North West Anglia
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS
2018/19

North West Anglia NHS Foundation Trust

Annual Report and Accounts 2018/19

Presented to Parliament pursuant to Schedule 7,

Paragraph 25 (4) (a) of the National Health Service Act 2006

Contents

SECTION 1

Introduction

About this Report

Our annual report, quality account and annual accounts present information about the services we provide, including our strategy for the coming year. It looks at our performance over the past year against strategic objectives, while providing a detailed review of our financial information in keeping with the Trust's pledge of openness and transparency.

This report is divided into the following sections:

Introduction
Statement by the Chairman and Chief Executive.

Performance Report
Our Trust explained – key facts about the Trust, our values and strategy, operational performance, achievements and accolades, plus current financial position, going concern, operational performance and our values and strategy. This section covers the requirements of a strategic report as set out in the *Companies Act 2006* and NHS Improvement guidance issued to NHS Foundation Trusts.

Quality Account
The Quality Account looks at our priorities in providing a good experience for patients with quality care, which is both safe and effective. It encompasses the Quality Account requirements into one document.

Accountability Report
This provides details of our performance against national targets; a financial review including risks facing the Trust; workforce and organisational development; and information relating to caring for patients and our community. In addition, it includes details of the Board of Directors, the Council of Governors, Foundation Trust membership, statutory information and governance standards for the organisation.

Finance Report
Provides a detailed look at the Trust's accounts for the past financial year.

For further information about the Trust, please contact the Communications Department on **01733 678024**, or email: **nwangliaft.communications@nhs.net**

Statement from the Chairman

Welcome to our Annual Report and Accounts for 2018/19. It has been a challenging second year for our recently-merged organisation. Whilst the integration programme continued, our staff across all our hospital sites have been incredibly busy managing increased demand in many specialties, particularly urgent care. This has adversely impacted our financial performance and we have received our first Care Quality Commission rating, which disappointingly, was 'Requires Improvement'.

Despite these challenges, we have made some notable post-merger achievements which serve to define the future direction of our Trust. With full input from our clinical teams, we published our Clinical Strategy in April 2018, setting out the vision for the way our acute services will run for the next five years. In November 2018, we published our Estates Strategy, having completed a full survey to understand the condition and quality of our newly-acquired estate. Using the Clinical Strategy as a driver, we have highlighted how we will develop our sites at Peterborough, Hinchingbrooke and Stamford over the next five to 10 years to reflect the needs of our growing population and incorporate the changing ways of delivering healthcare.

This strategic work has been developed in conjunction with our local healthcare system partners, as part of our commitment to the local Sustainability and Transformation Programme (STP) to improve care across the areas we serve and create a health service that is Fit For The Future. This year our Chief Executive and I have both fully participated in the first public meetings of our STP board and look forward to continue working alongside our system partners as new, more integrated ways of working develop for the future.

It was my pleasure to welcome Caroline Walker to the role of Chief Executive on 1 October 2018. Caroline had previously been our Finance Director/Deputy Chief Executive and was appointed following the retirement of Stephen Graves at the end of September 2018. I would also like to take this opportunity to thank Stephen for his dedication and leadership since 2014.

In the past year we have also welcomed three new executive directors to our Board: Interim Chief Operating Officer Simon Evans, Director of Finance David Pratt and Director of Workforce and Organisational Development, Louise Tibbert. In addition, we have appointed three new non-executive directors: Mary Dowglass, Ray Harding and Beverley Shears.

New board members naturally bring a fresh approach, and in support of this we have embarked on a major board development programme as we work together with our 6,230 staff to achieve our Trust vision of 'working together to be the best at providing outstanding care for local communities'.

Rob Hughes - Chairman

Each year the demands on our services increase and I would like to thank our staff for their efforts in 2018/19 to continue to provide services that are safe, effective and caring. It is heartening to see the many snippets of fantastic feedback scattered within the pages of this report that have been posted by patients and their relatives over the past year. This alone provides many reasons for us all to feel proud.

Finally, I would also like to thank our Governors and volunteers for giving up their free time to support us in our plans to improve and develop the quality of our services. Our volunteers gave a staggering 46,500 hours of support to our hospitals in 2018/19, for which my colleagues on the board of directors and I are extremely grateful.

Rob Hughes
Chairman
24 May 2019

Statement from the Chief Executive

I am extremely proud to present our Annual Report and Accounts 2018/19 for the first time as Chief Executive of North West Anglia NHS Foundation Trust.

Since taking up the post exactly half way through the financial year, I have met many patients, staff members, stakeholders and volunteers across our hospitals as part of my induction programme. This has provided a great opportunity to remind myself of the amazing care delivered daily, the challenges our staff and volunteers face in their roles and how important it is to get things right, first time, for our patients. I would like to thank my predecessor Stephen Graves for his support during the period of handover which was invaluable.

This year we have made some great strides forward in our work to fully integrate our organisation since merging two Trusts to create North West Anglia NHS Foundation Trust on 1 April 2017. This includes publishing both our Clinical Services and Estates Strategies which set out our plans for developing and improving our services and facilities. Our sights are firmly set on the future, to ensure we can meet the acute care needs of our growing local communities over the next five to 10 years.

It was a boost for both our staff and patients to learn in December 2018 that we had been successful in securing £25.5m in funding to redevelop the Hinchingbrooke Hospital site. This has allowed us to begin a redevelopment project to expand and improve our urgent care facilities on the site, which are no longer large enough to cope with increasing demand. Much of the funding will enable us to redevelop our operating theatres over the next two to three years.

Our sites at Peterborough and Stamford are also set to undergo changes as we adapt and develop services in line with our local health system partners and the NHS Long Term Plan. This includes looking at the prospect of creating a non-medical training and education facility on the Peterborough City Hospital site in conjunction with Anglia Ruskin University, and selling unused areas of land on the Stamford site to enable us to focus upon our acute care provision within our recently-refurbished hospital.

As our patient numbers increase, so do the number of staff needed to help us care for them. As our services grow and develop, so does the demand for parking spaces on each site. This has been a key issue for us this year. Despite having 2,000 spaces at Peterborough City Hospital, for example, there are at times not enough spaces for patients and staff to park there, which has resulted in some poor experiences. Similarly, we have received complaints regarding car parking provision at Hinchingbrooke Hospital. We have taken steps this year to address this issue at our sites – but there is more to do in 2019/20 to develop a Travel Plan for our Trust and to set in place a parking procedure that is fair for all.

Inspectors from the Care Quality Commission visited Peterborough City and Hinchingbrooke Hospital sites in June and July 2018 and rated the Trust as 'Requires

Caroline Walker - Chief Executive

Improvement' in our first North West Anglia NHS Foundation Trust inspection report published in October 2018. This was a disappointing result, given that both hospitals had previously been rated as 'Good'. However, our teams have been quick to address the areas highlighted as needing action to continue our journey to becoming outstanding, and I am confident that our hospitals are ready for a re-inspection with an improved outcome.

One of our greatest challenges continues to be recruiting and retaining our workforce. Like many hospitals across the NHS, we are doing all we can to attract people to work in our hospitals and ensure our staff enjoy and feel supported in their roles. We have provided additional support to our overseas staff this year as part of our preparations for Britain's withdrawal from the EU. We have shared regular updates with staff, especially the 500 recruited from the EU, to encourage them to continue making the UK their home after the EU exit arrangements are finalised.

Our recruitment priorities include reducing the number of temporary staff employed via agencies, and, towards the end of 2018/19, we have been delivering savings on agency staff in line with the agreement made with our regulator, NHS Improvement. At times of peak demand it has been a challenge to keep within cost limits whilst maintaining safe staffing levels on our wards.Our executive team has taken responsibility for reviewing all agency requests to ensure bookings are only made when necessary. Our executive team also oversees a weekly resourcing board to ensure we focus upon recruiting permanently to roles that help support the delivery of effective patient care and our organisational objectives.

As we have treated more patients this year, managing the costs of running our hospitals in line with our plan has been of great concern to the Trust board in 2018/19. A significant overspend on pay to meet staffing costs, plus an underachievement of our Cost Improvement Plans, meant that by the end of quarter three it was clear we would be unable to meet our agreed control total of £46.5m. In January 2019, following discussion and analysis by the Trust board, we notified our Regulator that we needed to change our financial forecast to £61.5m – an increase of £15m to our original control total. Our focus for 2019/20 will be to drive down our deficit and one way we will do this is by continuing with the controls put in place around effective recruitment and reducing our use of agency and bank staff. More information on our income and expenditure is available in the Annual Accounts in Section 2.

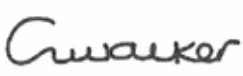
Looking ahead to 2019/20, it is clear we will have another busy year – particularly due the launch of our new Trust-wide Patient Administration System (PAS), which is due to take effect in July 2019. Having a single PAS is a key component of our clinical services strategy. We have a robust training programme in place to help staff navigate the new system, and we are looking forward to the benefits it will bring. The new system implementation is only the start of our electronic patient record transformation.

We will also be focussing upon integrating our acute paediatric services at Hinchingbrooke Hospital following the transfer of 100 staff members from Cambridgeshire Community Services to our Trust employment from 1 April 2019. The transfer arrangements were supported with a £1m additional investment from our commissioners which has enabled us to increase recruitment and create additional roles within the department. The team will also benefit from closer working opportunities with our acute paediatric team at Peterborough City Hospital and the emergency department team at Hinchingbrooke Hospital – which will provide a more integrated service for our patients, too.

The next 12 months are likely to bring greater opportunities for integrated working with our local health and social care system partners as we develop a health service that is Fit For The Future. Our Chairman, Rob Hughes and I, are members of the board of the Sustainability and Transformation Programme for Cambridgeshire and Peterborough, where we work with clinical commissioning group colleagues, mental health services, community and social care services and our other local acute care providers to ensure our services are planned and delivered to meet the complete health needs of our residents. We work closely with our health service colleagues in Lincolnshire in a similar way, due to the fact that South Lincolnshire residents make up almost 40% of the patients we care for.

One of the most enjoyable aspects of my role is to hear about the great things our staff members regularly do in the line of duty. I have been amazed and humbled by the dedication and care demonstrated by our staff and our volunteers to support our patients, visitors and each other. I am confident that these individuals, and their colleagues, will help us achieve the goals we have identified as part of our Good To Outstanding (G2O) organisational development programme. We aspire to be 'outstanding' both as a place to receive treatment and a place to work. Supporting the further development of our G2O programme is one of my priorities in 2019/20 and I am excited to see how much we can achieve in the coming 12 months.

Finally, I would like to take this opportunity to say some important 'thank-yous'. Thank you to our fundraisers who have so generously supported our hospitals in 2018/19. Without their donations we would not be able to offer an enhanced patient experience across a wide variety of services. Thank you to our volunteers for dedicating so many thousands of hours to our hospitals for free. Their support is invaluable and our patients and staff appreciate all that they do. Thank you to all our staff for the support they have given me in my first six months in post. I am looking forward to the next six months, and beyond, as we continue to work together to care for our patients and each other.



Caroline Walker
Chief Executive
24 May 2019

Staff at Stamford and Rutland Hospital celebrate 70 years of the NHS

Our activity during 2018/19

The Trust has a total of
1000
beds

We handled
633,687
new and follow-up outpatient appointments

Our Emergency Department teams saw
160,649
patients

We admitted
60,108
emergency patients

We delivered
44,201
therapy services

We carried out
10,727
planned operations

We undertook
52,064
day case procedures

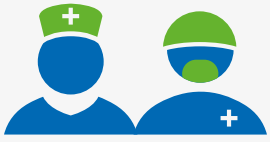
We welcomed
6,720
babies into the world

We carried out
434,474
diagnostic examinations

We see and treat
982,281
patients every year, that's around
2,691 patients every day

We employ
6,230
staff

1,971
nurses and midwives



753
doctors and consultants

440
volunteers gave
46,500 hours
of their time

SECTION 1

Performance Report

Overview

This section describes the development and performance of the second year of operation of the North West Anglia NHS Foundation Trust, as well as outlining its future direction. It incorporates the financial review of 2018/19 to provide a context for our future plans and sets out the key risks facing the Trust.

Who we are

North West Anglia NHS Foundation Trust is a statutory, not-for-profit, public benefit corporation. It was formed as a result of Peterborough and Stamford Hospitals NHS Foundation Trust acquiring Hinchingbrooke Health Care NHS Trust on 1 April 2017 and runs three acute hospitals, Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital. In addition, it delivers outpatient and radiology services at Doddington Hospital, the Princess of Wales Hospital, Ely and North Cambs Hospital, Wisbech. The Trust provides and develops healthcare according to core NHS principles: free care, based on need and not ability to pay.

The Trust delivers acute care services to a growing catchment of approximately 700,000 residents living in Cambridgeshire, South Lincolnshire and the neighbouring counties of Norfolk and Bedfordshire.

The main purchasers of our Trust's services are Cambridgeshire and Peterborough Clinical Commissioning Group and South Lincs Clinical Commissioning Group. However our catchment area falls within the boundaries of South West Lincolnshire Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group and Bedfordshire Clinical Commissioning Group.

Our hospitals

Peterborough City Hospital

Our hospital in Bretton Gate, Peterborough, is a modern, purpose-built facility which opened to its first patients in November 2010. The hospital has 706 inpatient beds and patients are cared for on modern wards with either single ensuite rooms or three to five-bedded ward areas, each with its own bathroom.

This affords our patients far greater privacy than before, and meets the NHS same sex accommodation criteria. The hospital has a Haematology/Oncology Unit, including an expanded radiotherapy suite, an expanded Renal Unit, an Emergency Centre with a separate children's emergency department, a dedicated Women's and Children's unit, a cardiac unit, a respiratory investigations facility and full diagnostic imaging facilities.

Hinchingbrooke Hospital

Hinchingbrooke is a 272-bed district general hospital located at Hinchingbrooke Park in Huntingdon. The hospital opened in 1983 and provides a wide range of specialties including General Surgery, Ear, Nose and Throat, Ophthalmology, Orthopaedics, Urology, Breast Surgery, Gynaecology and Vascular services.

The hospital has an emergency department and maternity unit. Children's inpatient and outpatient services have been provided on site by Cambridgeshire Community Services until 1 April 2019, at which point the employment of the 100 staff members delivering these services transferred to North West Anglia NHS Foundation Trust, bringing all acute paediatric service provision for our local communities under the one NHS Trust. Hinchingbrooke Hospital has private facilities for patients who choose to have care on the Mulberry Suite. Also on the hospital site is the 23-bed Treatment Centre which opened in 2005.

Mulberry is an outpatient and inpatient private patient service, consisting of a seven-bed ward and a separate outpatient area at Hinchingbrooke Hospital. The Trust works with a number of Trust-employed and external consultants to provide this service, completing private health insurance work as well as for self-paying patients.

The total Trust income relating to private patient services for 2018/19 was £1,754,389. The key specialties offered were Colorectal/Endoscopy, Urology, Ophthalmology, Orthopaedics, General Surgery and Plastic Surgery.

Stamford and Rutland Hospital

Our hospital at Stamford has 22 inpatient beds on the John Van Geest ward and provides a range of outpatient clinic services, a minor injuries unit, and a day case surgery facility. It is also the base for the Trust's pain management services.

Thanks to a recent redevelopment programme that was completed in 2017, the hospital also has a permanent MRI scanning suite on site, expanded facilities for blood taking and outpatient clinics, a new chemotherapy and lymphoedema suite, an improved physiotherapy gym, new administration facilities and a refurbished health clinic facility.

Our staff

The Trust employs 6,230 staff, some of whom work across more than one of our sites. Approximately 94 staff are based permanently at Stamford Hospital; 1,745 work at Hinchingbrooke Hospital, and a further 52 members of staff are based at the Trust's hospital sites in Doddington and Ely. The remaining 4,339 employees work at Peterborough City Hospital.

At Peterborough City Hospital Trust staff work alongside service provider partners Brookfield Multiplex, Medirest and Althea UK. They provide facilities management services, cleaning, catering, portering and medical equipment management.

At Hinchingbrooke, our teams are supported by colleagues from Mitie, who provide cleaning and waste collection services. Catering services at Stamford Hospital are provided by ISS Facilities Management.

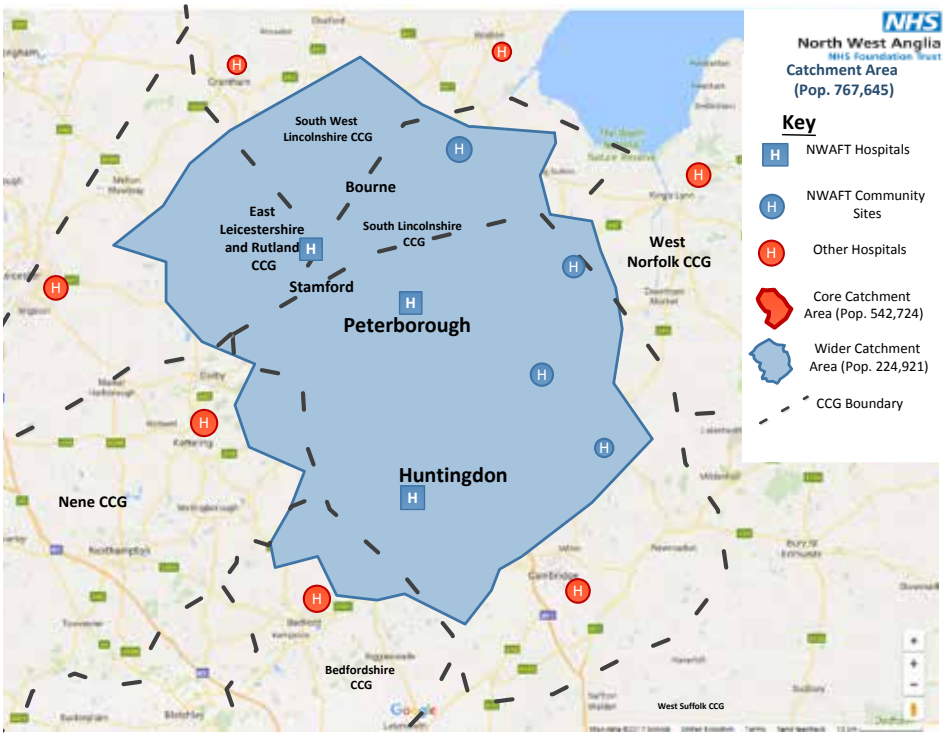
Staff at all our hospital sites are assisted by a 440-strong army of part-time volunteers. These volunteers, whose ages range from 16 to 90, kindly dedicate some of their free time to support hospital services. They do this primarily in patient-facing roles, such as supporting meal times and helping patients and visitors find their way around our hospitals.

Key facts

The map shows the location of our hospitals and the catchment areas we serve collectively.

In 2018/19, our staff cared for a total of 633,687 patients in new and follow-up outpatient appointments at our hospitals. This compares with 618,934 patients in 2017/18, and represents an increase of 2.4% in outpatient activity.

The total number of attendances to our two Emergency Departments and our Minor Injuries Unit in 2018/19 was 160,649 compared with 149,055 in 2017/18, which represents an increase of 7.8%.



The number of emergency admissions was 60,108 compared with 57,644 patients last year: an increase of 4.3%.

A total of 32,334 patients were seen and treated in the Trust's Ambulatory Care Units at Peterborough City Hospital and Hinchingbrooke Hospital. There was a 14.5% increase in the number of patients attending the Trust's Ambulatory Care Units in 2018/19 compared with the previous year. These consultant-led units are a vital support to the Emergency Departments and inpatient wards where emergency patients can attend for a specific procedure or treatment as an outpatient. Both units helped disperse the pressure on our emergency care services. Please note that this year's Ambulatory Care Unit activity is shown separately to reflect the Trust's total activity.

> "After spending two days on the women's health ward I can honestly say I've never had more respect for the hard work of the staff, my care was phenomenal. A wonderful student midwife was my rock. She asked to stay with me before, during and after my surgery and went above and beyond her call of duty."

We have also seen a 7.8% decrease in the number of births across our two Maternity Units (6,720 in 2018/19 compared with 7,349 in 2017/18).

Additional data on our activity for the year is shown below:

Number of patients treated in 2018/19 (compared with 2017/18)

	2018/19	2017/18	Change
Elective inpatients	£10,727	£10,237	↑ 4.8%
Outpatient attendances	£633,687	£618,934	↑ 2.4%
Emergency Department attendances	£160,649	£149,055	↑ 7.8%
Emergency admissions	£60,108	£57,644	↑ 4.3%
Ambulatory Care Unit	£32,334	£28,239	↑ 14.5%
Day cases	£52,064	£51,952	↑ 0.2%
Therapy Services	£44,201	£41,448	↑ 6.6%
Diagnostic Imaging Examinations	£434,474	£415,934	↑ 4.45%
Births	£6,720	£7,349	↓ 7.8%

The population served by Cambridgeshire and Peterborough Clinical Commissioning Group has been forecast to grow by 10% between 2016 and 2021, with the over 65 age group in Peterborough growing by 11% and in Huntingdon by 17%.

As people age, they are progressively more likely to live with multiple illnesses, disability and frailty, and therefore we can expect further increased pressure and demand for services and care at our main acute sites in the future.

Operational performance

The Trust has a range of performance targets to meet throughout the year. The Quality Account section of this document provides a detailed look at our Trust performance against the quality standards set by NHS England. See page 128.

Like many hospitals providing emergency care, we have seen a continued rise in emergency activity this year at both the Peterborough City and Hinchingbrooke Hospital sites. While the number of attendances has remained similar to 2017/18, the acuity of patients has been noticeably greater this year – especially over the period November 2018 to March 2019.

This has resulted in a higher number of patients requiring admission to a ward for ongoing care or treatment. The increase in demand for emergency care, coupled with an ongoing higher-than-average number of patients who have experienced delays in their discharge from hospital into another care setting has, at times, impacted negatively on patients' journeys through our hospitals during 2018/19.

Increase in non-elective admissions

Fin. Year	PCH	HHCT	Total
2017/18	47574	10070	**57644**
2018/19	49647	10461	**60108**
% increase	4.4%	3.9%	**4.3%**

In addition, the Trust continues to see an increase in the number of emergency patients from Lincolnshire in the evenings, following the reduction of opening hours at Grantham Hospital A&E department, which was implemented in 2016/17.

> "Huge thanks to the resus team who took my husband and looked after him after a nasty fall. Very professional but helpful and kind to me while doing their job."

The increase in PCH A&E Attendances from the Grantham patch is as follows:

	Arrived by Ambulance = No	Arrived by Ambulance = Yes	Total
2017/18	832	385	**1,217**
2018/19	906	475	**1,381**

Our focus has remained on improving our patients' experience of the emergency care pathway. Working with colleagues from the national Emergency Care Improvement Programme (ECIP), we have implemented initiatives to improve patient flow, such as:

> "I brought my boy in today after he fell and cut his head. The people we saw from reception to the nurses and doctor were all fantastic with him."

- Increasing the range of conditions that can be treated by our ambulatory care team which has enabled more suitable patients to be diverted to Ambulatory Care from the Emergency Department.
- Creating additional trolley spaces within our Medical Assessment Unit to increase capacity.
- Opening an escalation ward at Hinchingbrooke Hospital to help manage periods of increased demand.
- Permanently adding 12 extra beds across four wards at Peterborough City Hospital in autumn 2017, as part of an ongoing bed expansion programme to provide extra capacity in readiness for the pressures of winter. The works took place on four wards and saw three beds added to each, thereby converting two single rooms into a three-bedded bay with a bathroom. The same increase in beds was undertaken in 2015 and 2016 – which means the hospital has created 36 more beds in a two-year period to help ensure more patients can be allocated a bed on the right ward faster.
- Renewing the focus on early-in-the-day discharges for patients who are medically fit to leave hospital, which can help make more medical beds available earlier for emergency admissions.
- Working with our partners within the local health and social care system to reduce our higher than usual number of medically-fit patients whose transfer from hospital to another care setting has been delayed. At its peak, the number of patients who were medically fit but whose discharge into another healthcare setting was delayed, amounted to almost four wards worth of patients (100 beds in total). This was considerably higher than previously planned and agreed with commissioners.

We continue to monitor the outcomes of these changes. In addition, we have focussed on recruiting more emergency department consultants and nursing staff to fill staffing gaps and reduce spend on agency/locum support.

Our colleagues at the Cambridgeshire and Peterborough Clinical Commissioning Group are leading work pre and post hospital admissions to reduce the number of patients needing to come into hospital through the GP route and to increase use of 111 services. In addition they have expanded the work of Joint Emergency Teams (JET) and the interaction between the Ambulance Service and JET in supporting the Trust to increase GP hours in the Emergency Department.

Business model

North West Anglia NHS Foundation Trust is a statutory, not-for-profit, public benefit corporation forming part of the wider NHS and providing healthcare and services. We provide and develop healthcare according to core NHS principles: free care, based on need and not ability to pay.

Formerly Peterborough and Stamford Hospitals NHS Foundation Trust, it acquired Hinchingbrooke Health Care NHS Trust on 1 April 2017 and took delivery of Outpatient services at Doddington Hospital, March, and the Princess of Wales Hospital, Ely, and North Cambs Hospital in Wisbech in September 2017.

The Trust is accountable to its local communities through members and governors; our commissioners through contracts; Parliament (in that we lay our annual report and accounts before Parliament); the Care Quality Commission (CQC), (through the legal requirement to register and meet the associated standards for the quality of care provided); and NHS Improvement through the NHS provider licence.

NHS Improvement's role as the sector regulator of health services in England, is to protect and promote the interests of patients by providing services which are effective, efficient and economical, and which maintain or improve their quality.

As a Foundation Trust, we are responsive to the needs and wishes of our local communities. Anyone who lives in the Trust-wide geographical area or works for our Foundation Trust can become a member. Members elect our Council of Governors, who appoint the Chairman and Non-Executive Directors and approve the appointment of our Chief Executive.

The Chief Executive, together with the Non-Executive Directors, appoints the Executive Directors. Together they form the Board of Directors. The Board as a whole is responsible for decision making, while the Council of Governors, among other things, is responsible for holding the Non-Executive Directors to account for the performance of the Board and for representing the views of members to inform decision making.

Financial position

In 2018/19, the Trust recorded a financial operating deficit of £61.5m (against a control total deficit of £46.5m).

During the year the Trust made an unsuccessful appeal against a loss of A&E related System Transformation Funding (STF) with a value of £0.7m which related to the first three months of the year. The Trust appealed this decision on the basis that demand was much higher than forecast in the winter months and that an excessive proportion of beds were being blocked by patients who no longer needed acute hospital care and for whom out of hospital care could not be found. Despite these factors being out of the Trust's control, the appeal was rejected.

The deficit exceeded the Control Total due to higher than planned non-elective activity which has created a bed occupancy rate that is far above an efficient level.

This demand also created more costs to the Trust in the form of premium pay to cover the unplanned demand and also meant that removing pay costs to create cost improvements has been far slower than planned. The Trust also failed to deliver on several other CIP schemes.

The non-elective activity referred to above has been paid at a marginal rate to a value of £1m due to a clause in the Guaranteed Income Contract (GIC) which the Trust signed with Cambridgeshire and Peterborough CCG. This funding does not cover the costs of treating those additional patients but contributes towards them.

One of the main drivers for overspend this year was pay costs. This was due predominantly to an increase in patient numbers and operational activity, which has been significantly higher than the levels that were included in the Trust's contracts. The Trust received support from the Department of Health to help with the costs of meeting our PFI payments again this year. More details on the Trust's financial performance are available in the Finance Report in Section 2.

Going concern 2018/19

These accounts have been prepared on a going concern basis. International Accounting Standard (IAS) 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern.

The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of services to another entity, or has no realistic alternative but to do so.

The Trust continues to operate with a structural deficit; therefore, North West Anglia NHS Foundation Trust's Board of Directors has carefully considered the principle of 'Going Concern' and the requirement to provide continuity of service.

The directors have concluded that the combination of the circumstances outlined in this note represents a material uncertainty that casts significant doubt upon the Trust's ability to continue as a going concern.

Nevertheless, after making enquiries, the directors have a reasonable expectation that the Trust will have access to adequate resources to continue in operational existence for the foreseeable future and continue to provide services to our patients. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Going forward

The Financial Plan for 2019/20 has been agreed by the Board following a robust budget setting process. The Trust is forecasting a £35.3m deficit in 2019-20 inclusive of an £18.1m cost improvement programme.

The Trust's financial plans identify the requirement for significant additional cash assistance from the Department of Health and Social Care (DHSC) in 2019-20. This requirement has been acknowledged and is in line with DHSC expectations. The funding arrangements for cash support to distressed trusts, is now in the form of capital and/or revenue loans.

During the next 12 months, the Trust will continue to focus on providing excellent patient care and services within its hospitals.

Principal risks and uncertainties

At the end of the year the Trust had 24 high risks on its risk register. The Trust has mechanisms in place to manage overall risk, supported by a robust corporate governance structure and risk management policy. Further detail on this can be found in the annual governance statement, which also describes how specific risks are identified, assessed and mitigated as part of the risk management processes.

Following the CQC inspection this year the Trust reviewed its Risk Management and Board Assurance Frameworks. A Risk Task and Finish Group was assigned to provide oversight for the review with regular reports to the Trust's Audit Committee.

A revised Board Assurance Framework has been agreed for 2019/20 and work continues to implement a revised risk register and reporting mechanism with high and significant risks reviewed by the Board.

The Trust Board regularly reviews the risk register and Board Assurance Framework (BAF), which details the risks (with mitigation) to the delivery of the Trust's key objectives. The annual governance statement also provides a high level description of the principal risks and uncertainties facing the Trust. Examples of principal uncertainties facing the Trust against our strategic objectives include:

- The need to improve patient care and experience through recruitment and retention of high quality specialists with more realistic rotas, increased training and educational opportunities
- Managing demand in acute and emergency services
- The need for effective recruitment of substantive staff and a reduction in agency usage and associated costs. This would ensure reduced financial pressures, while increasing quality
- The need to manage and rectify issues concerning the PFI estate.

A selection of high level risks from the Trust's risk register include:

- The growth in patient demand
- Delays in managing outcomes for ophthalmic patients due to delays in booking appointments and treatment
- The need to manage and rectify issues concerning the Hinchingbrooke Estate
- The need to work closely with stakeholder organisations to rectify ongoing issues regarding patients experiencing Delayed Transfer of Care (DTOC)
- Locum and agency staff use to maintain safe staffing levels
- Ability to recruit to specific roles.

These issues are formulated as risks and are included on the Trust's risk register.

Emergency preparedness report

The overall responsibility for emergency planning rests with the Chief Executive. The Trust's Accountable Emergency Officer is the Medical Director, who represents the Trust at the Local Health Resilience Partnership. Operational management is provided by the Head of Resilience & Emergency Preparedness (HREP), assisted by the Resilience Co-ordinator and a team of trained instructors. Further support is provided by the Emergency Preparedness Committee.

The HREP represents the Trust at local and regional forums, including those led by Public Health England, the emergency services and the Local Resilience Forum. The HREP also takes responsibility for ensuring compliance with the *Civil Contingencies Act (2004) (CCA)*, current NHS Emergency Preparedness, Resilience and Response (EPRR) guidance (2015), and other government led guidance.

The Trust remains compliant with the terms of the *Civil Contingencies Act (2004)* and the NHS England Emergency Preparedness Framework (2015), and is up to date with all exercise requirements.

The NHS England Emergency Preparedness, Resilience & Response Core Standards annual self-assessment took

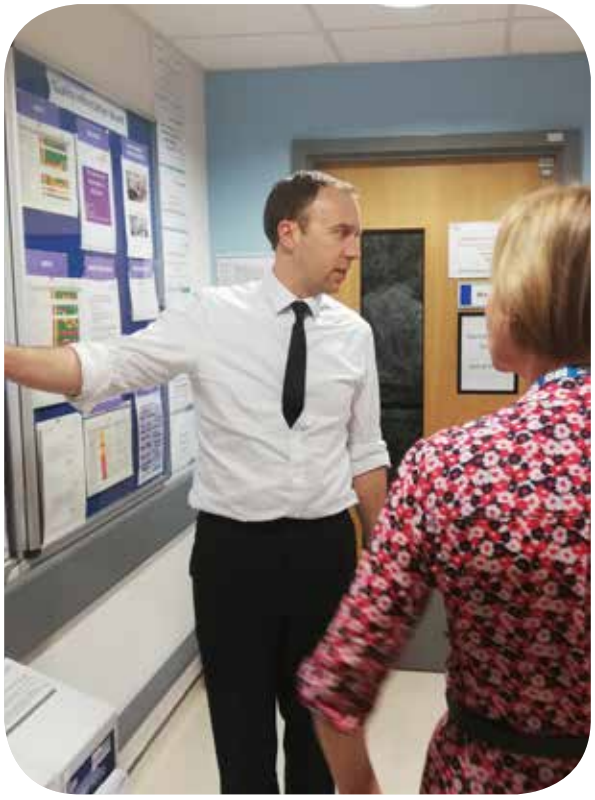
place in August 2018. The Trust self-assessed and claimed 'full compliance'. After peer review with the CCG and then submission to NHS England, 'full compliance' was confirmed and awarded.

NHS England subsequently undertook a site visit/ inspection at the Peterborough City Hospital (PCH) site to review the Trust's plans and facilities specifically in relation to the incident control room, Critical Care expansion plans, the patient's journey through the Emergency Department, chemical decontamination kit and plans, and the mortuary. A team of staff hosted the visit including the HREP, Company Secretary, CBRN Lead, Critical Care Sister, Consultant Histopathologist and the Deputy Medical Director. Feedback was very positive with no areas of concern identified.

Internal audit of the Trust's emergency preparedness and business continuity planning was undertaken in May/ June with a rating awarded of 'satisfactory assurance'. There were three recommendations all of which have now been addressed.

The Trust has been approached by the Cambridgeshire & Peterborough Joint Coroners Service to use the PCH mortuary as the designated mortuary for mass fatality incidents within the county. This would also involve the Disaster Victim Identification Service working on site alongside forensic pathologists. The Trust has agreed to this and plans are currently being developed.

Training delivery was consistent throughout the year with regular sessions on staff induction at both of our main sites at Peterborough City Hospital and Hinchingbrooke Hospital, as well as on nursing development programmes, ED mandatory training, medical staff training, and formal HMIMMS courses. Counter terrorism awareness training was also delivered by the Counter Terrorism Awareness Advisors from Cambridgeshire Constabulary.



Preparing for EU exit

An internal working group of key managers has been working together to ensure we have a co-ordinated approach in line with NHS England guidelines, in preparation for Britain exiting the EU. This includes having an overview over our procurement relationships with suppliers and contractors, medical equipment and supplies, our workforce, our data, research trials and our business continuity plans. This is in liaison with our local health and social care system and regional EU exit leads.

Business Continuity Plans have been tested at Trust and county level. A contingency plan is being developed which will detail the Trust's response to any adverse effect being experienced across the seven NHS workstreams identified by NHS England.

We currently have no concerns and have a plan in place. More details and advice for the public can be found on the NHS England website at: www.england.nhs.uk/eu-exit.

Announcements, appointments, accolades, achievements and events

VIP visits

The Secretary of State for Health Mr Matt Hancock visited Peterborough City Hospital on Thursday 28 February 2019. He held a question-and-answer session with staff and toured clinical areas including the Emergency Department, where he saw how clinical teams were striving to maintain positive experiences for patients, despite the increased number of people needing emergency care over the winter period. He also saw how the Trust has transformed Ward B14 to make it a more calming environment for patients with dementia. Caroline Walker said: "It was good that our staff had the opportunity to discuss the great things we are doing, and tell him about some of the challenges we face."

Sir Vince Cable, Leader of the Liberal Democrat Party, visited Peterborough City Hospital on Thursday 21 February 2019, where he met staff and visited an inpatient ward. Mr Cable was keen to understand how the hospital was preparing for Britain's exit from the EU and discussed some of the challenges of delivering emergency services in the winter period with the senior leadership team.

Announcements

Hinchingbrooke awarded £25.5m redevelopment fund
On 7 December 2018 the Board was advised by the DoH that its application for funding had been successful. £25.5 million has been awarded for the development of clinical services at the Hinchingbrooke Hospital site. The funding application was part of a national allocation of almost £1 billion investment in the NHS.
Chief Executive Caroline Walker said: "This money will provide a huge boost to patient services in Huntingdonshire."A group has been formed to plan and deliver the project, which will include expansion of our urgent care services, redevelopment of the main operating theatres and creation of additional bed capacity.

Changes to wards at Hinchingbrooke Hospital
During August 2018 three wards at Hinchingbrooke Hospital were reconfigured to improve patient care and provide more effective services.

- Bay Tree ward (previously Juniper Ward) became a general surgery and colorectal ward.
- Plum Tree ward (previously the Acute Trauma Surgical Unit) became a new ward for gastro and endocrine medicine.
- Cherry Ward, became a specialist orthopaedic ward for patients receiving treatment for hip fractures.

Appointments

There were three appointments to the Executive Board in 2018/2019

David Pratt appointed Finance Director

David Pratt joined the Trust as Interim Finance Director in September 2018 and appointed to the permanent position in October. David has a wealth of NHS experience including working as Director of Finance and Director of Efficiency at Doncaster and Bassetlaw Teaching Hospitals, United Lincolnshire Hospitals and Ealing Hospital.

Louise Tibbert - Director of Workforce and Organisational Development

On 30 April we welcomed Louise Tibbert to our Board of Directors. Prior to her role at the Trust, she held a similar role at University Hospitals Leicester NHS Foundation Trust. Louise has also worked for local authorities in Cambridge and Hertfordshire. Her priorities for the Trust include recruitment, retention and reducing reliance on agency workers.

Graham Wilde appointed Chief Operating Officer

Graham Wilde was appointed as the Trust's new Chief Operating Officer. He is due to join the Trust in April 2019 from his role as Chief Operating Officer at James Paget University Hospital NHS Foundation Trust. Graham replaces Neil Doverty, who resigned in September to pursue his career in Australia. Simon Evans was seconded to the interim role of Chief Operating Office from United Lincolnshire Hospitals NHS Trust, where he is the Director of Operations.

There were three appointments to the Non-Executive Board in 2018/2019

Mary Dowglass

Mary has a wealth of frontline NHS experience. She was Director of Nursing for Peterborough and Stamford Hospitals until 2002 and CEO of an international charity providing health services in the developing world. Mary chairs the Trust's Charitable Funds Committee.

Ray Harding

Ray brings a wide range of financial and commercial experience to the Board. His previous roles include Director of Estates Administration for University College London and Chief Operating Officer for UCL Qatar. He chairs the Trust's Finance Committee.

Beverley Shears

Beverley has a strong background in organisational change and transformation at Board level in private and public sectors in transport, justice and health. Beverley chairs the Trust's Remuneration Committee.

The three Non-Executive Directors were appointed following the departure of: Allan Arnott, Sarah Dixon and Alan Brown, who had all completed their terms of office.

> "We received amazing treatment from everyone who dealt with my son in A&E today. These people do an exceptional job even though they are so busy."

There were four appointments to the Council of Governors in 2018/19

Three new Public Governors were appointed to join the Council of Governors:

Charles Cullen – Public Governor for Huntingdonshire

Mr Cullen has lived in Huntingdon for 30 years and is a representative on the patient participation group of his local surgery. Prior to his retirement he held a top level trade union official position, working with British Rail and the London Underground. Mr Cullen resigned on 10 April 2019.

Reverend Kevin Burdett - Public Governor for Huntingdonshire

Reverend Burdett is a retired church minister from Godmanchester who has lived in the Cambridgeshire area for many years and was a chairman of Fenstanton and Burwell Parish Councils.

Roberta Roulstone – Public Governor for South Lincs and Stamford

Roberta has worked for the NHS in various clinical and strategic roles for 20 years. She recently retired from her role at the Trust as a specialist midwife.

Margaret Robinson – Partner Governor

Mrs Robinson is Vice Chair of Healthwatch Cambridgeshire and Peterborough and is a member of the Quality Assurance Committee. Margaret has had a varied career, first as a librarian, then working in nature conservation and community improvement. She took over the role from Gordon Smith, who retired.

Further information about these appointments is available in the Accountability Report on page 189.

New roles to enhance patient care

Director of Research and Development

Dr Sangeeta Pathak, Obstetrics and Gynaecology Consultant, was appointed to the new role of Director of Research and Development. She has extensive research experience from her work at Addenbrooke's Hospital and in South East Africa.

Trust welcomes sepsis nurses

The Trust appointed two nurses to help improve sepsis care. Leanne Shaw and Gemma Thompson support staff by showing them how to recognise and treat sepsis early. Their role includes raising public awareness.

Bereavement midwife appointed to Hinchingbrooke Hospital

Carly McDonald was appointed to care for women who have concerns about their unborn baby's health. Her role involves sonography and counselling following screening test results. She liaises with chaplains, bereavement care practitioners, neonatal staff and pathologists, and local support groups.

Trust welcomes eight new Nursing Associates
In January the Trust welcomed eight Nursing Associates. This is a new role across the NHS, and our Trust is one of 11 pilot sites trialling this career opportunity. The Nursing Associates began their apprenticeship two years ago and can work in any discipline until they decide to do a 'top up' nursing degree.

New volunteer role for Emergency Department
Two volunteers have been recruited into a new non-clinical role at Peterborough City Hospital's Emergency Department to help support the busy team by talking to patients and their families, help complete paperwork and offer a friendly face for reassurance and information.

Awards and recognition

Hospital Heroes named at Annual Staff Awards 2018
The 2018 Outstanding Achievement Awards were held on 12 October 2018 in Peterborough. This is the Trust's annual celebration of employees who were nominated by members of the public and their colleagues.
The ceremony was hosted by Heart FM Breakfast Show host Kev Lawrence and sponsored by some of the Trust's suppliers, including Althea, Multiplex, System C, Progress Health, Medirest and Vocera.

Consultant Obstetrician, Erika Manzo, Disability Nurse Advisor, Sue Overson and Lymphoedema Nurse Specialist, Nicola Gregson were named hospital heroes respectively, for our Hinchingbrooke, Peterborough City and Stamford Hospitals.

Other award winners included:
Team of the Year:
Volunteers at Peterborough City Hospital
Outstanding Individual:
Emma Rogers (Radiographer)
Unsung Hero:
Heather Reid (Staff Nurse)
Seeking to Improve:
Nicola Nightingale (Outpatients)
and Helen Allport (Medicine)
Actively Respectful:
David Whyte (Catering Assistant)
Putting Patients First:
Noreen Sawford (Volunteer)
Caring and Compassionate:
Belinda Slater (PA) and Joe Verdegaal (BDM)
Working Positively Together:
Paul Denton (Deputy Company Secretary)

Staff celebrate 25 years' service
The Trust held its Long Service awards ceremony on Monday 16 July 2018 to celebrate the dedication and loyalty of staff. Chief Executive Stephen Graves and Chief Nurse, Jo Bennis presented 30 members of staff with their 25 year award and thanked them for their loyalty and dedication.

Graduation ceremonies for top achievers
Members of staff who completed additional qualifications during the year celebrated at three graduation ceremonies where more than 60 people were recognised for achieving qualifications in maternity, paediatric support, allied health, business administration, pharmacy support and an assessor qualification. A large number of new healthcare assistants also received their care certificates.

> It is imperative that we recognise and understand the value of our volunteers who play such a vital role in enhancing patient care and experience

Cardiac team wins national award
Cardiac Rehabilitation Co-ordinator Iona McAllister and her team of cardiac professionals won a British Heart Foundation Alliance Award in recognition of the work they did to improve care for patients recovering from a heart attack or heart surgery. They redesigned their services to provide emotional wellbeing support for patients and worked together to fast-track patients on to appropriate psychological interventions. This helped to improve patient recovery and reduce readmissions. The award was presented at the annual British Cardiovascular Society conference in Manchester on 5 June. Julie Holroyd, one of the Trust's Consultant Cardiology Nurses, was also shortlisted for the leadership and engagement category for her outstanding contribution to the profession.

Trust wins outstanding carers award
Carer's Adviser, Teresa Jude, and Dementia Nurse Specialist Alison Gray were presented with the 'Outstanding Contribution to Carers' award on 13 June by the Carers Trust. The award was in recognition of the positive changes they have made to put carers at the centre of our patient's wellbeing, such as running a staff education programme.

Catering team served two awards and a second helping
The catering team at Hinchingbrooke Hospital were praised by the Craft Guild of Chefs and the Health Business Awards for implementing improvements to the Trust's health and nutrition strategy. Head Chef, Lisa Normanton, who manages the catering team, was named Public Sector Chef of the Year by the Craft Guild of Chefs. She is the first NHS chef to receive the award since it was introduced in 1993. And, for the second time running, the team won the Health Business Award for Hospital Catering.

The Hinchingbrooke catering team produces 750 meals a day for inpatients, nursery patients, and for the staff and visitors who visit the Garden Restaurant. They are committed to driving an 'eating for health' agenda so everyone has access to healthy meals made fresh on site. We work with the Trust dieticians to ensure our meals are nutritious and contain very little salt.

Radiotherapy team accredited
The radiotherapy team at Peterborough City Hospital achieved the ISO 9001:2015 certification standard which sets the standards for good radiotherapy services. Since the last accreditation, new standards were introduced which required additional focus on maintaining current high standards and meeting new ones. Our radiotherapy services have grown by almost 50% since the hospital opened in 2011. The team deserve praise for their determination and dedication to keep services running at such a high standard.

