's). This tool is used during early planning stages to support the introduction of change within services, allowing assessment of:

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

All QIAs are reviewed and approved by the Director of Nursing, Patient Safety and Quality and the Medical Director prior to implementation. Initially QIAs were introduced to support the planning of changes within the service improvement and efficiency programme, however, it was recognised this assessment could be utilised across all areas of service improvement, transformation and change. An integral part of this process is to identify measures to be used to assess the achievement of the identified improvements in quality following the implementation of change. Over 2017-18 the QIA process was enhanced further by the inclusion of additional monitoring of quality impact across the whole change process.

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

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

The Trust, throughout the year, has maintained good working relations with NHS Improvement and ensured they were notified of any significant risks to compliance or service continuity either via the regular Quarterly Review Meetings or specific meetings to discuss such concerns, for example in relation to the financial position. In addition, collaborative meetings have also been held involving NHS Improvement, NHS England and local commissioners to discuss and progress system wide risks and issues.

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

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

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

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

Significant operational and clinical risks currently affecting the Trust include the following.

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

Throughout the year the Trust has kept NHS Improvement informed of the Trust's actual and forecast financial position against control totals. A number of financial recovery actions were identified which resulted in the implementation of robust governance arrangements, strengthened grip and control processes and a system wide Finance Recovery Group being established with the Clinical Commissioning Group. The fragility of the Trust's cash position had been identified as a risk and was monitored by the Cash Committee, reporting on an exception basis to the Finance Committee

Continuing demand pressures posed risks to the delivery of responsive services for emergency care, elective operations and cancer services in line with national targets. The Trust monitored and managed all healthcare standards in the Single Oversight Framework, putting in place actions and measures to ensure compliance was achieved, or where issues had been identified, recovery plans were being managed. All standards were achieved which was testament to robust monitoring and governance processes and the dedication and commitment of all staff.

The Trust has an effective management structure in place to manage fire safety arrangements and appropriate governance arrangements. Work was proactively undertaken in the development of fire safety plans during 2017-18, examples being the publication of the Fire Strategy document 2017 and the imminent replacement programme of the fire alarm system where measures for future proofing are to be put in place. Following the tragic events at Grenfell Tower, London, the Trust took immediate and appropriate action and as a result no issues with regard to the external cladding systems on Trust buildings were identified.

On 1 March 2018 the Trust established North Tees and Hartlepool Solutions Limited Liability Partnership and transferred its Estates, Facilities, Procurements and Supplies teams into this operated healthcare facility. The Trust recognised risks associated with this transaction, such as the need to: establish clear service level agreements, on commercial terms; ensure the viability of the operating and financial model; engage and support staff involved in the transfer; and to establish robust governance and reporting arrangements. External advice, including legal advice, was taken to ensure that appropriate arrangements were put in place.

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

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

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

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

The Board promotes a shared governance approach and encourages joint investigations across the organisation in order to obtain the maximum learning from any incident. A weekly multidisciplinary Safety Panel is led by the Director of Nursing, Patient Safety and Quality and Medical Director. This panel reviews a range of information related to safety, quality and risk from the previous week in order to evaluate any immediate actions and where necessary initiate further actions. Close involvement of the Education team in safety and quality work permits rapid use of lessons learned within educational opportunities such as mandatory training or Simulation training. A variety of internal communications disseminates information in relation to quality initiatives and improvement activity. The Trust actively promotes patient and public involvement in the development and evaluation of quality initiatives with members of the Hospital Users Group (HUG) attending the newly established Patient and Carer Experience committee alongside patient representatives and HealthWatch representatives. Reports from a range of national patient surveys alongside the NHS staff survey are presented to the Patient Safety and Quality Standards Committee as well as other linked committees or groups.

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

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

The Trust Board has, over the last year closely examined the background towards the Trust's increased Hospital Standardised Mortality Rate (HSMR) and Summary Hospital-Level Mortality Index (SHMI). This work, led by Executive members, initially focused on the recommendations made in the national report from Sir Bruce Keogh. Over 2017-18 the Trust has maintained a continued reduction in these rates and is currently within "as expected" ranges for both measures.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust is committed to practices of equality, diversity and human rights and aims to ensure that these practices are maintained within the organisation and embedded within all aspects of service provision and employment. This is achieved by having robust systems in place to deter discrimination through recruitment, employment, procurement service design and the delivery of health care services. The Trust has also adopted an equality impact assessment process that is used for assessing all Trust policies, procedures and practices.

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

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

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

In 2017-18 the opportunity to continually deliver efficiencies has been extremely challenging, this coupled with historic contracting and balance sheet issues has resulting in the Trust delivering a significant deficit position. In light of this, the Trust has taken the opportunity to strengthen both financial governance and reporting, as well as enhancing 'Grip and Control' within the Trust. These measures have been undertaken with the full engagement and support of the regulator, NHS Improvement.

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

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

- Given the economic and financial environment of the Trust, the Board of Directors has refreshed the corporate services which clearly sets out the ambitions and direction of travel into the future;
- Monthly reporting to the Finance Committee and Board of Directors on key performance indicators; including contract income position; expenditure run rates; capital investments; cash position and forecasts.
- Strengthened governance arrangements to ensure greater 'grip and control' with an Executive Financial Management Group established and regular presentations from service areas on performance against plan and targets;
- Weekly reporting to Executive Management Team meeting on key factors effecting the Trusts' financial position and performance;
- Establishment of a Financial Recovery Group with the lead Clinical Commissioning Group;
- Programme of 'Delivering Productivity' in partnership with NHS Improvement to identify and configure services to drive quality and productivity and hence make them more cost efficient;
- A more rigorous process of setting annual budgets with underpinning service improvement and efficiency programmes presented and approved by the Board of Directors or a delegated sub-committee of the Board prior to the start of the financial year;
- Daily, weekly and monthly cash flow monitoring and a rolling 12 month cash flow projection in accordance with the approved Treasury Management Policy;
- Regular review of Standing Orders, Standing Financial Instructions and Scheme of Delegation;
- Development of service line reporting/management and patient level information and costing system (PLICs) to support directorates to better understand and manage their relative efficiency and profitability, and to make informed business decisions;
- New joint collaborative procurement arrangements put in place to ensure best value through purchasing contracts;
- Estate rationalisation, workforce skill mix review and staffing reviews linked to Key Performance Indicators (KPIs) and key strategic objectives, and;
- Regular reporting and meetings with NHS Improvement and Clinical Commissioning Groups.

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

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

The Board of Directors also gains assurance from:

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

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

Furthermore, there is recognition that there is little financial flexibility to support transition between present and desired service models unless the wider health and social care system work together to understand how such a transition will be managed for the benefits of the patients the Trust serves. The Sustainability and Transformation Partnerships being developed across Cumbria and the North East will set the foundations for the future direction of travel.

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

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

6. Information governance

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

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

Any incident involving loss or damage to personal data is comprehensively investigated by the Trust and graded in line with the NHS Digital and Department of Health (DoH) guidelines on incident reporting and as required reported accordingly to the Information Commissioner's Office (ICO).

Incidents assessed using the NHS Digital risk scoring matrix deemed to be a Serious Untoward Incident at Level 2 or above are reportable to the ICO. The number of incidents has reduced year on year at a Level 2 or above from thirteen in 2014-15 to one in 2017-18. The breach type is shown in in the table below:

Category	Information Governance Breach Type	Total Level 2 or above
A	Corruption or inability to recover electronic data	0
B	Disclosed in error	0
C	Lost in transit	0
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	0
F	Non secure disposal – hardware	0
G	Non secure disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	1
K	Other	0

As shown in the table above the Trust has had one category J incident classified at Level 2 or above in the Information Governance Incident Reporting Tool during 2017-18. The incident was in relation to the unlawful obtaining and disclosure of sensitive personal data by a staff member which is an offence contrary to section 55 of the Data Protection Act 1998. The incident was duly reported to the Information Commissioner's Office (ICO); the Trust took disciplinary actions as per policy. The ICO considered that the action taken against the staff member by the Trust was proportionate to any sanction that may be imposed

by a court for an offence of this nature. Consequently, the ICO was satisfied that appropriate measures were taken in this instance by the Trust and the case was closed. The Trust implemented increased communications and awareness to staff to remind staff of their personal responsibilities to uphold confidentiality as per Trust policy.

In order to further strengthen existing Trust policy and to prevent repeat incidents in areas where incidents at level 1 or above have occurred during 2017-18 the following key actions were undertaken:

- Review of IG policies and Standard Operating Procedures to ensure that they reflect the specific needs and practicalities of each internal department and that they reflected the changing needs of legislation in light of the General Data Protection Regulations (GDPR);
- Increased the programme of comprehensive quality assurance and spot checks to ensure all departments are complying with Trust polices relating to the protection of personal data;
- Continue to provide annual Data Security Training inclusive of Cyber Security and the provision of targeted training in areas of non-compliance;
- Robust monitoring of departmental action plans following incidents to ensure appropriate actions have been implemented;
- Full review of information assets and information flows thought the Trust;
- Further embed the principles of privacy by design and increase privacy impact assessment; and
- HR processes followed where repeated non-compliance has been found.

Assurance continues to be provided to the Board of Directors that systems and processes are being constantly assessed and improved to ensure that information is safe. The Trust's Information Governance Toolkit Assessment compliance score of 80% for 2017-18 was graded as “Satisfactory” and exceeded the internal target of 79% and gives assurance those quality standards are being maintained. The expected level of compliance (level 2) has been achieved against all Toolkit standards and higher level 3 compliance has been achieved against 18 of the 45 requirements.

The 2017-18 toolkit was also subject to external audit, ten requirements were audited by Audit One during March 2018 and the Trust has again awarded ‘*full assurance*’ with no remedial actions for the third consecutive year.

Staff training and awareness of Information Governance is a key indicator, in 2017-18 we again were required to ensure that 95% of all of our staff had received information governance training. The training compliance was achieved for the sixth year running.

7. Annual Quality Report

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

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

- The draft Quality Report/Account was issued to key stakeholders in April 2018 with the Third Party Declarations received by May 2018. Stakeholders were consulted throughout the year starting in November 2017 and concluding in March 2018; the Stakeholders requested to review the Quality Accounts document and comment on whether they felt it accurately reflected their understanding of the Trust position in relation to quality; and
- The quality reporting structure is fully embedded within the organisation with the quality dashboard and alternative sources of benchmarking data and assurance (North East Quality Observatory Service, NHS Digital and Healthcare Evaluation Data) are used to validate conclusions and recommendations.

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

- Governors attended a Market Place event on 26 February 2018 in order to review the showcase for 2017-18 and provide feedback on priorities for 2018-19;
- A working group of the Council of Governors reviewed the Quality Report on 16 April 2018 with an agreed Third Party Declaration being received in May 2018 (section 5, page 214);

- Third-party narratives have been received from commissioners and key stakeholders and these are included in the Quality Account and Quality Report; and
- The External Auditors reviewed the Quality Report/Account in May 2018 and their report is contained in section 5, page 218.

8. Review of effectiveness

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

The Assurance Framework is well established and is designed to meet the requirements of the 2017-18 Annual Governance Statement and provide reasonable assurance that there is an effective system of internal control to manage the principle risks identified by the organisation. A plan to address the weaknesses and ensure continuous improvement of the system is in place.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control is outlined within the Terms of Reference of the Board Committees which are reflected in section 4.1.3, page 49 and include:

- The Board of Directors – has overall accountability for delivery of patient care, statutory functions and Department of Health/NHS Improvement requirements;
- The Audit Committee – oversees the maintenance of an effective system of internal control and assurance for the Board on the Statement of Internal Control;
- The Finance Committee – ensures that the Trust's resources are being managed efficiently and effectively;
- The Patient Safety and Quality Standards Committee – ensures the highest possible standards of clinical practice within the Trust and ensures the Trust has in place the systems and the processes to support individuals, teams and corporate accountability for the delivery of safe, patient-centred, high-quality care. To ensure the Quality Report/Accounts are discharged and that lessons learned and disseminated to all professionals within the Trust and that patient outcomes do not demonstrate the Trust as an outlier;
- The Planning, Performance and Compliance Committee - assesses the service performance, planning and service operational efficiency and monitors compliance with a view to a level of assurance with regard to self-certification;
- The Audit and Clinical Effectiveness Committee – oversees the application of effective clinical guidance and best practice evidence; it also monitors compliance against these requirements;
- The Executive Team – directs the strategic, operational, clinical and financial agenda of the Trust, proactively identifying, managing and controlling risk; and
- The Trust Directors Group – has responsibility for achieving the corporate objectives identified by the Board.

Key Review Bodies:

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

In his opinion, from his review of our systems of internal control, he is providing good assurance that there is a sound system of internal control, designed to meet the Trust's objectives, and that controls are generally being applied consistently. It is also the Head of Audit's opinion that there are no significant

control issues which he would wish to bring to my attention for potential disclosure/inclusion within this statement. In addition to this, the Trust's Executive Directors have reviewed the finding of all internal audit work throughout the year and have not identified any significant control weaknesses for disclosure.

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

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

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

Clinical Commissioning Group – The local Clinical Commissioning Groups (CCG's) have undertaken assurance visits during 2017-18. Reports have been provided for all visits and any recommendations made have either been acted on immediately at the time of the visits, or action plans have been initiated. However, none of the assurance visits have raised any significant concern about safety or quality within the Trust's services.

The Trust's Commissioners develop Local Quality Requirements in conjunction with the Trust, in order to monitor quality across a wide range of areas; these are monitored alongside the national quality indicators.

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

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

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

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

In conclusion, there are no significant internal control issues that have been identified that would prevent me from giving assurance.

Conclusion

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

Signed:

Julie Gillon
Chief Executive (Interim)
29 May 2018

5 Quality Account

Annual Quality Report (Quality Accounts) 2017-18

Contents

Part 1: Statement on quality from the Chief Executive

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

I am delighted to introduce the North Tees and Hartlepool NHS Foundation Trust Quality Accounts for 2017-18, which is an excellent illustration of the Trust's constant commitment to provide the best quality of care possible for our patients. It details our performance over the last year as well as outlining our key priorities for 2018-19.

2017-18 has seen unprecedented demands and financial challenge placed upon the whole health and care system, which is likely to continue, however, despite this the Trust has maintained a good level of performance throughout the year. None of this would be possible without the dedication and hard work of our staff, who are highly valued. This commitment from our staff continues to be recognised throughout the year both internally and externally, including staff being nominated for various awards. As a Trust we are also very fortunate to have volunteers, governors, members and other partners who support the excellent work we do.

During 2017-18 there was a continued commitment to ensure the improved performance in relation to our Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) mortality values was maintained, which is testament to the hard work that has been undertaken over the past couple of years. The Trust's recent HSMR and SHMI values currently remain within the 'as expected' range and I would like to thank all staff who have contributed to this valuable work. To continuously improve the good work being carried out and to constantly strive for improvement, the Trust regularly seeks assurance from external organisations.

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

The Care Quality Commission (CQC) undertook an unannounced inspection of services in November 2017 and a Well-Led inspection in December 2017, following which the Trust has been rated as '**Good'**, which is a tremendous result. This report outlines the actions taken by the Trust to meet the CQC requirements for further improvement.

The Trust held its fourth annual Quality Accounts Marketplace on 26 February 2018 at the University Hospital of North Tees facilitating constructive discussion with our stakeholders regarding all aspects of quality work and the Quality Account priorities for 2018-19. These priorities have been jointly developed with patients, carers, staff, governors, commissioners and with key stakeholders including health scrutiny committees, local involvement networks (Healthwatch) and Healthcare User Group (HUG).

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

- University Hospital of North Tees is rated at **4.0** out of 5
- University Hospital of Hartlepool is rated at **4.5** out of 5

Putting patients first remains our number one priority every day, striving for excellent patient experience and patient safety for all our patients.
To the best of my knowledge the information contained in this document is an accurate reflection of outcome and achievement.

Julie Gillon
Chief Executive (Interim)
29 May 2018

What is a Quality Report/Accounts?

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

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

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

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

Unconditional CQC Registration - During 2017-18 the Trust met all standards required for successful and unconditional registration with the Care Quality Commission (CQC) for services across all of our community and hospital services.

Listening to Patients and Meeting their Needs - We recognise the importance of understanding patients' needs and reflecting these in our values and goals. Our patients want and deserve excellent clinical care delivered with dignity, compassion, and professionalism and these remain our key quality goals.
Over the last year we have spoken with over **45,000** patients in a variety of settings including their own homes, community clinics, and our inpatient and outpatient hospital wards as well as departments. We always ask patients how we are doing and what we could do better.

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

The Trust was previously inspected during 2015-16 by the CQC and was rated as '**requiring improvement'**.

2017-18 Achievements

STARS
OF THE MONTH

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

Part 2a: 2017-18 Quality Improvement Priorities

Part 2 of the Quality Account provides an opportunity for the Trust to report on progress against quality priorities that were agreed with external stakeholders in 2016-17. We are very pleased to report some significant achievements during the course of the year.

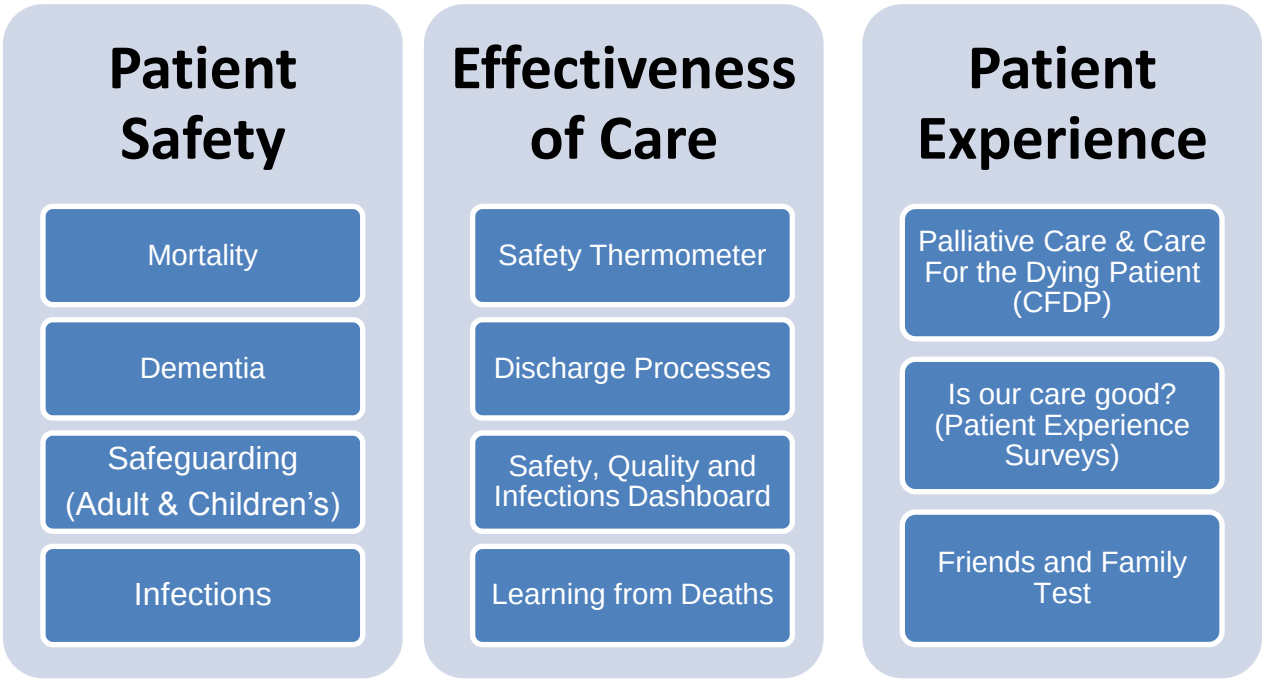
Consideration has also been given to feedback received from patients, staff and the public.

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

Progress is described in this section for each of the 2017-18 priorities.

Stakeholder priorities 2017-18

The quality indicators that our external stakeholders said they would like to see reported in the 2017-18 Quality Accounts were:



> "Because my child has learning difficulties she sometimes becomes scared when in a new situation. I was very impressed that someone came to explain what was going to happen and showed her photos and some of the equipment that would be used, made her feel a bit more confident. Thank you." [sic]

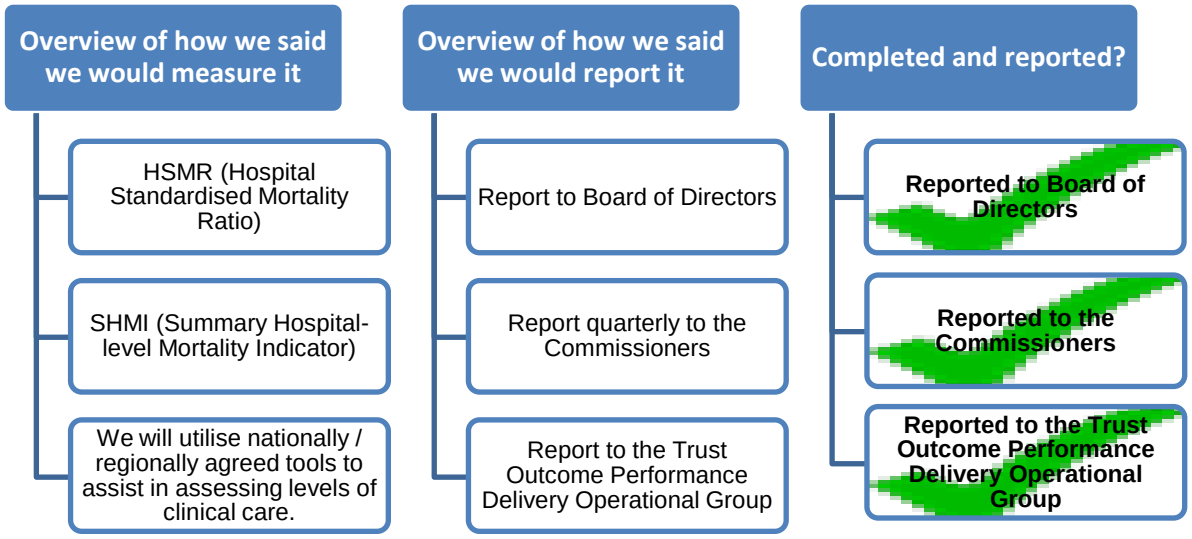
Priority 1: Patient Safety

Mortality

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

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

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



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

Weekly centralised mortality reviews continue to be undertaken twice a week, with mortality workshops being held once a month for clinicians to attend to gain an understanding of the Trust's position and how they play a key part in future improvements.

The Trust, while using national mortality measures as a warning sign, is investigating more broadly and deeply the quality of care and treatment provided. Further progress this year will be supported by the following:

- Ensuring a continued close working relationship with North East Quality Observatory (NEQOS) who provide an independent review of a number of indicators and also provide a quarterly mortality report.
- To aid in collaborative thinking the Trust remains part of the Regional Mortality Group, this group has representation from all eight North East trusts where all key mortality issues are discussed.

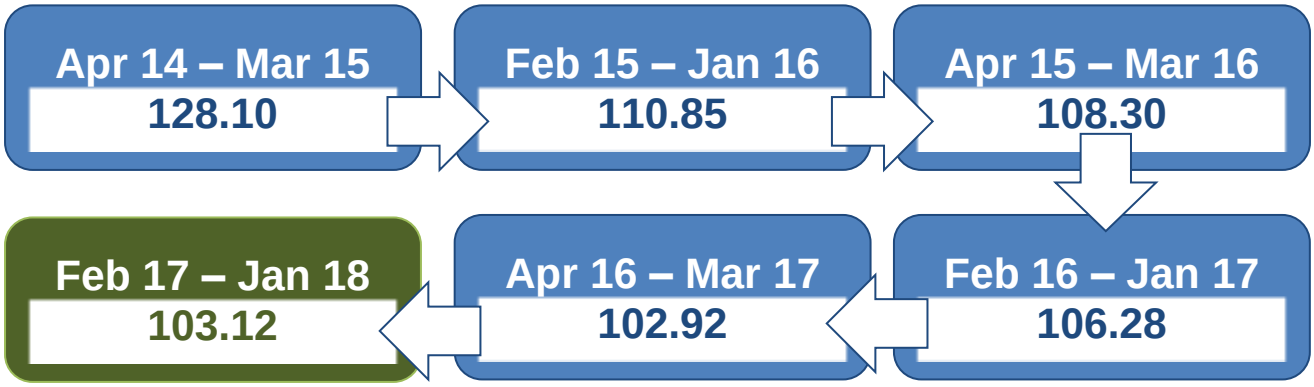
The following data is from the two nationally recognised mortality indicators of Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).

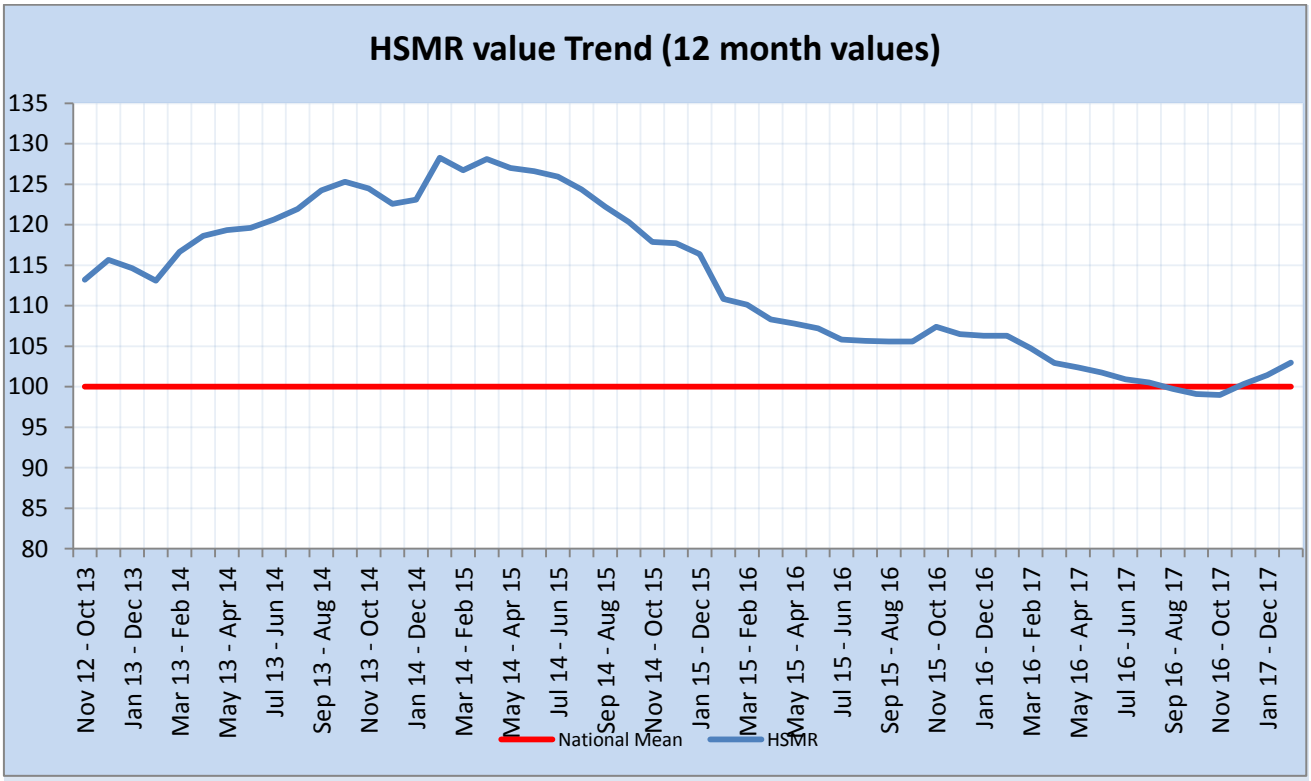
Hospital Standardised Mortality Ratio (HSMR)
February 2017 to January 2018

The Trust **HSMR** value is **103.12** for the reporting period from **February 2017 to January 2018**; this value continues to place the Trust in the **'as expected'** range. The National Mean is 100, which denotes the same number of people dying as expected by the calculations, any value higher means more people dying that expected.

Trust HSMR Improvement

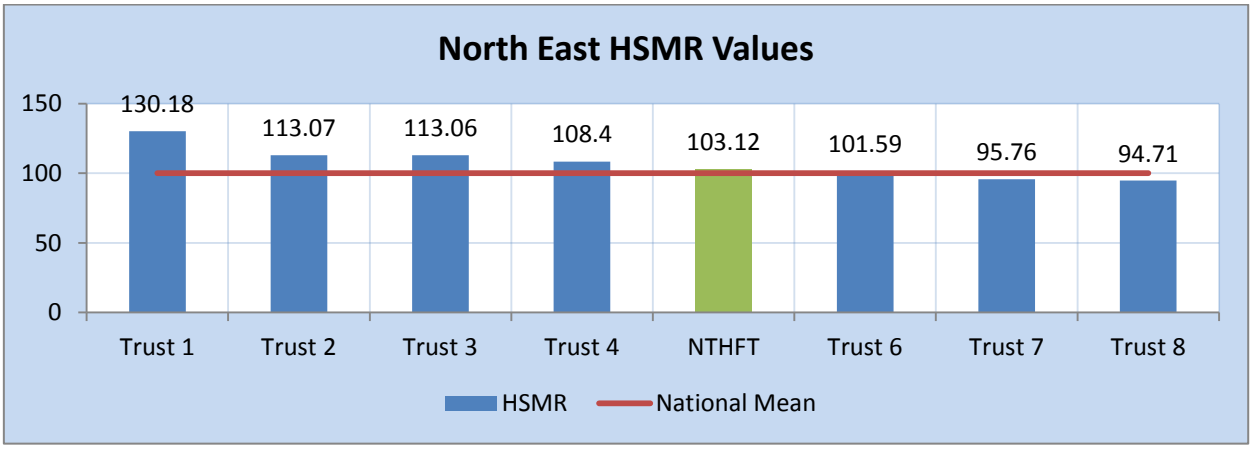
The following graphic demonstrates the Trust improvement since April 14 – March 15, reducing the HSMR value to **103.12 (February 2017 to January 2018)** the Trust continues to reside in the **'as expected'** range.





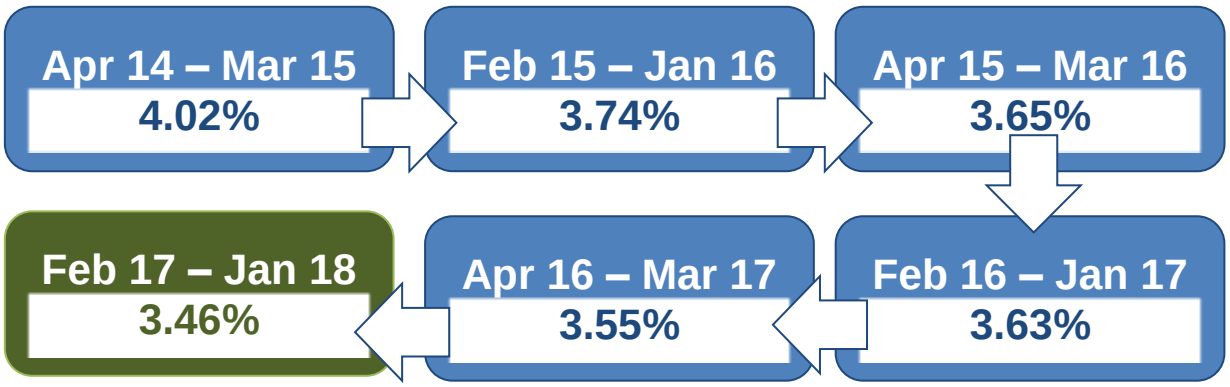
*Data obtained from the Healthcare Evaluation Data (HED)

The following HSMR chart demonstrates the Trust's 12 month HSMR value throughout the reporting period from **February 2017 to January 2018**, benchmarked against the other North East Trusts. The Trusts 12-month average for HSMR is currently **103.12** which whilst above the national mean of 100 is within the 'as expected' range.

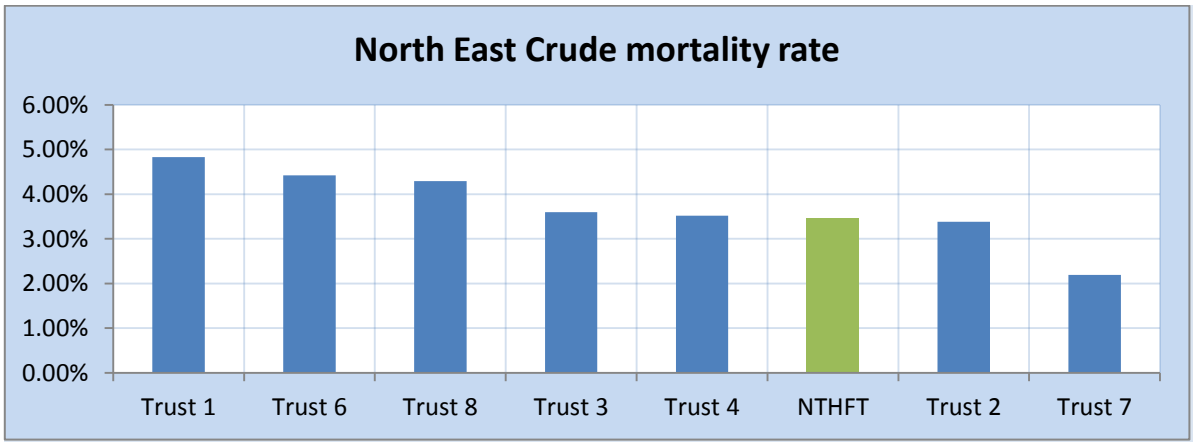


*Data obtained from the Healthcare Evaluation Data (HED)

HSMR Crude Mortality Rate – 3.46%
February 2017 to January 2017



The following HSMR chart demonstrates the Trusts 12 month Crude Mortality Rate value throughout the reporting period from **February 2017 to January 2018**, benchmarked against the other North East trusts. The Trusts 12-month average Crude Mortality Rate (number of deaths/number admitted*100) is currently **3.46%**.



*Data obtained from the Healthcare Evaluation Data (HED)

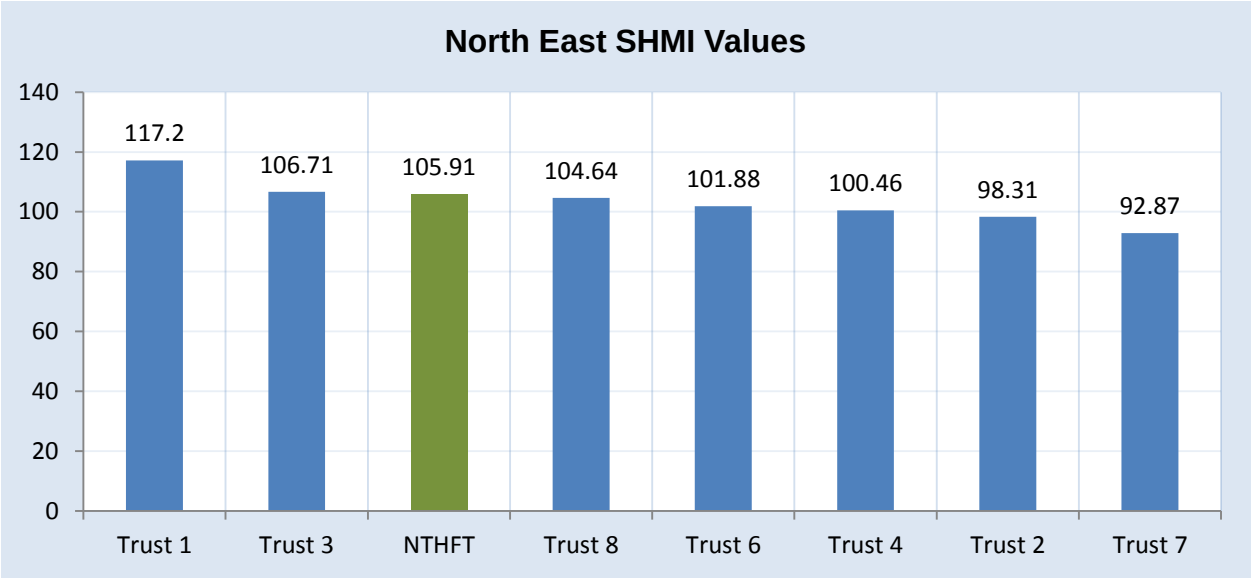
Summary Hospital-level Mortality Indicator (SHMI)
October 2016 to September 2017

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

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

The following graphic demonstrates the Trust improvement since Feb 14 – Jan 15, reducing the SHMI value to **105.91 (October 2016 to September 2017)** meaning that the Trust continues to reside in the **'as expected'** range.

The following chart and table demonstrate the Trust's current SHMI position utilising the latest time period of **October 2016 to September 2017**, the other *North East trusts* have been anonymised.



*Data obtained from the Healthcare Evaluation Data (HED)

Priority 1: Patient safety

Dementia

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

Overview of how we said we would do it

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

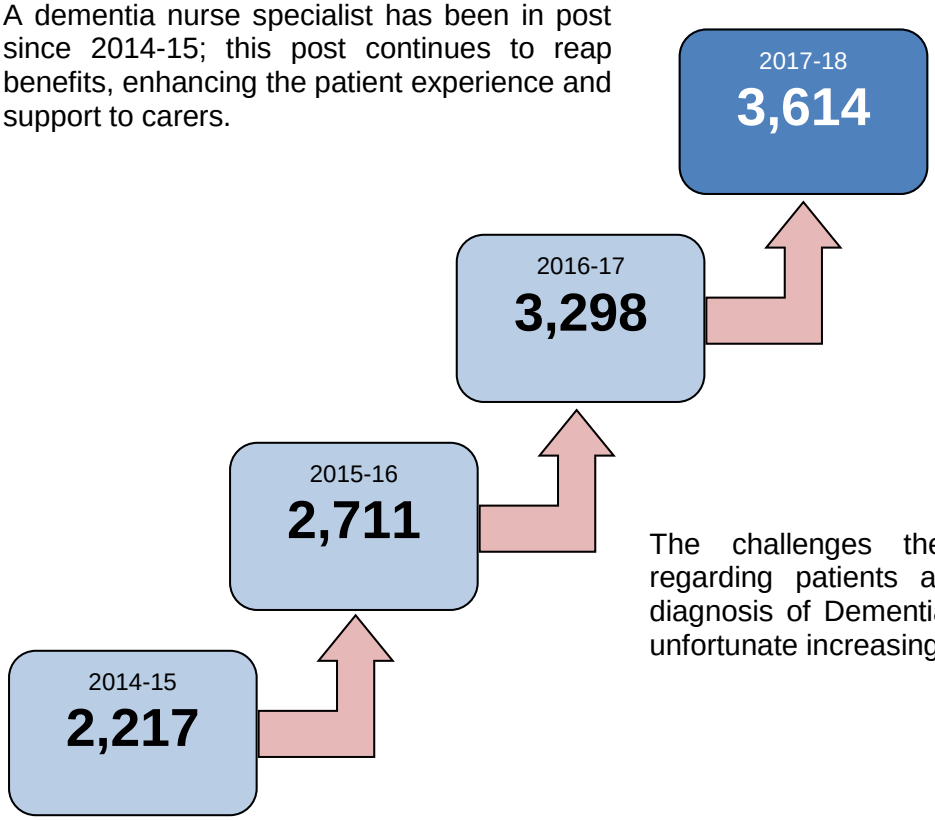
Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?
The Stirling Environmental audit assessment tool will be used to monitor the difference pre and post environmental adaptation.	Report to the Vulnerability Committee	Reported to the Vulnerability Committee
Wards 36, 37, 39 & 40 and 42 are dementia friendly. Wards 24,25,26,27, and 29 have had the Stirling audit completed on them.	Monthly UNIFY	Discussed locally in Dementia groups when appropriate
The percentage of patients who receive the AMT and, where appropriate, further assessment will be reported monthly via UNIFY.		
We will continue with the prevalence audit for the number of patients that have cognitive screening over the age of 75 admitted as an emergency that are reported as having a known diagnosis of dementia, or have been asked the dementia case finding questions.		
National Audit for dementia		

Carers Support

- Carers' information packs are reviewed and updated regularly.
- This aims to reduce risk of carer breakdown, and information on how they can access individual carer's assessment
- Informs carers what services they have access to
- Increases information on how they can access individual carer's assessment
- Both Local authorities gave detailed directory of services to support the low level interventions required for people in their own homes.
- If carers feel more supported, there is less risk of admission of the people they care for
- Supports financial and social benefit
- Promoting the pilot of John's Campaign (www.Johnscampaign.org.uk) with the trust lead. This supports carers to outline which elements of care/support they would prefer to do for the patient whilst in hospital, and which elements they would prefer staff to complete. It also outlines allowances for carers and family i.e. if family/carers are spending significant amounts of time visiting, allowing flexible visiting, ability to order from the hospital menu for themselves and the Trust is in discussions with Parking Eye regarding parking allowances.
- Carers packs are now proactively delivered to the wards when a DoLS application is received by adult safeguarding that lists the cognitive problem as 'Dementia'
- Application made for University hospital of North Tees to become part of Dementia friendly Stockton. The aim is to continue to develop close and consistent links with relevant local agencies.

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

A dementia nurse specialist has been in post since 2014-15; this post continues to reap benefits, enhancing the patient experience and support to carers.



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

*Data from Information Management Department

Dementia Assessment and Referral 2017-18

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number to whom case finding is applied	1,244	1,287	1,438	988
Number of emergency admissions	1,244	1,287	1,453	988
Percentage to whom case finding is applied	**100%**	**100%**	**99%**	**100%**
Number who had a diagnostic assessment	167	185	239	190
Number with positive case finding question	167	185	239	190
Percentage with a diagnostic assessment	**100%**	**100%**	**100%**	**100%**
Number of cases referred	47	57	126	87
Number with a positive or inconclusive diagnostic assessment	47	57	126	87
Percentage of cases referred	**100%**	**100%**	**100%**	**100%**

*Data obtained from NHS Digital ** Q4 data only for January and February 2018

Dementia Training Levels

Tier 1 - Dementia Awareness Raising

This is mandatory to the entire workforce in health and care, involving the completion of 'Essential Dementia Workbooks' at the appropriate level according to job role.

The team also provide a 1.5 hour face to face training session. This is constantly evaluated and updated. It is also delivered to all new recruits to the Trust- overseas nurses, newly qualified staff, students, return to practice nurses, Trust induction and can be delivered on request for team days.

There has been an identified training need for the Trust volunteers in relation to dementia.

We are currently planning this, and this will be based around the development of increased knowledge and practical skills to equip our volunteers with extra awareness of dementia when supporting people with a dementia diagnosis.

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

This is the level of 'Trust Dementia Champions'

To support this level of training we have the Trust Dementia Champion programme which, following feedback, has been reviewed and now runs over two consecutive days on alternate months. The purpose of the Dementia Champions is to create an individual with a high level of knowledge of dementia .The 6 stages of 'Barbara's Story' is used and discussed. This training involves support from other multi-disciplinary teams as well as guest speakers. It is open to all staff, of any profession or grade, either inpatient or community. This new programme enables it to be carried out 6 times a year, as opposed to being carried out over 2 hour sessions monthly over 11 months.

We are also placing more emphasis on the role of the Dementia Champions and have compiled a list of expectations which outline their responsibilities following the course.

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

The dementia team does not deliver this but this is relevant to staff working intensively with people affected by dementia; for example, university modules / bespoke study days in relation to dementia care.

Dementia Level Training

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

Dementia Tier 1

95%

Dementia Tier 2

95%

Dementia Tier 3

95%

*Data obtained from the Trust dementia training

The Trust dementia friends

Dementia Screening – Monthly Data Collection – April 2017 – March 2018

The prevalence study identified a number of measures which are reported in the table below:

Question a: Number of patients 75 and above admitted as emergency inpatients, reported as having been asked the dementia case finding question within 72 hours of admission to hospital or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
397	449	398	420	411	456	402	441	595	534	454	491

Question b: Number of patients aged 75 and above, admitted as emergency inpatients, minus exclusions.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
397	449	398	420	411	456	416	441	596	534	454	491

Question c: % of all patients aged 75 and above admitted as emergency inpatients who are asked the dementia case finding question within 72 hours of admission or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
47	70	50	43	69	73	57	55	127	84	106	116

Question d: Number of admissions of patients aged 75 and above admitted as emergency inpatients who have scored positively on the case finding question or who have a clinical diagnosis of delirium reported as having had a dementia diagnostic assessment including investigations.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
47	70	50	43	69	73	57	55	127	84	106	116

Question e: Number of patients aged 75 and above admitted as emergency inpatients who have scored positively on the case finding question or who have a clinical diagnosis of delirium.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
16	14	17	14	25	18	14	14	98	42	45	39

Question f: % of all patients aged 75 and above admitted as emergency inpatients who have scored positively on the case finding question, or who have a clinical diagnosis of delirium and who do not fall into the exemption categories reported as having had a dementia diagnostic assessment including investigations.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
16	14	17	14	25	18	14	14	98	42	45	39

Priority 1: Patient safety

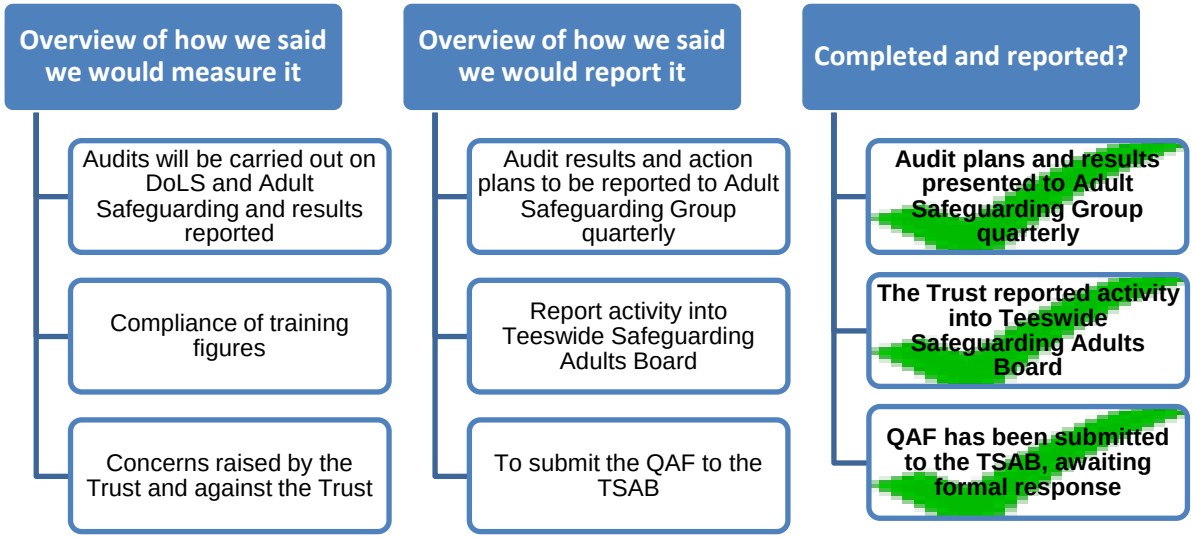
Safeguarding (Adults & Children's)

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

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

Overview of how we said we would do it

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



Safeguarding Adults

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

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

The safeguarding team have trained over 100 safeguarding champions to give key staff more intensive training and understanding of Adult Safeguarding.

Training activity 2017-18 (up to Q3 2017-18)

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

Level 1 Training		Level 2 Training
77%		**74%**

There has been a reduction in compliance, although is reflected in changing the Training Needs Analysis of the staff from once only to 3 yearly. All newly qualified staff nurses and overseas nurses now undergo face to face training.

The adult safeguarding team also deliver safeguarding champions full day, face to face (level 2) training and to date over 100 staff have been trained. This training is delivered four times a year.

Trust Reporting

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

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

The data contained in the reports includes:

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

Numbers of Alerts

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

From **April 2017 – March 2018** there have been **409** adult Safeguarding incidents across the Local Authorities of Durham, Hartlepool and Stockton compared to **244** (2016-2017 – Q1-Q4).

The Trust works closely with the Local Authorities undertaking internal investigations where concerns are raised.

Number of Concerns / Enquiries raised within the Trust

Concerns have once again increased and are once again the highest on record. Concerns have increased to **409** from 244 in 2016-17; this is an increase of **67.62%**. The rise in concerns may be due to increased training and awareness.

2015-16		2016-17		2017-18
255	↓	**244**	↑	**409**

Types of Alerts

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

Type of Alert	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Neglect and Acts of Omission	30	34	55	53	**172**
Physical	30	33	27	35	**125**
Self-Neglect	18	17	25	32	**92**
Psychological	9	4	8	9	**30**
Domestic Abuse	9	9	2	7	**27**
Financial or Material	1	4	7	12	**24**
Organisational	6	1	10	3	**20**
Sexual Abuse	1	2	2	2	**7**
Sexual Exploitation	3	1	1	1	**6**
Discriminatory	1	2	0	1	**4**
Modern Day Slavery	1	0	0	0	**1**
Total	**109**	**107**	**137**	**155**	**508**

*Data from the Trusts Adult Safeguarding database

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

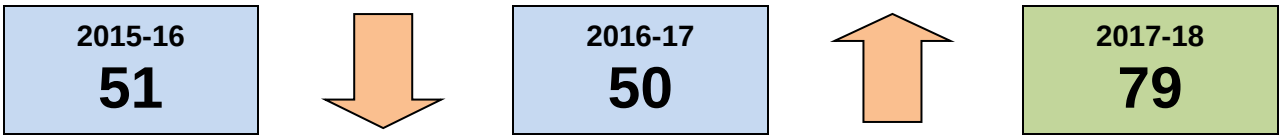
Alerting Areas

Alerter Area	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Out of Hospital Care	23	22	40	30	**115**
Emergency Care	13	28	22	30	**93**
Medicine	14	8	12	11	**45**
Nursing Quality & Patient Safety	3	3	5	6	**17**
Anaesthetics	1	0	2	10	**13**
Surgery, Urology & Orthopaedics	2	1	0	2	**5**
Outpatients Department	2	0	2	0	**4**
Allied Health Professionals	0	0	0	1	**1**
Human Resources	0	0	1	0	**1**
Women's & Children's Services	1	0	0	0	**1**
Pathology	0	0	0	0	**0**
Pharmacy	0	0	0	0	**0**
Radiology	0	0	0	0	**0**
Total	**59**	**62**	**84**	**90**	**295**

Emergency Care continues to be the highest referrer, although this is expected as this is the main gateway into the hospital. There has been a rise in the number of concerns raised by the out of hospital care directorate, which may relate to increased face to face training carried out within the directorate and the change in the frequency of training.

Number of concerns against the Trust

At present we are aware of **79** concerns against the Trust that have been raised during 2017-18, this is an increase of 58% from 2016-17. This is the highest number of concerns raised against the Trust so far; however, this is in line with the general increase in alerts received by the local authorities. Due to the raised awareness of Adult Safeguarding within the Trust and the community, the local authorities have all seen a rise in concerns.



Themes of Alerts against the Trust

Themes of Alerts	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Delay / Failure of Intervention	4	1	3	9	**17**
Pressure Damage / Ulcer	2	7	3	5	**17**
Medication Error	5	0	6	2	**13**
Discharge Issue	3	2	2	3	**10**
Communication	1	1	2	2	**6**
Unexplained Injury	2	1	2	0	**5**
Moving and Handling	0	0	2	2	**4**
Deterioration	1	2	0	0	**3**
Documentation	2	0	1	0	**3**
Sexual	0	1	1	0	**2**
Unkempt	1	0	1	0	**2**
Dehydrated	0	0	1	0	**1**
Monetary	0	0	1	0	**1**
Psychological	0	1	0	0	**1**
Unwitnessed fall	1	0	0	0	**1**
Assault	0	0	0	0	**0**
Domestic Abuse	0	0	0	0	**0**
Harassment	0	0	0	0	**0**
Inability to Cope	0	0	0	0	**0**
Living Conditions	0	0	0	0	**0**
Material	0	0	0	0	**0**
Modern Day Slavery	0	0	0	0	**0**
Self-Neglect	0	0	0	0	**0**
Theft	0	0	0	0	**0**
Total	**22**	**16**	**25**	**23**	**86**

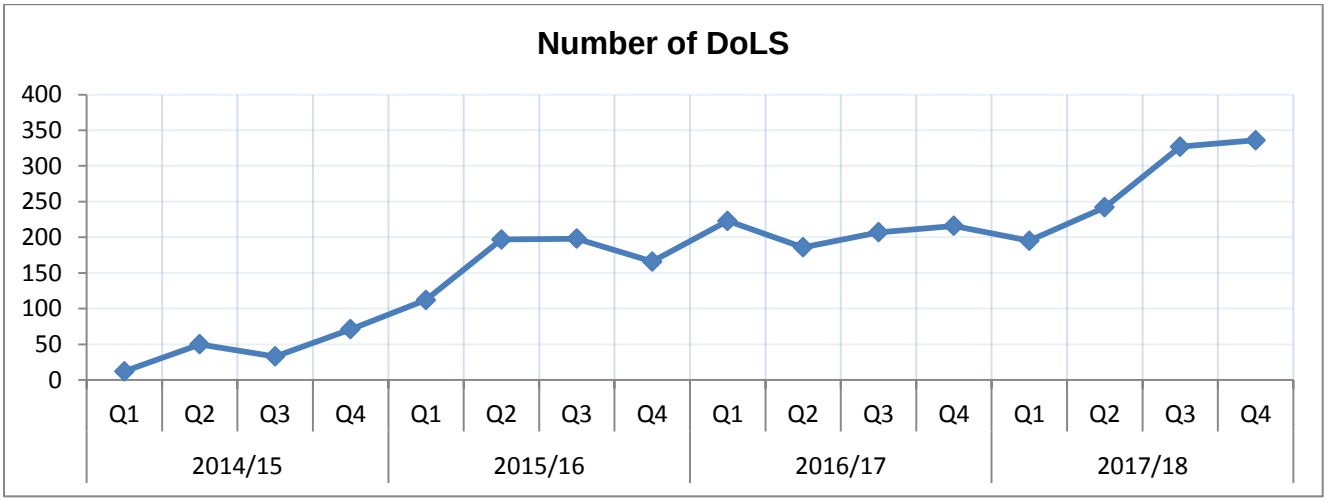
*Please note that one concern can cover multiple themes

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

Deprivation of Liberty Safeguards (DoLS)

Provision of specialist advice relating to implementation of The Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and the Human Rights Act provides added assurance that the Trust remains

compliant with legislation. The Trust continues to provide education regarding the awareness of DoLS; improvements have been made to the paperwork to assist staff in its completion.



In 2017-18 there has been a significant increase in DoLS to **1,100** from **832** in 2016-17, this is an increase of 32.21% from 2016-17. This is in line with the local and national rise in applications seen across all local authorities.

2015-16	2016-17	2017-18
673	**832**	**1,100**

Trust Adult Safeguarding Governance Arrangements

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

Directorate management teams are responsible for practices within their own teams and individual clinicians are responsible for their own practice.

The Trust Adult Safeguarding Committee has been revised and includes representatives from key Trust clinical and non-clinical directorates and partners from Local Authority and Harbour who are experts in domestic abuse. The Trust Adult Safeguarding Committee reports to Patient Safety and Quality Standards Committee (PS & QS).

The Trust is represented at the Tees-wide Adult Safeguarding Board, and its subgroups.

The Trust Strategy groups for adult safeguarding, learning disability and dementia have now been amalgamated to ensure reciprocal standard agenda items and membership. This supports sharing of information and lessons learnt so that they can be incorporated into relevant work streams relating to the most vulnerable groups.

Adult Safeguarding - Prevent

Throughout 2017-18 Adult Safeguarding has continued to make positive strides towards its objectives.

The aim of PREVENT is to stop people from becoming terrorists or supporting terrorism.

PREVENT has continued to be addressed within the adult safeguarding portfolio. We currently have **18** PREVENT trainers across the Trust who deliver the nationally agreed Workshop to Raise Awareness of PREVENT (WRAP). Global events have continued to ensure the principles of counter terrorism outlined below remain in the NHS workforce agenda.

An e-learning package has been developed for staff to complete. It is now identified on the Trusts Training Needs Analysis (TNA) the staff that require Prevent awareness and all that the staff that require Level 2 Adult Safeguarding Training or Level 3 Children's Safeguarding training will receive WRAP – face to face

The 'Named Nurse' for Adult Safeguarding represents the Trust and the Silver command for Prevent.

Training figures 2017-18

PREVENT

80%

WRAP

74%

Safeguarding Adult Achievements

The Trust has a well established Single Point of Contact system (SPOC) as well as a reporting system for internal and external safeguarding alerts. Each alert is added to a central database and progress of the vulnerable adult can be tracked and managed towards an acceptable outcome. This has been extended to include a separate equivalent system for people with Learning Disabilities (LD) and the main system now includes domestic abuse cases.

These systems enable the Trust to provide a robust process for developing reports on a regular basis across the Trust. The Adult Safeguarding Steering group now receives the report in respect of activity data each quarter and disseminates the lessons learnt to improve practice.

Communication issues within discharge have been a theme from alerts across Hartlepool and Stockton, this has led to the development of a discharge group and to date the Trust has seen a reduction in the number of discharge related incidents, the named nurse sits on this group and is able to ensure any safeguarding issues relating to discharge are identified and actioned. One of the major achievements is a SPA/Discharge referral form, which is being sent to care providers to improve communication.

The Quality Review Panels which have been set up for clinical areas incorporate safeguarding concerns and lessons learned as a key focus.

Adult Safeguarding team members

Children's Safeguarding and Looked After Children (LAC)

A child/young person is defined as anyone who has not yet reached their 18th birthday.

North Tees and Hartlepool NHS Foundation Trust has a duty in accordance with the Children Act 1989 and Section 11 of the Children Act 2004 to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children and young people. The Trust recognises the importance of partnership working between children/young people, parents/carers and other agencies to prevent child abuse, as outlined in Working Together to Safeguard Children and their Families, 2015. In addition, arrangements to safeguard and promote the welfare of children must also achieve recommendations set out by the CQC Review of Safeguarding: A review of arrangements in the NHS for safeguarding children, 2009 and give assurance as outlined in the National Service Framework for Children, Young people and Maternity Services, 2004 (Standard 5). The Trust continues to demonstrate robust arrangements for safeguarding and promoting the welfare of children.

Children & Young People Governance Arrangements

The Trust has maintained a robust board level focus on Safeguarding and Looked after Children led by the Director of Nursing, Patient Safety and Quality. A bi-monthly steering group, chaired by a Non- Executive Director maintains responsibility for the performance monitoring of the Children's Safeguarding work program. This group also brings together commissioner and provider with representation from Hartlepool and Stockton on Tees CCG (Designated Doctor and Nurse Safeguarding and Looked after Children) and Designated Nurse Safeguarding and Looked after Children Durham Darlington Easington & Sedgfield.

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

The Trust has maintained membership and has made active contributions at senior level on the three Local Safeguarding Children Boards (LSCB), Stockton (SLSCB), Hartlepool (HSCB) and County Durham LSCB and on the HSCB Executive group.

The Trust has maintained representation and in some cases chairing of a number of LSCB subgroups including;

- Learning and Improving Practice sub Group (LIPSG) - Hartlepool and Stockton LSCB,
- Performance Management - Hartlepool and Stockton LSCB
- The Children's Hub implementation and strategic group for Stockton and Hartlepool
- Hartlepool and Stockton Strategic Vulnerable, Exploited, Missing and trafficked (VEMT) group

- Tees procedures policy group
- Stockton and Hartlepool LSCB Training sub group with Trust nominated chair of the group
- County Durham LSCB Missing Exploited group (MEG)
- County Durham MASH Board
- County Durham Neglect Sub Group
- Graded care profile task and finish group with Trust nominated chair and project lead of the group;

Representatives from across all directorates take a lead role or act as a champion for children safeguarding for example in Accident and Emergency (A&E) and Women and Children's services. Meetings take place on a monthly basis bringing together safeguarding professionals to ensure momentum of the Safeguarding and Looked after Children's agenda.

In November 2017 the Trust was involved in a joint targeted area inspection of the multi- agency response to abuse and neglect in Stockton on Tees. Key strengths highlighted within the Trust included:

- The Children Not Brought for Appointments by Parents/Carers policy;
- A new midwifery service initiative providing home visits by Midwifery Assistants;
- The 0-19 service universal offer;
- A positive and well established relationship between School Nurses and dental practitioners;
- GP practices having identified link Health Visitors;

The report also highlighted that the Designated and Named professionals provided effective and valued leadership to their professional colleagues and the wider partnership and that safeguarding arrangements and quality assurance processes within health were robust. A joint action plan is being prepared by the Director of Social Care to respond to the recommendations.

Children's Safeguarding Work Program

The Children's Safeguarding Work Program sets out the work for the year - it is divided into 2 parts.

Part 1 Improvement - action plans from serious case reviews; learning lesson reviews, Domestic Homicide Reviews and internal incidents.

Part 2 Safeguarding children professionals' development work - the safeguarding children annual audit and assurance program and the planned response to key national drivers which may impact on the work of safeguarding children professionals in the Trust.

Part 1 – Learning Lessons from Serious Case Reviews (SCR)

There have been two Serious Case Reviews published in Durham (LSCB) in 2017 (Child B) and 2018 (Child C) however the Trust was not a partner agency in either.

Hartlepool LSCB had 2 Serious Case Reviews (SCR) published in 2017. The Trust contributed to both reviews. Key themes from these reviews included:

- The impact of adolescent neglect, the impact this has on young people and the challenges professionals face in correctly identifying and responding to this complex issue;
- The recognition of the essential role of parents and the dangers that arise when children experience neglect;
- An additional finding in the SCR was how to identify 'fixed thinking' when working with young people and to challenge information that is received; and
- A shared finding from all three reports is that those who work with adults, children and in community safety services must work more closely to share information about individuals and the community.

A joint action plan is in place following the recommendations made and the Trust continues to monitor its implementation and progress through the Trust's Safeguarding Children's Steering Group and jointly through the Learning and Improvement Sub Group of the Hartlepool LSCB Board.

Part 2 - Development Work

Children Not Brought for Appointments by Parents/Carers' Policy

The policy and assurance process is now being embedded across the Trust in response to a local serious case and learning lessons review enabling practitioners to respond appropriately and recognise possible early indicators of neglect when a child has not been brought to appointments. The Trust can now also identify children whose appointments are frequently rescheduled by parents/carers alongside not being brought.

Safeguarding Children Policy

The Safeguarding Children Supervision Policy and Safeguarding Policy was revised and ratified in 2016. The main change in the Supervision Policy is a significant move away from Senior Nurse Safeguarding case management approach towards a more reflective and autonomous framework which empowers and enables the practitioner to transfer their learning from supervision to other cases within their caseload. The revised Safeguarding Policy also ensures that Trust staff understand and are supported in their responsibility under current legislation to safeguard and promote the welfare of children and to enable the Trust to meet its statutory duties in this regard.

Safeguarding Children Supervision

The local quality and performance indicators include safeguarding children supervision of Trust staff. Safeguarding supervision is recognised as being fundamental for safe practice therefore the team supports this in the delivery of mandatory supervision for every staff member who has contact with children and young people within their caseload (predominantly Health Visitors, Midwives, School Nurses, Family Nurses and Community Paediatric Nurses). The Safeguarding Team are currently working towards a rolling program of group safeguarding supervision for Speech and Language Therapists

1:1 supervision is undertaken with a senior nurse on a three monthly basis. Compliance is reported via the quarterly dashboard and demonstrated in the table below. Staff sickness is *not included* in compliance figures.

Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
96%	**100%**	**98%**	**97%**

North of Tees Childrens' Hub

The Multi-agency Childrens' Hub North of Tees (Hartlepool and Stockton) went live in June 2016. This is an exciting development which has enhanced multi-agency working and information sharing, promoting early help and intervention. Health has been integral to the design of the HUB and a Senior Nurse from the Childrens' Safeguarding Team rotates into the HUB Team.

Child Sexual Exploitation (CSE)

CSE continues to be a growing concern. The Stockton and Hartlepool VEMT (Vulnerable, Exploited, Missing Trafficked) subgroup and the Missing Exploited group (MEG) in County Durham identifies those children and young people at risk, allows for the sharing of information between practitioners and helps to put safety measures in place to attempt to reduce risk. Following the Care Quality Commission Children Looked After and Safeguarding inspection the Trust developed an action plan to effectively utilise CSE risk assessment tools to assist early identification of those at risk of CSE.

Domestic Violence & Abuse

The Trust is represented at Multi Agency Risk Assessment Conferences (MARAC) in Hartlepool and Stockton where high risk victims of domestic abuse are identified and safety plans put in place. A Domestic Abuse Policy is in place across the Trust. Routine and selective enquiry training has been rolled out.

Local Authority Designated Officer (LADO)

Regular meetings have been established between the Named Nurse and staff within the Human Resources (HR) department to improve communication and referrals to the LADO. Additional safeguarding training has been delivered to Trust senior managers to increase their awareness of adult risky behaviors that may require safeguarding intervention when supporting staff are on sickness/absence or there are capability issues.

Signs of Safety
Hartlepool and Stockton Local Authorities have implemented the Signs of Safety model in the assessment of risk and safety planning process when working with cases that reach the threshold for childrens' social care intervention. Frontline community health practitioners attended training to equip them with the knowledge and skills in using this approach with children and families. The Senior Nurses in the Childrens' Safeguarding Team have been attending the five day intensive training.

Voice of the Child
Following recommendations from the CQC report 'Not Seen, Not Heard' the Trust is taking forward a number of actions to further improve how we listen to children and gain their wishes and feeling around the care they receive. This plan is monitored through the Childrens' Committee.

Joint working with Adult Safeguarding
Joint training has been delivered between Adult and Childrens' safeguarding Teams in relation to Female Genital Mutilation (FGM), Prevent, Forced Marriage and Modern Slavery and plans to work jointly in delivering safeguarding training is being developed.

Audit
The Trust work program includes a rolling schedule of audits with a strong focus on quality and improving outcomes for children and young people. Examples include:

Adult Risky Behaviours A&E Audit	Child Protection Flagging Audit
Staff Satisfaction Audit	Safer Referral Audit
NICE Guideline 89 Audit	On-going participation in Childrens' Hub referral audits
On-going participation in multi-agency case file audits	Immobile Baby Pathway Audit
Case file audits of 0-19 service	"Children Not Brought for Appointments by Parents/Carers Policy Audit

Key Achievements 2017
- Provision of bespoke training in response to lessons from a serious untoward incident investigation;
- Sustained high compliance for safeguarding supervision;
- Senior Nurses continued contribution into the childrens' Hub to facilitate multi-agency decision making;
- The positive contribution during the recent Joint Targeted Area Inspection which highlighted several key achievements from the Trust; and
- A robust Children Not Brought to Appointments by Carer's/Parents Policy strengthened by a new system to identify those appointments that are repeatedly cancelled or rearranged.

Key Priorities 2018
- Continued monitoring and audit of completed actions from the recommendations from the CQC CLAS review inspection in Hartlepool;
- Align key priorities of the Trust to the priorities of the 3 LSCBs
- Continue to work closely with partner agencies to drive forward the Early Help Agenda;
- Achieve 100% compliance for all local safeguarding children quality requirements
- Enhance the Trust safeguarding children training program
- To continue to raise awareness of the VEMT agenda in the Trust utilising agreed risk assessment tools to improve outcomes for children and young people who may be vulnerable, exploited, missing or trafficked;
- To continue to develop and monitor any action plans following the recommendations from the Joint Targeted Area Inspection; and
- To continue to monitor progress of the Voice of the Child Action Plan via the Childrens' Committee.

Safeguarding Children Training Programme

Throughout 2017 into 2018 the Trust's in-house Safeguarding Children Training Programme has continued to provide mandatory foundation and update single agency training for all staff employed within the organisation. The training is in-line with the requirements of Safeguarding Children and Young people: roles and competences for health care staff; Intercollegiate Document (2014) and the Trust's Safeguarding Children Training Policy.

Overall Trust Compliance for Safeguarding Children Training

Training compliance is monitored by the Safeguarding Steering Group and an action plan has been developed to address the reduced compliance. ESR competency reporting covers compliance for 12 months. **Level 1**

82%

Level 2

79%

Level 3

85%

*Data obtained from the Trust safeguarding training

Looked After Children (LAC)

The services and responsibilities for LAC are underpinned by legislation, Statutory guidance and good practice guidance which include: "Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children" (DH, 2015) and "Promoting the Quality of Life of Looked After Children and Young People" (NICE, 2010). The importance of the health of children and young people in care cannot be overstated; many children in care are likely to have had their health needs neglected prior to coming into care. The health of looked after children is everyone's responsibility, so partnership working is essential to ensure optimum health for each individual child and young person.

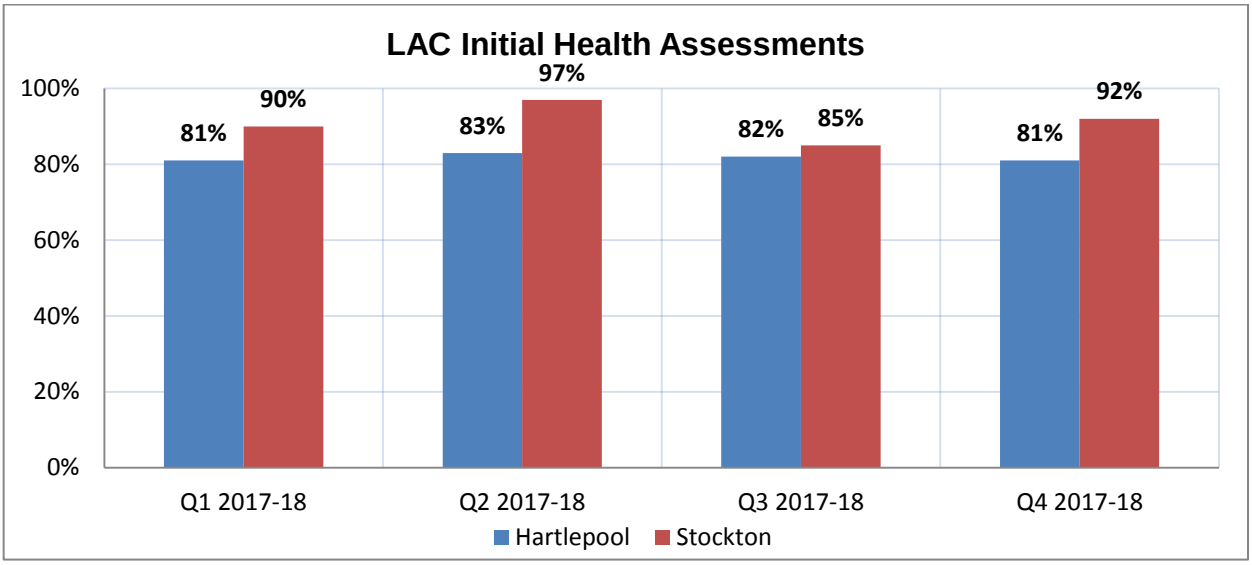
LAC health provision is an integral part of the Trust Safeguarding and LAC Steering Group work programme which reports to the Trusts Children's Safeguarding Steering Group and Patient Safety Committee.

The Trust continues to be represented and is an active member of the Multi-Agency Looked After Partnership (MALAP) in Stockton and more recently Corporate Parenting Group in Hartlepool.

Looked After Arrangements and Provision

Initial Health Assessments (IHA) are a statutory requirement. All LAC must be offered an IHA by a suitably qualified medical practitioner, which should result in a Health Care Plan by the time of the child's first Looked after Review (LAR) 20 working days after becoming LAC.

Table 1 below demonstrates compliance when children are notified to the service that they are in care:



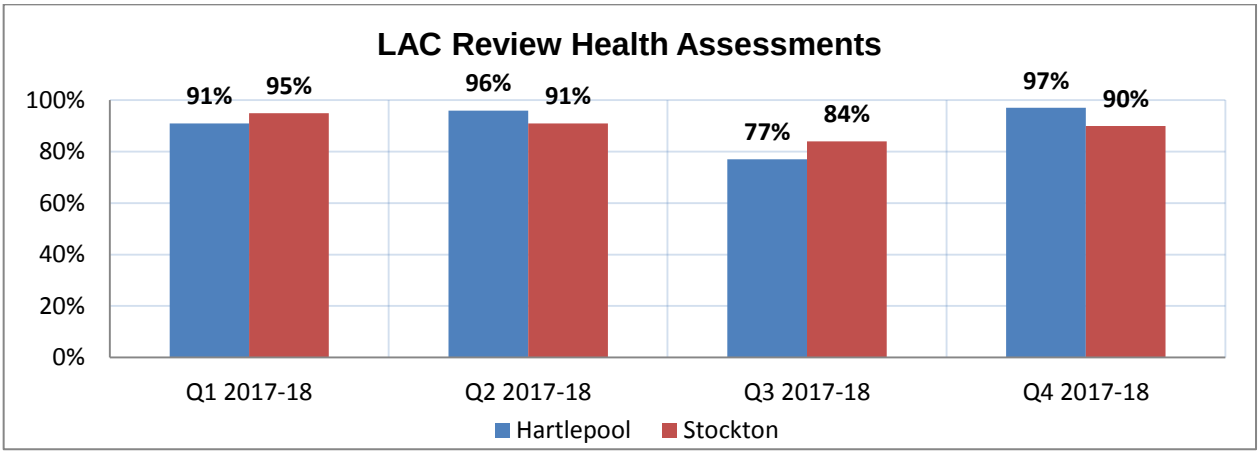
It was recognised that as demand for IHAs increased there was a subsequent fall in compliance however this is now being addressed by regular LAC Performance Management Team Meetings which identify any predicted increases in service demand so that resilience plans can be implemented to ensure sufficient capacity to respond. The Trust is also actively seeking to recruit additional Community Paediatricians in response to increasing demand. Points to note in relation to reduced compliance include:

- Not receiving timely and appropriate consent for IHAs affects the overall compliance rate;
- Cancellations by carers continue to affect the rates of compliance; electronic monitoring and analysis of the reasons why carers cancel ensures these issues are addressed with partner agencies and carers at the time.

Review Health Assessments

- Review Health Assessments must be undertaken at 6 monthly intervals for children under five years and annually for those over five up until they turn 18 years old.
- Reviews are designed to identify and monitor health needs of LAC and are a statutory obligation. In Stockton and Hartlepool the service model includes Health Visitors and School Nurses who undertake the RHA for those LAC accessing Universal services. Health Visiting and School Nursing are a Public Health commissioned service.

Table 2 below demonstrates compliance of review health assessments and Children & Young People registered with services.



The data has identified a number of issues where compliance has not been maintained and include:

- Capacity to undertake the RHA in services provided by out of area Providers
- Review assessments cancelled by carers
- Movement of placement without notification to the LAC Team

In response to the issues identified the Standard Operational Procedure was reviewed and updated. More recently an escalation pathway is sent out with every out of area request so that all agencies are aware of expected timescales and actions our LAC team will take if the RHA cannot be completed within timescales.

Closer working with current providers of the local IHAs will be enhanced when the draft LAC Service Spec is agreed. This is currently in the process of being reviewed.

Summary

Key Achievements 2017-18

- On-going updates and improvements to the Electronic Health Care Record to improve the LAC processes and communication with other health services;
- Successful implementation of a rolling program of safeguarding supervision for the LAC Senior Nurses;
- A significant improvement in the completion of IHAs and RHAs within statutory timescales over the past 2 years;
- All new LAC are now flagged within the childs community and acute health care record enabling early identification of vulnerability;
- LAC Senior Nurses attend the Vulnerable, Exploited, Missing and Trafficked Operational Group in Stockton and Hartlepool and refer to the LAC Health Advisor to offer those at risk additional health support and advice; and
- Child Sexual Exploitation screening tool used for all LAC health assessments.

Sensory Loss

The Trust has legal duties to meet individual's information, communication and support needs.

The Equality Act became law in October 2010 and is aimed to improve and strengthen patients experiences by ensuring all service providers take steps to make reasonable adjustments in order to avoid putting a disabled person at a disadvantage when compared to a person who is not disabled and/or has some degree of sensory loss or impairment. The Act is explicit in including the provision of information in an accessible format as a reasonable step to be taken.

The Care Act 2014 details specific duties for local authority colleagues concerning provision of advice and information, additionally the NHS Constitution states that " You have the right to be involved in discussions and decisions about your health and care and to be given information to enable you to do this ".

The Accessible Information Standard launched by NHS England in 2016 builds upon the existing legal duties which public sector bodies and all service providers are already obligated to follow, the aim being to improve healthcare for millions of people with sensory loss and other disabilities.

The Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents where their needs relate to a disability, impairment or sensory loss. The Standard requires all

NHS and adult social care organisations to meet the communication needs of people with a disability, impairment or sensory loss by 31 July 2017.

The Trust set up a task and finish group to oversee implementation of the Standard and has worked with colleagues to meet the key milestones and to ensure compliance and achievement of the Standard within the Trust's sphere of control.

The Trust continues to make improvements to the care provided to patients with sensory loss, these include:

Identifying Patients with Sensory loss

Significant changes have been made to Core Admission Documentation to identify more clearly patients who have a sensory loss / impairment. The planning of care has also been improved to include documenting the reasonable adjustments required to support the patient during their hospital stay, with the associated care plans put into place and reviewed as part of daily intentional rounding processes. Work is also progressing to update current electronic systems used in acute and community settings to facilitate the requirements of the Accessibility Standard i.e. identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents where their needs relate to a disability, impairment or sensory loss.

Patient Experience

Work has started to develop sensory loss resource packs for all clinical areas to raise awareness of the different ways to communicate in addition to further specialist training sessions for nominated staff champions.

Specialist Equipment

An audit of fixed hearing loop provision throughout the Trust was performed, the results highlighted which equipment required maintenance and re-siting of equipment to maximise its use in addition to raising awareness amongst staff of the equipment in their clinical areas.

The audit of portable hearing loops highlighted gaps in staff awareness and accessibility of these systems by staff. The portable hearing loops were then removed from the wards and stored in the medical equipment library so they are available to all when needed on a 24 hour basis. A Portable hearing loop is also kept in the resilience offices on both sites for emergency use.

Care Quality Commission Equality Objectives

CQC is legally required under the Equality Act 2010 to set quality objectives at least every four years. The new objectives for 2017 -19 include a section on Accessible information and communication.

The section examines how well providers meet the standard as part of CQC Regulation using agreed measures of success. It is proposed that providers meeting this standard can help improve:

- Access to services;
- How people experience care and treatment;
- The outcomes people receive; and
- The recent CQC inspection awarded the Trust an overall rating of **Good.**

Priority 1: Patient safety

Infections

Rationale: The Trust continues to report on infections of:

- Clostridium difficile (C.diff),
- Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia;
- Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia; and
- Escherichia coli (E.coli)

During 2017-18, two new infections were added to the mandatory surveillance programme, these are:

- Klebsiella species (Kleb sp) bacteraemia; and
- Pseudomonas aeruginosa (Ps a) bacteraemia.

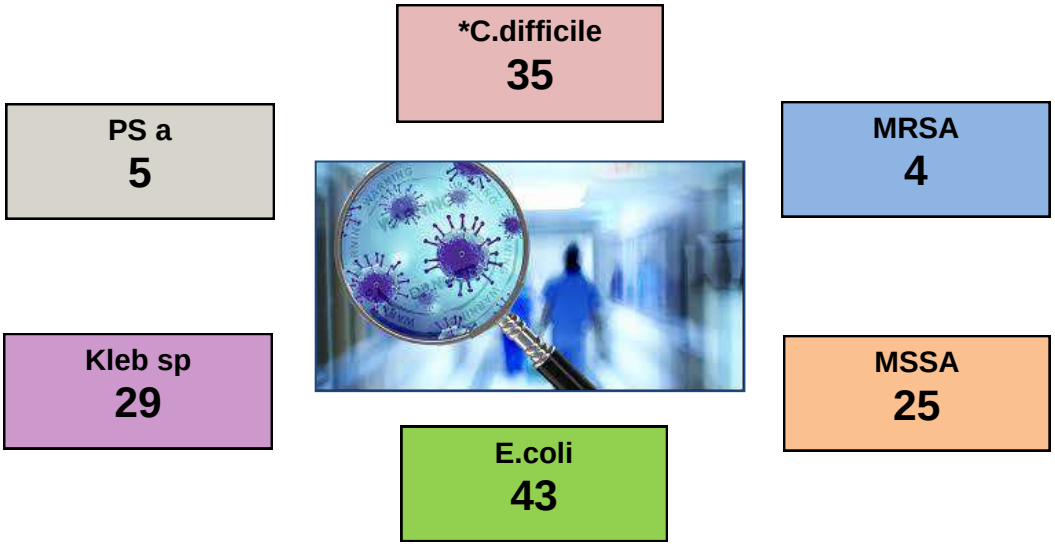
2017-18 these remain high on the patient safety agenda.

Overview of how we said we would do it

We will closely monitor testing regimes, antibiotic management and repeat cases and ensure we understand and manage the root cause wherever possible.

Infection totals for 2017-18 – Hospital Acquired

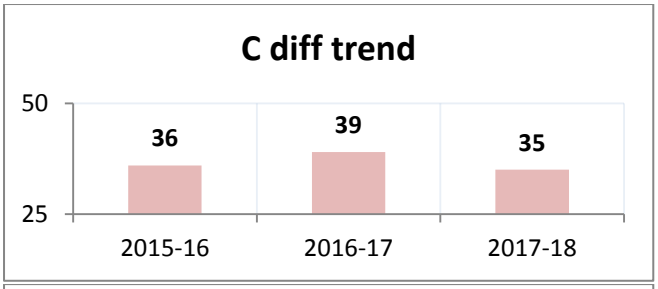
The following demonstrates the total number of hospital acquired infections the Trust acquired during 2017-18.

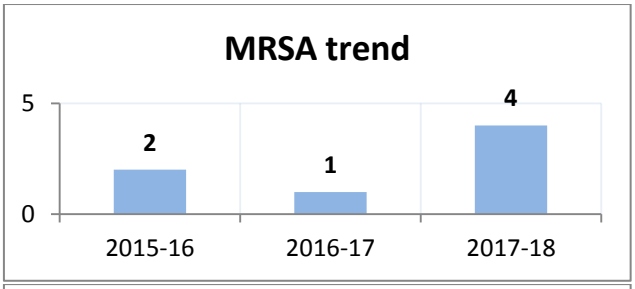


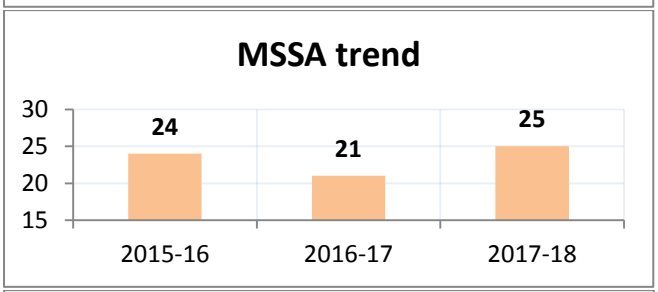
*NHS Improvement Objective 13 ** Data from Trust Infections team

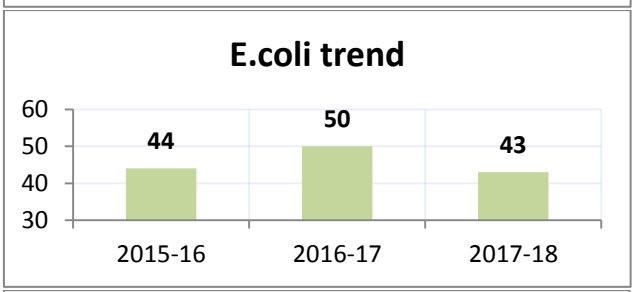
Hospital Acquired Infection Trends from 2015 to 2018

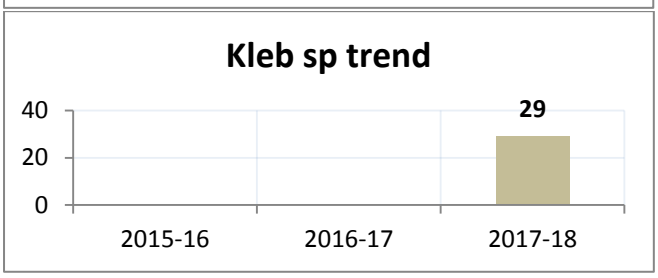
The following tables demonstrate the last three years of reporting for the six infections:

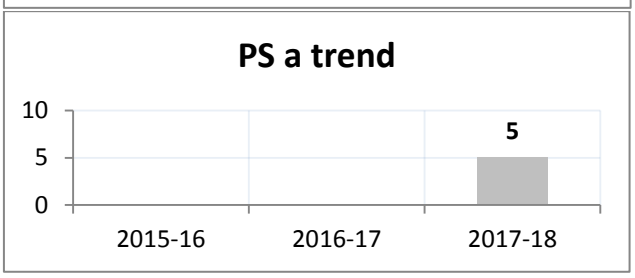












** Data from Trust Infections team

Clostridium difficile (C.difficile)

Clostridium difficile is a bacterium that is found in the gut of around 3% of healthy adults. It seldom causes a problem as it is kept under control by the normal bacteria of the intestine. However certain antibiotics can disturb the bacteria of the gut and Clostridium difficile can then multiply and produce toxins which cause symptoms such as diarrhoea.

During 2017-18 the Trust did not achieve the Clostridium difficile target having reported **35** Trust attributed cases against a trajectory of **13** cases. This is disappointing given the reductions achieved in previous years and the continued efforts by staff, but not entirely unexpected as the trajectory was always going to be challenging. However in this reporting year we have seen an improvement compared to the same period in the previous year. Trust staff continue with all efforts to control and reduce opportunity for infections to spread whether we treat people in our clinical premises or in their own homes. The Trust has maintained a consistent approach to cleanliness across all important areas of our environment including enhanced decontamination with hydrogen peroxide vapour, the introduction of alternative technologies such as Ultra Violet light and the continued and improved use of the internal mattress decontamination facility. The focus on antimicrobial stewardship has continued with the identification of further 'champions' across all directorates and with a wider group of staff volunteering and Antibiotic Guardians in line with the Public Health England campaign. The importance of adherence to high standards of hand hygiene has continued to be an important part of our strategy and additional staff have been trained on how to carry out unannounced observations of practice in line with the '5 moments for hand hygiene' initiative.

The Trust C difficile improvement plan has been developed in conjunction with clinical staff and reviewed monthly. Progress against the plan is reported to the Healthcare Associated Infection Operational Group and Infection Control Committee and the document has been regularly shared with commissioners and NHS Improvement.

The Trust requested a review visit by NHS Improvement which took place in June 2017. A number of recommendations were made and have been incorporated into the improvement plan for the year.

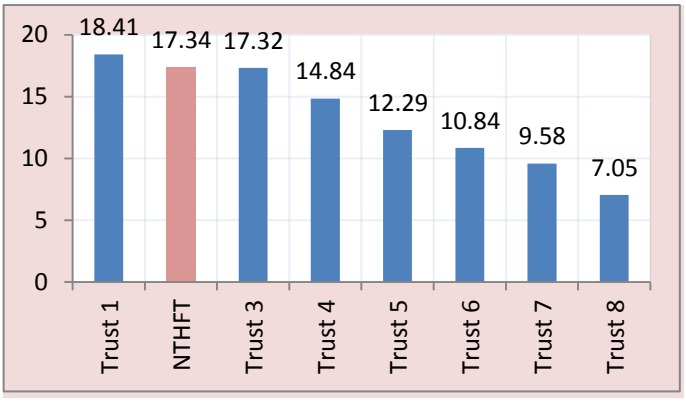
The following table identifies the number of Trust and Non-Trust attributed cases of C.difficile reported by our laboratory and the number of cases per 100,000 bed days in the North East.

***Trust Clostridium difficile cases 2013-18**

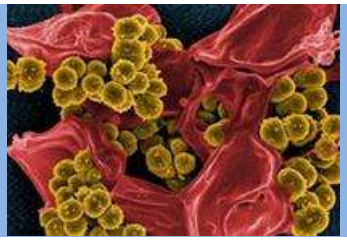
	Trust Attributed	Non-Trust Attributed
2013-14	30	95
2014-15	20	71
2015-16	36	68
2016-17	39	73
2017-18	**35**	**60**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system and **Data obtained from the Healthcare Evaluation Data (HED) Apr 17 – Jan18

****Clostridium difficile cases and rate per 100,000 Bed Days for North East trusts 2017-18**



Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia



Staphylococcus Aureus is a bacterium commonly found on human skin which can cause infection if there is an opportunity for the bacteria to enter the body. In serious cases it can cause blood stream infection. MRSA is a strain of these bacteria that is resistant to many antibiotics, making it more difficult to treat.

Many patients **carry MRSA** on their skin and this is called colonisation. It is important that we screen some groups of high risk patients when they come into hospital so that we know if they are carrying MRSA. Screening involves a simple skin swab. If positive, we can provide special skin wash that helps to get rid of MRSA. This measure reduces the risk of an infection developing

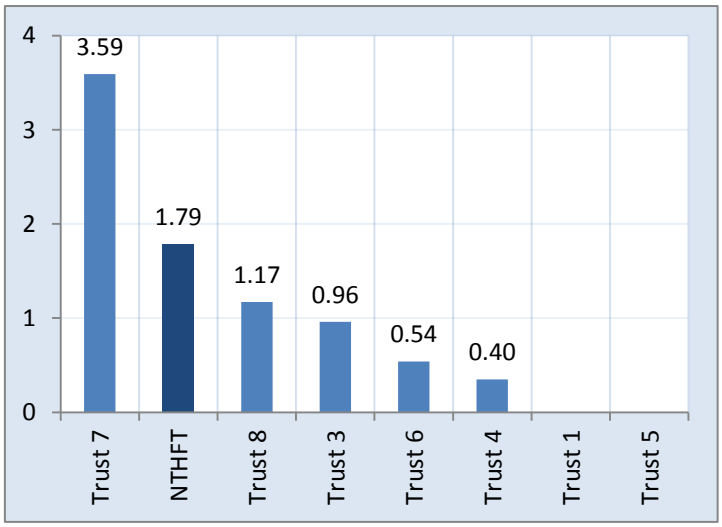
In 2017-18 our organisation reported **4 (four)** Trust attributed MRSA bloodstream infection, which is a decline in performance from the previous year. This exceeds the national zero tolerance trajectory. Following investigation three of the cases were found to be unavoidable although there was some change to practice as a result of the learning identified from all four cases.

***Trust MRSA bacteraemia cases 2013-18**

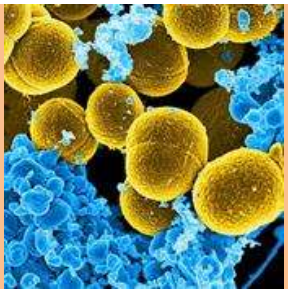
	Trust Attributed	Non-Trust Attributed
2013-14	0	4
2014-15	1	2
2015-16	2	3
2016-17	1	2
2017-18	**4**	**2**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system and **Data obtained from the Healthcare Evaluation Data (HED) Apr 17 – Jan18

****MRSA cases and rate per 100,000 Bed Days for North East trusts 2017-18**



Methicillin-Sensitive Staphylococcus Aureus (MSSA)



MSSA is a strain Staphylococcus Aureus that can be effectively treated with many antibiotics. It can cause infection if there is an opportunity for the bacteria to enter the body and in serious cases it can cause blood stream infection.

In 2017-18 we reported **25** cases of Trust attributed MSSA bacteraemia. This is an improvement on the previous year. Each case is subject to a root cause analysis and the analysis of these investigations has shown that there are no apparent trends in terms of linked cases or frequently seen sources of infection. In many cases the source has been a chest or skin infection which would have been difficult to prevent.

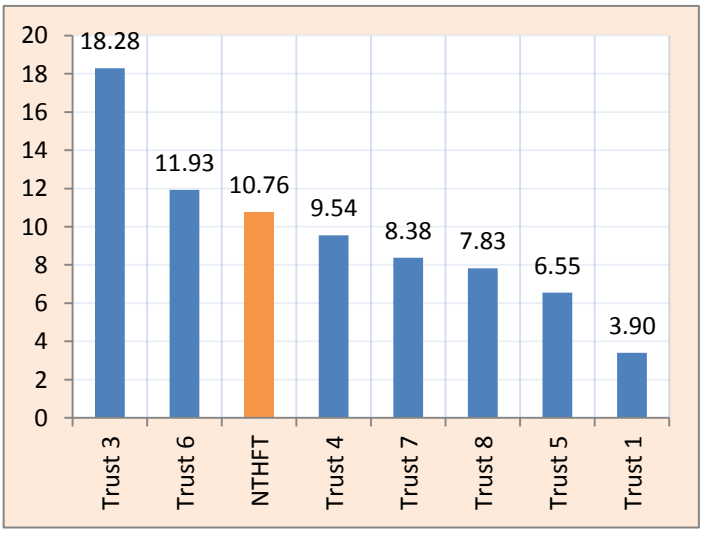
However, the Trust recognises that further improvement can be achieved in this infection and increased emphasis on clinical practices continues to be a focus of our work to reduce the number of MSSA bacteraemia. An increase in non-Trust attributed cases was seen this year. This may be due in part to an increased use of the sepsis screening protocol and an increase in the number of blood cultures sampled.

***Trust MSSA bacteraemia cases 2013-18**

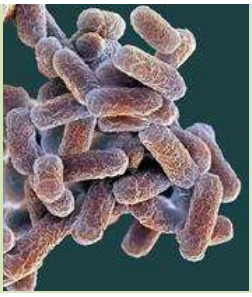
	Trust Attributed	Non-Trust Attributed
2013-14	13	30
2014-15	18	41
2015-16	24	64
2016-17	21	57
2017-18	**25**	**71**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system and **Data obtained from the Healthcare Evaluation Data (HED) Apr 17 – Jan18

****MSSA cases and rate per 100,000 Bed Days for North East trusts 2017-18**



Escherichia coli (E.coli)



Escherichia coli (E.coli) is a very common bacterium found in the human gut which can cause serious infections such as blood poisoning.

The numbers of E coli bacteraemia (blood stream infection) reported across by the Trust for the year are shown in the table below. As the majority of these cases are those that are identified within the first 48 hours of hospital admission, work is required across all healthcare settings to achieve improvements.

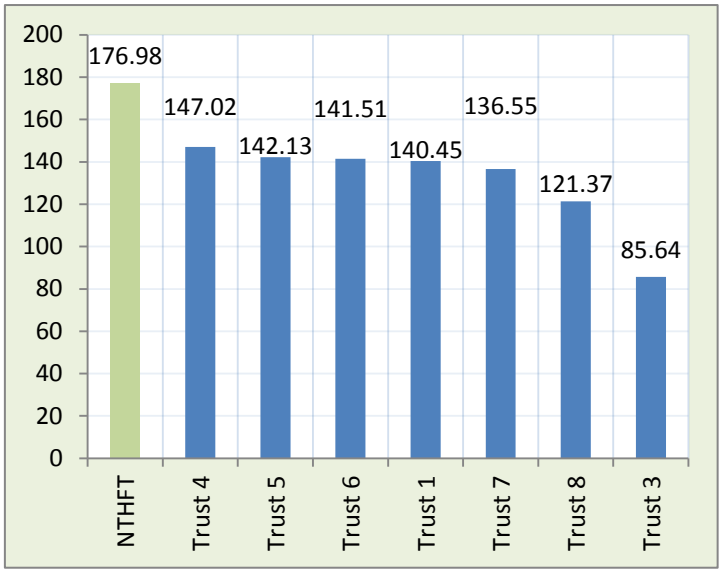
Root cause analysis is completed for all cases deemed to have been Trust attributable and action plans are developed where actions are identified. In many cases these infections are related to urine infections and are thought to be not preventable with only a very small percentage of cases being in patients with a urinary catheter where there may be potential for improved practices.

***Trust E.coli bacteraemia cases 2013-18**

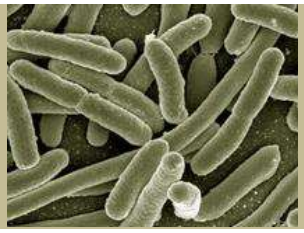
	Trust Attributed	Non-Trust Attributed
2013-14	22	169
2014-15	28	176
2015-16	44	224
2016-17	50	267
2017-18	**43**	**304**

*Data obtained from Healthcare Associated Infections (HCAI) data capture system and **Data obtained from the Healthcare Evaluation Data (HED) Apr 17 – Jan18

****E.coli cases and rate per 100,000 Bed Days for North East trusts 2017-18**



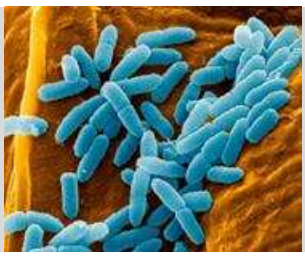
Klebsiella species (Kleb sp) bacteraemia



Klebsiella species are a type of bacteria that are found everywhere in the environment and also in the human gut, where they do not usually cause disease. These bacteria can cause pneumonia, bloodstream infections, wound and surgical site infections and can be associated with invasive procedures such as venous cannulation or urinary catheterisation.

In 2017-18 the Trust reported **29** Klebsiella species bloodstream infections. This infection has not been part of the mandatory reporting system in previous years and there is no reduction target associated with this infection currently. Enhanced data collection is being carried out on each case to understand if there are any common themes to the infections. This will allow us to target our efforts effectively to reduce the number of cases in future.

Pseudomonas aeruginosa (Ps a) bacteraemia



Pseudomonas aeruginosa is a bacterium often found in soil and ground water. It rarely affects healthy individuals but can cause a wide range of infections particularly in those with a weakened immune system. P aeruginosa is resistant to many commonly used antibiotics.

In 2017-18 the Trust reported **5** trust attributed cases of Pseudomonas aeruginosa bloodstream infections. As with Klebsiella this is a new addition to the mandatory reporting, with no reduction target assigned and enhanced data collection is underway to better understand the sources of these infections.

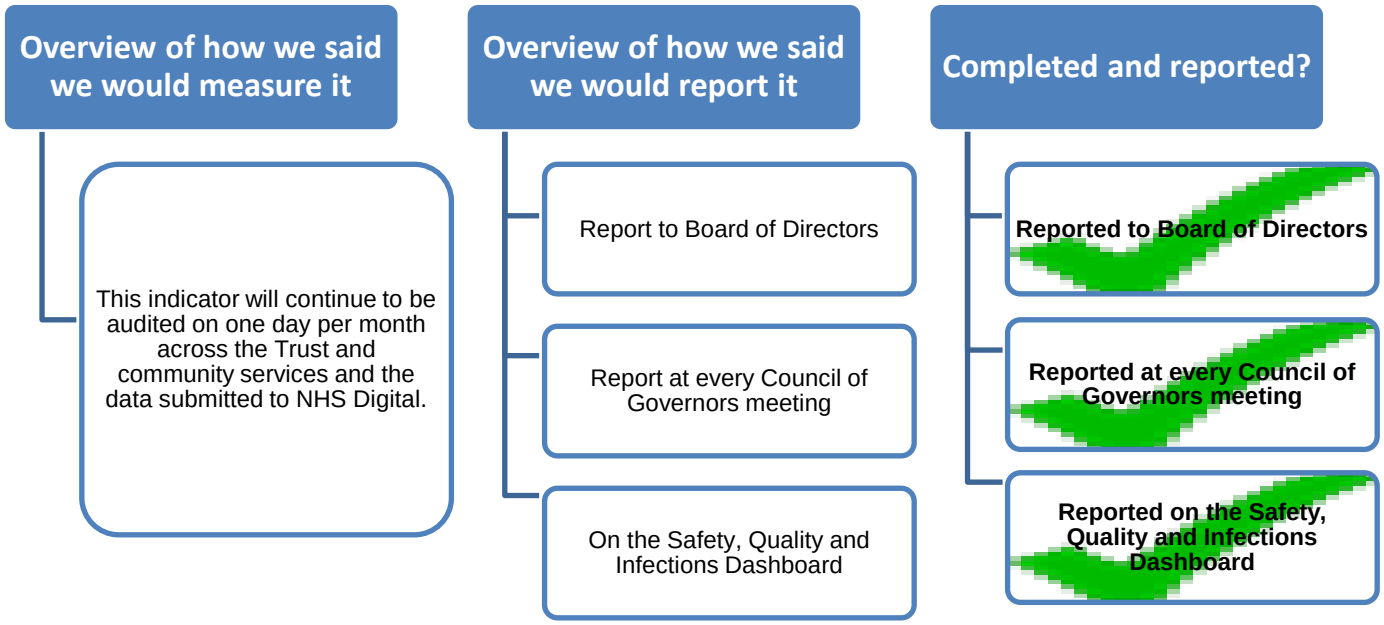
Priority 2: Effectiveness of Care

Safety Thermometer

Rationale: The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.

Overview of how we said we would do it

- The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time.



Safety Thermometer Data

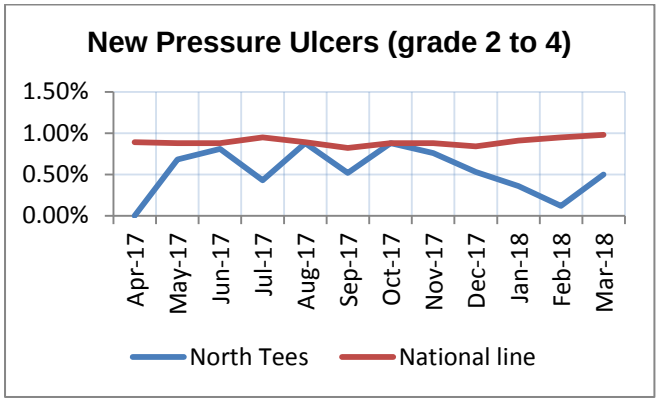
The Safety Thermometer data can be found at: https://www.safetythermometer.nhs.uk/index.php

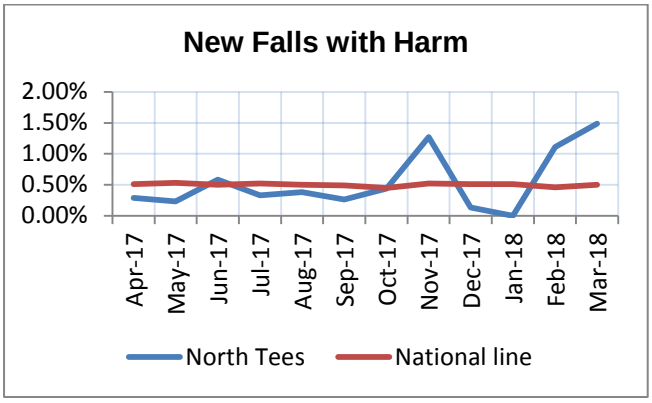
Safety Thermometer is split into five audits; these are Classic, Medication, Mental Health, Maternity and Children & Young People. The Trust does not partake in the Mental Health survey, as the Trust is not a Mental Health Trust; the audits the Trust participates in are as follows:

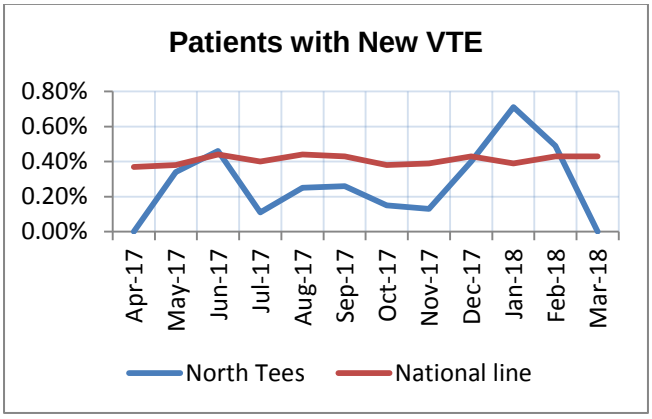
The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

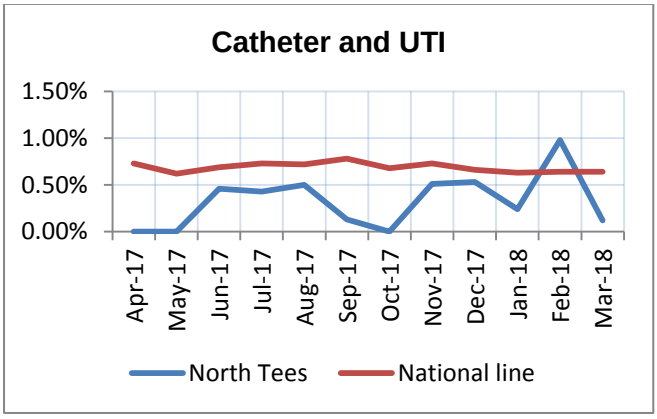
Data is collected through a point of care survey on a single day each month on 100% of patients. This enables wards, teams and organisations to: understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.