Consultant Paediatrician wins Women Leaders award
Dr Emilia Wawrzkowicz, a consultant paediatrician at Peterborough City Hospital, won the Public Service category of the Women Leaders awards in Peterborough in November. The award is in recognition of the work she has done to champion the welfare of local children. Dr Wawrzkowicz is the designated doctor for safeguarding children in Cambridgeshire. She was also applauded for the tireless work she does in collaboration with health and social care colleagues across the county, to keep children safe.

Urology Nurse received Bruce Turner Award
Alex Wicks, a Junior Urology Specialist Nurse, was awarded the prestigious Bruce Turner Prize by the British Association of Urological Nurses. Alex is only the third nurse to have received the award. As part of her application, she demonstrated her commitment to progressing in the field, and shared her career aims and goals. The prize will help her develop her career in urology through education, mentorship and sharing good practice.

Radiographer wins annual accolade
Helen Gregory was named Radiographer of the Year by the Society of Radiographers Eastern Region on 8 November, which is World Radiography Day. Helen works with palliative cancer patients and has become the link between the oncology team, emergency department, the wards and our radiotherapy team. Helen worked incredibly hard to improve services for our patients, who now have direct contact with a named person who coordinates all aspects of their care with compassion, professionalism and expertise.

Award winning Diabetes team wins second national award
The Diabetes Team based at Hinchingbrooke Hospital, won their second national award this year. They were up against 475 other national candidates. They were also highly commended in the 2018 Hypo Awareness Excellence category and came second in the 'Insulin Safety Week' awards, against 400 other entries. This is the team's fifth win since 2015.

Midwife wins 2018 Pam's Prize
Debbie Abbott, a midwife at Hinchingbrooke Hospital who volunteers as a Breastfeeding Counsellor, received the 2018 Pam's Prize from the Association of Breastfeeding Mothers. The prize recognises the support Debbie has given to new mothers. Debbie has been involved with running a weekly support group in St Neots for the past 15 years. She visits mums at home and connects with them online to offer support and advice.

Research duo recognised in Research Network Awards
Two members of the Research and Development department were recognised in the Clinical Research Network 'Eastern Celebration' Awards in October 2018. Michelle Austin and Will Ryder were praised for their significant contribution to research in the Eastern region. Will received the Research Ambassador Award for promoting research in our hospitals and recruiting patients, which saw over 150 patients recruited to the vascular design study. Michelle Austin was named Unsung Hero for going above and beyond to ensure the smooth-running of trials and making patient participation as easy as possible.

Volunteers are rising stars
The Hinchingbrooke Hospital Volunteer Services Team was awarded the five star 'Valuing Volunteers Award' in June 2018 for excellence in volunteer management. They were chosen by Cambridgeshire & Peterborough Volunteer Centres after a team audit. Since merging our hospital sites, the volunteer team have worked together to align their services.

UNICEF Baby Friendly Award for Hinchingbrooke Hospital
Hinchingbrooke Hospital has been awarded the prestigious Baby Friendly Award, after working to achieve the accreditation for the past seven years. The hospital is the latest UK healthcare facility to win international recognition from UNICEF.

Training team Highly Commended
The Trust's Obstetrics and Gynaecology training team were awarded a Highly Commended certificate for Overall Performance by the Royal College of Obstetricians and Gynaecologists for the second year running. The team was informed it was within the top 10 performing units nationally, based on feedback from their trainees.

Trust launches new equality accreditation scheme
A new equality, diversity and inclusion accreditation scheme was launched last year. The scheme, 'Inclusion as Standard' is a commitment to patients, visitors and staff that they can expect Trust's facilities to meet their needs regardless of disability, race, religion, or any other protected characteristic. Departments and wards across the Trust received Bronze, Silver or Gold standard ratings based on evidenced work in making adjustments to support patients. Lesley Crosby, Deputy Chief Nurse, said: "Inclusion as Standard seeks to embed the principles and processes of accessibility, equality and diversity so they become part of our everyday working practices."

Staff step up for the Global Challenge
For the third consecutive year, the Trust signed up to the Virgin Global Challenge. Teams from our community hospitals, the Princess of Wales Hospital, Ely and Doddington Hospital also joined in.

Events

Celebrating 70 years of the NHS
Staff and patients across the Trust marked the 70th birthday of the NHS with a variety of activities. Throughout June and July 2018 the Trust's hospitals displayed a selection of heritage items of historical importance such as old nursing uniforms, photographs and a prayer book that was gifted to Hinchingbrooke Hospital in the 1800s.

A week-long programme of celebrations was launched in July with the unveiling of three time capsules, one at each of our hospital sites at Peterborough, Hinchingbrooke and Stamford. Items donated by various departments were sealed in the engraved capsules as a way of showcasing present day life in the NHS. Hopefully the capsules will be uncovered by the future generation of healthcare workers when they are opened in 2088.

A service of thanksgiving was held in the hospitals' chapels to pay tribute to the hard work of staff and volunteers across the Trust, and to remember those who have cared for their local community over the past seven decades.

On 5 July staff, patients and visitors were invited to a 'street party' at Peterborough and Hinchingbrooke Hospitals where guests were served birthday cake and wrote personal messages in a guestbook. Stamford Hospital held a community event for past and present staff members.

There was something for everyone, including two new arrivals on the maternity unit, who each received a commemorative NHS 70 teddy bear to remember the special day. The Mayor of Huntingdon, Cllr Sarah Gifford, met patients and children from Spring Common and Tree Tots Nursery presented birthday cards to Caroline Walker.

At Peterborough the Trust Choir sang 'Over the Rainbow' and there was an opportunity to purchase a limited edition badge to raise money for a memorial garden for bereaved parents.

Hinchingbrooke staff hold open day
Following the NHS 70 celebrations, Hinchingbrooke Hospital opened its doors to the public on Saturday 14 July at a special open day. Staff gave 400 visitors a behind-the-scenes peek at what goes on at the hospital. They had the opportunity to dress up in scrubs, take a tour of the theatres, look around the pathology laboratory, test hand cleanliness with the Infection Control Team, join the 999 Club, visit the pharmacy and the Emergency Department and listen to specialist staff talk about the fantastic work they do.

Executives 'back to the floor' for volunteers Week
The executive team headed back to the floor in June 2018 as part of Volunteers' Week, where they worked with our volunteers and thanked them for the many hours of work they donate each year to support our patients, staff and visitors. Chief Executive Stephen Graves, Finance Director Caroline Walker, Medical Director Dr Kanchan Rege, and Chief Nurse Jo Bennis worked with volunteers to understand more aboutwhat they do and thanked them for the contribution they make. Stephen Graves said:

NHS Discovery Day students visit Peterborough City Hospital
Around 50 sixth form students from local schools visited Peterborough City Hospital as part of NHS Discovery Day in May 2018. They were introduced to a range of areas including Pharmacy, Theatres, Diagnostic Imaging, Radiotherapy, Rehabilitation and Microbiology. The Discovery day was organised by Cambridgeshire and Peterborough Collaborative Outreach Network and Anglia Ruskin University. The aim of the day is to promote awareness of alternative NHS careers and raise aspirations for young people applying to universities.

'Be Santa to a Senior' campaign delivered 600 presents to elderly patients on Christmas Day
Patients aged 65 and over who were being treated at Peterborough City, Hinchingbrooke or Stamford Hospital on Christmas Day received a surprise gift from Santa, thanks to a special appeal supported by members of the public and Trust staff. Staff members at the hospital worked closely with Father Christmas to organise more than 600 donated gifts, collected and wrapped to make their way to the patient's bedside on Christmas morning.

Staff in the Community
Many members of staff at our hospital sites were involved in activities that benefitted their local communities. These included:

- Collecting items and raising money for food bank appeals
- Fundraising and volunteering for local soup kitchens
- Planting trees to celebrate the change of ward names

> "I'm extremely grateful for the level of kindness and care I received from the Ophthalmology department from start to finish. Today was my last appointment following a retinal detachment.
>
> Thank you so much for everything."

Trust Choir concert debut raises funds
An idea to unite colleagues across our hospital sites resulted in the formation of a 30 strong Trust choir. Their first performance took place at the Key Theatre in Peterborough in November. Funds raised from the concert went towards purchasing items to improve patient experience, such as TV sets in day treatment areas and Z-beds for relatives staying with our palliative care patients.

Trust Healthcare Assistant saves woman's life in supermarket
The fast intervention by a Healthcare Assistant from Hinchingbrooke Hospital helped save a woman's life while she was shopping in a local supermarket. Michelle Turnbull, a trained first aider, was shopping at the Wisbech branch of Asda when she rushed to the aid of a staff member who had collapsed. Michelle placed the woman in the recovery position and told staff to ring for an ambulance. Before the ambulance arrived, the woman stopped breathing twice and Michelle performed CPR and kept her breathing until paramedics arrived.

International work and aid
First UK patient recruited to International Cancer Trial
The Oncology clinical research team at Peterborough City Hospital recruited the first UK patient to an international trial that explores less invasive treatments for breast cancer patients. The hospital is one of 122 sites across the world taking part in the FeDeriCa Trial, a study that looks at a new method of delivering two cancer drugs.

Orthopaedic team perform life-changing surgeries in Uganda
Orthopaedic staff from Peterborough City Hospital travelled to Kisiizi Hospital in Southern Uganda where they performed life-changing surgeries during a 10 day visit in May 2018. Led by Mr Latimer, Orthopaedic Consultant, they performed 23 surgeries, mainly for children who have limb deformities, trauma and severe burns. He said: "This is my third visit to the hospital and it is always a privilege to support health professionals who provide an outstanding service to their local community. I am grateful to my colleagues for volunteering with me on this trip."

Helping Rwandan babies breathe
Neonatal nurses Julie Elding and Helen Gooderham journeyed to Rwanda in October 2018 to volunteer on the Helping Babies Breathe project which teaches neonatal resuscitation techniques in resource-limited areas. The project is a collaboration between the American Academy of Paediatrics and the World Health Organisation. Julie Elding, NICU Sister, said: "Since qualifying as a nurse I have always wanted to give something back, and this project was a perfect combination." The nurses funded the trip themselves.

Kerala Appeal
In August 2018 the Trust raised more than £2,600 in aid of the Kerala relief fund by holding an Indian food share. The money went towards rebuilding the lives of the flood-affected residents in Kerala. The event was organised by the Trust's overseas nurses and colleagues. Some staff members are from Kerala, where their families have been hugely impacted by this devastation.

Staff personal achievements
Nurse climbs Mt Kilimanjaro
Breast Care Nurse Julie Gray raised more than £900 for the Trust's breast unit, which was pledged to her as part of her trek to the summit of Mount Kilimanjaro, Africa's tallest mountain in February 2019.

Endoscopy nurse published nationally
Irene Dunkley, a nurse consultant in Gastroenterology and Endoscopy, had her work published in the medical journal Frontline in August 2018. Irene led on a national piece of work about the staffing needed to provide safe patient care in Endoscopy.

Our successes in 2018/19

NHS Improvement enforcement requirements

There is no current regulatory action in place.

Improving experience for patients, visitors and staff

Survey data and inviting feedback through a variety of channels is hugely important in helping the Trust identify areas for improvement, and enhance experiences for patients, visitors and staff. Where surveys or feedback shows us that we could be doing more, action plans are developed to track progress in implementing changes that area based upon what patients and staff tell us.

The Trust encourages patients and visitors to use the Friends and Family Test (FFT) patient satisfaction monitoring tool. Data from all areas of the Trust is published monthly and reviewed by the Chief Nurse and her team, and action plans are drawn up to address any issues that may arise. We also actively promote the 'iWantGreatCare' feedback facility, which is used across all our hospital sites. In addition, 'Message to Matron' boxes were installed on all wards to give patients, visitors and staff the opportunity to post feedback or ideas for improvements. Further information on this and the FFT data for 2018/19 is available on page 67 of the Quality Account.

Feedback from staff is gathered quarterly via our 'Have Your Say' survey which is the Trust's in-house 'Cultural Barometer'. We conduct three surveys per year, which include key questions based on the Friends and Family Test metrics. The fourth survey undertaken is the national NHS Staff Survey. In the 2018 survey (published in February 2019), 38% of our workforce (approximately 2,180 staff members) completed the national questionnaire, which is the same percentage of staff who responded in 2017/18.

The results for our Trust in 2018 demonstrated some significant improvements on 2017 scores, for example:

- 74% said there were frequent opportunities for them to show initiative in their role (compared with 69% in 2017)
- 81% said they knew who the senior managers were in our Trust (compared with 74% in 2017).

Some key results placed us higher than average when compared to other Trusts, for example:

- 65% of our staff said they look forward to going to work (compared to national average of 58%)
- 61% of our staff agreed they have adequate materials, supplies or equipment to do their job (compared to national average of 52%).

The improved results help us to demonstrate that our staff are feeling more settled after the initial disruption that followed the months after our merger in April 2017.

The survey also highlighted some areas where we have scored less favourably, such as:

- 87% said our Trust takes positive action on health and wellbeing (compared with 92% in 2017)
- 70% said they had training, learning or development in the past 12 months (compared with 75% in 2017).

The results from our local Have Your Say surveys, plus our National Staff Survey scores are being used to form targeted action plans at both organisational and divisional levels. These will focus upon what we can learn from our top ranking scores and what we need to improve from our bottom ranking scores. This work is done in conjunction with our Staff Council, Staff Governors and Trust Partnership (staff side) groups.

More detailed information on the results of the NHS Staff Survey is available in the Workforce Report on page 174.

Public support and interest

The Trust serves a growing population of more than 700,000 people and interacts with patients, the community and stakeholders in a variety of ways, both inside and outside its hospitals.

There are approximately 8,000 public members of the Trust (more details in our Foundation Trust membership section on page 190). They provide a great source of patient and community connection, feedback and learning and help provide an essential way by which the Trust can ensure it continues to 'put the patient at the centre of what we do'.

The Trust's aim is to increase involvement and communication with all these groups, to support improvement in the quality of care and service provided by our hospitals.

A Patient Experience Group made up of service users from across our hospitals was formed in 2017 following the creation of the Trust. The group's focus is on improving patient and visitor stays in hospital, and has a dedicated programme of work each year.

Patient feedback is vital to improving experience and some service areas within the Trust, including Cancer, Ophthalmology and Gastro services, are managing their own specific patient groups to gain insight into making patient-friendly improvements as their services develop.

The Trust is actively involved in the promotion of a wide variety of internal health awareness events, in particular through information stands displayed in the main atrium at Peterborough City Hospital, the main reception areas at Hinchingbrooke and Stamford Hospitals and via the Trust's growing social media channels.

Regular communication with external groups ensures key decision-makers outside the Trust are kept informed of developments and can provide feedback to the Trust on major issues. Senior managers from the Trust have actively contributed this year to Peterborough City Council's Overview and Scrutiny Committee for Health, the Lincolnshire County Council Health Scrutiny Committee, the Huntingdonshire Overview and Scrutiny Committee (Communities and Environment) and the Huntingdonshire Strategic Partnership Health and Wellbeing Board. Topics discussed this year have focussed upon the Trust's activities in response to the Care Quality Commission inspection report, the support the Trust is giving to EU staff and plans for expansion of services to help patients access treatment closer to home.

The Trust has focussed on providing more meaningful and relevant engagement through its public meetings. Members' meetings are now themed to focus on subjects our members tell us are of interest to them. The Trust's Governors and Non-Executive Directors also support these events to meet members and to pick up key themes and concerns so that these can be reflected as part of the Trust's overall plans and strategies.

The Trust will continue to improve the quality of the public meetings and events it holds in 2019/20 as a way to further increase membership within our catchment area, and to encourage even more people to have their say on their local hospital services and how they are delivered. It will do this via its Membership Engagement Committee, which is being refreshed for 2019/20, plus through Engagement workstreams linked to specific redevelopment projects for each of our hospital sites which are due to start in the coming financial year.

More information on how we plan to grow our membership can be found in our Foundation Trust membership section on page 190.

Our values and strategy

All strategic planning at the Trust is underpinned by our values and behaviours. These were developed in conjunction with staff and are reflected in their day-to-day work with patients, colleagues and stakeholders. Patients know what to expect when they are cared for, and staff know what is expected of them in terms of how they treat patients and colleagues.

Strategy 2018/19

The vision for the North West Anglia NHS Foundation Trust is:

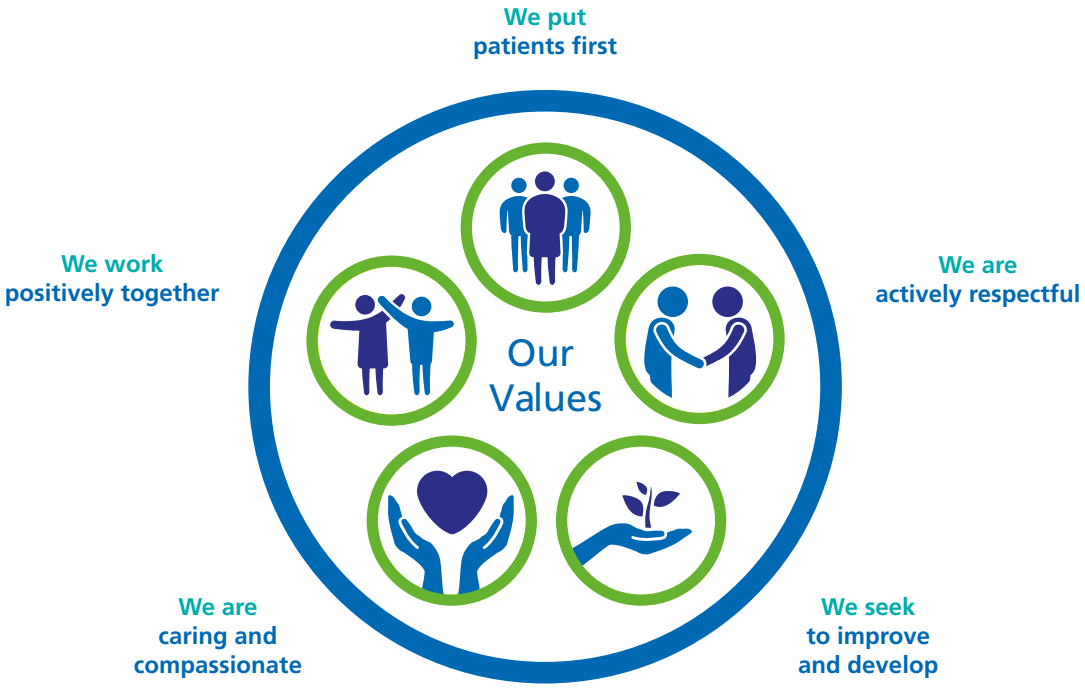
'Working together to be the best at providing outstanding care for local communities'

Our vision was developed by the Board with five supporting strategic goals for the next five years and beyond, which will be delivered through annual objectives. The vision and strategic goals are shown below.

North West Anglia NHS Foundation Trust vision and strategic goals

Values

All staff are expected and supported to embody the Trust values in whatever they do; the Trust also supports staff in their work and expects them to receive the same respect and behaviours. The Trust's values were formed following consultation with governors, foundation trust members, patients, staff and other key stakeholders. They are:



These values define what patients should expect when they are cared for at our Trust. They are used as part of our staff appraisal process in which all staff are required to demonstrate how they embody our values as part of their everyday roles. In addition, our values form a significant part of the Trust's recruitment processes.

The Radiotherapy team at Peterborough City Hospital

Objectives 2018/19

The Joint Board of Directors and Council of Governors confirmed five objectives for the Trust for the financial year 2018/19. The objectives were agreed as part of the Trust's annual planning process. Each objective is rated against an agreed threshold. Performance against these objectives is summarised below:

1. Delivering outstanding care and experience

This year the Trust achieved the following progress towards this objective:

Measure	Progress
Upper quartile Hospital Standardised Mortality Rate (HSMR) for all trusts nationally	Green
Quarterly minimum 90% compliance with documentation audit by all Divisions	Green
Achieve the standards in the NHS Improvement Single Oversight Framework including: A&E four hour wait and Finance	Red

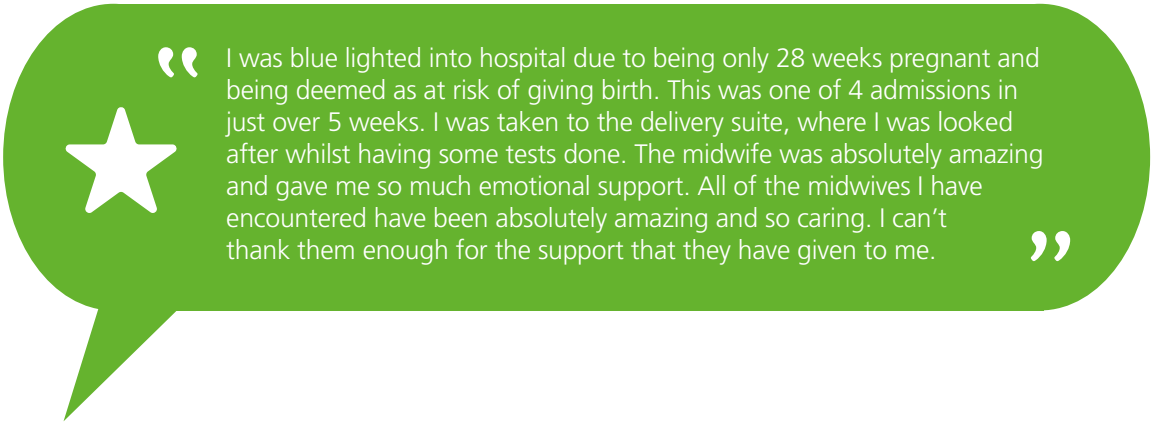
Operationally, the Trust is working with its local health and social care partners to further focus on emergency care and the need to achieve the four-hour waiting time standard; reduce the level of delayed transfers of patient to other providers of care, and improve the effectiveness of its elective care pathway.

2. Recruiting, developing and retaining our workforce

This year the Trust achieved the following progress towards this objective:

Measure	Progress
Staff felt valued during the merger. Staff engagement score of 3.86 in the national survey	Green
Deliver the organisational restructure	Green
Deliver year one of the NWAnglia organisational development plan	Amber
Successful recruitment and retention to priority clinical services: Detailed Medical recruitment plan	Amber
Successful recruitment and retention to priority clinical services: Detailed Nursing recruitment plan	Amber

Further detail and actions can be found in the Workforce and Organisational Development report on page 167.



3. Working together with local health and social care providers

This year the Trust achieved the following progress towards this objective:

Measure	Progress
Ensure clinical team integration post-merger	Amber
Implement service changes outlined in the STP: Deliver Mid/North Cambs and Peterborough Integrated Care System	Amber
Support STP partners in delivering objectives in the Sustainability and transformation Programme: Stroke, Respiratory, Pathology and Cardiology	Red

Local health and social care organisations have been working together in recent months to identify ways in which we can collaborate. Partners across the local health and care system have agreed to work together to deliver the STP.

4. Improving and developing our services and infrastructure

This year the Trust achieved the following progress towards this objective:

Measure	Progress
Deliver post-merger organisational change pay savings of £0.9m	Green
Develop strategy for remainder of Stamford and Rutland Hospital site to deliver integration with health and social care	Green
Deliver the IT Strategy: Deliver year two of the IT Strategy (infrastructure)	Amber
Deliver the IT Strategy: Patient administration system (including E-Track) replacement	Amber
Deliver a NWAFT Estates Strategy	Green
Deliver year one of the Clinical Strategy	Amber
Fire safety enforcement delivered in line with Cambridgeshire Fire and Rescue requirements	Green

Work on our Patient Administration System
Implementation of the Trust's new Patient Administration System (PAS) began in April 2017 and is expected to be completed this year. The project involves introducing the Medway PAS and integrating it with E-Track and other systems.

This is a complex and challenging project due to the double data migration and the levels of system integration required. During the year the project team worked hard on the design, build and testing of the new systems and process change required for its successful implementation.

5. Delivering financial stability

This year the Trust achieved the following progress towards this objective:

Measure	Progress
Deliver activity to plan and within STP frameworks	Red
Deliver CIP of £16.9m and develop a delivery plan based on agreed Lord Carter improvements	Red
Deliver Getting it Right First Time (GIRFT) national report recommendations	Amber

Further information is available in the Accounts section in Section 2.

Looking forward to 2019/20

The Annual Plan details the plan for the coming year. 2019/20 will be a year of further integration to increase quality of care for patients and improve efficiency. The plan sets out the next steps on our journey to delivering better joined-up care for the people we serve.

In 2019/20, we will deliver:

- the next steps of our clinical strategy
- integration within our Trust by bringing more clinical teams together, which builds on the clinical benefits described in the merger Full Business Case
- greater integration with our health and care colleagues
- a single, Trust-wide patient IT system (Patient Administration System – PAS)

Last year, the Board approved its five year strategy which described how we would deliver the benefits of merging two Trusts together. 2019/20 will be the second year of the strategy as we build on the current level of integration to develop more cross site working.

Our Hinchingbrooke site will continue to provide emergency care, while increasing elective urology and general surgery on the site and more rehabilitation. Peterborough will remain our main emergency centre while retaining elective work. We will introduce more cross site working for oncology, obstetrics and gynaecology, and ophthalmology, and create a breast service hub.

We plan for greater integration with primary care and community services as partners develop integrated neighbourhoods with community services working alongside primary care. We will work with neighbourhood teams to help discharge patients faster and where necessary provide specialist advice to avoid some admissions to hospital.

Our objectives support the delivery of our vision and each has measurable outcomes, with the clear goal of delivering high quality care. The objectives are summarised in the table on page 36.

Peterborough School children deliver cards to a patient as part of the 2018 Christmas Card appeal.

Strategic Goals and Annual Objectives

Strategic goals	Annual objectives FY19	Measures
Delivering outstanding care and experience	Improve patient experience	Improve action taken in response to Friends and Family Test data Meet national performance standards with particular focus on: - Patients waiting more than 4 hours in ED reduces in line with our improvement trajectory - Patients waiting to transfer into the community reduced to 3.5% - Patients in hospital for more than 21 days reduced by 25% from FY19 levels - No patient waiting more than 52 weeks for a planned procedure - SAFER and Red to Green introduced fully across all sites - 5% reduction in non-clinical cancellation of operations on the day
	Continue to provide safe patient care	Maintain upper quartile mortality rate Reduce gram negative (e.g. E-Coli) infection rates each quarter
	Increase our engagement in research	Increase recruitment of patients to each research trial within target timescales, from 56% to 80% Increase in participation in locally led research
Working together with local health and care providers	Deliver STP and clinical strategy annual objectives	Integrated working with health and care partners in Neighbourhood Teams Increase elective activity on the Hinchingbrooke site Deliver year 2 objectives from the clinical strategy
Recruiting, developing and retaining our workforce	Staff are engaged and feel valued through delivery of G2O, the Trust People and Organisational Development plan	Staff engagement score improvement maintained at better than NHS average Sickness absence at Trust target of no more than 3.5% Turnover of less than 10%
	Successful recruitment within priority clinical services and within agreed budget through: - Improved recruitment approach - Develop new non-medical and medical roles - STP collaboration on workforce and OD	Agency spend reduced to 5% of pay bill
Improving and developing our services and infrastructure	Deliver IT strategy to support the clinical strategy	Patient administration system replacement
	Deliver first year of the Estates strategy	Hinchingbrooke business case for £25.5m theatre and ward investment Deliver Ambulatory Care Unit at HH Deliver additional bed capacity at PCH Car parking improvement plan for all sites Deliver site investments including MRI replacement Stamford Hospital west site disposal
Delivering financial sustainability	Deliver the Board agreed financial plan and control total*	Deliver year on year improved financial performance and increased efficiency (£15m CIP)

*Assumes the opening position can be adjusted by the Regulator

Performance Analysis

How the Trust measures performance

The Quality Assurance Committee and Trust Board receive a monthly performance report comprising a number of key performance indicators (KPIs), with associated commentary to explain variances and actions in place to deliver improvement.

The KPIs cover a range of contractual and internally determined metrics, providing a balanced scorecard for the Trust's performance across the four domains of regulatory compliance: quality, efficiency and workforce. The report also includes a summary of financial performance, with more detailed information provided to the finance and investment committee.

Each KPI, where appropriate, has a target based on either the contractual performance standard, or an internally-set target. The integrated performance report presents trend data for the last 12 months to enable the Trust Board to track progress over time.

Performance at Divisional level is scrutinised through monthly performance review meetings, providing an opportunity for executive directors to have a more detailed discussion with directorate teams, to support performance improvement initiatives, and to challenge underperformance. Divisional performance reviews are supported with the relevant division's performance information supplemented by additional performance information relevant to the priorities of the directorate concerned.

In order to support effective operational performance, the Trust employs a team of specialist information professionals who provide analytical support to all parts of the organisation and service all the Trust's internal and external reporting obligations.

Performance information is provided to the organisation routinely through a combination of desktop tools, automated routine reports, refreshed periodical scorecards and ad-hoc reporting on request. Trust performance is scrutinised and supported through a range of daily, weekly and monthly meetings, with the necessary information available for discussion.

Review of non-financial performance

This was a challenging year for the operational teams. It was impacted by increased emergency pathway pressures, operational change management and alignment of structures across sites after the merger. While operational teams worked hard to ensure limited impact on patient care and provision performance, targets have been impacted.

Throughout the year there were continued pressures within the emergency care pathway at both Hinchingbrooke and Peterborough City Hospitals. Emergency Department attendances increased during the year, with emergency admissions increasing by 4.3% across the Trust. Emergency admissions increased by 4.4% at Peterborough City Hospital and 3.9% at Hinchingbrooke Hospital.

This was despite a 14.5% increase from the previous year in the use of ambulatory care pathways to avoid admissions at Peterborough City Hospital. As a consequence, the acuity of patients requiring admissions increased. This combined with the difficulty of discharging patients (who no longer needed hospital care), back into the community. This continued to make it challenging at both our main acute sites.

The impact of Delayed Transfers of Care levels continued to be a key focus within the organisation, liaising with all partner agencies through the urgent care delivery board and other forums. This continues to be raised with commissioners through contractual meetings and correspondence.

Despite robust recovery plans throughout the organisation and the introduction of a 'turnaround' team, the Trust was unable to deliver the national four-hour emergency waiting time standard. These recovery plans included review of pathways and professional standards, increased ACU pathways and the introduction of front of house teams, as well as external and partner agency support. This was set so that 95% of patients would spend less than four hours in the Emergency Department from arrival to admission or discharge.

The Trust ended the year at 85.2% compared to 85.1% in 2017/18. This remains a pivotal focus for the Trust's executive team and they continue to work with local health and social care partners and NHS Improvement to alleviate this position, as it impacts on the quality of patient care.

For 2018/19 it was agreed that Trusts will maintain their 'Referral to Treatment' waiting list position at March 2018 levels or lower. The Trust's waiting list size in March 2018 was 34,804. Since April 2018, the Trust's waiting list size has continually grown above the March 2018 position. During the final quarter, the position deteriorated for a multitude of reasons including; increase in referrals, ongoing capacity challenges, elective cancellations due to urgent care pressures and both clinical and administrative resource vacancies. The position achieved at Trust level was 37,331 (in February 2019). All specialities not achieving this are already implementing recovery plans to limit the impact on patient waits and care.

The suite of cancer targets have remained a key focus for the Trust throughout the year and achieving them has proved very challenging. The Trust met four of the eight targets at the end of the year. The 62 day wait from referral to treatment failed with a year-end position of 77.6% (78.9% before reallocations) against a target of 85%. A significant amount of work has been undertaken to improve this, including introduction of new pathways, a new High Impact Action plan focussing on colorectal and prostate pathways, with a new escalation process lead by the General Manager for Surgery and Cancer. This has seen improvements in our performance towards the end of the year.

The Trust was awarded additional Cancer Transformational funding which is now being used to deliver improvements to the waiting times for patients with cancer.

The two week wait metric for all referrals and that for breast symptomatic referrals was not met with performance of 89.79% and 84.68% respectively against a standard of 93%. This is largely due to the wait for patients going straight to colonoscopy for patients on the colorectal pathway and the capacity challenges in breast due to the reduction in breast radiology cover and increasing volumes of referrals. Additional endoscopy lists are being added to improve the wait for colorectal patients and an action plan has been agreed with the CCG for breast patients.

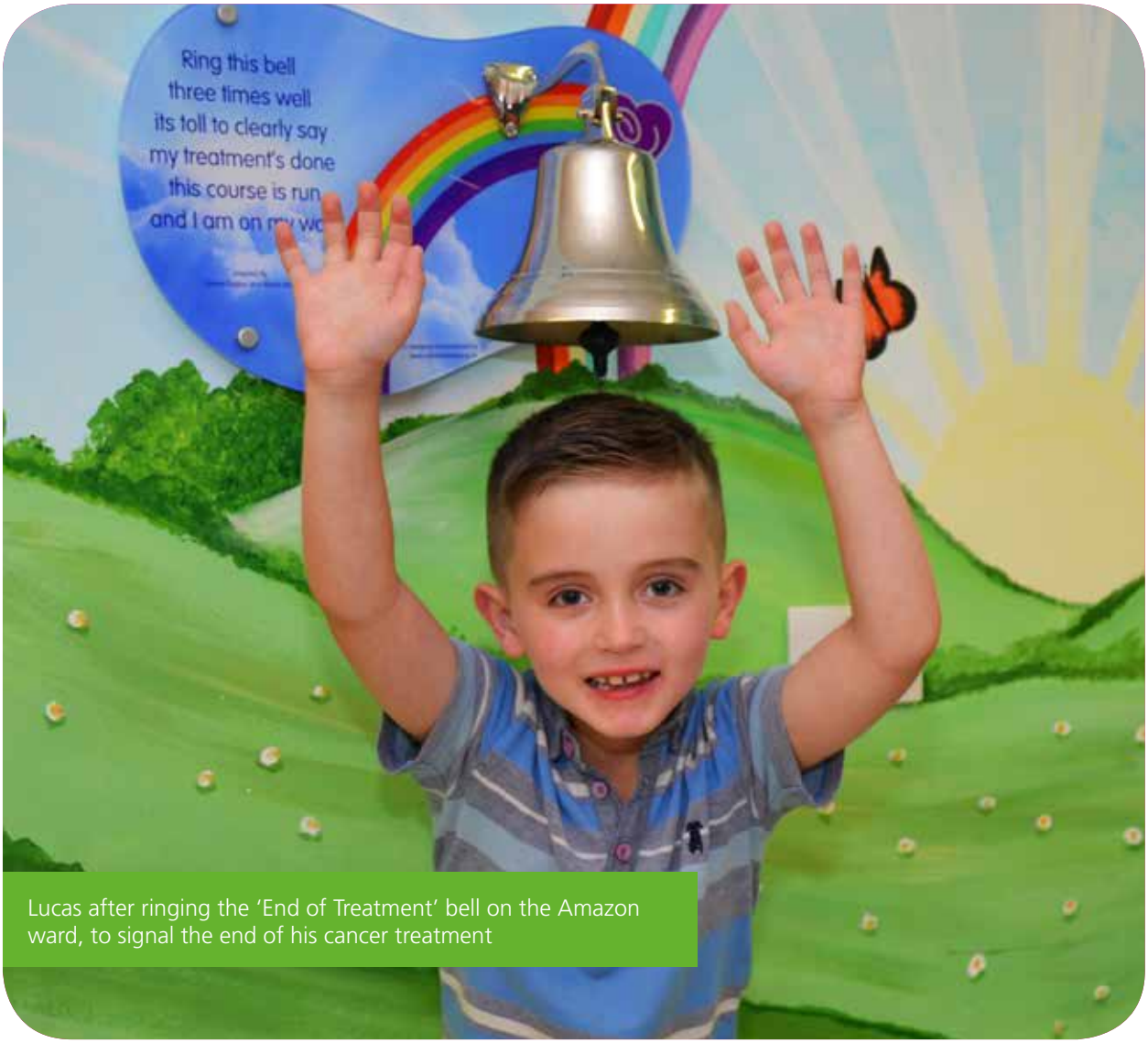
The screening standard achieved 74% against a standard of 90%. During the year significant improvements have been seen within the bowel screening service with waits for bowel screening colonoscopy reducing from over six weeks to less than two and similar reductions in waiting times for first appointment.

The 31-day subsequent drug target was missed marginally (97.8% against a standard of 98%) though this is subject to final verification). The patients who were treated beyond 31 days were predominantly due to patient choice delay or due to them being unwell.

The access target for receiving diagnostic tests within six weeks of the referral has also been challenging during the year. The Trust achieved 96.3% (February 2019) against a 99% target. The main areas that have struggled are Cardiology, Diagnostic Imaging and Endoscopy. Endoscopy has seen an increase in demand with limited capacity which has impacted on the number of breaches within the area.

All areas put short term plans in place to address this while longer term plans were implemented. In addition there were ad-hoc issues within other areas including unexpected down time of equipment, increase in emergency pressures and staff shortages due to sickness. Operational teams worked hard to ensure patients were not inconvenienced and were seen as quickly as possible where these issues arose.

The Trust is committed to delivering these operational performance metrics and has mechanisms in place for internal review, performance monitoring and ensuring remedial action plans are in place. The teams faced numerous challenges throughout the year. They worked, and continue to work, to deliver plans to improve performance against these performance targets to ensure patients are seen within a timely, quality service.



Lucas after ringing the 'End of Treatment' bell on the Amazon ward, to signal the end of his cancer treatment

National Performance Targets

National target / Regulatory requirement[1]		2016/17	2017/18	2018/19
MRSA screening for all emergency inpatients	Target	100%	100%	100%
	Actual	93.0%	91.8%	91.7%
VTE risk assessment	Target	95.0%	95.0%	95.0%
	Actual	95.9%	96.9%	97%
18 week referral to treatment time – Incomplete pathways within 18 weeks	Target	92.0%	92.0%	92.0%
	Actual	94.8%	88.6%	84.8%
Diagnostic six week waits (% waiting)	Target	1%	1%	1%
	Actual	1.1%	2.0%	3.9%
All cancers two week wait from referral	Target	93%	93%	93%
	Actual	97.4%	95.0%	89.79%
All cancers – 31 days from decision to admit	Target	96%	96%	96%
	Actual	99.9%	96.8%	97.23%
All cancers – 62 days from referral to treatment	Target	85%	85%	85%
	Actual	84.4%	84.1%	77.59%
All cancers – consultant upgrades	Target	90%	90%	90%
	Actual	98.9%	95.9%	91.88%
62 days from screening to treatment	Target	90%	90%	90%
	Actual	88.8%	78.5%	74.03%
Cancer subsequent treatment – Drugs	Target	98%	98%	98%
	Actual	100%	99.6%	97.81%
Cancer subsequent treatment – Surgery	Target	94%	94%	94%
	Actual	100%	97.9%	94.7%
Cancer subsequent treatment - Radiotherapy	Target	94%	94%	94%
	Actual	99.8%	99.3%	98.92%
Breast symptomatic referral within two weeks	Target	93%	93%	93%
	Actual	94.6%	93.5%	84.7%
Total time in A&E four hours or less – Local health economy	Target	95%	95%	95%
	Actual	80.1%	85.7%	86.7%
% elective operations cancelled for non-clinical reasons	Target	1%	1%	1%
	Actual	0.7%	1.0%	1.1%
C. difficile rates – inpatient (sanctioned cases)	Target	29 (PSHFT)	40 (NWAFT)	38
	Actual	6 (PSHFT)	17 (NWAFT)	10

[1]*Some targets may be reported monthly/quarterly.*

Review of financial performance

The annual report has been prepared to reflect the activities and financial position of North West Anglia NHS Foundation Trust for the year ended 31 March 2019.

In 2018/19, the Trust recorded a retained deficit of £61.5m, which compares to a deficit of £54.5m in 2017/18. The deficit for both years is expressed prior to the receipt of the System Transformation/Provider Sustainability Funding.

During the year the Trust delivered cost improvements amounting to £4.903m Full Year Effect and £6.381m Part Year Effect against a target of £16.9m (17/18 £16.5m against a target of £16.9m).

During 2018/19, patient numbers were significantly higher than those included in the Trust's contracts with its main commissioners and compared to the prior year.

Pay costs of £285.6m in the year were £19.7m higher than the budgeted spend and reversing this trend remains a key area of focus for the Trust. £3m of that excess spend was due to the national pay award which has been funded centrally; the same value is treated as clinical income in the accounts. The Trust's variable pay and non-pay costs are inextricably linked to patient numbers and activity along with the premium cost of covering vacant posts. These costs have, therefore, increased as a resultof the increase in patient numbers.

Provider Sustainability Fund (PSF) of £11.8m was received during the year and treated as income (2017/18 £15.6m). The deficits noted above reflect the relative positions excluding this income.

The national shortage of nursing and medical staff means that agency spend is higher than the ceiling set by our regulators. The Trust continues to work hard on recruiting and retaining staff and the expectation is that this premium spend can be reduced during 2019/20. Many posts already have start dates for new employees.

The Trust reduced its reliance on outsourcing work to private providers through many efficiency schemes. Increased demand and restraints on capacity due to blockages in the local health system create a bottleneck in the flow of patients which restricts the availability of beds. As a result, outsourcing becomes necessary in order for the Trust to work towards the 18 week elective target.

The Trust is also required to ensure the income received from the provision of goods and services for the purposes of the health service in England, is greater than income from the provision of goods and services for any other purposes (e.g. private patient income). The amount of private work carried out by the Trust is minimal. Income from other purposes including private work in 2018/19 was £1.75m, which is 0.4% of the total income. This level of private patient income and activities associated with it has had no material impact on the Trust's provision of goods and services for the health service in England.

The Trust received loans from the Department of Health during the year. Revenue loans amounted to £46.8m. This funding ensured that the Trust could continue to meet its liabilities as and when they fell due. The Trust also received PFI support funding during the year of £10m which has been confirmed as recurrent. The Trust's Annual Accounts can be found in Section 2 of this report.

Going forward

The Trust continues to face a major financial challenge with a significant underlying deficit. The local NHS operating environment is particularly challenging with a need to deliver significant efficiency improvements, while safeguarding and enhancing the quality of patient care provided: it is therefore unlikely that the Trust will be able to return to financial surplus without a local health economy solution.

Details of the Trust's plan for 2019/20 are set out in the Annual Operational Plan available on the Trust's website. The merging of cultures, departments, policies and procedures has continued to add to this challenge during 2018/19 and has affected the speed at which Cost Improvement Plans (CIP) have been delivered. The Trust has, however, delivered merger savings in excess of those noted in the merger Full Business Case.

The Trust will continue to work with its commissioners, NHSI, the System Transformation Programme (STP) and other stakeholders to develop long-term plans. These plans incorporate:

- A continuing and significant internal efficiency improvement challenge (which, in order to reduce the Trust's deficit, will need to exceed the proposed annual efficiency targets that are imposed each year through reductions to national tariffs)
- Continuing to achieve efficiency savings highlighted in the merger proposal
- An increased financial contribution from the clinical services we already provide (in partnership with commissioners and other providers)
- The introduction of high quality new services (in partnership with commissioners and other providers), which will also generate a surplus
- Continuing to focus on providing excellent quality of patient care, delivering operational targets and improving internal governance arrangements
- Working in partnership with commissioners and community services to avoid unnecessary hospital attendances and delays to discharge, in order to assist capacity pressures and understand the need for services in the community
- Agreeing the solution to the affordability of the Trust's PFI scheme with NHSI/DoH
- Investigating options for the local health economy via the STP to work in more efficient ways, while maintaining excellent patient care quality.

The delivery of these long-term plans will depend partly on the Trust's ability to fulfil a number of challenging internal objectives but also on gaining the support and co-operation of a large number of stakeholders (including the Department of Health, NHS Improvement, the Trust's commissioners and other local providers), to drive the necessary changes to the local health system.

The success of the Commissioner's STP activity plans to treat more patients outside of an acute setting is a major factor in the Trust's ability to achieve its financial and efficiency targets.

The Trust is again expecting to incur a deficit during the next 12 months and as a result, will require significant additional external funding from the Department of Health. During 2018/19 the Trust received loans from the Department of Health. The type of funding to be received for 2019/20 is again likely to be via loans.

As Directors of the Trust, we consider this represents a material uncertainty which may cast significant doubt on the Trust's future financial performance and sustainability. We will continue to seek formal assurances from the Department of Health in respect of this matter. Although the level of this funding stream is not yet formally agreed, the Trust's Board of Directors has a reasonable expectation that the Trust will have access to adequate resources to continue to provide patient services for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts as set out in page 18 of the Annual Accounts (Section 2).

Caroline Walker
Chief Executive
24 May 2019

More successes in 2018/19

SECTION 1

Quality Account 2018/19

What is a Quality Account?

All providers of NHS services in England have a statutory duty to produce an annual Quality Account. This is a report that informs the public about the quality of the services that we deliver. They are published annually and are available to the public.

Quality Accounts aim to increase public accountability and drive quality improvement. They do this by requiring organisations to review their performance over the previous year, publish their performance and identify areas for improvement. Quality Accounts will also inform you about how an organisation will make those improvements and how they will be measured.

A review of our quality of services for 2018/19 is included in this account alongside our priorities and goals for quality improvement in 2019/20 and how we intend to achieve them.

How is the 'quality' of the services provided defined?

We have measured the quality of the services we provide by looking at:

- Patient safety
- The effectiveness of treatments that patients receive
- How patients experience the care they receive.

About our Quality Account

This report is divided into sections.

- A statement on quality from the Chief Executive
- A statement on quality from the Chief Nurse and Medical Director and sets out our corporate objectives for 2019/20
- Our performance in 2018/19 against the priorities that we set for patient safety, clinical effectiveness and patient experience, as well as priorities from other multidisciplinary teams
- Our quality priorities and goals for 2019/20 for the same categories and explains how we intend to meet them and how we will monitor and report our progress
- Statements related to the quality of services that we have provided and includes Care Quality Commission registration information, data quality, information about clinical audits that we have undertaken and our research work
- Our quality performance and includes performance against national priorities and local indicators. It also provides examples of how we have improved services for patients
- A statement of Directors' responsibility in respect of the Quality Account
- Comments from our external stakeholders.

Some of the information in the Quality Account is mandatory; however most is decided by our staff and Foundation Trust Governors.

Part 1: Chief Executive's statement

Caroline Walker - Chief Executive

I am pleased to introduce this account detailing the quality of care provided to patients in our Trust for the year April 2018 to March 2019.

North West Anglia NHS Foundation Trust (NWAngliaFT) is a statutory, not-for-profit, public benefit corporation and continues to provide healthcare services to the local population.

I was proud to take up the role of Chief Executive for the Trust on 1 October 2018, from my former position of Deputy Chief Executive and Finance Director at the Trust. From the outset, one of my main priorities was to get to know more of the staff at the Trust and visit as many teams, wards and departments as I could. During my first few months as Chief Executive I was able to achieve this and I quickly realised how committed our staff are, and how hard and tirelessly they work, especially given the pressures and increased volumes of patients attending our Emergency Departments (ED), being admitted into our hospitals and those who use our Outpatients and Radiology services. The Trust saw a 7.8% increase in the number of ED attendances and a 4.3% increase in emergency admissions on both main hospital sites. During the year we continued the roll out of our Clinical Strategy, which continues to guide us through our agreed pathways to ensure services are integrated, as we reach two years post-merger. Throughout, our staff have continued to ensure safe and effective quality care is delivered, and that services provided deliver a positive experience for patients and for this I would like to thank them all for their hard work and dedication.

Last year was a busy year, not only in terms of patient attendance and admissions; it also included a number of visits to the Trust by our Regulators and Commissioners. In June and July 2018, the Trust welcomed the Care Quality Commission (CQC) for an inspection of some of our hospital services at the Peterborough City Hospital and Hinchingbrooke Hospital sites. Unfortunately, the overall rating for the Trust went down from 'Good' to 'Requires Improvement'. Whilst we were extremely disappointed with this outcome, we recognised there were areas for improvement, both short and long term, and we have taken the opportunity to use the feedback received to develop an action plan which has helped to achieve some immediate improvements, details of which can be found later in the Quality Account. Good progress is being made against the action plan which is supporting us to improve our services to patients and the Trust is about to re-launch it's 'Good to Outstanding' (G2O) programme to help increase staff engagement and drive quality improvements forward, and we welcome the opportunity to demonstrate progress made upon our next CQC inspection.

Other visits included:

- Support from NHS Improvement (NHSI) regarding our Trust performance and achievement of the four hour target on the PCH and Hinchingbrooke Hospital sites, ensuring quality care remained at the forefront of improvement plans
- NHSI, Public Health England (PHE) and Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) in relation to our Infection Control programme and compliance against the Hygiene Code on the PCH site
- Quarterly quality review visits by South Lincolnshire CCG and Healthwatch colleagues to the PCH and Stamford Hospital sites to assure the CCG of compliance against quality standards across a number of wards and specialist services.

All of those visits reported no concerns about patient safety, but poor experiences for some patients as we failed to deliver the national waiting time standards.

Even with this increase in patient demand, considerable improvements in the quality of care the Trust provided have been achieved. Details of these improvements were reported through our Quality Reports; however please see the following for the headline improvements:

- Sepsis – a new Specialist Nurse team were recruited who launched a campaign to raise awareness within the Trust and improve compliance with assessment and treatment. Positive steps are being made in both requirements and will continue into 2019/20;
- Nutritional screening – trust-wide improvements have been achieved within this priority, with Peterborough and Stamford hospitals achieving compliance in all three quality indicators and Hinchingbrooke Hospital making positive step changes throughout the year which will continue into 2019/20;

- Mortality surveillance and Structured Judgement Reviews (SJRs) – the Trust successfully rolled out Structured Judgement Review sessions achieving its target of 36 and have demonstrated learning from the SJR findings;
- Serious Incidents – the Trust achieved 100% compliance with the reporting timeframe as set out by C&P CCG;
- Complaints – the Trust achieved 100% compliance with 30 working day response times, as well as those with an agreed extension of 10 working days;
- Infection Control (*C. diff*) – the Trust achieved a reduction in the total number of sanctioned cases on the previous year;
- Maternity (Post-Partum Haemorrhage (PPH)) – the maternity team achieved its priority to reduce the number of data entry errors on the K2 maternity electronic document system for out of county births to zero in-year.

As always, **patient safety** continued to be a priority and has been the key driver in the roll out of several clinical initiatives across the Trust. As part of merging our organisations and services, clinical systems have been introduced, including the Symphony electronic recording system into the Emergency Department at PCH in November 2018, which was already in use at the Hinchingbrooke site, and is supporting the preparation for the introduction of the new Patient Administration System (PAS) across the whole Trust in July 2019. This will enable staff to access the same systems across all main hospital sites and will ensure patient safety, integration and effectiveness of services.

Following the merger, it was highlighted that additional clinical support was required at night on the Hinchingbrooke site to support patient safety, so in April 2018, the Trust introduced three Night Matrons initially on fixed term contracts. Due to the success of the roles and the positive evaluation by clinical teams at Hinchingbrooke and the value added by the roles, it was agreed to make the positions permanent as of the end of March 2019 and to increase the number of posts to four, in order to encompass day shifts to enable closer working with the Day Matron team to share best practice.

Whilst we are proud of the progress made as noted above, we are honest and recognise the need to identify where services are not always fully meeting the needs of our patients. The Trust identified some issues within the Surgery Division, specifically relating to Ophthalmology and Plastics and Dermatology Services, and undertook to follow a 'risk stratification' process, working alongside the local CCGs in order to ensure patients received prompt treatment as appropriate. We also identified some process issues within the two main Emergency Departments at the PCH and Hinchingbrooke Hospital sites, for which Quality Improvement Plans were implemented with the support of clinical and corporate teams, and we are pleased to report that significant progress is being made in all areas in improving services and ensuring patient safety is maintained at all times.

Patient experience is a key part of our care, and we are therefore pleased to report the Trust has achieved consistent results in its complaints management, meeting month on month the targets set around response times. The Trust has also achieved positive results by being above or equal to the national average in the Maternity and Emergency Department Friends and Family Test surveys, where patients recommended the Trust as a place for care and treatment. It is important to evidence and share patient experience and quality care, and this was demonstrated by 'patient stories' which were led by patients or their representatives, and presented at the public Trust Board each month.

Other 'board to ward' activities included weekly CEO email 'blog' to all staff, CEO and Chief Nurse visits to patient care areas, CREWS assessments, Trust-wide night visits and patient safety walkabouts. These were carried out by senior nursing and medical staff, executive and Non-Executive Directors and Trust governors. External challenge included a series of planned and unplanned visits by our local CCGs, NHS Improvement and the CQC as noted above.

Being **effective** is an essential part of the Trust's daily processes, and therefore it is important that the systems we use help support that requirement. An example of a programme used is the Healthroster system. This has been in use in the Trust for a number of years, and has predominately been used to roster nursing and midwifery staff. This has now been extended to include Junior Doctors across the Trust – further details regarding the roll out can be found later in the report.

The Trust has also improved its risk management processes this year with the implementation of a Risk Task and Finish Group; overseeing and reviewing the Trusts Risk Management and Board Assurance Frameworks. The Task and Finish Group report to the Trusts Audit Committee which provides a key forum through which the Trusts Non-Executive Directors bring independent judgement to bear on issues of risk management and performance. The constructive interface between Audit Committee and the Risk Task and Finish Group supports the effectiveness of the Trusts systems of internal controls.

Further work was undertaken to embed the Performance Governance Framework (PGF) during the year, with reporting provided to the Audit Committee of progress made against the recommendations made by the Internal Audit Report of PGF implementation across the Divisions. Project support was sourced during the recruitment process for the Head of Nursing for the Division of Surgery. Governance mechanisms and reporting were reviewed and strengthened and the Compliance Officer recruited has developed sound tracking systems for key processes such as serious incident action plan completion, complaints and policy reviews. Governance support for the Division of Emergency and Medicine has provided a focus on risk management, learning from serious incident and complaint investigations and ensuring policy documents are in date. Development of divisional level reporting for the joint Governance and Performance Board has also started.

The Trust, like others across the country, experienced staffing level challenges and this was a concern across all professions. The continuation of the national agency cap, first introduced in 2015, presented ongoing challenges. However, the Trust made every effort to comply with this requirement, and as a result benefitted from quality and financial improvements whilst not compromising clinical safety and appropriate staffing levels.

The Trust continued to recruit at home and abroad, and have seen the benefits of the visits to the Philippines in 2017/18 and India in 2016/17 with 70 nursing staff now having commenced their employment with the Trust.

The Trust has had great success with the national Nursing Associate programme. The first cohort of students began their training in January 2017 and qualified in January 2019. Further details can be found in the 'Review of Quality Performance' section later in the report.

Alongside our well-established leadership development programme, we recognised it was important to retain and develop staff within the Trust and to support this, introduced the 'Grow With Us' retention project for nursing and midwifery staff. The aim was to reduce the number of staff leaving the Trust within the first year of joining by offering career clinics, rotational programmes and career pathway support. This project has been successful during its first year by achieving its target of reducing the number of staff leaving by 25%.

Plans are also underway with the Cambridge and Leicester Medical Schools to increase the number of undergraduate Doctors trained by the Trust, following positive feedback received around the quality of education and support for students provided by us.

The Trust recognises the importance of the part it plays in the Local Health Economy in the delivery of the Sustainability and Transformation Plan (STP), in working together with local partners to deliver better integrated services for patients. In order to achieve this, I have taken the role of Co-Chair of the North Alliance of the STP for Cambridgeshire and Peterborough and am also Chair of the North Accident and Emergency (A&E) Delivery Board. This helps to fulfil our part in the Urgent and Emergency Care work stream and supports working with system partners in Lincolnshire as well.

On a national level, the Trust has also welcomed the new NHS Long Term Plan which was published in January 2019 and are working to align our services to meet the national strategic objectives set out as follows:

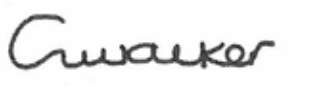
- To give everyone the best start in life
- To deliver world-class care for major health problems, such as cancer and heart disease
- To help people age well

The results of the quality improvement priorities for 2018/19 were reported. These were highlighted as areas of concern to be addressed through the Trust's Quality Assurance Committee (QAC), Trust Board, Council of Governors and Patient Experience Group meetings. As such, these reflect national and local priorities across the domains of safety, effectiveness and patient experience. These helped staff realise the Trust's strategic vision of: 'Working together to be the best at providing outstanding care for local communities'. These are summarised on page 31.

Now that we are two years post-merger, the Trust is beginning to achieve the benefits this has brought with improving clinical and financial stability for our hospitals, and the opportunity to develop and strengthen patient services provided to our local communities. As part of this development, we look forward to welcoming colleagues from Acute Paediatric Services at Hinchingbrooke Hospital, who join our Trust from 1 April 2019 from Cambridgeshire Community Services in order to bring together all acute services for children on the Hinchingbrooke site under NWAngliaFT.

I would like to take the opportunity, on behalf of the Trust Board, to thank our staff as they continue to drive the delivery of high quality care to patients and for their hard work, leadership, professionalism and compassion. I would also like to thank our patients, their carers, our volunteers and other stakeholders for their ideas and comments which have been used to plan the Trust's quality improvement programme for 2019/20.

To the best of my knowledge, the information contained in this Quality Account is accurate.



Caroline Walker
Chief Executive
24 May 2019

Chief Nurse and Medical Director statement

Joanne Bennis - Chief Nurse

Kanchan Rege - Medical Director

We are proud to lead teams of committed and caring staff who have helped to achieve so much in the last year. These accounts capture some great examples of quality improvements during the year but we want to go further and ensure every service and every team embeds quality improvement as a culture and the way we do things at NWAngliaFT.

We are passionate about ensuring we provide the very best quality of care for all our patients and that we work collaboratively with their carers. This requires a focused commitment from us as an organisation on all the components of quality. We believe our services must provide a positive experience, be safe, effective and that through a quality focus, efficiency and sustainability can be achieved.

Focusing on what matters to our patients and learning from experience of people who came into contact with the Trust provides us with a valuable source of information. This helps to inform us not only about the things we do well but also ensures there is continual improvement to the services we provide. We have many different opportunities to receive feedback and ensure that departments put in place actions to make the necessary changes.

Learning from others, benchmarking with other hospitals, participation in national audits and studies and implementing best practice are also important factors in quality improvement.

It is important to us that, whilst in our care, you feel both safe and cared for. By that, we mean that not only do we expect that the technical things we do for you will be the safest possible but the way in which we do them will make you feel cared for – as we would all expect for ourselves and our families. It is a fundamental part of everyone's job working throughout our growing organisation to ensure that you are cared for with dignity, respect and compassion and that you receive the best possible healthcare from all our staff, wherever you are receiving care – from your home to our hospitals.

As the Executive Directors responsible for Quality within the Trust, we are pleased to recommend these accounts as an informative and reassuring summary of quality performance and activity during 2018/19.

Part 2: Priorities for improvement and statements of assurance from the Trust Board

Priorities for improvement identified for 2018/19

The following section summarises progress made during the year. The report should be read within the context of the work completed by the Trust over the year, including care delivered to our patients, numbers of which are detailed below:

160,649

patients were seen in our Emergency Departments

We treated

60,108

emergency admissions

We carried out

52,064

elective day cases or surgery

10,727

elective operations were carried out

6,720

babies were born here

633,687

patients seen in new and follow-up outpatient appointments

44,201

patients were seen by the Therapy Services team

Ambulatory Care Services:

- At PCH:
  - 9,626 patients avoided an admission by attending the Ambulatory Care Unit (ACU)
  - 14,125 patients attended further follow up appointments at the ACU
- At Hinchingbrooke:
  - There were 5,059 emergency admissions
  - There were 1,038 day case admissions
  - There were 2,486 elective admissions

Priorities - results at a glance

Priority		Name	Goal Met	Goal Partially Met	Goal Not Met
Goal 1	**Sepsis**				
	1a.	Employ Sepsis Specialist Nurse	●		
	1b.	Continue education programme and mandatory training	●		
	1c.	Work with AMD Patient Safety to support medical engagement	●		
	1d.	Review sepsis care bundles and ensure are effective and easy to use	●		
	1e.	Continue to collect data and submit quarterly reports for the national CQUIN	●		
Goal 2	**Nutritional Screening**				
	2a.	95% of patients will have a nutritional screening assessment completed within 24 hours of admission	●		
	2b.	85% of patients will have all aspects of the nutritional screening tool completed accurately		●	
	2c.	85% of patients will have an appropriate nutritional care plan in place		●	
Goal 3	**Ensuring patients discharge is complete and safe**				
	3a.	Audit monthly reporting of discharge checklist compliance	●		
	3b.	90% compliance with discharge checklists	●		
	3c.	95% compliance with discharge checklists	●		
	3d.	Report on themes from discharge feedback	●		
Goal 4	**Mortality Surveillance and Structured Judgement Reviews (SJRs)**				
	4a.	Increase participation and attendance in multi-disciplinary SJR sessions. Completion of at least 36 SJR sessions per year (this is a minimum of three SJR sessions per month)	●		
	4b.	Develop Trust-wide action plan to track and monitor learning	●		
Goal 5	**Datix Clinical Incident reports**				
	5a.	90% of fully investigated incidents to be finally approved within 30 days of the reported date (monthly)	●		
	5b.	90% of finally approved incidents to have a learning outcome		●	
Goal 6	**Implement HealthRoster Medics**				
	6a.	Successful roll out of HealthRoster Medics (Junior Doctors) in line with project plan	●		
Goal 7	**Implement HealthRoster Medics**				
	7a.	Increase participation rates to greater than 10% of footfall			●
Goal 8	**Serious Incidents**				
	8a.	100% of SI reports completed within 60 day agreed timeframe	●		
Goal 9	**Datix Clinical Incident reports**				
	9a.	90% of complaints responded to within 30 working days	●		
	9b.	100% of complaints responded to within 40 working days	●		
Goal 10	**Carbapenemase Producing Enterobacteriaceae (CPE) risk assessments**				
	10a.	95% compliance with CPE risk assessment to be completed on admission for all in-patients	●		
Goal 11	**E. coli reduction of 50% across whole health economy by 2020**				
	11a.	Reduction of 20% on 2017/18 year end total of 42 cases		●	
Goal 12	**Reduction in Clostridium difficile (*C. diff*) cases to maintain crude figures target set by NHS England**				
	12a.	Aim to achieve less than a total of 38 crude cases in year			●
	12b.	Aim to reduce sanctioned cases from 2017/18 total of 17	●		
Goal 13	**Post-Partum Haemorrhage (PPH)**				
	13a.	Reduction in PPH rates of >1.5L (below national target of <3%)		●	
	13b.	Reduction in the amount of incorrect data entries on K2 for births out of county to zero error rate	●		

Priorities - results at a glance

Goal 1	Sepsis	Goal Met	Goal Partially Met	Goal Not Met
1a.	Employ Sepsis Specialist Nurse	●		
1b.	Continue education programme and mandatory training	●		
1c.	Work with Associate Medical Director (AMD) Patient Safety to support medical engagement	●		
1d.	Review sepsis care bundles and ensure are effective and easy to use	●		
1e.	Continue to collect data and submit quarterly reports for the national CQUIN (Commissioning for Quality and Innovation)	●		

Information

Sepsis is a main cause of acute illness, death and disability in the UK. Incidences of sepsis are rising by 11.5% each year. The 2015 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 'Just Say Sepsis!' report suggested there were around 200,000 cases of sepsis in the UK each year claiming at least 60,000 lives of which 80% as a response to community-acquired infections.

As a Trust aiming to give safe care to all our patients, the commitment is towards improving care and fulfilling the National CQUIN to demonstrate that improvement.

Reason for prioritisation

Nationally sepsis is believed to contribute to 1 in every 2-3 deaths in hospital and patients are not receiving timely review and care across all wards and departments in acute hospital settings. There is often a failure to recognise a patient with sepsis (NCEPOD 2015).

Sepsis is a national CQUIN and as such the Trust has audited sepsis care provided in the Trust and there is room for improvement. The CQUIN gave momentum to the aim to improve:

- **Patient screening** – this is measured by the effective use of the Sepsis Trust screening tool which has been adapted for Trust use – this should be 90% of patients who have a NEWS score of < 5 or 3 in more than one observation
- **Time to treatment** – this is the completion of the diagnostic tests and actions required including a first dose of antibiotics within an hour of a positive screening result

Baseline

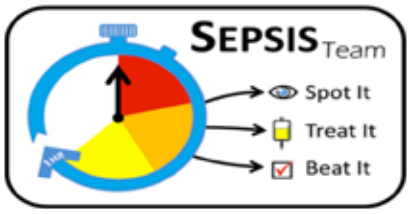
April 2018						
Screening	**Emergency Department (ED)**			**Inpatients**		
	Adult	Child	All	Adult	Child	All
Percentage	56.8%	22.2%	50.9%	89.7%	83.3%	88.6%
Treatment	**Emergency Department (ED)**			**Inpatients**		
	Adult	Child	All	Adult	Child	All
Percentage	90.9%	N/A	90.9%	83.3%	100%	86.4%

(N/A due to no children requiring treatment in ED this month)

In April 2018, it was identified that the screening process using the 'Sepsis 6' bundle was not clearly evidenced, however, on review of the patient's notes and the sample, those patients who were screened received the correct treatment within the agreed time parameters. The inpatients have a much higher screening rate but staff are not as prompt in treating patients. This could be due to fewer medical staff on duty overnight so at times there are slight delays in the delivery of treatment.

Action taken

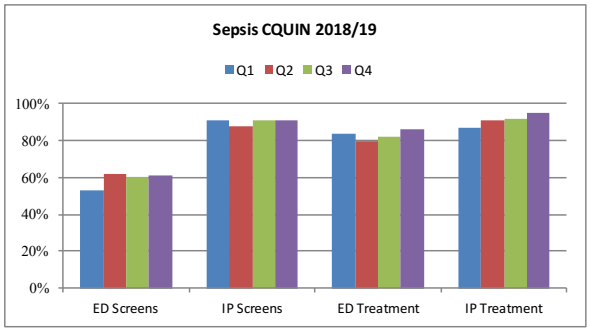
- Sepsis Specialist Nurses recruited and commenced in post in September 2018
- Plans in place for education and training for interim period without Specialist Nurses with Practice Development Team (PDT) cover
- Scoping of current education and training provision for sepsis
- Presentations refreshed to align with new national guidance and best practice
- Multi-professional training scheduled
- 'Sepsis Awareness Campaign' developed with a specialist focus within the Emergency areas initially
- Associate Medical Director (AMD) worked with colleagues to improve clinician awareness of sepsis management
- Sepsis Working Action Group was re-established to promote cross-site and collaborative working with medical colleagues
- NEWS2 was further embedded in the Trust and audited
- Sepsis Care Bundles altered following NEWS2 audit
- Monthly data collection for national CQUIN compliance
- Improved reporting to Trust Board and its Sub-Committees
- Visual advertising for awareness, for example lift wraps and pop-ups
- Plans for a trust-wide sepsis campaign throughout January and February 2019 were put into action. The team met with key stakeholders to ensure maximum engagement. A new Trust logo was devised:



Outcome details

- Two Sepsis Nurses were employed. Both work part time but provide full time cover for all main hospital sites
- Education and mandatory training for medical and nursing staff continues across the Trust. The training has received excellent evaluations with staff requesting more time for the session. The sepsis team have attended every FY1 training session and some of the Clinical Business Unit Governance meetings. This is an ongoing rolling programme
- The AMD for Patient Safety has been key in facilitating engagement with medical colleagues throughout the organisation, assisting in ensuring that sepsis remains an integral part of patient safety and that communication is effective. Work has begun on developing live simulation training for teams to improve recognition and detection of sepsis and the deteriorating patient, learning from previous incidences that have occurred. This is being led by a Trainee within Anaesthetics supported by the AMD
- New Sepsis Care Bundles have been rolled out and are in use in all areas across the Trust. A new Sepsis Policy has been written and is available to all - this is highlighted and used in all training sessions
- The end of year data demonstrates some improvement in all areas. There is a step change in Q3 and Q4 when the Sepsis team came into post. The education and training is ensuring that processes become embedded and work is planned with the Emergency Departments next year – see next steps.

March 2019						
Screening	**Emergency Department (ED)**			**Inpatients**		
	Adult	Child	All	Adult	Child	All
Percentage	70.5%	66.7%	70%	84.1%	100%	86%
Treatment	**Emergency Department (ED)**			**Inpatients**		
	Adult	Child	All	Adult	Child	All
Percentage	82.1%	N/A	82.1%	96.8%	100%	97%



Sepsis Campaign update

- The 'Stop It, Treat It, Beat It' Sepsis Campaign began in January 2019 across the organisation encompassing all departments and specialities
- The key focus of the campaign is to empower all staff and public around the importance of early recognition and subsequently timely treatment upon identification of sepsis
- The campaign is focusing on all staff who assess and treat patients. There has been great engagement throughout the organisation from ward to board level. There are public and staff posters around the entire organisation as well as banners, 'lift' promotion and a social media presence
- The response from the public who attended the promotional stands held in the atriums has exceeded expectation with many discussions around their own experiences, improvement ideas and gratitude for care they may have received and information they have been given.

Lessons learnt

- Medical staff engagement is key to the septic patient's pathway. More work is needed through training and face to face education to demonstrate that sepsis is **everyone's** business. All staff should be alert to the triggers whilst monitoring their patients
- ED is a very busy department but the sepsis screening tool should be used to avoid missing patients who require treatment. Further work on improving the use of the screening tool will continue next year.

Next steps

- Sepsis remains a priority for 2019/20 and close monitoring and improvement plans will be continued throughout the year
- Results will be recorded on a sepsis dashboard to enable scrutiny and the ability to report the detail and progress made
- Over the next year all teaching and training sessions will continue with a more localised focus. This will include face to face teaching and support and whiteboard work with the Multidisciplinary Team (MDT)
- The ED departments will be supported by month-long intensive visits by the Sepsis nurses, with training and practical support such as the provision of sepsis boxes which contain everything required except the drugs to enable efficient care
- The Sepsis team will support the mortality review process of those patients who have died of sepsis. These reviews offer excellent learning and highlight any service provision shortfalls that can be addressed in the future
- An investment appraisal will be completed during Q2, to place sepsis screening on Nervecentre, the electronic system used in the Trust to record physical observations. The benefits of this will be the escalation process and the prompts to ensure that screening is completed in a timely manner
- **Sepsis Campaign** -The engagement and feedback from staff and public alike has been so positive that the campaign is set to extend into the next financial year. There will be a continued focus on educating and empowering staff in early recognition and how to follow the correct safety netting procedures and also with medical staff around the time-critical focus of delivering this treatment if identified
- Our aim for the coming year is to build on progress so far and improve the care for all sepsis patients within the Trust.

Goal 2	Nutritional Screening	Goal Met	Goal Partially Met	Goal Not Met
2a	95% of patients will have a nutritional screening assessment completed within 24 hours of admission	●		
2b	85% of patients will have all aspects of the nutritional screening tool completed accurately		●	
2c	85% of patients will have an appropriate nutritional care plan in place		●	

Information

Malnutrition has a wide-ranging impact on people's health and wellbeing. If under recognised and under treated it can lead to delays in recovery, increase length of stay and increase risk of readmission. Screening for the risk of malnutrition in care settings is important in enabling early and effective interventions. It is important that tools are validated to ensure that screening is as accurate and reliable as possible.

NICE Clinical Guideline CG32 published 2006 and updated in 2017 states that:

- Screening for malnutrition and the risk of malnutrition should be carried out by healthcare professionals with appropriate skills and training
- All hospital inpatients on admission should be screened. Screening should be repeated weekly for inpatients
- Screening should assess Body Mass Index (BMI) and percentage unintentional weight loss and should also consider the time over which nutrient intake has been unintentionally reduced and/or the likelihood of future impaired nutrient intake. The Malnutrition Universal Screening Tool (MUST) devised by BAPEN (British Association of Parenteral and Enteral Nutrition), for example, may be used to do this.

Prior to 1 April 2017, Hinchingbrooke Hospital Healthcare Trust and Peterborough and Stamford Hospitals NHS Foundation Trust used two different screening tools and audited compliance differently.

Following national guidance, Peterborough and Stamford used the MUST screening tool and audited 10 sets of notes on each ward on a monthly basis. Hinchingbrooke used their own screening tool and audited 10 sets of notes from each ward on a quarterly basis. Following the Trust merger a 'MUST Task and Finish Group' was set up with the Matron and Dietetics teams to establish a trust-wide Nutrition Screening tool. MUST was the preferred option for ease of use, but with some adaptations to enable it to be completed at the patient's bedside.

MUST screening was rolled out using the trust-wide tool and monthly auditing process in December 2017. The auditing process is now the same on all sites. The Dietetic team audit 10 sets of notes on a monthly basis from each ward in conjunction with the Ward Manager or Matron, to ensure consistency of results.

Reason for prioritisation

To improve standards in and compliance with nutritional screening across the Trust following the introduction of a trust-wide screening tool. MUST monthly audit data showed that following the launch in December 2017 the compliance with goals for nutritional screening fell, particularly on the Hinchingbrooke site where there was a higher degree of change and the new tool and auditing process required embedding.

Baseline

Although nutritional screening was being completed as part of the admission process, the auditing was showing that improvements were needed, particularly in the accuracy of calculating the risk scores and in ensuring the correct nutritional care plan was put in place.

Quality targets were set as:

- 95% of patients will have a nutritional screening assessment completed within 24 hours of admission
- 85% of patients will have all aspects of the nutritional screening tool completed accurately
- 85% of patients will have an appropriate nutritional care plan in place.

Overall trust-wide compliance in 2017/18:

- 90.6% of nutritional screening assessments were completed within 24 hours of admission
- 81.5% screening tools were completed accurately
- 83.4% had an appropriate nutritional care plan in place.

Results on the Hinchingbrooke site for the last quarter of 2017/18 were low following the introduction of the new tool and audit process:

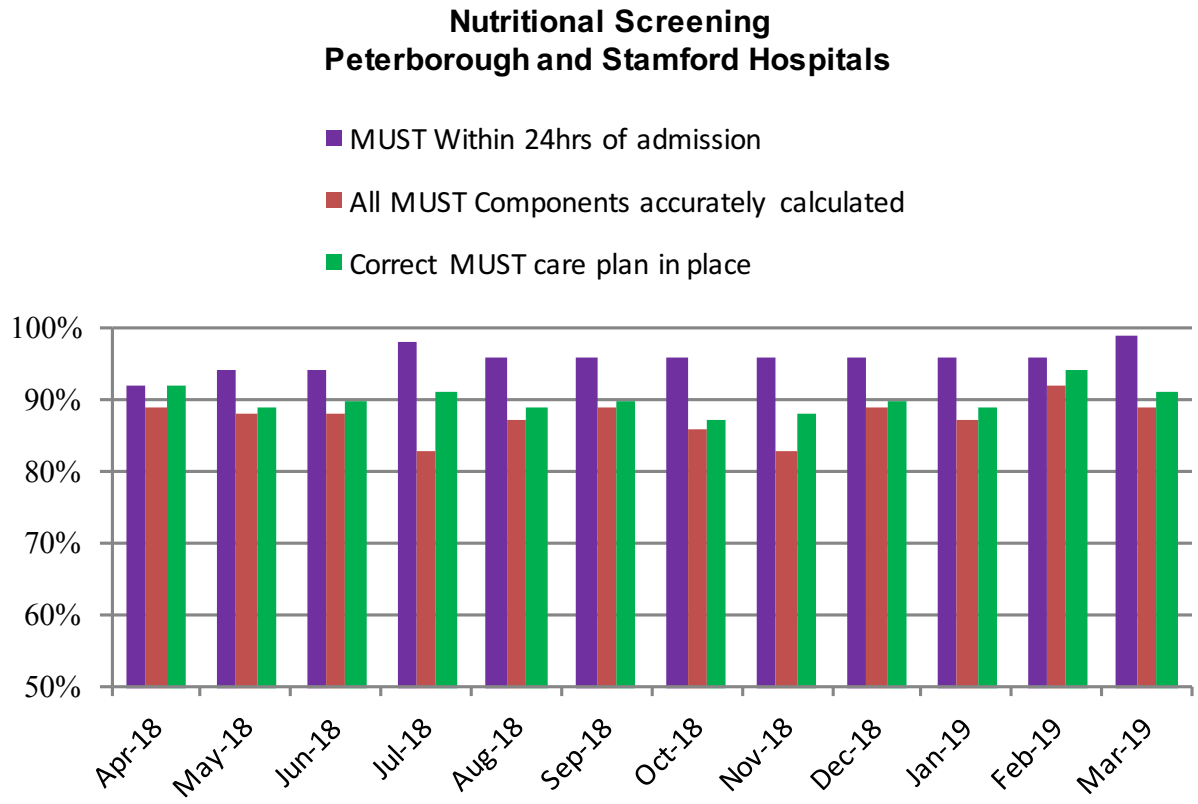
- 85% of nutritional screening assessments were completed within 24 hours of admission
- 50.8% screening tools were completed accurately
- 52% had an appropriate nutritional care plan in place.

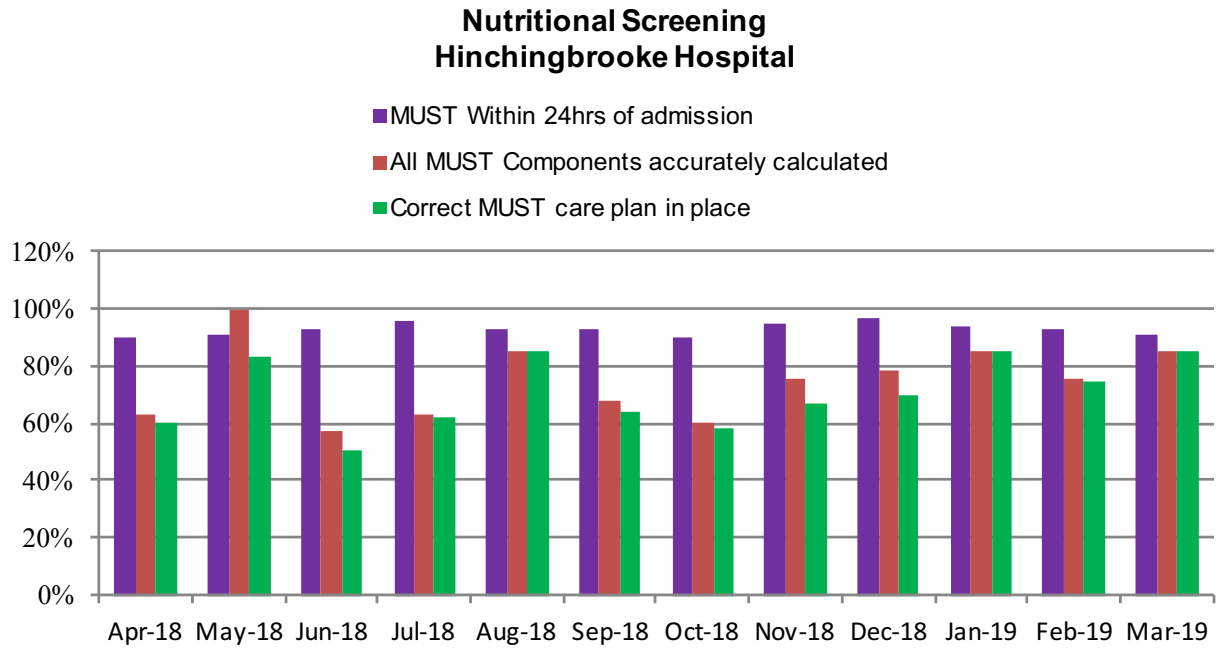
Action taken

- Dietetic Team continued to provide education and training to ward staff and worked with Ward Managers to help embed the screening tool
- Nutrition Link nurse days were planned however were put on hold due to poor attendance
- Feedback was given to Ward Managers on their audit results every month
- MUST training continued to be included in induction training for Registered Nurses (RNs) and Health Care Assistants (HCAs) and on ward training days
- Compliance with nutritional screening was included in the Matrons Balanced Score Card (MBSC) and performance reviewed at the Matrons Quality Assurance Forum and Performance meetings
- With compliance results still below target, Dietetic staff visited the poorly performing wards to identify barriers to completing the screening tool, and visited the high achieving wards to identify good practice which was then shared
- Published Nutritional Screening performance of other NHS acute Trusts was reviewed and learning points incorporated into the approach being taken to train and support staff in completing screening. This included using Nutrition Link nurses to take on a 'train the trainer' role for their wards and focusing on problem solving barriers to completing the screening
- Dietetic leadership team met with Matrons and Ward Managers to raise awareness and to encourage a culture of positive action around nutrition screening on their wards
- Reviews took place of complaints, Serious Incidents (SIs) and Datix reports relating to nutrition and any learning points were identified and incorporated into staff training
- With the support of the Chief Nurse a 'MUST Get It Right' campaign was launched in February 2019. This included a MUST 'Champions League' table which was published each month to celebrate those wards achieving the quality goals and to encourage wards to take ownership of improving their screening standards.

Outcome details

At year end results have improved across the Trust. The Peterborough and Stamford Hospital sites are meeting all three quality goals. Nutritional screening is improving at the Hinchingbrooke site, however the targets are not yet being met, with 90% having screening completed within 24 hours of admission, 70.9% having screening completed accurately and 63.3% of patients having an appropriate nutritional care plan.





Ten wards across the Trust consistently achieved 100% in all three of the quality goals, and 21 wards met the required standards for all three goals.

Combined performance results trust-wide:

- 94% of patients have a nutritional screening assessment completed within 24 hours of admission
- 80.4% of patients have all aspects of the nutritional screening tool completed accurately
- 77.3% of patients have an appropriate nutritional care plan in place.

In the month following the launch of the 'MUST Get It Right' campaign there was a significant improvement in nutritional screening performance with 11 wards achieving 100% against all three quality goals.

Lessons learnt

From working with staff of underperforming wards it was found that training was not the issue as the majority of staff knew how to complete the screening tool. Reasons for poor compliance given were lack of time, turnover of staff, temporary staffing due to vacancies in some areas and inability to find a previous weight for the patient. This was a particular issue on the Hinchingbrooke site where lack of an electronic weight tracker makes the process of looking for a previous weight time consuming. This should be improved during 2019/20 as the trust-wide Patient Administration System (PAS) is completed and Hinchingbrooke wards also have access to the weight tracker in eTrack.

Next steps

- The Dietetic team will continue to work with nursing teams to improve standards
- The focus is now on sharing good practice and providing work-around solutions to the obstacles in completing the tool accurately, rather than just training on how to complete the tool. This will be incorporated into all training in 2019/20
- Opportunities to engage with nursing staff about nutritional screening will be increased by Nutrition being included as part of the agenda at all Banded Nurse Study Days run across the Trust
- The Nutrition Link Nurse role is to be relaunched in April 2019 with a new programme of link nurse days and a focus on the role as a 'train the trainer' for nutritional screening on each ward.

Goal 3	Ensuring patients discharge is complete and safe	Goal Met	Goal Partially Met	Goal Not Met
3a	Audit monthly reporting of discharge checklist compliance	●		
3b	90% compliance with discharge checklists by the end of Q2	●		
3c	95% compliance with discharge checklists by the end of Q3	●		
3d	Report on themes from discharge feedback	●		

Information

Best practice guidance has been consistent over the past decade in stating that 'discharge is a process and not an isolated event at the end of the patient's stay'. The key steps and principles identified to enable appropriate discharge include:

- Starting discharge and transfer planning before or on admission to hospital, to anticipate problems, to put appropriate support in place and agree an expected discharge date
- Involving patients and carers in all stages of the planning, providing good information and helping them to make care planning decisions and choices
- Effective team working within and between health and social care services to manage all aspects of the discharge process, including assessments for social care, continuing health care and, where necessary, assessments of mental capacity
- Community-based health and social care practitioners should maintain contact with the person after they are discharged, and make sure the person knows how to contact them when they need to
- Guidelines published by the National Institute for Health and Care Excellence in December 2015, on transition from inpatient hospital settings for adults with social care needs, also recommend that a single health or social care professional should be made responsible for co-ordinating a person's discharge
- The Discharge Co-ordinator should be the central point of contact for other health and social care professionals, the person and their family during discharge.

Reason for prioritisation

- The Discharge Team are a team of experienced nurses working with both hospital and community colleagues to support the management of Complex discharges and Delayed Transfer of Care (DTOC) patients. This year we have worked alongside the internal transformation team, the external turnaround team and CCG-funded senior managers to ensure that our processes continue to be in line with the exemplar rating given by the National DTOC team in February 2016. The integration of the teams on both main sites has resulted in staff relocation to ensure safety and promote consistency on both sites
- Poor preparation for discharge, results in patients being discharged with unmet needs and increased likelihood of readmission which leads to inappropriate use of NHS resources. Conflicting priorities have resulted in a primary focus of reaction to the urgent care demands of the Trust to support patient flow through the hospitals
- A priority as part of the STP workstream.

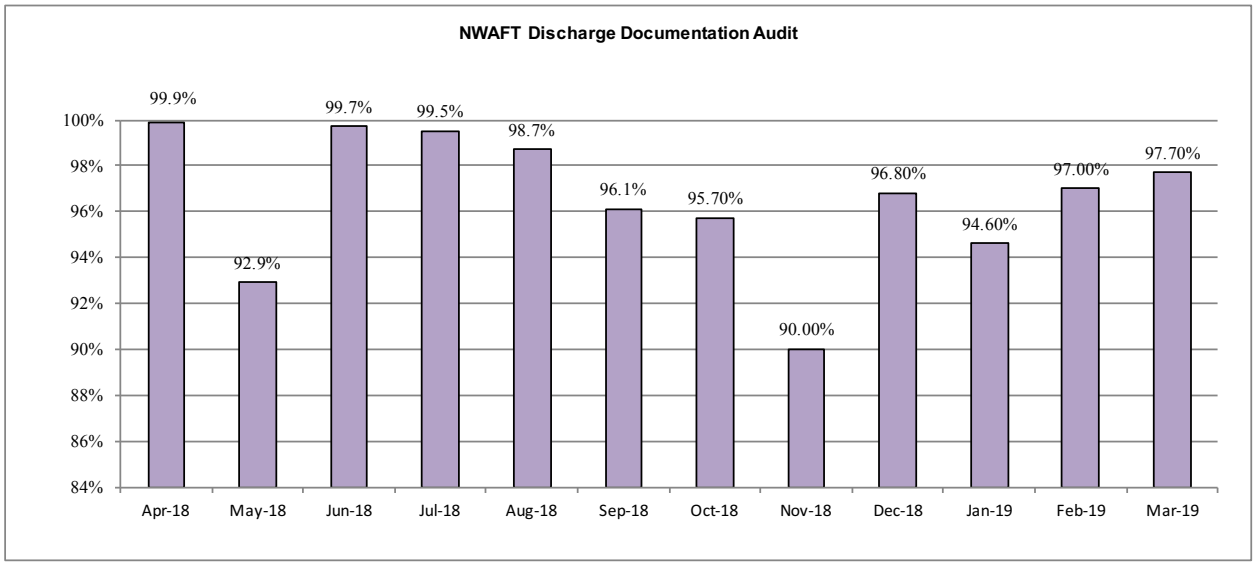
Baseline

- Matron's Balanced Scorecard (MBSC) audit results of 'spot check of discharge process audit' for 2017/18 were 91.8%
- In 2016/17 – 73 concerns were raised regarding poor discharge planning
- In 2017/18 – 21 concerns were raised (this figure is the most up to data available due to issues with an internal database).

Action taken

- Monthly audit of discharge checklist compliance via the MBSC
- Scrutiny of results at the monthly Matron's Quality Assurance Forum
- Relaunch of the reporting system across all sites to ensure consistency of practice
- Discharge team staff completed the database and obtained statements from relevant wards to ensure complainant received a response
- Themes were identified and wards targeted regarding training where appropriate
- Contributed to Emergency Care Intensive Support Team (ECIST) visits, subsequent feedback reports and identifying lessons to be learnt
- Triangulation of safeguarding referrals, complaints, Datix reports and SIs including dissemination of lessons learnt and work within the STP to look at DTOCs.

Outcome details



As demonstrated in the graph above, compliance has varied during the year. The target of 90% compliance with discharge checklists was consistently achieved by the end of Q2; however compliance with the target of 95% by the end of Q3 has been variable, only achieving two out of three months during quarters three and four respectively.

A failed discharge can be defined as an omission in care delivery which could potentially compromise safety. Examples include:

- Missing/unreconciled Tablets to Take Out (TTOs)
- Care home/community hospital unaware of discharge
- Missing documentation (such as a discharge letter or wound chart)
- Care package start date not confirmed
- Cannula in situ
- Equipment not in situ.

All concerns raised by external agencies, patients or relatives are recorded on a database, managed by the Discharge Planning Team. On receipt of a concern, the relevant Ward Manager is contacted to carry out an investigation and provide feedback on lessons learnt and actions taken, to prevent recurrence. For 2018/19, 47 such incidents were recorded. The Discharge Team also receive the Patient Advice and Liaison Service (PALS) report to ensure that all related incidents are captured. In addition, discharge planning was referred to as a facet in 17 formal complaints received. These related to poor patient experience, including communication issues with regard to complex discharge process. In the majority of cases the complaint referred to actions by external partner agencies and not the Trust Discharge Planning Team.

Lessons learnt

- Sporadic reporting and a lack of a clear governance process / committee has resulted in an unknown quantity of reports of concerns; leading to the need to ensure that there is consistency in reporting from partner organisations and of actions taken by Trust staff. Ensuring transparency in findings and remedial measures
- The discharge checklist is filled in inconsistently and therefore a review of the benefits and the detail included in the list will need to be reviewed
- Lack of community interim health beds and for inpatient rehabilitation and prolonged hospital stay, can lead to deconditioning of patients resulting in decreased ability to regain independence on discharge, so the emergence of the Integrated Discharge Service, is key to putting the patients needs first and combining services if needed to create a safe discharge
- Response to findings from external peer review with partner organisations to ensure consistency of processes across the system.

Next steps

- Relaunch the collection of data on poor discharges to the Discharge Team, Trust staff and external partners
- Consistent reporting and formulation of action plans
- Add to training the importance of good discharge planning
- Formal training session on Effective Patient Flow and Discharge Planning on Registered Practitioner Induction, ward team days and Trust banded study days
- Use patient stories to explain the benefits of good discharge and how poor discharge affects patients and their families
- Review the benefits and detail included in the discharge checklist to enable accurate completion and aid safe discharge
- Implementation of Cambridgeshire and Peterborough STP 'Fit for the Future' recommendations on alignment of discharge services to promote a more streamlined and timely access to support
- Manage the 'Perfect Week' initiative on the PCH site 1-7 April 2019 to promote effective patient flow.