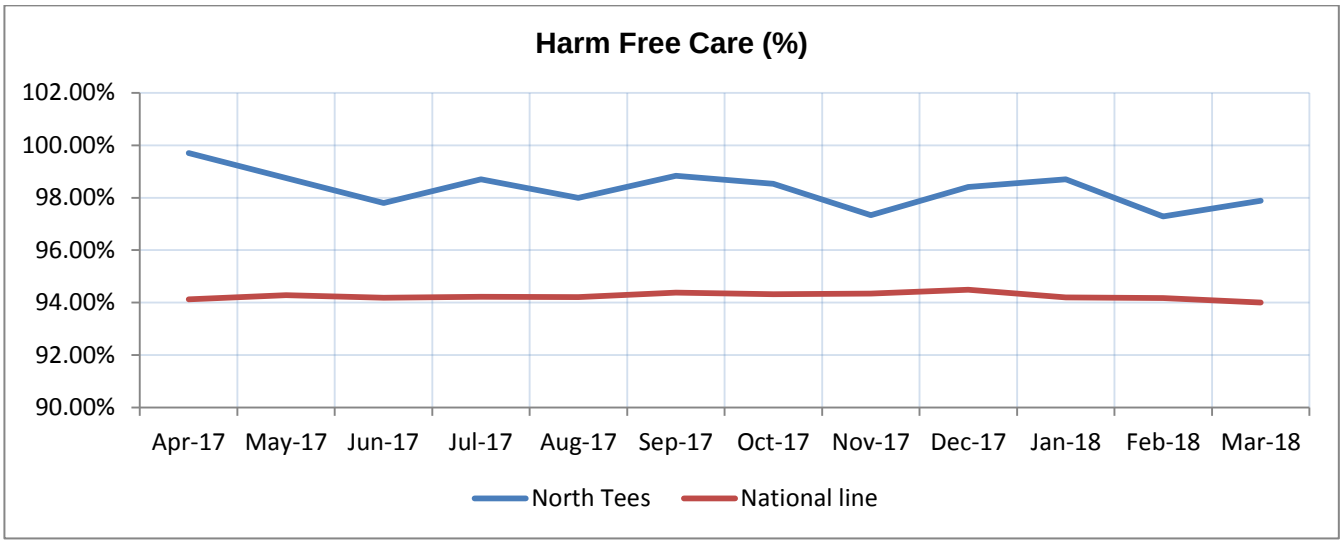
The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.





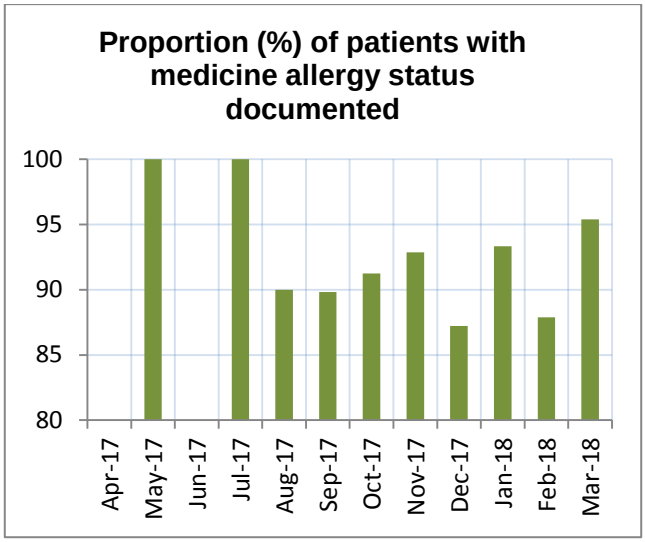


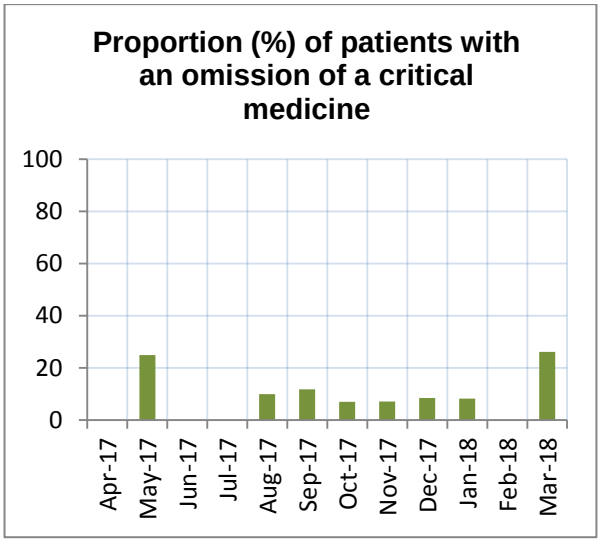


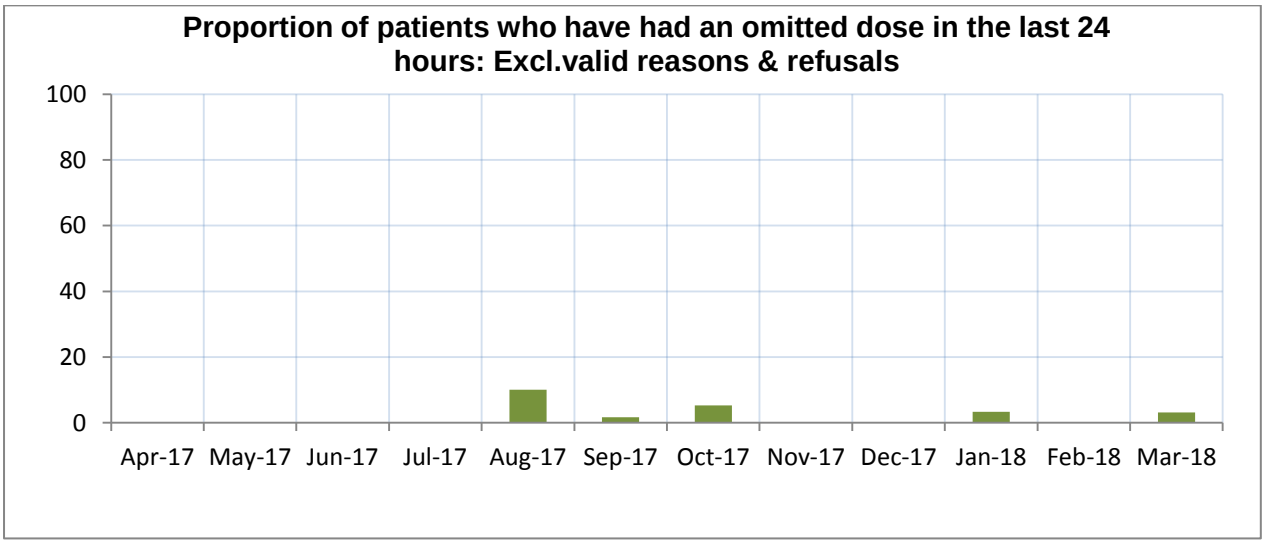


*All data from www.safetythermometer.nhs.uk/index.php

The Medication Safety Thermometer is a measurement tool for improvement that focuses on: medication reconciliation, allergy status, medication omission, and identifying harm from high risk medicines.

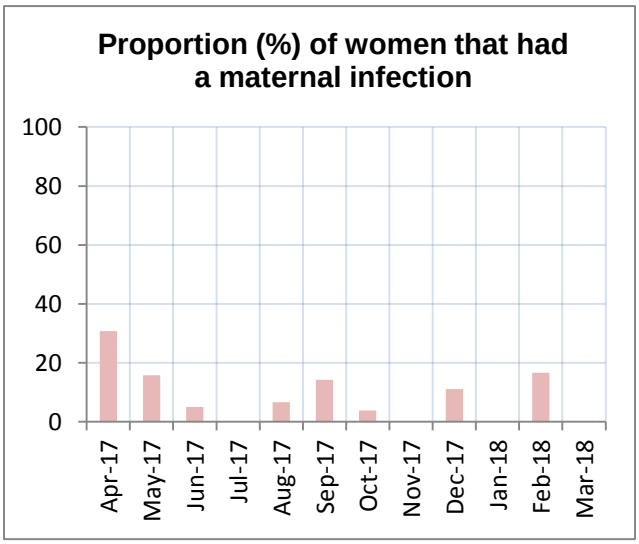


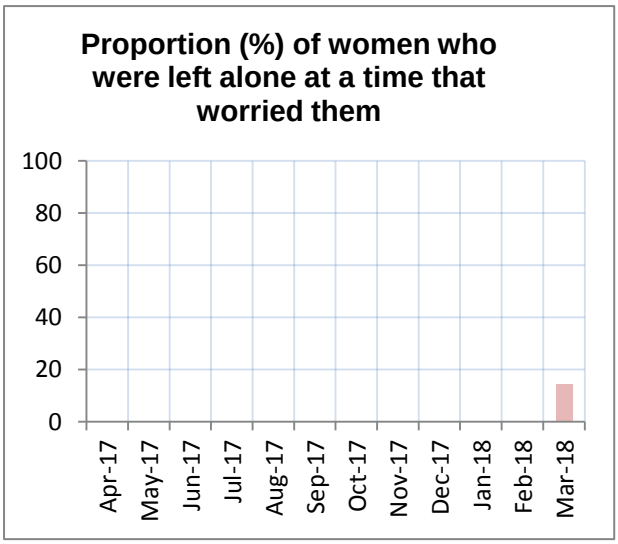


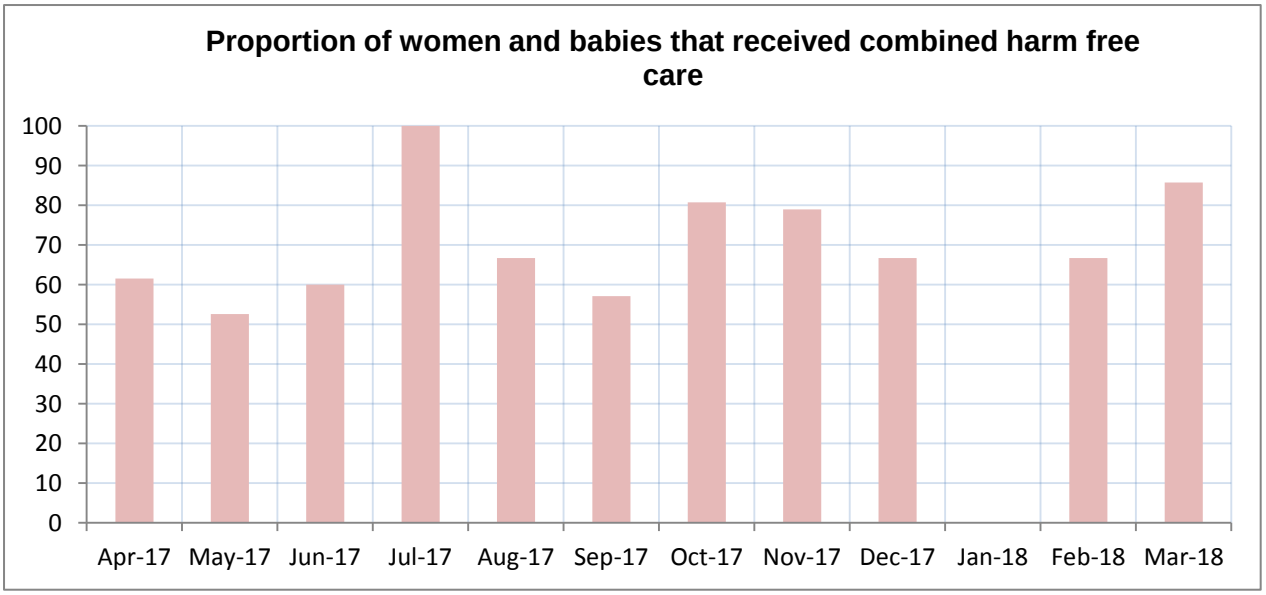


*All data from www.safetythermometer.nhs.uk/index.php

The Maternity Safety Thermometer is a measurement tool for improvement that focuses on: perineal and abdominal trauma, post-partum haemorrhage, infection, separation from baby and psychological safety

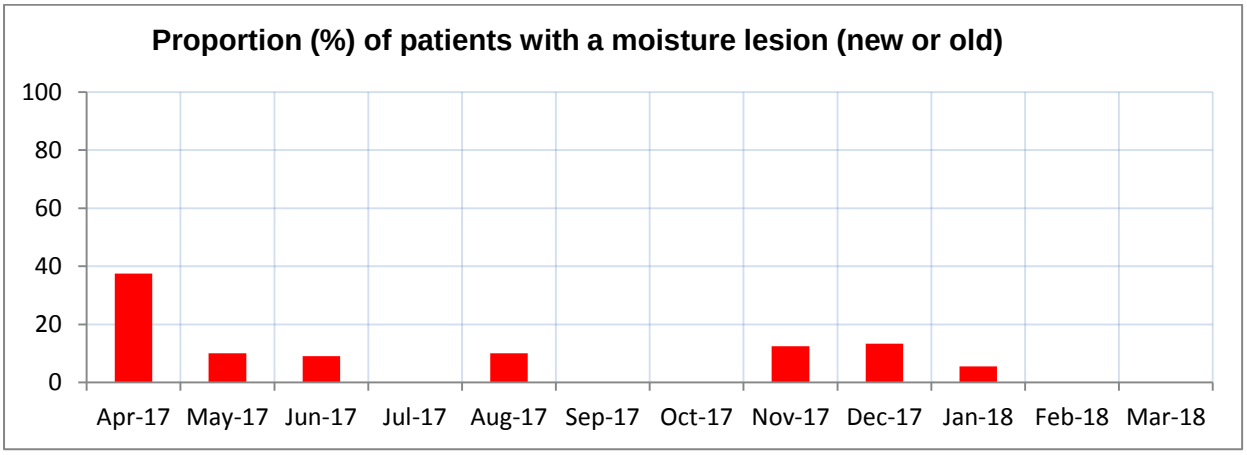


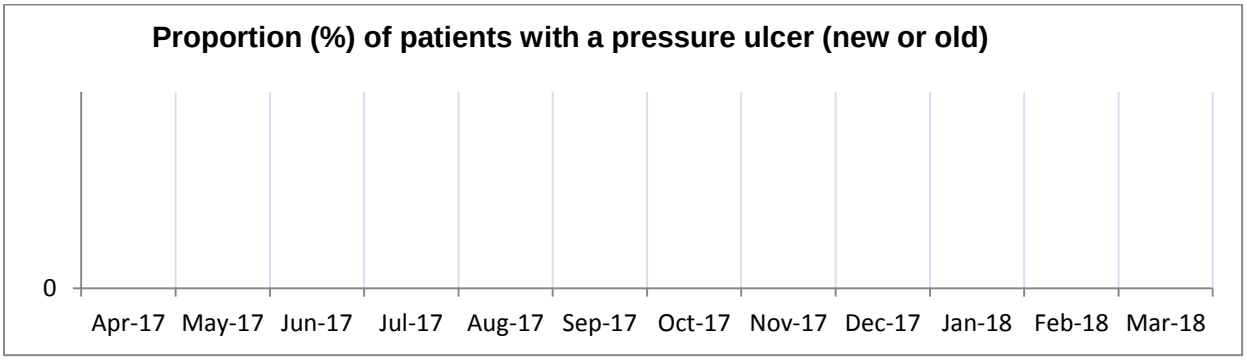


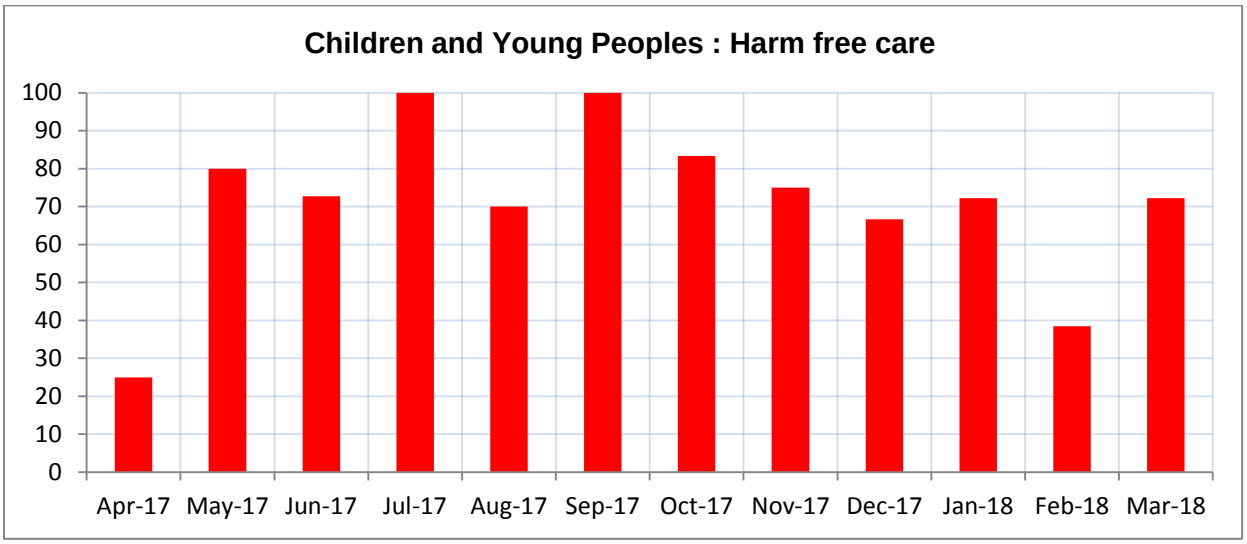


*All data from www.safetythermometer.nhs.uk/index.php

The Children and Young People's Services Safety Thermometer is a national tool that has been designed to measure commonly occurring harms in people that engage with children and young people's services.







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

Priority 2: Effectiveness of Care

Discharge Processes

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

Overview of how we said we would do it

- All patients should have a safe and timely discharge
- All concerns and/or incidents raised onto the Trust's Datix system

Overview of how we said we would measure it

- Via national and local patient surveys
- Quarterly analysis of discharge incidents on Datix

Overview of how we said we would report it

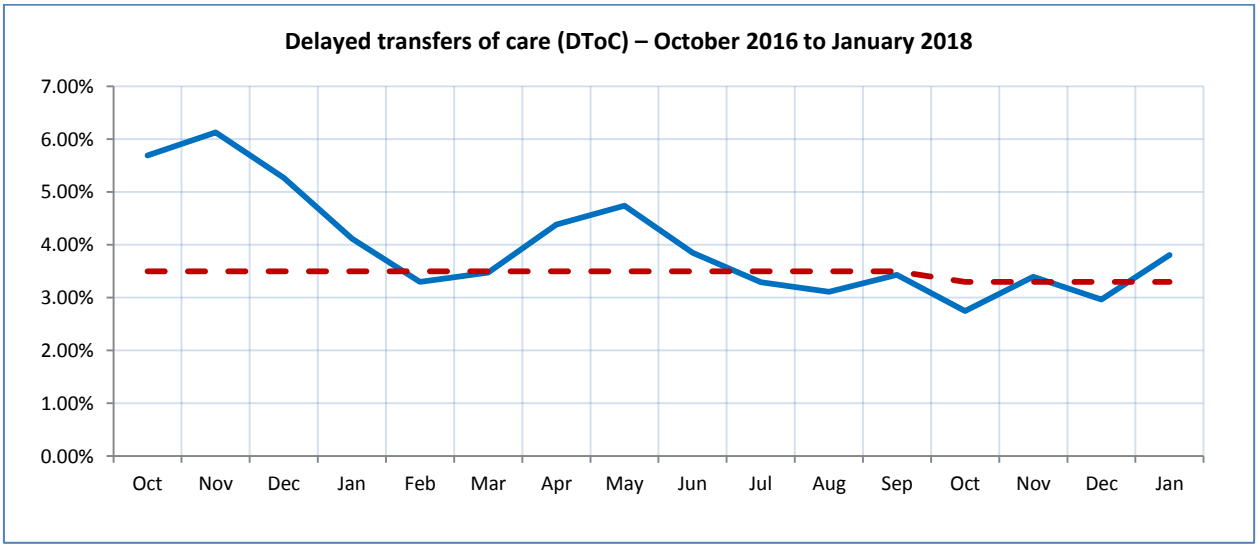
- National inpatient survey report to PS & QS
- To the Discharge Steering Group

Completed and reported?

- Reported to PS & QS✓
- Reported to the Discharge Steering Group✓

Delayed transfers of care (DToC) – October 2016 to January 2018

The Trust and our partners in social care and commissioning have worked together to reduce the number of delayed transfers of care from our Hospitals. The graph below demonstrates the significant reduction in delayed discharges and this is testament to all of the hard work in this area.



Integrated Discharge team (IDT

One initiative that has supported this work has been the introduction of the Integrated Discharge team or IDT. This approach was one of the outputs from the NESTA 100 day challenge. The challenge that started in January 2017 had the guiding principles of permissioning at all levels, delivering person centred care and challenging traditional ways of working. The challenge was focused on delivering on the personalisation agenda for the frail elderly in our hospital and in our communities. Staff from the different organisations with a lot of drive and enthusiasm were given the permission to challenge boundaries, make changes and test new ways of working. The Teams were empowered and delivered multidisciplinary hubs in the community embedding the principles of personalisation and integrated personal commissioning and started on the journey of developing a truly Integrated Discharge Team in our Hospital with a focus on getting our Patients 'Home Safe Sooner'.

To date we have worked in partnership to deliver the following work streams:

- Aligned a dedicated Social Care resource to the Integrated Discharge Team from all three Local Authorities. Actioned an Information Sharing agreement to allow us to share information in an appropriate and safe manner.
- Developed ‘discharge to assess’ pathways that include quicker access to care packages for discharge and direct access to rehabilitation placements.
- Been successful in obtaining some short term funding to work in partnership with both the ‘Citizens Advise Bureau’ and ‘Five Lamps’ to develop a low level support Service on discharge that will deliver a personalised approach and encourage community links following return home.
- Implemented an early identification system on Trakcare to encourage discharge planning in a proactive way by highlighting those Patients early on in their stay who will require intervention from the IDT.

Ward areas

Drop In sessions

The initiative started on Ward 42 and following a positive evaluation this has been introduced on other areas across the Hospital, including Ward 40 and Ward 27. The focus of the sessions is to provide patients and their families the opportunity to speak to our multi-disciplinary team at the earliest opportunity to start discharge planning. The benefits have been less reactive work towards discharge, fewer complaints and positive feedback from families in terms of them feeling included in the discharge process.

Ward Huddles

The use of Huddles to utilise the SAFER Care Bundle function well and the focus for patients who are to be considered for discharge is one of the key criteria, after those considered for review because of their clinical condition. Staff present at the huddle ensure actions required for discharge are progressed. There has been on-going work to ensure this happens 7 days per week with allocated names to cover weekend huddles.

Nurse Led Model

This is embedded on both sites with the Holdforth Unit and Ward 36 caring for patients that are deemed medically ready for discharge. This has proved to be a successful model with staff having a concentrated focus on discharge and developing a wider knowledge of discharge with understanding services and support available. This encourages staff working directly with partner agencies developing working relationships across boundaries.

Seven day therapy services - the teams introduced a Seven day working pattern to support the delivery of therapy over the weekend period. The team work closely with the Integrated Discharge Team to encourage safe and efficient discharge and deliver rehabilitation to those that need it most. Early indications suggest that we are able to discharge more patients on a weekend and more patients are going home prior to Seven days.

Admission avoidance

A significant amount of work has been undertaken to help support people to remain at home during a period of illness and/or injury. Working in partnership with Primary Care Services, care homes and social care the staff within the Out of Hospital directorate have delivered on the following areas.

Respiratory Hospital at Home Service H@H

The service accepts referrals from health care professionals including GP's, community matrons and the North East ambulance service for a cohort of patients with COPD that would have previously required hospital care. The patients are managed in the community by a multidisciplinary team who provide care 7 days per week across Hartlepool and Stockton. The Service not only supports admission avoidance but also encourages early supported discharge. Since the service started the team have delivered over 16,000 patient visits and the feedback has been incredibly positive. Feedback from patients and their families has been excellent.

Community Matron

During 2017-18 the Community Matrons have been providing a reactive model of care to all care homes across the Hartlepool and Stockton localities. The model is enabling care home residents to receive the appropriate level of care and support within their home environment rather than attending hospital. The change of model is preventing hospital admissions and improving the quality of care that the care home staff can deliver safely.

Clinical triage in the Single Point of Access (SPA)

An extended pilot has been under way within the single point of access (SPA) with a focus on clinical triage for patients requiring nursing intervention. The pilot has been very successful and is supporting the transition of care closer to home by mobilising the right service with the right skills at the right time.

Community Integrated Assessment Team (CIAT) – North East Ambulance Service (NEAS)

CIAT have embarked on a joint collaboration project with NEAS whereby all ambulance calls for non-injurious falls that have been triaged as a category 4 will be directly managed by a therapist from the community team. The service covers both Stockton and Hartlepool and is operational from 08:30-17:00 7 days a week. The CIAT team have received a pager from NEAS to identify the calls and attend before an ambulance has been dispatched. This project has also included access to specialist pieces of equipment that can assist patients from the floor if required. This has been led by clinicians in the team and early indications have been very positive in terms of patient experience and attendance avoidance.

Early supported discharge (ESD) – Stroke Services

Implementation of stroke early supported discharge services was recommended in the National Stroke Strategy, 2007 and the National Clinical Guideline for Stroke (Royal College of Physicians, 2016). Trials have shown that ESD can reduce long-term dependency and admission to institutional care, as well as the length of hospital stay.

Patients with mild to moderate disability should be offered early supported discharge, with treatment at home beginning within 24 hours of discharge. Best practice states that 40% of patients (with mild/moderate impairment) should be referred to a stroke skilled ESD team. ESD should provide rehabilitation and care at the same intensity as would be provided if the patient were to remain on a stroke unit.

The Stroke ESD will provide early, more intensive rehabilitation for acute stroke patients in Stockton-on-Tees and Hartlepool. The patients will be assessed within one working day (Monday to Friday). Therapy will be intensive in the home for the first two weeks. After this time treatment will gradually reduce in intensity as required, until there is no further intervention is necessary.

Results:

SSNAP Key Performance Indicator score for Domain 10 Proportion of patients referred to ESD monitored:

November 2017 = **15.70%**, December 2017 = **29.60%**, January 2018 = **32.00%**

All stroke patients who do not meet the above criteria for ESD are referred to the Community Stroke Team for rehabilitation and are assessed within 72 hours and will receive goal orientated therapy until they achieve their optimum functional ability.

North of Tees Frailty Service

A front of House Frailty Service was mobilised in January 2018. The team consists of three band 7 frailty navigators that cover a 7 day service from 8am-8pm. They work alongside the existing services based within front of house including the emergency care therapy team and Tees Esk and Wear Valley frailty team to ensure that proactive and effective management plans are in place for those patients requiring on-going acute medical care. They endeavour to ensure that patients identified as frail are discharged into the community with a multi-disciplinary and patient-focused approach. They have access to the rapid access slots for outpatient geriatric clinics and hope to build upon this and develop a 'Hospital at Home' type model for patients identified as frail to ensure that the patient is seen by the right person at the right time and receives the right care.

Awards

In September 2017 the Integrated Discharge Team were awarded a Best Practice award at the North East Commissioning Support Unit annual awards ceremony. This was awarded in recognition of the work that had been carried out in regards to the integration agenda.

In March 2018 the Stockton Integrated Discharge Team, specifically the discharge to assess pathway won the most innovative approach to integration award at the Skills for Care Accolades event in London. The award recognises the positive and integrated approach to hospital discharge and acknowledges a lot of the work that has been embedded following the NESTA challenge in Stockton.

The Care home alliance a partnership between the Trust and key stakeholders was awarded with a best practice award for delivering an exciting and innovative training programme to our local care homes. The scheme has also been funded for the next two years.

The Holdforth Unit have received very positive feedback from Commissioners, Healthwatch and the Chairman. The Unit was inspected as part of the CQC appreciative review and there was praise for the care delivered on the Unit with a special mention for Unit Matron Lynn Morgan who was described as inspirational by one of the inspectors.

District Nurse Nicky Cockerill was recognised by a local care home and received an award for excellent care.

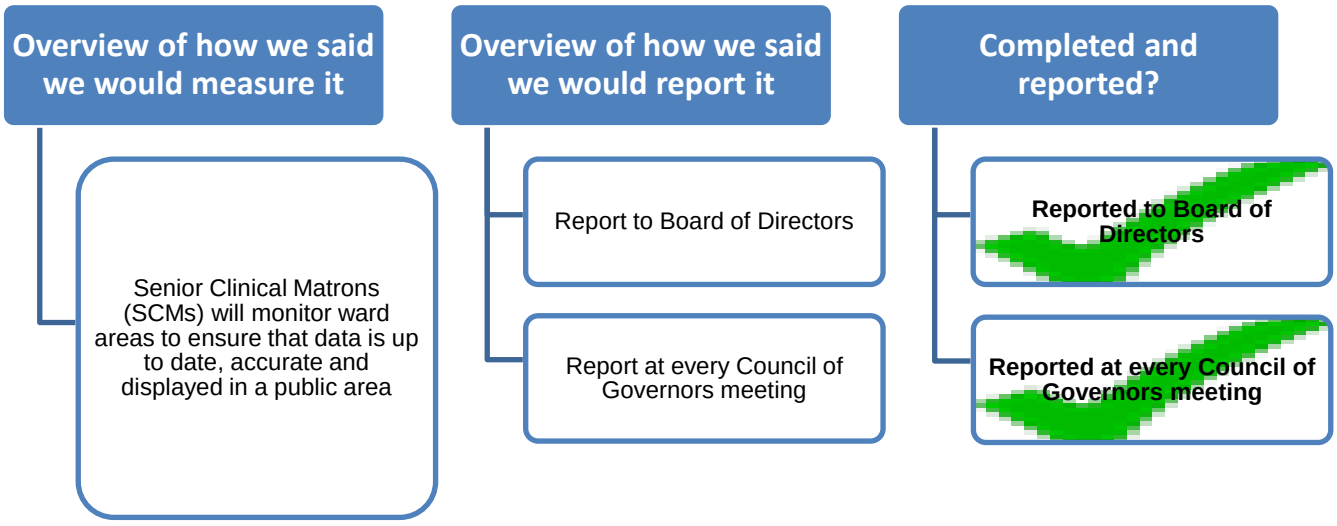
Priority 2: Effectiveness of Care

Safety, Quality and Infections Dashboard

Rationale: The Safety, Quality and Infections Dashboard will support close monitoring of nurse sensitive patient indicators on a day-to-day basis. It will support sharing of best practice and speedy review of any potential areas of concern.

Overview of how we said we would do it

- Training will be completed and each department will evidence that their results have been disseminated and acted upon.
- Ward matrons will present their analysis on a public area of the ward for patients and staff to see. The results will be discussed and minutes taken.



The purpose of the dashboard is for the Trust to have an overview of what is going on at ward level and to identify any issues/trends identified by having all of the data located in one place.

The areas covered by the dashboard are:

- Nurse Staffing Rates
- Complaints, Stage 1 to 3
- Pressure Ulcers Grade 1 to 4
- Patient Falls
- Classic Safety Thermometer
- Unannounced Hand Hygiene
- Infection Control
- Friends and Family Test
- Staff, Patient Experience and Quality Standards (SPEQS)
- Medication Errors
- Safeguarding
- Carers Diary

Safety, Quality and Infections Dashboard 2017-2018

Raw Numbers Heat Map | Print Screen | Contact Details

Per 1,000 Bed Days Heat Map

Select area from list below: **Trust Position** | Refresh Dashboard | Last updated: 23/03/2018 10:08

NHS North Tees and Hartlepool NHS Foundation Trust

ID	Measure	Previous Period	Previous Value	Latest Period	Latest Value	vs Previous Period	Trend	2017-2018 Total (or Avg)	Drill Down
1	Fill Rate - RN Day	Jan 18	81.61%	Feb 18	82.04%	↑		82.77%	UNIFY Detail
2	Fill Rate - RN Night	Jan 18	92.02%	Feb 18	92.17%	↑		92.36%	
3	Fill Rate - HCA Day	Jan 18	100.21%	Feb 18	99.91%	↓		111.66%	
4	Fill Rate - HCA Night	Jan 18	119.06%	Feb 18	129.22%	↑		122.87%	
5	Sickness % - **Nurses**	Dec 17	5.06%	Jan 18	5.32%	↑		4.54%	Sickness Detail
6	Sickness % - **Additional Clinical Services**	Dec 17	9.55%	Jan 18	9.41%	↓		8.34%	
7	**Total Sickness %**	**Dec 17**	**6.72%**	**Jan 18**	**6.80%**	↑		6.01%	
8	Stage 1 Complaint - Concern	Feb 18	50	Mar 18	27	↓		802	Complaints Detail
9	Stage 2 Complaint - Formal Meeting	Feb 18	10	Mar 18	1	↓		97	
10	Stage 3 Complaint - Formal Letter	Feb 18	19	Mar 18	3	↓		179	
11	**Total Complaints**	**Feb 18**	**79**	**Mar 18**	**31**	↓		1,078	
12	**Trust** Pressure Ulcer Grade 1	Feb 18	34	Mar 18	15	↓		249	In Hospital Pressure Ulcer Detail
13	**Trust** Pressure Ulcer Grade 2	Feb 18	101	Mar 18	57	↓		706	
14	**Trust** Pressure Ulcer Grade 3	Feb 18	22	Mar 18	15	↓		141	
15	**Trust** Pressure Ulcer Grade 4	Feb 18	2	Mar 18	6	↑		31	Out of Hospital Pressure Ulcer Detail
16	**Total Trust Pressure Ulcers**	**Feb 18**	**159**	**Mar 18**	**93**	↓		1127	
17	**Trust** Fall No Injury	Feb 18	110	Mar 18	72	↓		1,057	In Hospital Falls
18	**Trust** Fall Injury, No Fracture	Feb 18	28	Mar 18	6	↓		307	
19	**Trust** Fall Fracture	Feb 18	1	Mar 18	0	↓		24	Out of Hospital Falls
20	**Trust Total Falls**	**Feb 18**	**139**	**Mar 18**	**78**	↓		1,388	
21	Safety Thermometer - NEW Pressure Ulcers	Oct 17	0.88%	Nov 17	0.76%	↓		0.51%	Safety Thermometer Detail
22	Safety Thermometer - Catheter & UTI - NEW	Oct 17	0.00%	Nov 17	0.51%	↑		0.00%	
23	Safety Thermometer - Falls with Harm	Oct 17	0.44%	Nov 17	1.27%	↑		0.45%	
24	Safety Thermometer - VTE - NEW	Oct 17	0.15%	Nov 17	0.13%	↓		0.21%	
25	**Safety Thermometer - Harm Free Care %**	**Oct 17**	**98.53%**	**Nov 17**	**97.34%**	↓		98.63%	
26	**Safety Thermometer - New Harm %**	**Oct 17**	**1.47%**	**Nov 17**	**2.66%**	↑		1.37%	
27	UA Hand Hygiene Nurses	Feb 18	93.92%	Mar 18	98.86%	↑		94.20%	Hand Hygiene Compliance Detail
28	UA Hand Hygiene Doctors	Feb 18	90.06%	Mar 18	97.92%	↑		87.82%	
29	UA Hand Hygiene HCAs	Feb 18	99.05%	Mar 18	96.05%	↓		94.75%	
30	UA Hand Hygiene Physio's/Visiting Doctors	Feb 18	81.00%	Mar 18	96.70%	↑		95.50%	
31	UA Hand hygiene Others	Feb 18	100.00%	Mar 18	95.45%	↓		93.82%	
32	**UA Hand Hygiene Compliance Avg**	**Feb 18**	**94.25%**	**Mar 18**	**95.96%**	↑		92.79%	
33	Infection Control - C diff	Feb 18	2	Mar 18	1	↓		32	Infections Detail
34	Infection Control - MRSA	Feb 18	1	Mar 18	0	↓		4	
35	Infection Control - MSSA	Feb 18	3	Mar 18	2	↓		23	
36	Infection Control - Ecoli	Feb 18	1	Mar 18	1	→		43	
37	Infection Control - Kleb sp	Feb 18	1	Mar 18	2	↑		29	
38	Infection Control - Ps a	Feb 18	0	Mar 18	0	→		5	
37	Friends & Family - Would Recommend %	Jan 18	95.36%	Feb 18	95.76%	↑		95.06%	Friends & Family Detail
38	Friends & Family - Wouldn't Recommend %	Jan 18	1.07%	Feb 18	0.85%	↓		1.34%	
39	**Friends & Family - Positive Comments**	**Jan 18**	**4,819**	**Feb 18**	**3,953**	↓		48,114	
40	**Friends & Family - Negative Comments**	**Jan 18**	**69**	**Feb 18**	**36**	↓		733	
39	SPEQS - Safe	Feb 18	92.59%	Mar 18	95.54%	↑		94.01%	SPEQS Detail
40	SPEQS - Effective	Feb 18	90.74%	Mar 18	93.42%	↑		90.25%	
41	SPEQS - Caring	Feb 18	97.92%	Mar 18	95.76%	↓		96.67%	
42	SPEQS - Responsive	Feb 18	92.63%	Mar 18	95.35%	↑		90.51%	
43	SPEQS - Well-Led	Feb 18	87.04%	Mar 18	93.10%	↑		89.79%	
44	**SPEQS - Avg Total**	**Feb 18**	**92.47%**	**Mar 18**	**94.45%**	↑		92.44%	
45	**Medication Errors**	Feb 18	51	Mar 18	29	↓		659	In Hospital Medication Errors / Out of Hospital Medication Errors
46	**Adult Safeguarding** Alerts Raised	Feb 18	9	Mar 18	4	↓		73	Safeguarding Detail
47	**Family's Voice Diary Completed**	Feb 18	8	Mar 18	1	↓		81	Family's Voice Diary Detail
48	**Family's Voice Diary Blank**	Feb 18	1	Mar 18	0	↓		67	
49	Score of 24 (Maximum)	Feb 18	3	Mar 18	0	↓		44	
50	Score between 19 to 23	Feb 18	13	Mar 18	4	↓		139	
51	Score below 19	Feb 18	2	Mar 18	1	↓		46	
52	**Average Daily Score**	**Feb 18**	**21.67**	**Mar 18**	**20.00**	↓		20.54	

Priority 2: Effectiveness of Care

Learning from Deaths

Learning from deaths of people in their care can help providers improve the quality of the care they provide to patients and their families, and identify where they could do more.

In March 2017, the National Quality Board (NQB) introduced new guidance for NHS providers on how they should learn from the deaths of people in their care.

During **April to March 2018**, **1,613** of North Tees and Hartlepool NHS Foundation Trusts patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

357 in the first quarter;
329 in the second quarter;
432 in the third quarter;
332 in the fourth quarter.

By **31 March 2018**, **316** case record reviews and **13** investigations have been carried out in relation to **316** of the deaths included above.

In **13** 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:
0 in the first quarter;
5 in the second quarter;
6 in the third quarter.
2 in the fourth quarter.

2 representing **0.12%** 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:
0 representing **0%** for the first quarter;
2 representing **0.60%** for the second quarter;
0 representing **0%** for the third quarter;
0 representing **0%** for the fourth quarter;

This number have been estimated using the “Prism 2” methodology; this provides a structured review of a case record, carried out by clinicians, to determine whether there were any problems in care. Where a case has also been reported as a Serious Incident, a comprehensive investigation is completed to identify the root cause of the case and identify service and care delivery problems where improvements may be required.

The Trust has added a learning disability “flagging system” to the electronic patient record. It is now confident that it can identify the majority of these patients and can provide the necessary level of support during their admissions; as a result the Trust can also readily recognise when a patient with learning disability dies in our care. Following a visit to the Trust by the North East & Cumbria Learning Disability Network this flagging system for people with learning disabilities has been recognised at a national level and is being progressed through NHS Digital.

The Learning Disability team have identified that some of the overseas nursing staff may not have had contact or experience with patients with learning disabilities. As a result of this the team now provide an education session during the induction programme for overseas nursing staff; as this progresses the team are planning to offer this to medical staff from overseas.

Communication has been identified as an area for improvement; this can be more problematic during transfer of a patient between clinical teams or ward.

There are case reviews where monitoring of the National Early Warning Scores (NEWS) and fluid balance were completed effectively and in a timely manner. However there are also some cases where this could have been improved.

Where deaths have been investigated as serious incidents and the learning has been shared with the Trusts Commissioners as well as NHS England.

As a result of case reviews and investigations the Trust has:

- Reviewed education and learning for all grades of staff in relation to NEWS and fluid monitoring.
- Used scenarios from investigations to enhance training in the Trust's Simulation Suite as well as training drills in clinical areas.
- In order to support improved communication, especially at the time of handover, the Trust has developed a policy in relation to clinical handover. This policy aims to support communication between clinical staff, when there is a change in staff; and also to support robust communication when there is a need to escalate concerns about a patient's condition to senior staff. This policy requires each area to have a written procedure for all grades of staff detailing handover of care or escalation procedures.

The actions identified above have been supported by the development and introduction of an overarching electronic quality assurance audit tool. This tool will allow data to be collected and analysed to provide an in depth understanding of the impact of the improvements made as a result of the actions identified above. This audit tool has been tested and the information, when available, will be analysed by the relevant Trust Committee and also used by the Trusts Quality Review Group to support the identification of improvements in specific areas. These processes are currently being embedded and as a result at the time of reporting, there is currently no data available to support the impact of the actions taken.

The Trusts Clinical Handover policy has been introduced over the last year and the application of this policy is to be monitored through the Trusts Audit and Clinical Effectiveness (ACE) Committee. All clinical areas have been required to develop individualised standard operating processes (SOPs) to identify the specific requirements, in that area, in relation to what information needs to be included in clinical handover. The Trust policy identifies generic standards that are required to be to be in the individual SOPs developed; the policy also includes details of how compliance with the SOPs will be monitored. These processes are currently being embedded and as a result at the time of reporting, there is currently no data available to support the impact of the actions taken.

12 case record reviews and **5** investigations completed after 31 March 2017, which related to deaths which took place before the start of the reporting period.

0 representing **0%** of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the "Prism 2" methodology; this provides a structured review of a case record, carried out by clinicians, to determine whether there were any problems in care. Where a case has also been reported as a Serious Incident, a comprehensive investigation is completed to identify the root cause of the case and identify service and care delivery problems where improvements may be required.

0 representing **0%** of the patient deaths during January to March 2017 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Priority 3: Patient Experience

Palliative Care and Care for the Dying Patient

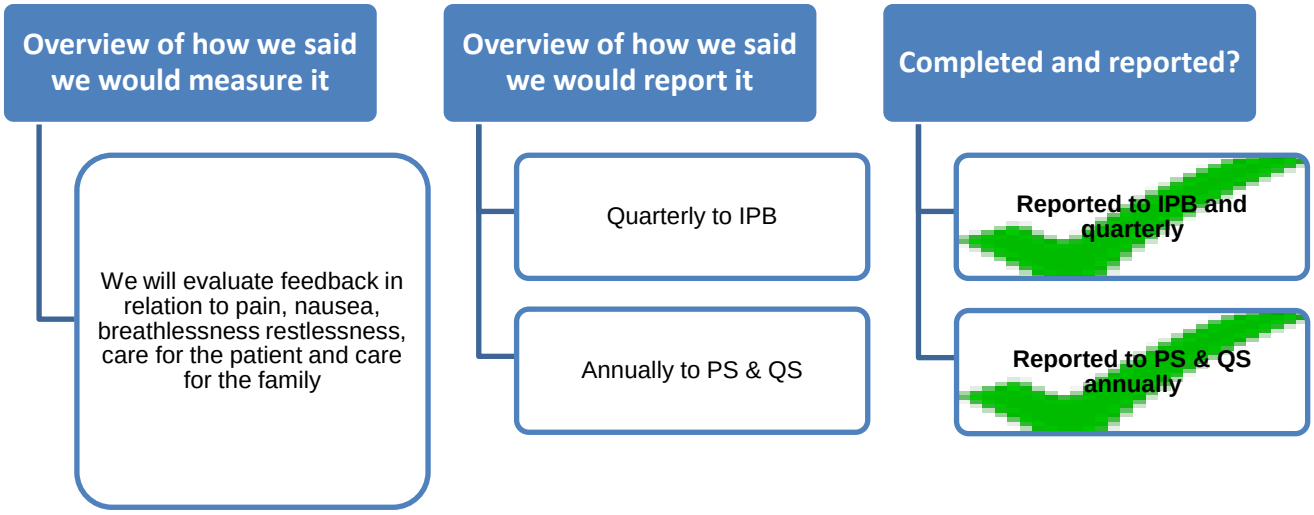
Rationale: The Trust used the Care For the Dying Patient (CFDP) and Family's Voice. Stakeholders and the Trust believe that this needs to remain a priority in 2016-17 both in hospital and in the community.

The review of the Liverpool Care Pathway (LCP) was commissioned by Care and Support Minister Norman Lamb in January 2013 because of serious concerns arising from reports that patients were wrongly being denied nutrition and hydration whilst being placed on the Pathway.

The Care for the Dying Patient document has now been established within the Trust to consider the contents of the Independent Review of the Liverpool Care Pathway led by Professor Julia Neuberger.

Overview of how we said we would do it

- We will continue to use the Family's Voice in hospital and continue to roll its use out in the community



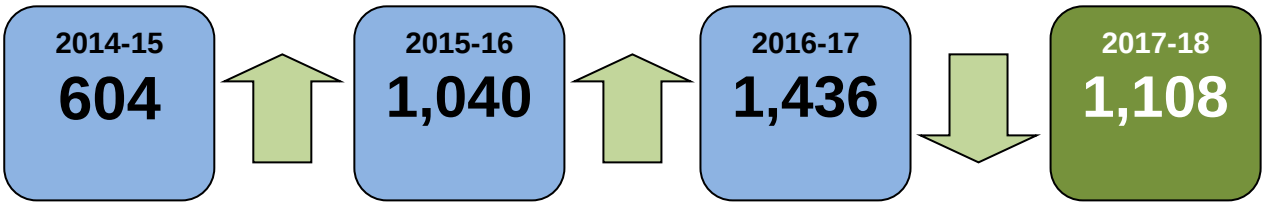
"As a family member of an 87 year lady who has been discharged on palliative care I have had the most caring service as a family member for me and my mother.

The whole staff team were amazing." [sic]

Specialist Palliative Care

The Trust instigated a number of changes to the palliative care process and team during **2017-18**, to improve patient experience, quality of care given and more accurate data collection.

The number of patients seen by the Specialist Palliative Care Team has seen a year on year increase for 2014-15 to 2016-17, with a decrease occurring in 2017-18. The decrease in numbers has been attributed to the way the data is being captured as during 2017-18 the process changed mid-year. A full process review is underway to ensure that the data capture is robust and consistent as in previous years.



*Data obtained from the Trusts SPC team

Educational Strategy for Palliative Care

North Tees and Hartlepool NHS Foundation Trust recognises the importance of giving the best possible care to palliative patients and patients in the last days of life. Over the last year we have worked with our partners locally, regionally and nationally to ensure that we look to provide the very best care and continue to develop our strategy and Trust focus around palliative and end of life care.

Good communication skills are essential and underpin the care given. Health care professionals caring for all patients need to be trained in communication skills. However the importance of good communication becomes even more pronounced when caring for palliative patients and patients in the last days of life due to the sensitive nature of discussions. An understanding of the importance of a holistic assessment is essential. It is important that a patient's physical, psychological, spiritual and social needs are addressed and that the family and carers are well supported.

Development Nurse Programme

4 x 12 month secondments for interested and experienced band 5 or above nurses, to develop skills and knowledge required for a CNS role. This has enabled effective succession planning and Clinical Nurse Specialist development.

AMBER Care Bundle

The Trust is now using the AMBER Care Bundle on three of its wards in medicine. The AMBER care bundle improves the quality of care of people in hospital whose recovery is uncertain. It is for people who are at risk of dying in the next one to two months, but who may still be appropriate to receive active treatment. The AMBER care bundle helps identify patients who may have end of life care needs. It supports staff to be clear about the plan of care, to start conversations about uncertainty and gives patients, carers and others close to them time to prepare.

AHSN Patient Safety Collaborative (Academic Health Science Network)

A successful bid to the AHSN Patient Safety Collaborative around integrating the AMBER Care Bundle, Deciding Right & Advance Care Planning has provided funding for an AMBER Care Bundle Co-ordinator and facilitated training.

Palliative Care Register

We continue to develop the Trust Palliative Care Register and by utilising the Supportive & Palliative Care Indicator Tools (SPICT), encourage teams to identify patients they feel are palliative earlier in their illness.

Virtual Wards

Alongside the development of the Palliative Care Register, the use of the Trust Virtual Wards as part of on-going Trakcare development is essential. There are now three virtual wards used by the team – the Palliative Register (Green Swan), AMBER Care Bundle (Amber Swan) and End of Life Care (Red Tree). These virtual wards enable staff to identify inpatients who may need support or guidance through their admission.

Care Opinion/Hospice UK Palliative & End Of Life Care National Project

A successful bid was made in a national project being run by Care Opinion and Hospice UK. Supporting 12 clinical teams for two years, this innovative programme is a partnership with Hospice UK and supported by the Scottish Government. The teams were selected in an open, competitive application process and represent a diversity of hospice, hospital and community care services in different parts of the UK, with North Tees & Hartlepool NHS Foundation Trust being one of the 12.

DNACPR signing by Specialist Nurses

In an effort to improve patient safety, experience and outcomes, a small working group has looked at a policy amendment to empower senior nurse specialists across the organisation to sign DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms. Given the nurse specialist is often the staff member most involved in planning and co-ordinating care, they have often broached the difficult conversations and the move sits very well into the regional Deciding Right approach.

Locality-wide Specialist Palliative Care MDT

The Locality wide SPC MDT meeting held weekly, video-conferenced between both hospital sites discussing complex patient management with core membership of:

Specialist Palliative Care Consultants, Clinical Nurse Specialists, Allied Health Professionals, Psychology, Chaplaincy and both Alice House & Butterwick Hospices. This Multi-Disciplinary approach to care planning and decision making is held as best practice, with recognition regionally and nationally of benefits seen by patients.

North of Tees Palliative Transformation & Locality Group

Reporting into the regional Supportive, Palliative & End of Life Care Group, this locality group is made up of all key stakeholders in Palliative & End of Life Care from the Trust, CCG, hospices, patient groups and local authority. Whilst it is seen as the 'Gold Standard' in regional and locality development of services, there has been regional recognition for North of Tees Palliative Transformation & Locality Group being the only locality able to achieve the group.

SystmOne Refresh for Specialist Palliative Care

The Out of Hospital Care Directorate undertook a project commenced with Specialist Palliative Care Team to refresh their SystmOne use. This has enabled a more integrated approach around PPC, EOL preferences and key decisions across the Trust S1 modules, enhancing care delivery.

Specialist Nursing bank development with NHS Professionals

Innovative approach to ensuring Specialist Palliative Care provision is robust across the Trust. Working closely with our NHSP partners, we have become the first Trust regionally to establish Specialist Bank staffing in partnership with NHS Professionals.

Presenting at National and Regional Conferences

Mel McEvoy, Nurse Consultant and John Sheridan, Macmillan Lead Nurse, End of Life Care have both been involved in presenting on Palliative and End of Life Care issues, both regionally and nationally. These include:

- National AMBER Care Bundle Conference
- NHS Improvement 'Learn from the Best'
- QE Symposium
- Northern Emergency Medicine Conference

Leadership Development

As part of on-going leadership development across the organisation and the greater NHS, John Sheridan, Macmillan Lead Nurse in End of Life Care has successfully achieved an MSc in Healthcare Leadership with the University of Birmingham and University of Manchester, as part of the Elizabeth Garrett Anderson programme run by the national NHS Leadership Academy. This also resulted in a NHS Leadership Academy award in Senior Healthcare Leadership. Core to this was the overview of the role of the Macmillan End of Life Clinical Co-ordinator here at the Trust.

> "Firstly I'd like to thank the staff in A&E and Ward ** for their very good care of my mother but my main praise is for the superb assistance received from the newly formed Frailty Team. They acted as an essential conduit between the Ward and ourselves making sure my mother was dealt with responsively, with dignity and her needs fully met at a critical time in her life when she was very vulnerable." [sic]

Care for the Dying Patient (CFDP)

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

Between April 2017 and March 2018, the Trust has handed out **147** diaries; this is the same as the previous reporting year, currently the average score has increased to **20.60** from the previous average of 20.40.

The Trust has endeavoured to improve the uptake of the CFDP with greater support from the chaplains who review every patient on the Care of the Dying Document. If the document has not been given out, it is pointed out and the next occasion they offer to accompany the staff in giving it out. The Trust has also added the process of the diary to the SPEQS audit process, asking if the diary has been introduced and whether the SPC blue drawers are full with all relevant documentation.

The following are results since April 2014; there has been a significant fall in giving out the Family's Voice. The current rate compared to previous years is as follows:

Reporting Period	Number of Patients	Average Daily Score (Max 24.00)
April 2014 to March 2015	131	21.10
April 2015 to March 2016	167	20.80
April 2016 to March 2017	171	20.40
****April 2017 to March 2018**	**147**	**20.60**

*Data obtained from the Trusts Family's Voice database ** Data up to 31 March 2018

Quotes from family members/carers for the dying patient

"An excellent staff team have given us complete care and compassion throughout from admission to discharge with palliative care for mum Thank You." [sic]

"Passed away at 16.10. Nurse came in and said he would get the doctor. Nobody came into the room for the next 45 minutes. We felt totally ignored at our time of need! It was over an hour before he was sorted and made comfortable. The ward was busy but that is not our fault." [sic]

"The staff couldn't have been more caring and respectful. Mum passed away pain free and with dignity. For this, sincere thanks." [sic]

Spiritual and emotional care of patients at the end of their life

In March 2015, the NHS England published NHS Chaplaincy Guidelines. The guidelines recognise the development of chaplaincy in a range of specialties including General Practice and in areas such as Paediatrics and Palliative care, describing the importance of spiritual and religious support to patients approaching end of life. The guidelines support and promote the approach that our Trust has taken since July 2009 to meet the needs of patients and families when faced with the knowledge that end of life is near.