Effectiveness Domain

Goal 4	Mortality Surveillance and SJRs	Goal Met	Goal Partially Met	Goal Not Met
4a	Increase participation and attendance in multi-disciplinary SJR sessions. Completion of at least 36 SJR sessions per year (this is a minimum of three SJR sessions per month).	●		
4b	Develop Trust-wide action plan to track and monitor learning.	●		

Information

In March 2017 the National Quality Board (NQB) published its new National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. Following this it was necessary to review the mortality surveillance process across the new Trust (to ensure we continued to meet the national requirements). This included moving towards the introduction of Structured Judgement Reviews as the primary methodology for case record reviews after the death of a patient.

Structured Judgement Review (SJR) involves trained reviewers looking at the medical record in a critical manner and commenting on specific phases of clinical care. After this systematic review, the reviewers come up with an overall care assessment. The process uses qualitative and quantitative information to define whether care has gone well or not so well. The Trust Quality Governance and Compliance Team coordinate these reviews and monitor the results. Information is shared across the organisation and published in line with the NQB requirements.

Reason for prioritisation

- Mortality Surveillance is part of our ongoing quality governance work and an important part of our patient safety and care quality culture. As a new organisation it was important to bring together the best of both previous Trust's policies and necessary to ensure we could report our results as the new NWAngliaFT
- We were able to review these changes in line with the National Quality Board Learning from Deaths framework which was published in March 2017. In addition to being national best practice, the framework provided mandatory criteria to determine which cases require review and mandatory criteria on quarterly reporting. The Trust was required to implement the national guidance from April 2017 which included collecting and publishing data on a quarterly basis from Q3 2017/18 onwards to include the total number of inpatient deaths and those deaths subjected to a case record review (SJR). The Trust were also required to provide detail on how many deaths were deemed to be 'more likely than not' due to problems identified with the care.

Baseline

- Under the national framework, the Trust was required to collect and publish data on a quarterly basis from Q3 2017/18 onwards (as outlined above)
- There was no specific baseline included in relation to the number of reviews required within the new national SJR process and recommendations, however in line with the previous number of mortality and morbidity reviews held, the Trust agreed a target of three sessions per month across a 12 month period (36 sessions per year) in order to increase the participation and attendance at multidisciplinary SJR sessions.

Action taken

- Following publication of the National Quality Board guidance in April 2017, this prompted a review of the Trust's existing mortality surveillance process and included the introduction of SJRs as our preferred mortality methodology
- The Trust Quality Governance and Compliance Team co-ordinate these reviews and monitor the results, which are presented to the Trust's Mortality Surveillance Committee, QGOC and QAC – the latter of which includes representation from external organisations such as both C&P and South Lincs CCGs, Healthwatch and the Patient Experience Group
- The Trust's Medical Director was identified as the Board level leader responsible for the Learning from Deaths agenda with a Non-Executive Director also identified to have responsibility for oversight of the process
- The Trust updated the Mortality Review Policy in September 2018 in line with the requirements of the framework to outline how this would be embedded across the organisation
- In 2018/19, the Trust fully embedded the new mortality process using SJRs. This included roll out of training to over 90 staff across all disciplines of the organisation to allow SJRs to be conducted by a multi-disciplinary panel. Amongst those trained were two Non-Executive Directors with responsibility for oversight of the process demonstrating ward to board level awareness of the process
- The SJR process includes the review of deaths of patients with a Learning Disability. Cases are referred into the national Learning Disabilities Mortality Review (LeDeR) programme in line with the national guidance but with an SJR undertaken by the Trust to assess the quality and safety of the patient care. This review is subsequently shared with the LeDeR team if the case is allocated to an external reviewer
- The new mortality process was designed to link to the Trust's other governance processes such as the Serious Incident (SI) process. Cases are referred in as potential SIs where care is felt to have been "more likely than not" to have caused or contributed to the patient's death
- Based on the number of deaths for the previous year and using national statistics on likely numbers of reviews required as a guide, we set up SJR sessions to be held three times a month across the Trust's two main hospital sites (36 sessions per year). Despite a slower than expected start, by Q2 the number of sessions each month was being met. The sessions lost in Q1 were included in Q2 and Q3 to enable the Trust to complete 36 planned sessions in 2018/19
- Information is shared across the organisation and published in line with the NQB requirements. This includes the provision of quarterly reports to the Trust Board which give details of the number of deaths we have seen in our hospitals, the numbers of cases reviewed against the framework criteria, the number of reviews undertaken and the outcomes from those reviews (including the numbers of deaths judged to be "more likely than not" due to problems in care)
- In addition to this data being shared with the Trust Board, it is shared at the Trust's Mortality Surveillance Committee, the Quality Governance Operational Committee (QGOC), the Patient Safety Group and the End of Life Steering Group.

Outcome details

SJR

Performance for the year is noted as follows:

- Triage of 92% of all inpatient deaths (1666 out of 1806) to identify if they meet the criteria set down by the NQB
- 51% of deaths subjected to case record review year to date (YTD) (using SJR or NCEPOD methodology)
- 56% of all deaths reviewed identified a good or excellent standard of care
- Less than 2% of deaths reviewed identified care 'more likely than not' to have caused or contributed to the patient's death
- Five cases were referred into the Serious Clinical Incident Group (SCIG) with three meeting SI criteria
- Reviews of 19 patients with a Learning Disability were undertaken with 13 identifying a Good or Excellent standard of care overall; three cases identified an Adequate standard of care and in three cases; the care was deemed to be Poor. In two of these cases, the reviewers did not consider the poor care caused or contributed to the patient's death but opportunities for peripheral learning were identified. One case was referred to SCIG and subsequently declared as an SI
- A total of 14 SJRs identified an Excellent standard of care (including three LD patients).

Medical Examiners:

- Internal adverts for medical examiners were sent as per the national template. A Coroner and a Non-Executive Director as well as the Deputy Medical Director conducted the interviews
- A total of 9 Medical Examiners were employed with a further round of recruitment planned for April 2019
- Training for the Medical Examiners was provided which involved completion of 26 online modules from the Royal College of Pathologists
- There was also mandatory attendance at a face to face training event
- The new Medical Examiner policy was endorsed in March 2019.

Lessons learnt

The top three themes from care that did not go well in 2018/19:

- No clear plan set out for the patient
- Lack of escalation/senior involvement
- Poor documentation including illegible writing and untimed entries.

The top three themes from care that did go well in 2018/19:

- Good multidisciplinary approach to care and treatment
- Clear and comprehensive discussions with the patient/family members/carers
- Appropriate investigations undertaken in a timely way.

The following actions were undertaken as a result:

- An audit of key standards from the "Royal College of Physicians Good Record Keeping Guide" was included as part of the local round of the Seven Day Services audit in 2018. This has led to ongoing work by the Deputy Medical Director around ensuring handwriting is legible and all entries are dated and timed
- Clarity was provided around the role of the Learning Disability Nurse Adviser, specifically in relation to MCA and DOLS decisions - leaflets outlining the purpose of the role were shared
- Where external specialist views are obtained as part of a best practice approach to care, these should be fully documented to clarify the rationale for the treatment given
- Escalations and advice from the Senior Doctor or Consultant should always be sought when the patient has been seen by numerous Junior Doctors
- Staff were reminded of the Escalation for Urgent Medical Review Policy which is available across the Trust.

(Also refer to the 'Learning From Deaths' section on page 113 for further lessons learnt).

Next steps

- The Mortality Surveillance Committee will be adjusted to ensure it is clinically led. This will involve greater discussion around outcomes and learning from cases reviewed at local Morbidity and Mortality meetings and greater scrutiny of published national reports
- Introduction of nine Medical Examiners from April 2019 to review all hospital deaths
- SJR review process to be streamlined and to be undertaken sooner (with less time between the patient's death and the review). The Trust will aim for SJRs to be undertaken within one month of the patient's death
- Consideration of a Mortality Administrator to drive forward outcomes and embed learning from SJRs across the Trust
- Review of the Mortality Lead job description to align Mortality and Governance Leads to new processes including the introduction of the Medical Examiner
- Introduce joint SJR reviews with other organisations. This will initially focus on those patients diagnosed with a serious mental health condition and collaborative SJRs will be undertaken with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to enable shared learning across both organisations for all aspects of the patient's journey.

Goal 5	Datix Clinical Incident reports	Goal Met	Goal Partially Met	Goal Not Met
5a	90% of fully investigated incidents to be finally approved within 30 days of the reported date (monthly)	●		
5b	90% of finally approved incidents to have a learning outcome		●	

Information

To promote a culture of openness and transparency and to promote learning, the Trust use DatixWeb to record, investigate and analyse incidents. Datix allows incident reports to be submitted across the Trust including at our remote locations using an online incident reporting form. The process of incident reporting is in place to support learning from incidents or near misses across the organisation with the themes and trends identified from incident reporting allowing local improvements in safety culture and patient safety to be made.

Incident data is submitted externally to the National Reporting and Learning Service (NRLS) who produce national statistics in relation to the numbers and types of incidents submitted. For incident reports submitted to September 2018, the NRLS confirm that numbers of incidents continues to increase with a 5.1% increase to September 2018. This is reflected in the Trust's own data which shows an increase of over 36% in the number of incidents reported year on year to the 12 months to September 2018 (NRLS data: https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-27-march-2019).

Data about incidents is shared with clinical teams on individual, personalised dashboards allowing data to be interrogated by incident type, level of harm, clinical area and pick codes which have been designed by the Trust. Incident data is instantly available to senior staff to allow them to independently monitor and track incidents at any time and from any location within the Trust via a secure login.

Datix allows detailed information to be recorded on investigations including local outcomes and learning.

Incidents which identify a moderate or above level of harm to the patient are reviewed at the Chief Nurse Rapid Review (CNRR) meeting on a weekly basis and actions allocated including in some cases, referral to the Serious Clinical Incident Group.

Reason for prioritisation

To ensure that reported incidents were investigated promptly and had a relevant learning outcome attached to them, a target of 90% of incidents being ready for final approval within 30 days was set. This allows investigators time to investigate the incident, sharing it electronically with other staff members as required and for all involved to update the incident form with their actions and feedback.

Identifying improvements and learning from incidents is a priority for the Trust and ensuring that 90% of finally approved incidents have a learning outcome attached to them is key in ensuring that the incident reporting process is able to demonstrate a culture of identifying and acting on areas for change and service improvement.

Baseline

- 90% of fully investigated incidents to be finally approved within 30 days of the reported date
- 90% of finally approved incidents to have a learning outcome.

Action taken

- A copy of a dashboard outlining performance against each metric is included in reports for all Clinical Business Units (CBUs) and is shared with each of the three Clinical Divisions at their divisional governance meeting
- Online dashboards were created for all divisional leadership teams and their meeting co-ordinators to allow instant access to data ahead of and during meetings
- Further training was offered by the Datix team to support the divisional teams in increasing their compliance with this metric
- An audit to review the CNRR process and governance for escalation and downgrading undertaken. Report written with recommendations and action plan in place to provide further assurance and evidence.

Outcome details

90% of fully investigated incidents to be finally approved within 30 days of the reported date - this was achieved with 91% of incidents ready for final approval in December 2018. One Division exceeded the target and achieved 95% of incidents within 30 days. There is greater divisional ownership of incidents across the Trust with all three Clinical Divisions including this metric in their Divisional Governance report.

90% of finally approved incidents to have a learning outcome - there is further work to do to achieve 90%. There has been significant progress within the divisions, taking learning from just over 50% to over 70%. One of our key considerations at present is how we make this a mandatory field to ensure investigators identify a learning outcome.

Lessons learnt

- We have continued to see increased numbers of incidents - the Trust attributes this to an increase in reporting of incidents by staff at the Hinchingbrooke site as the Datix process and ethos becomes more embedded; a general improvement trust-wide around transparency of reporting; and increases in patient admissions and in the number of beds within the Trust
- Themes and trends from incidents are reviewed by division and triangulated against complaints, litigation and PALS enquiries on a quarterly basis
- In addition to receiving a Datix overview at induction training, the Datix team have been delivering group and individual training sessions with staff from all hospital sites including investigators.

Next steps

- Ongoing monthly monitoring to ensure increased and sustained compliance against the two metrics and continued reporting via monthly governance reports
- A refresh of the current incident management process is underway which will include the creation of a new Incident Reporting Policy
- A renewed focus on the provision of greater incident trend data provided to the three clinical divisions as part of their monthly governance reporting
- Increase meaningful learning from incidents with wider sharing of outcomes and actions including learning outcomes becoming a mandatory field on Datix
- Maintain high levels of training and support by Datix team
- A Risk Task and Finish group has been established. The necessary risk procedures are in place to achieve compliance with statutory requirements with a view of reviewing the establishment and maintenance of an effective system of risk management. The group report into the Trusts Audit Committee to discuss the standing agenda items of risk appetite, reporting functionality and the management process of high and significant risks.

Goal 6	Implement HealthRoster Medics	Goal Met	Goal Partially Met	Goal Not Met
6a	Successful roll out of HealthRoster Medics (Juniors) in line with project plan	●		

Information

Staff are our biggest asset and Trusts have an obligation to strike the right balance between patient safety, cost and efficiency.

Used the right way, e-rostering can influence to facilitate culture change and gives staff the evidence they need to make change happen at the frontline. It gives an overview across the organisation, both short term day by day and long term month by month, highlighting staffing hotspots (gaps) requiring intervention to ensure safe staffing levels and efficient deployment of staff.

Lord Carter's reports on operational productivity in the NHS recommend all Trusts use an e-rostering system because of the ease with which they can analyse the resultant data. His review found that Trusts have not always used the full potential of e-rostering systems to maximise the productivity of their workforce and reduce administrative time spent developing staff rosters. The Trust intends to use the recommendations to identify areas of improvement in e-rostering practices. The benefit this brings is that the right staff will be in the right place at the right time, so that patients receive the care they need and Trusts can better manage their workforce and their financial efficiency. Open and transparent e-rostering processes improve employee engagement and satisfaction, and they are a key influence on retention.

E-rostering affects all staffing groups including Nurses, Midwives, Doctors, Allied Health Professionals (AHPs), Pharmacy and support functions such as Human Resources (HR) and Finance. E-rostering needs to be clearly sponsored at Executive Board level. Trusts that use e-rostering systems for nursing and midwifery most successfully, have had the Chief Nurse as Executive Sponsor with full support from both the Finance Director and HR Director.

Reason for prioritisation

To try and reduce the medical bank and agency spend in the Trust. To achieve this it is essential that the Trust has oversight of all substantive, bank and agency shifts for the medical workforce. This information is already available for nursing staff. Having medical staff rostered via e-rostering would allow the Trust to obtain robust key management information on deployment of medical staff.

The quality focus regarding safe staffing levels for patients have been monitored throughout the year to ensure that there has been no impacts on quality of care for patients with the reduction in agency spend. Recruitment of substantive staff has impacted and the suite of data available is triangulated monthly for further assurance.

Baseline

The project was set out to rollout Healthroster to Medics (except Consultants and Anaesthetists). This would account for approximately 360 staff in the Trust, across the three Divisions of Emergency and Medicine, Surgery and Family and Integrated Support Services.

No Doctors were on Healthroster prior to 2018/19.

Action taken

Before the commencement of the project, a temporary project team was set up for a six month period and consisted of full time roles for a Medical e-rostering Lead and an Administrator / Trainer and a part time Project Support Officer. This was additional resource allocated by the Trust to deliver this project.

The project started in February 2018 and the initial project completion date was August 2018. After the initial six month period, the temporary project structure was extended for a further seven months. This additional extension was required as departments had not engaged in training and the e-rostering team were required to re-visit and re-train staff that had already been trained.

The rollout was initially piloted in ED in February 2018. After this successful rollout, we continued to roll out to the rest of the Junior and Senior medical staff in the Trust.

Outcome details

As at March 2019, there has been successful roll out of Healthroster to the following departments:

- Emergency Department (PCH and HH)
- General Medicine (PCH and HH)
- General Surgery (PCH and HH)
- Obstetrics and Gynaecology (HH)
- Trauma and Orthopaedics (PCH and HH)

The following departments have been setup but are not at present utilising the rosters:

- Obstetrics and Gynaecology (PCH)
- Paediatrics (PCH)
- Ophthalmology (PCH and HH)
- E.N.T (PCH and HH)
- Oral Surgery (PCH)
- Urology (PCH and HH)

Although the rosters above have been setup, there have been a number of different reasons why departments have not started using them. The main reasons were around low levels of administrative support staff in the department and resistance to change current processes.

Lessons learnt

- A medical Clinical Lead attached and supporting the project team would have been very beneficial. A nursing Clinical Lead was invaluable for the nursing roll out
- Rota Co-ordinators did not have detailed knowledge of the Medical Contract terms and conditions. This meant the e-rostering team had to train Rota Co-ordinators as well as training departments on the e-rostering system. This added to the time spent with each department and raised concern over the rostering practises prior to e-rostering being used
- Although this project was agreed by the Executive team the communication about the project at ground level in departments was poor. On a number of occasions we would meet with departments who did not know about the project and our timescales
- The maintenance/business as usual workload was more than originally planned due to monthly rotations and rota changes. This workload had to be scheduled into the current e-rostering team as the only extra resource was to rollout the system/ manage the project
- One of the main reasons that e-rostering has been successful in the Emergency and Medicine Division is because they have more Rota Co-ordinators than other Divisions. The setup of the Rota Co-ordinators is different in all the Divisions and this caused some difficulty when rolling out the system. A recommendation would be to review their role and create a Rota Co-ordinator HUB which would allow for cross cover
- To review the make-up of the additional resource allocated to deliver this project. To assess whether a separate protect team with separate leadership away from day to day maintenance would have been more efficient in delivering the objectives of the project.

Next steps

- Although this project has been successful in a number of departments, we are still working closely with the departments that have been setup but are not using it to try and support them with changing their processes. Having support from the Divisions and the Executive team is crucial to complete this project
- The lessons learnt from this project will be invaluable to ensure the success of future projects
- Currently underway is a project to set up for all Bank doctors to be paid via Healthroster by 1 June 2019. We will be piloting with the Emergency Department from 1 May 2019 and if successful continue rolling out to the rest of the Trust
- This will allow us to accurately report on bank and agency hours being paid, will give an accurate detailed pay advice to the medics and allow for weekly pay for bank only medical staff
- Finally, once all substantive, bank and agency staff are being recorded accurately on Healthroster we will be able to report on how the rosters are being used and realise the benefits from the system. This includes reporting to the Guardian of Safe Working Hours, who we have already started working with.

Patient Experience Domain

Goal 7	Improvement in FFT for Emergency Department (ED)	Goal Met	Goal Partially Met	Goal Not Met
7a	Increase participation rates to greater than 10% of footfall			●

Information

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to leave feedback after receiving care or treatment whilst an inpatient at the Trust.

This comparable test which, when combined with follow-up questions, provides a mechanism to identify both good and bad performance and encourages staff to make changes where services could be improved.

Within the Emergency Department (ED) the nature of the visit and the transient way patients move in and out of the Department has proved challenging to the Trust in collecting robust and timely data and feedback in sufficient numbers to recognise trends and challenges. As a result a decision was made by the Trust Board to set a target percentage response rate of 10% of the eligible footfall.

Note: there is not a national target response rate for FFT response rates below 2% (these are unrecorded).

Reason for prioritisation

FFT is a nationally-recognised patient experience tool that patients, carers, commissioners and the CQC use to evaluate the service the Trust provides to the community.

The higher response rate for FFT, the richer the data which is more likely to reflect a balanced overview of our services. A low response rate is subjected to unresponsive bias which can lead to inaccurate conclusions. By prioritising response rates in ED, we can ensure that the feedback we receive is unbiased, balanced and robust.

The national response rate at the end of 2017/18 was 13% and for the Trust was 3%.

Baseline

Response Rate %	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend	Year End Average
National ED	12.5%	12.5%	13.0%	12.8%	13.6%	12.5%	12.7%	12.9%	11.6%	12.2%	13.4%	12.8%		13%
Response Rate %	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend	Year End Average
NWAFT ED	5.8%	6.8%	4.7%	2.6%	6.0%	6.6%	5.9%	3.3%	2.0%	2.2%	2.1%	1.5%		4%
Response Rate %	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend	Year End Average
PCH ED	6.9%	4.5%	2.0%	2.4%	2.9%	6.4%	4.2%	0.9%	0.4%	0.9%	0.5%	0.4%		3%
Response Rate %	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend	Year End Average
HH ED	2.0%	7.4%	7.0%	1.2%	8.8%	5.3%	0.7%	0.5%	0.3%	0.3%	1.0%	0.8%		3%

The baseline for the Trust set by the Trust Board to mirror the national average was targeted at 10% response rate for ED FFT returns. The ED response rate is calculated by combining both EDs plus MIU at Stamford Hospital and AAU at Hinchingbrooke Hospital (HH).

Note as of October 2018, the Trusts combined results no longer included AAU at Hinchingbrooke Hospital.

Both EDs were tasked to deliver a 10% response rate individually to ensure the target is met.

Action taken

- ED Matrons worked with the Trust Volunteers Manager to recruit additional Volunteers to support ED teams to encourage patients to complete FFT cards. A total of 10 Patient Experience Volunteers were recruited for PCH. The role was already in place and embedded at Hinchingbrooke Hospital
- The Patient Experience Team networked with other Trusts who achieved high response rates regarding their methodology. High response rates were achieved by supplementing paper responses with SMS/text medium collection
- The development and implementation of a wallet-size information card that reminded patients of ways in which to give feedback and quick links to IWantGreatCare (IWGC)
- The Patient Experience Team shared the NHS England (NHSE) FFT comparator table with the ED teams on a monthly basis to show where they benchmarked against other EDs in Trusts of a similar size and against the national average
- The ED Matron at Hinchingbrooke challenged all ED team members to collect a maximum of five completed FFT cards per shift
- FFT 'Champion of the Month' was awarded to a team member with the greatest number of returns per month or who were personally mentioned within a return by the Department's senior leads.

Outcomes

ED FFT Response Rate %	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	FYTD
National	12.9%	12.4%	13.0%	12.8%	12.9%	12.2%	12.2%	12.1%	11.4%	11.9%	12.2%			12%
ED NWAFT	1.4%	1.7%	2.6%	2.0%	2.8%	3.2%	3.2%	3.0%	2.2%	2.9%	2.6%	3.5%		3%
ED FFT Recommendation %	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Trend**	**FYTD**
National	87%	87%	87%	87%	88%	86%	87%	87%	86%	86%	85%			87%
ED NWAFT	89%	91%	95%	94%	85%	90%	92%	94%	86%	87%	90%	90%		90%

The graph above shows the Trusts combined FFT response rate year to date (YTD) at 3% against the national average of 12%. The Trust satisfaction rate is 90% YTD compared to the national satisfaction score of 87%

ED PCH	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	FYTD
ED Response Rate	0.3%	0.2%	0.8%	1.1%	2.1%	1.8%	2.4%	2.6%	2.1%	3.8%	1.9%	3.5%		2%
ED Returns	16	15	45	70	124	105	137	99	125	233	111	219		
Recommendation %	75%	73%	87%	93%	73%	91%	88%	89%	78%	86%	87%	80%		83%
ED HH	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Trend**	**FYTD**
ED Response Rate	0.7%	3.0%	5.1%	2.8%	3.5%	3.7%	5.1%	5.0%	3.2%	1.9%	5.4%	4.4%		4%
ED Returns	19	98	120	70	84	83	108	105	71	47	123	114		
Recommendation %	79%	92%	94%	96%	94%	95%	95%	99%	97%	94%	95%	96%		94%

- The graph above shows the FFT response rate YTD, ED returns and recommendation rate per hospital
- The Trust has failed to match the response rate of the national average YTD however, it has exceeded the national average satisfaction score at year-end
- There has been a gradual increase in the number of returns monthly across both sites however with increased discharge numbers, this has resulted only in a 1% increase by year-end
- Winter pressures at the end of Q3 and the beginning of Q4 has impacted on a response rate dip.

Lessons learnt

- Trusts that have response rates that mirror or exceed the national average do so by supplementing postcard collection with SMS/text messaging
- Staff engagement has a direct impact on response rates however with increasing capacity and shifting priorities, FFT collection cannot be maintained
- The recruitment of Volunteers in ED trained to encourage patients to leave feedback has slightly increased response rates however due to availability this support is not always available at peak times.

Next steps

- Implement new NHSE guidelines for FFT during Q1 where the national focus will be using feedback for service improvement rather than a performance management tool
- Monitor compliance against national response rate and satisfaction scores
- Roll out SMS collection of FFT feedback to increase response rates whilst providing patients with a mechanism to identify good and bad performance and encourage staff to make changes where services require improvement
- Continue to engage with Communications and clinical teams in respect of the importance of feedback to the Division and Trust
- Ensure that NHSE FFT comparator table is available to ED on a monthly basis to show where ED benchmark against other Trusts of a similar size and nationally.

Goal 8	Serious Incidents	Goal Met	Goal Partially Met	Goal Not Met
8a	100% of SI reports completed within 60 day agreed timeframe	●		

Information

The NHS provides effective healthcare to millions of people every year. Although the majority of these people are treated safe and effectively, there is a risk associated with each treatment and evidence shows that things will, and do, go wrong leading to some people being harmed not matter how professional and dedicated staff are.

The statutory requirement to implement Duty of Candour (DoC) was introduced in December 2014 and became part of the CQC's registration requirements. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow 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 ethos within NWAngliaFT is to ensure that safety remains the highest priority, adverse events and near misses must be reported as quickly as operationally possible, thus ensuring an open transparent culture that embraces candour throughout the system. This ensures that there is a full disclosure where death/serious harm or prolonged psychological harm may have been caused. It is a requirement to provide open and honest information to the patient or next of kin as is appropriate:

- To provide an open, honest and transparent process
- To provide assurance to the Trusts Executive Team
- To disseminate trust-wide learning from Serious Incident to all staff.

As per the NHSE SI framework, 'the occurrence of a serious incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage to the organisations involved'. SIs therefore require investigation in order to identify the factors that contributed towards the incident occurring and the fundamental issues (or root causes) that underpinned these.

The SI reporting process is agreed nationally, with timeframes set, and then implemented locally with CCG monitoring compliance. While both PSHFT and HHCT had to comply with the national timescales for completion of investigations, it became clear that the way these investigations were carried out varied considerably, from the way an incident was identified, down to the manner in which the report was completed and signed off.

The Trust Board recognises that risk management is an integral part of good, effective and efficient management practice and to be most effective should become part of the Trust's culture and strategic direction. To ensure this happens a new process was put in place in December 2017. The Divisional Director of each Division works with the Clinical Risk Advisor (CRA) assigned to them, supporting them in the investigation, ensuring appropriate recommendations are made and adhered to, sharing of the report as far as possible agreed by all staff and the sharing of learnings. The Divisional Director signs the final report before proceeding to Executive sign off. This process is robust and provides assurance to the Trust Board that all SIs are managed appropriately.

Lessons are identified from SI investigations for local and trust-wide sharing. Additional lessons can be identified following Duty of Candour meetings and inquests.

Sharing of lessons learnt are reported in the Quality Report and QGOC reports which include the Complaints, Litigation, Adverse Events and PALS (CLAEP) Report and Risk newsletter - Risky Times.

Reason for prioritisation

Prioritising SIs that require full investigation and developing alternative methods for managing and learning from other types of incident. It is critical that we learn from SIs engaging and supporting the staff and patients involved in the incident and investigation process. It is important that the Trust learns for improvement, produces findings that will help deliver practical solutions and address the causes of safety issues. The objective of safety investigation must be to understand the cause of harm to improve systems and prevent future harm, not to apportion blame or liability.

The need to comply with Key Performance Indicators (KPIs) in respect of completing reports in a timely fashion and the notification of incidents to the CCG are nationally-agreed requirements hence their inclusion as KPIs.

Baseline

There is no national benchmark data available therefore the Trust works to the baseline that is within the CCG contract as follows:

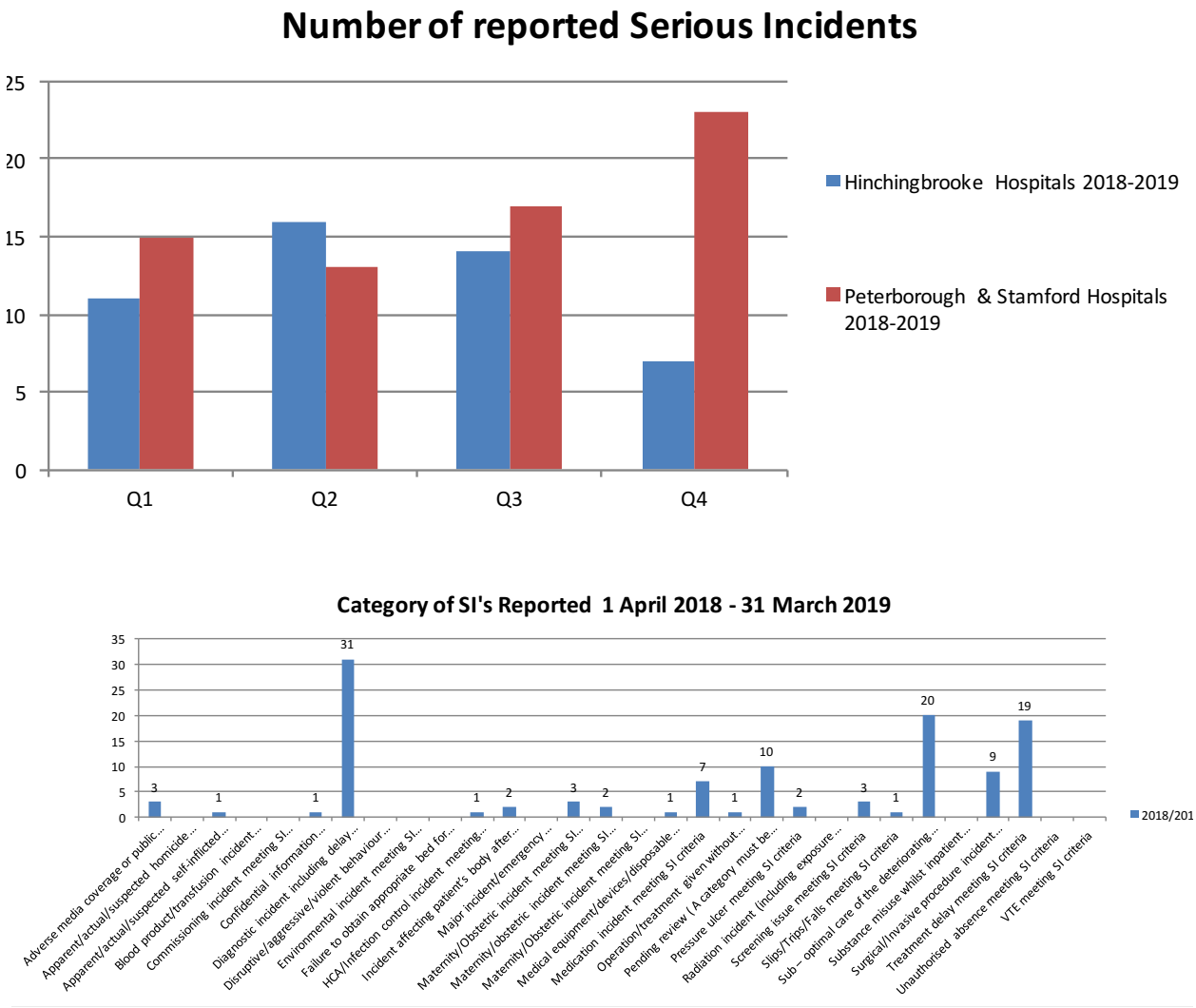
- Report all SIs on the Strategic Executive Information System (StEIS) within 48 hours
- Completion and submission of full report within 60 working days

A total of 86 SIs were reported for 2017/18. Of those 86, eight SIs were submitted outside of the 60 day timeframe (all by agreement with C&P CCG).

Action taken

- Ensuring the new clinical risk process, which commenced in December 2017, has been embedded across the whole organisation, by circulation of correspondence from the Medical Director to all Divisional Directors which included the new Standard Operating Procedure for the SI process. This was followed by regular monthly meetings between the Divisional Director and Clinical Risk Advisor (CRA) to monitor progress of RCAs and any outstanding action plans, and to ensure all lessons have been learnt
- Weekly minuting of Chief Nurse Rapid Review Meeting to provide evidence of decision making for datix being escalated to SCIG
- Monthly SI report to the internal quality governance meetings, e.g. QGOC and QAC, in addition to annual presentation to the QAC by the Head of Complaints and Clinical Risk
- Monthly SI reporting in the Quality Report to the Trust Board
- Lessons learnt shared in public Trust Board meetings via patient stories
- Site-specific Incident Review meetings have taken place every week with the SCIG; RCAs are presented for discussion and an agreement is made if the incident meets the SI criteria. This is then signed off by the Executive Director representative and submitted to the CCG
- Compliance with KPIs monitored through quality meetings with each of the CCGs which has been consistently achieved
- Our actions demonstrated to our commissioners and the CQC that we are a Trust that takes all SIs seriously and as such we want to learn from any mistakes. Changes are embedded and monitored to ensure they are sustained
- Bi-monthly newsletter 'Risky Times' produced by the Clinical Risk team detailing outcomes and lessons learnt. Improved awareness trust-wide.
- Cautionary Tales sessions take place each month and are open to all staff within the Trust. It aims to provide insight into some of the incidents that have particular potential for widespread learning, around how they occurred and then shares learning to ensure we mitigate against them happening again. This is open to all staff of all grades and disciplines, including students
- A selection of patient stories are presented at the monthly QGOC meeting to discuss the outcome and learnings from the SI investigation
- The CRAs held meetings with the PDT to discuss how PDT staff take learning forward
- All submitted SI investigations are shared at QGOC, Divisional meetings and via the Governance Bulletin to each member of medical staff (1 slide per SI)
- RCA training is provided on a quarterly basis for up to 20 colleagues per session
- Divisional leads took responsibility for learning and ensuring this is progressed and this is included in their quarterly presentation to the QAC
- New national review process introduced in April 2018 which required the Trust to work with the Healthcare Safety Investigation Branch (HSIB) in relation to specified maternity SIs that occur and identification of themes from all other reported incidents via the StEIS system (further detail below in 'outcome details'). Trust policy for SIs and the Risk Management Strategy were updated to reflect these changes
- Scoping work has commenced with CQC-rated 'Outstanding' Trusts to look at how they share their lessons following incidents to highlight any areas for improvement. Initial feedback received from a number of Trusts demonstrated similar processes to those already in place at the Trust – further follow up continues
- Risk stratification process commenced in Surgery Division following a number of SIs reported related to long waits for follow up appointments or procedures in Ophthalmology and Plastics and Dermatology. Two key clinical risk areas were identified and the methodology to be followed was agreed as the length of time patients have been waiting versus the percentage risk rating for the urgency of the procedure, for example cancer, urgent or routine.

Outcome details



The first graph above shows the total of 119 SIs which were reported from 1 April 2018 – 31 March 2019. This graph gives a breakdown of SIs for Hinchingbrooke Hospital and Peterborough and Stamford Hospitals per quarter. The second graph details the SIs by category. A total of 119 incidents were reported, however one was retracted and two maternity SIs met the criteria for investigation by the HSIB, therefore a total of 116 were investigated by the Trust. Two of the 116 incidents were reported as Never Events, the first of which occurred in Q3 and the second in Q4.

An SI is retracted if, after investigation, it is deemed not to be an SI. The CCG are contacted stating the reasons why the incident no long meets the SI criteria and should be considered for downgrading.

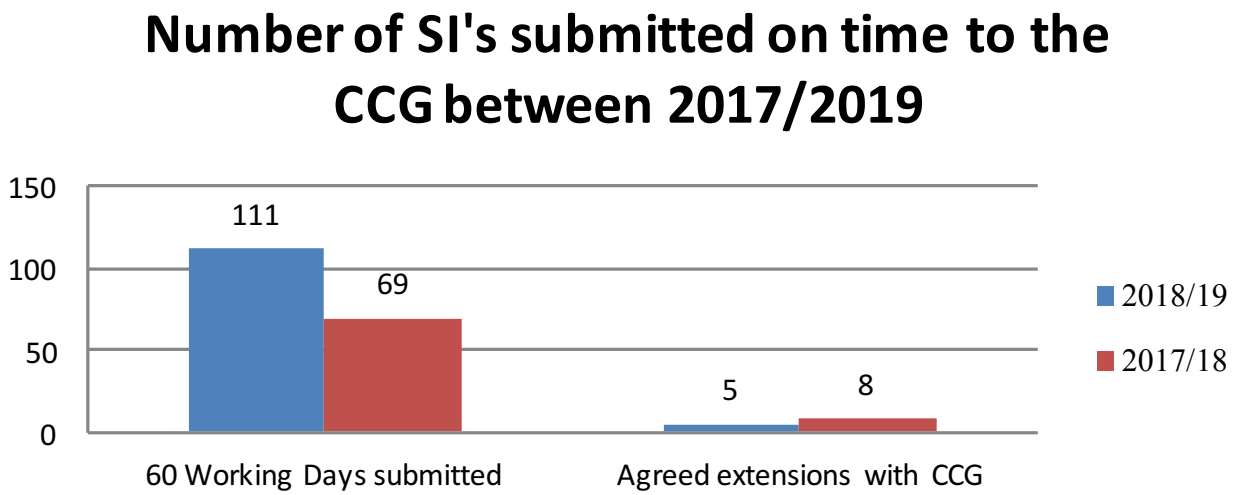
The HSIB is funded by the Department of Health and hosted by NHSI, although the HSIB operates independently. The HSIB investigates cases of intrapartum stillbirth, early neonatal deaths and severe brain injury diagnosed in the first seven days of life, when the baby:

- Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE); or
- Was therapeutically cooled (active cooling only); or
- Had decreased central tone and was comatose and had seizures of any kind.

The HSIB will also investigate direct or indirect maternal deaths in the perinatal period. From 1 November 2018, the HSIB have taken over the SI investigations into maternity events that meet the specified criteria (as outlined above) and therefore going forward as an acute provider we will not be required to undertake a Trust-led SI investigation or complete a report into HSIB reportable incidents.

The HSIB also review SIs from the StEIS system to identify themes that have occurred within other Trusts. These themes are investigated to ensure learning is identified across all Trusts.

A total of 86 SIs were reported during 2017/18, therefore there has been an increase of 35% during the year. Reasons for the increase in the number of SIs reported are due to the capacity within the Ophthalmology and Plastics / Dermatology Department being unable to provide appointments for patients within the allocated time. This led to delays in patient treatment times and subsequently a total of 13 SIs were reported relating to these issues.



The chart above shows how many SIs were reported within the 60 day timeframe, between 1 April 2018 until 31 March 2019. Data for the same period for 2017/18 has also been included as a comparison. During 2018/19, the Trust has submitted 116 reports, of which four of these reports had agreed extensions, the reasons for which are as follows:

- CCG led on the investigation which involved several different organisations
- The Trust wished to share the final investigation with the GP practice to support them with learning from the report
- A cluster of 3 SIs were due on the same day therefore the Trust was given a 10 working day extension by the CCG.

Each report is given a quality score by the CCG. The table below shows the percentage achieved during each quarter in 2018/19, which demonstrates achievement against the 80% baseline required from the CCG. Data for 2017/18 has been included for information and comparison. Since January 2019, the CCG have ceased to provide the 'quality score' therefore this will no longer be presented within the report. However, as highlighted within the table below, the standard of SI reports submitted by the Trust has vastly improved since the beginning of the financial year 2017/18.

Evidence and RAG rating for Standard of SI reporting	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
2017/18	88%	91%	98%	95%
2018/19	100%	100%	100%	N/A

The reporting and review process for serious incidents is robust through the weekly CNRR and SCIG meetings, with clinical findings presented by an expert within the appropriate field. Meetings have also been changed to Thursday at Hinchingbrooke and Friday for Peterborough and other sites to offer face to face discussions and engagement has improved.

As a combined Trust, we remain a high reporter of incidents which shows we have an open culture in respect of reporting incidents. Compliance with timeliness has improved and continues to be maintained.

Lessons learnt

- Themes identified from lessons learned: lack of escalation to speciality teams; poor documentation on patient risk assessments and failure to escalate concerns of deteriorating patients
- Action plans have been produced within the Divisions and are monitored by the Clinical Risk Team alongside the Divisional teams on a monthly basis for progress against actions. A random sample of action plans are then requested by the CCG for review
- Reference to Trust and national guidelines should be made when undertaking clinical observations and investigations
- Further education from the dietetic team with nursing staff to improve recognition of deteriorating nutritional state and timely referral/treatment
- Education (trust-wide), to inform staff of their responsibilities when wards are closed due to infection outbreaks
- Learnings to be promoted trust-wide via the monthly Quality Report, quarterly Claims, Litigation, Adverse Events and PALS (CLAEP) report, 'Risky Times' publication and EMED Learning Bulletin
- Share lessons learned at relaunched monthly Cautionary Tales which are more widely attended by staff from all disciplines including patient stories
- A one-page SI summary report is discussed at Surgery divisional meetings and distributed to CBU and specialty leads. This has enhanced divisional oversight which has been enabled through the development of an action plan tracker
- Sharing action plans from SI reports with relevant Divisions ensuring cross sharing across all Divisions and sites
- Duty of Candour Meetings with patient/relatives to discuss the findings of the report now led by Divisions thus improving ownership
- QGOC has a dedicated monthly slot for discussion of new SIs and completed reports so headline learning can be shared. Each CRA presents the learning and outcomes of reports submitted within that month.

Next steps

- All outstanding RCAs to continue to be reviewed on a monthly basis with each Division
- Implementation of robust action plans to ensure the Divisions become more accountable for their action plans in terms of acquiring sign off; annual follow up with all departments on the development of any actions taken over the previous year
- Review and update the final SI letter sent to patients / relatives
- Ensure the Associate Divisional Director for Maternity, Gynae and Breast is sent a separate report of reported and submitted Gynae and Breast RCAs
- CRAs to continue to attend monthly Surgical Quality Governance meetings, Consultants and Ward meetings to present current Serious Incidents and any learning that has been identified
- CRA will provide trust-wide RCA training
- CRA to offer to meet with patients / families before commencing the investigation process
- Clinical Risk team will attend quarterly CCG SI Learning Event for shared learning
- Monitor progress of changing practices and improving cultures across the organisation in respect of lessons learnt, and the new responsibilities of the CRA working with Divisions
- Continue scoping work including Communications teams liaison with CQC-rated 'Outstanding' Trusts. Feedback received from several Trusts with specific learning points included; responses awaited from remaining Trusts
- Risk stratification process being rolled out across other specialties within Surgery including Rheumatology and Urology (Urology process to be altered in line with speciality pathway) with fortnightly review by the Surgery Division for all specialities.

Goal 9	Complaints	Goal Met	Goal Partially Met	Goal Not Met
9a	90% of complaints responded to within 30 working days	●		
9b	100% of complaints responded to within 40 working days	●		

Information

Improving the analysis of complaints by patients and families about poor healthcare experiences is an urgent priority for service providers. It is increasingly recognised that patients can provide reliable data on a range of issues. There is close liaison and collaborative working with the PALS team as they often are the first point of contact for patients and their families.

The ethos within NWAngliaFT is to welcome complaints as an opportunity to examine and improve services and, as such, the Trust is committed to investigating and responding to complaints promptly and appropriately. To ensure we are able to do this, we have a Complaints Policy that is patient / complainant focussed and is responsive to resolving issues fully and promptly ensuring our department is an open and accessible service to all of our community.

The Trust has a strong focus on improving patient experience and is committed to being open and honest and resolving complaints to the satisfaction of the complainant ensuring our process is personal and responds to the individual's needs. We learn from what has happened and where appropriate, make demonstrable improvements to our services to provide the best care to all of our patients.

Lessons learnt from complaints and actions that are put into place by the Division and managed by each Divisional Director ensuring all actions and learnings are taken forward. Our lessons learnt are discussed and shared with staff at our QGOC meetings, Cautionary Tales sessions, Matron meetings and Ward Managers meetings, and within our CLAEP report and Complaints and PALS newsletters. To ensure lessons learnt are taken forward, the Complaints Team monitor implementation of these actions to ensure they are completed in a timely manner.

The Trust continues to work hard to further embed learning from complaints and serious incidents into our everyday working lives and remain committed to ensuring exceptional care and treatment for patients, relatives and carers.

Reason for prioritisation

It is important to ensure we have a cohesive and fully understood process, by both the public and staff at the Trust, for complainant management to ensure processes are equal on each hospital site. This ensures timely investigations and high quality responses are produced in order to meet the Trusts KPIs.

The KPIs are nationally agreed targets and replicate best practice. The complaints process has been standardised to acknowledge all complaints within three working days and response to the complainant within 30 working days. If it is a complex complaint and an extension is agreed with the complainant, this increases the response timeframe to 40 working days if required. It is important that over this period the complainant is updated at all times and a true reflection of the complaint is provided to enable a full and open response, ensuring that lessons are learnt and taken forward to improve our services and the care of the patient.

When complaints are received it is important that the Trust follow the principles of the Duty of Candour. Being Open about what happened ensuring complainants have an opportunity to discuss the complaint openly at a pre-investigation meeting and at the local resolution meeting, providing a prompt, open and compassionate written response within the 30 day timeframe.

Baseline

- 2017/18 – 90% compliance with complaints being responded to within 30 working days
- 2017/18 – 100% compliance with complaints being responded to within 40 working days for more complex complaints in agreement with the complainant.

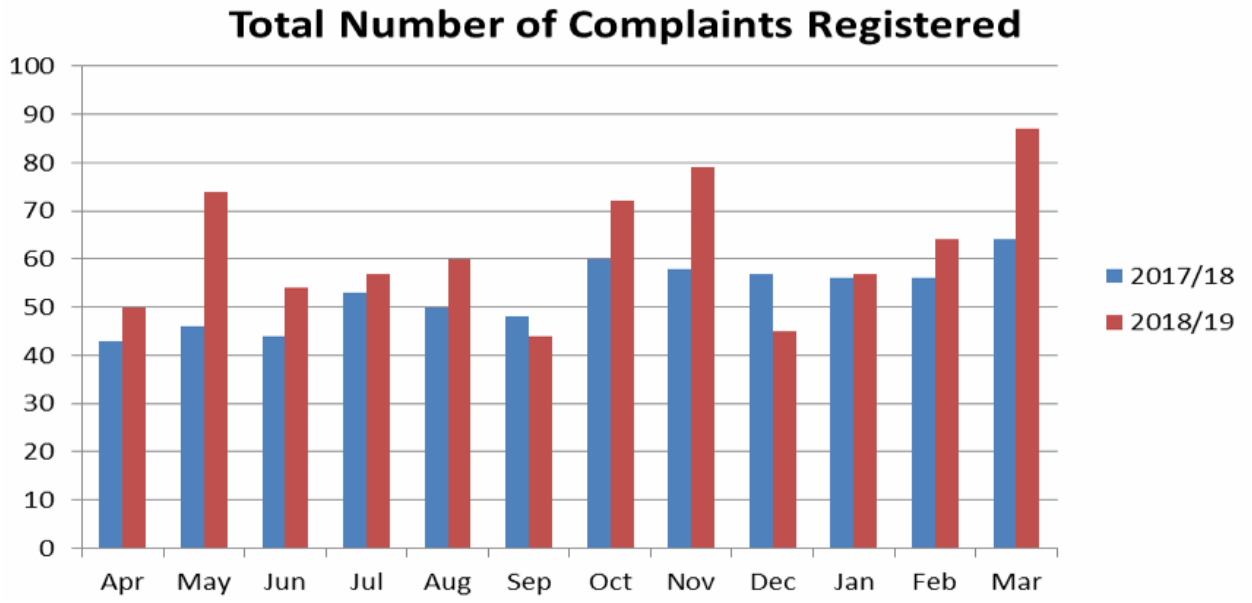
Action taken

- Introduction of a new response chasing process to help increase focus on receiving responses from the Divisions within agreed 20 working day timescale. Responses are chased three times per week (minimum) and a complaints tracking white board is updated on a weekly basis as a visual checklist
- Feedback into the Patient Experience Group of themes related to complaints and PALS. This assists with a focus for the work programme for the group
- Introduction of a new Datix web-based system for recording of complaints, each staff member has been individually trained to use the system and a standard operating procedure (SOP) has been created as a user guide for any future staff to adhere to. The new Datix system allows for more accurate recording of lessons learnt and action required from each complaint
- All complaints are risk rated by Head of Complaints or the Complaints Officer and discussed at the weekly Chief Nurse Rapid Review meeting
- Complaints meetings offered to all complainants before investigation and afterwards to discuss outcome and learnings
- Presentation of the patient story and outcome from complaint investigations to the Trust Board by the Chief Nurse
- Weekly tracker is produced and shared with Divisional teams
- Weekly update report sent to the CEO and Executive Directors to identify the latest position of complaints received, in progress and closed by Division, and identifies issue areas regarding compliance.
- Complaints training provided to a total of 50 multi-professional staff to ensure a clear understanding of how to respond effectively to complainants and to identify complaints as a learning tool for the Trust
- Additional staffing resources have been put into place in the Complaints Department to ensure a more robust approach to scrutiny of responses and record keeping; this has led to more detailed weekly reports being available so as to challenge Divisions when responses are late
- Complaints Newsletter shared with all staff and available on the intranet
- All three operational Divisions have now aligned their complaints processes to ensure the management of each case is robust and concise. The assigned Divisional senior administration teams work closely with the Complaints Department to advise of any concerns or delays in their process to help us keep our complainants well informed
- All complaints signed off by the Chief Executive Officer
- Monthly KPI's compliance reviewed and taken to the Trust Board through the Quality Report to ensure openness and transparency thus providing assurance that complaints are being managed appropriately
- The Organisational Development (OD) team have worked with the Palliative Care team to introduce a communication training workshop called 'Our Conversations Matter' available to all staff across the Trust to support with communicating with palliative patients and their relatives as a result of a complaint. This new workshop runs on a monthly basis at the three main hospital sites.

Outcome details

The chart below shows the complaints registered by month for the Trust.

From 1 April 2018 to 31 March 2019 the complaints department has registered 743 compared to 635 from the previous year.



All complaints are categorised according to the main subject or theme of the complaint. The top issues raised in complaints in 2018/19 are:

- Communication including discharging/general/ nursing and medical (20.3%)
- Diagnosis (13.1%)
- Clinical Care Medical (12.2%)
- Clinical Care Nursing (10.6%)
- Staff Attitude (8.3%)
- Discharge Arrangements (5.7%)
- Other (29.8%)

Issues and themes are dealt with by the Clinical Divisions and disseminated through the lessons learnt routes.

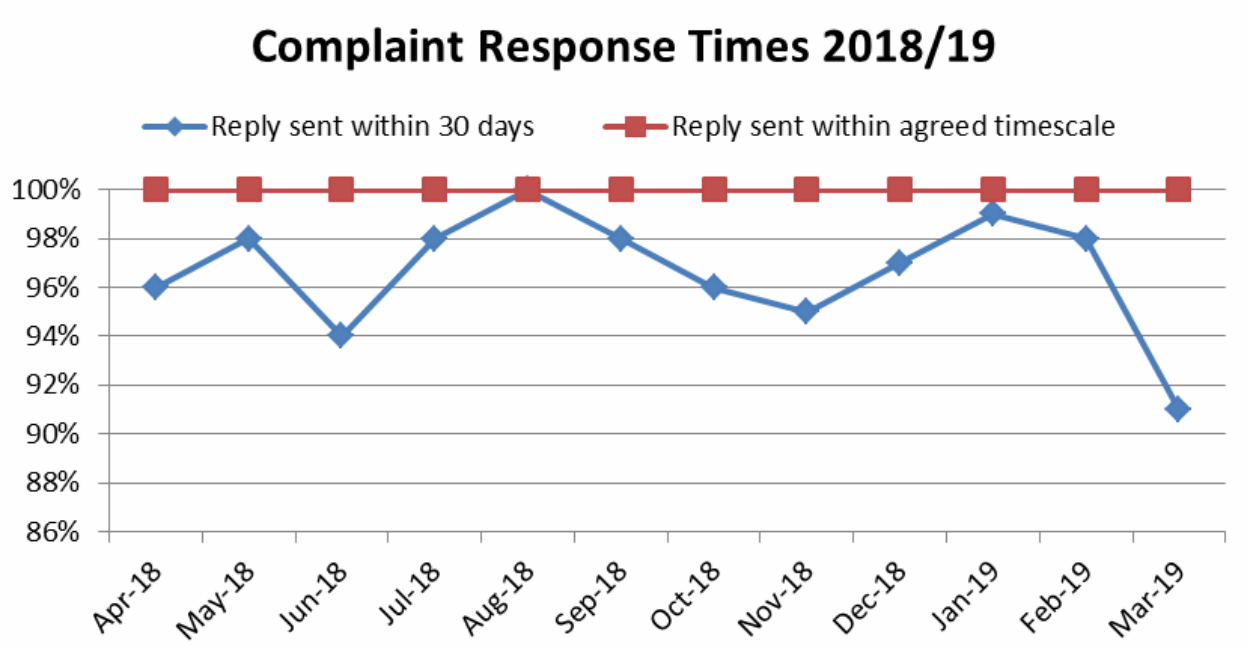
All complaints investigated adhere to Duty of Candour requirements which demonstrates an open and transparent culture within the Trust and all complaints outcomes provide learning opportunities for the Trust.

There were a larger number of complaints relating to the PCH site (497), which is fully expected due to its larger bed capacity and higher patient footfall across all departments in comparison to the Hinchingbrooke (219) and Stamford (27) sites. It should be noted however, that there has been an increase in the number of beds on the PCH site during the past year (39), which is likely to have added to the increase in the number of complaints received overall.

A process has been introduced to review the closure form tracker on a regular basis within the complaints team to ensure actions are being met divisionally. Any outstanding actions are followed up with the Divisions on a quarterly basis to ensure the complaints team receive feedback including evidence of implementation, to ensure the Trust take lessons learnt forward to improve our services.

- All complaints were registered within three days of receipt of the complaint
- Complainants are offered meetings before and after the investigation with the aim to meet local resolution. Within this period the complaints department have held 105 complaints meetings
- During 2018/19, 12 cases went to the Ombudsman for investigation (at the time of writing this report).

The chart below shows compliance rates against the Trust's 30 and 40 working day response timeframes. The Trust achieved both of these targets.



Lessons learnt

- The structure of the complaints department is currently under review to help ensure the department is consistently accessible and the process of raising a complaint is seamless. The structure of the complaints team will also help to ensure there is effective escalation where appropriate, risk rating of incoming complaints and effective scrutiny of investigation responses. This will also provide streamlined management of the service
- The three Clinical Divisions within the Trust have assigned dedicated senior administrators within their teams the responsibility for overseeing the complaints for their Division. This not only helps with the rapport between the Complaints team and the Divisions but also assists with creating a robust and consistent process. The Division of Emergency and Medicine have introduced a new complaints flow chart to define the roles of the senior administrators, investigators and General Manager/Head of Nursing
- The Head of Midwifery / Nursing continues to offer pre-investigative meetings to all Maternity/ Obstetrics complaints which has proven to be successful to help resolve patient complaints swiftly and adequately
- A review of staff communication and transfers has been undertaken within Medicine for the Elderly in relation to partially sighted patients to avoid causing further distress considering their extra vulnerability and disability
- The Labour Ward at Hinchingbrooke have introduced huddle meetings to take place twice a day on the ward to ensure all staff are communicating updates/important messages and handovers effectively. More chairs were also purchased for this particular ward for partners needing to stay
- Ward A9 have introduced contact cards to hand out to patients relatives detailing the contact names and numbers for the ward should the Ward Manager / Matron be unavailable to speak with the family. These are placed at the ward desk and nursing stations
- Monthly 'Druggles' have been introduced into all Maternity, Breast and Gynaecology areas. These multidisciplinary sessions are ten minutes in duration and cover medications errors and provide the staff with the opportunity to share concerns or information
- The policy for Assistance Dogs has been revised to reflect the current guidelines nationwide. This was revised in January 2019 following a formal complaint that was received
- Prior to a complaint becoming formal, patients are encouraged to speak directly with ward staff and Matrons, in liaison with our PALS service.

Next Steps

- Continue to improve the data quality for complaints recorded throughout 2019/20
- The complaints department will introduce in-house bespoke complaints training sessions that will be made available to staff across the Trust at all levels. This bespoke training will provide support and guidance to our staff to ensure they are adhering to Good Complaints Handling management and processes and ultimately to ensure the Trust is achieving good quality complaints responses and learning to continuously improve the service we provide. We aim to provide these training sessions on a monthly basis at our three main hospital sites – Stamford, Hinchingbrooke and Peterborough
- Continue to work closely with the Clinical Divisions to ensure that actions implemented or lessons learnt as a result of a complaint are monitored and completed in a timely manner through the use of our actions and learning tracker and by providing support and engagement with the Divisions
- Continue to work with the ward and PALS teams with the aim of addressing patients complaints at the time of the issue in order to reduce the number of formal complaints received, and being proactive in resolving situations at the time.

Infection Control Domain

Goal 10	CPE risk assessments	Goal Met	Goal Partially Met	Goal Not Met
10a	95% compliance with CPE risk assessment to be completed on admission for all in-patients	●		

Information

Carbapenamase Producing Enterobacteriaceae (CPE) are a group of highly resistant bacteria that can be colonised in the bowel. Patients who have been admitted to hospitals abroad or certain high risk hospitals in the UK are considered high risk of carrying CPE. As of 2014 it has been advised by the Department of Health that all inpatients, elective and emergency, are assessed to ascertain their risk of carrying a CPE.

Reason for prioritisation

To ensure the safety of our patients and prevent hospital acquired cases of CPE leading to potential outbreaks. The risk assessment has been included in all admission or pre-assessment documentation since 2014, however spot checks by the Infection Prevention and Control Team (IPCT) have found that completion of the risk assessment is not consistent within emergency admissions. The aim is to achieve 95% compliance with the risk assessment by the end of Q4.

Baseline

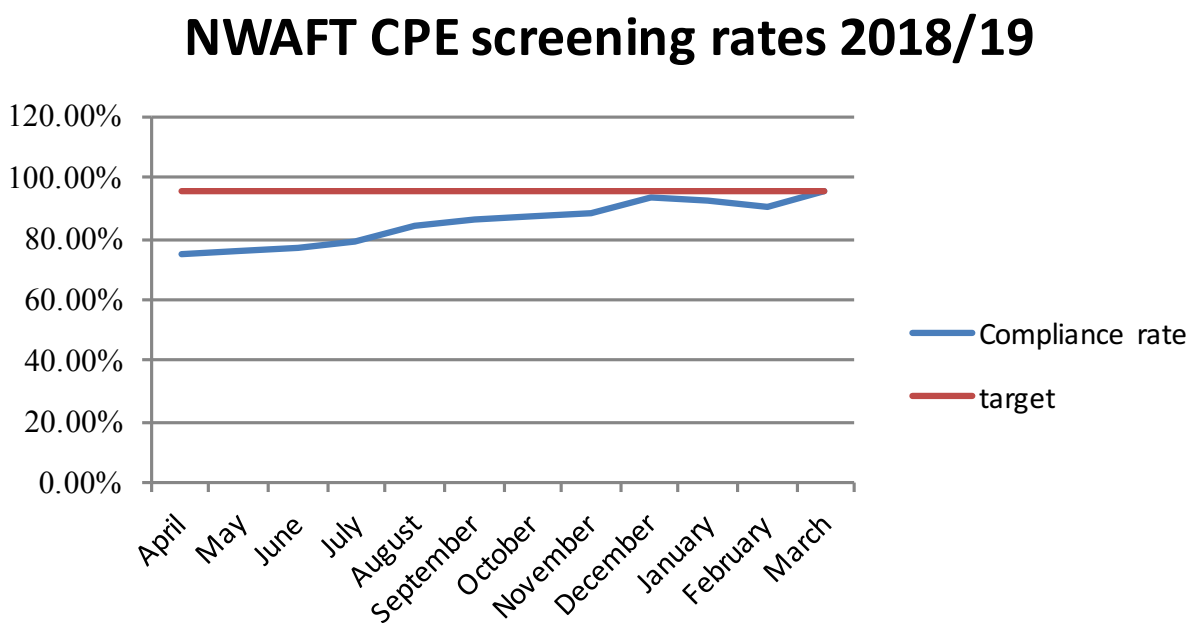
In a point prevalence audit undertaken in 2017 for the newly merged Trust, only 41% of emergency admissions were asked the risk assessment questions at admission. The risk assessment questions are:

- Have you ever been told you have had a Carbapenemase-producing Enterobacteriaceae (CPE)?
- In the last 12 months, have you been a hospital in-patient whilst abroad?
- In the last 12 months, have you been a hospital inpatient in a hospital in the UK? (if yes, check the infection control website for current high risk hospitals).

Action taken

- In 2018/19 CPE admission risk assessments were monitored via the Matrons Balanced Scorecard (MBSC) for the first time. Matrons and Ward Managers review documentation in inpatient areas on a monthly basis
- Infection Control Awareness Week promoted good basic infection prevention procedures including risk assessment and documentation
- The introduction of Symphony in ED at PCH, with CPE as a mandatory field, has helped improve compliance. This system was already in use in ED at Hinchingbrooke
- Regular audits and monitoring of and feedback from Symphony
- Regular review of nursing documentation to ensure the process is clear for staff to use, which is audited by Matrons
- Reporting via the Quality Report
- Training as part of Registered Practitioner Induction, Link Nurse days and mandatory clinical update
- Reviewed reporting governance for Infection, Prevention and Control (IP&C) and new report reviewed at Trust Board
- Trust Board have received a training session / update on their role, responsibilities and accountabilities around the IP&C agenda specifically the 10 criterion within the Hygiene Code.

Outcome details



At the end of Q4, 95.5% of CPE screening had been completed according to the MBSC monthly audit. The inclusion of this important quality indicator on the scorecard had helped raise its profile and therefore increasing compliance in 2018/19. There have been no hospital aquired cases of CPE at NWAngliaFT or Serious Incidents reported involving CPE patients. There were 12 CPE related datix in 2018/19, where the risk assessment was either missed or not handed over to the receiving department.

Lessons learnt

- Monitoring compliance via MBSC has significantly improved compliance
- Delays in taking screening swabs of high risk patients leading to increased time in isolation.

Next steps

- Keep on MBSC to ensure awareness of CPE and compliance with risk assessments remains high
- Continue to audit compliance on Symphony in both EDs
- Regular reviews of paperwork and processes to ensure all access points
- Monitor screening of high risk patients to ensure timely results
- Feedback results at ward level
- Add reporting to monthly Director of Infection Prevention and Control (DIPC) report.

Goal 11	E. coli reduction of 50% across whole health economy by 2020	Goal Met	Goal Partially Met	Goal Not Met
11a	Reduction of 20% on 2017/18 year end total of 42 hospital acquired cases		●	

Information

Gram-negative bloodstream infections are seen by NHS Improvement and Public Health England as a healthcare safety issue. In April 2017, the NHS launched a campaign to halve the numbers of healthcare associated Gram-negative blood stream infections by 2021. In recent years there has been an increase in the number of E. coli bloodstream infections despite decreases in MRSA bloodstream infections and *C. diff* infections: the most common source of these infections is the urogenital tract.

Reason for prioritisation

Gram-negative bacteria are responsible for increased morbidity and mortality across the whole health economy, with the majority of infections being acquired in the community. In May 2017, the Department of Health set out a target for reducing E. coli bacteraemia by 50% by 2021. NHS Improvement launched a toolkit to help healthcare providers achieve this reduction.

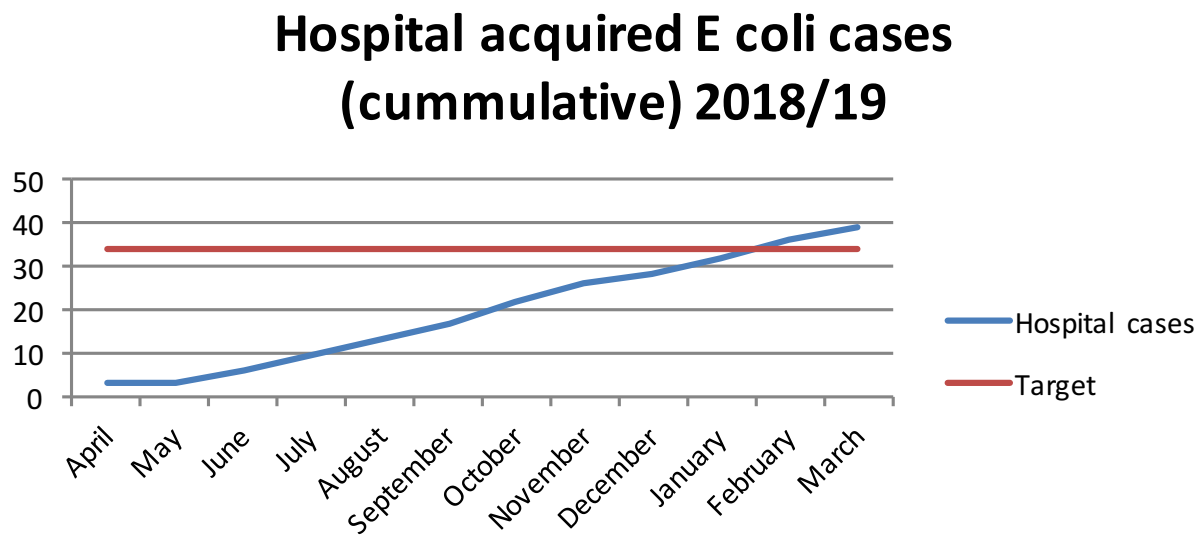
Baseline

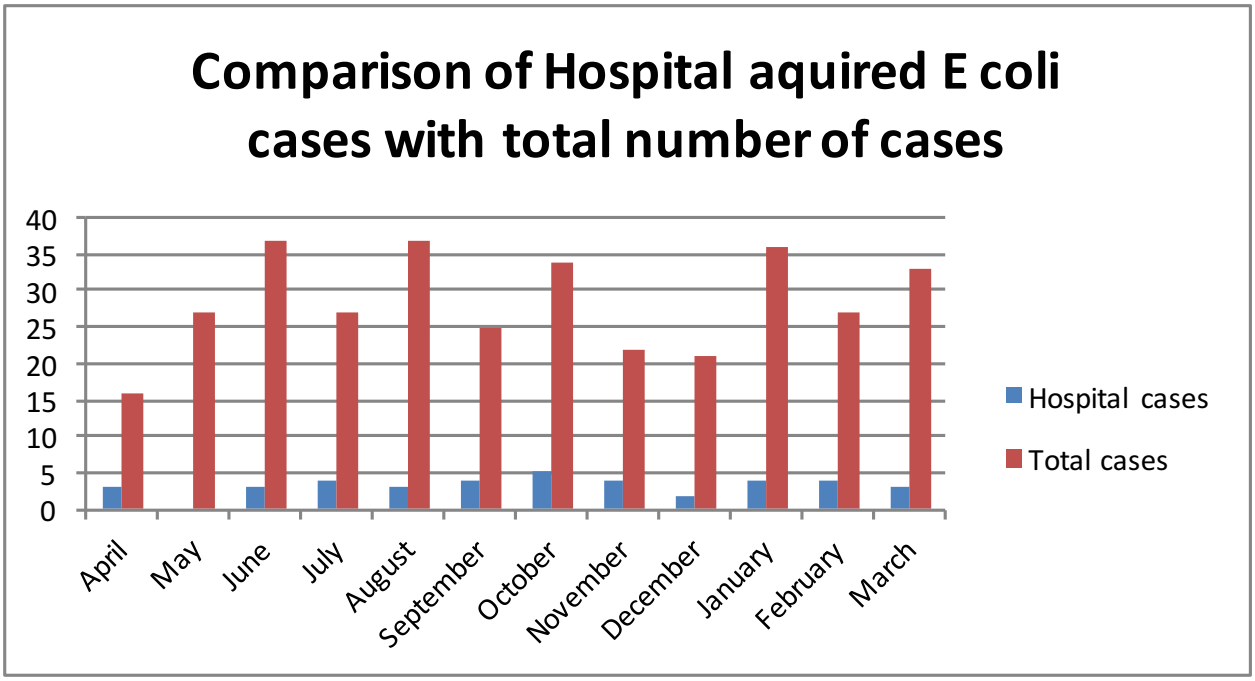
2017/18 - there were 42 hospital acquired E. coli bacteraemia. A 20% reduction meant no more than 34 cases in 2018/19.

Action taken

- NWAngliaFT is part of a whole health economy collaborative that is working together to achieve this reduction
- Monthly audit of compliance with catheter care quality indicators, reported through Trust Infection Prevention and Control Committee (TIPCC). Development of monthly DIPC/Deputy DIPC report aligned to the 10 criteria in the Hygiene Code, including section on hospital acquired E. coli bacteraemia
- Review of all patients with possible catheter-associated urinary tract infection (CAUTI). Scrutiny panel held for confirmed hospital onset cases, with feedback via Team Brief, mandatory training, awareness week, monthly Board report, Quality Report, TIPCC and senior management meetings
- Risk factor data collected for all hospital acquired gram negative bacteraemia, including E. coli.

Outcome details





By the end of Q4 there had been 39 cases of hospital acquired E. coli bacteraemia. This is a 7% reduction on 2017/18 cases.

From December 2017 the Trust has been completing RCAs of selected hospital-acquired bacteraemia which identifies common risk factors. Urinary catheters remain high risk for E. coli bacteraemia, with surgery also now being highlighted as a risk. All significant post-operative surgical site infections are reviewed via surgical governance meetings.

Lessons learnt

- NWAngliaFT has failed to achieve the required 20% reduction in E. coli bacteraemia cases in 2018/19
- 53% of hospital acquired cases in 2018/19 had either a long term or short term catheter
- 31% of hospital acquired cases in 2018/19 had surgery prior to their positive result
- Of these, 70% were colorectal procedures.

Next steps

- Deep dive into the risk factor data collected throughout 2018/19 to help inform the 2019/20 action plan
- Targeted interventions with the aim to achieve a 50% reduction (total) by 2021 from a baseline of 39 in 2016/17
- Continue working with whole health economy UTI collaborative to ensure catheter care standards are maintained
- Work with colorectal team to see if any improvements can be made that will help to reduce cases.

Goal 12	Reduction in *C. diff* cases to maintain crude figures target set by NHS England	Goal Met	Goal Partially Met	Goal Not Met
12a	Aim to achieve less than a total of 39 crude cases in year			●
12b	Aim to reduce sanctioned cases from 2017/18 total of 17	●		

Information

Clostridium difficile (*C. diff*) is a bacterium that can live in the gut harmlessly or can cause acute diarrhoea. All NHS trusts are set a ceiling amount of crude *C. diff* cases per year by NHS Improvement. All hospital acquired cases of *C. diff* are subject to a Root Cause Analysis (RCA) and scrutiny panel to determine whether there have been any lapses in care. If there have been no lapses in care the case is removed from trajectory.

Reason for prioritisation

Sanctioned cases of *C. diff*, where lapses in care have been identified at scrutiny panel, have been below the set ceiling amount for several years. However crude cases remain above the ceiling limit.

In 2019/20 the standards for what constitutes a hospital acquired case will be changed by Public Health England. At present all cases identified on day three of admission onwards are considered hospital acquired cases. This will be changing to day two of admission from April 2019 in order to bring *C. diff* in line with other healthcare associated infections.

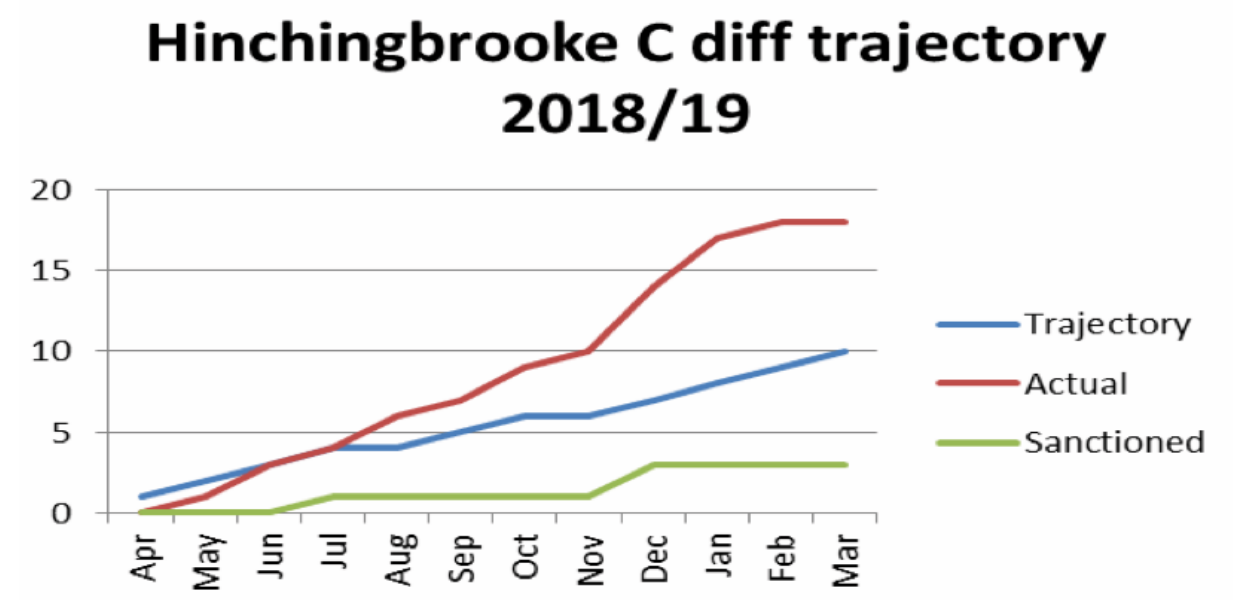
Baseline

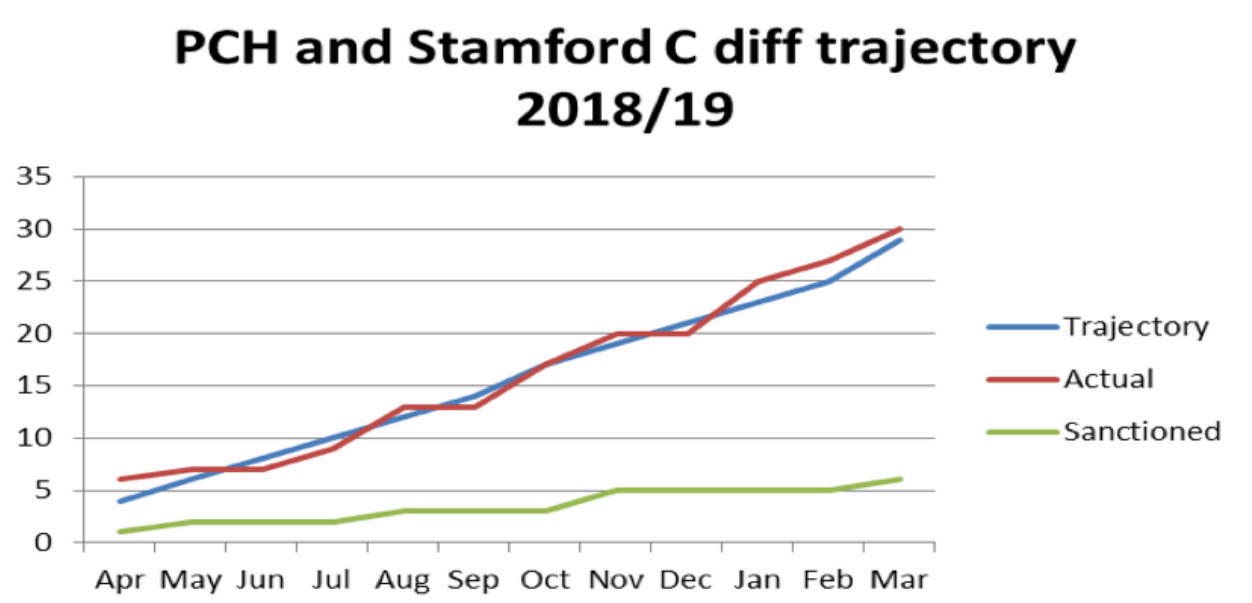
- At PCH all stool samples sent from inpatients over the age of two are tested for *C diff*. At Hinchingbrooke, which uses Cambridge University Hospitals laboratory, the *C. diff* test is requested separately
- 2017/18 - 62 crude cases against a trajectory of 40; 17 of these were sanctioned due to lapses in care
- In March 2018 there was a significant rise in the number of cases at PCH. This was managed by the IPCT and returned to baseline by May 2018.

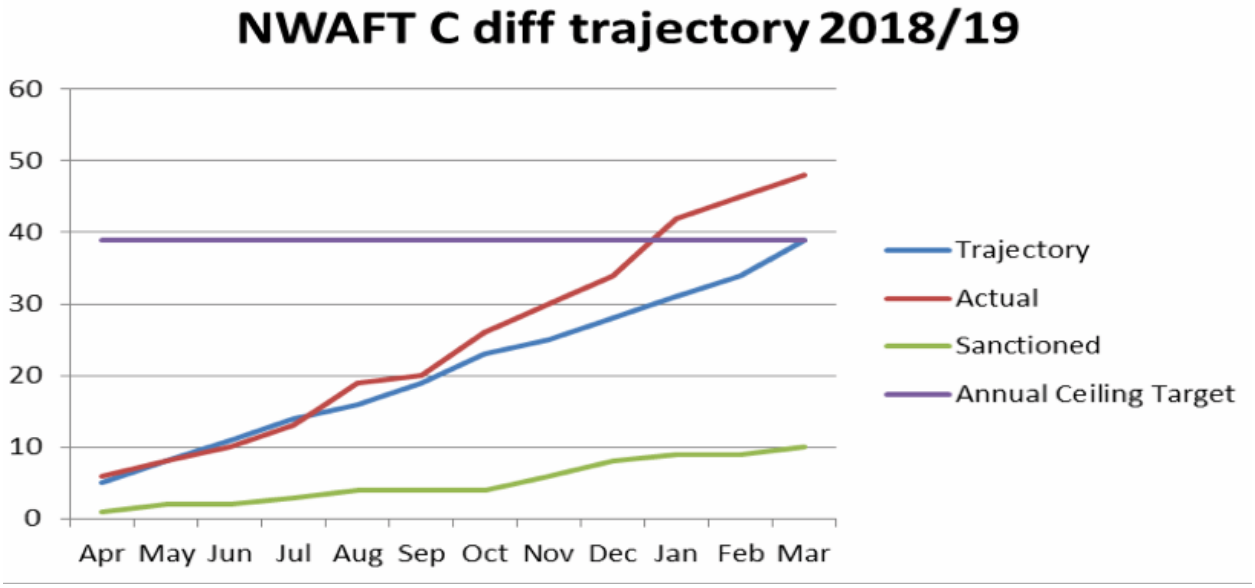
Action taken

- Supportive inspections and development of IPC action plan with involvement of Ward Managers and Matrons
- Infection Control Awareness Week promoted good basic infection prevention procedures such as hand hygiene, isolation and documentation
- *C. diff* Awareness Fortnight was held in April 2018 and included ward-based teaching, games and communications circulated to all Trust staff
- *C. diff* focus introduced into 2018 Clinical Update sessions to raise awareness amongst all staff
- Antibiotic point prevalence study undertaken and shared at TIPCC and senior management meetings
- Feedback from *C. diff* scrutiny panel via Team Brief, IPCT newsletters, mandatory training, awareness week, monthly Board report, Quality Report, TIPCC and senior management meetings
- Cleaning at Hinchingbrooke Hospital escalated in January 2019 so all areas are cleaned with chlorine as routine, bringing the process in line across all sites
- Introduction of standardised quality walkabouts including Matrons, Infection Control, Facilities and cleaning contractors
- Collaborative Infection Prevention and Control visits with NHS Improvement, CCG and Public Health England at PCH
- Ward Manager masterclass held with a view to ensuring all Ward Managers are aware of their responsibilities in relation to infection prevention and control
- Monthly reporting to Trust Board in Quality Report
- Development of DIPC / Deputy DIPC report to QAC, Trust Board and TIPCC aligned to 10 criteria in the Hygiene Code
- Sharing of lessons learnt at Team Brief, Joint Ward Managers meeting, Matrons meeting, Link Nurse days, quarterly newsletter, Clinical Update day
- Full recruitment to IPC team across sites
- Benchmarking against other Trusts in the region, report in monthly DIPC/Deputy DIPC report
- Ongoing discussions with PFI partners about cleaning standards
- Trust Board members received Infection Control training in 2018/19
- Introduction of Governors walkabouts on all sites, the first round with an Infection Prevention focus
- Regular inspections and feedback from NHS Improvement, CCG and Public Health England
- Non-Executive Director a member of the TIPCC.

Outcome details







In 2018/19 NWAngliaFT were nine cases over the 39 crude number of cases set by NHS Improvement. Hinchingbrooke Hospital was set a ceiling target of 10 cases and Peterborough and Stamford Hospitals a total of 29 cases based on previous targets. Peterborough and Stamford reported a total of 30 cases, with 18 at Hinchingbrooke. The total number of cases for NWAngliaFT was 48 crude and 10 were sanctioned, against the trajectory of 39.

The main reason that Hinchingbrooke Hospital was significantly higher over the ceiling amount of *C. diff* cases than Peterborough and Stamford was due to the lack of side rooms on the Hinchingbrooke site which limits the ability to isolate patients leading to an increased amount of patients with loose stools being isolated within bays. This will lead to increased environmental contamination that is known to be very difficult to control. The other possible reason for the number of cases is the change in the sampling process at Hinchingbrooke since the merger. There has been a 60% increase in the number of stool samples sent at Hinchingbrooke since we merged in April 2017. This means we are now able to correctly manage the number of cases of *C. diff* we have on the Hinchingbrooke site.

In January 2019 the Infection Control Team managed three periods of increased incidence, two at Hinchingbrooke and one at PCH. No epidemiological links were identified between cases and ribotypes were found to be different indicating these were coincidental cases.

The two wards affected at Hinchingbrooke were Pear Tree and Plum Tree. The IPCT worked with ward staff to raise awareness of *C. diff*, completed regular audits of hand hygiene compliance and environmental cleanliness. There have been no further cases in these areas.

Cardiac Ward at PCH had the same interventions, however following a further acquisition in February 2019, a UV deep clean of the ward was undertaken.

Lessons learnt

- Significantly more stool samples are being sent on Hinchingbrooke site, leading to a rise in crude cases of *C. diff*
- The IPCT are now more assured that we are identifying cases of *C. diff* on the Hinchingbrooke site and are able to manage them appropriately
- Positive feedback from Governors walkabout at Hinchingbrooke and the environment was found to be clean
- There has been a 30% drop in the number of sanctioned cases in 2018/19, indicating that messages from the scrutiny panels are being disseminated at ward level.

Next steps

- The escalated routine cleaning with chlorine at Hinchingbrooke will be maintained as standard
- Awareness raising will be maintained on all sites via Team Brief, Joint Ward Managers meeting, Matrons meeting, Link Nurse sessions, quarterly newsletter, adhoc ward teaching and Clinical Update days
- The IPCT will continue to work with wards to ensure isolation procedures are followed and balanced with capacity challenges
- Review possibility of the introduction of an isolation ward on the Hinchingbrooke site
- Continue monthly report via DIPC/Deputy DIPC report, including benchmarking with other acute Trusts in the region
- New *C. diff* objectives in 2019/20 set by NHS Improvement and Public Health England change the length of time a patient is admitted before a case is deemed hospital acquired, from three days to two. Also in 2019/20, all cases within 28 days of discharge will be considered hospital acquired, community onset and also be counted against the Trust's annual objective. This has been taken into account when calculating the ceiling amount for 2019/20, which for the Trust is 68
- Review process has been updated following discussion with CCG. The IPCT will be responsible for completing the RCA of 28 day cases and the scrutiny panel will only be held if lapses in care are identified at this point.

Maternity Domain

Goal 13	Post-Partum Haemorrhage (PPH)	Goal Met	Goal Partially Met	Goal Not Met
13a	Reduction in PPH rates of >1.5L (below national target of <3%)		●	
13b	Reduction in the amount of incorrect data entries on the K2 maternity electronic document system for births out of county to zero error rate	●		

Information

Post-Partum Haemorrhage (PPH) is defined as blood loss of more than 500ml from the female genital tract after delivery of the fetus (or >1000ml after a caesarean section). Primary PPH occurs within the first 24 hours of delivery, whereas secondary PPH occurs between 24 hours and 12 weeks after delivery and is less common.

In the prediction and prevention of PPH, the Royal College of Obstetricians and Gynecologists (RCOG) recommend:

- Identifying the risk factors for developing PPH and addressing how they can be minimised
- Minimising risk – treating antenatal anemia
- Minimising risk – reducing blood loss at and following delivery

PPH is the most common form of major obstetric haemorrhage. Minor, major and severe PPHs are classified as blood losses of more than 500ml, 1000ml, and 2000ml respectively.

The reduction in PPHs of rates greater than 1500ml is a pan-site aim across the two acute maternity sites, Peterborough City Hospital and Hinchingbrooke Hospital. Reviews of PPH rates, prevention and prophylaxis continue on a monthly basis in the production of the monthly Quality Report. Local Datix incident reporting identifies losses of greater than 1000ml and greater than 2000ml at both vaginal delivery and caesarean section. These reporting criteria are aligned across the two acute sites. However, report pulling of blood losses lists individual volumes, for all deliveries on both sites, facilitating scrutiny of PPH rates greater than 1500ml.

In relation to data quality, the maternity services at NWAngliaFT cater to a large local and wider geography. However, there are occasions when women, for a variety of reasons may deliver in out of area hospitals. This is a specific aim relating to Peterborough City Hospital and the capture of relevant information on our K2 (maternity electronic document) system.

Reason for prioritisation

It was identified post-merger that there were variances across the two acute sites in how PPH volumes were monitored with no shared standardisation on reporting volumes. As described, local Datix incident reporting identifies losses of greater than 1000ml and greater than 2000ml at both vaginal delivery and caesarean section. These reporting criteria are aligned across the two acute sites. However, report pulling of blood losses lists individual volumes, for all deliveries on both sites, facilitating scrutiny of PPH rates greater than 1500ml.

The national target for reduction in PPH rates greater than 1500ml is benchmarked at less than 3% nationally. Postpartum haemorrhage is a major cause of death during pregnancy and early motherhood, accounting for 25% of maternal deaths worldwide, and one of the leading direct cause of maternal deaths in the UK. While there has not been a maternal death at either acute maternity site, vigilance around best practice standards ensures that rates of maternal morbidity and mortality remain as low as possible.

Error reporting of data entries on K2 for births out of county adversely affects correct and robust reporting of maternity statistics at Peterborough City Hospital.

This was chosen as the local indicator by the Council of Governors for audit by KPMG as part of the Quality Account process for 2017/18, and following issues identified as highlighted above, was agreed to become a quality priority for 2018/19.

Baseline

This is a continuing baseline that has carried over from 2017/18 into 2018/19. PPH rates at Peterborough City Hospital and Hinchingbrooke Hospital of losses greater than 1500ml in line with, or below, the national target of less than 3%.

Benchmarking the amount of incorrect data entries on K2 for births out of county to zero error rates.

Action taken

Neither Peterborough City Hospital nor Hinchingbrooke Hospital are outliers against the national PPH target. Peterborough consistently plots in line, or below, the national average of 3%. There is slightly greater variance at Hinchingbrooke Hospital, but this has to be assessed in the context of a smaller hospital with a smaller number of births; one large PPH can impact the statistical average. Where rates have tracked above the national average, closer scrutiny of cases has been undertaken by members of the Maternity Risk, Practice Development and Obstetrics teams.

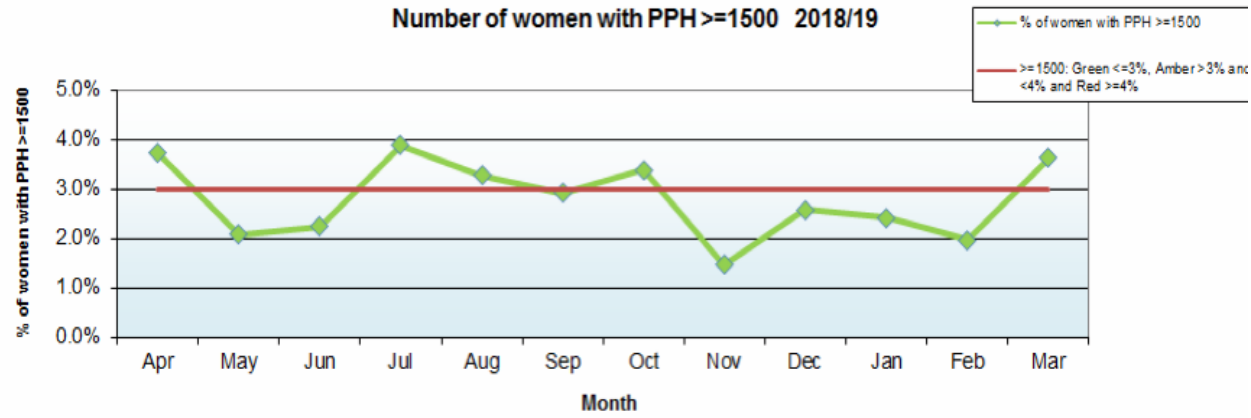
PPH losses greater than 1500ml are scrutinised and reported monthly in the Quality Report. Variances in data are discussed locally at both acute hospital sites risk and governance meetings. There is also an opportunity to discuss areas of good practice to promote compliance with best practice standards.

Every quarter the maternity services provide a three month overview of PPH data to the CLAEP report. It is reported monthly to the QAC in the Quality Report and to Trust Board. A monthly Maternity Safety Thermometer report is shared with the Trust Board and reviewed through QAC and also Divisional Maternity Governance meetings. A maternity dashboard is embedded within all of these reports.