Actions taken by the Trust:

Since July 2009, the Trust has routinely referred patients on the end of life care pathway to the chaplaincy team. During 2017-18, **359** patients were referred by our staff to this pioneering service provided by the Trust chaplains. They provide **spiritual, pastoral and emotional support** to patients, families and staff. Only **2** patients declined support during the reporting year. **244** patients welcomed and received multiple

visits. This service offers added value to the quality of overall care provided to patients and their loved ones and has highlighted the importance of this aspect of support to the dying patient.

The Trust continues to address the spiritual and pastoral needs of patients in the community. Initially, this was for patients on or near the end of life, but practice has indicated that the service needs to be offered to patients earlier in the palliative care stage, in order to build up a relationship with the patient and offer a meaningful service.

When this service is allied to the use of the Family's Voice, we believe that our philosophy of care results in a better experience for patients, relatives and carers as well as better job satisfaction for clinical staff and chaplains.

Chaplain Referrals, Received more than 1 visit and Declined Support

The following table demonstrates a year-on-year comparison:

	2013-14	2014-15	2015-16	2016-17	2017-18
Referrals	397	424	437	401	**359**
Received more than 1 visit	233	272	274	298	**244**
Declined Support	3	1	3	4	**2**

*data from the Trusts chaplain service

Multi Faith

The Trust holds a directory of all the local faith groups in the area, if there is a request for the Imam (Muslim) or the Hindu Priest, Buddhist or any other faith, the chaplains would contact the Trust link person and arrange a visit.

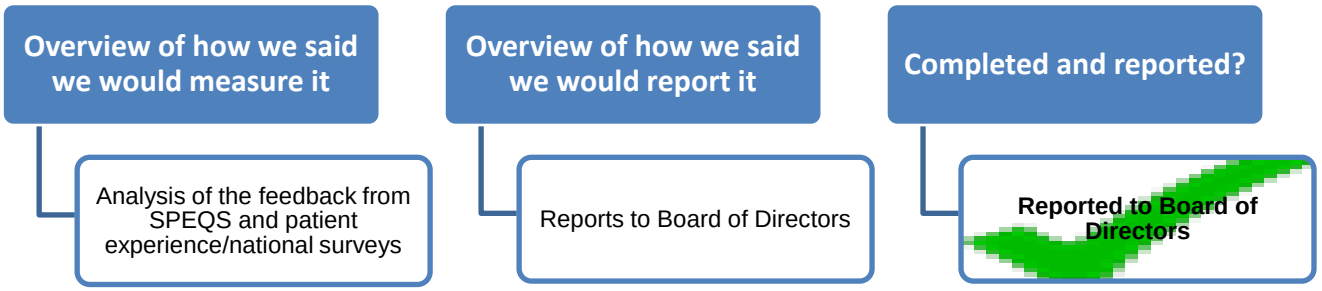
Priority 2: Effectiveness of Care

Is our care good?

Rationale: Trust and key stakeholders believe that it is important to ask this question through internal and external reviews.

Overview of how we said we would do it

- We will ask the question to every patient interviewed in the Staff, Patient Experience and Quality Standards (SPEQS) visits
- We will ask the question in all Trust patient experience surveys
- We will monitor patient feedback from national surveys
-



"Excellent swift service, minimal time waiting between mammogram and review by consultant. Very reassuring service, excellent staff. [sic]"

"Arrived to a delay of 40 minutes, 80 minutes later still sat waiting, 8 patients afterwards taken before us – board needs to be updated accurately! [sic]"

"I was seen very quickly. The staff were pleasant and very helpful and concerned. I felt I was a person and not just another case. [sic]"

Patient Experience Surveys

Below are a list of the surveys that the Trust carried out between April 2017 and March 2018. The 'Number of patients surveyed' column shows the number of patients who were eligible to take part.

National Surveys

Survey	Month Survey published	Number of Patients Surveyed
National Cancer Patient Experience Survey 2016	July 2017	614 (72%)
CQC National Inpatient Survey 2016	June 2017	1,174 (41%)
CQC National Maternity Survey 2016	January 2018	300 (30%)
CQC National Children's & Young Peoples survey 2016	October 2017	1213 (21%)
CQC National Emergency Survey 2016	July 2017	1,177 (28%)

Local Surveys

Survey	Month Survey published	Number of Patients Surveyed
Endoscopy Patient Survey 2017	April 2017	233/500 (47%)
Lung Health Survey 2017	April 2017	353/600 (59%)
Acute Oncology Survey 2017	Dec 2017	52/79 (66%)
Upper GI Cancer Survey 2017	August 2017	29/50 (58%)
Tissue Viability Nurse Survey 2017	Sept 2017	27/75 (36%)
Bereavement Survey 2017?2018	On going	59 surveys
CT Colongraphy 2017	October 2017	44/50 (88%)
CQUIN Bowel Screening Awareness Survey 2017	March 2018	649 surveys
Pain post Breast Surgery Survey 2017	March 2018	30 Surveys
Pregnancy Advisory Survey 2017	Nov 2017	118/185 (64%)
Urology Cancer Survey 2017	Dec 2017	79/137 (58%)
Breast Screening Survey 2017	August 2017	531/600 (89%)
Asymptomatic Breast Clinic 2017	Sept 2017	124/350 (35%)
Breast Clinic Survey 2018	March 2018	50/150 (33%)
Paediatric Neurodisability Clinic 2018	March 2018	37/50 (74%)

National Surveys

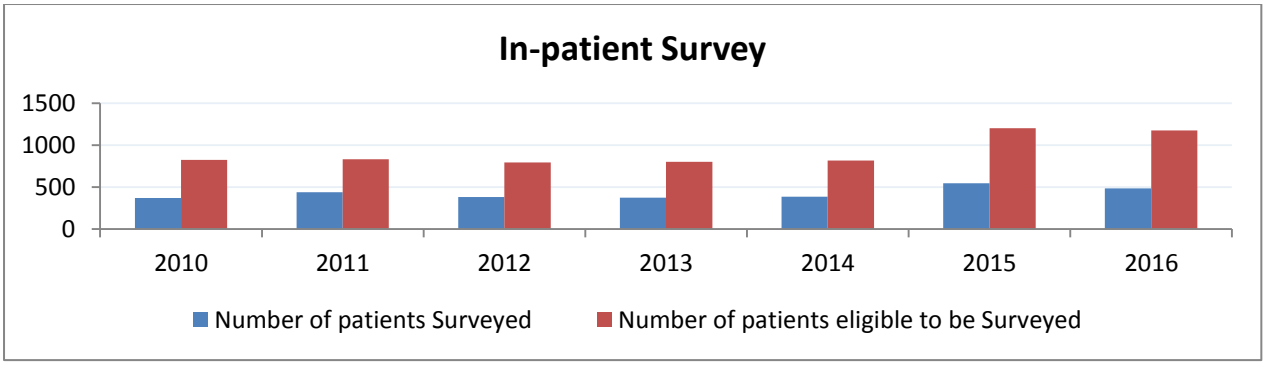
CQC National Inpatient Data 2016

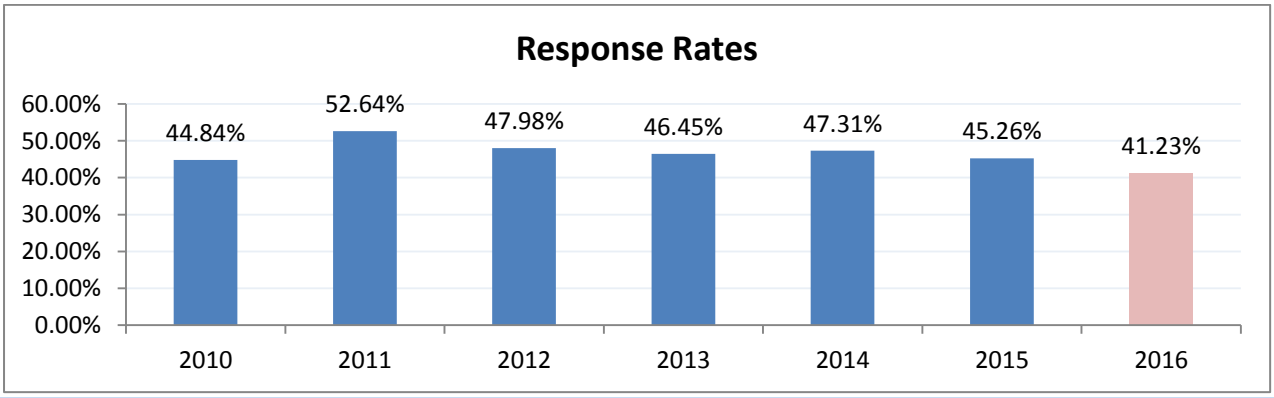
This survey is a Care Quality Commission (CQC) requirement for all Acute NHS Trusts. Each Trust randomly selects adults who are inpatient admission during July and August 2016 (age over 16 years).

There were **484** responses from the patients that received a survey, this equates to a response rate of **41.23**%

Survey Period	Number of patients eligible to be Surveyed	Number of patients Surveyed	Response Rate
2010	823	369	44.84%
2011	832	438	52.64%
2012	794	381	47.98%
2013	803	373	46.45%
2014	818	387	47.31%
2015	1,204	545	45.26%
2016	1,174	484	41.23%
2017	**Not available**	**Not Available**	**-**

*2017 data due Until June/July 2018





National Cancer Patient Experience Programme 2017 National Survey

The survey closed at the end of March 2018. To date we have a **68%** response rate against the current national response rate of 63%. (Final response rates have not yet been published at the time of this report)

The survey was conducted with patients with a primary diagnosis of cancer who had an inpatient or day case attendance who were discharged during April, May and June 2017.

As the survey results are not expected to be published until July 2018 below is a sample of the type of comments the Trust received in regards to cancer treatment taken from the previous National Cancer Patient Experience Programme 2016.

National Cancer Patient Experience Survey 2016

The survey was conducted in 2016-17. It was sent to all adult patients with a confirmed diagnosis of cancer discharged after an inpatient or day case patient attendance for a cancer related treatment during April, May and June 2016. Our response rate was 72%, (national average response rate was 67%).

*2017 data due Until June/July 2018

Questions	2016	National Score
Patient told they could bring a family member or friend when first told they had cancer	85% (scored better than other trusts)	76%
Patient found it easy to contact their CNS	94% (scored better than other trusts)	86%
Hospital staff gave family or someone close all the information needed to help with care at home	65% (scored better than other trusts)	58%
Length of time for attending clinics and appointments was right	80% (scored better than other trusts)	67%

"Very prompt to reply to phone calls, very reassuring and hugely supportive throughout the whole treatment process and to date.." [sic]

"Aftercare. I have had no contact with the hospital since my operation. I had to ring to get an appointment and I am still waiting for my operation." [sic]

Priority 2: Effectiveness of Care

Friends and Family Test

Friends and Family Test

Rationale: The Department of Health require Trusts to ask the Friends and Family recommendation questions from April 2013. Stakeholders agreed that this continues to be reported in the 2017-18 Quality Accounts.

Overview of how we said we would do it

- We ask patients to complete a questionnaire on discharge from hospital

Overview of how we said we would measure it	Overview of how we said we would report it	Completed and reported?
We analyse feedback from all Friends and Family questionnaires	Report to Board of Directors	Reported to Board of Directors
	Report at every Council of Governors meeting	Reported at every Council of Governors meeting
	On the Safety, Quality and Infections Dashboard	Reported on the Safety, Quality and Infections Dashboard

> “Although all the staff are professional and kind, the constant change of doctors on Ward 36 meant that information on plans for care changed too frequently!” [sic]

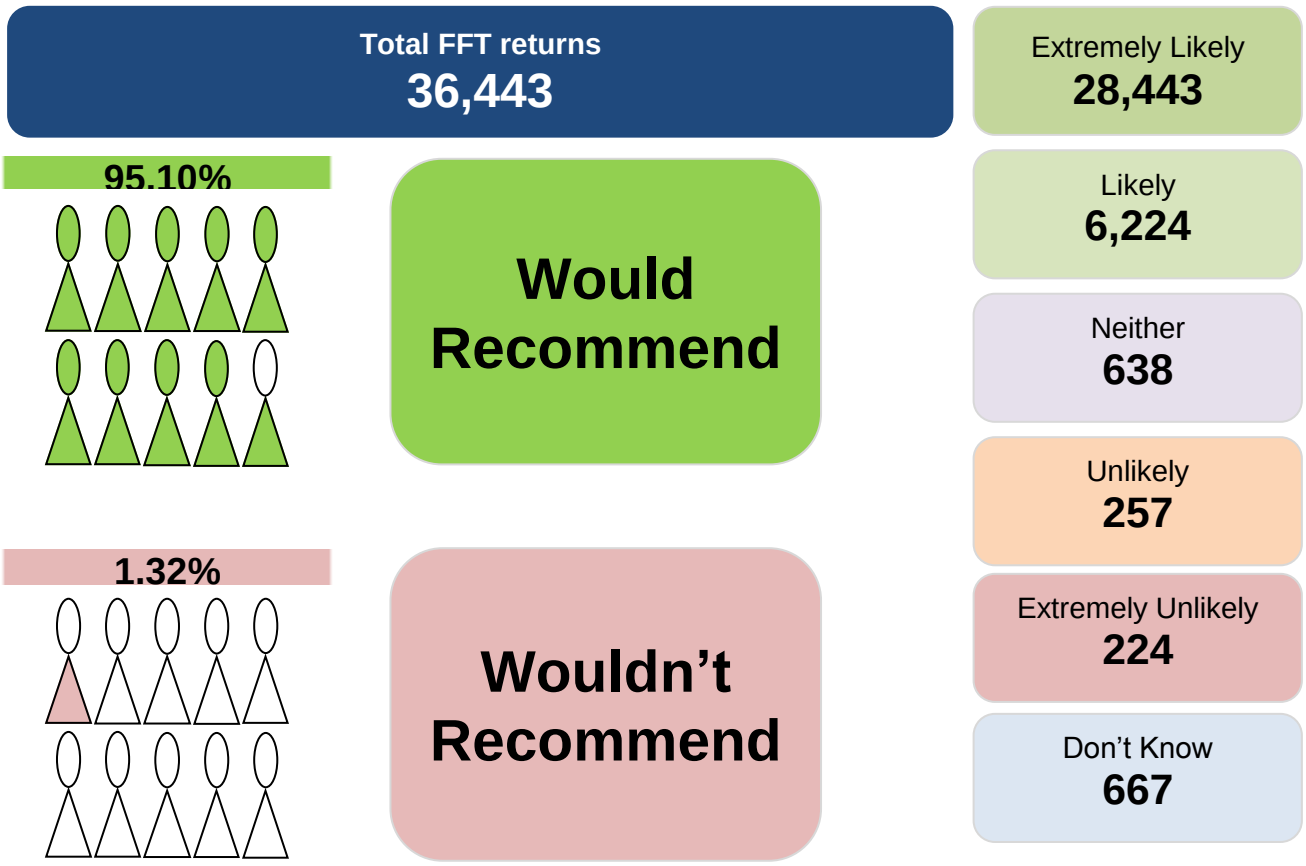
The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The Friends and family data can be found at:
https://www.england.nhs.uk/fft/friends-and-family-test-data/

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

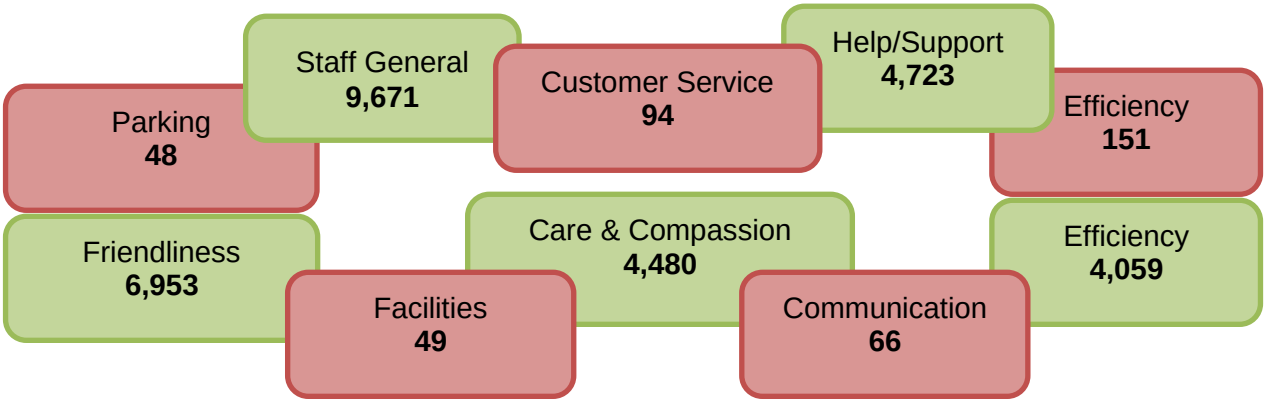
North Tees and Hartlepool NHS Foundation Trust Returns for April 2017 to March 2018

The Trust continuously monitors the positive and negative comments on a weekly basis to ensure that any similar issues or concerns can be acted upon by the ward matrons. This helps in reducing the reoccurrence of similar issues in the future.



*Data from Trusts Friends and Family database

To date through the Friends and Family Test (FFT), the Trust has received **52,386 positive** comments and **785 negative**, as detailed (to note: it is possible to have more than one comment per FFT return).



North Tees and Hartlepool NHS Foundation Friends and Family word bubble

What our patients have said about their hospital experience
(taken from the Trust's Friends and Family Test Comments April 2017 – March 2018)

"I find it disgraceful that nurses and doctors who devote so much time and effort caring for people like myself should be treated so badly by people who know nothing!! I did not fully believe in humanity or that hero's/heroine's walk amongst us until I met the nurses/doctors on Ward 4 Hartlepool General Hospital." [sic]

> “ Could do with the TV back on instead of adverts which is very boring depressing and depending what is on keeps everyone happy in all waiting areas. [sic] ”

Staff - Friends and Family Test

The Trust continues to ask staff the Friends and Family Test, thus allowing staff feedback on NHS Services based on recent experience. Trust Staff are asked to respond to two questions.

Staff Friends and Family Test is conducted on a quarterly basis ***(*excluding Quarter 3 when the existing NHS Staff Survey takes place)***.

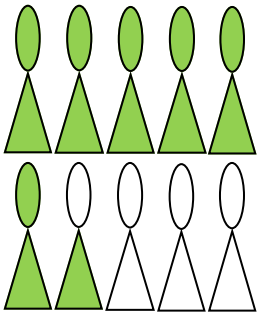
The following data refers to the full 2017-18 financial year.

Breakdown of Responses – Care

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

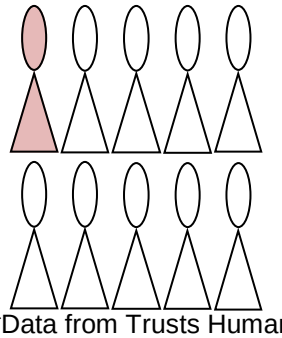
Total Staff FFT returns
815

68.83%



Would Recommend

10.18%



Wouldn’t Recommend

Extremely Likely
202

Likely
359

Neither
168

Unlikely
58

Extremely Unlikely
25

Don’t Know
3

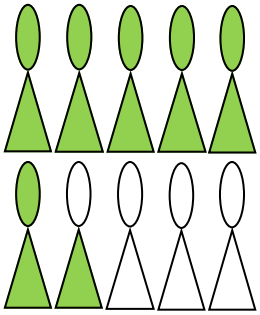
*Data from Trusts Human Resources Department

Breakdown of Responses – Work

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

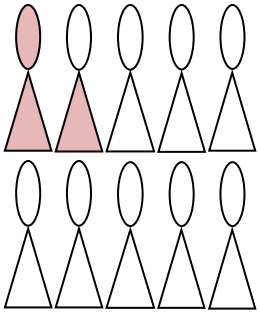
Total Staff FFT returns
817

61.93%



Would Recommend

13.77%



Wouldn't Recommend

Extremely Likely
186

Likely
320

Neither
186

Unlikely
76

Extremely Unlikely
46

Don't Know
3

*Data from Trusts Human Resources Department

"I have been supported in my development. I enjoy coming to work because the team are lovely to work with." [sic]

Part 2b: 2018-19 Quality Improvement Priorities

Introduction to 2018-19 Priorities

Key priorities for improvement for 2018-19 have been agreed through numerous consultation events with our patients, staff, governors, Healthwatch colleagues, commissioners, local health scrutiny committees, healthcare user group and the Board of Directors.

Consultation commenced in November 2017 allowing stakeholders a significant opportunity to consider and suggest priorities that they would like to see the Trust address.

Quality Accounts Marketplace

The Trust held the 4th annual Quality Accounts Marketplace in February 2018. The aim of this event was to actively engage with our stakeholders, staff and patients.

Leads from key areas supported the event to describe improvement undertaken during the 2017-18 reporting year.

The event allowed participants to discuss and actively engage with leads from areas such as, adult safeguarding, complaints, learning from deaths, Friends and Family Test and mortality.

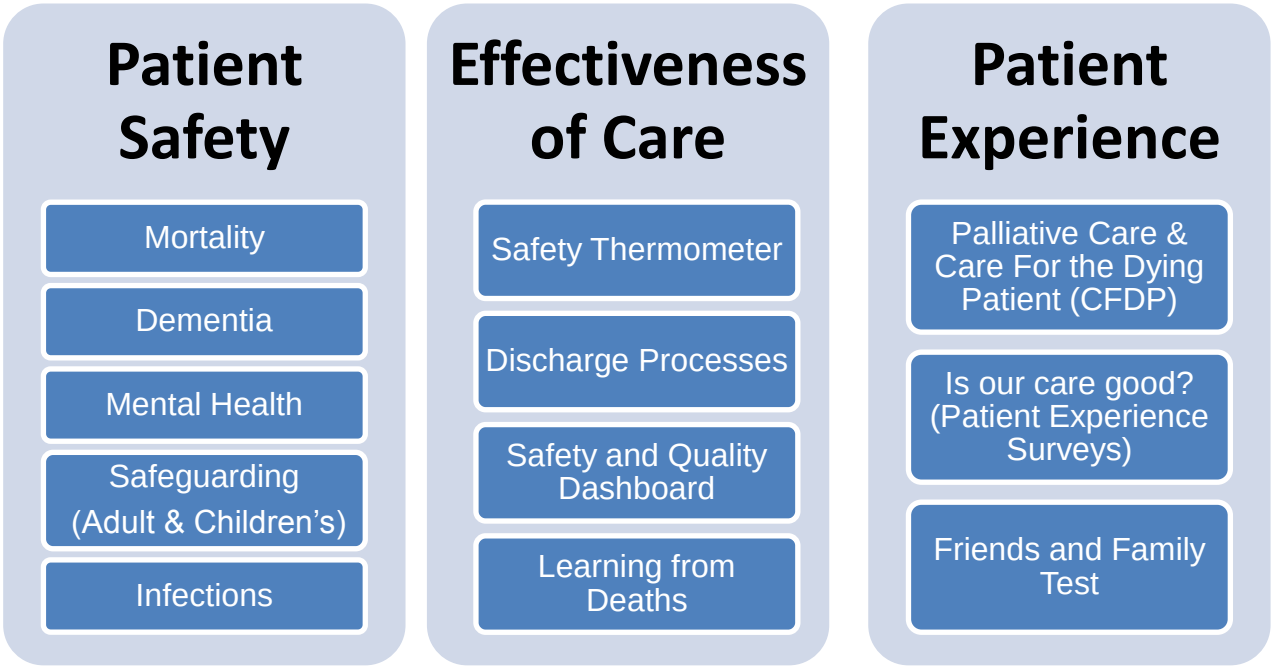
Feedback and third party declarations have been invited from formal stakeholders. Full details of stakeholder feedback can be found in Annex A. Trust governors have also been actively involved in assisting us in setting our priorities.

The Trust continues to develop quality improvement capacity and capability to deliver our priorities as demonstrated throughout this Quality Account.

We would like to thank all of those involved in setting priorities for 2018-19 which are linked to patient safety, effectiveness of care and patient experience. We all agree that our priorities for improvement should continue to reflect three key principles, they are as follows.

Stakeholder Priorities for 2018-19

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



Rationale for the selection of priorities for 2018-19

Through the Quality Accounts Marketplace and other engagement events we provided an opportunity for stakeholders, staff and patients to suggest what they would like the Trust to prioritise in the 2018-19 Quality Accounts.

We then chose indicators from each of the key themes of Patient Safety, Effectiveness of Care and Patient Experience.

The Trust will continuously monitor and report progress on each of the above indicators throughout the year by reporting to the Board.

The following details for each selected priority include how we will achieve it, measure it and report it.

Patient Safety

Priority 1 - Mortality

To reduce avoidable deaths within the Trust

Overview of how we will do it
We will review all available indicators

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

Overview of how will measure it

We will monitor mortality within the Trust using the two national measures of Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).

Overview of how we will report it

- Report to Board of Directors meeting
- Report to Council of Governors meeting
- Report quarterly to the commissioners
- Report to Trust Outcome Performance Delivery Operational Group (TOPDOG)

Priority 2 - Dementia

All hospital patients admitted with dementia will have a named nurse and an individualised plan of care

Overview of how we will do it

We will use the Stirling Environmental Tool to adapt our hospital environment.

We will make it mandatory that all patients over 65 receive an Abbreviated Mental Test (AMT) and are, where appropriate, referred for further assessment.

Patients with dementia will be appropriately assessed and referred on to specialist services if needed.

We will ensure that we have the most up to date information for patients with a diagnosis of dementia by accessing Datix systems and the Tees Esk Wear Valley Paris system. This will confirm if the patient has a clinical diagnosis from mental health services. If confirmed an alert will be added to Trakcare to ensure staff are aware of the diagnosis of dementia.

Overview of how we will measure it

The Stirling Environmental audit assessment tool will be used to monitor the difference pre and post environmental adaptation.

Wards 36, 37, 39 & 40 and 42 have been adapted to be dementia friendly; Wards 24, 25, 26, 27, and 29 have had the Stirling audit complete. Any improvements will be in line with the audits recommendations.

The percentage of patients who receive the Abbreviated Metal Test and, where appropriate, further assessment will be reported monthly via UNIFY.

We will continue with the prevalence audit for the number of patients that have cognitive screening over the age of 75 admitted as an emergency that are reported as having a known diagnosis of dementia, or have been asked the dementia case finding questions.
We will continue to undertake the National Audit for dementia.

Overview of how we will report it

- Vulnerability Committee
- Monthly UNIFY

Priority 3 – Mental Health

To achieve high quality mental health healthcare offered to patients who access general hospital services achieving parity of physical health needs with mental health needs across the Trust; healthcare professionals in general secondary care will feel knowledgeable and confident in understanding and managing mental health conditions and knowing when and how to access mental health services for the patients they see. The integration of all healthcare professionals to provide care as needed for each patient is a crucial part of the solution to providing a higher quality of care to all patients.

The Trust will review and implement recommendations from the NCEPOD guidance Treat as One. The Trust will identify and involve all stakeholders in reviewing the Treat as One guidance and undertaking a gap analysis to develop appropriate work streams; including but not exclusive to:

- Patients who present with known co-existing mental health conditions should have them documented and assessed along with any other clinical conditions that have brought them to hospital;
- Liaison psychiatry review should provide clear and concise documented plans in the general hospital notes at the time of assessment;
- All Trust staff who have interaction with patients, including clinical, clerical and security staff, should receive training in mental health conditions;
- In order to overcome the divide between mental and physical healthcare, liaison psychiatry services should be fully integrated into the Trust. The structure and staffing of the liaison psychiatry service should be based on the clinical demand both within working hours and out-of-hours so that they can participate as part of the multidisciplinary team;
- Record sharing (paper or electronic) between mental health hospitals and the Trust will be improved. As a minimum patients should not be transferred between the different hospitals without copies of all relevant notes accompanying the patient.

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

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

Priority 4 – Safeguarding

The Trust continues to work to enhance and develop standards for safeguarding adults and children.

Overview of how we will do it
Provision of specialist advice relating to implementation of The Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and the Human Rights Act provides added assurance that the Trust remains compliant with legislation.

The Trust has maintained a robust board level focus on Safeguarding and Looked after Children led by the Director of Nursing, Patient Safety and Quality. A bi-monthly steering group, chaired by a Non- Executive Director maintains responsibility for the performance monitoring of the Children's Safeguarding work program.

The Trust has maintained membership and has made active contributions at senior level on the three Local Safeguarding Children Boards (LSCB); Stockton (SLSCB), Hartlepool (HSCB) and County Durham LSCB and on the HSCB Executive group.

Overview of how will measure it
Audits will be carried out and improvements undertaken.

Overview of how we will report it
- Audit results and improvement plans will be reported to Adult Safeguarding Group.
- Audit results and improvement plans will be reported to the three Local Safeguarding Childrens Boards.

Priority 5 – Infections

Key stakeholders asked us to report on infections in 2018-19 due to the levels of infections during 2017-18.

Overview of how we will do it
We will closely monitor testing regimes, antibiotic management and repeat cases to ensure we understand and manage the root cause wherever possible.

Overview of how will measure it
We will monitor the number of hospital and community acquired cases;
We will undertake a multi-disciplinary Root Cause Analysis (RCA) within 3 working days;
We will define avoidable and unavoidable for internal monitoring;
We will benchmark our progress against previous months and years;
We will benchmark our position against trusts in the North East in relation to number of cases; and reported, number of samples sent for testing and age profile of patients.

Overview of how we will report it

- Board of Director Meetings
- Council of Governor Meetings (CoG)
- Infection Control Committee (ICC)
- Patient Safety and Quality Standards Committee (PS & QS)
- To frontline staff through Chief Executive brief
- Safety and Quality Dashboard
- Clinical Quality Review Group (CQRG)

Effectiveness of Care

Priority 6 – Safety Thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harm and 'harm free' care. Using the classic Safety Thermometer survey, along with the new Medications, Maternity and Children & Young Persons measures.

Overview of how we will do it
This indicator will continue to be audited on one day per month across the Trust and the data submitted to NHS Digital.

Overview of how will measure it
Monthly data collection survey.

Overview of how we will report it

- Report to PS & QS;
- Report to Board of Directors meeting;
- Report to Council of Governors meeting ; and
- Safety and Quality Dashboard

Priority 7 – Discharge Processes

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

Overview of how we said we would do it
All patients should have a safe and timely discharge.
All concerns and/or incidents raised onto the Trust's Datix system.

Overview of how we said we would measure it
Via national and local patient surveys.
Quarterly analysis of discharge incidents on the Datix system.

Overview of how we said we would report it

- National inpatient survey report to PS & QS.
- To the Discharge Steering Group.

Priority 8 – Safety and Quality Dashboard

The Safety and Quality Dashboard will support close monitoring of nurse sensitive patient indicators on a day-to-day basis. It will support sharing of best practice and speedy review of any potential areas of concern.

Overview of how we will do it
Training will be undertaken and each department will evidence that their results have been disseminated and acted upon.

Ward matrons will present their analysis on a public area of the ward for patients and staff to see. The results will be discussed at ward meetings.

Overview of how will measure it
The dashboard will be a standing agenda item on the Senior Clinical Matrons (SCMs) meeting. SCMs will monitor ward areas to ensure that data is up to date, accurate and displayed in public areas. The dashboard will form part of the Trust's Quality Reference Group.

Overview of how we will report it

- Monthly dashboard analysis to the Director of Nursing, Quality and Patient Safety
- Monthly dashboard analysis to Senior Clinical Matron (meeting) and to the Nursing and Allied Health Professional Interprofessional Board (IPB)
- Report to Board of Directors meeting
- Report to Council of Governors meeting

Priority 9 – Learning from Deaths

Within the National Guidance on learning from deaths there is now a mandated requirement to report learning from deaths in the 2017-2018 Quality Accounts.

Overview of how we will do it
By undertaking twice weekly mortality review sessions
By allowing Directorates to undertake their own mortality reviews (as long as the person reviewing was not part of that patients final care episode)

Overview of how will measure it
All data will be captured on the Trusts Clarity ® mortality learning from deaths database

Overview of how we will report it

- Report to Board of Directors meeting

Patient Experience

Priority 10 – Palliative Care and Care for the Dying Patient (CFDP)

The Trust has continued to use the Care for the Dying Patient (CFDP) and Family's Voice. Stakeholders and the Trust believe that this still needs to remain a priority in 2018-19.

Overview of how we will do it
We will continue to embed the use of the Family's Voice in hospital and monitor use in community.

Overview of how will measure it
We will evaluate feedback in relation to pain, nausea, breathlessness restlessness, care for the patient and care for the family.

Overview of how we will report it

- Quarterly to IPB
- Annually to Patient Safety and Quality Standards (PS & QS)

Priority 11 – Is our care good? (Patient Experience Surveys)

The Trust and key stakeholders believe that it is important to ask the Friends and Family question through internal and external reviews.

Overview of how we will do it
We will ask every patient interviewed in the Patient and Staff Experience reviews. We will also ask the question in all Trust patient experience surveys, along with monitoring patient feedback from national surveys.

Overview of how will measure it
Analysis of feedback from Staff and Patient Experience reviews along with feedback from the patient experience/national surveys.

Overview of how we will report it
- Reports to Board of Directors
- Reported on the Safety and Quality Dashboard

Priority 12 – Friends and Family Test

The Department of Health have required trusts to ask the Friends and Family recommendation questions from April 2013.

Overview of how we will do it
We currently ask patients to complete a questionnaire on discharge from hospital for in-patients, Accident & Emergency and Maternity as well as Outpatients, Day Case Units, Community Clinics, Community Dental, Radiology and Paediatrics.

Overview of how will measure it
We will analyse feedback from patient surveys and discharge questionnaires.

Overview of how we will report it
- Reports to Board of Directors
- Reported on the Safety and Quality Dashboard
- Reported directly back to ward/areas.

Part 2c: Statements of Assurance from the Board

Review of Services

During 2017-18 the North Tees and Hartlepool NHS Foundation Trust provided and/or subcontracted 64 relevant health services. The majority of our services were provided on a direct basis, with a small number under sub-contracting or joint arrangements with others.

The North Tees and Hartlepool NHS Foundation Trust has reviewed all the data available to them on the quality of care in 64 of these relevant health services.

The income generated by the relevant health services reviewed in 2017-18 represents 100% of the total income generated from the provision of relevant health services by North Tees and Hartlepool NHS Foundation Trust for 2017-18.

Participation in clinical audits

All NHS trusts are audited on the standards of care that they deliver and our Trust participates in all mandatory national audits and national confidential enquiries.

The Healthcare Quality Improvement Partnership (HQIP) provides a comprehensive list of national audits which collected audit data during 2017-18 and this can be found on the following link:
http://www.hqip.org.uk/national-programmes/quality-accounts/

During 2017-18, 35 national clinical audits and 5 national confidential enquiries covered the relevant health services that North Tees and Hartlepool NHS Foundation Trust provides.

During 2017-18, North Tees and Hartlepool NHS Foundation Trust participated in 94% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that North Tees and Hartlepool NHS Foundation Trust was eligible to participate in during 2017-18 are as follows:

Mandatory National Clinical Audits
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)
BAUS Urology Audits: Nephrectomy
BAUS Urology Audits: Percutaneous nephrolithotomy
BAUS Urology Audits: Female stress urinary incontinence
Bowel Cancer (NBOCAP)
Case Mix Programme (CMP) Intensive Care
Diabetes (Paediatric) (NPDA)
Elective Surgery (National PROMs Programme)
Endocrine and Thyroid National Audit
Falls and Fragility Fractures Audit programme (FFFAP)
Fractured Neck of Femur (RCEM)
Inflammatory Bowel Disease (IBD) programme
Learning Disability Mortality Review Programme (LeDeR)
Major Trauma Audit (TARN)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)
National Audit of Breast Cancer in Older Patients (NABCOP)
National Audit of Dementia

National Bariatric Surgery Registry (NBSR)
National Cardiac Arrest Audit (NCAA)
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)
National Comparative Audit of Blood Transfusion programme
National Diabetes Audit - Adults
National Emergency Laparotomy Audit (NELA)
National Heart Failure Audit
National Joint Registry (NJR)
National Lung Cancer Audit (NLCA)
National Maternity and Perinatal Audit
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)
Oesophago-gastric Cancer (NAOGC)
Pain in Children (RCEM)
Procedural Sedation in Adults (care in emergency departments) (RCEM)
Prostate Cancer
Sentinel Stroke National Audit programme (SSNAP)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
UK Parkinson's Audit

National Confidential Enquiries (NCEPOD)
NCEPOD Chronic Neurodisability Study
NCEPOD Young People's Mental Health Study
NCEPOD Cancer in Children, Teens and Young Adults Study
NCEPOD Heart Failure Study
NCEPOD Peri-operative Diabetes Study

The national clinical audits and national confidential enquiries that North Tees and Hartlepool NHS Foundation Trust participated in during 2017-18 are as follows:

Mandatory National Clinical Audits
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)
BAUS Urology Audits: Nephrectomy
Bowel Cancer (NBOCAP)
Case Mix Programme (CMP) Intensive Care
Diabetes (Paediatric) (NPDA)
Elective Surgery (National PROMs Programme)
Endocrine and Thyroid National Audit
Falls and Fragility Fractures Audit programme (FFFAP)
Fractured Neck of Femur (RCEM)
Inflammatory Bowel Disease (IBD) programme
Learning Disability Mortality Review Programme (LeDeR)
Major Trauma Audit (TARN)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)
National Audit of Breast Cancer in Older Patients (NABCOP)
National Audit of Dementia
National Bariatric Surgery Registry (NBSR)
National Cardiac Arrest Audit (NCAA)
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)
National Comparative Audit of Blood Transfusion programme

National Diabetes Audit - Adults
National Emergency Laparotomy Audit (NELA)
National Heart Failure Audit
National Joint Registry (NJR)
National Lung Cancer Audit (NLCA)
National Maternity and Perinatal Audit
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)
Oesophago-gastric Cancer (NAOGC)
Pain in Children (RCEM)
Procedural Sedation in Adults (care in emergency departments) (RCEM)
Prostate Cancer
Sentinel Stroke National Audit programme (SSNAP)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
UK Parkinson's Audit

National Confidential Enquiries (NCEPOD)
NCEPOD Chronic Neurodisability Study
NCEPOD Young People's Mental Health Study
NCEPOD Cancer in Children, Teens and Young Adults Study
NCEPOD Heart Failure Study
NCEPOD Peri-operative Diabetes Study

The national clinical audits and national confidential enquires that North Tees and Hartlepool NHS Foundation Trust participated in, and for which data collection was completed during 2017-18, 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.

National Clinical Audit	Participation M=Mandatory N=Non-mandatory	% cases submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes (M)	100%
BAUS Urology Audits: Nephrectomy	Yes (M)	100%
Bowel Cancer (NBOCAP)	Yes (M)	100%
Case Mix Programme (CMP) Intensive Care	Yes (M)	100%
Diabetes (Paediatric) (NPDA)	Yes (M)	100%
Elective Surgery (National PROMs Programme)	Yes (M)	Hip replacement: 98% Knee replacement: 99%
Endocrine and Thyroid National Audit	Yes (M)	100%
Falls and Fragility Fractures Audit programme (FFFAP)	Yes (M)	100%
Fractured Neck of Femur (RCEM)	Yes (M)	100%
Inflammatory Bowel Disease (IBD) programme	Yes (M)	100%
Learning Disability Mortality Review Programme (LeDeR)	Yes (M)	100%
Major Trauma Audit (TARN)	Yes (M)	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes (M)	100%
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes (M)	100%
National Audit of Dementia	Yes (M)	100%

National Bariatric Surgery Registry (NBSR)	Yes (M)	100%
National Cardiac Arrest Audit (NCAA)	Yes (M)	100%
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)	Yes (M)	100%
National Comparative Audit of Blood Transfusion programme	Yes (M)	100%
National Diabetes Audit - Adults	Yes (M)	100%
National Emergency Laparotomy Audit (NELA)	Yes (M)	100%
National Heart Failure Audit	Yes (M)	100%
National Joint Registry (NJR)	Yes (M)	100%
National Lung Cancer Audit (NLCA)	Yes (M)	100%
National Maternity and Perinatal Audit	Yes (M)	100%
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	Yes (M)	100%
Oesophago-gastric Cancer (NAOGC)	Yes (M)	100%
Pain in Children (RCEM)	Yes (M)	100%
Procedural Sedation in Adults (care in emergency departments) (RCEM)	Yes (M)	100%
Prostate Cancer	Yes (M)	100%
Sentinel Stroke National Audit programme (SSNAP)	Yes (M)	100%
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes (M)	100%
UK Parkinson's Audit	Yes (M)	100%

National Clinical Audits

The reports of **20** national clinical audits were reviewed by the provider in 2017-18 and North Tees and Hartlepool NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Audit title	Actions taken/in progress
NCEPOD "Adding Insult to Injury" (Acute Kidney Injury)	Acute Kidney Injury assessment incorporated into admission document.
	Regional guidance developed.
	E-alert added to system to flag admissions.
National Emergency Laparotomy Audit	Improved system of continuous data collection established with local surgeons, which has led to improvement in case completion and quality.
NCEPOD "A Mixed Bag" (Nutrition Support in Adults)	Parenteral Nutrition Support Team established.
	Policy updated.
NCEPOD "On the face of it" (Cosmetic Surgery Services)	Access to written patient information.
	Two-stage consent process established.
	Psychological assessment now available when needed.
NCEPOD "Too Lean a Service" (Bariatric Surgery)	Establishment of Bariatric Multi-Disciplinary Team meetings.
	Telephone follow-up service for patients.
	Contribution to the national bariatric surgery database.
NCEPOD "Measuring the Units" (Alcohol Related Liver Disease)	Alcohol screening in place for all hospital admissions.

	All deaths due to alcohol-related liver disease to be reviewed at local Mortality meetings.
NCEPOD “Managing the Flow” (Subarachnoid Haemorrhage)	Quicker CT Scans on presentation to hospital.
NCEPOD “On the Right Trach” (Tracheostomy Care)	Tracheostomy insertion classified as an operative procedure and hence now recorded on local theatre system.
	Core training competencies established.
NCEPOD “Time to Get Control” (Gastrointestinal Haemorrhage)	Develop combined guidance for both lower and upper gastrointestinal haemorrhage. Established a gastrointestinal morbidity and mortality meeting to discuss specific cases.
NCEPOD “Just Say Sepsis” (Sepsis identification and management)	Simulation training and e-learning package put into place. New NICE guidance being implemented locally.
NCEPOD “Treat the cause” (Acute pancreatitis)	New process established to improve accuracy of diagnosis coding.
RCEM Consultant Sign-off Audit	Awareness of conditions requiring consultant sign-off added to junior staff induction. New TrakCare icon proposed to act as visual reminder.
RCEM Sepsis Audit	Local implementation of new NICE Sepsis guidance since audit reported.
RCEM Asthma Audit	Adult asthma proforma to be developed, based around current paediatric one.
National Cardiac Arrest Audit	Resuscitation staff are ensuring 100% completion of cardiac arrest treatment record.
National Inpatient Falls Audit	Increase awareness of patient information leaflet and improve the multi-factorial risk assessment document to keep record of information given. Improve falls training to include BP recording and safe sedation. Implement national falls week to raise awareness locally. Work with Liaison Psychiatry to promote use of Delirium Assessment Tool.
Trauma Audit & Research Network annual report	Pre-alert documentation changed to meet NICE requirements. Create a trauma “virtual ward” for improved tracking of patients. Develop severe head injury pathway.
National Heart Failure Audit	Improve quality of discharge documentation and liaise closely with Clinical Coding to more accurately describe categories of heart failure which impact on the Best Practice Tariff.
National Dementia Audit	Increase number of Dementia Champions across wards. Implemented new Dementia Alert symbol to flag known patients. Delirium assessment tool being rolled out locally.
NCEPOD “Treat as One” (Mental Health)	Task and Finish group to be established to include representation from Liaison Psychiatry. “Virtual Ward” to be established to better monitor known patients who have been admitted.

Local Clinical Audits

The reports of **145** local clinical audits were reviewed by the provider in 2017-18 and North Tees and Hartlepool NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Audit title	Actions taken/in progress
Acute Kidney Injury in Emergency Medicine	All patients to be screened for sepsis after getting their blood test results; this will be encouraged by the introduction of safety checklists in the Emergency Department.
Intravenous Antibiotic Prescribing for Sepsis in the Emergency Department	Education sessions to be implemented to cover sepsis and better use of blood cultures.
The Outcomes of Loop Excision of the Transformation Zone (LETZ)	Proactively consider more conservative management for patients.
Assessment of children who leave the Paediatric Emergency Department (PED) without being seen by a doctor	Documentation to be improved and results to be shared and discussed with colleagues in the Paediatric department.
Term Admissions in the Neonatal Unit	Colour coded system to be considered for high, medium and low risk babies and review chart to be implemented.
Bariatric Patients - Return to Theatre	An acceptable RTR (Return to Theatre Rate) was identified but patients will be returned to theatre if there is any clinical suspicion of concern.
Effective Pain Management in Adults in Emergency Medicine	Pain stickers to be used on patient notes Education of staff in pain management.
Melatonin in paediatrics for primary (behavioural) sleep disorders	Development of sleep disorders guideline in the Trust.
Barrett's Oesophagus Reporting, Surveillance and Management	Laminated treatment algorithm and updated guideline to be put in place.
Post-operative Readmissions following Hip and Knee Surgery	A ward attendants clinic to be organised for Monday – Friday at UHH site with the intention of reducing admissions to Ambulatory care and A&E.

All national audit reports are considered by the Audit and Clinical Effectiveness (ACE) Committee which reports to the Patient Safety and Quality Standards (PS & QS) committee, PS & QS reports directly to the Board of Directors.

The Trust participated in all **5** national confidential enquiries (100%) that it was eligible to participate in, namely:

National Confidential Enquiries (NCEPOD):

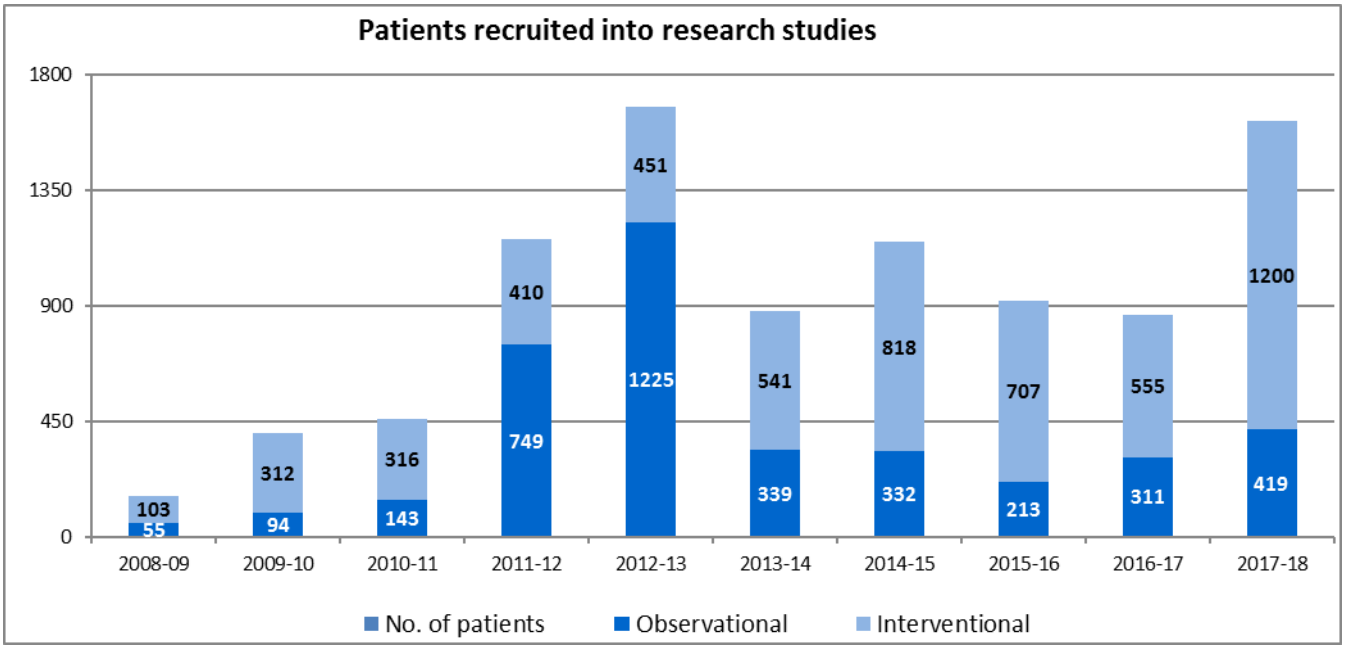
NCEPOD study	Participation M=Mandatory N=Non-mandatory	% cases submitted
NCEPOD Chronic Neurodisability Study	Yes (M)	71%
NCEPOD Young People's Mental Health Study	Yes (M)	88%
NCEPOD Cancer in Children, Teens and Young Adults Study	Yes (M)	Not applicable – no relevant cases within audit time period, but organisational information was submitted as part of the audit requirements.
NCEPOD Heart Failure Study	Yes (M)	100%
NCEPOD Peri-operative Diabetes Study	Yes (M)	Data collection on-going

Research Performance Data

The Government indicated in 2009 that it wanted to see a dramatic and sustained improvement in the performance of providers of NHS services in initiating and delivering clinical research. The aim was to increase the number of patients who have the opportunity to participate in research and to enhance the nation's attractiveness as a host for research by faster approvals and delivering to time and target.

29 research staff are employed within the Trust contributing to the delivery of research in various roles - management, governance, administration, nurses, midwives, data assistants and pharmacy technicians. 89% of the funding for these posts is from external sources (NIHR Clinical Research Network: North East North Cumbria (CRN:NENC) or commercial income).

The number of patients receiving relevant health services provided or subcontracted by North Tees and Hartlepool NHS Foundation Trust in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee was **1,619** (target 1,300). Total year on year recruitment into National Institute for Health Research (NIHR) portfolio research is shown below:



2017-18 Study participation – number of studies

The NIHR CRN portfolio is a database of clinical research studies that are supported by the NIHR CRN in England. In 2017-18 the Trust was actively recruiting patients into **77 portfolio studies**. 74% of patients were recruited into the more complex interventional studies. This is a high figure of interventional trials compared with either the regional (58%) or national figures (59%). Interventional studies, also called experimental studies, are those where the researcher intercedes as part of the study design.

Performance in Initiation and Delivery of research (PID data)

From 2013, government funding for research to the Trust became conditional on meeting national benchmarks. The Trust reports quarterly to the Department of Health (DH) on the following performance measures.

Non-commercial studies: meeting a 70-day benchmark to recruit first patients for trials		
70 day benchmark met	**Number of studies**	**Reason for not meeting target**
Yes	7	
No	8	1. Sponsor Delay x 6
		2. Staff availability x 2

Commercial studies: Recruitment to time and target stated in clinical trial agreement		
Time and target met	**Number of studies**	**Reason for not meeting target**
Yes	4	
No	5	1. Recruitment finished – Sponsor closed trial earlier than planned x 3
		2. Sponsor delays
		3. Sponsor closed trial early due to lack of equipoise at sites

Failure to provide acceptable explanation for poor performance over two consecutive quarters may result in financial penalties. We have provided extensive narrative to support why sometimes these metrics haven't been met; the Research & Development team meet monthly to review the data and work with teams to highlight when benchmarks are in danger of not being met and develop an action plan. Once submitted to the DH, we are required to post this information in a publicly accessible area of the Trust's website.

Developments

The R&D department continues to work with departments across the Trust to promote the importance of healthcare professionals being involved in research.

The R&D department successfully delivered a 12 month programme of research awareness and training within the Out of Hospital Directorate, through which we have identified several individuals to work with to develop Trust sponsored Chief Investigator led studies and grants.

We have initiated a research awareness training programme for specialist nurses to enable them to contribute to research as outlined in their new job plans.

We now have a monthly "Research Clinic" from the Research Design Service in the Trust – free of charge advice to potential researchers to assist with proposals and grant applications.

In autumn 2017 the Trust entered into a collaborative agreement with Teesside University to work more closely on developments in Research, Education and Innovation. The collaborative agreement has already led to exciting developments around sepsis training, pathology teaching and research, digital communication and ideas for student projects.

Through the Trust's provision of an R&D Incentive fund we have been able to help to develop staff knowledge and skills to enable them to lead and/or be involved in research studies. The fund has provided the following support in this year:

Purpose of Application	Funding Amount (£)
Dr Stuart Bonnington, 50% PhD course fees YR 3	£948
Iain Loughran, Physiotherapist - 1 session a week to prepare NIHR grant	£6,042
Dr Iona MacLeod, Consultant Obs & Gynae - Newcastle University PGCert Fees	£2,500
Prof Matt Rutter Consultant Gastroenterologist - preparation of a Programme Grant to the NIHR	£11,000
Dr Juliet Jude - Greenshoots 0.5 PA to support NIHR portfolio activity	£5,000

Dr Richard Jeavons - Greenshoots 0.5 PA to support NIHR portfolio activity	£5,000
Dr Sajeev Job - Greenshoots 0.5 PA to support NIHR portfolio activity	£5,000
Dr Shiran Esmaily, 50% course fees for MSc Clinical Research, Newcastle University	£2,500

Within the Trust there are **188 members of staff with valid Good Clinical Practice (GCP) training.** Most specialisms and all directorates are now participating in research with a few notable areas where research is embedded within the entire clinical team (Obstetrics & Gynaecology, Paediatrics, Neonates, Cardiology, Gastroenterology, Hepatology and Respiratory).

There are **100 members of staff acting as principal investigators / local collaborators in research** approved by a research ethics committee within the Trust, some of whom have up to ten studies in their research portfolio.

In December 2017 Ms Shirley Hall was appointed as a volunteer Patient Research Ambassador (PRA) to assist with engaging more of our patients in research and helping to promote research to patients and their families.

Caroline Fernandez-James opened her first research study. Caroline is a respiratory physiotherapist and was successful in obtaining a grant from Council for Allied Health Professionals Research (CAHPR) and an R&D Incentive Fund grant to support her study. The study aims to evaluate if we can predict patient engagement with pulmonary rehabilitation in patients with an acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD).

Our first multi-centre Trust sponsored NIHR portfolio study opened this year – The WASh Study is a gastroenterology project led by Professor Matt Rutter and was the recipient of a £347,000 grant from the NIHR. The study aims to assess acceptability and associated pain of water assisted colonoscopy compared with routine colonoscopy. The study will run for over two years with plans for a successive project already underway.

Professor Samir Gupta's "Baby-OSCAR" trial continues to recruit well in all participating sites.

Commercially Sponsored Studies

The Trust continues to increase our participation in commercially sponsored trials. There are now **15 commercially sponsored studies actively recruiting patients** within the Trust this year and more where patients are in "follow-up". The studies are open within respiratory medicine, paediatrics, neonates, cardiology and more recently gastroenterology, obstetrics and gynaecology and cancer.

The respiratory and cardiology research teams continue to develop their reputation as a "preferred site" for commercially sponsored research studies.

September 2017 saw the successful and well attended R&D Conference and official opening of the Synexus Clinical Research Facility in our Middlefield Centre. This is a joint venture between the Trust and Synexus to enable us to offer a wider range of commercial studies to the patients of Teesside. The unit was opened by Dr Paul Williams MP.

Awards and Accolades

Obstetrics & Gynaecology
Winners of the regional specialty group "Trainee Recruitment to research trials" in quarter 2. Over-recruited to their first ever commercially sponsored trial - The PREMIUM Trial (Non-interventional study of long term safety of ESMYA treatment in patients with moderate to severe uterine fibroids).

Cancer
Second highest national recruiters to the ELaTION Study (Efficiency and cost-effectiveness of real time ultrasound elastography in the investigation of thyroid nodules).

Orthopaedics
First UK site to recruit to the tissue sample sub-study of UK-STAR study (UK study of tendo achilles rehabilitation).

Top national recruiter for the UK FROST Study (Frozen Shoulder Trial) for three consecutive months - won a coffee machine from the trial sponsors.

R&D
A "Certificate of Excellence" was awarded to all R&D staff from student nurses on placement with the department for their Service improvement placement.

We received additional performance related payments from the CRN:NENC for reaching 100% compliance with the Quality Improvement metrics set by them for the year. These metrics related to the accuracy and completeness of the information on our R&D database.

Commissioning for quality and innovation (CQUIN)

A proportion of North Tees and Hartlepool NHS Foundation Trust income in 2017-18 was conditional upon achieving quality improvement and innovation goals agreed between North Tees and Hartlepool NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

2016-17 income

Approximate CQUIN money available in line with agreed contract values (across several contracts) was **£5.1m** – of this, approximately **£4.8m** was achieved. It should be noted that the final financial return is based upon an actual contract performance figure at year end rather than the indicative value at beginning of the contract. This final precise figure is not available at time of writing however would expect to be close to the figure previously quoted

2017-18 income

The total income available for 2017-18 is £3,409,720. In Q1 to Q3 2017-18 **£1,676,000** from **£1,854,000** (90%) available has been achieved across all indicators.

Further details of the agreed goals for 2017-18 and the following 12 month period are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin/

This value was conditional upon achieving quality improvement and innovation goals.

	Achievement (£)			
Financials	***Q1**	**Q2**	**Q3**	****Q4**
Total Monetary available	£469,000	£939,000	£446,000	
Total Monetary achieved	£374,000	£899,000	£403,000	
% Achieved	**80%**	**90%**	**90%**	**%**

* Q1 final position may change and is subject to further review following query from the Trust
**Q4 data not available at the time of print
Data for Q1 to Q3 only and provided by the Trusts finance department.

Care Quality Commission (CQC)

North Tees and Hartlepool NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is **registered without conditions for all services provided**.

The Trust has taken part in three joint thematic inspections led by CQC and Ofsted; the focus of the thematic has been Special Educational Needs Disability for both Hartlepool and Durham, Neglect (children) for Stockton. The Trust supported the Hartlepool Local Authority appreciative review undertaken by CQC which considered the health and social care system within a local area, rather than being focused only on the Local Authority's role.

The Care Quality Commission (CQC) has not taken enforcement action against North Tees and Hartlepool NHS Foundation Trust during 2017-18.

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

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

The overall CQC rating from the recent inspection improved to **'Good'**.

CQC identified significant levels of good practice in all areas inspected which must be celebrated and built upon to sustain and continue improvements to patient care. This good practice included direct care provision, responding to individual needs of women, access and flow across the Trust, improved Referral to Treatment time and improvements in discharge and length of stay lower than the England average for elective and non-elective medical patients.

The CQC inspection and subsequent report identified a number of areas for improvement including 11 'should do's' split across the three areas of Emergency Care, In hospital care and Maternity.

The well-led element of inspection was also rated as good noting that there was a clear statement of vision, driven by quality and sustainability and those leaders at every level were visible and approachable. However sustainable delivery of quality care was at risk by the financial challenge we face.

2017-18 - Overall ratings for the Trust

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

The full inspection report can be found on the CQC website: **http://www.cqc.org.uk/provider/RVW**

Rating for Acute Services/Acute Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good > < Mar-18	Good ^ Mar-18	Good > < Mar-18	Good > < Mar-18	Requires Improvement > < Mar-18	Good ^ Mar-18
Community	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16
Overall Trust	Good > < Mar-18	Good ^ Mar-18	Good > < Mar-18	Good > < Mar-18	Good > < Mar-18	Good ^ Mar-18

Ratings for University Hospital of North Tees

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency	Good ^ Mar-18	Requires Improvement > < Mar-18	Outstanding ^ Mar-18	Good > < Mar-18	Good ^ Mar-18	Good ^ Mar-18
Medical care (including older people's care)	Good > < Mar-18	Good ^ Mar-18	Good > < Mar-18	Good > < Mar-18	Good ^ Mar-18	Good ^ Mar-18
Surgery	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16
Critical Care	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16
Maternity	Good ^ Mar-18	Good ^ Mar-18	Good > < Mar-18	Good > < Mar-18	Good ^ Mar-18	Good ^ Mar-18
Services for children and young people	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Requires Improvement Feb-16	Good Feb-16
End of life care	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16
Outpatients and Diagnostic imaging	Good Feb-16	N/A	Good Feb-16	Good Feb-16	Requires Improvement Feb-16	Good Feb-16
Overall*	Good ^ Mar-18	Good ^ Mar-18	Good > < Mar-18	Good > < Mar-18	Requires Improvement > < Mar-18	Good ^ Mar-18

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for University Hospital of Hartlepool

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16
Maternity	Good > Mar-18	Good ^ Mar-18	Good > Mar-18	Requires Improvement V Mar-18	Good ^ Mar-18	Good ^ Mar-18
Outpatients and Diagnostic imaging	Good Feb-16	N/A	Good Feb-16	Good Feb-16	Requires Improvement Feb-16	Good Feb-16
Overall*	Good > Mar-18	Good ^ Mar-18	Good > Mar-18	Good > Mar-18	Requires Improvement > Mar-18	Good ^ Mar-18

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Requires Improvement Feb-16	Good Feb-16
Community health services for children and young people	Good Feb-16	Requires Improvement Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16
Community end of life care	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16
Community dental services	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16
Overall*	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16	Good Feb-16

*Overall ratings for community are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

A key element of making changes and developing services is on-going monitoring and assurance; a programme of continuous improvement now in place supported by a revised quality dashboard and developed 'heat-maps' along with other data available being used to structure Quality Reference Groups for each clinical area where there is discussion and exploration of trends related to quality in a supportive environment. This approach enables the sharing of good practice as well as supporting clinical departments to address areas where there is a need to improve.

Improvements are agreed as an outcome of the group and recorded for future review - this links to the Deep Dive Staff, Patient Experience and Quality reviews which are undertaken every quarter. Using the detailed improvement plans senior staff, students and governors visit those areas identified at the Quality Reference Group to observe and measure noted improvements. The data is collated as Requires Improvement or Good Practice. This information is used to demonstrate improvement or further work to be undertaken and is held centrally.

The overall improvement plan will continue to be monitored via the embedded process of the improvement group led by the Deputy Director of Nursing, Patient Safety & Quality and overseen by the Improvement Board; the electronic assurance audits will be revised to capture the improvements and ensure that these are embedded across the organisation.

CQC Contact and Communication

The Trust has regular engagement meetings with our CQC Relationship Manager. In addition to these meetings, regular telephone contact is maintained. Prior to the engagement meetings, the Trust shares a comprehensive monitoring document. The document is based around the five domains and encompasses details related to incidents, complaints, staffing, and also allows the Trust to share any information it wishes. This has included examples of excellence in practice, awards Trust staff have been short-listed for and major developments within service delivery.
As part of the engagement meetings, there has been the opportunity for CQC staff to make informal visits to clinical areas at their request.

Some information related to the Trust's CQC actions is available to the public on the Trust's website http://www.nth.nhs.uk/patients-visitors/cqc/.

Quarterly news bulletins are being published and are available to the public on the Trust's website. http://www.nth.nhs.uk/patients-visitors/cqc/news-bulletin/

Duty of Candour

Duty of Candour is the process of being open and transparent with people who use the Trust's services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. Trusts are set specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The Trust policy has been in place since the regulations were introduced; it has been reviewed during this year to ensure it contains the most current information. The policy details for staff how application of the regulations should be recorded; this is supported by the provision of a healthcare document to be completed and stored in the patients records, full completion of this records sheet will ensure all of the necessary regulatory points are recorded.

On a weekly basis the Trust's Safety Panel reviews all incidents where harm has been reported as moderate harm or above. This highlights cases to the panel members and provides details of the application of the regulations within clinical areas where necessary challenges may be made around these decisions.

Monitoring of compliance is reported to the Trust Board and also to the Trust's Commissioners; there have been one case, to date this financial year where the Trust could not evidence that the regulations had been applied in full. The evidence required is very specific and the Trust is confident that although this written evidence was not available there was the required level of discussions with the patients involved at the time. There are continuing training and update sessions available to all staff in relation to Duty of Candour and details of any external seminars are shared to enhance our wider knowledge of the regulations. From April 2018 this training will be a one off mandatory session for all staff grade 6 and above; the training can be classroom based or through e-learning once this has been finalised.

Sign Up to Safety

The Trusts Quality and Safety Strategy supports the Sign up to Safety campaign as it identifies the Trust aim to reduce the incidence of avoidable harm that occurs to service users within the organisation by 50% over the next 3 years 2016-18, with a specific focus on:

- Reducing pressure ulcers;
- Reducing falls with fracture;
- Reducing Obstetric Birth Injuries;
- Reducing surgical complications; and
- Reducing Pressure damage

Whilst this is an overall aim, there have been focussed areas of work undertaken to examine these specific areas of high risk. The areas of risk were identified through analysis of data available from current and past harm reporting from complaints, incidents and claims. In the lifetime of this strategy on-going monitoring of trends associated with harm will be used to identify areas for action as the data analysis evolves. During 2018-19 the Trust will be reviewing and further developing this strategy in line with current areas of high risk.

At the start of the year the Trust held a "Kitchen Table" session in the canteen; this was an opportunity for anyone, patients or staff, to sit down with a hot drink and talk about patient safety; giving an opportunity to discuss any issues that may have drawn their attention and support learning in the Trust. During September 2017, the Trust held its second annual Patient Safety week to recognise service improvements made as a result of safety issues identified through incident reporting and analysis. The displays were visited by a wide range of colleagues including the Chief Executive, The Director of Nursing, Quality and Patient Safety, Governors and staff. This year it was held in the main concourses of both hospitals which ensured this information was also available to our patients and visitors to the Trust.

The Trust has also launched a "Safely Together" tagline and logo in order to ensure that any information shared across the Trust is identifiable through use of this tagline. A Safely Together bulletin is also produced whenever safety and learning information needs to be cascaded across the organisation; these bulletins are cascaded through handovers but also displayed on ward and departmental notice boards.

Commissioners Assurance

The Trust has had three announced Commissioner Assurance visits during 2017-18. The ward or department to be visited is not known until the day of the visit.

These visits took place to Holdforth Unit in September 2017, Urgent Care/Accident and Emergency and Paediatric Ward in November 2017 and Ward 40 in March 2018.

An action plan has been developed for any issues identified at each of these visits and these have been shared with the commissioners.

Quality of Data

Good quality information underpins the effective delivery of patient care and helps staff to understand what they do well and where they might improve.

The members of the Council of Governors are encouraged to test the data reports they receive through participation in the SPEQS reviews. This enables governors to speak directly to patients and staff and provides assurance that standards are aligned with information reported.

Training staff in critical appraisal is a vital part of ensuring that evidence is considered in an objective and balanced way. We develop clinical staff so that they have the skills and knowledge to use evidence in a way that supports them to make the best clinical decisions.

Additional assurance in relation to data quality is provided independently by Audit One. This provides rigorous and objective testing of data collection and reporting standards. Results of these independent audits are reported to the Audit Committee and provide the Trust with independent appraisal of clinical, financial and business governance standards. This process of internal audit enables the Trust to test

quality assumptions and pursue its philosophy of continual improvement. In order to test and improve quality of data the Trust will continue to commission independent audits of its key business.

NHS number and general medical practice validity

North Tees and Hartlepool NHS Foundation Trust submitted records during 2017-18 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics (HES) which are included in the latest published data.

The percentage of records in the published data:

Which included the patient's valid NHS number was:	%	Which included the patient's valid general medical practice code was:	%
Percentage for admitted patient care**	**98.80%**	Percentage for admitted patient care	**100%**
Percentage for outpatient care	**100%**	Percentage for outpatient care	**100%**
Percentage for accident and emergency care	**99.30%**	Percentage for accident and emergency care	**100%**

*Data for April 2017 to January 2018 ** NHS number low because of anonymised data sent to SUS for sensitive patients

Information governance (IG)

Information governance means keeping information safe. This relies on good systems, processes and monitoring. Every year we audit the quality of information governance through the national information governance toolkit. The Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards.

The Trust continues to provide assurance to the Board of Directors that we are constantly assessing and improving our systems and processes to ensure that information is safe.

North Tees and Hartlepool NHS Foundation Trust Information Governance Assessment report overall score for 2017-18 was **80%** and was graded as "Satisfactory" green, this gives assurance that quality standards are being maintained. The expected level of compliance (level 2) has been achieved against all Toolkit standards and higher level 3 compliance has been achieved against eighteen of the forty five requirements to date.

The 2017-18 toolkit was also subject to external audit, twelve requirements were audited by Audit One during March 2018 and the Trust has again awarded 'full assurance' with no remedial actions for the third consecutive year.

Staff training and awareness of Information Governance is a key indicator, in 2017-18 we again had to ensure that 95% of all of our staff had received information governance training. The training compliance was achieved for the for the sixth year running.

Requirement	2013-14	2014-15	2015-16	2016-17	2017-18
Information governance management	100%	100%	93%	93%	93%
Corporate Information Assurance	77%	77%	77%	77%	77%
Confidentiality and Data Protection assurance	87%	91%	70%	79%	79%
Clinical information assurance	93%	86%	73%	80%	80%
Secondary use assurance	83%	79%	79%	75%	75%
Information security assurance	75%	84%	75%	80%	80%
Overall Assessment	**84%**	**86%**	**77%**	**80%**	**80%**

A "Satisfactory" green rating is achieved where trusts achieve level 2 or above on all requirements; a "Not Satisfactory" red rating is achieved where Level 2 or above is not evidenced for all requirements.
*The IG toolkit is available on connecting for health website. www.igt.connectingforhealth.nhs.uk

The Trust continues to respond to Freedom of Information requests from members of the public on a range of topics across all services and departments, complying with the 20 working day limit to do so. The act is regulated and enforced by the Information Commissioners Office (ICO). The ICO hold powers to enforce penalties against the Trust when it does not comply with the act, including but not limited to monetary fines. For the year 2017-18 the Trust received 539 requests with a compliance level as of the end of March 2018 of 90.5% with complete compliance data available after 30 April 2018. This reflects improvements made to internal FOI process, with a previous compliance figure of 82% for 2016-17.

In order to be transparent about information the Trust provides, a copy of all responses are published on the Trust website as part of continuing improvement work on our Publication Scheme. Since 1 January 2012, the Trust have been posting responses to Freedom of Information requests on the site and these can be viewed by the public on: https://www.nth.nhs.uk/support/foi/reading-room/

Clinical coding error rate

Clinical coding translates medical terms written by clinicians about patient diagnosis and treatment into codes that are recognised nationally.

North Tees and Hartlepool Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017-18 by the Audit Commission.

The Audit Commission no longer audits every trust every year where they see no issues. The in-house clinical coding audit manager conducts a 200 episode audit every year as part of the IG Toolkit and also as part of continuous assessment of the auditor.

	2015-16	2016-17	2017-18
Primary diagnoses correct	91.50%	91.00%	**90.50%**
Secondary diagnoses correct	89.94%	87.65%	**81.88%**
Primary procedures correct	91.43%	92.74%	**93.65%**
Secondary procedures correct	83.41%	87.50%	**86.21%**

The services reviewed within the sample were 200 finished consultant episodes (FCEs) in consultant episodes taken from a random sample of all specialties. The results should not be extrapolated further than the actual sample audited.

The errors include both coder and documentation errors of which the coding errors will be fed back to the coders as a group and individually. The documentation errors will be taken to directorate meetings.

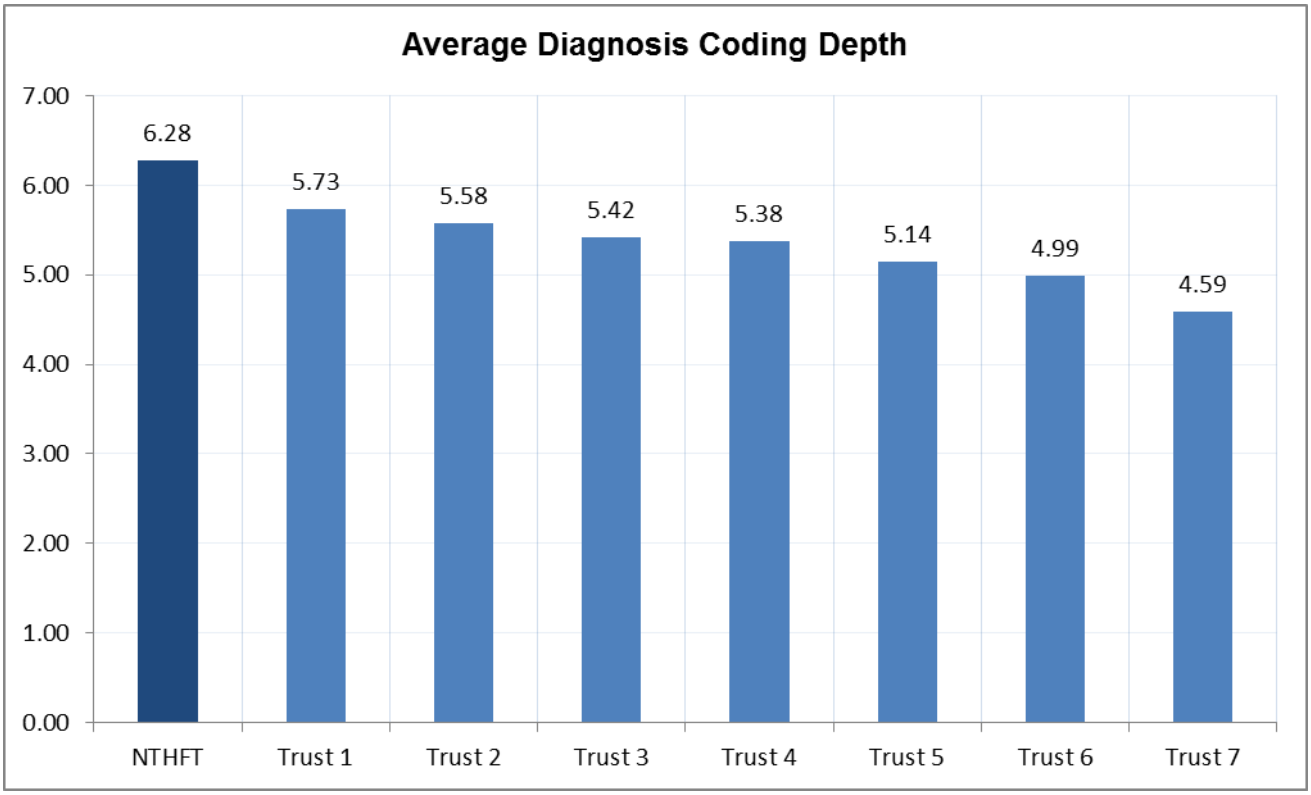
Depth of coding and key metrics is monitored by the Trust in conjunction with mortality data. External monthly coding audits are undertaken to provide assurance that coding reflects clinical management. Any issues are taken back to the coder or clinician depending on the error. The clinical coders also attend the mortality review meetings to ensure the correct coding of deceased patients.

Our coders organise their work so that they are closer to the clinical teams. This results in sustained improvements to clinical documentation. This supports accurate clinical coding and a reduction in the number of Healthcare Resource Group changes made. This is the methodology which establishes how much we should get paid for the care we deliver. We will continue to work hard to improve quality of information because it will ensure that NHS resources are spent effectively.

Specific issues highlighted within the audit have been fed back to individual coders and appropriate training planned where required. North Tees and Hartlepool NHS Foundation Trust will be taking the following actions to improve data quality. The coding department has recently undergone a re-structure in order to facilitate coding medical episodes from case notes, which would bring the specialty in line with all the other specialties which are coded from case notes.

A more gradual roll out will take place and it will start with the elderly care wards where there are fewer discharges. It is hoped this will improve the capture of additional co-morbidities that are used to calculate HSMR and SHMI.

Diagnosis Coding Depth – North East trusts (February 2017 to January 2018)



*Data taken from Data Quality Clinical Coding in HED

Part 2d: Core set of Quality Indicators

Measure	Measure Description	Data Source
1a	The value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period **October 2016 – September 2017**.	NHS DIGITAL

SHMI Definition

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge.

Summary Hospital-level Mortality Indicator (SHMI) – Deaths associated with hospitalisation, England, **October 2016 – September 2017**

Time period	Over-dispersion banding	Trust Score	National Average	Highest – SHMI Trust Value in the country	Lowest – SHMI Trust Value in the country
Oct 2015 – Sep 2016	Band 2 (As Expected)	1.1195	1.00	1.1638	0.6897
Jan 2016 – Dec 2016	Band 2 (As Expected)	1.1029	1.00	1.1894	0.6907
Apr 2016 – May 2017	Band 2 (As Expected)	1.0942	1.00	1.2123	0.7075
Jul 2016 – Jun 2017	Band 2 (As Expected)	1.0801	1.00	1.2277	**0.7261**
Oct 2016 – Sep 2017	Band 2 (As Expected)	**1.0591**	**1.00**	**1.2473**	**0.7270**

SHMI Regional – October 2016 – September 2017

Trust	Trust Score	OD banding
SOUTH TYNESIDE NHS FOUNDATION TRUST	1.1720	1
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	1.0671	2
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**1.0591**	**2**
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	1.0464	2
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	1.0188	2
GATESHEAD HEALTH NHS FOUNDATION TRUST	1.0046	2
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	0.9831	2
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.9287	2

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reason. SHMI mortality data when reviewed against other sources of mortality data including Hospital Standardised Mortality Ratio (HSMR) and when benchmarked against other NHS organisations will provide an overview of overall mortality performance either within statistical analysis or for crude mortality.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this indicator and so the quality of its services. The Secretary of State for health has introduced a requirement for all trusts to undertake mortality reviews; this has been supported by the CQC and a national system for recording mortality reviews was introduced over 2017-18. The Trust continues to undertake these over two sessions each week; this has been supported by the inclusion of the mortality reviews in the quality work

undertaken by all consultant staff as part of their annual appraisal. The information is input directly onto a dedicated database, this is then used to extract data for reporting.

The clinical reviews undertaken provide the organisation with the opportunity to assess the quality of care being provided as this will continue to be the priority over and above the statistical data. The Trust's review process is linked closely with the work being undertaken regionally and the Trust is working jointly with local Trusts to utilise a web based system to store mortality reviews that can be linked into the national system once this is agreed and in place. All Trusts in the region are undertaking reviews and the Trust staff meet with them on a regular basis to share best practice and to also consider areas of focus across the region as well as locally.

The Trust continues to run the Outcome Performance Delivery Operational Group (TOPDOG); this group looks at mini projects that can be undertaken throughout the year, as well as providing the support and guidance to areas that want to improve services and processes within the Trust. The multiple work streams that have been delivered during 2017-18 have continued to make an impact on the HSMR and SHMI values, and have led to both of these statistics being reported as being "within expected" ranges. Whilst the Trust recognises that this is an excellent reduction the actions already initiated are being followed to completion and there are further areas being identified for review, and potential improvement work, from the analysis of a wide variety of data and information sources on a regular basis.

Measure	Measure Description	Data Source
1b	The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust - **October 2016 – September 2017**	NHS DIGITAL

Percentage of deaths with palliative care coding, October 2016 – September 2017

Time period	Diagnosis Rate	Diagnosis Rate National Average	Highest – Diagnosis Rate	Lowest – Diagnosis Rate	Combined Rate	Combined Rate National Average	Highest – Combined Rate	Lowest – Combined Rate
Apr 2015 – Mar 2016	35.06	28.67	54.60	0.58	35.06	28.82	54.60	0.58
Jul 2015 – Jun 2016	35.88	29.39	54.83	0.57	35.88	29.55	54.83	0.57
Oct 2015–Sep 2016	36.42	29.60	56.27	0.39	36.42	29.70	56.27	0.39
Jul 2016 – Jun 2017	39.00	30.80	58.30	11.20	39.00	31.10	58.60	11.20
Oct 2016–Sep 2017	**36.70**	**31.20**	**59.50**	**11.50**	**36.70**	**31.50**	**59.80**	**11.50**

Latest Time Period benchmarking position – October 2016 – September 2017

Provider	Diagnosis Rate	Combined Rate
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	29.20	29.60
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	**36.70**	**36.70**
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	31.00	31.00
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	36.20	36.20
SOUTH TYNESIDE NHS FOUNDATION TRUST	29.20	29.60
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	25.10	25.10
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	15.50	15.50
GATESHEAD HEALTH NHS FOUNDATION TRUST	18.10	18.90
National Average	**31.20**	**31.50**

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reason. The use of palliative care codes within the Trust is now a fully embedded practice. The processes and procedures are continuously reviewed to ensure that the Specialist Palliative Care team are reviewing patients in a timely manner.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this number, and so the quality of its service. The review of case notes continues to demonstrate that there are a high number of patients who have been discharged home to die in accordance with their wishes and this has affected the hospital HSMR and SHMI value.

In an effort to visibly support clinical teams, the Specialist Palliative Care team are promoting a more proactive approach to identification and support of those patients who may be dying. There is a holistic approach taken to their care, with the host team remaining key workers with the support of Specialist Palliative Care Clinicians, Clinical Nurse Specialists, End of Life Co-ordinator and Chaplaincy in advisory and supportive roles. All patients who may be dying or have an uncertainty to their recovery, can be identified through TRAKCARE via the Palliative Care Alert, or the End of Life Care Alert, or can be referred to the service directly by any staff member. Over the last year the Trust has continued Care or End of Life Care, to ensure that this activity is included in the data collection from clinical coding. To promote appropriate and timely referral, the Trust has provided a detailed training course facilitated by the Specialist Palliative Care team to increase education for senior clinical staff, this along with the changes made to documentation will improve the quality of documentation and in turn the quality of the Trust's clinical coding. The Specialist Palliative Care team follow up on all patients who are referred through the various methods and advise, support and signpost accordingly.

The Trust continues to work with commissioners to review pathways of care and support patient choice of residence at end of life wherever possible. Further work is also on-going with GPs to try and reduce inappropriate admissions to the Trust.

Measure	Measure Description	Data Source	Value
2	The Trust's patient reported outcome measure scores (PROMS) for- 1. Groin hernia surgery 2. Varicose vein surgery 3. Hip replacement surgery 4. Knee replacement surgery	NHS DIGITAL	Adjusted average health gain EQ-5D Index

The data for hips and knee replacements is now split between primary and revisions.

April 16 to March 17	Groin hernia	Varicose vein	Hip replacement – Primary	Hip replacement – Revisions	Knee replacement – Primary	Knee replacement – Revisions
Trust Score	0.073	**No data**	0.432	**No data**	0.362	**No data**
National Average	0.087	0.092	0.444	0.292	0.323	0.266
Highest National	0.132	0.154	0.540	0.367	0.403	0.294
Lowest National	-0.009	0.015	0.305	0.235	0.245	0.233

April 17 to September 17	Groin hernia	Varicose vein	Hip replacement – Primary	Hip replacement – Revisions	Knee replacement – Primary	Knee replacement – Revisions
Trust Score	**No data**	**No data**	**No data**	**No data**	**No data**	**No data**
National Average	0.089	0.096	**No data**	**No data**	**No data**	**No data**
Highest National	**0.140**	**0.134**	**No data**	**No data**	**No data**	**No data**
Lowest National	**0.000**	**0.000**	**No data**	**No data**	**No data**	**No data**

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust continues to have a lower than the national average 'adjusted average health gain' score in relation to groin hernia surgery, however the position is improving. In relation to primary knee replacement, the Trust's position continues to demonstrate good results.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this score and so the quality of its service. The Trust continues to carry out multiple reviews, the reviews occur

at 6 weeks and 6 months with the final review being at 12 months. The reviews will be carried out by the joint replacement practitioners unless otherwise identified.

The Trust continues to use the telephone review clinics, thus ensuring that communication remains open with the patient listening and acting upon any issues/concerns that they may have.

Measure	Measure Description	Data Source
3	The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period; aged: (i) 0 to 15; and (ii) 16 or over.	NHS DIGITAL

Age Group	Value	Data for 2013-14 standardised to persons 20xx-xx	Data for 2012-13 standardised to persons 20xx-xx	Data for 2011-12 standardised to persons 2007-08
0 to 15	Trust Score	**Not Available**	**Not Available**	8.79
	National Average	**Not Available**	**Not Available**	10.01
	Band	**Not Available**	**Not Available**	B5
	Highest National	**Not Available**	**Not Available**	14.94
	Lowest National	**Not Available**	**Not Available**	0.00
16 or over	Trust Score	**Not Available**	**Not Available**	10.72
	National Average	**Not Available**	**Not Available**	11.45
	Band	**Not Available**	**Not Available**	A5
	Highest National	**Not Available**	**Not Available**	17.72
	Lowest National	**Not Available**	**Not Available**	0.00

To Note: *Please note that this indicator was last updated in December 2013 and future releases have been temporarily suspended by NHS Digital pending a methodology review.*

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust monitors and reports readmission rates to the Board of Directors and Directorates on a monthly basis. The November 2017 position (latest available data) indicates the Trust has an overall readmission rate of 8.50% against the internal stretch target of 7.70%, indicating the Trust's readmission rates have increased by 0.17% compared to the same period in 2016. Audits continue at specialty level to identify areas for improvement.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve the rate and so the quality of its service. This continues to present a considerable challenge for the Trust. Patient pathways continue to be redesigned to incorporate an integrated approach to collaboration with primary and social care services, and reducing hospital admissions and readmissions. There have been a number of initiatives introduced including: a discharge liaison team of therapy staff to actively support timely discharge, working closely with the patient flow managers; inclusion of social workers within the hospital teams to facilitate discharge with appropriate packages of care to prevent readmission; utilisation of ambulatory care facilities; emergency care therapy team in A&E to facilitate discharge and prevent admissions; community matrons attached to care homes and the community integrated assessment team supporting rehabilitation to people in their own homes including care homes.

Measure	Measure Description	Data Source
4	The Trusts responsiveness to the personal needs of its patients	NHS DIGITAL

Period of Coverage	National Average	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (out of 100)
*2017-18	not available	not available
2016-17	68.10	67.20
2015-16	69.60	67.70
2014-15	68.90	68.10
2013-14	68.70	69.00
2012-13	68.10	68.70

*2017-18 data not available at the time of print – Available August 2018

Benchmarked against over North East Trusts for 2016-17;

Trust	Overall Score (out of 100)
Northumbria Healthcare NHS Foundation Trust The	74.60
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	74.60
Gateshead Health NHS Foundation Trust	71.10
South Tees Hospitals NHS Trust	70.20
South Tyneside NHS Foundation Trust	70.10
North Tees & Hartlepool NHS Foundation Trust	**67.20**
County Durham and Darlington NHS Foundation Trust	66.00
City Hospitals Sunderland NHS Foundation Trust	63.90

NB: Average weighted score of 5 questions relating to responsiveness to inpatients' personal needs (Score out of 100)

The scores are out of 100. A higher score indicates better performance: if patients reported all aspects of their care as "very good" we would expect a score of about 80, a score around 60 indicates "good" patient experience. The domain score is the average of the question scores within that domain; the overall score is the average of the domain scores. The Trust has worked hard in order to further enhance its culture of responsiveness to the personal needs of patients.

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust has developed its Patients First strategy and understanding patient views in relation to responsiveness; and personal needs helps us to understand how well we are performing.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this score and the quality of its services, by delivering accredited programmes that focus on responsiveness of patient and carers for both registered and unregistered nurses. We use human factors training to raise awareness of the impact and of individual accountability on patient outcomes and experience. When compared against the national average score the Trust continues to be rated well by patients.

Measure	Measure Description	Data Source
5	The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	NHS DIGITAL

All NHS organisations providing acute, community, ambulance and mental health services are now required to conduct the Staff Friends and Family Test each quarter.

The aim of the test is to:

- "Encouraging improvements in service delivery" – by "driving hospitals to raise their game"

The Trust believes that the attitude of its staff is the most important factor in the experience of patients. We will continue to work with staff to develop the leadership and role modeling required to further enhance the experience of patients, carers and staff.

National NHS Staff Survey

Question: If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust

	Survey Year				
Trust Name	**2013**	**2014**	**2015**	**2016**	**2017**
Trust 1	59	65	70	70	71
Trust 2	57	53	61	59	58
Trust 3	70	75	76	81	81
NTHFT	**57**	**54**	**62**	**64**	**67**
Trust 4	77	70	85	82	77
Trust 5	76	80	72	73	69
Trust 6	64	53	62	59	62
Trust 7	87	84	89	91	89
North East	68	67	72	72	72
England	67	67	70	70	70
National High	**94**	**93**	**93**	**92**	**86**
National Low	**38**	**36**	**37**	**56**	**47**

Friends and Family Test – Staff

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

	*Q1	*Q2	**Q3	*Q4
Percentage Recommended – Care	73%	77%	67%	73%
Percentage Not Recommended – Care	14%	16%	9%	11%

*Q1, Q2 and Q4 data obtain from the Friends and Family Test for Staff
**Q3 information taken from the NHS National Staff Survey

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

	*Q1	*Q2	**Q3	*Q4
Percentage Recommended – Work	63%	62%	62%	56%
Percentage Not Recommended – Work	14%	22%	13%	29%

*Q1, Q2 and Q4 data obtain from the Friends and Family Test for Staff
**Q3 information taken from the NHS National Staff Survey

More detail can be found for the Friends and Family Test in Part 3: Review of Quality Performance 2017-18, under Priority 3: Patient Experience – Friends and Family recommendation, point 3.

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust continue to actively engage with and encourage staff to complete and return the Staff Survey along with the quarterly Staff Friends and Family Test, so that areas of improvement(s) can be identified and acted upon in future. This year we are looking to explore the options of distributing the staff survey online to encourage increased participation.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to further improve this percentage, and so the quality of its services, by involving the views of the staff in developing a strategy for care. Understanding the views of staff is an important indicator of the culture of care within the organisation; the Workforce directorate is carrying out projects to understand the culture of the organisation which will feed into the staff survey data which can then be shared with the directorates for consideration and action where required.

National Staff Survey

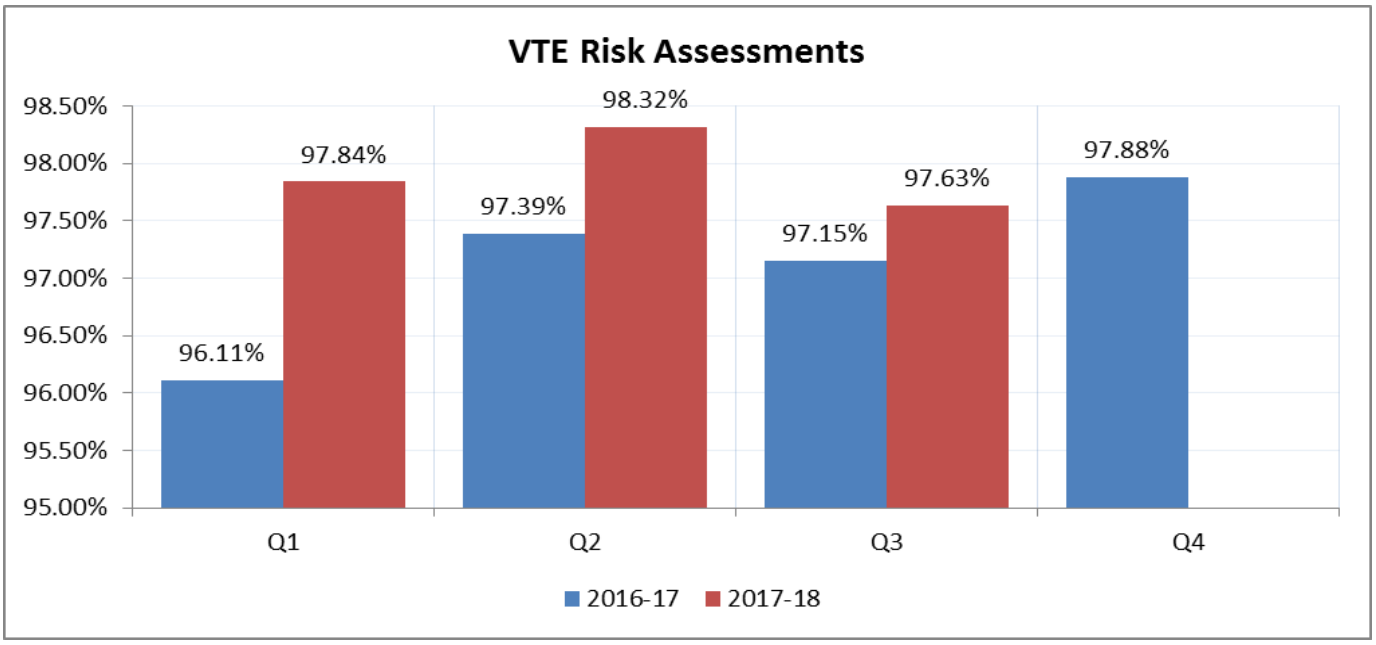
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

2014	2015	2016	2017	2017 National Average
21%	26%	20%	**24%**	**28%**

Percentage believing that Trust provides equal opportunities for career progression or promotion

2014	2015	2016	2017	2017 National Average
90%	90%	91%	**93%**	**84%**

Measure	Measure Description	Data Source
6	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)	NHS DIGITAL



Two year reporting trend

Measure	Reporting Year	2016-17				2017-18			
Venous Thromboembolism	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	*Q4
	Value	96.11%	97.39%	97.15%	97.88%	97.84%	98.32%	97.63%	
	National Average	95.73%	95.51%	94.23%	95.53%	95.20%	95.25%	95.36%	
	Highest National	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Lowest National	80.61%	72.14%	76.48%	63.02%	51.38%	71.88%	76.08%	

*Q4 data no available at time of print

North East Trust benchmarking 2017-18

	2017-18			
Trust	Q1	Q2	Q3	*Q4
City Hospitals Sunderland NHS Foundation Trust	98.64%	98.79%	98.57%	
County Durham and Darlington NHS Foundation Trust	97.29%	96.42%	95.69%	
Gateshead Health NHS Foundation Trust	98.33%	99.21%	99.32%	
North Tees & Hartlepool NHS Foundation Trust	**97.84%**	**98.32%**	**97.63%**	
Northumbria Healthcare NHS Foundation Trust	94.00%	93.44%	95.61%	
South Tees Hospitals NHS Trust	95.16%	95.02%	95.24%	
South Tyneside NHS Foundation Trust	96.41%	95.40%	95.86%	
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	96.25%	96.73%	96.07%	

*Q4 data no available at time of print

The Trust has promoted the importance of doctors undertaking assessment of risk of VTE for all appropriate patients in line with best practice.

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. By understanding the percentage of patients who were admitted to hospital who were risk assessed for VTE helps the Trust to reduce cases of avoidable harm. The Trust has ensured that a robust reporting system is in place and adopts a systematic approach to data quality improvement.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to continue to improve this percentage, and so the quality of its services, by updating the training booklets to keep them relevant, ensuring that VTE is part of the mandatory training and providing guidance on the importance of VTE risk assessment at induction of clinical staff. Consultants continue to monitor performance in relation to VTE risk assessment on a daily basis.

The Trust ensures that each Directorate clinical lead is responsible for monitoring and audit of compliance of NICE VTE guidelines and this is presented yearly to the Audit and Clinical Effectiveness (ACE) Committee.

The following table demonstrates the venous thromboembolism (VTE) mandatory training for the whole Trust.

*VTE Training (compliance)
95%

*Data obtained from the Trust dementia training
*data for 2017-18

Measure	Measure Description	Data Source
7	The rate per 100,000 bed days of cases of C difficile infection that have occurred within the Trust amongst patients aged 2 or over during the reporting period.	NHS DIGITAL

	Rate per 100,000 bed-days for specimens taken from patients aged 2 years and over				
Reporting Period	Trust C difficile cases	Trust Rate	National Average	Highest National rate	Lowest National rate
Apr 2017 – Mar 2018	**35**	**Not Available**	**Not Available**	**Not Available**	**Not Available**
Apr 2016 – Mar 2017	39	18.40	13.20	82.70	0.00
Apr 2015 – Mar 2016	36	17.40	14.90	67.20	0.00
Apr 2014 – Mar 2015	20	10.20	15.00	62.60	0.00

* 2017-18 data not available at the time of print

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust has a robust reporting system in place and adopts a systematic approach to data quality checks and improvement.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve this rate, and so the quality of its services:

- Enhanced ward cleaning and decontamination of patient equipment, including the use of steam, hydrogen peroxide and Ultraviolet (UV) light.
- Exploration of new patient products such as commodes to ensure they are easy to clean and fit for purpose
- The continued use of the mattress decontamination service to reduce the risk of infection and improve quality of service to patients
- Raised awareness and audit of antimicrobial prescribing and stewardship including the identification of antibiotic champions for each directorate and the introduction of competency assessments for prescribers. The Trust again participated in European Antibiotic Awareness day with displays for staff around prudent prescribing. Awareness has also been raised via the CQUIN scheme to reduce overall antibiotic consumption
- Continued emphasis on high standards of hand hygiene for staff and patients, utilising hand hygiene champions and a monthly RAG report
- Daily monitoring of the management of affected patients to support ward staff and ensure guidance is being adhered to.
- The re-introduction of annual update training in infection prevention and control for all clinical staff
- Collaborative working with partner organisations to standardise guidance and promote seamless care for patients who move between care providers

The Trust will continue with these measures and will explore every opportunity to minimise C difficile cases in the future.

Measure	Measure Description	Data Source
8	The number and, where available, rate of patient safety incidents that occurred within the Trust during the reporting period, and the percentage of such patient safety incidents that resulted in severe harm or death.	NHS DIGITAL

Reporting and understanding patient safety incidents is an important indicator of a safety culture within an organisation.

Provider: Acute (Non Specialist) – Organisational incident data by organisation in 6-month period, **October 2016 – March 2017**

	Based on occurring dataset (Degree of Harm – All)		National			Our Trust	
			Degree of harm Severe or Death			Degree of harm Severe or Death	
Report period	Number of incidents occurring	Rate per 1000 Bed Days	Average %	Highest %	Lowest %	Number of incidents	%
Oct 16 – Mar 17	**3,087**	**29.80**	**0.15**	**0.53**	**0.01**	**5**	**0.05**
Apr 16 – Sep 16	**3,154**	**30.30**	**0.15**	**0.60**	**0.01**	**6**	**0.06**
Oct 15 – Mar 16	**2,916**	**26.50**	**0.16**	**0.97**	**0.00**	**3**	**0.10**
Apr 15 – Sep 15	3,117	32.30	0.43	2.92	0.07	7	0.22

Regional Benchmarking

	October 2016 – March 2017	
Trust	**Degree of Harm (All) – Rate per 1000 bed days**	**Degree of Harm (Severe or Death) Rate per 1000 bed days**
City Hospitals Sunderland NHS Foundation Trust	50.00	0.05
County Durham and Darlington NHS Foundation Trust	37.70	0.10
Gateshead Health NHS Foundation Trust	33.20	0.16
North Tees & Hartlepool NHS Foundation Trust	**29.80**	**0.05**
Northumbria Healthcare NHS Foundation Trust	36.00	0.03
South Tees Hospitals NHS Trust	26.30	0.07
South Tyneside NHS Foundation Trust	24.60	0.04
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	27.00	0.10

*Data for Oct 16 – Mar 17

The **North Tees and Hartlepool NHS Foundation Trust** considers that this data is as described for the following reasons. The Trust endeavours to foster and promote a positive culture of reporting across all teams and services. This is enhanced by encouraging timely reporting of incidents, regardless of level of harm, and reinforcing that the purpose of reporting is to learn from investigation of incidents and to promote a culture of openness and honesty across the organisation. The investigations undertaken support the development of systems and processes to prevent future patient harm. The quality of the incident reporting is checked at various stages of the reporting and investigation process.

The **North Tees and Hartlepool NHS Foundation Trust** has taken the following actions to improve the proportion of this rate and so the quality of its services.

It is acknowledged that a positive safety culture is associated with increased reporting and as such, the Trust continuously monitors the frequency of incident reporting and strives to increase reporting in all areas. The Trust is targeting the reporting of no and low harm incidents, which can provide valuable insights into preventing future incidents of patient harm. In relation to frequently occurring incidents such as falls and pressure damage; there are also additional processes in place for reviewing the root causes of incidents, developing improvements and to evaluate the impact of these.

All reported incidents are reviewed internally within the local departments for accuracy in regards the level of harm, and there are various processes in place in the organisation to provide assurance that the recorded level of harm reflects the nature of the incident.

The weekly multidisciplinary Safety Panel reviews all incidents of moderate harm or above, the panel agrees the level of investigation and reviews the application of Duty of Candour regulations by the clinical directorates. Where there is any discrepancy, the investigating team are asked to provide further details for review and discussion. In complex cases, where the identification of the required level of investigation is unclear, the incident, and all evidence collated through the investigation to date, is reviewed by the Medical Director and / or Director of Nursing for a decision. Incidents of significant harm are managed within the National Framework for Serious Incidents and the current requirements for both the national NHS contract and the local Clinical Commissioning Groups (CCGs).

On conclusion of a Serious Incident investigation, the weekly Safety Panel reviews and approves the Comprehensive Investigation report which is developed from the internal investigation, and reviews the actions that have been initiated to seek assurance that these will reduce the risk of future recurrence. Once agreed by the panel, the reports and action plans are forwarded to the CCG for external review and approval prior to closure. Information in relation to the root cause of an incident, the recommendations made following investigation and actions initiated are recorded on the national Strategic Executive Information System (STEIS).This allows NHS Improvement and the Care Quality Commission (CQC) to review overall learning and identify any trends that may require inclusion in national action.

The Trust works in close collaboration with the local CQC inspectors in relation to incident reporting and regularly communicates in relation to serious incident investigations and also overall trend in incident reporting.

Where an incident does not meet the criteria within the national framework for serious incidents, but the Trust identifies that lessons can be learnt locally within a team or wider across the organisation, an internal process of investigation is initiated which mirrors the national framework. This proactive approach to safety and quality allows the Trust to internally consider areas of service provision with recourse to escalate more serious concerns if they become apparent through the investigation.

The Trust reports all patient related reported incidents into the National Learning and Reporting System (NRLS), this allows a national view to be obtained in relation to all patient safety incidents reported, regardless of harm level. The national analysis of this information provides information for NHS Improvement to review and consider where actions need to be taken in relation to national trends in lower level incidents. This analysis can lead to a national safety alert being published; the Trust is fully compliant with all of the National Patient Safety Alerts that have been published in relation to this analysis. Processes are in place to ensure there is continual review of processes in order to provide on-going assurances.

Part 3a:
Additional Quality Performance measures during 2017-18

This section is an overview of the quality of care based on performance in 2017-18 against indicators. In addition to the three local priorities outlined in Section 2, the indicators below further demonstrate that the quality of the services provided by the Trust over 2017-18 has been positive overall.

The following data is a representation of the data presented to the Board of Directors on a monthly basis in consultation with relevant stakeholders for the year 2017-18. The indicators were selected because of the adverse implications for patient safety and quality of care should there be any reduction in compliance with the individual elements.

Patient Safety

Falls

Following consultation with key stakeholders it was evident that falls continue to be one of the Trusts key harm measures to monitor and improve upon.
Whenever a "fall" occurs this is recorded per the Datix System. A fall is defined as an unexpected event in which the participant comes to rest on the ground, floor or lower level.
A post falls checklist is completed and is used to help categorise the fall into one of the following:

- *Fracture*
- *Injury, no fracture*
- *No injury*

Falls with Fracture

During **2017-18** the Trust has experienced **25** falls resulting in fracture; this has *increased* from **20** in the 2016-17 reporting period.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-16	4	3	11	1	4	1	1	0	2	0	2	3	**32**
2016-17	3	1	1	1	3	1	0	0	3	1	3	3	**20**
2017-18	**1**	**2**	**5**	**5**	**2**	**2**	**3**	**0**	**0**	**2**	**1**	**2**	**25**

*Data obtained via the Trusts Incident Reporting database (Datix) and up to March 2018

The Trust has a robust system in place to understand the background to all falls that result in significant injury; these incidents are shared with staff for future learning.

Falls Injury, No Fracture

During **2017-18** the Trust has experienced **322** falls resulting in an injury and no fracture; this has *increased* from 252 in the 2016-17 reporting period.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-16	13	19	9	14	19	16	13	13	20	15	13	21	**185**
2016-17	15	17	19	24	26	24	23	10	26	26	22	20	**252**
2017-18	**18**	**27**	**20**	**36**	**23**	**31**	**28**	**32**	**24**	**32**	**27**	**24**	**322**

*Data obtained via the Trusts Incident Reporting database (Datix) and up to February 2018

Falls with No Injury

During **2017-18** the Trust has experienced **1,103** falls resulting in no injury; this has *increased* from 1,016 in the 2016-17 reporting period.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-16	65	69	91	56	93	72	76	95	71	88	85	86	**947**
2016-17	73	88	95	76	72	102	89	82	92	79	76	92	**1,016**
2017-18	**99**	**74**	**75**	**88**	**85**	**95**	**79**	**99**	**106**	**90**	**107**	**106**	**1,103**

*Data obtained via the Trusts Incident Reporting database (Datix)

Reporting to date for 2017-18 would indicate that a similar numbers of falls will be reported for this financial year as the previous financial year. The proportion of falls with no harm, low harm and moderate harm remains similar, with incidents of moderate harm accounting for just 2% of all patient falls. The number of patients sustaining a fractured neck of femur remains similar to last year, however, the Trust was proud to achieve 140 days without an inpatient fractured neck of femur during Q3.

The post falls checklist has been introduced and embedded this year, the checklist prompts staff to immediately document relevant factors about the circumstances of the fall which allows the investigator to complete a review within 24 hours and ensure relevant improvements are taken to reduce further falls. The form is now completed electronically via Datix which will allow audit of the results and trend analysis.

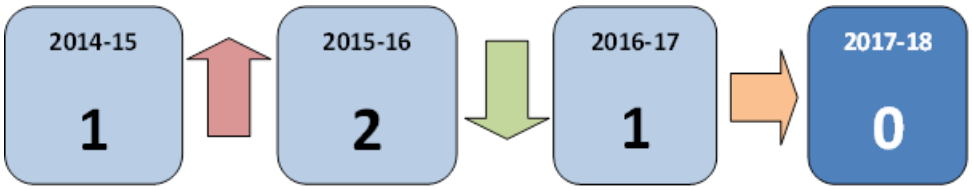
Further work is planned for 2018-19 which includes a review of the falls policy, a Grand Round event, and a review of currently available technology to assist in the prevention and management of falls.