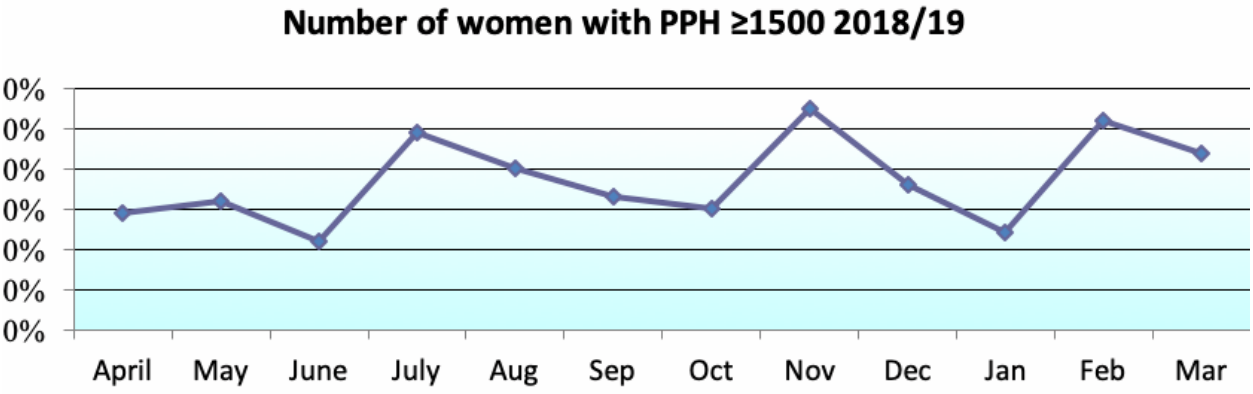
The Community Service Lead Midwife runs a weekly report to capture the incorrect data entries on K2 for births out of county. This reports a zero error rate.

Outcome details

Peterborough City Hospital



Hinchingbrooke Hospital



At the end of March 2019, compliance results vary across the two acute maternity sites. As identified, PPH rates at Peterborough fall largely in line with or below the national average of 3%. It should be noted there was a spike in March to a rate of 3.5% - this will be reviewed over the next 2 months and any trends identified will be investigated. Rates at Hinchingbrooke Hospital peaked in November at 5.5%, but have seen a downward trend settled to below 3% by January then spiked again in February.

The Community Service Lead Midwife runs a weekly report to capture the incorrect data entries on K2 for births out of county. This reports a zero error rate.

Lessons learnt

Pan site learning:

- Learning is identified predominantly through Datix incident reviews. PPHs are reported and discussed through different media: this includes the monthly maternity risk and governance meetings, Risky Business newsletter, the monthly Quality Report, the monthly maternity dashboard, and the quarterly CLAEP report
- Where applicable, SI investigation reports would address learning, if any, in relation to the identification and management of PPH.

Learning identified includes:

- All incidents are reviewed and actioned appropriately on both sites, where appropriate
- In the review of large PPH losses, staff compliance with best practice standards remains high
- Implementation of the PPH Champions across both sites. It is their job to monitor and promote compliance with the PPH guidelines
- Positively, manual removal of placenta (MROP) was identified as a leading cause of high blood losses. Both the maternity and obstetric team took the decision to manage MROP as more of an obstetric emergency; as a result we have seen an overall reduction in the correlation of MROP and blood losses greater than 1500ml
- In the past year we have championed the use of tranexamic acid as an additional measure in the management of PPH. There has been consistently increasing use of this drug across both sites
- There continues to be robust documentation of staff taking active steps in recognising and managing high risk women to prevent the development of smaller losses into bigger volumes
- Estimating blood loss remains challenging, with weighing volumes remaining the most accurate way of monitoring ongoing blood loss.

Working closely with the K2 Lead Midwife, a report was developed that helped identify the incorrect data entries on K2 for births out of county. This report is completed weekly and contributes to higher zero error rate compliance.

Next steps

- The maternity and obstetric team will continue to scrutinise PPH losses on a monthly basis and report through the QAC on a quarterly basis
- PPH Maternity Champions will continue to promote PPH best practice on both acute sites
- The Labour Ward Lead Obstetrician will continue to promote PPH best practice amongst the obstetric team
- Live skills drills will continue in a multidisciplinary team format to promote improved shared practice across the maternity, obstetric and anaesthetic domains
- The pan-site obstetric haemorrhage guideline is currently under review. The revised guideline has been approved and will be launched in April 2019. It will be disseminated to staff and be included as part of the mandatory training and clinical skills drills
- The Community Service Lead Midwife will continue to run the birth out of county report.

Mandatory and local indicators for external audit

As part of the national guidance for Quality Accounts, NWAngliaFT was required to obtain external assurance against two of the four mandatory indicators via an audit process by the Trust's external auditors, KPMG. The two mandatory indicators required for audit were the four hour A&E target and 62 day cancer waits. The initial results of those audits stated that KPMG were pleased to provide a 'clean' opinion for both of these audits. Further details will be highlighted within the KPMG statement of assurance at the end of the report.

The local indicator selected for audit was staff sickness reporting, which was agreed by the Council of Governors at their meeting in February 2019. The reason this indicator was selected followed concerns highlighted regarding a disparity in ways of reporting and the accuracy of the data reported.

Feedback received highlighted issues with the different ways of reporting which including some manual and electronic processes, which made it difficult to prove the completeness of the reporting and was difficult to reconcile the data back to the information reported in the Workforce Trust Board report. KPMG were therefore unable to provide a 'clean' opinion for this audit.

Sickness absence is a key priority as part of the Health and Wellbeing workstream which is part of the G2O programme for 2019/20.

Trust Quality Priorities for 2019/20

Delivering Outstanding Care and Experience

Domain: Patient Safety				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
Children's Safeguarding	Quality Improvement in Children's Safeguarding processes in Emergency Departments	Introduction of CWILTED (children's assessment tool) at Hinchingbrooke Hospital	• Daily monitoring • 90% compliance of those eligible for first stage of assessment by end of quarter 3 • 90% compliance of those eligible for second stage of assessment by end of quarter 4	• Children's Safeguarding Dashboard through Trust Safeguarding Committee
		Roll out of concern sheets at Hinchingbrooke Hospital	• Introduction into Hinchingbrooke Hospital Emergency Department by end of quarter 1 • Introduction to all clinical areas at Hinchingbrooke Hospital (as required) by end of quarter 3	• Floor walking set up • Communications • Daily monitoring by Safeguarding team at Hinchingbrooke Hospital • Monthly monitoring by Children's Safeguarding Dashboard • Monitor through Safeguarding Committee on a quarterly basis
		Introduction of Child Protection - Information Sharing (CP-IS) checks on all children (0-18 years) at Peterborough City Hospital	• Agreement from ED Leadership team by 01/04/19 • Agreement from ED Admin Team by 01/04/19 • Daily monitoring by the Children's Safeguarding Team • 50% compliance of those eligible for checking by end of quarter 2 • 70% compliance of those eligible for checking by end of quarter 3 • 90% compliance of those eligible for checking by end of quarter 4	• Children's Safeguarding Dashboard through Trust Safeguarding Committee
Emergency Planning	Business Continuity Plans (BCPs) to be in place and within date for all departments to ensure all areas can respond effectively to any incident affecting their area	Improvement in compliance with BCPs (as at 31.03.19 - 23 out of 123 have expired) • Bi-weekly reminders to BCP authors of those out of date • Compliance reports shared with Divisional triumvirates and Corporate leads every month to enable action	• 95% compliance by end of Q1 • 100% compliance by end of Q2 • Maintain 100% during Q3 and Q4	• Reports to Emergency Preparedness Committee (quarterly), Care Quality Directorate Top Team (every 6 weeks) and Executive Team meeting
Falls	To reduce falls in the inpatient group, that are over 65 by the early recognition of postural hypotension	Add Lying and standing blood pressure to all mandatory and ward based training	Training in place by end Q1 Training should reach 90% of ward staff who carry out observations by end of Q3	• Mandatory Training will be monitored by ESR attendance records • Ward based teaching by attendance record kept by the Falls team
	Introduce Lying and Standing Blood Pressure across the Trust	Roll out the process to all wards and departments	All medical wards – end Q1 Rest of the wards and departments – end Q2	• Report monthly in Quality Report • Falls team to monitor on ward visits and mini audits

Domain: Patient Safety				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
Sepsis	To provide early identification of patients with sepsis. Aim to improve sepsis screening and treatment rates in the Emergency Departments (EDs) as well as inpatient areas.	Training and focused work in the EDs around the emergency pathway for patients with sepsis Increased screening rates by accurate completion of the screening tool	End of Q1 Inpatient - >90% by Q2 ED – Q1 70% Q2 75% Q3 80% Q4 90%	• Training data will be recorded and reportable each month • Report internally to Patient Safety Steering Group and Sepsis Group • Matrons Balanced ScoreCard (MBSC) • Quarterly data reports for the CCG
		Increase treatment rates of antibiotics given within one hour	Inpatient - >90% by Q2 ED – Q2 85% Q4 90%	

Domain: Patient Experience				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
Serious Incidents	To involve families in a more inclusive manner with Serious Incident (SI) investigations in line with Being Open and Duty of Candour requirements Ensure more robust lessons learnt by listening to families prior to the investigation	• Patients/Families to be contacted by telephone once incident has been declared an SI • CRA invite patient/ families to attend an pre-investigation meeting before investigation • Letter to be sent to patient/families which includes the offer of the meeting and if this was accepted by them	• Contact to be made with 100% of patients or their family (where NOK details are known) who are involved in an SI within 10 working days of incident being reported on StEIS (as per national guidance). To be achieved by the end of Q1 • 40% compliance of families attending meetings during the investigation process by the end of Q4 • 90% compliance of families attending meetings at the end of the investigation process by the end of Q4	• SI report to QGOC – monthly • CLAEP report to CLAEP (quarterly) and QAC - monthly • Quality Report to QAC, Trust Board and CCGs – monthly • Clinical Risk report to QAC and Trust Board - annually • Risky Times
Complaints	Complaints to maintain 100% compliance of responses within agreed timeframes	• Ensure complaints are responded to within 30 working days • Ensure complaints are responded to within 40 working days or within agreed extension timeframe	• To achieve 90% of all complaints to be responded to within 30 working days on a monthly basis • To achieve 100% compliance of all complaints to be responded to within 40 working days where there is an agreed extension, or within the agreed extension timeframe, on a monthly basis	• CLAEP report via the CLAEP meeting • Quality Report via the QAC, Trust Board and CCG meetings – monthly • Complaints annual report- to QAC and Trust Board- annually
Friends and Family Test	Improve Friends and Family Test (FFT) patient satisfaction rates for Emergency Departments across the Trust	Satisfaction rates should improve in the EDs above the national average of 87%	90% by end Q2 92% by end Q4	• Monthly results from FFT • Comparison made against national average • Reported at Trust Board level
	FFT for Inpatient Rehabilitation Services	Consistently achieve at least 3 star rating of those who would recommend the service Achieve 4 star rating by making changes as a result of the feedback received	3.5 by end of Q3 4.5 by end of Q4	• FFT monthly data discussed at Rehabilitation Quality and Governance meetings
Therapies Services	Introduction of patient survey (Musculoskeletal Physiotherapy – MSK-HQ Health Questionnaire) for patients who complete their rehabilitation programme with the aim of people with MSK conditions to report impact from their symptom and QOL in a standardised way	Questionnaires will be given out at the reception in PCH and given to patients by staff at Stamford Spreadsheet to collate data	Initial and end score – looking for a positive variance, for 75% of patients who complete their rehabilitation programme	• Monthly – via Team Meeting and submission of individual data

Domain: Effectiveness				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
Research and Development	Continued growth in R&D portfolio	• Increase recruitment of patients to each commercial research trial within target timescales, from 56% to 80%	Baseline - 56% Achieve 80% by end of Q4	• R&D Steering Committee • EDGE research management system (monthly) • CRN Eastern (quarterly)
		• Increase number of home grown studies that are approved by ethics, including student studies.	In line with the launch of the Investigator fund increase the number of home grown studies by 10%. Baseline – 9 total, 1 NIHR Portfolio Achieve - 10 total, 2 NIHR Portfolio	• Monitoring progress of Investigator funded projects at R&D steering committee • EDGE research management system (quarterly) • R&D Steering Committee
Safeguarding training	Children's safeguarding training to be compliant in line with intercollegiate guidance	Focus on increasing and maintaining level 3 core and specialist training compliance	Level 3 core and specialist training - increase and sustain above 90% • Level 3 core training to increase by 5% per month starting April 2019 from a baseline of 75% at end of March 2019 • To sustain level 3 specialist training above 90% from a baseline of 92% at end of March 2019	• Monthly monitoring via ESR • Monthly monitoring out • Paediatric NICU Governance and Maternity Governance meetings • CYP & ED steering group • Quarterly monitoring through Safeguarding Committee and CYP Board • CCG Safeguarding quarterly report
Adult Safeguarding	To improve MCA and DOLS training compliance across the Trust	Complete planned training on all sites	• Achieve 90% by end Q2 • Maintain 90% for Q3 and Q4	• Monitoring will be achieved through monthly SME reporting
Medical	To ensure all medical staff have job plans to deliver safe and effective services	Timely appraisal rate for Consultants and Trust doctors	Completed annual appraisals – aim to achieve consistent ≥98% compliance for each quarter	• Quarterly returns to NHSE via the Annual Organisational Audit • Trust Board reporting - annually • Medical Workforce Board - quarterly
		Agreed job plans for Consultant and Trust doctors	≥90% of doctors to have an agreed job plan by end of Q2	• Medical Workforce Board - monthly
Therapy Services	To improve the quality of the patient experience for stroke survivors	Median % of Physiotherapy and Occupational Therapy received for each day in hospital.	Increase compliance at PCH to 80% of eligible patients for OT and PT and HH to 50% for OT and PT PCH • 65% by end of Q1 • 70% by end of Q2 • 75% by end of Q3 • 80% by end of Q4 HH • 42% by end of Q1 • 45% by end of Q2 • 48% by end of Q3 • 50% by end of Q4	• Monthly from SSNAP
		Provide stroke/neuro training for PT and OT staff within the medicine team at HH	80% of staff to be trained within 12 months • 20% by end of Q1 • 40% by end of Q2 • 60% by end of Q3 • 80% by end of Q4	• Training records, reported as a percentage
		Speech and Language Therapy	Increase compliance with the dysphagia assessment within 72 hours to 85% • 30% by end of Q1 • 40% by end of Q2 • 60% by end of Q3 • 85% by end of Q4	• Monthly from SSNAP

Domain: Effectiveness				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
		Provide monthly training to the Therapy Services staff and the RNs and HCAs regarding communication	Achieve 85% of staff being trained within 12 months • 10% by end of Q1 • 20% by end of Q2 • 55% by end of Q3 • 85% by end of Q4	• Training records, reported as a percentage
Clinical Audit	Ensure recommendations from published national audits are reviewed with a SMART action plan (or quality improvement project) followed through to implementation.	Review of all published reports from Quality Account Audits from the HQIP list on a monthly basis. SMART action plan will be developed to meet recommendations.	This will be implemented by the end of Q1 2019/20 (with either an action plan or confirmation that this has been requested and the deadline)	• Feedback via reports to Divisional governance meetings for EMED, Surgery and FISS tracking progress
	Audits where the recommendations are not to be implemented, clinical rationale will be provided and held by the Quality Governance and Compliance department.	Ensure recommendations are considered and an appropriate SMART action plan is developed within 8 weeks of publication of the audit report	Action plans developed within 8 weeks: • 75% by end of Q1 • 80% by end of Q2 • 90% by end of Q3 • 100% by end of Q4 Actions will be monitored through to implementation by the Quality Governance and Compliance department via an action tracker to ensure all national recommendations have been considered	• Summary reports will be circulated to Clinical Audit Forum, Quality Governance Operational Committee and to form part of the monthly Quality Report

Domain: Infection Control				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
Infection Control	Ensure acquisition of healthcare associated infections is at its irreducible minimum	To reduce hospital acquired E. coli bloodstream infections by 20% to achieve national target of 50% reduction across whole health economy by 2021	Reduce hospital acquired E. coli by further 20% of 2018/19 figures to 31 cases by the end of Q4	• Monthly data uploaded to data capture system • Hospital acquired case numbers monitored at IPC team meeting and fed back to board level through monthly DIPC report • Common themes in risk factors reported via data capture system and learning disseminated • Deep dive into risk factors identified in 2018/19 data collection
		Reduction in crude *C. diff* cases to maintain annual ceiling target of 68 set by NHSE	Aim to achieve less than a total of 68 crude cases in year by the end of Q4	• Monthly data uploaded to data capture system • Hospital acquired case numbers monitored at IPC team meeting and fed back to board level through monthly DIPC report and to ward via team brief and ward managers • Scrutiny panels held for hospital acquired cases and learning disseminated • Thematic analysis of 2018/19 cases to identify and manage risk factors. • Report and recommendations for improving *C diff* rates at Hinchingbrooke site

Domain: Infection Control				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
Infection Control	Ensure acquisition of healthcare associated infections is at its irreducible minimum	MRSA screening	• Improve compliance of emergency screening to be ≥95% on all sites by the end of Q2 • Standardise the format for elective screening by the end of Q2	• Mapping of current process of ensuring MRSA screens are taken on each ward at Hinchingbrooke, sharing best practice to implement standardised process • Introduction of e track system at Hinchingbrooke will identify patients who have not had an admission screen quicker • Monthly monitoring of MRSA emergency screening rates at infection control team meeting, reported to board via DIPC report

Domain: Maternity				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
Maternity	To embed national guidance in order to ensure the provision of the quality improvement agenda	Roll out of 'A-Equip'	Group restorative supervision facilitated for all midwives through mandatory training session • 95% to be achieved by the end of Q4 and maintained on a rolling year	• Attendance monitored through mandatory training records. • Effectiveness recorded through mandatory training evaluation forms.
		Supporting the national agenda of continuity of care following launch of 'Better Births'	20% of women on a continuity of carer pathway to be achieved by end of Q4	• Through nationally agreed tool submitted to the LMS on a monthly basis.
		Reduction in induction of labour rate	• Cross site Induction of Labour (IOL) working party set up from Mar 2019 • Engagement with Local Maternity Services (LMS) for local and national engagement by the end of Q1 • Engagement with Maternity Voices Partnership (MVP) for user representation by the end of Q1	• Minutes of meetings • Maternity Dashboard

Domain: Care Quality Commission				
Subject Matter	**Overarching Aim**	**Metrics / Actions**	**Measures / Outcomes**	**Monitoring**
CQC	Compliance with quality improvement actions identified from CQC inspection 2018	Review and updates to the CQC action plan as detailed in monitoring section Share updated action plan with the CQC, NHSI and Commissioners	• Each Division to complete • 90% of actions by the end of Q2 • 95% of actions by the end of Q3 • 100% of actions by the end of Q4	• CQC action plan via individual and overarching CQC Steering Group meetings (monthly and bi-monthly) • Progress reports to QAC (quarterly) • Monthly submissions of CQC action plan to external colleagues

Statements of assurance from the Trust Board

Review of services

During the year April 2018 to March 2019 North West Anglia NHS Foundation Trust provided 79 NHS services and specialities across 3 Clinical Divisions.

The Trust has reviewed all the data available to them on the quality of care in 100% of these NHS services.

The income generated by the NHS services reviewed in 2018/19 represents 100% of the total income generated from the provision of NHS services by North West Anglia NHS Foundation Trust for 2018/19.

Participation in clinical audits

Clinical audit is a way to find out if healthcare is being provided in line with standards. Clinical audit lets both the hospital and their patients know where a service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve patient outcomes. Clinical audits can look at care provided all over the country – these are known as national audits. Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of care against agreed and proven standards. The audit cycle includes taking action to bring practice in line with these standards to improve the quality of care and health outcomes. By following the cycle, any clinician or team should be able to see where their practice can be improved against given benchmarks, to take action, and then to re-measure and make further improvements (HQIP, What is Clinical Audit?, September 2015).

During 2018/19, 77 national clinical audits and 5 national confidential enquiries covered relevant health services that North West Anglia NHS Foundation Trust provides.

During that period, North West Anglia NHS Foundation Trust participated in 94% (72) national clinical audits and 100% (5) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

During the last financial year the following improvements have been put in place to improve commitment within Clinical Audit:

- Introduction of SMART action plans to drive forward continuous improvement from audits
- Greater control of the clinical audit forward plan with registration of 79% of all planned clinical audits (221 audits in total) when compared to 68% at the same time last year and reduction in unplanned clinical audits from 292 this time last year to 103 this year
- Increased scrutiny of national audit reports and national confidential enquiries with the presentation of published NCEPOD studies at the Trust's Quality Governance Operational Committee with follow up of actions presented within a 6-12 month period
- Introduction of trust-wide Clinical Audit Training with 100% of participants in the first 5 sessions rating this as being Valuable (60%) or Very Valuable (40%)

The national clinical audits and national confidential enquiries that North West Anglia NHS Foundation Trust was eligible to participate in during 2018/19 are detailed in column 3 of the table below.

The national clinical audits and national confidential enquiries that North West Anglia NHS Foundation Trust participated in during 2018/19 are detailed in column 4 of the table below.

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

National Audit Participation – Hinchingbrooke

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
1	Adult Cardiac Surgery	✗	✗	N/A	N/A	N/A
2	Adult Community Acquired Pneumonia	✓	✓	Data collection ongoing		
3	BAUS Urology Audit - Cystectomy	✗	✗	N/A	N/A	N/A
4	BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	✗	✗	N/A	N/A	N/A
5	BAUS Urology Audit - Nephrectomy	✗	✗	N/A	N/A	N/A
6	BAUS Urology Audit - Percutaneous Nephrolithotomy (PCNL)	✗	✗	N/A	N/A	N/A
7	BAUS Urology Audit – Radical Prostatectomy	✗	✗	N/A	N/A	N/A
8	Cardiac Rhythm Management (CRM) Intensive Care National Audit and Research Centre	✗	✗	N/A	N/A	N/A
9	Case Mix Programme (CMP)	✓	✓	388	388	100%
10	Child Health Clinical Outcome Review Programme	✗	✗	N/A	N/A	N/A
11	Elective Surgery (National PROMs Programme) (* Denotes Trustwide figure)	✓	✓	1782	1782*	100%
12	Falls and Fragility Fractures Audit Programme (FFFAP) • NHFD (HH data only)	✓	✓	Data Collection Ongoing		
	• FLSD (Trustwide data)			642	642	100%
	• Inpatient Falls (Trustwide data)			5	5	100%
13	Feverish Children (care in emergency departments)	✓	✓	100	100	100%
14	Inflammatory Bowel Disease programme / IBD Registry	✓	✗	N/A	N/A	N/A
15	Learning Disability Mortality Review Programme (LeDeR) *figure denotes number reported into LeDeR national team	✓	✓	8	8*	100%
16	Major Trauma Audit	✓	✓	122	104	85%
17	Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	✗	✗	N/A	N/A	N/A
18	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	✓	✓	15	15	100%
19	Medical and Surgical Clinical Outcome Review Programme	✗	✗	N/A	N/A	N/A
20	Mental Health Clinical Outcome Review Programme	✗	✗	N/A	N/A	N/A

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
21	Myocardial Ischaemia National Audit Project (MINAP)	✓	✓	267	115	43%
22	National Asthma and COPD Audit Programme* COPD *Pulmonary Rehabilitation Workstream*	✓ ✗	✓ ✗	426	330	77%
23	National Audit of Anxiety and Depression	✗	✗	N/A	N/A	N/A
24	National Audit of Breast Cancer in Older People	✓	✓	445	374	84%
25	National Audit of Cardiac Rehabilitation	✗	✗	N/A	N/A	N/A
26	National Audit of Care at the End of Life (NACEL)	✓	✓	45	45	100%
27	National Audit of Dementia	✓	✓	50	50	100%
28	National Audit of Intermediate Care	✗	✗	N/A	N/A	N/A
29	National Audit of Percutaneous Coronary Interventions (PCI)	✗	✗	N/A	N/A	N/A
30	National Audit of Pulmonary Hypertension	✗	✗	N/A	N/A	N/A
31	National Audit of Seizures and Epilepsies in Children and Young People	✗	✗	N/A	N/A	CCS Managed Service
32	National Bariatric Surgery Registry (NBSR)	✗	✗	N/A	N/A	N/A
33	National Bowel Cancer Audit (NBOCA) (*denotes Trustwide figure)	✓	✓	125	125*	100%
34	National Cardiac Arrest Audit (NCAA)	✓	✓	45	45	100%
35	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	✓	✓	*		*See data for PCH
36	National Clinical Audit of Psychosis	✗	✗	N/A	N/A	N/A
37	National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	✗	✗	N/A	N/A	N/A
38	National Comparative Audit of Blood Transfusion programme* Management of Massive Haemorrhage	✓	✓	0	0	100%
39	National Congenital Heart Disease (CHD)	✗	✗	N/A	N/A	N/A
40	National Diabetes Audit – Adults* NaDIA-Harms Insulin pump	✓	✓	 1 80	 1 80	 100% 100%
41	National Emergency Laparotomy Audit (NELA)	✓	✓	47	47	100%

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
42	National Heart Failure Audit	✔	✔	156	152	97%
43	National Joint Registry (NJR)	✔	✔	667	667	100%
44	National Lung Cancer Audit (NLCA) (* denotes Trust Wide Figure)	✔	✔	315	235*	75%
45	National Maternity and Perinatal Audit (NMPA)	✔	✔	N/A	2106	Data collection is ongoing
46	National Mortality Case Record Review Programme	✔	✔	32	28	88%
47	National Neonatal Audit Programme (NNAP)	✖	✖	N/A	N/A	CCS Managed Service
48	National Oesophago-gastric Cancer (NAOGC)	✔	✖	N/A	N/A	Figures submitted via CUH
49	National Ophthalmology Audit	✔	✔	1464	1464	100%
50	National Paediatric Diabetes Audit (NPDA)	✖	✖	N/A	N/A	CCS Managed Service
51	National Prostate Cancer Audit (*denotes Trustwide figure	✔	✔	650	570*	88%
52	National Vascular Registry	✖	✖	N/A	N/A	N/A
53	Neurosurgical National Audit Programme	✖	✖	N/A	N/A	N/A
54	Non-Invasive Ventilation - Adults	✔	✔	Data collection ongoing		
55	Paediatric Intensive Care (PICANet)	✖	✖	N/A	N/A	N/A
56	Prescribing Observatory for Mental Health (POMH-UK)*	✖	✖	N/A	N/A	N/A
57	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)*	✖	✖	N/A	N/A	N/A
58	Sentinel Stroke National Audit programme (SSNAP)	✔		156	137	88%
59	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	✔	✔	53	53	100%
60	Seven Day Hospital Services	✔	✔	53	53	100%
61	Surgical Site Infection Surveillance Service	✖	✖	N/A	N/A	N/A
62	UK Cystic Fibrosis Registry	✖	✖	N/A	N/A	N/A
63	Vital Signs in Adults (care in emergency departments)	✔	✔	100	100	100%
64	VTE risk in lower limb immobilisation (care in emergency departments)	✔	✔	100	100	100%

National Audit Participation – Peterborough and Stamford Hospitals

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
1	Adult Cardiac Surgery	✖	✖	N/A	N/A	N/A
2	Adult Community Acquired Pneumonia	✔	✔	Data collection ongoing		
3	BAUS Urology Audit - Cystectomy	✖	✖	N/A	N/A	N/A
4	BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	✔	✔	7	7	100%
5	BAUS Urology Audit - Nephrectomy	✔	✖	N/A	N/A	N/A
6	BAUS Urology Audit - Percutaneous Nephrolithotomy (PCNL)	✖	✖	N/A	N/A	N/A
7	BAUS Urology Audit – Radical Prostatectomy	✖	✖	N/A	N/A	N/A
8	Cardiac Rhythm Management (CRM) Intensive Care National Audit and Research Centre	✔	✔	323	320	99%
9	Case Mix Programme (CMP)	✔	✔	688	688	100%
10	Child Health Clinical Outcome Review Programme	✖	✖	N/A	N/A	N/A
11	Elective Surgery (National PROMs Programme) (* Denotes Trustwide figure)	✔	✔	1782	1782*	100%
12	Falls and Fragility Fractures Audit Programme (FFFAP) • NHFD (HH data only)	✔	✔	Data Collection Ongoing		
	• FLSD (Trustwide data)			642	642	100%
	• Inpatient Falls (Trustwide data)			5	5	100%
13	Feverish Children (care in emergency departments)	✔	✔	100	100	100%
14	Inflammatory Bowel Disease programme / IBD Registry	✔	✔	N/A	N/A	N/A
15	Learning Disability Mortality Review Programme (LeDeR) *figure denotes number reported into LeDeR national team	✔	✔	19	19*	100%
16	Major Trauma Audit	✔	✔	368	368	100%
17	Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	✖	✖	N/A	N/A	N/A
18	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	✔	✔	26	26	100%
19	Medical and Surgical Clinical Outcome Review Programme	✖	✖	N/A	N/A	N/A
20	Mental Health Clinical Outcome Review Programme	✖	✖	N/A	N/A	N/A

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
21	Myocardial Ischaemia National Audit Project (MINAP)	✔	✔	420	334	78%
22	National Asthma and COPD Audit Programme* • COPD • Pulmonary Rehabilitation Workstream	 ✔ ✔	 ✔ ✔	 994 5	 741 5	 78% 100%
	• Asthma	✔	✔	Data collection ongoing		
23	National Audit of Anxiety and Depression	✖	✖	N/A	N/A	N/A
24	National Audit of Breast Cancer in Older People (*Denotes Trustwide figure)	✔	✔	445	374*	84%
25	National Audit of Cardiac Rehabilitation	✔	✔	854	854	100%
26	National Audit of Care at the End of Life (NACEL)	✔	✔	80	80	100%
27	National Audit of Dementia	✔	✔	50	50	100%
28	National Audit of Intermediate Care	✖	✖	N/A	N/A	N/A
29	National Audit of Percutaneous Coronary Interventions (PCI)	✖	✖	N/A	N/A	N/A
30	National Audit of Pulmonary Hypertension	✖	✖	N/A	N/A	N/A
31	National Audit of Seizures and Epilepsies in Children and Young People	✔	✔	8	8	100%
32	National Bariatric Surgery Registry (NBSR)	✖	✖	N/A	N/A	N/A
33	National Bowel Cancer Audit (NBOCA) (*denotes Trustwide figure)	✔	✔	125	125	100%
34	National Cardiac Arrest Audit (NCAA)	✔	✔	90	64	71%
35	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	✔	✔	TBC	11	100%
36	National Clinical Audit of Psychosis	✖	✖	N/A	N/A	N/A
37	National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	✖	✖	N/A	N/A	N/A
38	National Comparative Audit of Blood Transfusion programme* Management of Massive Haemorrhage	✔	✔	6	6	100%
39	National Congenital Heart Disease (CHD)	✖	✖	N/A	N/A	N/A
40	National Diabetes Audit – Adults* NaDIA-Harms Insulin pump	✔	✔	 2 8	 2 8	 100% 100%
41	National Emergency Laparotomy Audit (NELA)	✔	✔	47	47	100%

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
42	National Heart Failure Audit	✔	✔	587	563	96%
43	National Joint Registry (NJR)	✔	✔	920	920	100%
44	National Lung Cancer Audit (NLCA) (* denotes Trust Wide Figure)	✔	✔	315	235	75%
45	National Maternity and Perinatal Audit (NMPA)	✔	✔	N/A	4638	Data collection is ongoing
46	National Mortality Case Record Review Programme	✔	✔	73	65	89%
47	National Neonatal Audit Programme (NNAP)	✔	✔	N/A	1231	Data collection is ongoing
48	National Oesophago-gastric Cancer (NAOGC)	✔	✖	N/A	N/A	Figures submitted via CUH
49	National Ophthalmology Audit	✔	✔	1556	1556	100%
50	National Paediatric Diabetes Audit (NPDA)	✔	✔	239	239	100%
51	National Prostate Cancer Audit	✔	✔	650	570	88%
52	National Vascular Registry	✔	✖	N/A	N/A	N/A
53	Neurosurgical National Audit Programme	✖	✖	N/A	N/A	N/A
54	Non-Invasive Ventilation - Adults	✔	✔	Data collection ongoing		
55	Paediatric Intensive Care (PICANet)	✖	✖	N/A	N/A	N/A
56	Prescribing Observatory for Mental Health (POMH-UK)*	✖	✖	N/A	N/A	N/A
57	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)*	✖	✖	N/A	N/A	N/A
58	Sentinel Stroke National Audit programme (SSNAP)	✔	✔	696	687	99%
59	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	✔	✔	15	15	100%
60	Seven Day Hospital Services	✔	✔	181	181	100%
61	Surgical Site Infection Surveillance Service	✖	✖	N/A	N/A	N/A
62	UK Cystic Fibrosis Registry	✖	✖	N/A	N/A	N/A
63	Vital Signs in Adults (care in emergency departments)	✔	✔	100	100	100%
64	VTE risk in lower limb immobilisation (care in emergency departments)	✔	✔	100	100	100%

Participation in NCEPOD

During 2018/19 North West Anglia NHS Foundation Trust participated in the following studies as confirmed by NCEPOD.

Cancer in Children, Teens and Young Adults	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
North West Anglia NHS Foundation Trust								
ICU/Death Questionnaire	0	0	0	0	0	0	1	1
SACT Questionnaire	0	0	0	0	0	0		

Perioperative Diabetes	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
North West Anglia NHS Foundation Trust								
Surgical Questionnaire	16	4	16	0	16	0	3	2
Anaesthetic Questionnaire			15	0				

Pulmonary Embolism	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
North West Anglia NHS Foundation Trust								
Clinical Questionnaire	11	3	10	0	10	0	2	2

(Please note this study is still open and the figures have not been finalised)

Acute Bowel Obstruction	Cases Included	Clinical Q returned*	Case notes returned*	Sites Participating	Org. Q. returned*
North West Anglia NHS Foundation Trust					
Clinician Questionnaire	11	1	2	2	0

Please note this study is still open and the figures have not been finalised
Case notes have been limited up to 2 per hospital site.

Long Term Ventilation	Cases Included	Clinical Q requested	Clinical Q returned	Case notes requested	Case notes returned	Sites Participating	Org. Q. returned*
North West Anglia NHS Foundation Trust							
Acute Admission Questionnaire	2	2	1	2	2	3	To be sent out
Lead Adminission Questionnaire	2	0	0	NA	NA		

Reviewing reports of national clinical audits

The reports of 23 national clinical audits and 5 national confidential enquiry reports were reviewed by the provider in 2018/19 and North West Anglia NHS Foundation Trust has taken following actions to improve the quality of healthcare provided. Examples of national clinical audits completed are given below.

National Clinical Audit and Confidential Enquiries	Findings	Actions Taken during 2018/19
National Parkinson's Audit 2017 (Ongoing)	Documentation of advice given about potential side effects of new medication requires improvement	Developed a standardised proforma to monitor non-motor symptoms, medication and medication side effects. Implemented proforma at Clinic. Carried out an audit of a trial period of use in clinic once proforma was developed. The neurology team developed an initial non-motor symptom questionnaire / proforma. This was discussed further at a meeting with the community based PD.
TARN: Severe Trauma	Increase the number of Rehab prescriptions used for patients with an ISS>8	New rehab prescription adopted. New rehab prescription paperwork is now available for use. Involved OT/PT from medical wards to improve completion of rehab prescription. OT/PT teams to undertake training for rehab prescriptions.
National Audit of Dementia Spotlight Audit of Delirium	Review and update policy for the purpose of adding some measure to the policy to help us to ensure that we meet this standard in future.	Recognising and Management of Delirium in Hospital policy updated. This was transferred from a guideline to a policy.
RCEM: Neck of Femur	Every ED should nominate a hip fracture lead to improve and champion standards of care in this area by working with the lead anaesthetist	A&E Speciality Doctor was appointed in December 2018 to lead for hip fractures within Hinchingbrooke ED.
NaDia	Measures to prevent early morning hypoglycaemia in hospital	Link Nurse Study Days and education provided to doctors on induction concerning hypoglycaemia and avoiding en bloc prescription of insulin without proper assessment, to include risk of sulphonureas and reduction in diet, dietitian/catering.
National Ophthalmology Database Audit	All patients should have a pre-operative visual acuity recorded on Medisoft Optometrists to directly enter post-op refractions online	Email sent to all Theatre/ Courtyard staff requesting that if a pre-op VA is not available within the last 3 months, that it is repeated on the day of surgery – RCOphth requirement.* Meeting with Medisoft held. Configuration is now underway to enable optometrists to submit cataract feedback to Medisoft for a patient who had a cataract operation
NELA	Improve the communication of the national report and hospital performance	Preparation of quarterly posters with comparable data for our hospitals versus the national trend for each audit criteria.
NCEPOD Each and Every Need – review of the quality of care provided to patients aged 0-25 with chronic neurodisability	All patients with complex needs and, where appropriate, their parent carers or legal guardians, should be offered the opportunity to develop a patient-held Emergency Health Care Plan/Emergency Care Summary to facilitate communication in the event of a healthcare emergency. [iv] This should include as a minimum: a) information about the patient's health conditions and treatment; b) who to contact in a range of scenarios and what to do; c) a statement about what has been discussed and agreed about levels of intervention including palliative care planning; and d) the existence of any advance directives (for those over 18 years), lasting power of attorney or any other measure. The existence of this Emergency Health Care Plan/ Emergency Care Summary must be recorded in all communication and case notes and this should be subjected to local audit.	Discussed at Paediatric Clinical Governance meeting. Cambridgeshire Palliative Care Team developed documentation which was implemented in October 2018. It was agreed at Paediatric Clinical Governance in November 2018 to use community documentation when available to ensure smooth transition between services.

National Clinical Audit and Confidential Enquiries	Findings	Actions Taken during 2018/19
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE)	Reduce stillbirth rates through reporting and reviewing all deaths using the Perinatal Mortality Review Tool (PMRT). All parents should be provided with unbiased counselling for post-mortem to enable them to make an informed decision.	All deaths are reported to MBRRACE and monthly within the Maternity Governance and Risk meeting. Quarterly reporting of all deaths is provided to the Trust's Mortality Surveillance Committee. The review using the PMRT and specialist panels were introduced in June 2018. There is a Bereavement Specialist Midwife per hospital, following recruitment for Hinchingbrooke in 2018, to support parents to receive information and unbiased counselling.
National Maternity and Perinatal Audit (NMPA)	Maternity services should support women to achieve and maintain a healthy weight before, during and after pregnancy. Maternity services should engage in national initiatives to identify babies that are small for gestational age (SGA) to enable appropriate care for mothers.	Weight management pathway has become pan-site with a new Standard Operating Procedure implemented. There is a Specialist GROW/GAP Midwife to support the care mothers with babies that are SGA. There is mandatory training for all clinical staff for measuring and using GROW charts. Recommendations from the National reports (MBRRACE Saving Lives, NNAP and NMPA) have action plans to improve the care provided to women.
National Paediatric Diabetes Audit (NPDA)	Aim for children to achieve HbA1c target set by NICE from diagnosis with emphasis on self-management education.	The development of the Paediatric service pathway for diabetes has meant that structured education is 96.5% compared to 72% nationally.
National Neonatal Audit Programme (NNAP)	Minimise mother and baby separation and implement BAPM guidance to reduce hypoglycaemia (a leading cause of term admissions).	Mother and baby separation is 2.2 days compared to the national average of 3.2. A new hypoglycaemia guideline has been written and is under consultation.
National Audit of Breast Cancer in Older People	Ensure that women receive treatment within specified time limits and receive triple diagnostic assessment at their initial clinic visit in line with NICE guidance.	Breast cancer pathways are monitored on a monthly basis and are reported to the Divisional Leadership Board. Triple diagnostic assessments are undertaken as part of the assessment clinic practice.

Reviewing reports of local clinical audits

The reports of 206 local clinical audits were reviewed by the provider in 2018/19 and North West Anglia NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in a document available from the Quality Governance and Compliance Team. Examples of some local clinical audits are given below.

Local Clinical Audit	Findings	Actions during 2018/19
A clinical Re-audit on Carotid Doppler Scans request and Test Process Peterborough City Hospital.	Improve access and timeliness to carotid Doppler scanning. The aim is to scan patients within 24 hours of referrals.	Pilot Daily 1hr Protected Slots for Stroke Patients. Pilot started in May 2018. Communication mainly via email to review utilisations of slots between both departments; note the aim is to scan patients within 24 hours of referrals. So far these protected slots are still being utilised. The allocation of slots is due to reviewed in 2019/20.
Use of the CURB score at Hinchingbrooke Hospital	CURB score to be calculated for all patients admitted with community acquired pneumonia. Admitting medical doctors to include a CURB score as part of their initial assessment	Findings from this audit were presented at medical teaching sessions (medical 'grand round', junior doctor teaching) and highlighted that all patients admitted with community acquired pneumonia should have a CURB score calculated, unless there are extenuating clinical circumstances (e.g. underlying lung disease, immunosuppression).
Insulin Prescribing Audit	Promote awareness of insulin safety	Insulin safety awareness week took place in May 2018; information stand held in atrium at PCH and undertook ward visits to disseminate safety information.
Discharge Letters from the Ambulatory Care Unit Action Plan	Discharge Letters from Ambulatory care are not fully completed and sent within 24hrs.	Implement the use of the green button icon on e-track to improve compliance with completing Discharge Letters. Email to all ACU staff regarding the embedding of the green button icon on E-track.
Audit looking at glycaemic control during enteral feeding in patients with diabetes mellitus	Proactive initiation and up-titration of insulin to control hyperglycaemia during feeding (aiming for glucose target 6-12mmol/l) and avoidance of clinical hypoglycaemic episodes	Designed Dedicated glucose monitoring charts for daily assessment. These were approved at QGOC and will be rolled out throughout the Trust in 2019.
Adherence to TIA Pathway	To discuss with stroke team and sonographers, Peterborough stroke team on improving rapid access for inpatients and resources around carotid dopplers scans	Following email correspondence all parties involved were able to see the challenges faced with getting access to carotid either inpatient or outpatients. Practice has since changed, and the department is now accepting requests for inpatient carotid scans.
Inpatient Endoscopy procedure	Inpatient endoscopy requests are triaged daily to priorities clinically urgent cases	6 Days a week vetting was agreed at Gastroenterology Governance meeting. This commenced in February 2019.
PPH Audit	Appropriate prophylaxis for women with increased risk off PPH and Activation of MOH protocol Every patient should be debriefed following a PPH	New management of PPH Care Bundle for cross-site working was developed to reflect the recommendations of NICE CG190 and RCOG Green Top 52 with the local Trust guideline. A patient survey is being used to capture the experience of women following debrief to inform the amount, type and timing of the information that they wish to receive following PPH.
TWOC	Update Trust guideline for bladder care post urogynaecological surgery. A separate guideline for non urogynaecological procedures may be required.	Guideline updated and presented to Obstetric Clinical Governance Meeting for approval prior to endorsement by QGOC and subsequent implementation.
GROW Audit	Continue with individualised assessments to ensure competence, understanding of GROW pathway and standardised clinical practice.	Individual competency assessment undertaken by all clinical staff and documented on database. All records updated by April 2018. Following the updated guideline for weight loss in breast feeding babies, individual reassessments are to commence in 2019 to monitor maintenance of competency.

Local Clinical Audit	Findings	Actions during 2018/19
Glaucoma	Introduce use of stickers to improve documentation of lens power	Stickers created for biometry sheet. Communication to clinicians to advise of use of stickers.
Plain Film Abdomen Reporting Audit	Reduction of false negative reporting errors from abdomen films.	Refresher training for all radiology practitioners who report on abdomen plain films has been completed and monthly reporting of errors and trends are provided in Diagnostic Imaging Governance meetings.
Audit of respiratory sampling in children with Cystic Fibrosis admitted to Children's ward and assessment unit	Recommendation to train nursing staff to obtain cough swabs for patients with CF.	Training has been completed and cough swabs are now part of standard paediatric nursing practice.
CLOSE IT audit: Closure of ileostomy following anterior resection for rectal cancer. Results of a retrospective audit	Contribute data to higher powered national 'Close it' study and monitor for new resulting guidance.	Contribution to the data set and prospective collection of information on patients identified over a three month period • Registered research trial with local research lead • Gained approval for prospective data collection • Completed collection of patient data (those with closure of ileostomy between June and September 2018) • Added retrospective data to 'Redcap' online collection database for CLOSE-IT study • Monitored for outcomes of national study and incorporated these into current management and future audit cycles.
Management of Appendicitis in children and complication rate	To avoid use of US to guide clinical decision on suspected appendicitis	Plans in place to avoid the use of US to guide clinical decision on suspected appendicitis
AntiTNF in Ankylosing spondylitis	Continue to ensure that all patients are seen for follow-up to assess response to treatment at 12 weeks	Continue to ensure that all patients are seen for follow-up to assess response to treatment at 12 weeks. The additional nursing staff have now been recruited and the clinical lead is able to review the departmental capacity. The capacity will be regularly reviewed at the departmental business meetings in 2019/20.

Next steps for clinical audit

Our focus is on improving outcomes and impacts from audits and ensuring we have meaningful service improvements and quality improvements evidenced. To enable this to happen, the team will have greater scrutiny and oversight of the audits and a robust focus on learning. This will be achieved by a smaller clinical audit plan / portfolio that is achievable and relevant to our risk profile, patient safety portfolio and patient experience rather than specific individual / clinician interests that do not have an organisational-outcome focus.

Participation in clinical research

During the period of 2018/19 over 200 Trust clinical staff have held active good clinical practice (GCP) certifications, in addition to this numerous other clinical staff have participated in research approved by a Research Ethics Committee where GCP certification is not required. These staff have been involved in conducting 163 clinical research studies (studies open to recruitment during this period) in 2018/19, of which 144 (88%) were National Institute for Health Research (NIHR) Portfolio studies. The Trust sponsors 7 active research studies (3 of which are adopted onto the NIHR portfolio) where the clinical trials are set up and managed from within the Trust and a further 12 studies have been approved as service evaluations.

In the year 2018/19, 115 publications in a number of different specialties have been published from studies at the Trust, which shows our continued commitment to transparency and desire to improve patient's outcomes and experience across the NHS.

In this period the Trust has recruited 2,429 patients, of this 2,188 (90%) were recruited into portfolio studies. These patients were recruited into 105 studies, of which 100 were adopted onto the NIHR portfolio (95%).

2018/19 has been a successful year for the R&D team. Having implemented the team structure in February 2018, the year has provided an opportunity to bed in cross-site arrangements to establish working practices as a single Trust R&D department. The priority for 2018/19 has been to expand active research areas of each site to the other, ensuring the expertise within the teams can be maximised to grow the research portfolio with a targeted approach.

There have been some notable successes in this area:

- The Peterborough ophthalmology team has greatly increased its research activity opening a number of commercial and non-commercial research studies
- NWAngliaFT has successfully completed recruitment to its first sponsored multi-centre study, recruiting over 700 patients across nine NHS Trusts
- Opened the second NIHR portfolio multi-centre study - Ocular Surface Disease in Glaucoma patients
- Opened our 1st commercial research studies in general surgery (2 studies have opened in 2018/19 with a 3rd in set-up)
- We have been selected as a site to participate in rheumatology commercial research (three studies). Only one commercial study has been undertaken in this area previously
- We have initiated set-up of our first and second interventional commercial Oncology study at Hinchingbrooke Hospital.

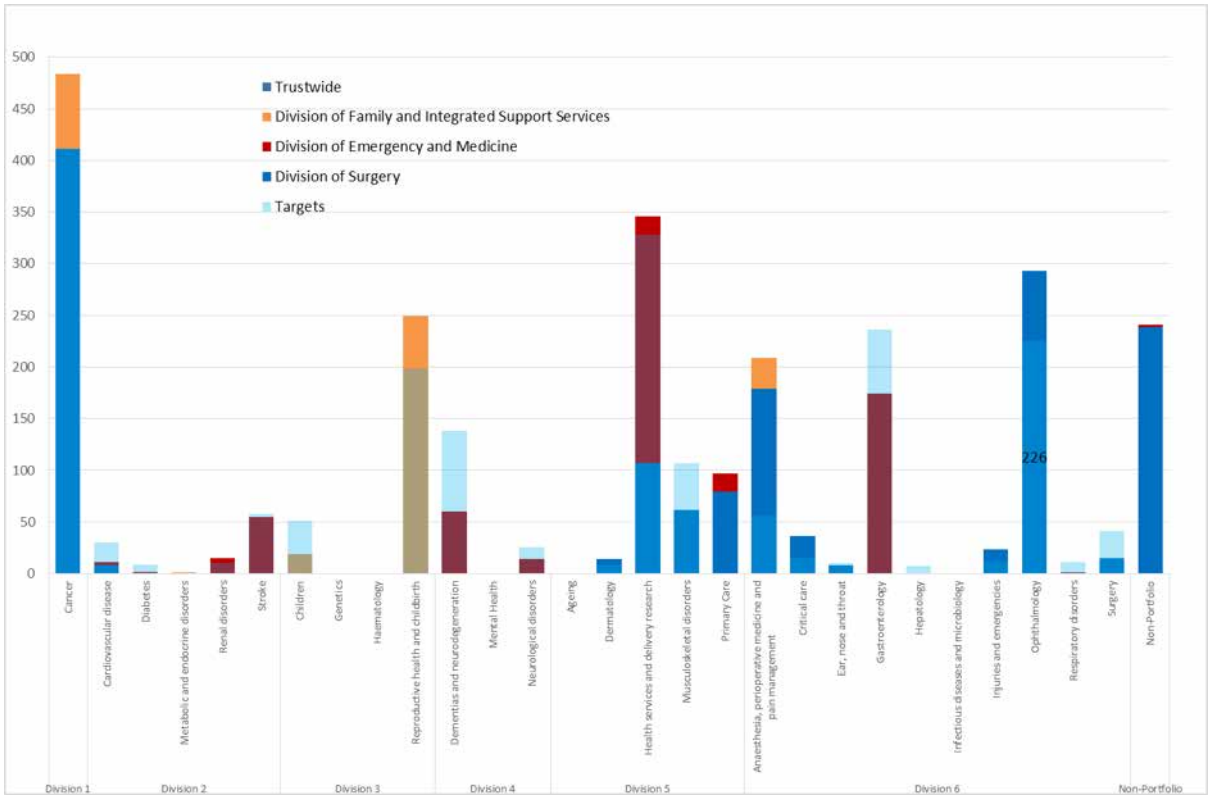


Figure 1 shows the breakdown of patient recruitment across the specialties within the NIHR Portfolio from 1 April 2018-31 March 2019

Throughout 2018/19 the team have participated in a number of engagement events to increase the knowledge and awareness of R&D activity within the Trust and with its patients. Our Patient Research Ambassadors (PRAs) and teams have undertaken:

- Dementia Research Awareness - our teams spoke to the public at PCH to encourage patients to learn more about dementia and the research in the field
- Clinical Trials day - our teams ran events across all of our hospital sites. The team was able to clarify what was meant by research in an NHS setting and how this informs future treatment for a range of diseases
- Successful promotion of NWAngliaFT as the first UK centre to recruit into the international FeDeriCa study. This story was covered by the Peterborough Telegraph
- Professor Phillip Darbyshire is an internationally recognised leader in nursing and health care research and practice development. He delivered a two day event to help build internal awareness of R&D to staff within NWAngliaFT
- A key aim in 2018/19 has been to promote our activities internally within the organisation. Ensuring R&D regularly features in Trust publications and notice boards around our hospitals. This activity has attracted additional PRA support to R&D. Five PRAs currently support R&D with its promotional activity to help build awareness of research activity within the organisation

As we move into 2019/20 our team will seek to expand our locally grown research portfolio. To support this aim, an investigator fund was launched in late 2018/19 to provide funding for the development of these Trust-initiated research questions. This has laid the foundations to develop ideas into ethically-approved clinical research studies. We expect the impact of this to be seen in 2019/20 with the number of locally-generated research ideas improving, as a result increasing the volume of research undertaken within NWAngliaFT.

Use of the CQUIN payment framework

A proportion of the North West Anglia NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between North West Anglia NHS Foundation Trust and its commissioners through the CQUIN (Commissioning for Quality and Innovation) payment framework.

For 2018/19, the baseline value of CQUINs was between 2% and 2.5% of the contract values depending on the Commissioner, with 1.25% of this value from CCG commissioners related to participation in local Sustainability and Transformation Plans (STP).

- Indicative Activity Plans for 2018/19 agreed with commissioners in March 2018 had a total contract value of £359m with a potential £8.8m of income from CQUINs
- A total of £4m of this was against STP Plans and will be achieved
- A further £3m was achieved by default as a result of the guaranteed income contract with Cambridgeshire and Peterborough CCG
- A total of £1.7m was therefore subject solely to delivery of CQUIN Schemes

Final achievement of CQUINs is not due for submission until the end of April 2019, and will then be subject to agreement and sign off with NHS Commissioners. It is expected overall income where this is subject solely to delivery of CQUIN Schemes will be £1.1m. This will provide a total income of £8.2m (93%) in 2018/19. In 2017/18 total income from CQUIN was £6.2m.

Positive Achievements

- Timely identification of sepsis in emergency and inpatient settings
- Healthy Food for NHS staff, visitors and patients
- Offering advice and guidance - Lincolnshire

Areas for Improvement

- Improvement of health and wellbeing of NHS staff
- Preventing ill health by risky behaviours - Alcohol and Tobacco
- Offering advice and guidance – Cambridgeshire and Peterborough

National CQUINs for 2019/20 have been published and are available on the NHS England Website: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/. CQUINs have been included in contracts for 2019/20 in line with this guidance for CCG Commissioners. NHS England has agreed a number of specialised and local indicators in conjunction with NWAFT.

It is anticipated that in 2019/20 CQUIN income will be effected through the agreement of block contracts. It should also be noted that as per the published national guidance the available income from CQUINs has been reduced from 2.5% to 1.25%, and the STP element of this is no longer available.

Further details of the agreed goals for 2019/20 are available electronically at nwangliaft.cquins@nhs.net

Statements from the Care Quality Commission (CQC)

At the end of the financial year 2016/17 the Trust was advised by the Care Quality Commission (CQC) that they would be undertaking an inspection in the near future as we were a newly-merged organisation. This was expected to take place in Q3 of 2017/18, however due to winter capacity pressures across the NHS on a national level, all hospital inspections were postponed during Q4 of 2017/18, and were re-scheduled to take place during 2018/19. In April 2018, the Trust received notification that the CQC would be undertaking an inspection of all seven Core Services on the Hinchingbrooke Hospital site between 5 – 7 June and a Well-Led inspection of the Trust between 10 – 12 July. In May, the Trust received a further letter advising that an inspection of its Use of Resources would be carried out on 29 June. All core services at Hinchingbrooke Hospital were to be inspected because its previous ratings were dissolved at the point of the merger, therefore Hinchingbrooke Hospital site did not have a rating for any of its core services.

The Trust welcomed the inspection team to Hinchingbrooke Hospital on 5 June who planned to inspect the following Core Services over three days: Urgent and Emergency Care, Medical Care (including older people's care), Surgery, Critical Care, Maternity, End of Life Care and Outpatients. At the same point in time, an additional team of inspectors presented at Peterborough City Hospital to carry out an unannounced inspection of two Core Services: Urgent and Emergency Care and Medical Care (including older people's care).

Following the inspection, NWAngliaFT was rated overall 'Requires Improvement', with Hinchingbrooke Hospital rated as 'Requires Improvement' and Peterborough City Hospital remaining as 'Good'. Stamford and Rutland Hospital also remaining as 'Good' as it did not have an inspection. The Trust was disappointed with the overall rating of 'Requires Improvement' especially as out of *95 Key Lines of Enquiry* being considered during this and previous inspections, across the Trust, *one was rated as Outstanding, 75 were rated as Good, 15 Required Improvement and four were 'not applicable' as were not inspected at the time.*

There were a total of 34 recommendations that the Trust must adhere to, and 31 that it should address, of which approximately 60% have already been completed (as at 9 May 2019). The narrative of the reports provides rich information across all services highlighting both good practice and areas where the Trust should consider improvements. A comprehensive action plan has been compiled to capture all the quality improvements needed. The internal CQC steering group and Quality Assurance Committee will provide assurance to the Trust Board as progress is made. Five specific areas of good practice were highlighted as follows:

Hinchingbrooke Hospital - Surgery

- There was a focus on reducing falls in the service supported by the Falls Specialist Nurse. This included trialling a smaller, louder and more responsive falls alarm, and a monthly falls scrutiny panel where Ward Managers and Matrons presented specific cases and any learning was discussed and shared at team meetings to help mitigate the risk of falls where possible in the future
- The service had achieved an 'Outstanding' rating for General Surgery and Cancer in the 2018 'Getting It Right First Time' (GIRFT) report, having achieved the highest rate of complication free day-case surgery in the country
- In General Surgery, an audit programme was ongoing for Registrars to audit their own consultant's practice from the previous 12 months to identify and share ideas for improvement. This was good practice as it encouraged a culture of learning and using evidence to drive improvement among medical staff.

Hinchingbrooke Hospital - End of Life Care

- The Trust was part of the Dying Well in Custody pilot with a local prison where specialist palliative consultants reviewed patients that were at the end of their life and worked with prison and hospital staff to ensure patients were safely admitted to the hospital or referred to the local hospice. As part of the pilot; an end of life register, multidisciplinary team (MDT) meeting and the use of Supportive and Palliative Care Indicators Tool (SPICT - 4ALL), a tool designed to help health care professionals identify people who might benefit from better supportive and palliative care, was developed. This helped promote care quality and equality for patients who were in prison at the end of their life
- There was an 'end of life companion' volunteer support service which was especially beneficial for patients who did not have close family.

The tables below detail the ratings awarded for each of the clinical streams and five key questions, the overarching location (i.e. hospital site) ratings and the Trust wide ratings.

NWAngliaFT:

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

Peterborough City Hospital:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Medical care (including older people's care)	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Surgery	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Maternity and Gynaecology	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Services for children and young people	Good May 2014	Good May 2014	Good May 2014	Good Jul	Good May 2014	Good May 2014
End of life care	Good May 2014	Good Jul 2015	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall*	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018

* CQC website - NWAFT report October 18

Hinchingbrooke Hospital:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Medical care (including older people's care)	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Surgery	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Critical care	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Maternity and Gynaecology	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
End of life care	Good Sept 2018	Requires improvement Sept 2018	Outstanding Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Outpatients	Good Sept 2018	N/A	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Overall*	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018

Stamford Hospital:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Medical care (including older people's care)	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Surgery	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall*	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014

* CQC website - NWAFT report October 18

The following actions continue to take place:

- The CQC action plan following the inspection in 2018 continues to be updated on a monthly basis and is submitted to Regulators and Commissioners for information
- The Chief Nurse and Care Quality Support Manager meet with the CQC Relationship Manager every three months to review progress against the CQC action plan, and to discuss any concerns / issues that may have been escalated to the CQC. These meetings are pivotal in developing and maintaining a strong, open and honest relationship with the CQC
- In addition to the above meetings, staff focus group sessions have continued throughout the year, which provide an opportunity for all members of staff to meet the CQC Relationship Manager to share innovations, good news stories or discuss concerns. These sessions have alternated across the three main hospital sites and will continue into 2019/20 and will follow a more detailed engagement plan to include meetings with specific clinical teams, as well as open staff forums
- Work has continued to drive our quality from 'G2O' through a variety of routes, such as:
  - The continued roll out of the ward accreditation scheme aligned to the CQC lines of enquiry - CREWS - now have assessed 36 of 39 areas at least once - eight have been rated as Outstanding (achieved by Amazon Ward on their first assessment), 17 as Good, eight as Requires Improvement and three as Inadequate (all 36 areas have quality improvement plans in place)
  - All inpatient areas now included and plans are already underway to move onto specialist areas such as the Emergency Departments, Theatres and Outpatients
  - Outcomes from those assessments are reviewed within the Divisions and at the monthly Quality Assurance Committee chaired by a Non-Executive Director.

North West Anglia NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional for all regulated activities.

The Care Quality Commission has not taken any enforcement action against North West Anglia NHS Foundation Trust during 2018/19.

North West Anglia NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during 2018/19.

Data quality (Month 11 data)

North West Anglia NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Services (SUS) for inclusion in the Hospital Episode 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: **99.8%** for admitted patient care (**99.4%** national); **99.9%** for out-patient care (**99.6%** national); and **98.8%** for accident and emergency care (**97.6%** national).

The percentage of records in the published data which included the patient's valid General Practitioner Registration Code was: **100%** for admitted patient care (**99.9%** national); **100%** for out-patient care (**99.8%** national); and **99.7%** for accident and emergency care (**99.3%** national).

Information Governance Toolkit attainment levels

The Information Governance Toolkit was replaced with the Data and Security Protection (DSP) Toolkit in 2018/19, therefore the Trust is pleased to report the following information:

- The new Data Security and Protection (DSP) Toolkit was released for the financial year 2018/19 and the Trust can confirm that it has responded to all evidence items that are identified as mandatory (100 / 100) and have confirmed the associated 'assertions'.

Clinical coding error rate

A clinical coder is the health informatics professional that undertakes the translation of the medical terminology in a patient's medical record into classification codes. A clinical coder will be accredited (or working towards accreditation) in this specialist field to meet a minimum standard. Clinical coders use their skills, knowledge and experience to assign codes accurately and consistently in accordance with the classification and national coding standards. They provide classification expertise to inform coder/clinician dialogue. (Health and social Care Information Centre, 2017)

During the financial year 2018/19 no external audits were commissioned by the National Audit Office within the National Tariff framework. Established procedures are in place for regular quality inspections of coded clinical data using the NHS Digital Clinical Coding Audit Methodology to demonstrate compliance with the clinical classifications OPCS-4 and ICD-10 and associated standards. The Trust is committed to continual improvement of its coded data by conducting audits across all hospital sites within the Trust to comply with Data Security and Protection Toolkit (DSPT); Data Security Standard 1. Documentary evidence exists to verify that the Trust met the mandatory percentage accuracy scores for data quality. The clinical coding audits are undertaken by Terminology and Classifications NHS Digital approved clinical coding auditors.

The DSPT audit results are based on 635 finished consultant episodes from a random selection of all specialties across hospital sites for patients discharged between April 2018 and January 2019.

NHS Digital recommends the following percentage accuracy scores as targets:

The Terminology and Clinical Classifications Service recommended % accuracy scores (target level)		
	Mandatory	**Advisory**
Primary diagnosis	>= 90%	>= 95%
Secondary diagnosis	>= 80%	>= 90%
Primary procedure	>= 90%	>= 95%
Secondary procedure	>= 80%	>= 90%

Percentage accuracy scores for audit 2018/19 are as follows:

The Terminology and Clinical Classifications Service recommended % accuracy scores (target level)		
	Mandatory	**Advisory**
Primary diagnosis	91.34	-
Secondary diagnosis	-	91.51
Primary procedure	91.75	-
Secondary procedure	85.08	-

Trusts must meet or exceed the required percentage across all four areas in order to meet the mandatory level of attainment. The Trust has achieved the mandatory accuracy scores for 2018/19.

Achievement of this standard is linked to independent audit outcomes and as improvements were noted as required in this audit, an action plan has been put in place with actions in progress (but not audited). It should be noted that these results should not be extrapolated further than the actual sample that was audited (i.e.635 episodes audited).

The Trust was not subject to the Payment by Results clinical Coding audit during 2018/19 by the National Audit Office or Public Sector Audit Appointments Ltd.

Lessons Learnt:

- An improvement is required in the extraction of medical conditions and other factors influencing health. These conditions must always be coded for each consultant episode when they co-exist in conjunction with another disease that is currently being treated at the time of admission (or develop subsequently)
- Procedure/interventional terminology must be carefully analysed to determine lead term(s) and modifiers to clinical statements. This will improve coding accuracy to the furthest level of specificity for primary procedures, notably at four character level
- An improvement is required in the extraction of secondary procedures performed in the same theatre visit and radiology scans.

Action taken:

- Learning points have been shared with individuals and/or coding teams across sites via team meetings
- Two Data Standards Refresher courses were delivered during the course of the year. A Clinical Coding Data Standards course is currently in progress and will be completed by the end of March. The training is delivered by an approved NHS Digital trainer
- Clinical Coders have been advised to seek information from a specific range of documentation held within the patient record to improve data collection.

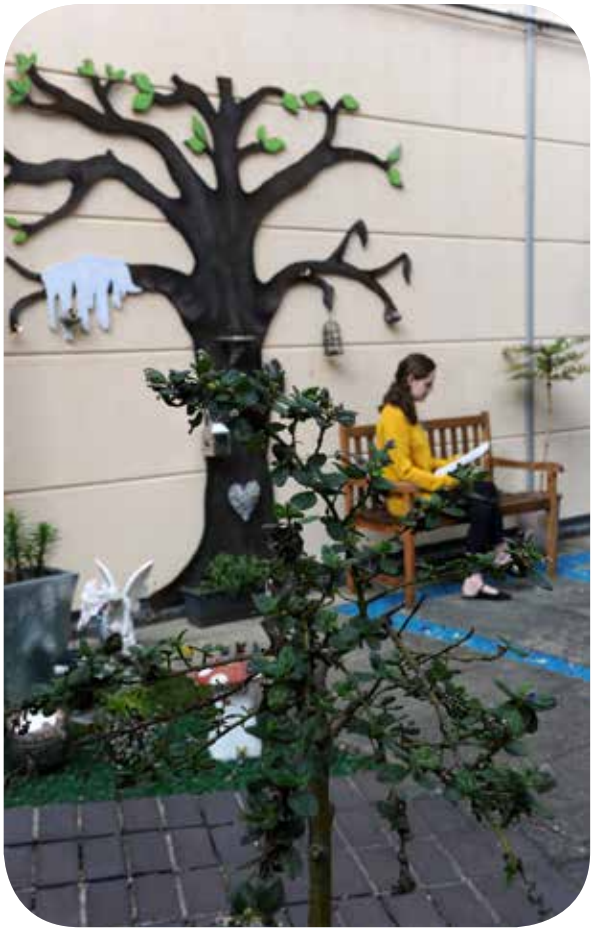
Plans for 2019/20:

- A robust plan of clinical coding audits will be implemented including a repeat audit on major colorectal surgery. Operational Divisions will be contacted to identify specific areas of interest to audit
- A rolling programme of individual clinical coding reviews will take place to identify training needs and support personal development
- Coded clinical data will continue to be validated with the responsible consultant or through the collaborative work with the Mortality Surveillance Committee
- Mandatory refresher training will be delivered during the next financial year 2019/20.

Data quality improvements

North West Anglia NHS Foundation Trust will be taking the following actions to improve data quality:

- Divisional Data Quality Leads continue to be responsible for the maintenance and accuracy of information entered onto administrative and clinical systems. This is enhanced further by a Divisional Data Guardian element encompassed within the Business Manager Role for each Division
- Implementation of a new integrated Trust-wide Patient Administration System which will reduce the duplication of Data Entry and greatly assist in standardising PAS processes across all sites
- As part of this implementation, the Trust has engaged additional Data Quality staff to concentrate on data completion and cleansing. This will provide assurance that the data is accurate and complete, in readiness for migration to the new system
- A key part to the implementation of a new PAS is the opportunity to retrain all staff using Medway and eTrack on Data Quality standards within the Trust
- The Data Quality Team will continue to monitor a wide range of reports to identify errors and omissions to maintain and improve the overall standard of the Trust's Data Quality. In addition, the team will regularly carry out 'spot check' audits to provide assurance relating to the accuracy of service user data held on the Trust's systems
- Following the merger with Hinchingbrooke, focus is being given to standardising Data Quality policies and procedures between all five Trust sites. This includes Hospital Information Systems, Data Quality and an 18 Week validation training programme
- With the aligning of Hospital Information Systems between Trust sites, predominantly eTrack, greater steps can be taken in the monitoring and correction of data quality errors
- Ensure continued compliance with the new Data Security and Protection Tool Kit Data Quality Standards
- Ensure continued compliance with the Trust's Data Quality Policy and develop associated SOP's
- Continue to improve the Data Quality in relation to both four hour A&E performance and 18 week referral to treatment time (RTT) through audit, validation and education of both clinical and administrative teams
- Recent restructuring of the Data Quality Team as part of the IM&T consultation has improved training skills, with the introduction of Data Quality Leads, and wider team knowledge within the Data Quality Team.



Learning from Deaths

Between April 2018 and March 2019, 1,806 of North West Anglia NHS Foundation Trust's adult inpatients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 425 in the first quarter; 396 in the second quarter; 471 in the third quarter; 514 in the fourth quarter.

By the end of March 2019, 767 case record reviews and 18 investigations have been carried out in relation to 687 of the deaths included above. In four 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: 339 in the first quarter; 225 in the second quarter; 208 in the third quarter; 17 in the fourth quarter.

Five case record review cases representing 2% 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 no cases in the first quarter; one case representing less than 1% for the second quarter; two cases representing less than 1% for the third quarter; and two cases representing less than 1% for the fourth quarter. These numbers have been estimated using the Structured Judgement Review methodology, whereby a full case note record review is undertaken and the avoid ability of the death is considered.

The following lessons have been learnt following case record reviews and investigations:

Issue: The SJR reviewers felt there had been a lack of senior involvement with a very complex patient, with the Junior Doctors undertaking most of the reviews and no reviews at weekends. There was also a lack of follow up on treatment plans regarding dietetic management and nutritional management.

- **How we can learn from this:** Appropriate escalations and advice from the Consultant or Senior Doctor is required. Where a patient is deemed to be very unwell, daily reviews even at weekends could be requested.

Issue: The team felt there was a lack of specialist input for an elective procedure, especially as the patient was admitted from endoscopy. The reviewers felt this highlighted the dangers of patients being admitted to a ward without going through the usual pathway and the dangers of a lack of a pathway for the management of these potentially unstable patients.

- **How we can learn from this:** Despite a patient being admitted directly to a ward, these patients should be clerked and receive a senior review.

Issue: The SJR reviewers felt there had been a good pre-operative assessment including the request of an opinion from an Orthogeriatrician as to whether surgery would be recommended. The reviewers could not identify in the records any evidence of what the Orthogeriatrician advised or what led to the decision being made to operate.

- **How we can learn from this:** Obtaining the view of an Orthogeriatrician was best practice in this case and the reviewers felt the surgeon should have documented the outcome, even if advice was received verbally.

Issue: The patient was given a CT Head scan two hours before she passed away which was unnecessary. A ceiling of care should have been established and the patient should have been put onto the last days of life care plan. There was no evidence of the patient's wishes recorded in the notes.

- **How we can learn from this:** Greater effort should be made to understand the patient's wishes and appropriate limitations set to care to provide limitations to interventions, diagnostic testing etc which are likely to be futile or contrary to the patient's wishes.

Issue: The reviewers considered that the patient's baseline should have been established with the care home where he was a resident. There were entries in the notes about the patient's behaviour but with no clear plan on how these would be managed overnight.

- **How we can learn from this:** Efforts should have been made to understand the patient's baseline by speaking to the staff who regularly cared for him to help them understand and manage his behaviour. Although the patient was not harmed by this, the situation would have been very distressing for those around the patient.

Issue: The patient was noted to be 'high risk' for surgery due to high BMI. However, surgery was unavoidable and treatment would have been difficult due to the patient's compliance levels. Despite a good operative plan and post operative guidance, the patient needed escalation to establish a ceiling of care and a more senior view on his compliance. The reviewers were concerned that there was a lack of awareness in the teams around escalation, chasing doctors and "making a noise" if concerned about a patient.

- **How we can learn from this:** Staff should be reminded of the "Escalation for Urgent Medical Review" policy which is available across the Trust on SharePoint.

Issue: The patient was palliative upon admission but this did not appear to be recognised or discussed with the patient until much later on in the admission.

- **How we can learn from this:** The Royal College of Physicians report 'Talking about Dying' which offers advice and support for doctors on holding conversations much earlier after diagnosis of a progress or terminal condition has been shared with Consultants. In addition, the Lead Nurse for end of life care will recommend that training sessions specifically focus on the use of Amber care.

A total of 23 case record reviews and two investigations were completed after 1 April 2018 which related to deaths which took place before the start of the reporting period.

No cases representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

Five cases representing 2% of the patient deaths during April 2018 to March 2019 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Seven Day Services Update

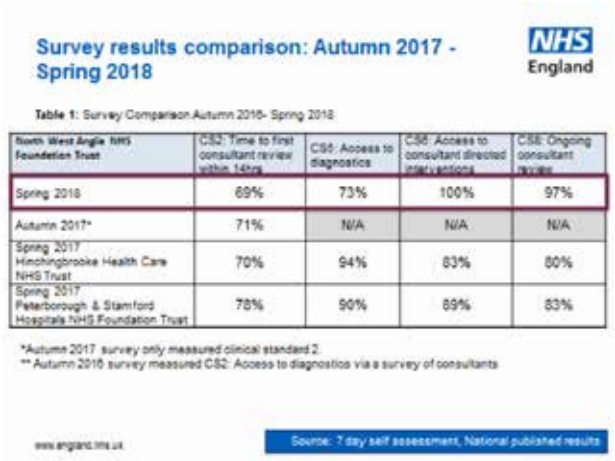
The ambition for Seven Day Services in hospitals was first proposed in 2013 at the Seven Day Services Forum, chaired by Sir Bruce Keogh. The standards were founded on Consultant-delivered acute care. The standards define what seven day services should achieve no matter when or where patients are admitted. There are 10 standards in total. Out of these, four were identified as priorities based on their potential to positively affect patient outcomes. They are:

Standard Two	Time to first consultant review
Standard Five	Access to diagnostic tests
Standard Six	Access to consultant directed interventions
Standard Eight	Ongoing review by consultant twice daily of high dependency patients and daily review for others

Twice yearly audits have been carried out nationally looking at the Trust performance against the standards. The audits are carried out for a week in the Spring and Autumn where the notes of patients attending the hospital are reviewed against the standards. In Autumn 2017 only standard two was audited, however in Spring 2018, all four standards were reviewed. For the year 2017/18 Peterborough City Hospital and Hinchingbrooke Hospital were audited separately. For 2018/19 the audit reviewed the Trust as a whole. A total of 234 sets of notes were reviewed. The results from the following standards have been reviewed.

Standard Two

Results from Spring 2018 are shown below. The action plan for the next audit is to improve the documentation of time of consultant review and also of the conversations that have taken place with relatives.



Survey results comparison: Autumn 2017 - Spring 2018

NHS England

Table 1: Survey Comparison Autumn 2016- Spring 2018

North West Anglia NHS Foundation Trust	CS2: Time to first consultant review within 14hrs	CS5: Access to diagnostics	CS6: Access to consultant directed interventions	CS8: Ongoing consultant review
Spring 2018	69%	73%	100%	97%
Autumn 2017*	71%	N/A	N/A	N/A
Spring 2017 Hinchingbrooke Health Care NHS Trust	70%	94%	83%	80%
Spring 2017 Peterborough & Stamford Hospitals NHS Foundation Trust	78%	90%	89%	83%

*Autumn 2017 survey only measured clinical standard 2.
** Autumn 2016 survey measured CS2: Access to diagnostics via a survey of consultants

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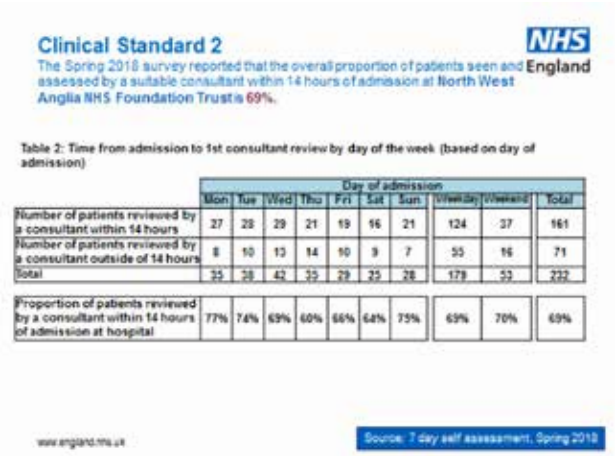
Source: 7 day self assessment, National published results



Clinical Standard 2

NHS England

The Spring 2018 survey reported that the overall proportion of patients seen and assessed by a suitable consultant within 14 hours of admission at North West Anglia NHS Foundation Trust is 69%.

Table 2: Time from admission to 1st consultant review by day of the week (based on day of admission)

	Day of admission									
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Weekday	Weekend	Total
Number of patients reviewed by a consultant within 14 hours	27	28	29	21	19	16	21	124	37	161
Number of patients reviewed by a consultant outside of 14 hours	8	10	13	14	10	9	7	55	16	71
Total	35	38	42	35	29	25	28	179	53	232
Proportion of patients reviewed by a consultant within 14 hours of admission at hospital	77%	74%	69%	60%	66%	64%	75%	69%	70%	69%

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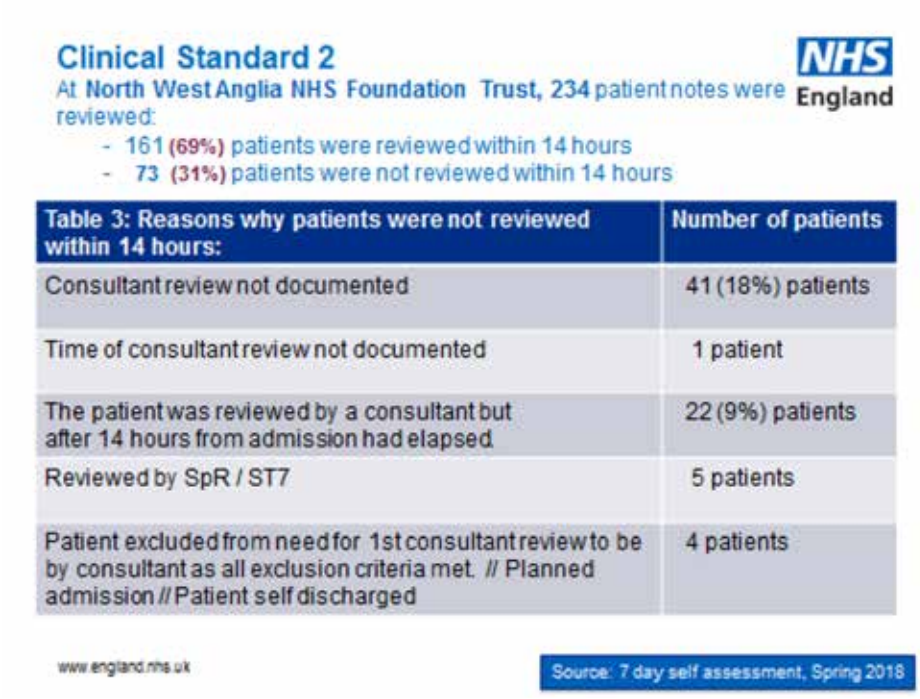
Source: 7 day self assessment, Spring 2018

The reasons why patients were not reviewed within the timeframe have been reviewed and are tabled below.



Clinical Standard 2

NHS England

At North West Anglia NHS Foundation Trust, 234 patient notes were reviewed:

- 161 (69%) patients were reviewed within 14 hours
- 73 (31%) patients were not reviewed within 14 hours

Table 3: Reasons why patients were not reviewed within 14 hours:	Number of patients
Consultant review not documented	41 (18%) patients
Time of consultant review not documented	1 patient
The patient was reviewed by a consultant but after 14 hours from admission had elapsed	22 (9%) patients
Reviewed by SpR / ST7	5 patients
Patient excluded from need for 1st consultant review to be by consultant as all exclusion criteria met. // Planned admission // Patient self discharged	4 patients

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Source: 7 day self assessment, Spring 2018

The action plan was to improve documentation and amend clerking in documents to improve data collection in order to get a genuine understanding of compliance with the standards.

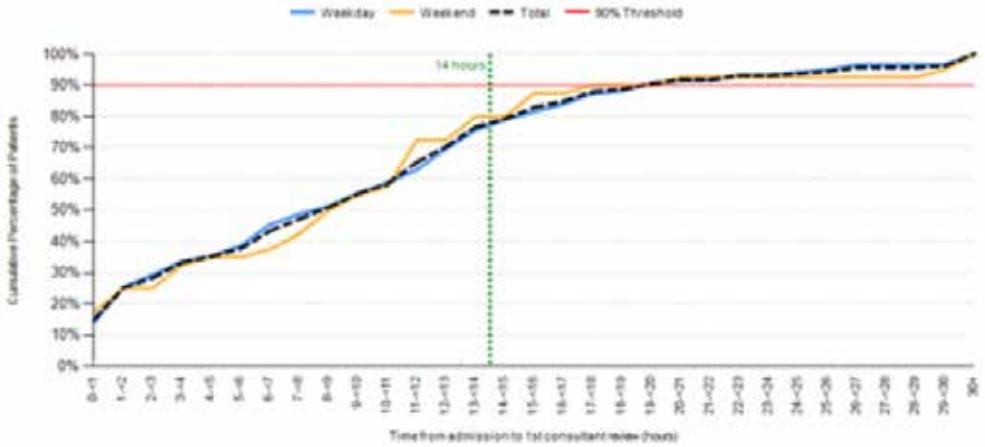
The data has been drilled down further looking at the length of time to first review and is shown on the table below. The target of 90% by 20 hours is being achieved and therefore the need to look at job plans and timing of consultant ward rounds is required for 2019/20.

Clinical Standard 2

At North West Anglia NHS Foundation Trust 90% of patients were reviewed within 20 hours.

NHS England

Chart 2: Cumulative hours between admission and 1st consultant review



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Source: 7 day self assessment, Sep 2017

Further analysis in each department has determined the areas we need to focus on as well as the areas where we are performing well. For example, in Acute Medicine, 92% of patients were reviewed within 14 hours of attendance, whereas in general Surgery 46% was achieved and 67% in Orthopaedics. We are aiming to reach 90% by March 2020 for all emergency admissions to be seen by a consultant within 14 hours of admission.

Clinical Standard 2

The North West Anglia NHS Foundation Trust overview by speciality

NHS England

Table 4: Time to 1st consultant review within 14 hours of admission by admitted specialty

	Weekday				Weekend			
Admitting specialty	Within 14 hours	Outside of 14 hours	Total	Proportion reviewed within 14 hrs	Within 14 hours	Outside of 14 hours	Total	Proportion reviewed within 14 hrs
Acute Internal Medicine	47	4	51	92%	6	3	9	67%
Cardiology	1	2	3	33%				
Diabetes and Endocrinology					1		1	100%
Emergency Medicine	6		6	100%		1	1	0%
Gastroenterology					1		1	100%
General Surgery	12	14	26	46%	5	3	8	63%
Geriatric Medicine	23	4	27	85%	6		6	100%
Obstetrics and Gynaecology	1	3	4	25%				
Oncology		1	1	0%				
Paediatric Medicine	5	9	14	36%	1		1	100%
Paediatric Surgical Wards	2		2	100%	1		1	100%
Renal Medicine (Nephrology)	3		3	100%	4	1	5	80%
Respiratory Medicine (Thoracic Medicine)	8	2	10	80%	6	4	10	60%
Stroke Medicine					1	1	2	50%
Trauma and Orthopaedic Surgery	10	5	15	67%	3	1	4	75%
Urology	3	5	8	38%	1		1	100%
Other	3	6	9	33%	1	4	5	20%
Total	124	55	179	69%	37	18	55	67%

Key 90% and above, 89% - 70%, 69% and below.
The purpose of the colour coding is to identify areas for improvement not for formal national performance management.

Source: 7 day self assessment, Spring 2018

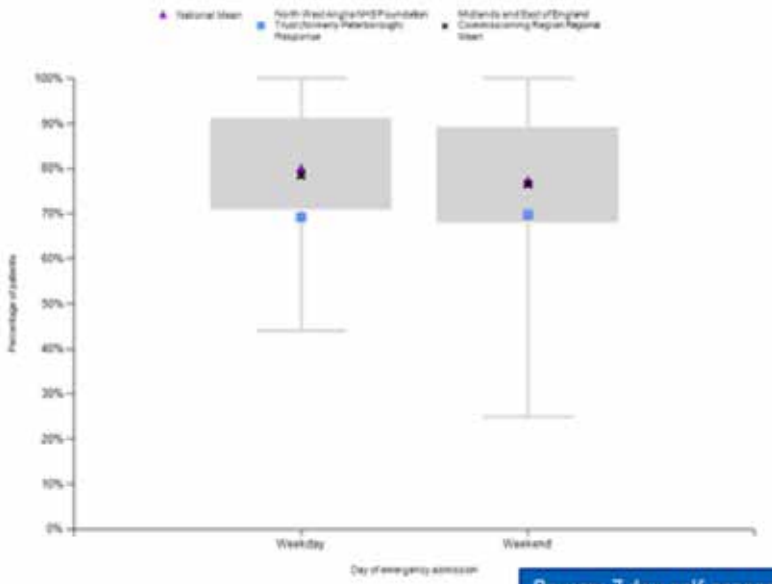
How does our compliance compare with the regional and national performance?
NWAngliaFT has been compared with these groups and the outcome shown below.

Clinical Standard 2

National and regional benchmarking for **North West Anglia NHS Foundation Trust**

NHS England

Chart 3: Proportion of patients who received a first consultant review within 14 hours of admission to hospital



Source: 7 day self assessment, Spring 2018

As demonstrated, there are wide confidence intervals for this metric.

Standard Five

What proportion of patients have access to consultant directed diagnostic tests and completed reporting?

These include: Bronchoscopy, CT scan, Echocardiography, Histopathology, MRI, Microbiology, Colonoscopy, Upper GI Endoscopy and Ultrasound. For example, all patients have access to Consultant-led diagnostic imaging 24 hours a day, seven days a week. This is either from trust-employed Consultants (9am-7pm every day) or via our outsourcing company. Neither the Trust nor the preferred outsourcing company for scans employ Junior Doctors.

Clinical Standard 5: Access to Diagnostics

Your trust provided 6 of 6 consultant directed diagnostics on-site or by formal arrangement (Spring 2018).

NHS England

Table 6: Provision of consultant directed diagnostic tests

Responses to the question:
'Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?

Service	Weekday Spring 2018	Weekend Spring 2018
CT	Yes	Yes
Echocardiograph	Yes	yes
Microbiology	Yes	yes
MRI	Yes	yes
Ultrasound	Yes	Yes
Upper GI Endoscopy	Yes	Yes

Note:
A 'yes' response is given where the trust provides the test on-site or by formal provision.
A 'no' response is given where the trust does not provide the test on-site, or where there are informal arrangements or a mix of formal and informal arrangements to provide the test.

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Source: 7 day self assessment, Spring 2018

Standard Six

Do patients have 24 hour access to consultant directed interventions seven days a week, either on site or via formal network arrangements?

They include: Critical Care, PCI, Cardiac Pacing, Thrombolysis for Stroke, Emergency General Surgery, Interventional Endoscopy, Interventional Radiology, Renal replacement and urgent Radiotherapy.

For example we currently do not have out of hours Interventional Radiology capability. As in many district hospitals, it is a 'best endeavours' service, although the Trust is in advanced negotiations with Cambridge University Hospitals NHS Foundation Trust (CUHFT) to provide formal cover. For standard hours, we employ an Interventional Radiologist and are hoping to appoint another shortly.

For the remainder of the Consultant-directed interventions, we have achieved compliance due the clinical networks that the Trust is part of.

Standard Eight

All patients with high dependency needs should be seen and reviewed by a Consultant twice a day (including all acutely ill patients directly transferred and all those who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patients care pathway.

Clinical Standard 8: Ongoing daily consultant directed review

The proportion of patients who required and received **twice daily** consultant directed reviews was **100%**.

NHS England

Table 8: Patients who required twice daily consultant reviews and were reviewed twice by a consultant

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Weekday	Weekend	Total
Twice daily reviews required & received	1	3	1	1			1	6	1	7
Twice daily reviews required & not received										
Excluded from the analysis										
Total number of daily reviews	1	3	1	1			1	6	1	7
Percentage - Receiving required twice daily reviews	100%	100%	100%	100%			100%	100%	100%	100%

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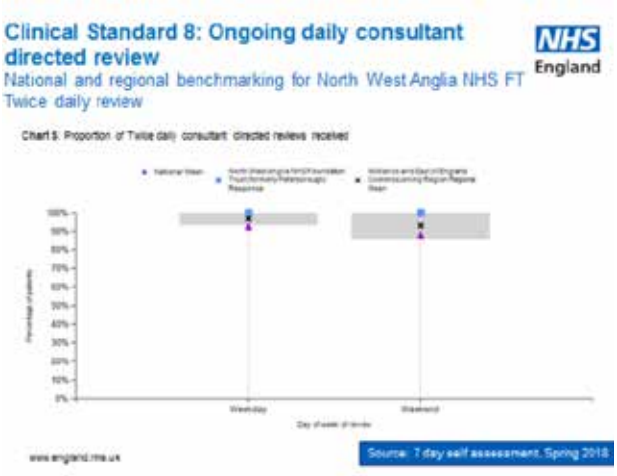
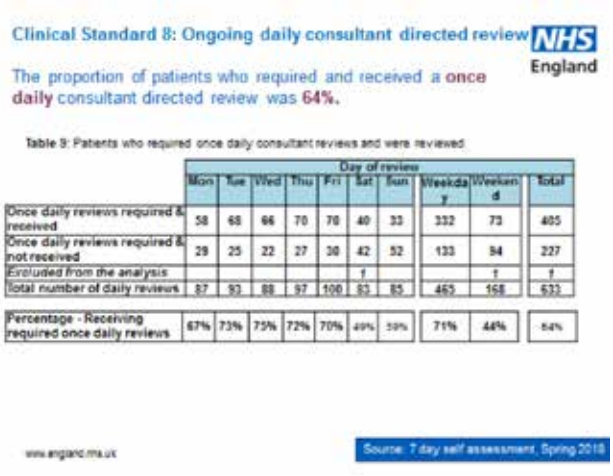
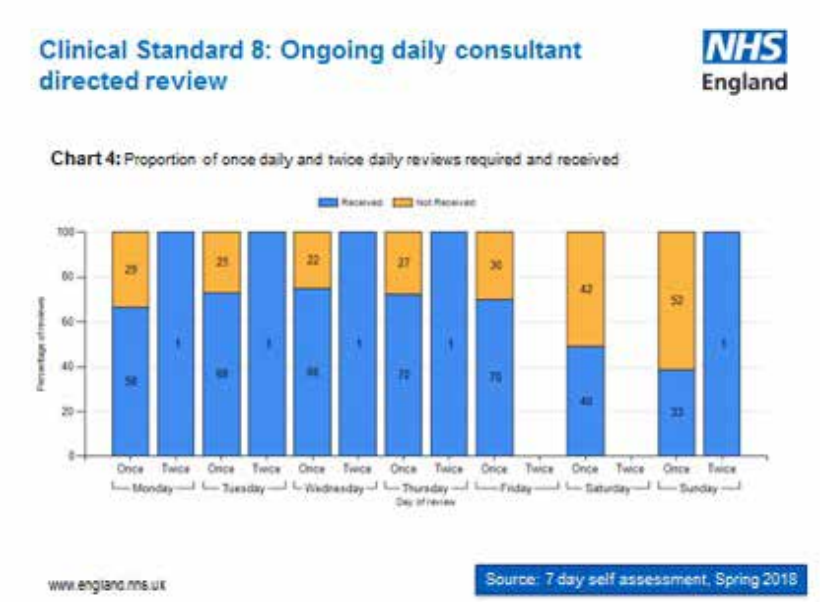
Source: 7 day self assessment, Spring 2018

Comparison with regional and national groups has been carried out and the Trust has achieved positive results in this.