Never Events

The Trust continues to work hard to improve patient safety therefore stakeholders and the Board wanted to reflect the low numbers of Never Events in the organisation.

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

Since 2014 the Trust has had **4** Never Events and they are broken down as follows:



The NHS England report can be accessed via:
https://improvement.nhs.uk/resources/never-events-data/

There has been **no** Never Events reported in the period of 2017-18;

During 2017-18 there was one never event reported, relating to retained foreign bodies, the investigation has been completed and feedback has been given in relation to the findings. As a result of this incident the Trust has made some recommendations to the relevant manufacturers, reviewed procurement processes and also shared learning with NHS England Patient Safety team for National Learning in order to reduce the risk of any further never events occurring to a minimum. The incident has been reported to NHS England and the Trusts Commissioners on the Strategic Executive Information System (STEIS), the CQC and NHS Improvement as required.

Update: Following a collaborative investigation and review of the never event between the Trust, NHS England and Commissioners, this has now been withdrawn as a never event.

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

Staff, Patient Experience and Quality Standards (SPEQS)

Staff and patient experience is what drives the Trust in ensuring that the standard of care being provided is of a high standard. The following data for Staff, Patient Experience and Quality Standards (SPEQS) is an internal reporting tool used when visits have taken place.

The SPEQS led by the *Director of Nursing, Patient Safety and Quality* and is undertaken by Senior Clinical Matrons, members of the Board, Assistant Directors and Governors.

SPEQS is an additional avenue to provide valuable feedback on patients' standard of care. Each visit of the ward/area is documented on a standard SPEQS template and is input into the SPEQS database when reporting back the results.

Reports from the SPEQS reviews are provided to the Board of Directors and to the Council of Governors periodically.

To note: Changes to the SPEQs process for 2018-19 are being developed to make use of existing audits to avoid duplication and to provide a robust review.

The following table provides data relating to the **144** visits undertaken during the 2017-18 visits:

	2017-18
Safe	93.96%
Effective	89.63%
Caring	96.72%
Responsive	90.67%
Well-Led	89.70%
	92.23%

Toilets Clean
97.21%

Commodes clean
92.28%

*Data obtained from the Trusts internal SPEQS visits database

Comparison to 2016-17 data:

	2016-17	2017-18	Difference
Safe	89.53%	93.96%	4.43%
Effective	88.12%	89.63%	1.51%
Caring	91.92%	96.72%	4.80%
Responsive	84.86%	90.67%	5.81%
Well-Led	81.78%	89.70%	7.92%
Average	88.43%	92.23%	3.80%
Toilets Clean	97.39%	97.21%	-0.18%
Commodes Clean	86.24%	92.28%	6.04%
Number of visits	91	144	53

*Data obtained from the Trusts internal SPEQS visits database

As the above table demonstrates, the Trust has seen an improvement in all areas within the SPEQS process apart from a small decline in the number of toilets clean. The number of areas visited has increased to 144 from 91 in 2016-17.

Medication Errors

Work is on-going to increase awareness around medicines incident reporting and improve the way we manage the investigation process. The aim of this work is to ensure we learn from medicines incidents; share good practice and ultimately improve our processes and patient safety.

> "Not satisfied with discharge medication supplied as not suitable for my grandson to take as he is unable to swallow. He has issues at night time ie sickness." [sic]

In **2016-17** there were 685 medicines incident reports via Datix. In **2017-18** there has been **670** incident reports. A small number of these incidents originate from external organisations such as GPs and care homes.

Type of incidents	2013-14	2014-15	2015-16	2016-17	2017-18
Prescribing	124	147	224	138	**141**
Administration	256	314	321	413	**386**
Dispensing	41	43	48	72	**78**
Other	56	50	16	62	**65**
Total	**477**	**554**	**609**	**685**	**670**

* Data from the Trusts Datix system

2017-18 Trust Medication Error Categories

Trust Medication Error Category	Q1	Q2	Q3	Q4	Total
Administration or supply of a medicine from a clinical area	85	113	107	90	**395**
Medication error during the prescription process	37	35	39	35	**146**
Preparation of medicines / dispensing in pharmacy	26	14	21	12	**73**
Monitoring or follow up of medicine use	9	12	16	8	**45**
Patient's reaction to Medication	1	2	1	0	**4**
Advice	0	1	1	2	**4**
Supply or use of Over the Counter medicines	1	0	1	1	**3**
Total	**159**	**177**	**186**	**148**	**670**

* Data from the Trusts Datix system

Safe Medication Practices Group (SMPG)

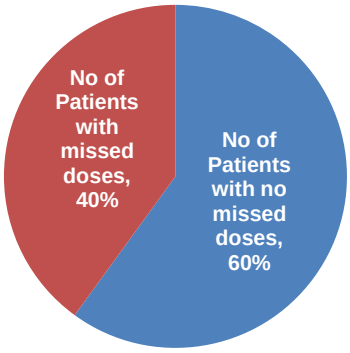
Medicines incident data is reviewed bi-monthly by the Safe Medication Practices Group (SMPG). The aim is to:

- Analyse and theme incidents;
- Introduce system changes to reduce errors; and
- Engage with users.

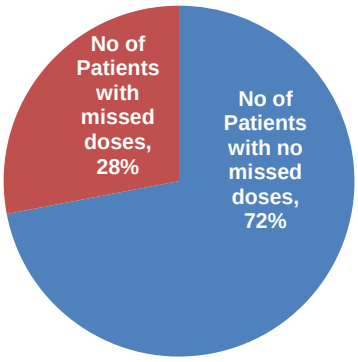
Missed dose incidents were recognised by the SMPG as being of significant issue. To raise awareness of the issues and provide information to help staff avoid missed doses, the Trust carried out a roadshow on both hospital sites, visiting all in-patient areas and providing information stands in the concourse.

This was followed up 6 months later with an audit to identify if improvements had been made.

Missed Doses Audit 2015



Missed Doses Audit 2017



* Data from the Trusts Pharmacy department

The graphs above show the number of patients for whom the administration of medication was delayed or omitted has reduced by 30% since the previous audit in 2015. The audit also showed in the graph above that the number of doses omitted or delayed due to unavailability of medicines has almost halved.

Much of this improvement can be attributed to an increase in pharmacy support services. We are also using more technology to inform staff of availability and to make location of medicines easier such as electronic medicine storage (Omnicell) and search tools on pharmacy intranet site ('who stocks what' & Omniview).

The imminent role out of electronic prescribing and administration (EPMA) should also further reduce the risk of missed doses as any delayed medication is automatically highlighted prompting action to be taken.

Another well documented benefit of EPMA is a significant reduction of other medication related incidents. Some of the reasons for this expected reduction include:

- Clear and unambiguous prescribing;
- Prescribing support;
- Reduction in transcribing errors;

- Ready access to all prescriptions by pharmacy to enable more clinical pharmacy checks to be carried out;
- No more missing medicines administration charts; and
- Clear documentation of each administration episode.

Clinical Effectiveness Indicators

These indicators for Clinical Effectiveness are covered under the section of Effectiveness of Care. The Trust has decided to include more detail around some of the Clinical Effectiveness indicators; this will be built on year on year, including more detailed data around the Monitor Compliance Framework.

For this report the Trust has chosen high risk Transient Ischemic Attack (TIA) and Stroke indicators.

The following table demonstrates the quarter on quarter performance with a benchmark position against 2016-17 data and against the 2017-18 performance target.

	2016-17 Performance	2017-18 Target	Q1	Q2	Q3	*Q4	2017-18 Performance
Stroke – 80% of people with stroke to spend at least 90% of their time on a stroke unit	91.80%	**80%**	96.70%	94.70%	90.70%	93.50%	**93.90%**
Percentage high risk TIA cases treated within 24 hours	90.49%	**75%**	95.50%	100%	96.40%	96.00%	**96.98%**

*Data from Trust Clinical Effectiveness Team

Patient Experience

Complaints

The Trust continues to work hard to improve customer satisfaction through patient experience.
We do recognise that we don't always get things right and this is why we have a dedicated **patient experience team** to listen to and investigate any concerns or complaints.

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

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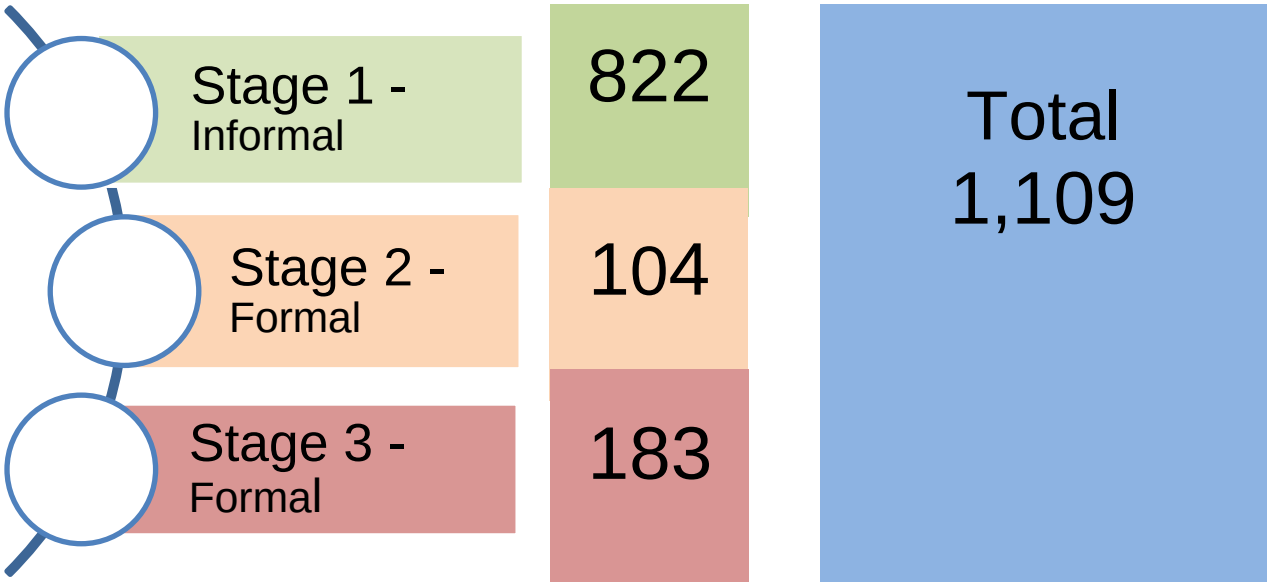
Number of Complaints – 2017-18

The Trust received **1,109** complaints in 2017-18; the following demonstrates how many were concluded during stage 1, stage 2 and stage 3.



*Data for 2017-18 obtained from Datix

2017-18 Complaints by complaint type:

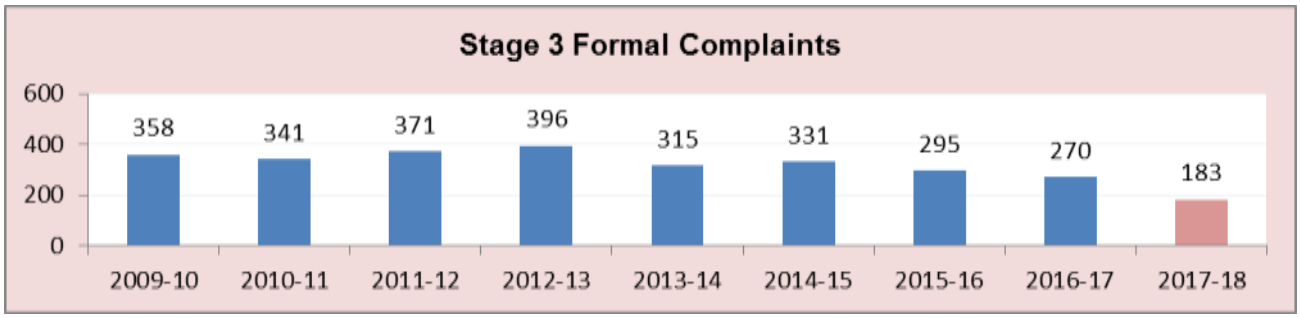
From the **1,109** complaints received in 2017-18 there are **963** with a sub-subject description. Please see the following breakdown of the ***top 10 complaint types***.

1.	Communication – Insufficient	330
2.	Attitude – unprofessional	89
3.	Treatment and procedure delays	86
4.	Outpatient delay	82
5.	Delay to diagnosis	56
6.	Competence of staff member	46
7.	Outpatient cancellation	39
8.	Discharge arrangements	39
9.	Receptionist/administration staff incl attitude	20
10.	Prescription issues, incl delays / unavailable	16

*Data for 2017-18 obtained from Datix

Since the 1 April 2017, the Trust has received 1,109 complaints of which 183 have gone onto the formal complaint process, this only equates to 16.07% of the complaints.

The number of formal complaints received over the last 7-years is shown in the following table:



*Data for 2017-18 obtained from Datix

All lessons learned from complaints are taken back into the clinical teams and managed proactively.

The themes are collated and aggregated analysis is considered in the Trust's quarterly Complaints, Litigation, Incidents and Performance (CLIP) report. The Directorates identify the top themes within their area and provide actions for improvement which is then followed up in the subsequent quarterly CLIP report.

The Trust continually monitors the percentage of formal complaints that the Trust responds to in the required 25 day turn-around period.

Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Compliance Rate	100%	100%	100%	86%	100%	93%	100%	95%	100%	82%	100%	100%

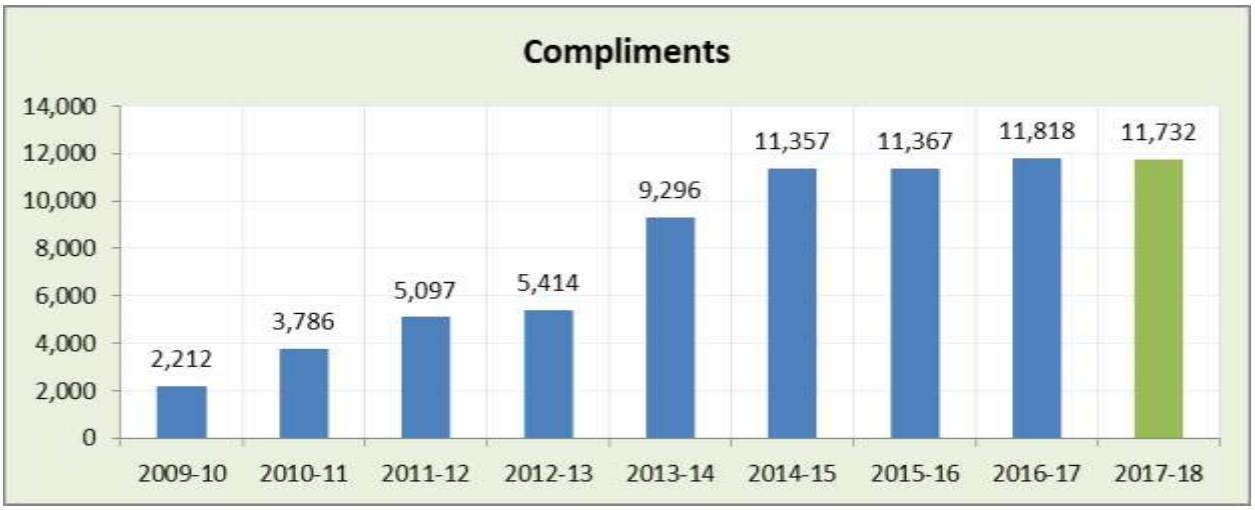
*Data obtained from Trust complaints dept.

Patient Experience Team Manager Jen Olver (left) talking to a Healthcare User Group member and Trust Survey Lead Charlotte Pett

Compliments

In 2009-10 we started to record the number of **compliments** received. The trends in compliments can be seen in the following table and chart.

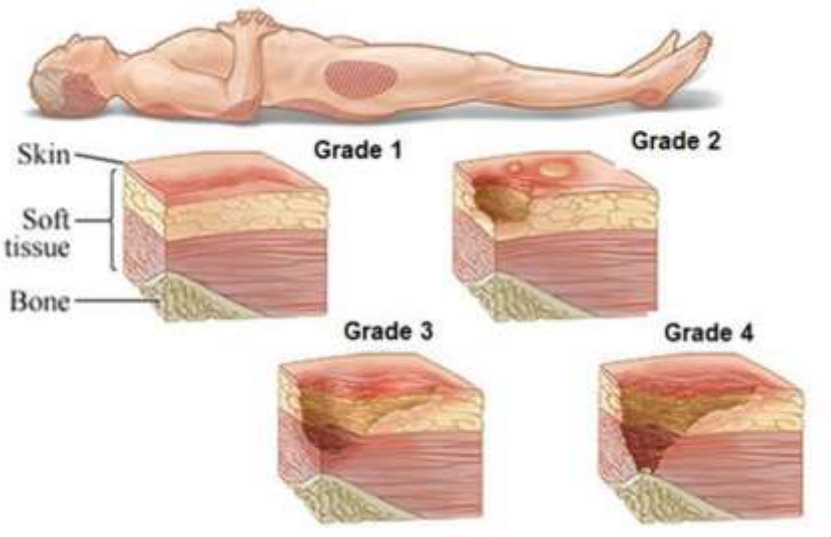
2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
2,212	3,786	5,097	5,414	9,296	11,357	11,367	11,818	**11,732**



*Data obtained from Trust dashboard database

Pressure Ulcers

Pressure ulcers, also known as **pressure sores**, **bedsores** and **decubitus ulcers**, are localized damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of **pressure**, or **pressure** in combination with shear and/or friction.



Year on Year Comparison – In-*Hospital Acquired*

Reporting Period	2014-15	2015-16	2016-17	2017-18
Grade 1	114	78	39	38
Grade 2	326	258	128	189
Grade 3	18	12	9	20
Grade 4	2	1	1	2
Total	**460**	**349**	**193**	**249**

*Data obtained via the Trusts Incident Reporting database (Datix) data as of end of March 2018

Year on Year Comparison – Out of Hospital *Acquired*

Reporting Period	2014-15	2015-16	2016-17	2017-18
Grade 1	118	83	68	159
Grade 2	667	337	253	359
Grade 3	74	21	36	85
Grade 4	25	8	5	21
Total	**884**	**449**	**362**	**624**

*Data obtained via the Trusts Incident Reporting database (Datix) data as of end of February 2018

Actions taken by the Trust:

In 2017 the Trust participated in the second year of a regional collaborative pressure ulcer improvement project which was focused on coaching skills to allow improvements made in the first year of the project to be rolled out effectively to other areas. The project was led by the Academic Health Sciences Network. The overall aim of the project is to reduce avoidable pressure ulcers to zero.

The Trust also participated in a number of national workstreams around excellence in wound care and this has resulted in an improved wound assessment tool being developed for wounds which have not healed after four weeks. Following introduction of the tool the compliance with completion of a full assessment has improved significantly and further education and audit is planned.

Communication between services continues to be promoted in order that seamless holistic care can be achieved when patients move between hospital and community. A key element of this is ensuring wound care information is passed onto the next care provider.

A weekly review panel discusses all incidents of skin damage and agrees which of them require reporting through the Serious Incident Framework. Reports on these cases are presented to the Safety panel prior to submission to commissioners. Learning from incidents is shared via directorate meetings and newsletters.

The Integrated Professional Board continues to oversee the Tissue Viability Operational Group which has the remit of reviewing the Trust tissue viability improvement plan and Trust policies and guidelines to pursue continuous improvement in performance. Following review of the skin care bundle the bimonthly audits of pressure ulcer related documentation carried out by members of the Tissue Viability Operational Group have seen improvements in this area although there are further improvements to be achieved. These audits will continue to be part of the assurance process in 2018-19.

The Tissue Viability team has continued to deliver the Trust's "Shining the light on skin integrity" training. This is an intensive training afternoon presented by internal and external speakers. The training is very clinically focused and the feedback from the attendees is always positive. The Trust continue to offer this training to local care and nursing home staff to help prevent pressure ulcers in the wider health community. Training on prevention and management of pressure ulcers is also offered to care home staff as part of a wider education project being delivered by a team of educators within the North Tees and Hartlepool Education Alliance.

The Tissue Viability team, with the help of departmental staff and managers, maintain a network Tissue Viability Champions who meet bi-monthly for updates on wound care and all matters related to tissue viability. This meeting is well attended and the training topics at the meetings are chosen by the Champions themselves and delivered by either the Tissue Viability team or colleagues from the wound care industry.

Information and resources for staff are now available on a Trust intranet site which provides sources of advice to staff when a tissue viability nurse is not available. Documents such as the referral criteria for the tissue viability service have been reviewed and updated and are available on the site.

The annual 'Stop the Pressure' event went ahead in November 2017 with posters, competitions and information for staff and planning is already underway for the 2018 event.

Section 3b:
Performance from key national priorities from the Department of Health Operating Framework, Appendix B of the Compliance Framework

The Trust continued to deliver on key cancer standards throughout the year; two week outpatient appointments, 31 days diagnosis to treatment and 62 day urgent referral to treatment access targets. The Trust demonstrated a positive position with evidence of continuous improvement against the cancer standards introduced in the Going Further with Cancer Waits guidance (2008).

www.connectingforhealth.nhs.uk/nhais/cancerwaiting/cwtguide7.pdf

The compliance framework forms the basis on which the Trusts' Annual Plan and in year reports are presented. Regulation and proportionate management remain paramount in the Trust to ensure patient safety is considered in all aspects of operational performance and efficiency delivery. The current performance against national priority, existing targets and cancer standards are demonstrated in the table with comparisons to the previous year.

Single Oversight Framework Indicators	Standard/ Trajectory	2017-18	2016-17	Achieved (cumulative)
		Performance	Performance	
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge (Apr 17 – Mar 18)	95%	97.24%	94.23%	✔
Cancer 31 day wait for second or subsequent treatment – surgery (Apr 17 – Mar 18)	94%	98.29%	97.90%	✔
Cancer 31 day wait for second or subsequent treatment – anti cancer drug treatments (Apr 17 – Mar 18)	98%	99.87%	99.90%	✔
Cancer 31 day wait for second or subsequent treatment – radiotherapy	94%	N/A	N/A	**N/A**
Cancer 62 Day Waits for first treatment (urgent GP referral for suspected cancer) (Apr 17 – Mar 18)	85%	85.83%	86.40%	✔
Cancer 62 Day Waits for first treatment (from NHS cancer screening service referral) (Apr 17 – Mar 18)	90%	97.02%	96.90%	✔
Cancer 31 day wait from diagnosis to first treatment (Apr 17 – Mar 18)	96%	98.55%	99.70%	✔
Cancer 2 week wait from referral to date first seen, all urgent referrals (cancer suspected) (Apr 17 – Mar 18)	93%	93.82%	94.30%	✔
Cancer 2 week wait from referral to date first seen, symptomatic breast patients (cancer not initially suspected) (Apr 17 – Mar 18)	93%	96.64%	96.90%	✔
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways (Apr 17 – Mar 18)	92%	93.63%	**92.91%	✔
Referral to Treatment 52 Week Waits (Apr 17 – Jan 18)	0	0	0	✔
Maximum 6-week wait for diagnostic procedures (Apr 17 – Mar 18)	99%	99.56%	99.41%	✔

Community care data completeness – referral to treatment information completeness (Apr 17 – Mar 18)	50%	96.81%	97.45%	✔
Community care data completeness – referral information completeness (Apr 17 – Mar 18)	50%	96.47%	95.88%	✔
Community care data completeness – activity information completeness (Apr 17 – Mar 18)	50%	95.70%	95.95%	✔
Community care data completeness – patient identifier information completeness (Shadow Monitoring) (Apr 17 – Mar 18)	50%	95.70%	95.95%	✔
Community care data completeness – End of life patients deaths at home information completeness (Shadow Monitoring) (Apr 17 – Mar 18)	50%	85.70%	86.62%	✔
Compliance with access to healthcare for patients with learning disabilities	100%	Full compliance	Full compliance	✔
Other National and Contract Indicators	**2017-18 Target**	**2017-18 Performance**	**2016-17 Performance**	**Achieved**
Cancelled Procedures for non-medical reasons on the day of op (Apr 17 – Mar 18)	0.80%	0.72%	0.54%	✔
Cancelled Procedures reappointed within 28 days (Apr 17 to Mar 18)	100%	94.84%	99.08%	x
Eliminating Mixed Sex Accommodation (Apr 16 to Mar 17)	Zero cases	0	0	✔
A&E Trolley waits > 12 hours (Apr 16 to Mar 17)	Zero cases	1	0	x
Choose and Book slot issues (Mar 18)	<4%	3.40%	1.60%	✔
Stroke – 90% of time on dedicated Stroke unit (Apr 17 – Mar 18)	80%	93.49%	91.69%	✔
Stroke – TIA assessment within 24 hours (Apr 17 – Mar 18)	75%	96.59%	90.20%	✔
Delayed transfers of care (Apr 17 – Mar 18)	<3.5%	3.42%	4.11%	✔
Venous thromboembolism (VTE) Risk Assessment (Apr 17 – Mar 18)	95%	97.89%	97.09%	✔
Operational Efficiency Indicators	**2017-18 Target**	**2017-18 Performance**	**2016-17 Performance**	**Achieved**
New to Review Ratio (Apr 17 – Mar 18)	1.45	1.18	1.19	✔
Outpatient DNA (new)	5.40%	8.67%	8.50%	X
Outpatient DNA (review)	9.00%	10.61%	10.66%	X
Length of Stay Elective (Mar 17 to Feb 18)	3.25	1.86	1.89	✔
Length of Stay Emergency (Mar 17 to Feb 18)	4.30	3.76	3.96	✔
Readmission Elective (Apr 17 to Mar 18)	0.00%	4.17%	3.82%	X
Readmission Emergency (Apr 17 to Mar 18)	9.37%	14.60%	11.67%	X
Occupancy (Trust)	85%	90.97%	93.22%	X

Quality Indicators	Standard/ Trajectory	2017-18 Performance	2016-17 Performance	Achieved
Clostridium Difficile – variance from plan (objective) (Apr 17 – Mar 18)	13	35	39	X
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia (Apr 17 – Mar 18)	0	4	1	X
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia (Apr 17 – Mar 18)	21	25	21	X
Escherichia coli (E.coli) (Apr 17 – Mar 18)	50	43	50	✔
Klebsiella species (Kleb sp) bacteraemia (Apr 17 – Mar 18)	N/A	29	N/A	N/A
Pseudomonas aeruginosa (Ps a) bacteraemia (Apr 17 – Mar 18)	N/A	5	N/A	N/A
Trust Complaints - Formal CE Letter (Stage 3) (Apr 17 – Mar 18)	<270	183	270	✔
Trust Complaints Compliance within 25days (Apr 17 to Feb 18)	95%	96.00%	92.75%	✔
Trust Falls with Fracture (Apr 17 – Mar 18)	<20	26	20	x
In Hospital Pressure Ulcers Grade 4 (Apr 17 – Feb 18)	1	2	1	x
Medication Error (Apr 17 – Mar 18)	<685	670	685	✔
Friends and Family Test - Would Recommend (Apr 17 – Mar 18)	95%	95.10%	94.07%	✔
Never Events (Apr 17 – Mar 18)	0	0	1	✔
Hand Hygiene (Apr 17 – Mar 18)	95%	97.00%	96.00%	✔
HSMR (Feb17 – Jan 18)	100 - 102	103.12	106.30	✔
SHMI (Oct 16 – Sep 17)	100 - 106	105.91	111.64	✔
SPEQS (Apr 17 – Mar 18)	90%	92.23%	88.43%	✔

Additional Assurance:

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

Further assurance indicators	Definition
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.	We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report: • The indicator is defined within the technical definitions that accompany Everyone counts: planning for patients 2014/15 - 2018/19 and can be found at: www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf • Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at: https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.	We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report: • The indicator is expressed as a percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period; • The indicator is calculated as the arithmetic average for the monthly reported performance indicators for April 2017 to March 2018; • The clock start date is defined as the date that the referral is received by the Foundation Trust, meeting the criteria set out by the NHSI guidance; and • The indicator includes only referrals for consultant-led service, and meeting the definition of the service whereby a consultant retains overall clinical responsibility for the service, team or treatment.

Annex A: Third party declarations

We have invited comments from our key stakeholders. Third party declarations from key groups are outlined below:

Collaborative statement from NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group (HAST) and Durham, Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group, for NHS North Tees and Hartlepool Hospital Foundation Trust (NTHFT) Quality Account 2017-18 4 May 2018

Collaborative statement from NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group (HAST) and Durham, Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group, for NHS North Tees and Hartlepool Hospital Foundation Trust (NTHFT) Quality Account 2017/18.

NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group (HAST CCG) commission healthcare services for the population of Hartlepool and Stockton-On-Tees. NHS Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) commission services for its respective populations. Both CCGs welcome the opportunity to submit a statement on the Annual Quality Account for North Tees and Hartlepool NHS Foundation Trust (NTHFT).

HAST and DDES CCGs can confirm that to the best of their ability, the information provided within the Annual Quality Account is an accurate and fair reflection of the Trust's performance for 2017-18. The CCGs would like to provide the following statement.

The quality of services delivered and associated performance measures are the subject of discussion and challenge at the Clinical Quality Review Group (CQRG) meetings. These provide an opportunity for CCGs and Trust to gain assurance that the systems and processes in place to promote the delivery of safe, effective and high quality care are effective. We are happy to see that Quality remains the Trust's number one priority for 2018/19 and it is reassuring to see that the priorities identified for 2018/19 are also reflective of the CCG's and national priorities.

We are pleased that the Chief Executive's overview to the Quality Account confirms the maintained level of good performance throughout the year, and recognises the importance

of the dedicated and hardworking staff that made this achievement possible. Also it is encouraging to see how valued volunteers, governors, members and other partners are in providing support to the excellent work undertaken by the Trust.

The CCGs would like to congratulate the Trust on the excellent Well-Led CQC inspection result in December 2017, the significant improvement in rating shows the enormous amount of hard work and dedication shown by staff and the leadership within the Trust. The CCG's will continue to support and collaborate with the Trust to ensure on-going changes and development of services continues to achieve delivery of the overall improvement plan.

The CCGs acknowledge that mortality performance is demonstrating signs of improvement and the achievement made in 2017/18 reducing both metrics to 'as expected' range. We acknowledge the commitment shown by the Trust to improve the frequency of mortality reviews and the regular workshops to share learning and play a key part in future improvements. The CCGs will continue to provide robust scrutiny and challenge in relation to this during 2018-19 and will continue working with the Trust to identify opportunities for shared learning across the health economy.

The CCGs continue to support the dementia agenda and are very pleased to see the hard work is continuing by the Trust to improve the care for people with dementia. The carer's support collaborative working with the Local Authorities is very positive and the CCG's are very supportive of the focus on trying to reduce the risk of carer breakdown. Also the CCG's are delighted to see the focus on improving dementia training levels and the implementation of the Trust Dementia Champion programme.

The CCGs welcome the co-ordinated approach to safeguarding adults with the Tees wide Adults Safeguarding Board which has helped to update procedures through a coordinated approach. The Trust have made a positive step to change the target audience for level 1 and 2 training from once only to 3 yearly. The CCG's acknowledge the overall training compliance has reduced as a consequence of this change but are supportive in the approach the Trust is taking to increase the frequency of staff training and look forward to increasing compliance levels. The CCGs would also like to acknowledge the hard work shown by the Trust to train staff in PREVENT.

The CCGs would like to thank the Trust for their involvement in the safeguarding children joint targeted area inspection of the multi-agency response to abuse and neglect in Stockton on Tees. There have been positive outcomes from this work including a joint action plan with social care. The CCG's acknowledge the non-compliance in review health assessments for Looked After Children, and will continue to support the Trust to improve health assessment capacity and movement of placement without notification.

The CCGs are pleased to see the focus on Health Care Associated Infection (HCAI) in the report and the continuation of HCAI as a priority patient safety focus is welcomed. We acknowledge the challenging target for Clostridium Difficile infection, and are pleased to see in 2017/18 the number of infections has reduced when compared to 2015/16 and 2016/17.The CCGs support this priority and will continue to work collaboratively with the Trust in order to manage the number of infections. The CCGs are disappointed with the

increased number of Methicillin-Resistant Staphylococcus Aureus infections in 2017/18; collaborative work will continue to aim to reduce the number of infections in 2018/19.

The CCGs acknowledge the hard work and continued focus on discharge, achieving a significant decrease in the number of delayed discharges. The integrated approach to discharge is having a positive impact on patient care, and the CCGs are happy to see staff have the authority to challenge boundaries, make changes and test new ways of working. Very positive to see the front of House Frailty Service has mobilised in January 2018, the CCGs will be keen to see the positive outcomes this will have on the delivery of patient care.

In 2017/18 it is encouraging to see the Trust has engaged in learning from deaths, identifying areas of practice that require improvement and implementation of the new clinical handover policy. The CCGs will continue to support the Trust with this agenda through the Clinical Quality Review programme of work.

It is encouraging to see the commitment and dedication shown by the Trust throughout 2017/18 to improving Speciality Palliative Care. The CCGs show their support for all the initiatives the Trust are implementing, in particular the AMBER care bundle and innovative approach to developing a specialist nursing bank with NHS Professionals.

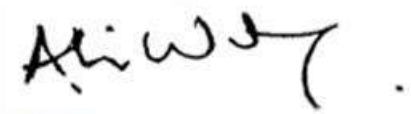
We also note the Trust's involvement in national surveys and local clinical audits and the continued focus on Patient Surveys and Friends and Family recommendations. The CCGs would have liked to have seen some specific actions identified to improve the Friends and Family response rates which have remained below the England average across 2016/17 and 2017/18.

The CCGs are disappointed to see the number of falls with injury and the number of falls resulting in fracture has increased compared to 2016/17. The CCGs will continue to provide robust scrutiny and challenge in relation to this during 2018-19 and will work with the Trust to support improvement.

The CCGs would like to congratulate the Trust on the hard work shown throughout 2017/18 achieving a 'Good' rating for the Well-led element of the CQC inspection, and the hard work evidenced throughout the annual quality account.

We look forward to continuing to work in partnership with the Trust in delivering high quality effective care for patients.

Yours sincerely



Ali Wilson
Chief Officer
NHS Hartlepool and Stockton-on-Tees CCG

Stockton Healthwatch – 3 May 2018

Healthwatch Stockton-on-Tees 3rd Party Declaration 2017-18

'Healthwatch Stockton-on-Tees acknowledges the progress made by the Trust across a wide area of Quality Improvement Priorities, and the positive outcome of the latest CQC inspection, rating the hospital and its services as 'Good'. Healthwatch Stockton-on-Tees are pleased to note that the Trust is supporting patients living with dementia and their carers as a key priority. The Trust are promoting the pilot of John's campaign, supported by a report Healthwatch Stockton-on-Tees submitted to the Trust with recommendations for improvement in this area.

Some of the areas identified for further improvement reflect similar results found by Healthwatch Stockton-on-Tees in its own investigations. For example, the Quality Accounts and reports from Healthwatch Stockton-on-Tees highlight the need for communication to improve, with this being one of the top ten complaints the Trust received over the past year.

During 2017, Healthwatch has evidenced improvements made to Outpatients services which was one of the areas the Trust had identified as requiring improvement. Healthwatch continue to work with the Trust to highlight and provide recommendations for improvement.

Kind regards

Jane Hore
Project Co-ordinator

Hartlepool Healthwatch – 9 May 2018

HealthWatch Hartlepool third party narrative - Annual Quality Account of North Tees and Hartlepool NHS Foundation Trust

Following receipt of the draft quality account, HealthWatch Hartlepool wish to make a formal response to the approach taken by the Trust with regards to quality. This response encompasses the views of HealthWatch members. Please note this opinion is based on draft account provided to Healthwatch Hartlepool, referrals received into Healthwatch Hartlepool as part of our Enter & View activity and actual patient experience of Healthwatch Hartlepool members.

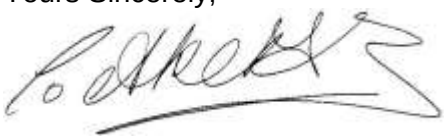
Our view of future priorities would be the addressing of concerns raised in our previous statements in relation to Hospital transport and adherence to the key principles within the Equality Act 2010 as many patients are still excluded from access to services due to no transport being available or transport that is not compliant with the Act. Furthermore, assurances were previously given that ALL patients would be made aware of the Healthcare Travel Costs Scheme (HTCS) at the time of notification of appointments, which for an additional year has not happened.

We would still welcome a greater focus on reducing mortality rates as this has been of great concern to Healthwatch Hartlepool over recent years and yet, whilst there has been some improvement, the figures remain above the national average.

One area Healthwatch Hartlepool is very keen for the Trust to undertake is ensuring consultation on any future service changes is both meaningful and timely. The recent changes in the Assisted Reproduction Unit cannot be cost effective if the Trust is still required to employ an embryologist for Hartlepool when no treatment is being undertaken. We would request, as a statutory consultee, if this decision can be reviewed.

Overall, HealthWatch Hartlepool welcomes the opportunity to respond to the Draft Quality Account and we must praise the Trust on the work they have undertaken in enacting the recommendations of our report in respect of the Deaf Patient Experience.

Yours Sincerely,



Christopher Akers-Belcher – Healthwatch Manager

Statement from Adult Services and Health Select Committee, Stockton-on-Tees Borough Council – 4 May 2018

Statement from Adult Social Care and Health Select Committee, Stockton-on-Tees BC 2017-18 NTH FT Quality Report

The Committee welcomes the opportunity to again consider and comment on the quality of services at the Trust.

Members have once again engaged with the Trust in a positive manner during 2017-18. The Committee has met once with Trust representatives to consider the quality priorities and overall performance. A further session is to be organised in order to enable a more detailed discussion around mortality case reviews, and the operation of the Safety Quality and Infections Dashboard.

During 2017-18 the Trust was a partner in the development of the new Integrated Urgent Care Service. The Committee has taken a close interest in the development service, and was pleased to be able to visit the unit at North Tees and gather positive feedback.

Representatives of the Trust also attended a meeting to discuss the future of Neonatal Intensive Care Services in the Tees area.

The Committee was pleased to see the actions for each of the 2017-18 priorities have been achieved, and supports the rollover of the priorities into the next year.

As mental health and wellbeing is a high priority for the Council, the Committee is therefore pleased to note the addition of Mental Health to the priorities for 2018-19. We welcome this approach to treat patients with both physical and mental health needs in an increasingly holistic manner.

Members have been pleased to observe the continuing improvements to mortality data. The Committee is pleased to receive assurances that the HSMR and SHMI indicators continue to show that the Trust remains within the 'as expected' range, and that the data continues to show a downward trajectory. The Committee recognises the significant clinically–led work that has gone into achieving this much improved position, and the on-going work with medical staff to ensure the correct coding is used when recording patient conditions.

Following discussion last year, the Committee was interested to understand the processes around understanding the individual causes of death. This work will be looked at in more detail in the coming months. Assurance was given to the Committee that the Trust was made aware of any specific causes of death that the Trust appeared to be an outlier for, in order to take action.

The Committee supports the continued focus on infection control. Members note that the targets for infections remain challenging but the issue of reducing the impact of hospital-acquired infections remains of close interest to the Committee.

The Trust has introduced the Safety, Quality and Infections Dashboard. The Committee welcomes the offer to discuss this in more detail and looks forward to understanding how this brings a greater focus on performance across the Trust.

The Committee recognises that Deprivation of Liberty Safeguards activity continues to increase. Members noted that staff training was reported as having a beneficial effect, and pleased to see that discussions with families were being documented as this is a particularly sensitive area. The Committee was particularly pleased to see the improvement in the Trust's Care Quality Commission rating following the most recent inspection. The Trust overall is now rated as 'Good' across all five of the domains, and the Committee looks forward to discussing the latest inspection results at a future meeting.

It is widely recognised that the last 12 months has been extremely challenging for the health and care sector. Within this context, the continued good performance of the Trust in meeting A and E waiting times is to be warmly welcomed.

The Committee noted the contribution made through the new Urgent Care Service and was pleased to see the positive feedback from members of the public. The development of the service addresses a number of previous concerns from the Committee in relation to the confusing nature of the urgent care system.

The Committee would welcome further information during 2018-19 on how the winter period affected the Trust in terms of operational delivery and in response to national directives around elective care.
The Trust's results from the national NHS staff survey showed an improvement in the number of staff reporting they would be happy with the standard of care provided by the Trust if a friend or relative needed treatment. The Trust's score was the highest in seven years but remained some way behind the highest scores in the region.

Although the majority have caused no harm, it is noted that the total number of falls (harm and no harm) has increased from 2017-18. There also remains a trend in increasing medication errors. This may reflect increased reporting, however it is reflective of Committee concerns in relation to medication administration in local care homes which is frequently raised in CQC reports, and so a continued focus on improving this area would receive our support.

In relation to recruitment and retention of staff, the Committee was pleased to see the Trust was nationally recognised for its work to reduce reliance on agency staff. A partnership has also been entered with Sunderland University to attract and retain student nurses.

Members would welcome any future update on the impact of changes to the region's medical schools on the ability of the Tees area to attract doctors.

In relation to Looked After Children Initial Health Assessments, the draft Account notes that compliance was not maintained across the year and so the described work to improve this is supported.

The health and local authority services in Stockton-on-Tees will be subject to a joint inspection by CQC and Ofsted in relation to the effectiveness of services for children and young people with Special Education Needs and Disabilities. Preparation for this has been reviewed by the Council's Children and Young People Select Committee (focussing on preparation for adulthood), and an update on work within health services will be considered during 2018-19.

Not all of the Core Set of Quality Indicators were available to review at the time of the Committee's consideration of the draft Account.

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The Trusts Council of Governors – 3 May 2018

Council of Governors (Third party declaration)

On behalf of the Council of Governors, members of the Quality Account Working Group confirm that Governors have been involved in the preparation of the Trust's Annual Quality Account and have been briefed throughout 2017-18 in respect of specific aspects of its content regarding performance.

In order to showcase the achievements from the current year and to help define the key priority areas to be included in the forthcoming year a market place event was held on 26 February 2018 involving Governors and key stakeholders.

The Governor Quality Accounts Working Group met on 16 April 2018 to review the Quality Report, providing challenge and seeking assurance regarding its content, in addition to making constructive comments in respect of design, layout and language.

In order to ensure the Council of Governors are kept fully informed and briefed on priority areas and key issues of interest, development and information sessions have been facilitated throughout the course of the year. Topics that have been covered in these development sessions included: Sustainability and Transformation Plan; Corporate Services Strategy and Clinical Services Strategy; Annual Operational Plan; Business Planning; Admission Routes into Hospital; Hospital at Home; Care Quality Commission Inspection; Well-led Governance Framework; and Cancer Pathways and Services. The sessions allowed a detailed review of important issues and provided assurance to Governors regarding work being undertaken in these areas.

Regular reports presented to the Council of Governors highlight the performance, compliance and quality of the services provided by the Trust against the range of indicators and targets that are measured by NHS Improvement and the Care Quality Commission. The reports ensure that Governors are appraised of the valuable improvements being made to patient care and pathways, including the work surrounding the Corporate Strategy and Clinical Services Strategy, as well as being aware of the challenges that the Trust faces on an on-going basis. The reports also keep Governors updated on any areas of quality which may warrant improvement actions.

The past year has again been challenging for the Trust with rising demand for services, increased performance standards and continued financial pressures. The Trust has risen well to the challenges and ensured quality remains the top priority. With the governance structure in place, Governors are able to review and seek assurance on actions, challenge and raise any concerns.

The programme of Governor Sub-committees continued throughout 2017-18, which included: Nominations Committee; Travel and Transport Committee; Membership Strategy Committee, and Strategy and Service Development Committee. These provided an opportunity for detailed debate and discussion regarding key topics, allowing the Governors to take an active part in shaping Trust strategies.

The Strategy and Service Development Committee's remit was to keep Governors updated regarding service developments and future vision. Presentations included: Clinical Services Strategy Review; Hospital at Home; Frailty Pathways; Out of Hospital Services; Emergency Preparedness Resilience and Response; proposals for a wholly owned subsidiary company; Digital Strategy; Well-led Governance reviews and the Care Quality Commission Inspection.

In addition, Governors are involved in a number of other groups; Food and Nutrition Group, Patient Information Evaluation Group, Research Awareness and Governance Group and the Healthcare User Group, and ad-hoc working groups covering a range of topics and service issues.
Governors are invited to take part in the Staff, Patient Experience, Quality and Standards (SPEQS) panels, which include senior nursing staff and are led by the Director of Nursing, Patient Safety & Quality. They provide the opportunity for panel members to visit clinical areas and speak directly with patients, visitors and staff about their experiences at the Trust. The panel reviews the standards of care given to our patients both in hospital and the community, and allows Governors to witness this first hand. The process provides in-depth scrutiny utilising the five Care Quality Commission domains of Safe, Effective, Caring, Responsive and Well-Led. Reports and feedback from the visits are shared at every Council of Governors meeting.

Hartlepool Borough Council – Audit and Governance Committee – 30 April 2018

Audit and Governance Committee – Third Party Declaration

Following consideration of the North Tees and Hartlepool NHS Foundation Trust Quality Accounts in November 2017 and February 2018, Hartlepool Borough Council's Audit and Governance Committee would like the following comments to be included in this year's Quality Account:-

The Committee welcomed the requirement to report the learning from deaths element in the Quality Account and were supportive of the work around dementia and the end of life work, and thought that these elements should be carried forward into next year.

Members are aware that the HSMR (Hospital Standardised Mortality Ratio) and SHMI (Summary Hospital-level Mortality Indicator) statistics last year for the Trust were some of the worst in the country, and the Committee recognise that improvements have been made and would like these improvements to continue in order to narrow the gap between the Trust and the national average.

The Committee recommended the following key priorities for 2018-19; Outreach and Prevention; Mental Health; and Stroke Care and they would like to see Dementia and Discharge Procedures continued into next year.

Yours faithfully

COUNCILLOR RAY MARTIN-WELLS

Third Party Statement from the Healthcare User Group (HUG) – 3 May 2018

Third Party Statement from the Healthcare User Group (HUG)
The main role of the Healthcare User Group (HUG) is to assist the Trust with the Patient and Public Involvement (PPI) agenda. This is achieved through independent visits to inpatient wards and outpatient clinics, talking to staff and patients. HUG is also represented on several Trust committees including the Audit & Clinical Effectiveness Group (ACE), Patient & Carer Experience Committee (PCEC), Discharge Steering Group, Infection Control Committee (ICC) and Patient Quality & Safety Standards Group (PS & QS). A HUG representative also attends the Trust Board.

HUG has reviewed the Quality Accounts and concludes that they represent a true and fair reflection on what we have seen during our visits to the Trust's wards and clinics.

The continued progress in improving mortality rates is pleasing and reflects the work within the Trust to improve processes to aid the reduction. The on-going focus on Care for the Dying Patient and the work being carried out by the specialist palliative care staff is reflective of the commitment the Trust has in improving this area of care.

We acknowledge the continuing focus on improving care for people with dementia and the systems in place to identify those with dementia. The training for staff and the on-going programme for Dementia Champions has prioritised the awareness of dementia. We have seen evidence of the advances in the Safety, Quality and Infection Dashboards, allowing the wards to identify immediately how their areas are performing in relation to several matrices including falls, complaints, hand hygiene and Friends & Family Test. This helps the Trust to continue to focus on safeguarding adults and children.

The infection control target for Clostridium Difficile continues to be a challenge, but we know the Trust and staff are diligent in their efforts to control all infections and the processes in place such as the Improvement Plan can only support this aim.

The new integrated Urgent Care Service, launched in April 2017 on both hospital sites, continues to be one of the best performing emergency care units in the country, which is an outstanding achievement even allowing for the major challenges faced over the winter months.

HUG is very pleased the Care Quality Commission (CQC) has rated the Trust as 'good' following its recent inspection. This reflects not only the systems the Trust has in place, but the commitment of staff in providing high quality patient care. This is obvious from comments we receive when talking to patients during our visits.

The key priorities for 2017-18 are relatively unchanged from the previous year, but HUG supports this and has had the opportunity to comment on these priorities.

Bill Johnson.
Healthcare User Group

Annex B: Quality Report Statement

Statement of Directors' Responsibilities in Respect of the Quality Account

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

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2017-18* and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to April 2018
  - papers relating to Quality reported to the Board over the period April 2017 to April 2018
  - feedback from commissioners dated *04 May 2018*
  - feedback from governors dated 03 May 2018
  - feedback from local Healthwatch organisations dated 03 May 2018 *& 09 May 2018*
  - feedback from the Adult Services and Health Select Committee and Audit and Governance Committee dated 30 *April 2018 & 04 May 2018*
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated *Q3 2017-18*
  - the latest national patient survey *2016*
  - the latest national staff survey *2017*
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated *May 2018*
  - CQC Quality Report – Inspection Report 14 March 2018
- the Quality Report presents a balanced picture of the NHS foundation Trust's performance over the period covered;
- the performance information in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvements annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report

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

By order of the Board

29 May 2018

Chief Executive

29 May 2018

Chairman

Annex C: Independent Auditors' Limited Assurance Report

Independent Auditors' Limited Assurance Report to the Board of Governors of North Tees and Hartlepool NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Board of Governors of North Tees and Hartlepool NHS Foundation Trust to perform an independent assurance engagement in respect of North Tees and Hartlepool NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance (the "specified indicators") marked with the symbol Ⓐ in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

Specified Indicators	***Specified indicators criteria*** (exact page number where criteria can be found)
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	Criteria can be found on page 218 of the Annual Report and Accounts.
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period. Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Criteria can be found on page 218 of the Annual Report and Accounts.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports for foundation trusts 2017/18" issued by Monitor (operating as NHS Improvement) ("NHSI").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the FT ARM and the "Detailed requirements for external assurance for quality reports for foundation trusts 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18"; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the financial year, April 2017 and up to April 2018;
- Papers relating to quality report reported to the Board over the period April 2017 to April 2018;
- Collaborative statement from NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group (HAST) and Durham, Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group, for NHS North Tees and Hartlepool Hospital Foundation Trust (NTHFT) Quality Account 2017-18 dated 04th May 2018;
- Feedback from Governors dated 3rd May 2018;
- Feedback from Local Healthwatch organisations: Hartlepool Healthwatch dated 9th May 2018 and Stockton Healthwatch dated 3rd May 2018;
- Feedback from Overview and Scrutiny Committee: the Adult Services and Health Select Committee Stockton on Tees BC dated 4th May 2018;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q3 2017/18;
- The latest national and local patient survey dated 2016;
- The latest national and local staff survey dated 2017;
- Care Quality Commission inspection, dated 14th March 2018; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 21st May 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents").
Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.
We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, has been prepared solely for the Board of Governors of North Tees and Hartlepool NHS Foundation Trust as a body, to assist the Board of Governors in reporting North Tees and Hartlepool NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Governors as a body and North Tees and Hartlepool NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000 (Revised)'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18";

- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and "Detailed requirements for quality reports for foundation trusts 2017/18"and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by NHSI. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by North Tees and Hartlepool NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2018:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18";
- The Quality Report is not consistent in all material respects with the documents specified above; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the FT ARM and the "Detailed requirements for external assurance for quality reports for foundation trusts 2017/18".

PricewaterhouseCoopers LLP
Leeds

LS1 4DL

29th May 2018

The maintenance and integrity of North Tees and Hartlepool NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Annex D – We would like to hear your views on our Quality Accounts.

North Tees & Hartlepool NHS Foundation Trust value your feedback on the content of this year's Quality Account.

Please fill in the feedback form below, tear it off and return to us at the following address:

Patient Experience Team
North Tees & Hartlepool NHS Foundation Trust
Hardwick Road
Stockton-on-Tees
Cleveland
TS19 8PE

.....

Thank you for your time.

Feedback Form (please circle all answers that are applicable to you)

What best describes you: Patient Carer Member of public Staff Other

Did you find the Quality Account easy to read?	Yes	No	
Did you find the content easy to understand?	Yes all of it	Most of it	None of it
Did the content make sense to you?	Yes all of it	Most of it	None of it
Did you feel the content was relevant to you?	Yes all of it	Most of it	None of it
Would the content encourage you to use our hospital?	Yes all of it	Most of it	None of it
Did the content increase your confidence in the services we provide?	Yes all of it	Most of it	None of it

Are there any subjects/topics that you would like to see included in next year's Quality Account?

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In your Opinion, how could we improve Our Quality Account?

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Alternatively you can email us at: **Patientexperience@nth.nhs.uk** With the Subject **Quality Accounts**

Glossary

A&E	Accident and Emergency
ACE Committee	Audit and Clinical Effectiveness Committee – the committee that oversees both clinical audit (i.e. monitoring compliance with agreed standards of care) and clinical effectiveness (i.e. ensuring clinical services implement the most up-to-date clinical guidelines)
ACL	Anterior Cruciate Ligament – one of the four major ligaments of the knee
AMT	Abbreviated Mental Test
AquA	Advancing Quality Alliance
CABG	Coronary Artery Bypass Graft (or "heart bypass")
CFDP	Care For the Dying Patient
CCG	Clinical Commissioning Group
CDI	Clostridium difficile Infection
CHKS	Comparative Health Knowledge System
Clostridium Difficile (infection)	An infection sometimes caused as a result of taking certain antibiotics for other health conditions. It is easily spread and can be acquired in the community and in hospital
CLRN	Comprehensive Local Research Network
COPD	Chronic Obstructive Pulmonary Disease
CSP	Co-ordinated System for gaining NHS Permission
CQC	The Care Quality Commission – the independent safety and quality regulator of all health and social care services in England
CQRG	Clinical Quality Review Group
CQUIN	Commissioning for Quality and Innovation – a payment framework introduced in 2009 to make a proportion of providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care
DAHNO	Data for Head and Neck Oncology (Head and Neck Cancer)
DARs	Data Analysis Reports
DLT	Discharge Liaison Team
DoLS	Deprivation of Liberty Safeguards
DVLA	Driver and Vehicle Licensing Agency
EAU	Emergency Assessment Unit
E coli (infection)	Escherichia coli – An infection sometimes caused as a result of poor hygiene or hand-washing
EMSA	Eliminating mixed sex accommodation
EOL	End of Life
EWS	Early Warning Score – a tool used to assess a patient's health and warn of any deterioration
FCE	Finished Consultant Episode – the complete period of time a patient has spent under the continuous care of one consultant

FGM	Female Genital Mutilation
FICM	Faculty of Intensive Care Medicine
FOI (act)	The Freedom of Information Act – gives you the right to ask any public body for information they have on a particular subject
FFT	Friends and Family Test
Global trigger tool (GTT)	Used to assess rate and level of potential harm. Use of the GTT is led by a medical consultant and involves members of the multi-professional team. The tool enables clinical teams to identify events through triggers which may have caused, or have potential to cause varying levels of harm and take action to reduce the risk
GCP	Good Clinical Practice
GM	General Manager
HCAI	Health Care Acquired Infection
HED	Healthcare Evaluation Data (A major provider of healthcare information and benchmarking)
HEE	Health Education England
HES	Hospital Episode Statistics
HMB	Heavy Menstrual Bleeding
HQIP	Healthcare Quality Improvement Partnership
HRG	Healthcare Resource Group – a group of clinically similar treatments and care that require similar levels of healthcare resource
HSMR	Hospital Standardised Mortality Ratio – an indicator of healthcare quality that measures whether the death rate in a hospital is higher or lower than you would expect
HUG	Healthcare User Group
IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care National Audit and Research Centre
ICS	Intensive Care Society
IMR	Intelligent Monitoring Report tool for monitoring compliance with essential standards of quality and safety that helps to identify where risks lie within an organisation
LD	Learning Difficulties
IG	Information Governance
Intentional rounding	A formal review of patient satisfaction used in wards at regular points throughout the day
IPB	Integrated Professional Board
IPC	Infection Prevention and Control
Kardex (prescribing kardex)	A standard document used by healthcare professionals for recording details of what has been prescribed for a patient during their stay
KEOGH	Sir Bruce Keogh
LAC	Looked After Children
LD	Learning disabilities
Liverpool End of Life Care Pathway	Used at the bedside to drive up sustained quality of care of the dying patient in the last hours and days of life

MBRRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK
MCA	Mental Capacity Act
MHA	Mental Health Act
MHRA	Medicines and Healthcare products Regulatory Agency
MIU	Minor Injuries Unit
MINAP	The Myocardial Ischaemia National Audit Project
MRSA	Methicillin-Resistant Staphylococcus Aureus – a type of bacterial infection that is resistant to a number of widely used antibiotics
MUST	Malnutrition Universal Screening Tool
NCEPOD	The National Confidential Enquiry into Patient Outcome and Death
NCRN	National Cancer Research Network
NEEP	North East Escalation Plan
NEPHO	North East Public Health Observatory
NEQOS	North East Quality Observatory System
NEWS	National Early Warning Score
NHS Improvement	The independent regulator of NHS foundation Trusts
NICE	The National Institute of Health and Clinical Excellence
NICOR	The National Institute for Cardiovascular Outcomes Research
NIHR	National Institute for Health Research
NNAP	National Neonatal Audit Programme
NQB	National Quality Board
NTHFT	North Tees and Hartlepool Foundation Trust
OFSTED	The Office for Standards in Education
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
Patient Safety and Quality Standards (Ps&Qs) Committee	The committee responsible for ensuring provision of high quality care and identifying areas of risk requiring corrective action
PHE	Public Health England
PICANet	Paediatric Intensive Care Audit Network
PREVENT	the government's counter-terrorism strategy
PROMs	Patient Reported Outcome Measures
Pseudonymisation	A process where patient identifiable information is removed from data held by the Trust
R&D	Research and Development
RAG	Red, Amber, Green chart denoting level of severity
RCA	Root Cause Analysis
RCOG	The Royal College of Obstetricians and Gynaecologists
RCPCH	The Royal College of Paediatric and Child Health
REPORT-HF	International Registry to assess Medical Practice with longitudinal observation for Treatment of Heart Failure

RESPECT	"Responsive, Equipped, Safe and secure, Person centered, Evidence based, Care and compassion and Timely" – a nursing and midwifery strategy developed with patients and governors aimed at promoting the importance of involving patients and carers in all aspects of healthcare
RMSO	Regional Maternity Survey Office
SBAR	Situation, Background, Assessment and Recommendation – a tool for promoting consistent and effective communication in relation to patient care
SCM	Senior Clinical Matron
SCMOoH	Senior Clinical Matron Out-of-Hours
SHA	Strategic Health Authority
SHMI	Summary Hospital Mortality-level Indicator – a hospital-level indicator which reports inpatient deaths and deaths within 30-days of discharge at Trust level across the NHS
sic	The Latin adverb ***sic*** ("thus"; in full: *sic erat scriptum*, "thus was it written"), inserted immediately after a quoted word or passage, indicates that the quoted matter has been transcribed exactly as found in the source text, complete with any erroneous or archaic spelling, surprising assertion, faulty reasoning, or other matter that might otherwise be taken as an error of transcription.
SINAP	Stroke Improvement National Audit Programme
SPEQS	Staff, Patient Experience and Quality Standards
SPOC	Single point of contact
SSKIN	Surface inspection, skin inspection, keep moving, incontinence and nutrition
SSU	Short Stay Unit
STAMP	Screening Tool for the Assessment of Malnutrition in Paediatrics
STEIS	Strategic Executive Information System
STERLING	Environmental Audit Assessment Tool
TRAKCARE	Electronic Patient Record System
Tough-books	Piloted in 2010, these mobile computers aim to ensure that community staff has access to up-to-date clinical information, enabling them to make speedy and appropriate clinical decisions
UHH	University Hospital of Hartlepool
UNIFY	Unify2 is an online collection system used for collating, sharing and reporting NHS and social care data.
UHNT	University Hospital of North Tees
VEMT	Vulnerable, exploited, missing, trafficked
VSGBI	The Vascular Society of Great Britain and Ireland
VTE	Venous Thromboembolism
WRAP	Workshop to Raise Awareness of PREVENT
WTE	Whole Time Equivalent - is a unit that indicates the workload of an employed person in a way that makes workloads or class loads comparable

6 External Audit Opinion

Independent auditors' report to the Council of Governors of North Tees and Hartlepool NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion, North Tees and Hartlepool NHS Foundation Trust's Group and Trust financial statements:

- give a true and fair view of the state of the Group and Trust's affairs as at 31 March 2018 and of the Group and Trust's income and expenditure and cash flows for the 31 March 2018; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2017/18.

We have audited the financial statements, included within the Annual Report and Accounts (the "Annual Report"), which comprise: the Consolidated and Trust's Statements of Financial Position as at 31 March 2018; the Consolidated Statement of Comprehensive Income for the year then ended; the Consolidated and Trust's Statement of Cash flows for the year then ended; the Consolidated and Trust' Statements of Changes in Equity for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis for opinion

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code of Audit Practice"), International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Material uncertainty relating to going concern

In forming our opinion on the Group and Trust financial statements, which is not modified, we have considered the adequacy of the disclosure made in note 1.1.2 to the financial statements concerning the Group's and the Trust's ability to continue as a going concern.

The financial performance of the Trust has placed pressure on its cash reserves, meaning that further financial support will be required over the coming 12 months to enable it to meet its liabilities as they fall due. However, the extent and nature of any financial support from NHS Improvement (NHSI) as described in note 1 to the financial statements is unknown.

These conditions indicate the existence of a material uncertainty which may cast significant doubt about the Group and the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Group or the Trust were unable to continue as a going concern.

Explanation of Material Uncertainty

As set out in the Performance Report within the Annual Report and in note 1.1.2 of the financial statements (Accounting Policy – Going concern) management have assessed the Trust to be a going concern however acknowledge the challenges and requirement for emergency funding.

In the year, the Trust delivered a deficit of £40.4m against its control total for 2017/18 of a £3m surplus. The Trust was placed into segment 2 within the Single Oversight Framework risk assessment at the end of 2017/18 however the Trust received correspondence from NHSI on 19 April 2018 notifying the Trust that it is being placed into segment 3.

For the year ended 31 March 2018, the Group reported:

- a year end deficit of £40.4m;
- net current liabilities position of £2.6m;
- total borrowings of £12.3m; and
- a reduction in the cash balance during the year of £8.1m to £12.2m; and

The Trust has not achieved its Cost Improvement Programme (CIP) target for 2017/18, delivering £12.5m of savings in comparison to a target of £18.9m.

The Trust's annual plan for 2018/19, which has been approved by the Board of Directors, sets out:

- Operating income of £282.3m;
- Deficit of £24m;
- CIP savings of £11.9m (of which £2.1m are yet to be identified); and
- Requirement for Emergency funding in July 2018.

The Trust have not agreed a Control Total with NHSI for 2018/19.

What audit work we performed

Given the deficit reported in the year and anticipated challenges to the financial position in 2018/19 we performed the following procedures to test management's projections and to determine that it is appropriate to prepare the Group's and Trust's financial statements on a going concern basis:

- Understood the Trust's 2017/18 financial performance, outturn against budget and upcoming financial risks through discussion with management and by reading of the Trust's going concern paper;
- Challenged the Trust's composition of the 2018/19 budget and cash flow forecast considering whether it is reasonable;
- Obtained the Trust's Cost Improvement Plan for 2018/19 to assess the measures adopted by the Trust to identify efficiencies and assessed the levels of CIP's that remained unallocated;
- Inspected correspondence with all Clinical Commissioning Groups (CCG's) and where available inspected signed contracts for 2018/19 to test assumptions made by the Trust about future income; and
- Challenged the Trust's ability to deliver against its 2018/19 annual plan and stress tested the impact of the timing of cash receipt and non-payment on the Trust's forecast.

In considering the Trust's cash flow forecast we obtained the monthly cash requirements and agreed a sample of inputs to supporting documentation e.g. signed revenue contracts. We performed sensitivity analysis over the cash flow forecasts to test the impact on the Trust's ability to meet its liabilities as they fall due of differences between the assumptions and the outturn.

Our audit approach

Context

Our audit for the year ended 31 March 2018 was planned and executed having regard to the fact that the Group and Trust's operations were largely unchanged in nature from the previous year. The financial stability of the Trust has declined during 2017/18 and resulted in a breach of the control total. In light of this, our approach to the audit in terms of scoping and areas of focus was largely unchanged apart from additional procedures performed in respect of financial stability.

Overview

- Overall materiality: £5,613,380 which represents 2% of revenue total.

- The audit work was conducted at the Trust's hospital site in Stockton, the University Hospital of North Tees, where the Finance function is based.
- In establishing our overall approach we assessed the risks of material misstatement and applied our professional judgement to determine the extent of testing required over each balance in the financial statements.

- Risk of management override of controls
- Fraud in revenue recognition
- Fraud in expenditure recognition
- Valuation of property plant and equipment

The scope of our audit

As part of designing our audit, we determined materiality and assessed the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain.

We gained an understanding of the legal and regulatory framework applicable to the Group and the industry in which it operates, and considered the risk of acts by the Group which were contrary to applicable laws and regulations, including fraud. We designed audit procedures at Group and significant component level to respond to the risk, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. We focused on laws and regulations that could give rise to a material misstatement in the Group and Trust financial statements, including, but not limited to, the National Health Service Act 2006, UK tax legislation and equivalent local laws and regulations applicable to significant component teams. Our tests included but were not limited to reading the Trust's board minutes, correspondence from regularity bodies and HMRC and through inquiry of management. There are inherent limitations in the audit procedures described above and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it.

We found risk of fraud in revenue and expenditure recognition and valuation of Property Plant and Equipment to be key audit matters and these are discussed further below. As in all of our audits we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

Key audit matters

Key audit matters are those matters that, in the auditors' professional judgement, were of most significance in the audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by the auditors, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters, and any comments we make on the results of our procedures thereon, were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to financial sustainability and going concern, described in the Material Uncertainty relating to going concern section above, we determined the matters described below to be the key audit matters to be communicated in our report. This is not a complete list of all risks identified by our audit.

Valuation of Property, Plant and Equipment - Trust

We focused on this area because Property Plant and Equipment ("PPE") represents the largest balance in the Trust's statement of financial position and is an area of judgement. As at 31st March 2018 the carrying value of PPE is £115.2m of which 72% relates to land and buildings that have been to subject to revaluation in year.

Land and buildings are initially measured at cost and subsequently measured at fair value. The valuations are carried out by the District Valuer using the Modern Equivalent Asset Method of valuation, which involves a range of assumptions being used. The District Valuer is an external independent valuer of the Trust who is a professionally qualified member of the Royal Institute of Chartered Surveyors.

Valuations are required to be performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date.

A full revaluation of the Trust's portfolio of land and buildings was undertaken during 2017/18 by the Trust's valuation experts resulting in an initial increase of £6.6m. However as the Trust valued the land excluding VAT this resulted in an overall decrease in the value of the Trust's estate by £15.5m.

Specific areas of risk include:

- The accuracy and completeness of detailed information on assets;
- Whether the Trust's assumptions underlying the classification of properties are appropriate; and
- The valuers' methodology, assumptions and underlying data, and our access to these.

We obtained and read the relevant sections of the full valuation performed by the Trust's valuers. We used our valuation experts and our knowledge of the Trust to evaluate and challenge the assumptions and methodology applied in the valuation exercise. We found the assumptions and methodology applied to be consistent and in line with our expectations. The only change to the methodology is the valuation is prepared net of VAT as the LLP would procure this site on behalf of the Trust.

We assessed the competence and objectivity of the Trust's valuers, performing a review of the qualifications, resources, objectivity and approach in respect of their work for NHS bodies. No issues were identified as a result of this review or from the work of our own valuations experts.

Management have also included commentaries in the financial statements outlining the basis for the valuation and represented to us that valuing on an alternative site basis, exclusive of VAT, is the most appropriate method. We have reviewed management's business case for providing the Trust's services on a single site.

We checked whether the change in valuation was appropriately disclosed in the Annual Report and that the accounting treatment had been recorded appropriately in the Trust's financial statements.

We physically verified a sample of assets to confirm existence and completeness and in doing so assessed if there was any indication of physical obsolescence which would indicate potential impairment.

Management override of controls - Group

We focused on this area because there is a heightened risk that the Trust's results will be materiality misstated due to:

- The incentive of management to ease pressures going forward due to already breaching the control total in 2017/18;
- The number of judgemental areas including valuation of property plant and equipment, accruals and accrued income;
- The inherent complexities in a number of contractual arrangements entered into by the Trust; and
- The timing and complexity of intra-NHS balance reconciliation process

In the main we would expect a misstatement to be through the processing of journals or through bias in exercising judgement when calculating any significant estimates.

Journals

We have used data analysis techniques to identify journals with higher risk characteristics for detailed review.

Our sample of journal transactions selected, focused in particular on those with a combination of the following characteristics:

- Unusual account combinations that would result in an increase in expenditure or a reduction in revenue;
- Months where there was significant variance to budget; and
- Months where there was spikes in either the number of journals posted or the value of journals posted.

We traced these journal entries to supporting documentation (for example invoices, cash receipt and payments) and confirmed they were recognised in the correct accounting year.

Management estimates

For each sample we:

- Understood the rationale for the transaction to confirm that the asset or liability was appropriately recognised in line with the requirements of the Department of Health Group Accounting Manual 2017/18 ("DH GAM").
- Looked for indications of management bias by inspecting underlying assumptions; and
- Agreed a sample of transactions from within underlying data to source documentation.

Intra-NHS balances

We obtained the Trust's mismatch reports received from NHS Improvement (Monitor) which identified balances (debtor, creditor, income or expenditure balances) that did not match the balances disclosed by the counterparty organisation. We considered the results of the Trust's investigation into significant mismatches and agreed the results to correspondence with the counter-party. Where the mismatch remained unresolved and was greater than £300,000 we obtained supporting documentation for the values recognised by the Trust in order to confirm the reported position.

Risk of fraud in revenue and expenditure recognition – Trust

We focused on this area because there is heightened risk due to:

- The Trust being incentivised to reduce pressures on financial performance in future years as NHSI were notified by the Trust in month 9 that they were not going to achieve their control total for 2017/18;
- The inherent complexities in a number of contractual arrangements entered into by the Trust; and
- The timing and complexity of the intra-NHS balance reconciliation process.

Income
The Trust's principal source of income is from Clinical Commissioning Groups ("CCGs") and NHS England, accounting for 87% and 10% respectively of income during the year. The most significant of these are with Hartlepool and Stockton on Tees CCG and Durham, Darlington and Easington CCG (the "CCGs"). The contracts with the CCGs are renegotiated annually, with variations to the contract made for additional funding that becomes available throughout the year.

Expenditure
We focused our work on the elements of expenditure that are the most susceptible to manipulation, being operating expenses (excluding payroll costs), including non-standard journal transactions and transactions occurring around the period end to ensure these have been recorded in the correct period, considering specifically the date of service delivery to verify existence/occurrence in 2017/18.

Assertions
As the Trust has notified NHSI of their breach of control total in year, we considered the risk that income could be deferred into 2018/19 and expenditure accelerated and recognised in 2017/18 in order to reduce the pressure on financial performance in future years.

Our work therefore focused on the completeness and cut-off of income; and existence/occurrence of expenditure.

Income
We reconciled the income received from the CCGs to the signed contracts and traced significant contract variations received in year to correspondence from the CCGs. We traced all material invoices and a sample of immaterial invoices raised to cash receipt.

We traced a sample of cash receipts to supporting documentation and to the general ledger to assess completeness of the revenue balance disclosed in the financial statements.

Intra-NHS balances
Our procedures over Intra-NHS balances are outlined above under the risk of management override of controls.

Expenditure
Operating expenditure includes staff costs (64%), clinical supplies and services (8%) and drugs costs (6%).

For a sample of transactions recognised during the year and around (both before and after) the year end, we confirmed that the expenditure had been recognised in line with the accounting policies and in the correct accounting period by agreeing the transactions, including the date of delivery of the goods or services, to the supporting invoice to ensure that the service/receipt of goods had occurred in the period in which the expense/liability was recorded.

We have performed a high level analytical review of payroll costs, as well as testing a sample of monthly payments from payroll records to bank clearance, performed a year end payroll reconciliation and tested a number of payroll controls to gain evidence over the standing data on the ESR system.

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Group, the accounting processes and controls, and the environment in which the Group operates.

The Group includes the parent, North Tees and Hartlepool NHS Foundation Trust, the charitable funds controlled by the Trust, North Tees and Hartlepool NHS Foundation Trust General Charitable Fund, a second subsidiary, Optimus Health Limited, both of which are consolidated into the group accounts. The Trust has incorporated a new Limited Liability Partnership, North Tees and Hartlepool Solutions in year which is consolidated into the group accounts.

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature,

timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

	Group financial statements	*Trust financial statements*
Overall materiality	£5,613,380 (2017: £5,860,000)	£5,613,380 (2017: £5,860,000)
How we determined it	2% of revenue (2017: 2% of revenue)	2% of revenue (2017: 2% of revenue)
Rationale for benchmark applied	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.

A group scoping exercise has been performed and the Trust is considered to be the only significant component.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £50,000 (Group audit) (2017: £50,000) and £50,000 (Trust audit) (2017: £50,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

With respect to the Performance Report and the Accountability, we also considered whether the disclosures required by the NHS Foundation Trust Annual Reporting Manual 2017/18 have been included.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) and the Code of Audit Practice require us also to report certain opinions and matters as described below.

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements

As explained more fully in the Accountability Report set out on page 39, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2017/18, and for being satisfied that they give a true and fair view. The directors are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

As part of an audit in accordance with ISAs (UK), we exercise professional judgement and maintain professional scepticism.

We are required under Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our work in accordance with the Code of Audit Practice, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based our on risk assessment, we undertook such work as we considered necessary.

We will prepare an annual audit letter which will cover the Trust's key risks in securing economy, efficiency and effectiveness in its use of resources, how these have been discharged by the Trust, and our actions to review these. The Trust is responsible for publishing this annual audit letter, and ensuring that it is available to the public.

Use of this report

This report, including the opinions, has been prepared for and only for the Council of Governors of North Tees and Hartlepool NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Opinions on other matters prescribed by the Code of Audit Practice

Performance Report and Accountability Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Performance Report and Accountability Report for the year ended 31 March 2018 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements.

In light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, we did not identify any material misstatements in the Performance Report or Accountability Report.

In addition, the parts of the Remuneration and Staff reports to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report, by exception, if we conclude we are not satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

Basis for qualified conclusion

The Trust's deficit position was £40.4m for the year ended 31 March 2018, resulting in the Trust not achieving their control total for 2017/18. Notification from NHS Improvement dated 19 April 2018 stated that the Trust would be placed into segment 3 within the Single Oversight Framework.

Qualified conclusion

Except for the matters noted above, we have no other matters to report in relation to proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2018.

Other matters on which we report by exception

We are required to report to you if:

- the statement given by the directors on page 40, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable, and provides the information necessary for members to assess the Group and Trust's performance, business model and strategy is not materially consistent with our knowledge of the Trust acquired in the course of performing our audit.

- the section of the Annual report on page 51, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.
- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 or is misleading or inconsistent with our knowledge acquired in the course of performing our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.
- we have referred a matter to Monitor under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.
- we have issued a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006.
- we have not received all the information and explanations we require for our audit.

We have no exceptions to report arising from this responsibility.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Code of Audit Practice.

Ian Looker (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Leeds
29th May 2018

7 Financial Performance 2017-18

7.1 Foreword to the accounts

These accounts for the year ending 31 March 2018 have been prepared by North Tees and Hartlepool NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph (4) (a) of the National Health Service Act 2006; and have been audited by PricewaterhouseCoopers LLP (PWC) the Trust's external auditors.

The accounts have received an unqualified opinion that they give a true and fair view of the state of affairs of the Trust as at 31 March 2018 including its income and expenditure for the period.

This report contains the four primary financial statements:

- the statement of comprehensive;
- the statement of financial position;
- statement of changes in equity;
- statement of cash flows.

Also included for information are the supporting notes to the accounts.

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

Julie Gillon
Chief Executive (Interim)
29 May 2018

7.2 Financial Performance 2017-18

The challenging demands on NHS services and wider economic environment continues to impact on the Trust increasing the financial challenge it faces and which has led this year to a significant deficit position. This emphasises that under the current funding system the Trust operates in an underlying deficit position. Notwithstanding this, there remains a continuing focus on delivering high quality patient care, which has been achieved throughout the year, as demonstrated by the CQC rating the Trust as good in all categories including well-led.

The Trust complies with IAS 27 which requires the preparation of consolidated accounts for a group of entities under the “control” of a parent. Control is defined as "the power to govern the financial and operating policies of an entity so as to obtain benefit from its activities”.

The Trust has therefore consolidated the Charitable Funds and its wholly owned subsidiary companies into the Group position for 2017-18.

This is the third year that the Trust has consolidated the accounts of its wholly owned subsidiary, Optimus Health Limited. This company trades as Panacea Pharmacy and offers a dispensing service for outpatients on the North Tees site, as well as retail goods to all visitors and staff. The Trust has also consolidated North Tees and Hartlepool Solutions, a wholly owned subsidiary company, established on 1 March 2018.

Analysis of Surplus/(Deficit) for the year	Group	
	2017-18	2016-17
	£000	£000
Surplus/(Deficit) from continuing operations – before consolidation of the charity	**(40,086)**	**(2,453)**
Movement in fair value of investment property and other investments	(11,439)	(5,418)
Gain losses on asset disposals	-	122
Remove capital donations/grants I&E impact	953	110
Surplus/(Deficit) for the financial period before impairments, revaluations and charitable funds including STF	**(27,694)**	**3,197**
Remove impact of STF	(1,187)	(8,953)
Surplus/(Deficit) for the financial period before impairments	**(28,881)**	**(5,756)**

The result for the financial period before impairment, revaluation and the impact of the charitable funds is one of the primary financial KPIs used by the Trust and Monitor/ (NHSI). This Non-GAAP measure has been referred to as 'Operational Deficit' in the Annual Report**.**

The further consolidated group (including charity adjustments) is a deficit of £(40.420)m. This includes an exceptional item of £(11.439)m of asset impairments, which, along with donated asset and asset disposal adjustments, does not count against NHS Improvement control total target. This exceptional item arose because the Trust is required to report its capital assets at fair value. This is a non-cash technical adjustment and it is appropriate to show this loss in the statement of comprehensive income for the year. There are a number of other exceptional items impacting upon the 2017-18 financial position; these include Historical Balance Sheet items and settlement of Prior Year contracts. These items are identified in the table below which identifies the normalised position of the Trust (i.e. the position excluding these non-recurrent items).

Normalised Statement of Comprehensive Income (SoCI) Group Position excluding charity			
Reporting period 1 April 2017 to 31 March 2018	**Actual**	**Exceptional Items**	**Normalised Position**
	£000	**£000**	**£000**
Income	**278,793**	**1,802**	**280,595**
Pay expenditure	201,094	-	-
Non pay expenditure	94,374	4,536	89,838
Total expenditure	**295,468**	**4,536**	**290,932**
EBITDA	**(16,675)**	**6,338**	**(10,337)**
Depreciation	8,469	2,012	6,457
Interest receivable	(44)	-	(44)
Interest payable	334	-	334
PDC	4,401	-	4,401
Interest. Depreciation and PDC	**13,160**	**2,012**	**11,148**
Surplus/(Deficit) before impairments	**(29,835)**	**8,350**	**(21,485)**
Impairment	11,439	11,439	-
Surplus/(Deficit) after impairments	**(41,273)**	**19,789**	**(21,485)**
STF Income	1,187	(1,187)	-
Total Trust Surplus/(Deficit)	**(40,086)**	**18,602**	**(21,485)**

The Trust was set a control total by Monitor (operating under the name NHS Improvement) at the start of the financial year. This control total was to achieve a deficit of £(3.858)m (excluding charitable funds and exceptional items) which, if achieved, would enable the Trust to access £6.876m of Sustainability and Transformation Funding (STF), leading to control total of a surplus of £3.018m, including STF.

For 2017-18 the Trust did not achieve the required control total and subsequently did not receive the core STF allocation. The Trust, however, did receive a general STF allocation of £1.187m.

Operational pay budgets for the Directorates have remained under pressure with recourse to locum and agency staff to meet the demand for services although the Trust has made substantial progress in reducing Locum and Agency Costs. Agency Spend for the year (including locums) was £4.0m. This was a reduction of £3.1m compared to the 2016-17 reported position. The Trust had an agency ceiling target from NHSI of £5.7m and therefore came in £1.7m under this target.

The very significant Efficiency Savings (Cost Reduction Target of £18.893m) Programme regrettably was not met, with the challenge both to deliver as a result of the demand placed on services throughout the whole year and the ability to fully identify opportunities which could be delivered within the year. At the year end, the programme delivered £12.492m, £6.211m more than in 2016-17.

Additionally the Trust incurred in 2017-18 a number of items requiring correction and which principally related to Historic Balance Sheet Issues. These are provided below to allow a view of the Trust's underlying position at the end of 2017-18.

The table below summarises the financial performance 2017-18 and 2016-17.

Income and expenditure Summary as at 31 March 2018		Group
	2017-18	**2016-17**
	£000	**£000**
Operating income from patient care activities	257,440	261,356
Other operating income	23,229	31,448
Operating expenses	(316,415)	(291,145)
Operating surplus(deficit) from continuing operations	**(35,746)**	**1,659**
Finance income	93	101
Finance expenses	(291)	(162)
PDC dividends payable	(4,401)	(4,026)
Net finance costs	**(4,599)**	**(4,087)**
Other gains/(losses)	(75)	(122)
Surplus/(deficit) for the year	**(40,420)**	**(2,550)**
Other comprehensive income		
Will not be reclassified to income and expenditure:		
Impairments	(7,302)	-
Revaluations	6,706	485
Other reserve movements	-	(34)
May be reclassified to income and expenditure when certain conditions are met:		
Fair value gains/(losses) on available-for-sale financial investments	39	202
Total comprehensive income/(expense) for the period	**(40,977)**	**(1,897)**
Surplus/(deficit) for the period attributable to:		
North Tees and Hartlepool NHS Foundation Trust	(40,420)	(2,550)
Total	**(40,420)**	**(2,550)**
Total comprehensive income/(expense) for the period attributable to:		
North Tees and Hartlepool NHS Foundation Trust	(40,977)	(1,897)
Total	**(40,977)**	**(1,897)**

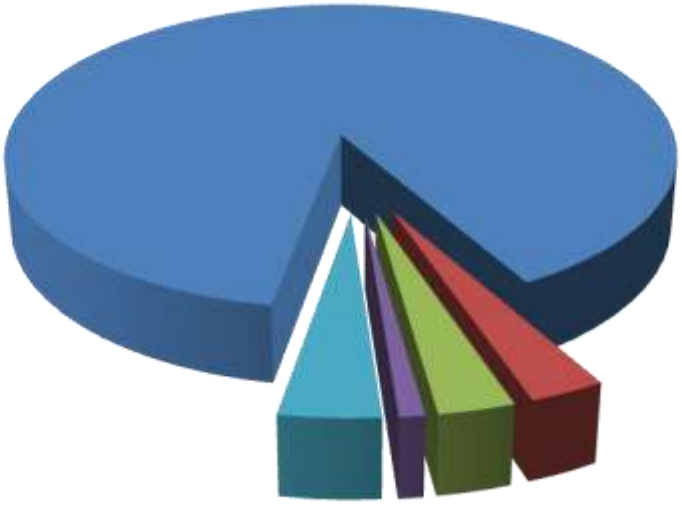
Table 1 – Financial Performance against Plan 2017-18

	Plan	Actual	Variance
Closing Cash Balance (Excluding Charitable Funds)	£20.291m	£12.163m	(£8.128m)
Delivery of Cost Efficiencies - Recurring & Non Recurring	£18.893m	£12.492m	(£6.401m)

7.3 Income and contract performance

Income in 2017-18 totalled £280.669m. The majority of the Group's income (£249.474m, 89%) was derived from Clinical Commissioning Groups (CCGs) and NHS England in relation to healthcare services provided to patients during the year. Other operating income relates to services provided to other Trusts, including training and education and miscellaneous fees and charges.
A summary of total income is provided in table 2 and the chart below:

Table 2 – Analysis of Sources of Operating Income 1 April 2017 to 31 March 2018

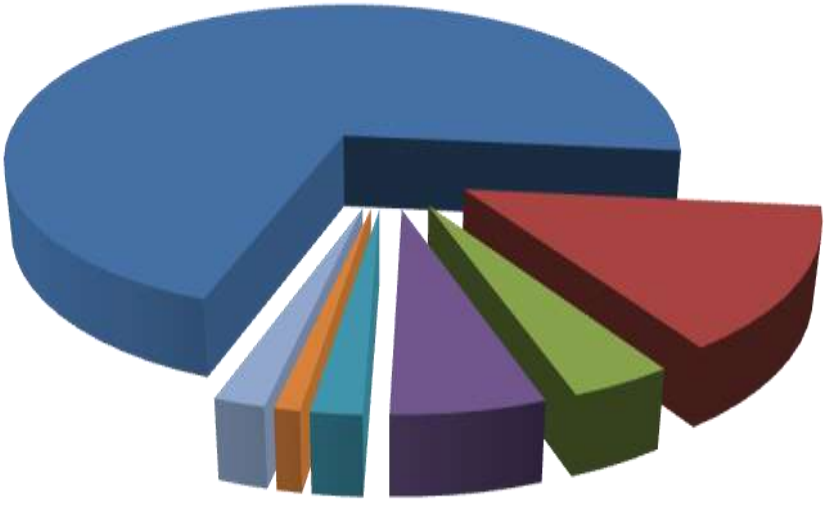


Operating Income	£m's	%
CCGs and NHS England	249.474	89%
Other Patient Care Income	7.966	3%
Education, Training and R&D	9.759	3%
Non-patient Care Services to Other Bodies	2.402	1%
Other	11.068	4%
Total Operating Income	**280.669**	**100%**

Services provided to the patients of Hartlepool and Stockton CCG accounted for 71% of total income received from Clinical Commissioning Groups.

A summary of income from Clinical Commissioning Groups and NHS England is provided in table 3 and the chart below:

Table 3 – Analysis of Income from Clinical Commissioning Groups and NHS England 1 April 2017 to 31 March 2018

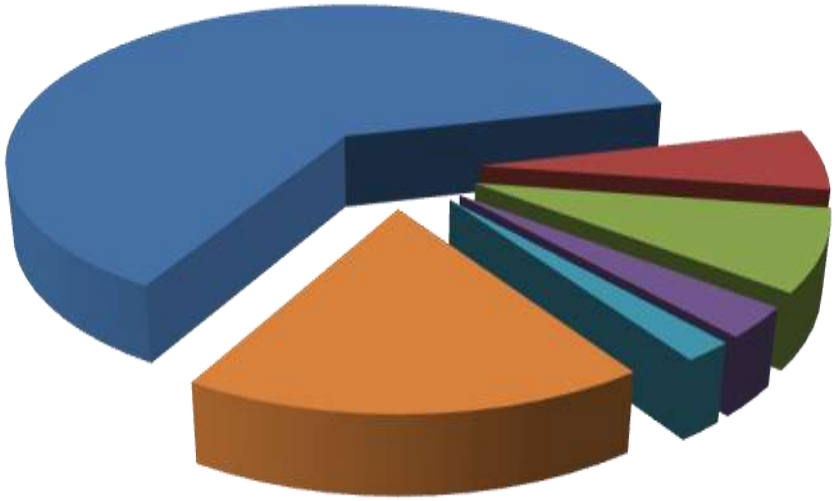


CCGs and NHS England	£m's	%
NHS Hartlepool & Stockton-on-Tees CCG	180.665	71%
NHS Durham, Dales, Easington & Sedgefield CCG	34.169	14%
Cumbria, Northumberland, Tyne and Wear Area Team	9.224	4%
North East Commissioning Hub	14.806	6%
NHS South Tees CCG	3.904	2%
NHS Darlington CCG	1.517	1%
Other CCGs and NHS England	5.189	2%
Total CCGs and NHS England Income	249.474	100%

Expenditure

An analysis of the Group's operating expenditure is presented in table 4 and the chart below:

Table 4 – Analysis of Operating Expenses 1 April 2017 to 31 March 2018

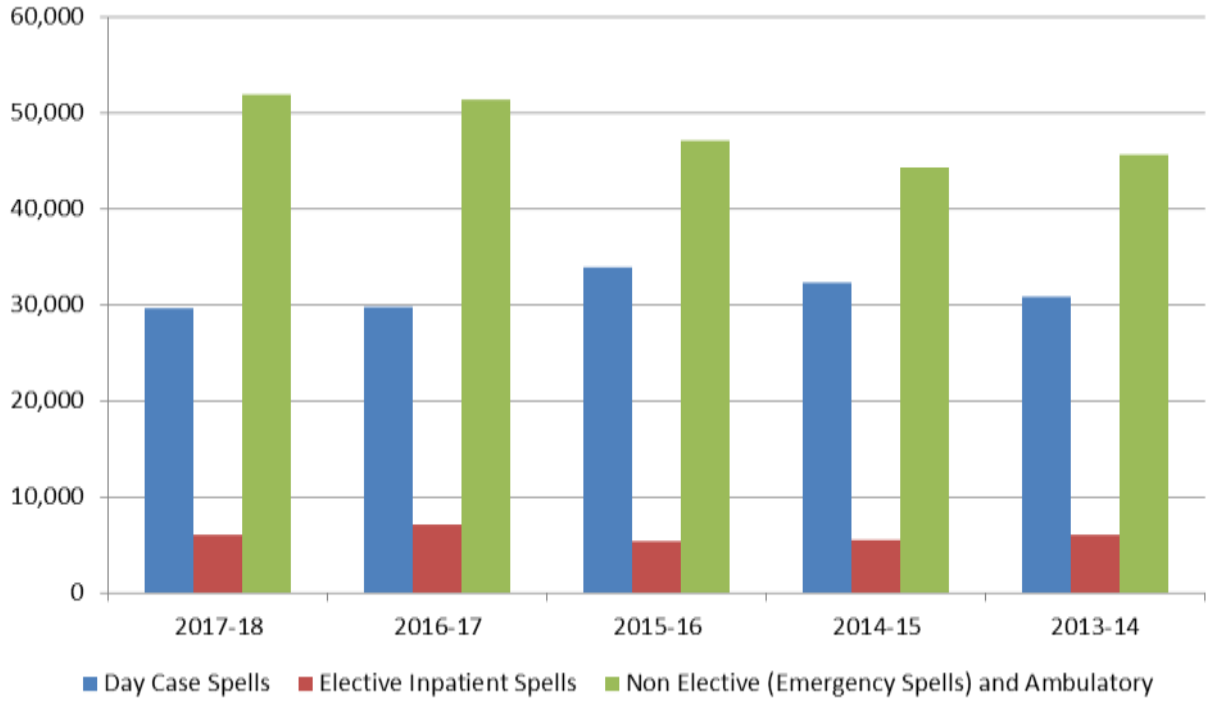


Operating Expenses	£m's	%
Employee Expenses	201.136	63%
Drugs Costs	20.383	6%
Supplies and services - clinical (excluding drug costs)	25.123	8%
Supplies and services - general	8.260	3%
Services from NHS Organisations	4.810	2%
Other Costs	56.703	18%
Total Operating Expenses	316.415	100%

Tables 5 and 6 below show the Trust's activity profile over current and previous years. The key highlights to note are as follows:

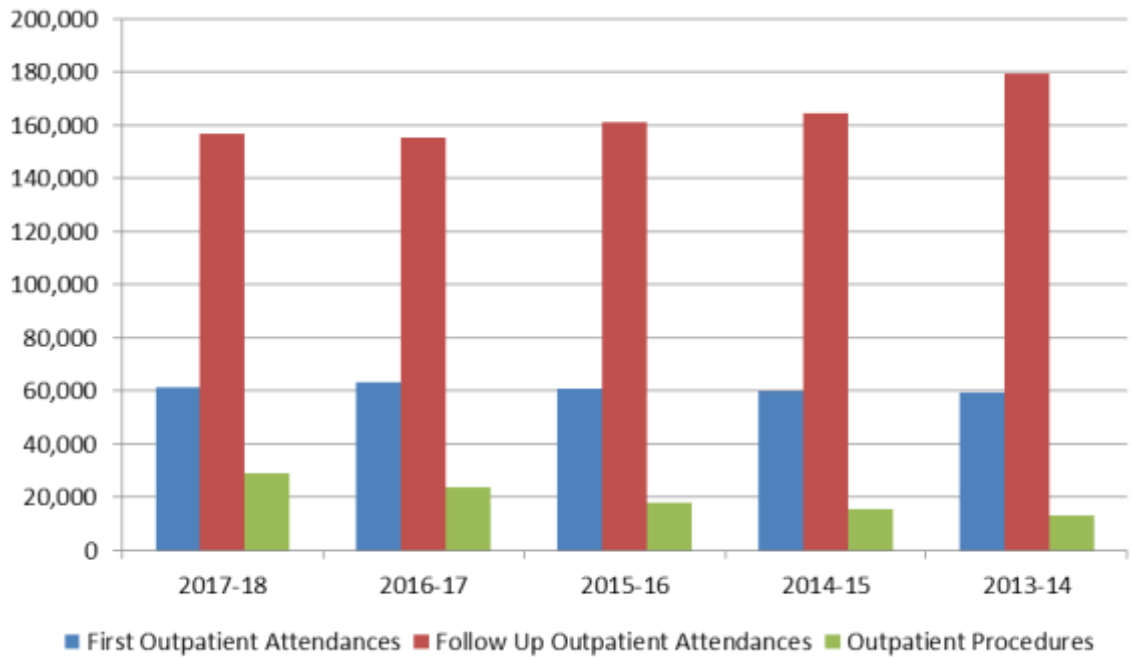
- Elective performance shows a decrease of 939 (13.3%) spells compared to 2016-17. Procedures within a day case setting have a decrease of 76 (0.3%) spells.
- Non-elective performance (excluding well babies) shows an increase of 590 (+1.1%) spells;
- First outpatient attendances have decreased by 2,126 (3.4%);
- Follow-up attendances have increased by 1,148 (+0.7%); and
- Outpatient procedures have increased by 4,837 (+20.2%).

Table 5 – Analysis of the financial components of the 2017-18; 2016-17; 2015-16; 2014-15; and 2013-14 Contracts



Analysis of Activity	2017-18	2016-17	2015-16	2014-15	2013-14
Day Case Spells	29,671	29,747	33,839	32,267	30,839
Elective Inpatient Spells	6,099	7,038	5,318	5,506	5,983
Non Elective (Emergency Spells) and Ambulatory	51,907	51,317	47,069	44,288	45,597

Table 6 – Analysis of the 2017-18; 2016-17; 2015-16; 2014-15; and 2013-14 Contract Activity



Analysis of Activity	2017-18	2016-17	2015-16	2014-15	2013-14
First Outpatient Attendances	61,204	63,330	61,004	60,091	59,485
Follow-up Outpatient Attendances	156,632	155,484	161,277	164,475	179,465
Outpatient Procedures	28,794	23,957	18,098	15,482	13,243

7.4 Capital Investment

The Trust invested £14,045m in the following areas during 2017-18:

- Medical Equipment – £1.967m
- ICT schemes – £1.565m
- Service developments and transformation – £0.592m
- Estates and backlog maintenance schemes – £1.053m
- Estates Infrastructure and Energy Centre scheme – £8.660m
- Donated Assets from Charitable Funds – £0.208m

7.5 Financial Outlook for 2018-19

Financial Overview

The Trust financial plan aims to improve its financial position from the out-turn position, reducing its deficit to £(24)m without negatively impacting on patient safety or the quality of care that patients receive. The financial plan supports the longer term strategic direction of the Trust as it focuses on the Clinical Services Strategy over the next five years.

The planned deficit is predicated on delivering a c£11.9m cost improvement target.

The Board of Directors recognises the need to balance the requirement for maintaining high quality and safe care against delivering efficiency savings. The ability to continually deliver efficiencies which reduce costs over the next year and into the future will continue to be extremely challenging.

Financial Outlook

It is acknowledged that in the long term the financial systems which the Trust operates within needs to change. This will require developing a more holistic approach, aligned to ensuring that the total resources across the whole health and social care system are used to the advantage of patients and their carers.

The Trust is continuing to work with NHS Improvement as one of the change agent sites to gain greater clinical ownership of costs incurred in treating patients, with a view to advancing the accuracy and relevance of financial information; this will help in ensuring any future financial models are based on realistic activity and financial drivers going forward.

The Trust aims to both deliver the challenging financial agenda and maintain as a minimum its CQC rating of good and continue to improve its quality, patient experience and service performance.

Work continues across the health and social care settings to develop systems to ensure resources are used to the advantage of patients and their carers including the continued roll out of the Electronic Patient Record, and the development of partnership working across the wider health and social care locality.

Efficiency Improvements enabling cost reduction are integral to the Trust's financial planning and require good, sustained performance in order to be achieved. The Trust confronts a national tariff with built-in efficiency savings, rising pay and non-pay inflationary pressures and increasing acuity of patients with ageing demographics and limited commissioner financial resources.

Generating cost improvements has been challenging for the Trust over the last few years. Greater focus is placed on procurement savings, appropriate use of drugs and support services redesign, with a view to looking further at shared services and collaboration across the local NHS system / patch.

The efficiency programme continues to be developed alongside service planning to ensure safe services can be sustained and will drive quality improvement, in recognition that high quality and value for money are not competing alternatives.

The Trust is delivering action plans for the areas highlighted by Lord Carter and Model Hospital data to understand further the opportunity / reasons for the difference when comparing the cost of the services with those comparable Trusts that appear to be more cost effective.

The Trust has delivered significant savings associated with managing locums and agency staff effectively in recent years and intends to continue to improve efficiency in this area.

Capital Planning

Significant capital investment will be required on the North Tees site in the next 5 years and the 2018-19 capital programme reflects this position. The capital plan for 2018-19 includes drawing down the remaining element of a £25m loan secured from the Independent Trust Financing Facility (ITFF). This funding is to support the Estates Strategy and the development of the Trust's electrical, heating, water and steam infrastructure. It also includes the building of an energy centre for the North Tees Hospital site. In addition, Global Digital Exemplar Fast Follower (GDEFF) funding has also been secured totalling £5m between the years of 2017-18 and 2019-20, of which, the funding for 2018-19 is £2.4m.

In total the capital programme is funded to the value of £22.060m in 2018-19 with the Trust continuing to invest in equipment replacement plans to ensure patients receive high quality care. The capital allocations are categorised into the following main areas of work:

	2018-19
	£m
Estates Backlog	1.35
Medical Equipment (including Donated)	2.57
ICT & Electronic Patient Record & GDEFF	6.77
Investment in New Build (Energy Centre)	10.17
Clinical Strategy (proposed ITFF loan)	0.00
Service Development	1.20
Total	**22.06**

7.6 Summary

In setting the financial plan for 2018-19 the Board of Directors recognise the need to maintain high quality and safe care and deliver financial balance. The efficiency target of c. £11.9m set within the plan is challenging and the Trust will continue to build on work to address unwarranted variation arising from analysis of the model hospital data.

The Trust will continue to deliver a capital programme that will result in a significant upgrade to the site infrastructure and an ambitious technology programme which will ultimately drive future efficiencies and improve both patient safety and the delivery of patient care. This will complement the development of the Sustainability and Transformation Plan that is being developed across the wider health and social care economy.

7.7 Key Performance Targets

The Trust will meet a number of targets, as set out by NHS Improvement and detailed in the Single Oversight framework.

Regulatory Ratings

A number of key financial measures are translated into the Use of Resources (UOR) rating, which are reviewed on a monthly basis, based on the Trust's actual performance. The risk rating represents NHS Improvement's assessment of how likely the organisation is in relation to breaching its operating licence. There are five elements: liquidity, capital servicing capacity, agency spend, income and expenditure margin and variance from plan in relation to the income and expenditure margin. The Trust aims to improve performance against the UOR rating in 2018-19.

7.8 Annual Accounts 2017-18 including Financial Statements and Notes

Statement of Comprehensive Income		Group	
		2017-18	2016-17
	Note	£000	£000
Operating income from patient care activities	3	257,440	261,356
Other operating income	4	22,771	31,448
Operating expenses	6	(315,914)	(291,145)
Operating (deficit)/surplus from continuing operations		**(35,703)**	**1,659**
Finance income	11	93	101
Finance expenses	12	(334)	(162)
PDC dividends payable		(4,401)	(4,026)
Net finance costs		**(4,642)**	**(4,087)**
Losses on disposal of non-current assets	13	(75)	(122)
Deficit for the year from continuing operations		**(40,420)**	**(2,550)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	**-**	**-**
Deficit for the year		**(40,420)**	**(2,550)**
Other comprehensive (expense)/ income			
Will not be reclassified to income and expenditure:			
Impairments	7	(7,302)	-
Revaluations	17	6,706	485
Other reserve movements	19	-	(34)
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains on available-for-sale financial investments	13	39	202
Total comprehensive expense for the year		**(40,977)**	**(1,897)**
Deficit for the year attributable to:			
non-controlling interest, and		-	-
North Tees and Hartlepool NHS Foundation Trust		(40,420)	(2,550)
TOTAL		**(40,420)**	**(2,550)**
Total comprehensive expense for the year attributable to:			
North Tees and Hartlepool NHS Foundation Trust		(40,977)	(1,897)
TOTAL		**(40,977)**	**(1,897)**

Statement of Financial Position		Group		Trust	
		31 March 2018	31 March 2017	31 March 2018	31 March 2017
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	15	36	83	36	76
Property, plant and equipment	16	115,420	121,879	115,420	121,879
Investment property	18	-	-	-	-
Investments in associates (and joint ventures)	19	-	-	-	-
Other investments / financial assets	20	1,257	1,568	-	-
Trade and other receivables	27	1,488	1,305	2,446	1,370
Other assets	28	-	-		-
Total non-current assets		**118,200**	**124,835**	**117,901**	**123,325**
Current assets					
Inventories	23	5,236	8,398	5,120	8,296
Trade and other receivables	24	21,120	23,335	38,723	23,649
Other investments / financial assets	20	-	-	-	-
Other assets	25	-	-	-	-
Non-current assets for sale and assets in disposal groups	26	-	-	-	-
Cash and cash equivalents	27	12,229	20,377	11,973	20,282
Total current assets		**38,585**	**52,110**	**55,816**	**52,227**
Current liabilities					
Trade and other payables	28	(38,386)	(30,492)	(56,483)	(30,383)
Borrowings	31	(429)	(162)	(429)	(162)
Other financial liabilities	29	-	-	-	-
Provisions	33	(278)	(252)	(278)	(252)
Other liabilities	30	(2,138)	(620)	(2,123)	(620)
Liabilities in disposal groups	26	-	-		-
Total current liabilities		**(41,231)**	**(31,526)**	**(59,313)**	**(31,417)**
Total assets less current liabilities		**115,554**	**145,419**	**114,404**	**144,135**
Non-current liabilities					
Trade and other payables	28	-	-	-	-
Borrowings	31	(12,033)	(4,158)	(12,033)	(4,158)
Other financial liabilities	29	-	-	-	-
Provisions	33	(1,214)	(1,188)	(1,214)	(1,188)
Other liabilities	30	(1,054)	(103)	(842)	(103)
Total non-current liabilities		**(14,301)**	**(5,449)**	**(14,089)**	**(5,449)**
Total assets employed		**101,252**	**139,970**	**100,315**	**138,686**
Financed by					
Public dividend capital		133,166	130,906	133,166	130,906
Revaluation reserve		1,183	1,779	1,183	1,779
Income and expenditure reserve		(34,359)	5,726	(34,034)	6,001
NHS Charitable fund reserves	25	1,262	1,558	0	-
Total taxpayers' equity		**101,252**	**139,969**	**100,315**	**138,686**

The notes on pages 250 to 286 form part of these accounts.

Julie Gillon
Chief Executive (Interim)

29 May 2018

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

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**130,906**	**1,779**	**5,726**	**1,558**	**139,969**
Deficit for the year	-	-	(40,085)	(336)	**(40,421)**
Impairments	-	(7,302)	-	-	**(7,302)**
Revaluations	-	6,706	-	-	**6,706**
Fair value gains/(losses) on available-for- sale financial investments	-	-	-	39	**39**
Public dividend capital received	2,260	-	-	-	**2,260**
Taxpayers' and others' equity at 31 March 2018	**133,166**	**1,183**	**(34,359)**	**1,262**	**101,252**

Statement of Changes in Equity for the year ended 31 March 2017

Group	Public dividend capital	Revaluation Reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2016 - brought forward	**130,906**	**1,294**	**8,212**	**1,455**	**141,867**
Prior period adjustment	-	-	-	-	**-**
2016 - restated	**130,906**	**1,294**	**8,212**	**1,455**	**141,867**
Deficit for the year	-	-	(2,624)	74	**(2,550)**
Revaluations	-	485	-	-	**485**
Fair value gains/(losses) on available-for- sale financial investments	-	-	-	202	**202**
Other reserve movements	-	-	138	(172)	**(34)**
Taxpayers' and others' equity at 31 March 2017	**130,906**	**1,779**	**5,726**	**1,559**	**139,970**

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

Trust	Public dividend capital	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	NHS Charitable funds reserve	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**130,906**	**1,779**	**-**	**-**	**-**	**6,001**	**-**	**138,686**
Deficit for the year	-	-	-	-	-	(40,035)	-	**(40,035)**
Impairments	-	(7,302)	-	-	-	-	-	**(7,302)**
Revaluations	-	6,706	-	-	-	-	-	**6,706**
Public dividend capital repaid	2,260	-	-	-	-	-	-	**2,260**
Taxpayers' and others' equity at 31 March 2018	**133,166**	**1,183**	**-**	**-**	**-**	**(34,034)**	**-**	**100,315**

Statement of Changes in Equity for the year ended 31 March 2017

Trust	Public dividend capital	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	NHS Charitable funds reserve	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2016 - brought forward	**130,906**	**1,294**	**-**	**-**	**-**	**8,370**	**-**	**140,570**
Prior year adjustment								**-**
Taxpayers' and others' equity at 1 April 2016 - restated	**130,906**	**1,294**	**-**	**-**	**-**	**8,370**	**-**	**140,570**
Deficit for the year	-	-	-	-	-	(2,369)	-	**(2,369)**
Revaluations	-	485	-	-	-	-	-	**485**
Taxpayers' and others' equity at 31 March 2017	**130,906**	**1,779**	**-**	**-**	**-**	**6,001**	**-**	**138,686**

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Available-for-sale investment reserve

This reserve comprises changes in the fair value of available-for-sale financial instruments. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure.

Income and expenditure reserve

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

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 22.

Statement of Cash Flows

		Group		Trust	
		2017-18	2016-17	2017-18	2016-17
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		(35,703)	1,659	(35,270)	1,894
Non-cash income and expense:					
Depreciation and amortisation	6	8,469	5,638	8,469	5,638
Net impairments	7	11,439	5,418	11,439	5,418
Income recognised in respect of capital donations	4	953	-	953	(98)
Decrease/(Increase) in receivables and other assets		2,035	(7,193)	(15,074)	(6,463)
Decrease/(Increase) in inventories		3,162	(58)	3,176	(77)
Increase/(decrease) in payables and other liabilities		9,590	2,160	26,100	1,392
Increase/(decrease) in provisions		33	(293)	52	(293)
Movements in charitable fund working capital		424	73	-	-
Other movements in operating cash flows		(1,145)	-	(18)	-
Net cash flows (used in)/from operating activities		**(681)**	**7,404**	**(173)**	**7,411**
Cash flows from investing activities					
Interest received		44	101	44	47
Purchase of PPE and investment property		(13,471)	(10,493)	(14,091)	(10,341)
Sales of PPE and investment property		17	-	17	-
Receipt of cash donations to purchase assets		207	-	207	-
Net cash flows from charitable fund investing activities		49	54	-	-
Net cash flows from / (used in) investing activities		**(13,153)**	**(10,338)**	**(13,823)**	**(10,294)**
Cash flows from financing activities					
Public dividend capital received		2,260	-	2,260	-
Movement on loans from DHSC		8,300	4,000	8,300	4,000
Capital element of PFI, LIFT and other service concession payments		(161)	(169)	(161)	(169)
Interest paid on PFI, LIFT and other service concession obligations		(112)	(118)	(112)	(118)
Other interest paid		(199)	(15)		(15)
PDC dividend paid		(4,401)	(3,869)	(4,401)	(3,869)
Cash flows from used in other financing activities		-	(34)	-	-
Net cash flows from / (used in) financing activities		**5,687**	**(205)**	**5,687**	**(171)**
Decrease in cash and cash equivalents		**(8,148)**	**(3,139)**	**(8,309)**	**(3,054)**
Cash and cash equivalents at 1 April - b/f		**20,377**	**23,516**	**20,282**	**23,336**
Prior period adjustments			**-**		**-**
Cash and cash equivalents at 1 April - restated		**20,377**	**23,516**	**20,282**	**23,336**
Cash and cash equivalents at 31 March	27.1	**12,229**	**20,377**	**11,973**	**20,282**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017-18 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

There is one variance of note, though not material, relating to the Reversal of Donated Asset Income Deferral whereby the Trust has determined that the appropriate treatment is that in line with the matching concept (income and expenditure relating to the same time period) in IAS16. The adjustment is an impact to the Group of £1.2m. This treatment is not in line with the GAM.

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 1.1.2 Going concern

The accounts are prepared on a going concern basis.

NHS Foundation Trusts are required to prepare their accounts in accordance with the relevant accounting rules, which are set out in the International Financial Reporting Standards (IFRSs) and International Accounting Standards (IASs) as interpreted by Department of Health Group Annual Reporting Manual (GAM).

The requirement to prepare accounts on a going concern basis is set out in IAS 1: Presentation of Financial Statements which states:
"An entity should prepare its financial statements on a going concern basis, unless:

(a) The entity is being liquidated or has ceased trading; or

(b) The directors have no realistic alternative but to liquidate the entity or to cease trading, in which circumstances the entity may, if appropriate, prepare its financial statements on a basis other than going concern."

"When preparing financial statements, directors should assess whether there are significant doubts about the entity's ability to continue as a going concern."

In addition to the above the Trust is also mindful of table 6.2 of the Government Financial Reporting Manual (FReM), which notes that: "The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern."

To comply with IAS 1 management must, in preparing the annual statement of accounts, undertake an assessment of the Trust's ability to continue as a going concern. In making this assessment, management should take into account all information about the future that is available at the time the judgment is made.
As a minimum, this assessment should cover at least a 12 month period from the date of approval of the accounts, although this period will need to be extended where management is aware of events and related business risks further in the future that may cast doubt on the going concern assumption.

In the short to medium term there continues to be an imbalance between income and expenditure that forms a degree of future risk to the organisation. Any judgement on going concern status should be made in the context of the on-going dialogue with NHSI the regulator and the absence of any indication from them of a need to consider any substantial ceasing of current operations within 2018-19. In the context of the flexibilities set out in the regulatory framework for revenue support, the presence of the loans themselves do not constitute a fundamental threat to going concern of individual organisations. The Trust deficit for 2017-18 is £(40.4m) and no revenue (cash) support was required. For the Trust's 2018-19 (£24m) deficit plan, a total liquidity requirement / shortfall of c. £19.1m has been identified. The key material uncertainty around this planned liquidity / revenue funding support requirement is the ability, all other things being equal of achieving a c.£11.9m cost improvement/waste reduction programme.

When concluding whether or not the accounts for 2017-18 should be prepared on a going concern basis, International Accounting Standard (no1) IAS 1 requires that the Board considers which of the following three basic scenarios is the most appropriate
(i) The body is clearly a going concern and it is appropriate for the accounts to be prepared on the going concern basis B13
(ii) The body is a going concern but there are material uncertainties regarding future issues which should be disclosed in the accounts to ensure a true and fair view
(iii) The body is not a going concern and the accounts will need to be prepared on an appropriate alternative basis.

There continues to be material uncertainty (as detailed above) around the extent and nature of any financial support from NHS Improvement. However given there is no indication from the regulators that the Trust will be required to cease any part of its trading activities, it is the opinion of the directors, that they expect the Trust will continue as a going concern and therefore the 2017-18 accounts have been prepared on this basis. The factors described above and in the performance report etc. give rise to a material uncertainty which may cast significant doubt over the Trust's ability to continue as a going concern. However the directors are expected to prepare the financial statements on a going concern basis unless it is inappropriate to do so, as detailed above.

Note 1.2 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:

None made.

Note 1.2.1 Sources of estimation uncertainty

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

The amounts included within Provisions for liabilities and charges, note 33, are based upon advice from relevant external bodies, including the NHS Litigation Authority, NHS Pensions Agency and the Trust's external legal advisors.

Trade receivables mainly consist of transactions with commissioners under contractual terms that require settlement of obligation within a time frame established generally by the Department of Health. The amounts included within accrued income reflect the best estimate of amounts due in respect of performance against contracts with commissioners which have yet to be agreed. Accrued income is based upon the performance data held by the Trust.

On the 31 March 2018 Land and Buildings were revalued using the Modern Equivalent Valuation methodology by the District Valuer (who is an appropriately qualified member of the Royal Institute of Chartered Surveyors).

Note 1.3 Consolidation

North Tees and Hartlepool NHS Foundation Trust General Charitable Fund

North Tees and Hartlepool NHS Foundation Trust is the corporate trustee to North Tees and Hartlepool NHS Foundation Trust General Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

Optimus Health Limited and North Tees and Hartlepool Solutions LLP

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The Trust has two such subsidiaries - Optimus Health Limited and North Tees and Hartlepool Solutions LLP. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the 12 months period 31 March 2018 for Optimus Health Limited.

North Tees and Hartlepool Solutions began trading on 1 March 2018; therefore amounts are included in the consolidated accounts for the first time in 2017-18.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Note 1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

STF income to the value of £1,187k is included within 'other operating income'. This, when achieved, is accrued on a monthly basis until payment is received.

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.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

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

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

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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2018 is based on valuation data as 31 March 2016, updated to 31 March 2018 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

The Foundation Trust estimates that its employer contributions into the scheme in 2018-19 will be approximately £17.2m.

Scheme provisions
The NHS Pension Scheme provides defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained.

The Scheme is a 'final salary' scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three year pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

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; and
- the cost of the item can be measured reliably.
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost; or
- items, such as salary costs are directly attributable to the asset.

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

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.

Land and Buildings are measured subsequently at fair value. On the 31 March 2018 Land and Buildings were revalued using the Modern Equivalent Valuation methodology by the District Valuer, who is an appropriately qualified member of the Royal Institution of Chartered Surveyors (RICS). Properties in the course of construction for service or administration purposes are carried at cost, less than impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use. The revaluation undertaken at that date was accounted for on 31 March 2018. The next revaluation will be no later than the 1 April 2023.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the

replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

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

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

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

Impairments
In accordance with the *DH 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 income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

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

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
    - management are committed to a plan to sell the asset;
    - an active programme has begun to find a buyer and complete the sale;
    - the asset is being actively marketed at a reasonable price;
    - the sale is expected to be completed within 12 months of the date of classification as 'held for sale'; and
    - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.7.4 Donated and grant funded assets

Donated, government grant and other grant funded assets

See Note 1.1 re matching concept IAS 16 vs. GAM

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

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

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 Foundation 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 and the charges for services.

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

Note 1.7.6 Useful Economic lives of property, plant and equipment

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

	Min life	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	5	115
Dwellings	105	105
Plant & machinery	1	25
Transport equipment	7	15
Information technology	1	12
Furniture & fittings	7	15

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

Note 1.8 Intangible assets

Note 1.8.1 Recognition

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

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic life of intangible assets

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

	Min life	Max life
	Years	Years
Information technology	7	8
Development expenditure	-	-
Websites	-	-
Software licences	1	7
Licences & trademarks	1	7
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

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 Not Required

Note 1.11 Cash and cash equivalents

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

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

Note 1.12 Not Required

Note 1.13 Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

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

Classification and measurement
Financial assets are categorised as loans and receivables. Financial liabilities are classified as other financial liabilities

Financial assets and financial liabilities at "fair value through income and expenditure"
Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges. Derivatives which are embedded in other contracts but which are not "closely-related" to those contracts are separated-out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed through the Statement of Comprehensive Income.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise: Cash at bank and in hand, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate

that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities
All 'other' financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the statement of financial position.

Determination of fair value
For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices.

Impairment of financial assets
At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at “fair value through income and expenditure” are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset’s carrying amount and the present value of the revised future cash flows discounted at the asset’s original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through a bad debt provision.

Note 1.14 Leases

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

Note 1.14.1 The Trust as lessee

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

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

The annual rental 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 1.14.2 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 1.15 Provisions

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

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 33.1 but is not recognised in the Trust's accounts.

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

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend.

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

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

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

Note 1.18 Value added tax

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

Note 1.19 Corporation tax

Foundation Trusts are exempt from corporation tax on their principal healthcare income streams under section 519A Income and Corporation Taxes Act 1988. In determining whether other income may be taxable, a three-stage test must be employed which asks whether the activity is an authorised activity related to the provision of core healthcare, whether the activity is actually or potentially in competition with the private sector, and whether the annual profits of the activity are in excess of £50,000 per trading activity. The Trust has assessed its car parking and catering income against this criteria and does not have any corporation tax liability in the current or prior year. Optimus Health Limited has carried out its own tax computation and no corporation tax is payable on its trading period. The Foundation Trust has assessed that no tax liability arises from North Tees and Hartlepool Solutions LLP.

Note 1.20 Foreign exchange

The functional and presentational currencies of the Trust are 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 (other than financial instruments measured at "fair value through income and expenditure") 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 1.21 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 1.22 Losses and special payments

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

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

Note 1.23 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.24 Not Required

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017-18.

Note 2 Operating Segments

The Trust has determined that the chief operating decision maker for the Trust is the Board of Directors, on that basis all strategic decisions are made by the Board. No segmental information is presented to the Board of Directors so on that basis it has been determined that there is only one business segment, that of healthcare.

The Trust conducts the majority of its business with Health Bodies in England. Transactions with entities in Scotland, Ireland and Wales are conducted in the same manner as those within England.

Organisations which contribute 5% or more of the Trust's income in either period are set out in the table below. Further information can be found in note 46, Related Party transactions.

	2017-18	2016-17
Hartlepool and Stockton-On-Tees Clinical Commissioning Group	64%	60%
Durham Dales, Easington and Sedgefield Clinical Commissioning Group	12%	12%
Cumbria, Northumberland, Tyne and Wear Area Team	3%	3%
North East Commissioning Hub	5%	5%

Note 3 Operating income from patient care activities (Group)

Note 3.1 Income from patient care activities (by nature)

	2017-18	2016-17
	£000	£000
Acute services		
Elective income	32,865	36,651
Non elective income	87,476	78,262
First outpatient income	13,361	38,915
Follow up outpatient income	13,203	-
A & E income	12,577	10,148
High cost drugs income from commissioners (excluding pass-through costs)	-	-
Other NHS clinical income	59,565	53,017
Other income	-	-
Community services		
Community services income from CCGs and NHS England	33,410	37,435
Income from other sources (e.g. local authorities)	4,983	6,800
All services		
Private patient income	-	128
Other clinical income	-	-
Total income from activities	**257,440**	**261,356**

Note 3.2 Income from patient care activities (by source)

	2017-18	2016-17
Income from patient care activities received from:	**£000**	**£000**
NHS England	25,998	-
Clinical commissioning groups	223,476	244,223
Department of Health and Social Care	-	5,401
Other NHS providers	649	1,261
NHS other	277	798
Local authorities	5,334	7,610
Non-NHS: private patients	113	128
Non-NHS: overseas patients (chargeable to patient)	93	135
NHS injury scheme	713	899
Non NHS: other	787	902
Total income from activities	**257,440**	**261,356**
Of which:		
Related to continuing operations	257,440	261,356
Related to discontinued operations	-	-

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

	2017-18	2016-17
	£000	£000
Income recognised this year	93	135
Cash payments received in-year	33	21
Amounts added to provision for impairment of receivables	199	-
Amounts written off in-year	0	-

Note 4 Other operating income (Group)

	2017-18	2016-17
	£000	£000
Research and development	992	1,011
Education and training	8,767	9,404
Receipt of capital grants and donations	(953)	-
Charitable and other contributions to expenditure	-	-
Non-patient care services to other bodies	2,402	6,426
Support from the Department of Health and Social Care for mergers	-	-
Sustainability and transformation fund income	1,187	8,953
Rental revenue from operating leases	458	364
Rental revenue from finance leases	-	-
Income in respect of staff costs where accounted on gross basis	-	-
Charitable fund incoming resources	229	226
Other income	9,689	5,064
Total other operating income	**22,771**	**31,448**
Of which:		
Related to continuing operations	22,771	31,448
Related to discontinued operations	-	-

Other income includes revenue from car parking, catering, and the Quality Control Lab. In addition, and due to the establishment of the LLP company, there is revenue from the resulting reduction in rebuild costs and from a lower stock holding

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2017-18	2016-17
	£000	£000
Income from services designated as commissioner requested services	245,835	244,007
Income from services not designated as commissioner requested services	34,376	48,797
Total	**280,211**	**292,804**

Note 5 Fees and charges (Group)

	2017-18	2016-17
	£000	£000
Income	-	-
Full cost	-	-
Surplus / (deficit)	**-**	**-**

Note 6 Operating expenses (Group)

	2017-18	2016-17
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,784	1,184
Purchase of healthcare from non-NHS and non-DHSC bodies	1,020	796
Purchase of social care	6	-
Staff and executive directors costs	201,136	197,838
Remuneration of non-executive directors	138	138
Supplies and services - clinical (excluding drugs costs)	25,123	26,354
Supplies and services - general	8,260	4,130
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	20,383	18,891
Inventories written down	1,710	-
Consultancy costs	675	103
Establishment	5,253	2,478
Premises	13,744	13,009
Transport (including patient travel)	274	1,747
Depreciation on property, plant and equipment	8,430	5,597
Amortisation on intangible assets	39	41
Net impairments	11,439	5,418
Decrease in provision for impairment of receivables	(53)	(156)
Increase/(decrease) in other provisions	59	(172)
Change in provisions discount rate(s)	-	96
audit services- statutory audit	97	76
Internal audit costs	-	251
Clinical negligence	10,888	9,958
Legal fees	369	180
Insurance	208	170
Research and development	-	58
Education and training	654	989
Rentals under operating leases	1,216	1,121
Early retirements	-	-
Redundancy	174	308
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	307	320
Car parking & security	30	40
Losses, ex gratia & special payments	6	5
Other services, e.g. external payroll	-	3
Other NHS charitable fund resources expended	428	174
Other	88	-
Total	**315,914**	**291,145**
Of which:		
Related to continuing operations	315,914	291,145
Related to discontinued operations	-	-

Note 7 Impairments (Group)

	2017-18	2016-17
	£000	£000
Net impairments charged to operating surplus resulting from:		
Changes in market price	10,048	5,418
Other	1,391	-
Total net impairments charged to operating surplus	**11,439**	**5,418**
Impairments charged to the revaluation reserve	7,302	-

Impairments comprise;

- Assets that cannot be physically identified - £872k
- Wynyard - £519k - new hospital design and project management cost relating to land purchase, no longer owned by the Trust.
- Asset under construction - Energy Centre - £1,534k - reduction in value relating to lower rebuild value due to establishment of the LLP
- MEA - £8,514k - reduction in value relating to lower rebuild value due to establishment of the LLP

Note 8 Employee benefits (Group)

	2017-18	2016-17
	Total	Total
	£000	£000
Salaries and wages	161,618	159,270
Social security costs	14,003	14,520
Apprenticeship levy	690	-
Employer's contributions to NHS pensions	17,475	17,135
Pension cost - other	50	38
Temporary staff (including agency)	8,061	6,848
NHS charitable funds staff	181	27
Total gross staff costs	**202,078**	**197,838**
Recoveries in respect of seconded staff	-	-
Total staff costs	**202,078**	**197,838**
Of which		
Costs capitalised as part of assets	942	-

Further details on employee benefits and staff numbers can be found in the staff report

Note 8.1 Retirements due to ill-health (Group)

During 2017-18 there were 5 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £220k (£188k in 2016-17).

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

Note 8.2 Directors' remuneration

The aggregate amounts payable to directors were:

	Group	
	2017-18	2016-17
	£000	£000
Salary	1,468	1,267
Taxable benefits	9	9
Other remuneration	157	110
Employer's pension contributions	172	138
Total	**1,806**	**1,524**

Further details of directors' remuneration can be found in the remuneration report.

Note 9 Pension costs

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

contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2018 is based on valuation data as 31 March 2016, updated to 31 March 2018 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders. The Foundation Trust estimates that its employer contributions into the scheme in 2018-19 will be approximately £17.2m.

The Trust (via its subsidiary, North Tees and Hartlepool Solutions LLP) offers the National Employment Savings Scheme (NEST) to employees. The Trust has consolidated one month of accounts from the LLP into the Group accounts; amounts are therefore immaterial and will be addressed in 2019-20 when a full year is consolidated into the Group Accounts.

Note 10 Operating leases (Group)

Note 10.1 North Tees and Hartlepool NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where North Tees and Hartlepool NHS Foundation Trust is the lessor.

The Trust receives rental income from a number of agreements in relation to the leasing of land and accommodation space. No contingent rent is payable.

	2017-18	2016-17
	£000	£000
Operating lease revenue		
Minimum lease receipts	458	364
Total	**458**	**364**

	31 March 2018	31 March 2017
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	458	364
- later than one year and not later than five years;	1,712	1,275
- later than five years.	1,606	1,622
Total	**3,776**	**3,261**

Note 10.2 North Tees and Hartlepool NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where North Tees and Hartlepool NHS Foundation Trust is the lessee.

The Foundation Trust leases certain items of equipment where financial assessment has determined that leasing represents better value than the outright purchase of the equipment. The majority of agreements are in relation to lease vehicles over a three year period. Other agreements include the provision of medical equipment.

	2017-18	2016-17
	£000	£000
Operating lease expense		
Minimum lease payments	1,216	1,121
Total	**1,216**	**1,121**

	31 March 2018	31 March 2017
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,216	1,121
- later than one year and not later than five years;	1,919	1,683
- later than five years.	218	184
Total	**3,353**	**2,988**
Future minimum sublease payments to be received	-	-

Note 11 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2017-18	2016-17
	£000	£000
Interest on bank accounts	44	47
NHS charitable fund investment income	49	54
Total	**93**	**101**

Note 12.1 Finance expenses (Group)

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

	2017-18	2016-17
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	199	15
Main finance costs on PFI and LIFT schemes obligations	22	28
Contingent finance costs on PFI and LIFT scheme obligations	93	90
Total interest expense	**314**	**133**
Unwinding of discount on provisions	20	29
Total finance costs	**334**	**162**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2017-18	2016-17
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other losses (Group)

	2017-18	2016-17
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	(75)	(122)
Gains / losses on disposal of charitable fund assets	-	-
Total losses on disposal of assets	(75)	(122)
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains/(losses) on charitable fund investments & investment properties	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of available-for-sale financial investments	-	-
Total other losses	**(75)**	**(122)**

Note 14 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's surplus/(deficit) for the period was £40.4 million. The Trust's total comprehensive income/(expense) for the period was £41.0 million.

Note 15.1 Intangible assets - 2017-18

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2017 - brought forward	**1,331**	**0**	**1,331**
Reclassifications	(869)	-	**(869)**
Valuation / gross cost at 31 March 2018	**462**	**0**	**462**
Amortisation at 1 April 2017 - brought forward	**1,248**	**-**	**1,248**
Provided during the year	39	-	**39**
Reclassifications	(861)	-	**(861)**
Amortisation at 31 March 2018	**426**	**-**	**426**
Net book value at 31 March 2018	**36**	**0**	**36**
Net book value at 1 April 2017	**83**	**0**	**83**

Note 15.2 Intangible assets - 2016-17

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2016 - as previously stated	**1,321**	**10**	**1,331**
Prior year adjustments	-	-	**-**
Valuation / gross cost at 1 April 2016 - restated	**1,321**	**10**	**1,331**
Reclassifications	10	(10)	**-**
Valuation / gross cost at 31 March 2017	**1,331**	**0**	**1,331**
Amortisation at 1 April 2016 - as previously stated	**1,207**	**-**	**1,207**
Prior year adjustments	-	-	**-**
Amortisation at 1 April 2016 - restated	**1,207**	**-**	**1,207**
Provided during the year	41	-	**41**
Amortisation at 31 March 2017	**1,248**	**-**	**1,248**
Net book value at 31 March 2017	**83**	**0**	**83**
Net book value at 1 April 2016	**114**	**10**	**124**

Note 15.3 Intangible assets - 2017-18

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2017 - brought forward	**1,324**	**-**	**1,324**
Reclassifications	(869)		(869)
Valuation / gross cost at 31 March 2018	**455**	**-**	**455**
Amortisation at 1 April 2017 - brought forward	**1,248**	**-**	**1,248**
Provided during the year	39		39
Reclassifications	(861)		(861)
Amortisation at 31 March 2018	**426**	**-**	**426**
Net book value at 31 March 2018	**29**	**-**	**29**
Net book value at 1 April 2017	**76**	**-**	**76**

Note 15.4 Intangible assets - 2016-17

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2016 - as previously stated	**1,314**	**10**	**1,324**
Prior year adjustments			**-**
Valuation / gross cost at 1 April 2016 - restated	**1,314**	**10**	**1,324**
Reclassifications	10	(10)	**-**
Valuation / gross cost at 31 March 2017	**1,324**	**-**	**1,324**
Amortisation at 1 April 2016 - as previously stated	**1,207**	**-**	**1,207**
Prior year adjustments			**-**
Amortisation at 1 April 2016 – restated	**1,207**	**-**	**1,207**
Transfers by absorption			**-**
Provided during the year	41	**-**	**41**
Amortisation at 31 March 2017	**1,248**	**-**	**1,248**
Net book value at 31 March 2017	**76**	**-**	**76**
Net book value at 1 April 2016	**107**	**10**	**117**

Note 16.1 Property, plant and equipment - 2017-18

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	**6,013**	**86,665**	**400**	**12,187**	**45,046**	**1,084**	**22,024**	**4,957**	**178,376**
Additions	-	2,012	76	9,123	1,793	5	1,000	80	**14,090**
Impairments	(331)	(15,816)	(119)	(2,053)	(475)	(1)	(92)	(60)	**(18,947**
Revaluations	-	6,706	-	-	-	-	-	-	**6,706**
Reclassifications	336	(2,504)	(127)	(7,516)	(14,093)	(164)	(5,620)	(3,454)	**(33,143**
Disposals / derecognition	-	-	-	-	(679)	(14)	-	(4)	**(697)**
Valuation/gross cost at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**31,592**	**910**	**17,311**	**1,518**	**146,385**
Accumulated depreciation at 1 April 2017 - brought forward	**-**	**0**	**(0)**	**-**	**33,816**	**1,014**	**18,229**	**3,438**	**56,497**
Provided during the year	-	1,710	3	-	3,282	63	3,096	276	**8,430**
Impairments	-	(85)	-	-	(92)	(1)	(18)	(12)	**(207)**
Reclassifications	-	(1,625)	(3)	-	(14,700)	(290)	(13,979)	(2,553)	**(33,149)**
Disposals / derecognition	-	-	-	-	(588)	(14)	-	(2)	**(604)**
Accumulated depreciation at 31 March 2018	**-**	**0**	**(0)**	**-**	**21,718**	**774**	**7,328**	**1,147**	**30.966**
Net book value at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**9,875**	**136**	**9,983**	**371**	**115,418**
Net book value at 1 April 2017	**6,013**	**86,665**	**400**	**12,187**	**11,230**	**70**	**3,795**	**1,519**	**121,879**

Note 16.2 Property, plant and equipment - 2016-17

Group	Land	Buildings excluding dwellings	Dwellings	Assets under constructio	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2016 - as previously stated	**10,675**	**261,450**	**1,028**	**7,641**	**44,564**	**1,155**	**20,630**	**5,406**	**352,549**
Prior year adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2016 - restated	**10,675**	**261,450**	**1,028**	**7,641**	**44,564**	**1,155**	**20,630**	**5,406**	**352,549**
Additions	-	3,167	50	4,546	1,789	-	1,394	35	**10,981**
Impairments	-	(5,320)	(98)	-	-	-	-	-	**(5,418)**
Revaluations	(4,662)	(172,630)	(580)	-	-	-	-	-	**(177,872)**
Disposals / derecognition	-	(2)	-	-	(1,307)	(71)	-	(484)	**(1,864)**
Valuation/gross cost at 31 March 2017	**6,013**	**86,665**	**400**	**12,187**	**45,046**	**1,084**	**22,024**	**4,957**	**178,376**
Accumulated depreciation at 1 April 2016 - as previously stated	**5,147**	**170,709**	**571**		**32,628**	**1,057**	**17,252**	**3,635**	**230,99**
Prior year adjustments	-	-	-						
Accumulated depreciation at 1 April 2016 - restated	**5,147**	**170,709**	**571**		**32,628**	**1,057**	**17,252**	**3,635**	**230,99**
Provided during the year	-	1,923	9		2,412	28	977	248	**5,597**
Revaluations	(5,147)	(172,630)	(580)						**(178,357)**
Disposals/ derecognition	-	(2)	-		(1,224)	(71)		(445)	**(1,742)**
Accumulated depreciation at 31 March 2017	**-**	**0**	**(0)**		**33,816**	**1,01**	**18,22**	**3,438**	**56,497**
Net book value at 31 March 2017	**6,013**	**86,665**	**400**	**12,187**	**11,230**	**70**	**3,795**	**1,519**	**121,879**
Net book value at 1 April 2016	**5,528**	**90,741**	**457**	**7,641**	**11,936**	**98**	**3,378**	**1,771**	**121,550**

Note 16.3 Property, plant and equipment financing - 2017-18

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	6,018	77,063	230	11,743	9,813	136	9,984	372	**115,358**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	62	-	-	-	**62**
NBV total at 31 March 2018	**6,018**	**77,063**	**230**	**11,743**	**9,875**	**136**	**9,984**	**372**	**115,420**

Note 16.4 Property, plant and equipment financing - 2016-17

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2017									
Owned – purchased	6,013	86,665	400	12,187	11,063	70	3,795	1,519	**121,712**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	167	-	-	-	**167**
NBV total at 31 March 2017	**6,013**	**86,665**	**400**	**12,187**	**11,230**	**70**	**3,795**	**1,519**	**121,879**

Note 16.5 Property, plant and equipment - 2017-18

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	**6,013**	**86,665**	**400**	**12,187**	**45,046**	**1,084**	**22,024**	**4,957**	**178,376**
Additions	-	2,012	76	9,123	1,793	5	1,000	80	**14,090**
Impairments	(331)	(15,816)	(119)	(2,053)	(475)	(1)	(92)	(60)	**(18,947)**
Revaluations	-	6,706	-	-	-	-	-	-	**6,706**
Reclassifications	336	(2,504)	(127)	(7,516)	(14,093)	(164)	(5,620)	(3,454)	**(33,143)**
Disposals / derecognition	-	-	-	-	(679)	(14)	-	(4)	**(697)**
Valuation/gross cost at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**31,592**	**910**	**71,311**	**1,518**	**146,385**
Accumulated depreciation at 1 April 2017 - brought forward	**-**	**0**	**(0)**	**-**	**33,816**	**1,014**	**18,229**	**3,438**	**56,497**
Provided during the year	-	1,710	3	-	3,282	63	3,096	276	**8,430**
Impairments	-	(85)	-	-	(92)	(1)	(18)	(12)	**(207)**
Reclassifications	-	(1,625)	(3)	-	(14,700)	(290)	(13,979)	(2,553)	**(33,149)**
Disposals / derecognition	-	-	-	-	(588)	(14)	-	(2)	**(604)**
Accumulated depreciation at 31 March 2018	**-**	**140,384**	**716**	**-**	**19,350**	**645**	**7,302**	**3,044**	**171,440**
Net book value at 31 March 2018	**6,018**	**77,063**	**230**	**11,742**	**9,875**	**136**	**9,983**	**371**	**115,418**
Net book value at 1 April 2017	**6,013**	**86,665**	**400**	**12,187**	**11,230**	**70**	**3,795**	**1,519**	**121,879**

Note 16.6 Property, plant and equipment - 2016-17

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2016 - as previously stated	**10,675**	**261,450**	**1,028**	**7,641**	**44,564**	**1,155**	**20,630**	**5,406**	**352,549**
Prior year adjustments									**-**
Valuation / gross cost at 1 April 2016 - restated	**10,675**	**261,450**	**1,028**	**7,641**	**44,564**	**1,155**	**20,630**	**5,406**	**352,549**
Additions	-	3,167	50	4,546	1,789	-	1,394	35	**10,981**
Impairments	-	(5,320)	(98)	-	-	-	-	-	**(5,418)**
Revaluations	(4,662)	(172,630)	(580)	-	-	-	-	-	**(177,872)**
Disposals / derecognition	-	(2)	-	-	(1,307)	(71)	-	(484)	**(1,864)**
Valuation/gross cost at 31 March 2017	**6,013**	**86,665**	**400**	**12,187**	**45,046**	**1,084**	**22,024**	**4,957**	**178,376**
Accumulated depreciation at 1 April 2016 - as previously stated	**5,147**	**170,709**	**571**	**-**	**32,628**	**1,057**	**17,252**	**3,635**	**230,999**
Prior year adjustments									**-**
Accumulated depreciation at 1 April 2016 - restated	**5,147**	**170,709**	**571**	**-**	**32,628**	**1,057**	**17,252**	**3,635**	**230,999**
Provided during the year	-	1,923	9	-	2,412	28	977	248	**5,597**
Revaluations	(5,147)	(172,630)	(580)	-	-	-	-	-	**(178,357)**
Disposals/ derecognition	-	(2)	-	-	(1,224)	(71)	-	(445)	**(1,742)**
Accumulated depreciation at 31 March 2017	**-**	**-**	**-**	**-**	**33,816**	**1,014**	**18,229**	**3,438**	**56,497**
Net book value at 31 March 2017	**6,013**	**86,665**	**400**	**12,187**	**11,230**	**70**	**3,795**	**1,519**	**121,879**
Net book value at 1 April 2016	**5,528**	**90,741**	**457**	**7,641**	**11,936**	**98**	**3,378**	**1,771**	**121,550**

Note 16.7 Property, plant and equipment financing - 2017-18

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	6,018	77,063	230	11,743	9,813	136	9,984	372	**115,358**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	62	-	-	-	**62**
NBV total at 31 March 2018	**6,018**	**77,063**	**230**	**11,743**	**9,875**	**136**	**9,984**	**372**	**115,420**

Note 16.8 Property, plant and equipment financing - 2016-17

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2017									
Owned – purchased	6,013	86,665	400	12,187	11,063	70	3,795	1,519	**121,712**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	167	-	-	-	**167**
NBV total at 31 March 2017	**6,013**	**86,665**	**400**	**12,187**	**11,230**	**70**	**3,795**	**1,519**	**121,879**

Note 17 Revaluations of property, plant and equipment

During the year the assets were revalued by the District Valuer and the following adjustments have been made:

	2017-18	2016-17
	£000	£000
Impairment charged/(credited) to the Statement of Comprehensive Income		
Dwellings	119	98
Land	331	
Buildings excluding Dwellings	15,365	5,320
Total	**15,815**	**5,418**
Increase in Revaluation Reserve	**2017-18**	**2016-17**
	£000	**£000**
Buildings excluding dwellings	6,706	-
Dwellings	-	-
Land	-	485
Total	**6,706**	**485**

Note 18.1 Investment Property (not required)

Note 18.2 Investment property income and expenses (Group) (not required)

Note 19 Investments in associates and joint ventures (not required)

Note 20 Other investments / financial assets (non-current)

	Group		Trust	
	2017-18	2016-17	2017-18	2016-17
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**1,568**	**1,366**	**-**	**-**
Prior year adjustments		-		
Carrying value at 1 April - restated	**1,568**	**1,366**	**-**	**-**
Movement in fair value	39	202	-	-
Disposals	(350)	-	-	-
Carrying value at 31 March	**1,257**	**1,568**	**-**	**-**

Note 21 Disclosure of interests in other entities (not required)

Note 22 Analysis of charitable fund reserves

The Trust has consolidated the accounts of the North Tees and Hartlepool NHS Foundation Trust General Charitable Fund within these statements.

	31 March 2018	31 March 2017
	£000	£000
Unrestricted funds:		
Unrestricted income funds	96	130
Restricted funds:		
Other restricted income funds	1,166	1,429
	1,262	**1,559**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for a specific future purpose which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 23 Inventories

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Drugs	1,441	1,880	1,325	1,778
Work In progress	-	-		
Consumables	3,795	6,518	3,795	6,518
Energy	-	-		-
Other	-	-		-
Charitable fund inventory	-	-		
Total inventories	**5,236**	**8,398**	**5,120**	**8,296**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £41,321k (2016-17: £44,681k). Write-down of inventories recognised as expenses for the year were £1,710k (2016-17: £0k).

Note 24.1 Trade receivables and other receivables

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Current				
Trade receivables	17,711	8,666	14,543	8,781
Accrued income	2,190	9,492	2,759	9,492
Provision for impaired receivables	(1,199)	(1,233)	(1,199)	(1,233)
Prepayments (non-PFI)	2,213	2,212	2,067	2,212
VAT receivable	-	746	(200)	746
Other receivables	185	3,435	20,734	3,634
NHS charitable funds: trade and other receivables	20	17	20	17
Total current trade and other receivables	**21,120**	**23,335**	**38,724**	**23,649**

Non-current				
Trade receivables	-	1,305	-	-
Other receivables	1,488	-	2,446	1,370
Total non-current trade and other receivables	**1,488**	**1,305**	**2,446**	**1,370**
Of which receivables from NHS and DHSC group bodies:				
Current	14,025	17,961	13,747	8,781
Non-current	-	-		

Note 24.2 Provision for impairment of receivables

	Group		Trust	
	2017-18	2016-17	2017-18	2016-17
	£000	£000	£000	£000
At 1 April as previously stated	**1,233**	**1,389**	**1,233**	**1,389**
Prior year adjustments		-		
At 1 April - restated	**1,233**	**1,389**	**1,233**	**1,389**
Transfers by absorption	-	-		-
Decrease in provision	(53)	(156)	(53)	(156)
Amounts utilised	19	-	19	-
Unused amounts reversed	-	-		-
At 31 March	**1,199**	**1,233**	**1,199**	**1,233**

Note 24.3 Credit quality of financial assets

Group	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
Ageing of impaired financial assets	**£000**	**£000**	**£000**	**£000**
0 - 30 days	0	-	7	-
30-60 Days	1	-	-	-
60-90 days	6	-	8	-
90- 180 days	17	-	37	-
Over 180 days	1,894	-	1,181	-
Total	**1,918**	**-**	**1,233**	**-**
Ageing of non-impaired financial assets past their due date				
0 - 30 days	3,515	-	2,040	-
30-60 Days	1,206	-	1,615	-
60-90 days	1,459	-	77	-
90- 180 days	1,086	-	701	-
Over 180 days	4,441	-	838	-
Total	**11,707**	**-**	**5,271**	**-**

Trust	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
Ageing of impaired financial assets	**£000**	**£000**	**£000**	**£000**
0 - 30 days	17		7	
30-60 Days	30		-	
60-90 days	33		8	
90- 180 days	74		37	
Over 180 days	1,045		1,181	
Total	**1,199**	**-**	**1,233**	**-**

Ageing of non-impaired financial assets past their due date				
0 - 30 days	3,515	-	2,040	-
30-60 Days	1,206	-	1,615	-
60-90 days	1,459	-	77	-
90- 180 days	1,086	-	701	-
Over 180 days	4,441	-	838	-
Total	**11,707**	**-**	**5,271**	**-**

Note 24.4 Credit quality of financial assets (continued)

The majority of the Trust's income comes from contracts with other public sector bodies, the Trust therefore has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the Trade and other receivables note.

Note 25 Other assets (not required)

Note 26 Non-current assets for sale and assets and liabilities in disposal groups

Non-operational land at Hartlepool valued at £1.486k is to be sold in 2018-19.

Note 27.1 Cash and cash equivalents movements

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

	Group		Trust	
	2017-18	2016-17	2017-18	2016-17
	£000	£000	£000	£000
At 1 April	**20,377**	**23,516**	**20,282**	**23,336**
Prior year adjustments		-		
At 1 April (restated)	**20,377**	**23,516**	**20,282**	**23,336**
Transfers by absorption	-	-		-
Net change in year	(8,148)	(3,139)	(8,302)	(3,054)
At 31 March	**12,229**	**20,377**	**11,980**	**20,282**
Broken down into:				
Cash at commercial banks and in hand	532	259	276	164
Cash with the Government Banking Service	11,697	20,118	11,697	20,118
Deposits with the National Loan Fund	-	-	-	-
Other current investments	-	-	-	-
Total cash and cash equivalents as in SoFP	**12,229**	**20,377**	**11,973**	**20,282**
Bank overdrafts (GBS and commercial banks)	-	-		-
Drawdown in committed facility	-	-		-
Total cash and cash equivalents as in SoCF	**12,229**	**20,377**	**11,973**	**20,282**

Note 27.2 Third party assets held by the Trust

North Tees and Hartlepool NHS Foundation Trust held cash and cash equivalents which relate to monies held by the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts

	Group and Trust	
	31 March 2018	31 March 2017
	£000	£000
Bank balances	17	15
Monies on deposit	-	-
Total third party assets	**17**	**15**

Note 28.1 Trade and other payables

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Current				
Trade payables	17,004	19,804	24,457	19,817
Capital payables	1,427	807	14,104	807
Accruals	12,614	5,837	11,023	5,852
Receipts in advance (including payments on account)	-	-	-	-
Social security costs	6,187	3,755	5,843	3,753
VAT payables	783	-	783	-
Other taxes payable	-	-		-
PDC dividend payable	154	154	154	154
Accrued interest on loans	92	15	92	-
Other payables	27	99	27	-
NHS charitable funds: trade and other payables	98	21		-
Total current trade and other payables	**38,386**	**30,492**	**56,483**	**30,383**
Of which payables from NHS and DHSC group bodies:				
Current	7,333	5,225	7,333	5,225
Non-current	-	-	-	-

Note 28.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

Group and Trust	31 March 2018	31 March 2018	31 March 2017	31 March 2017
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-	-	-	-
- number of cases involved	-	-	-	-
- outstanding pension contributions	-	-	-	-

Note 29 Other financial liabilities

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Current				
Total current other financial liabilities	**-**	**-**	**-**	**-**
Non-current				
Total non-current other financial liabilities	**-**	**-**	**-**	-

Note 30 Other liabilities

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Current				
Deferred income	2,138	618	2,123	618
Deferred grants	-	2	-	2
Total other current liabilities	**2,138**	**620**	**2,123**	**620**
Non-current				
Deferred income	1,054	103	842	103
Total other non-current liabilities	**1,054**	**103**	**842**	**103**

Note 31 Borrowings

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Current				
Loans from DHSC	267	-	267	-
Obligations under finance leases	-	-	-	162
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	162	162	162	-
Total current borrowings	**429**	**162**	**429**	**162**
Non-current				
Loans from DHSC	12,033	4,000	12,033	4,000
Obligations under finance leases	-	-	-	158
Obligations under PFI, LIFT or other service concession contracts	-	158	-	-
Total non-current borrowings	**12,033**	**4,158**	**12,033**	**4,158**

Note 32 Finance leases (not required)

Note 33.1 Provisions (Group)

Group	Pensions - early departure costs	Legal claims	Re-structuring	Continuing care	Equal Pay (including Agenda for Change)	Redundancy	Other	Charitable fund provisions	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2017	**580**	**127**	**-**	**-**	**-**	**-**	**733**	**-**	**1,440**
Arising during the year	-	59	-	-	-	-	-	-	**59**
Utilised during the year	(2)	(33)	-	-	-	-	9	-	**(27)**
Unwinding of discount	12	-	-	-	-	-	8	-	**20**
At 31 March 2018	**590**	**153**	**-**	**-**	**-**	**-**	**750**	**-**	**1,492**
Expected timing of cash flows:									
- not later than one year;	80	152	-	-	-	-	46	-	**278**
- later than one year and not later than five years;	320	-	-	-	-	-	184	-	**504**
- later than five years.	190	1	-	-	-	-	520	-	**711**
Total	**590**	**153**	**-**	**-**	**-**	**-**	**750**	**-**	**1,492**

The amounts and timings of cash flows are based upon advice from the NHS Litigation Authority and the NHS Pensions Agency.

Included in the "other" category and arising during the year are provisions for injury benefits of £750k of which £46k are current and £704k are non-current.

Legal claims - based upon professional assessments, which are uncertain to the extent that they are an estimate of the likely outcome of individual cases. Due dates of settlement of claims are based upon estimates supplied by the NHS Litigation Authority and / or Legal Advisers.

The Trust has an insurance arrangement through the NHS Litigation Authority in respect of clinical negligence, with liabilities covered by an annual premium payment. Excluded from this note therefore is a

sum of £130.9k (2016-17 £171.2m) which is included within the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Trust.

Note 33.2 Clinical negligence liabilities

At 31 March 2018, £191,824k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Tees and Hartlepool NHS Foundation Trust (31 March 2017: £170,674k).

Note 34 Contingent assets and liabilities

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Value of contingent liabilities				
Other	(50)	-	-	-
Gross value of contingent liabilities	**(50)**	**-**	**-**	**-**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**(50)**	**-**	**-**	**-**
Net value of contingent assets	**-**	**-**		

The Trust has a contingent Liability relating to a claim for rates rebates and potential legal costs. This is estimated at c. £50k.

Note 35 Contractual capital commitments

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Property, plant and equipment	10,506	2,946	10,506	2,946
Intangible assets	-	-	-	-
Total	**10,506**	**2,946**	**10,506**	**2,946**

Note 36 Defined benefit pension schemes

The Trust (via its subsidiary, North Tees and Hartlepool Solutions LLP) offers the National Employment Savings Scheme (NEST) to employees. The Trust has consolidated one month of accounts from the LLP into the Group accounts; amounts are therefore immaterial and will be addressed in 2019-20 when a full year is consolidated into the Group Accounts.

Note 37 On-SoFP PFI, LIFT or other service concession arrangements

The scheme is for the redevelopment of the Energy Plant at the University Hospital of Hartlepool. The plant was commissioned in November 2002. The agreement is with Dalkia Utilities and the service they provide is that of electricity to the hospital. The contract price is uplifted in line with the RPI annually. At the end of the 15 year agreement, the asset reverts to the Trust.

Note 37.1 Imputed finance lease obligations

The following are obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Gross PFI, LIFT or other service concession liabilities	**62**	**463**	**62**	**463**
Of which liabilities are due				
- not later than one year;	162	295	162	295
- later than one year and not later than five years;	-	168	-	168
Finance charges allocated to future periods	-	(143)	-	(143)
Net PFI, LIFT or other service concession arrangement obligation	**162**	**320**	**162**	**320**
- not later than one year;	162	162	162	162
- later than one year and not later than five years;	-	158	-	158

Note 37.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	162	465	162	465
Of which liabilities are due:				
- not later than one year;	162	296	162	296
- later than one year and not later than five years;	-	169	-	169
- later than five years.	-	-	-	-

Note 37.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2017-18	2016-17	2017-18	2016-17
	£000	£000	£000	£000
Unitary payment payable to service concession operator	583	613	583	613
Consisting of:				
- Interest charge	23	28	23	28
- Repayment of finance lease liability	161	175	161	175
- Service element and other charges to operating expenditure	307	320	307	320
- Contingent rent	93	90	93	90
Total amount paid to service concession operator	**583**	**613**	**583**	**613**

Note 38 Financial instruments

Note 38.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Because of the

continuing service provider relationship that the NHS Foundation Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk
Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2017 are in receivables from customers, as disclosed in the Trade and other receivables note.

Liquidity risk
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Future liquidity is dependent on delivery of the Cost Improvement Programme and receipt of the Sustainability and Transformation Funding. Further details are given in Note 1 (Accounting Policies - Going Concern).

Note 38.2 Carrying values of financial assets

Group	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2018					
Trade and other receivables excluding non-financial assets	20,086	-	-	-	**20,086**
Cash and cash equivalents	12,146	-	-	-	**12,146**
Consolidated NHS Charitable fund financial assets	20	1,340	-	-	**1,360**
Total at 31 March 2018	**32,252**	**1,340**	**-**	**-**	**33,592**

Group	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2017					
Trade and other receivables excluding non-financial assets	22,428	-	-	-	**22,428**
Cash and cash equivalents	20,377	-	-	-	**20,377**
Consolidated NHS Charitable fund financial assets	17	1,643	-	-	**1,660**
Total at 31 March 2017	**42,822**	**1,643**	**-**	**-**	**44,465**

Trust	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2018					
Trade and other receivables excluding non-financial assets	38,036	-	-	-	**38,036**
Cash and cash equivalents	11,973	-	-	-	**11,973**
Total at 31 March 2018	**50,009**	**-**	**-**	**-**	**50,009**

Trust	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2017					
Trade and other receivables excluding non-financial assets	22,807				**22,807**
Cash and cash equivalents	20,282				**20,282**
Total at 31 March 2017	**43,089**	**-**	**-**	**-**	**43,089**

Note 38.3 Carrying values of financial liabilities

Group	Other financial liabilities	Liabilities at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2018			
Borrowings excluding finance lease and PFI liabilities	12,300	-	**12,300**
Obligations under PFI, LIFT and other service concession contracts	162	-	**162**
Trade and other payables excluding non financial liabilities	38,134	-	**38,134**
Provisions under contract	1,492	-	**1,492**
Total at 31 March 2018	**52,088**	**-**	**52,088**

Group	Other financial liabilities	Liabilities at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2017			
Borrowings excluding finance lease and PFI liabilities	4,000	-	**4,000**
Obligations under PFI, LIFT and other service concession contracts	320	-	**320**
Trade and other payables excluding non financial liabilities	30,490	-	**30,490**
Provisions under contract	1,440	-	**1,440**
Total at 31 March 2017	**36,250**	**-**	**36,250**

Trust	Other financial liabilities	Liabilities at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2018			
Borrowings excluding finance lease and PFI liabilities	12,300	-	**12,300**
Obligations under PFI, LIFT and other service concession contracts	162	-	**162**
Trade and other payables excluding non-financial liabilities	56,257	-	**56,257**
Provisions under contract	1,492	-	**1,492**
Total at 31 March 2018	**70,211**	**-**	**70,211**

Trust	Other financial liabilities	Liabilities at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2017			
Borrowings excluding finance lease and PFI liabilities	4,000	-	**4,000**
Obligations under PFI, LIFT and other service concession contracts	320	-	**320**
Trade and other payables excluding non financial liabilities	30,383	-	**30,383**
Provisions under contract	1,440	-	**1,440**
Total at 31 March 2017	**36,143**	**-**	**36,143**

Note 38.4 Fair values of financial assets and liabilities

Fair value is not considered to be significantly different from the book value.

Note 38.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
In one year or less	38,574	30,801	56697	30694
In more than one year but not more than two years	504	1,449	504	1449
In more than two years but not more than five years	710	-	710	
In more than five years	12,300	4,000	12300	4000
Total	**52,088**	**36,250**	**70,211**	**36,143**

Note 39 Losses and special payments

Group and Trust	2017-18		2016-17	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	27	52	30	8
Stores losses and damage to property	-	-	5	0
Total losses	**27**	**52**	**35**	**8**
Special payments				
Compensation under court order or legally binding arbitration award	1	1	1	-
Ex-gratia payments	22	9	23	5
Total special payments	**23**	**9**	**24**	**5**
Total losses and special payments	**50**	**62**	**59**	**13**
Compensation payments received		-		-

NHS Foundation Trusts are required to report to the Department of Health any losses or special payments, as the Department still retains responsibility for reporting these to Parliament.

By their very nature such payments should not arise, and they are therefore subject to special control procedures compared to payments made in the normal course of business.

There were no payments which exceeded £300,000.

The Trust has not made any losses or special payments other than those disclosed in the table above.

Note 40 Related parties

Ultimate parent

North Tees and Hartlepool NHS Foundation Trust is a public benefit corporation established under the National Health Service Act 2006. Monitor (NHS Improvement), the Independent Regulator for NHS Foundation Trust, has the power to control the Trust within the meaning of IAS27 "Consolidated and Separate Financial Statements.

NHS Improvement does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts. The NHS FT Consolidated Accounts are included within the Whole of Government Accounts. NHSI is accountable to the Secretary of State for Health and therefore the Trust's ultimate parent is HM Government.

Wider Government Accounting

All government bodies which fall within the Whole of Government accounts boundary are regarded as related parties because they are all under the common control of HM Government and Parliament. This includes for example all NHS bodies, all local authorities and central government bodies. Significant transactions and balances with other NHS bodies are detailed below:

	31 March 2018				31 March 2017			
	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£	£	£	£	£
Mr Paul Garvin Family member employed by the Trusts legal advisors Wardhadaway	-	-	-	-	3,482	-	-	-
Mr Alan Foster Non-Executive Director of North East and North Cumbria Academic Health Science Network	-	-	-	-	-	22,500	-	-
Mr Jonathon Erskine - Honorary Research Fellow at Durham University	-	-	-	-	1,026	44,311	-	-
Mr Brian Dinsdale - Board Director of the Thirteen Housing Group	-	-	-	180		-	-	-
Mr Stephen Hall Trustee AdAstra Academy Trust, Hartlepool	-	2,418	-	286	-	240	-	-
Mr Robert D Toole Director of RDT Management Services Limited	14,400	-	-	-	-	-	-	-

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the trustees for which are also members of the NHS Foundation Trust Board.

The audited accounts of the Funds held on Trust are available from the Charity Commission website www.charity-commission.gov.uk.

8. Contact Information

Chief Executive

Julie Gillon, Chief Executive (interim)
Tel: 01642 617617
Email: communications@nth.nhs.uk

Patient Experience Team

If you would like information, support or advice about the Trust's services, contact:

Tel: 01642 624719 or 07795061883 or freephone 0800 0920084
Email: patientexperience@nth.nhs.uk

Membership

If you would like to become a member of our NHS Foundation Trust, contact:

Tel: 01642 383765
Email: membership@nth.nhs.uk

Recruitment

If you are interested in becoming a member of staff at North Tees and Hartlepool NHS Foundation Trust, contact;

Tel 01642 624023 or 01642 624020
Email: resourcing@nth.nhs.uk
www.nhs.jobs.uk

Further information

If you have a media enquiry or require further information, contact:

Tel: 01642 624339
Email: communications@nth.nhs.uk
www.nth.nhs.uk

Trust address

If you wish to write to the Trust the postal address is:

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Hardwick
Stockton-on-Tees
TS19 8PE