This has been converted into the table below. As you can see there is a considerable variant between week day and weekend day.



Next steps for NWAngliaFT are as follows:

- The follow up audit took place in November 2018 and the results have been analysed. Overall, 63% (69%) were reviewed by a Consultant. For weekdays, 61% (69%) was achieved and 69% (70%) at weekends (values in brackets are the results from Spring 2018). On a Sunday however 77% (75%) were seen by a Consultant. Although the results are disappointing, no advance notice of the audit was given so the numbers reflect a true picture of the performance and highlight areas for a focused plan. More departmental ownership of the results is required particularly around the action plan to achieve compliance
- Presentation of the data was given to the Finance and Performance Committee and the Trust Board in February 2019 for their awareness of the Trusts position and improvement plan
- Results of the audit are to be fed back into the departmental groups
- Plans to achieve Standards Five and Six form part of the Trust's five year clinical strategy. Some solutions lie beyond the responsibility of the Trust, for example Interventional Radiology out-of-hours will be dependent on formal agreements with CUHFT. Provision of 24 hours a day, seven days a week Cardiology cover will be dependent on contractual agreements with Royal Papworth Hospital NHS Foundation Trust
- Nationally a new process has been developed for 2019/20. The template and guidance were published in November 2018 and from March 2019 onwards, there will be a Board assurance process where the results will be submitted locally. This will include ongoing audits of the patients admitted as emergencies to both sites
- With regards the remaining six standards, these will not be measured but summary progress information about their delivery will be provided as they are an enabler for the four priority clinical standards.

Medical and Dental – rota gaps

As part of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, the Trust is required to report against medical rota gaps for Junior Doctors and the associated plans for improvement to reduce those gaps. During the financial year 2018/19, NWAngliaFT managed a project to roll out the e-roster 'Healthroster' system to Junior Doctors, as it had successfully done so in previous years for nursing and midwifery staff. As the roll out across the Trust was staggered over the course of the year, the areas for which full year data is available are the two Emergency Departments at the Peterborough and Hinchingbrooke sites. Data is as follows:

Timeframe - 1/4/18 – 31/3/19

	Gaps	Average shift time	Unfilled shifts
ED, PCH	11,499 hours	9.24 hours	1244
ED, HH	15,301 hours	10.13 hours	1510

Further details of the 'Healthroster' project can be found on page 66 which includes information around further roll our across the Trust, roster utilisation and plans to reduce the number of medical rota gaps over the coming year.

Quality Indicators

For the majority of the Quality indicators the data is made available to the NHS Foundation Trusts by the Health and Social Care Information Centre for the reporting period 2018/19. The Health and Social Care Information Centre was accessed on 9 May 2019 with the most recent data available at that time reported. This is a National reporting database which collates data for many different parameters. These are not always the figures that the Trust uses to report data so figures may appear different in other reports.

Indicator	2018/19	National Average	Highest performer	Lowest performer	NWAFT considers that this data is as describes for the following reasons…	NWAFT intends to take/has taken the following actions to improve this proportional/score/rate/number, and so the quality of its services by…	2016/17	2017/18
Summary Hospital – Level Mortality Indicator (SHMI)	Oct 2017 – Sept 2018				The Trust has processes for clinical coding and mortality data review so is confident that the data is accurate.	At the start of the year, the Trust had a higher variance between our SHMI and HSMR than the majority of peer Trusts. Work was done in conjunction with representatives from Dr Foster to understand the reasons for this. A review identified that the Trust has a lower proportion of in-hospital deaths than our peer group although the Trust's crude rate for in-hospital deaths is in line with peer group. In addition, the Trust has a higher palliative coding rate. The review confirmed that the SHMI was not statistically high using the 95% CL with 10% over dispersion as published. The Trust's crude rate for in-hospital deaths is in line with peer group. The SHMI is now at 104.6 and no longer represents a significant variance to the HSMR. The Trust continues to monitor and review alerting diagnosis within both HSMR and SHMI. SHMI data is reported monthly as part of the Quality Report. This data is also presented separately in a monthly Mortality Summary presented at QGOC each month and at the bi-monthly Mortality Surveillance Committee.	Oct 2015 – Sept 2016 Value - 1.0939 Band 2	Oct 2016 – Sept 2017 Value – 1.0892 Band 2
	Value - 1.0460 Band 2	1.0034	0.69171	1.2681				
Patient Reported Outcome Measures (PROMS)	Apr – Sept 2018 (provisional data set)				The Trust has processes for clinical coding and mortality data review so is confident that the data is accurate.	In the financial year 2019/20, there will be no data collection for the PROMS as per national guidance.	Apr – Dec 2016	Apr – Sept 2017
Groin hernia surgery	Data collection ceased in Oct 2017						Adjusted average health gain - 0.074	Adjusted average health gain Provisional data – 0.140
Varicose vein surgery	Data collection ceased in Oct 2017						Data not available	Provisional data – no data available
Hip replacement surgery (primary)	Data not available						0.422	Data not available
Knee replacement surgery (primary)	Data not available						0.332	Data not available

Indicator	2018/19	National Average	Highest performer	Lowest performer	NWAFT considers that this data is as describes for the following reasons…	NWAFT intends to take/has taken the following actions to improve this proportional/score/rate/number, and so the quality of its services by…	2016/17	2017/18
Readmission within 28 days of discharge: (i) Aged 0-15	13.99% (Data source – Trust systems)	Data not available from HSCIC website			The Trust has processes for clinical coding and mortality data review so is confident that the data is accurate.	Increases have been noted in both age ranges. There has been an increase in the number of patients admitted to the Trust during the year which is likely to affect the number of re-admissions to the Trust.	13.96% (Data source – T rust systems)	12.74% (Data source – Trust systems)
Readmission within 28 days of discharge: Aged 16 or over (i) Aged 0-15	13.35% (Data source – Trust systems)	Data not available from HSCIC website				The Trust monitors and looks to at least sustain current position.	19.33% (Data source – Trust systems)	12.43% (Data source – Trust systems)
Responsive to inpatients' personal needs	2017/18 66.6	2017/18 68.6	2017/18 85.0	2017/18 60.5	Undertaken independently as part of the annual national inpatient survey.	We continue to use feedback from surveys and complaints to address areas of performance which fall short of our standards.	2016/17 68.3	2017/18 66.6
Friends and Family Test – Staff % of staff recommending the Trust to family or friends	2018 survey 74%	2018 survey 70%	2018 survey 87%	2018 survey 41%	Undertaken annually within the Trust as part of the annual national staff survey.	As well as reviewing and acting upon the results of the National Staff Survey, the Trust continues to carry out the internal 'Have Your Say' survey each quarter in order to obtain feedback. The latest results show that 57% of staff 'would recommend the organisation to friends and family'. The Organisational Development team will continue to monitor responses and work with specific areas where issues are reported.	2016 survey PSHFT - 74% HHCT – 68%	2017 survey 71%
Friends and Family Test – Patient [not statutory] % of inpatients who would recommend the Trust to their family or friends	Feb 2019 (latest available) 94%	96%	100%	76%	Undertaken independently and reported monthly as a national requirement	Monitored monthly in the Trust's integrated performance report that is submitted for the Trust Board and Quality Assurance Committee. Performance is just below the national average.	Mar 2017 (latest available) 97%	Jan 2018 (latest available) 96%
% risk assessed for VTE	Quarter 3 2018/19 96.76%	95.65%	100%	54.86%	The Trust uses the DoH process for assessing VTE risk in patients. This is also part of the monthly NHS Patient Safety Thermometer audit.	The Trust performance has remained static and is now consistently above the 95% target ensuring safe care through assessments for inpatients.	Quarter 3 16-17 96.89%	Quarter 3 17-18 96.79%
Cases of *C.difficile* infection per 100,000 bed days	2017/18 23.9	2017/18 13.2	2017/18 0	2017/18 91	The Trust has in place robust mechanisms to record cases of *C.difficile*.	A number of wide-ranging actions including improved cleaning standards and documentation compliance plus regular scrutiny panels are in place. Following a deep dive review towards the end of 2017/18 to investigate an increase in the number of cases being identified, the Trust has received support from Public Health England, NHS Improvement and the local CCG throughout 2018/19. Actions were identified and are being addressed.	Apr 16 – Mar 17 PSHFT – 11.6 HHCT – 13.2	2017/18 23.71 (Data source – Public Health England)

Indicator	2018/19	National Average	Highest performer	Lowest performer	NWAFT considers that this data is as describes for the following reasons…	NWAFT intends to take/has taken the following actions to improve this proportional/score/rate/number, and so the quality of its services by…	2016/17	2017/18
Patient Safety Incidents (i) Number (patient safety incidents reported)	Oct 17 – Mar 18 6854	Oct 17 – Mar 18 5449	Oct 17 – Mar 18 1311	Oct 17 – Mar 18 19897	Data is submitted to the National Reporting Learning System in accordance with national reporting requirements. Note: these figures relate to incidents reported via the Trust incident reporting system which relies on the reporter identifying that an incident has occurred	The Trust has a positive reporting culture. Reducing harm to patients remains one of the key elements of our Quality Account and Quality Strategy.	Oct 16 – Mar 17 Number (patient safety incidents reported) PSHFT – 4,292 HHCT – 1,649	2017/18 NWAFT total – 11,176 incidents reported (Data source – NRLS)
(ii) Rate	Oct 17 – Mar 18 50.2	Oct 17 – Mar 18 42.6	Oct 17 – Mar 18 24.2	Oct 17 – Mar 18 124.0			Rate PSHFT – 43.3 HHCT – 49.8	Not available
(iii) Number and percentage incidents involving severe harm/death	Oct 17 – Mar 18 30 0.44%	Two different Trusts above so unable to give figure	Oct 17 – Mar 18 0 0%	Two different Trusts above so unable to give figure			Number (incidents involving severe harm or death) PSHFT – 22 / 0.512% HHCT – 6 / 0.363%	NWAFT total – 21 resulted in death 0.19% (Data source – NRLS)
Never Events	2	N/A	N/A	N/A	Full investigations were carried out relating to the 2 incidents and subsequent reports were submitted to the relevant CCGs.	Lessons have been learnt following both investigations and changes to processes have been made as required.	3 - PSHFT Unaware of previous HHCT figures	2
Mixed Sex Accommodation breaches	4 (one incident – 1 female and 3 male patients)	N/A	N/A	N/A	Full Root Cause Analysis investigation undertaken following incident and reported to relevant CCG.	Incident occurred due an error in the transfer of patients and knowledge of the mixed sex accommodation policy. The patient received an apology and was immediately transferred to another ward. Staff involved were reminded of the relevant policies.	0	6 (one incident – 1 female and 5 males patients)

Part 3 – Review of quality performance

Quality is measured and reported on a regular basis and challenged monthly by the Quality Assurance Committee (QAC). This sub-Board committee is chaired by a Non-Executive Director (NED), has key external stakeholders as members as well as two further NEDs, a Public Governor, Cambridgeshire and Peterborough and South Lincolnshire CCGs and Healthwatch representatives. The Committee seeks and receives assurance on regularly-reported agenda items in line with the Quality Governance Framework, as well as urgent issues escalated to the QAC via the Divisional reports. Internal challenge is provided by monthly Matrons' Balanced Score Card audits and peer review walkabouts carried out by the Matron group. The audit results are scrutinised and challenged at the Matrons' Quality Assurance Forum Committee which is chaired by the Chief Nurse, and also at Performance meetings that are attended by both the Executive and Divisional teams.

The following 'good new stories' have been included to highlight other areas of achievement during the year, in addition to our planned quality priorities.

Patient Safety

Emergency Department at Hinchingbrooke

Extensive quality improvement work has been undertaken with the team over the last 12 months focusing on quality of care delivery, patient safety, training and recruitment and retention specifically of leaders within the medical and nursing team. The team have worked extremely hard with support from Executive and Divisional colleagues to provide and be recognised for the quality of care they deliver as seen on their MBSC, through FFT and patient feedback and accolades. There has also been a step reduction in their vacancy factors and the area is now being seen as a fantastic place to work and ensures that patients are seen in a timely fashion, assessed, investigations undertaken and a management plan is put in place which has been evidenced by their achievement of over 90% of patients being seen within four hours as an average over the past 12 months. This has all been overlaid with a large environmental makeover making it a nice environment to work and be cared for in.

Dementia

In June 2018 the Trust was successful in winning the Cambridgeshire, Peterborough and Norfolk Carers Trust Outstanding Achievement award for supporting carers. This award was given in recognition of the Trust staff who thoroughly embraced the Carers work over the past three years by supporting all the new initiatives put in place particularly open visiting and Carers staying overnight on wards. The Dementia team work closely with the Carers Advisor to support relatives and carers who are in need of support whilst a patient is the Trust or in signposting community services.

Dementia Champions

The latest cohort of 19 Dementia Champions, have recently completed their Advanced Dementia Awareness training. The staff members from Doddington, Hinchingbrooke and Peterborough City Hospitals attended the three-day training course on the Peterborough site. This takes our total of Dementia Champions trust-wide to 110. This is a significant number of staff who support our patients who have Dementia whilst an inpatient in the Trust. Their knowledge leads to improved, compassionate care for this group of patients leading to shorter stays and a better patient experience.

Nursing Associates

Following the national pilot for Trainee Nursing Associates (TNAs), the Trust's first Nursing Associates (NAs) have started their new roles. They registered with the NMC in January 2019 and became part of the first ever Nursing Associate's register. There are now eight Nursing Associates employed in various areas across the Trust who are enjoying their new roles.

The TNA course as an apprenticeship started in January 2018 and the cohort numbers are increasing all the time as the Trust has moved to two intakes a year with the aim of 30 TNAs twice a year from September 2019.

To further support the 'Grow Your Own' staffing, the Trust is supporting the 22 month 'top-up' programme to achieve a BSc Nursing. Three NAs and six further staff, post Associate Practitioner course, have opted to undertake the BSc top-up degree programme. These staff, upon successful completion of this training, will be Registered Nurses with the NMC. This is a great example of developing our own workforce through a visionary process that supports staff development within the organisation.

Sepsis Campaign

The Sepsis Campaign has been underway throughout the Trust since January 2019. There have been stands in the atrium to educate staff and the public all about sepsis and the importance of recognising sepsis early. The lift doors have been 'wrapped' with brightly coloured sepsis information. The success of these has led to plans for both of the Emergency Departments to have their entry doors wrapped too. The Sepsis team have been visiting all ward areas raising the awareness and profile of sepsis. Engagement with the clinical

governance leads are being established and attendance at governance meetings to talk to clinical staff have been booked throughout the year.

In recognition of their hard work the Sepsis team received the 'Working Positively Together' award for February 2019. As a result they earn a place in the annual awards nomination in the same category.

'Grow with us' staff retention project

In April 2018 NWAFT was invited to join cohort three of the NHSI Retention Direct Support programme. As part of the programme, employers are provided with direct support from NHS Improvement to develop plans to understand why staff are leaving and develop strategies to improve retention.

As part of the programme and our plan, we launched the NWAFT nursing and midwifery retention project 'Grow with Us' on 25 June with an overall aim to:

- Reduce nursing and midwifery turnover (combined) over the next year by 1%, including a 25% reduction in staff leaving in less than 1 years' service

We have implemented many actions and initiatives over the last year including preceptorship development and support, master classes for managers and a variety of Band 5 rotational programmes across the Trust. But by far, the nursing careers clinics we set up to provide staff with advice and support in relation to career development have been the most impactful. Not only have they been hugely popular, but we can evidence that they have impacted positively in staff members staying within the organisation, aiding retention. The following are exerts from some of the feedback we have received:

> "I just wanted to say a massive thank you for assisting with my interview preparation over the past few weeks. Your advice and ideas were invaluable and I am so glad I decided to come to see you. I was successful for the secondment today."

> "I just wanted to email with an update. Your help at our meeting was invaluable. I went on to apply for a Urology Oncology Specialist post which I have now started. I would never have done this without our meeting so thank you."

We are currently on track to achieve our target and will continue to work on sustaining the impact these initiatives have had on the retention of nurses and midwives and will share our experiences and insights linking in with the trust-wide retention plan.

Apprenticeships and Levy Spend

Following the apprenticeship reforms in April 2017, we are continuing to build on our previous experience with apprenticeships, and to increase the number and breadth of apprenticeships offered to both our existing staff for development, and to new direct entry apprenticeships aimed at school leavers. Our spend of the Levy has increased from 6% in the first financial year 2017/18 to 44% in the financial year 2018/19, and we are planning to further increase this in the next financial year as more apprenticeships are published.

Direct Entry Apprenticeships

We have continued to develop our programme of direct entry apprenticeships aimed at school leavers, and now offer these in a number of roles such as Patient Safety and Wellbeing on our inpatient wards plus Pharmacy Support, Therapy Support and Business Administration. For the last completed year, we had 87.5% completion rate with 71% of those that completed then employed in Band 2 positions within the Trust. We started 12 new direct entry apprenticeships last September, with 83% of those still on programme, and we are looking to advertise another 10 to start September 2019.

Use of apprenticeships at different levels

We are continuing to respond to the advent of higher and degree level apprenticeships, and to the change in funding rules to open this development route to Bands 5 and above. Last year we enrolled staff on Level 6 Digital and Technology Solutions and Level 6 Healthcare Science apprenticeships, with apprenticeships in Healthcare Science Associate Level 4, Accountancy Level 4 and 7, Assistant Practitioner Level 5 and OT and PT Level 6 planned for next year with HEI provision.

Effectiveness

In January 2019, Fiona Maxton, Lead Nurse for Research and Development, achieved a place on the 70@70 NIHR Senior Nurse and Midwife Research Leader Programme. As part of the programme, Fiona will support innovation and drive improvements in future care.

Further achievements in Research and Development included Research Administrator, Michelle Austin and Patient Research Ambassador, Will Ryder, who both won awards at the Clinical Research Network – Eastern Celebration Awards. Michelle won the Unsung Hero award and Will was presented with the Research Ambassador Award in September 2018.

Patient Experience

Safeguarding Week

In February 2019, the Trust held a Safeguarding Awareness Week at PCH which was supported by the Children's, Maternity and Adult Safeguarding teams from the Trust, as well as colleagues from the Local Authority to support us with Hate Crime Awareness.

Adults, Children and Maternity all had displays relating to safeguarding topics, such as Modern Slavery, County Lines, Female Genital Mutilation, Domestic Abuse, Child Exploitation, Abuse and neglect and Hate Crime.

The interest from the public and staff was positive, particularly in relation to exploitation and county lines, and following on from the previous year, a high number of information leaflets were shared with Carers about the role of the Carer in safeguarding. The teams highlighted that increasing numbers of leaflets relating to Domestic Violence awareness and support were picked up overnight. The introduction of the postcards 'Abuse – sometimes it is not obvious' has been really well received and these will continue to be used in staff training sessions.

Deprivation of Liberty Safeguards (DoLS) Strategy

In February 2019, the Trust published its 3 year strategy for Deprivation of Liberty Safeguards. The purpose of the strategy is to provide guidance for Trust staff around the DoLS process and who to contact for support regarding DoLS assessments within the Trust. The DoLS strategy will bring together aspects of the Trust values with the DoLS legislation, and the national and local context, to ensure the standard of safe and appropriate care is provided to people who lack capacity.

Learning Disability Patient Passport

During Quarter four of 2018/19, the Trust launched its new 'Hospital Passport' for patients with Learning Disabilities and Autism. This initiative helps staff understand information about the patient, about their specific care needs, their likes and dislikes and things that are important to them, in order to ensure that every time they visit the hospital, their experience is a positive one. The Trust was fortunate enough to receive a donation from the Peterborough Learning Disability Partnership Board to help fund the printing of the booklets, which demonstrates a positive working relationship between the two organisations.

Volunteers

Volunteer's Week 2018 was celebrated as one Trust across all sites. All volunteers received a thank you card signed by the Trust Board, each site displayed information about its volunteering program in the main reception areas and volunteers were invited to a small gathering where they were able to meet other volunteers over coffee and cake.

Hinchingbrooke voluntary services team were awarded the Valuing Volunteers award by the Cambridgeshire and Peterborough Volunteer Centres at an event held at the local Marriott Hotel, this was after receiving nominations from our own volunteers about how they felt valued members of the Trust.

The Trust Board members attended a 'back to the floor' event and shadowed volunteers in their roles to experience what it is like to volunteer within the Trust and to see first-hand the great work carried out by our volunteers.

Our communications team promoted the work of the volunteers through case studies and social media posts, raising the profile of volunteering and the difference it makes.

As a Trust we initiated an audit of our systems and processes by the local Volunteer Centre, we were also awarded the 'Five Star Focus' recognition which highlights our achievement of best practice in volunteer management , this accreditation covers the Trust for 3 years.

Pets as Therapy volunteers

The Trust has joined forces with the Pets as Therapy (PAT) charity to bring dogs into our hospitals to help provide a calming, distractive and comforting therapy to patients of all ages. PAT work with a variety of healthcare settings and volunteers register through them to ensure they and their dogs meet the required standards. The Trust welcomed Zorro, a Podenco breed, to PCH, Hinchingbrooke and Stamford Hospital sites where he met patients, staff and visitors who were all very pleased to see him. Zorro's visits are set to become more regular as his owners have kindly offered to visit as often as they can.

Visit by Matt Hancock, Secretary of State for Health

In February 2019, the Trust welcomed a visit from Matt Hancock, Secretary of State for Health. He visited clinical areas including the Emergency Department and Ward B14 at PCH and then met with staff to see how clinical teams strive to maintain positive experiences for patients despite the increased demands on services over the winter period.

Freedom to Speak Up Guardians

The role of the 'Freedom to Speak Up' (FTSU) Guardian was created as a result of recommendations made as a result of the Sir Robert Francis' review of Mid Staffordshire Hospital. He found the staff there were frightened to speak up about patient safety concerns. Sir Francis recommended that it was key to have a Guardian or Guardians in place who have lead responsibility for dealing with concerns raised, who will work with the Trust to ensure appropriate policies and processes are in place and embedded, and that staff are listened to, supported appropriately and that issues are dealt with in a timely and professional way. A quarterly report is tabled at the Trust Board.

The Trust has appointed two Freedom to Speak Up Guardians who have, in turn, appointed and trained 10 Freedom to Speak Up Champions. These Champions are based in all areas across the Trust and are from all grades and disciplines of staff. The rationale for appointing Champions was to continue to spread the Freedom to Speak Up message at all levels and in all disciplines and by having staff at grass roots level, it encourages staff to speak to whoever they feel more comfortable with.

In October 2018 we hosted a number of Freedom to Speak Up events to celebrate Freedom to Speak Up Month. We were able to get some pens printed with the email address for the Guardians and actively visited wards and departments, with our newly appointed Champions, to raise awareness. We also hosted some events in the Restaurants to share information and talk to staff.

As an Organisation we have a good reporting culture around patient safety concerns and issues and as we can see from the increase in Guardian contacts, the message is being spread about our role, the help and support we can give to individuals and the actions we can take in raising concerns.

NHS Improvement and the National Guardians Office in 2018 published a document entitled 'Guidance for Boards on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts'. This guide sets out the expectations of Trust Boards in relation to Freedom to Speak Up. Meeting the expectations set out in this guide will help a Board to evidence a culture responsive to feedback and focused on learning and continual improvement.

The guide is accompanied by a self-review tool. Regular and in-depth reviews of leadership and governance arrangements in relation to Freedom to Speak Up will help Boards to identify areas of development and ensure improvements are made.

The Care Quality Commission (CQC) assesses a Trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the Well-Led question. This guide is aligned with the good practice set out in the Well-Led framework, which contains references to speaking up in KLOE 3 and will be shared with inspectors as part of the CQC's assessment framework for Well-Led going forward. As part of the Well-Led review being undertaken, following our recent CQC inspection, the two Guardians were interviewed and no concerns were raised in respect of Freedom to Speak Up.

As an organisation we have to demonstrate compliance with completion of the self-review tool and subsequent development of an improvement action plan. We have

committed to this as we believe this will help us to evidence our commitment to embedding speaking up and as such provide an oversight to external bodies so they can be assured as to how healthy our trust's speaking up culture is. The review tool is being reviewed regularly and is being shared with the Trust Board. One of the key actions that has come from using the review tool is the appointment of a Non-Executive Director to assist the Guardians in raising and supporting the Freedom to Speak Up process, from Board to ward and vice versa.

Currently the Guardians aim to see everybody who contacts them within 5 working days. If people are needing to see a Guardian more quickly for support or the matter is a potential patient safety issue, initial telephone contact will be made and then a decision made on how quickly the meeting needs to take place. This is a form of triage to ensure appropriate priority is given to all contacts. Links with the Guardian of Safe Working Hours has also been made to ensure triangulation of issues.

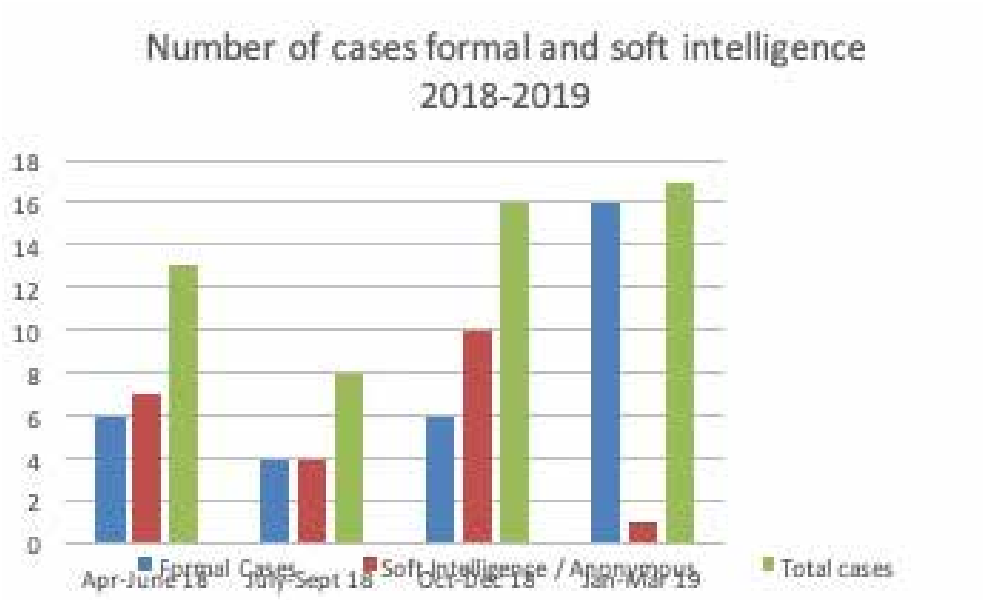
Concerns were raised by staff of all grades and disciplines including Allied Health Professionals, medical staff, nurses, midwives and administration staff. Concerns raised were from the three main sites – Peterborough City Hospital (PCH), Hinchingbrooke Hospital (HH) and Stamford Hospital (SH). This is reassuring for the Guardians that all staff feel confident accessing them and that this is not just seen as a service to be accessed by a specific group of staff or grade of staff. It is also reassuring that the referrals are coming from a variety of sites.

Concerns raised with Guardians tend to fall within the following categories:

- Unsafe patient care
- Unsafe working conditions
- Inadequate training or lack of training for staff
- Lack of, or poor, response to a reported patient safety incident
- Harassment or a bullying culture across a team

Cases are split into two categories: formal cases, which result in meeting with staff and action being taken by Guardians either directly or in the form of support through investigation processes; or soft intelligence enquiries, which include cases where staff wish to remain anonymous or only wish to seek advice or signposting.

In the last year the number of people the Guardians have supported and advised is as follows:



It is worth noting that although there has been an increase in the number of formal cases and a reduction in the number of soft intelligence or anonymous reports, the Trust interprets this as a positive change in that staff are more confident in speaking up rather than only wanting to remain anonymous.

Feedback forms are sent out to all staff members who have contacted Guardians to ask 'Given your experience with the Freedom to Speak up Guardian, would you speak up again?' Staff members are asked to complete them and return them. To date eight forms have been received and seven staff responded saying that they felt supported by the Guardians/Champions and would speak up again if they needed to. One staff member did not feel that they had received the desired response and the Guardians have contacted that staff member in order to discuss the situation with them again.

Encouraging staff to speak up remains a Trust priority and as such the Guardians and Champions will continue to do everything to raise the profile of speaking up and to empower staff to feel safe in speaking up.

National targets and regulatory requirement

The table below outlines the Trust's performance against key performance indicators for the last year.

National target / Regulatory requirement		2016/17	2017/18	2018/19
MRSA screening for all emergency inpatients	Target	100%	100%	100%
	Actual	93.0%	91.8%	91.7%
VTE risk assessment	Target	95.0%	95.0%	95.0%
	Actual	95.9%	96.9%	97%
18 week referral to treatment time – Incomplete pathways within 18 weeks	Target	92.0%	92.0%	92.0%
	Actual	94.8%	88.6%	84.8%
Diagnostic 6 week waits (% waiting)	Target	1%	1%	1%
	Actual	1.1%	2.0%	3.9%
All cancers 2 week wait from referral	Target	93%	93%	93%
	Actual	97.4%	95.0%	89.79%
All cancers – 31 days from decision to admit	Target	96%	96%	96%
	Actual	99.9%	96.8%	97.23%
All cancers – 62 days from referral to treatment	Target	85%	85%	85%
	Actual	84.4%	84.1%	77.59%
All cancers – consultant upgrades	Target	90%	90%	90%
	Actual	98.9%	95.9%	91.88%
62 days from screening to treatment	Target	90%	90%	90%
	Actual	88.8%	78.5%	74.03%
Cancer subsequent treatment – Drugs	Target	98%	98%	98%
	Actual	100%	99.6%	97.81%
Cancer subsequent treatment – Surgery	Target	94%	94%	94%
	Actual	100%	97.9%	94.7%
Cancer subsequent treatment - Radiotherapy	Target	94%	94%	94%
	Actual	99.8%	99.3%	98.92%
Breast symptomatic referral within 2 weeks	Target	93%	93%	93%
	Actual	94.6%	93.5%	84.70%
Total time in A&E 4 hours or less – Local health economy	Target	95%	95%	95%
	Actual	80.1%	85.7%	85.2%
% elective operations cancelled for non-clinical reasons	Target	1%	1%	1%
	Actual	0.7%	1.0%	1.1%
C. difficile rates – inpatient (sanctioned cases)	Target (crude)	29 (PSHFT)	40 (NWAFT)	38
	Actual (sanctioned)	6 (PSHFT)	17 (NWAFT)	10

Statements from key stakeholders

The Trust external stakeholders are involved throughout the process of the development of the Quality Account. From the early stages it is discussed at the meetings with the CCGs, Non-Executive Directors and Governors who then review and comment throughout the process. Draft copies are sent to the external auditor and the CCGs for their statements. More complete drafts of the Quality Account are sent out for statements and comments with an invitation to a stakeholder meeting where final comments and changes can be made.

The following statements have been received from external stakeholders by the Trust:-

North West Anglia NHS Foundation Trust Quality Account for 2018/19

Statement by Cambridgeshire County Council Health Committee

The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Quality Account for North West Anglia Foundation Trust (NWAFT).

The Committee has formally invited representatives from NWAFT to discuss the CQC Inspection report at a meeting held on January 17th 2019. Minutes of the meeting and the discussion can be found on the following link: https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/882/Committee/6/Default.aspx.

The Health Committee is particularly interested in the CQC inspection as it relates to Hinchingbrooke Hospital which is the only part of NWAFTs hospital provision that sits within the Health Committees scrutiny remit. Of concern is that being "safe" requires improvement for all areas of Hinchingbrooke Hospital except end of life care and outpatients. Whilst it was disappointing that the trust received a "requires improvement" rating, it was noted that the trust are acting on a range of quality improvements since the inspection and most areas that required improvement had improved.

It is clear that the priorities for 2019-20 have been informed by the CQC inspection, other audits and the Trust's own processes of learning, which is very positive. However the committee has noted that there are many priorities in the five domains and questions if this is achievable.

The Health Committee has taken a particular interest in workforce development, recruitment and retention issues across the whole health care sector and continues to scrutinise this under the Sustainable Transformation programme (expecting an update report in July 2019). The committee has welcomed the Trust's work around the "Grow with us" staff retention project and looks forward to hearing how many staff have been involved. It is encouraging to see that the Trust has been pro-active in training guardians and champions and prides itself on encouraging staff to report unsafe practice and working conditions. It is important that the Trust demonstrates how all staffing issues identified, either through the retention projects and through "Freedom to Speak out" initiatives are incorporated into clear action plans that are monitored and evaluated. This will provide the Trust with confidence that initiatives are achieving their objectives.

In recognising that the Quality Accounts are a technical document the Committee has provided some clarification comments separately. As with previous years the Committee is grateful that the Trust provides the opportunity for members to attend stakeholder meetings and responds positively to feedback received. This sense of openness from the Trust has been strengthened through the continuation of quarterly liaison meetings with the CEO and senior leadership representatives, meeting informally with committee members to discuss local concerns.

North West Anglia NHS Foundation Trust Quality Account for 2018/19

Statement by Peterborough Health Scrutiny Committee

The Health Scrutiny Committee has welcomed the opportunity to comment on the Quality Account 2018/2019 for the North West Anglia Foundation Trust.

The Health Scrutiny Committee have requested reports from NWAFT on three occasions during the 2018/2019 municipal year to receive information and scrutinise the following areas:

- Proposals and options for increasing bed capacity
- Preparations for Winter 2018/19
- CQC Inspection Outcome and Action Plan.

On each occasion the Committee received detailed reports and were able to challenge and question the Chief Executive, Stephen Graves and latterly the new Chief Executive Caroline Walker, also the Chief Operating Officer, Chief Nurse, Company Secretary and Assistant Director of Strategy and Planning. The Committee were satisfied with all responses received and made no substantial recommendations for consideration. However the Committee did feel that future reports should contain a glossary or full explanation within the report regarding all abbreviations and acronyms to allow full understanding and transparency for the Committee and members of the public.

The Committee thanked Stephen Graves when he attended his last meeting for his loyalty and commitment to the Trust and for his openness and honesty when responding to questions asked by the Committee and wished him well for his retirement.

The Committee found the Quality Account 2018/2019 to be lengthy and repetitive in some areas and full of abbreviations and technical terms making it not an easy read for members of the public. The Committee would have liked to have seen more easy to read quantitative analysis with variances to targets included. The Committee were however pleased to note that the trust were about to relaunch the Good to Outstanding G20 programme, and a new Specialist Nurse team for sepsis had been recruited to launch a campaign to raise awareness within the Trust and improve compliance with assessment and treatment.

The Committee noted that the Quality Account was overall very positive with the majority of the Trusts priorities being met and the Committee commend the staff of the Trust for their commitment, professionalism and passion in the care they provide.

healthwatch Peterborough

healthwatch Cambridgeshire

Healthwatch Cambridgeshire and Peterborough

North West Anglia NHS Foundation Trust Quality Account Statement for 2018/19

Summary and comment on responsiveness

Healthwatch Cambridgeshire and Peterborough is pleased to continue to enjoy a positive relationship with the Trust, with contact at Chair to Chair, CEO, Chief Nurse and the Trusts regular representation the Peterborough Community Forum. Healthwatch has a position on the Trust Governing Body. We welcome that the Trust responds to concerns raised and intelligence shared. Healthwatch Cambridgeshire and Peterborough looks forward to building upon this mutually positive relationship in the future.

CQC Inspection

We understand that the Trust has been through a challenging period following the CQC inspection which took place in June 2018. Whilst the overall rating for the Trust of Requires Improvement was disappointing for all concerned it is pleasing to note that the Trust has treated the feedback received as an opportunity to make some immediate improvements and that good progress is being made against the action plan which was developed following the inspection visits.

Healthwatch will maintain an interest in the significant ongoing challenges associated with addressing all points on the action plan.

Performance

We welcome efforts to improve the good reporting culture within the Trust including appointing two Freedom to Speak Up guardians and the training of ten Freedom to Speak Up Champions recruited across all grades and disciplines. We hope that this contributes to staff feeling listened to and supported when raising concerns and would welcome a future report on its effectiveness.

Healthwatch Cambridgeshire and Peterborough are pleased to note work being undertaken to improve response rates to the friends and Family Test (FFT) as we are aware that response rates for North West Anglia NHS Foundation Trust have been considerably below the national average. It is pleasing to note that there has been a willingness to learn from the successes of other Trusts currently gaining higher response rates. We look forward to these efforts leading to improved response rates being recorded over coming months.

The recruitment of a Sepsis Specialist Nurse team who launched a Sepsis Awareness campaign including a cross-discipline training programme across the Trust is a positive move. The campaign has been highly visible to staff, patients and visitors to all sites.

We were delighted that in June 2018 North West Anglia NHS Foundation Trust were successful in winning the Outstanding Achievement Award for Supporting Carers from Cambridgeshire, Peterborough and Norfolk Carer's Trust.

Healthwatch Cambridgeshire and Peterborough note, with some concern, that this year's Quality account does not include reference to work carried out towards required compliance with the NHS England Accessible Information Standard. Over the past year we have been delighted to have been included and kept well informed of the considerable progress made in improving accessibility of information for visitors to all three main sites across the Trust. This includes piloting the use of Sign Live which is a very positive development.

Actions from previous Quality Accounts

Healthwatch Cambridgeshire and Peterborough is pleased to note that effectively responding to complaints received by the Trust has been prioritised this year. The Trust have achieved their target to respond to 90% of complaints within 30 working days and 100% within 40 working days of receipt. We recognise the additional staff resources which have been put into place to ensure quality of responses and welcome the Trust's positive approach to learning from complaints to improve patient experience.

Anticipated challenges for the coming year

Workforce issues, including recruitment across all disciplines will continue to be a key challenge over coming years as they are at present. It is pleasing to see that the Trust has a well-established programme of work focusing on the retention of existing staff through a wealth of development opportunities as well as recruiting new staff.

Healthwatch Cambridgeshire and Peterborough continue to hear of the need for improved communication to patients, family members and carers around discharge from hospital. Therefore we welcome that work towards ensuring a patient's discharge is complete and safe is a priority for the coming year. Whilst we understand the challenges of improving the discharge experience which frequently relies on an effective multi agency approach, it is reassuring to see that the Trust recognises the importance of involving patients and their carers in all stages of discharge planning. It is important that patients and carers are provided with good quality information at the right time to enable them to make informed choices.

We look forward to acute services for children coming together under North West Anglia NHS Foundation Trust as staff from Cambridgeshire Community Services join the trust and hope that a smooth transition will ensue.

The following section contains comments from Healthwatch Lincolnshire

Healthwatch Lincolnshire

Healthwatch Lincolnshire considers your Trust as one of the major providers of services to Lincolnshire people due to the significant number of patient referrals into NWAFT services and particularly Peterborough City Hospital. On behalf of our population Healthwatch Lincolnshire fully support and agree with the contents and submission of this statement by our colleagues Healthwatch Cambridgeshire and Peterborough.

To ensure Lincolnshire patients continue to receive seamless healthcare services we commend the excellent cross border partnership work that you already have with the health system in Lincolnshire and urge for this to be a key focus of attention over the coming year.

Healthwatch Lincolnshire look forward to joining our colleagues from Healthwatch Cambridge and Peterborough, South Lincolnshire CCG and your Trust to extend our reach into patient engagement with the expectation that this will further support your Trusts learning and development over the coming year.

NHS
South Lincolnshire
Clinical Commissioning Group

NHS South Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the North West Anglia NHS Foundation Trust (the Trust) Draft Annual Quality Account 2018 – 19.

The quality report provides very comprehensive information on the quality priorities the Trust has focussed on during the year including the work undertaken to ensure that Serious Incidents and patient complaints are investigated within the designated timescales and the safe discharge of patients.

The quality report has examples of good work undertaken by the Trust over the past year and the commissioner believes the work undertaken with Dementia Champions is of great benefit to patients. Likewise the development of the nursing associate role is preparing the Trust to ensure it has a suitably trained workforce to meet the patient needs of the future and this is to be encouraged.

The Care Quality Commission (CQC) inspected the trust during the year and the Trust was rated as Requiring Improvement. The Caring and Responsive domains were rated as good but the Safety, Effectiveness and Well Led (Leadership) domains were all rated as Requiring Improvement. This CQC rating is a concern for the commissioners and patients of Lincolnshire, however it is noted that the majority of our patients access services from areas of the organisation that are rated good. The Trust has therefore identified a range of initiatives to take forward for the 2019 – 20 Quality Priorities, these include (but are not limited to): Serious Incidents (Duty of Candour), Complaints, Safeguarding, Clinical Audit, SEPSIS, Friends & Family Test and Infection Prevention & Control.

Whilst the commissioner supports all work that improves the quality and safety of services for patients, the commissioner considers the above to be fundamental elements of quality for any organisation undertaking NHS work and the future quality priorities do not at this point introduce stretch targets into the organisation. However, given the overall Trust rating following the CQC inspection we recognise the need for the organisation to focus on ensuring delivery of core quality metrics within the current year in order to provide an improved foundation upon which to build significant quality improvements in future years.

The commissioner can confirm that up to the end of quarter three the Trust has achieved 13.25% of the 39.25% CQUIN schemes (Commissioning for Quality & Innovation) to date. The commissioners have identified throughout the current year their concern and lack of assurance for this activity. In particular the continuing Sepsis challenges in the Emergency Department (ED) and working with mental health providers to ensure patients attending the ED receive the right care in the right place. The commissioner cannot confirm the final

quarter 4 CQUIN position at this moment as the joint commissioner and Trust approval process is scheduled for June 2019.

The commissioner confirms that to the best of our knowledge the accuracy of the information presented within the working draft of the Quality Account submitted and that it is a true reflection of the quality delivered by North West Anglia Hospitals NHS Foundation Trust based upon the information submitted to the commissioner and quality contract meetings.

The commissioner can confirm that this Quality Account has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017, 2018 and 2019. The results of this appraisal have been shared separately with the trust.

NHS South Lincolnshire Clinical Commissioning Group looks forward to working with the Trust over the coming year to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.

Pamela Palmer
Chief Nurse
NHS South Lincolnshire Clinical Commissioning Group

Council of Governors

The Council of Governors is pleased to comment on the detailed Quality Account for 2018/2019 which reports that a substantive majority of the priorities set for the year have been successfully met.

Governors are kept up to date with issues throughout the year through the monthly board quality reports and quality assurance updates at Council of Governor meetings. Assurance is further enhanced by having a Governor observing the monthly Trust's Quality Assurance Committee. In addition, Governors suggest, in association with the care quality team, a Care Quality Indicator which is monitored and reported on during the year.

Despite the increasing urgent care pressures on our Trust, increasing referrals, together with the provision of additional beds to meet demand, we have been further assured by the Trust's continuing initiatives incorporating our Trust values directed towards quality, compassion, dignity, respect and person-centred care.

Governor involvement enables us to focus on and highlight any issues of concern from the community or, throughout the Trust which affect the care quality and safety of people using the service. The Governors are assured by the detailed plans on how the challenges that remain are to be addressed. The risk stratification plans now operating to provide a safety net for those areas requiring urgent resolution, e.g. Ophthalmology waiting lists, are welcomed by the Governors, as is the Trust wide support for the Sepsis campaign. A major improvement in urgent care delivery within target waiting times has been observed over the last few months at the Hinchingbrooke site, associated with visible and strong leadership from the clinical team.

The CQC report was disappointing for the Trust as it is only partway through the merger process, however Governors have been reassured by the positive response of staff and Board evidenced in the detailed action plans addressing issues raised. The "Good to Outstanding" programme which has recently been re-launched throughout the Trust is fully supported.

The dedication, passion and care provided by Trust staff despite, increasing pressure and demands, is supported by the quality outcomes achieved this year. The Trust's support for staff is reflected by the championing of the Freedom to Speak Guardian to provide a confidential avenue for staff to raise issues of concern.

Further, the relating of patient stories provides a powerful introduction to many Board and Committee meetings, helping the Governors to understand the feelings of anger and disappointment from the perspective of the patient or family when things go wrong. Complaints are investigated and reported regularly with significant learning drawn to attention. Successes and positive stories of care and compassion are also presented and celebrated.

The evidence provided by observations, reports, ward visits and stories allow the Council of Governors to continue to be assured and satisfied that quality, safety and patient-centred care are at the heart of the Trust.

Cambridgeshire and Peterborough CCG – NWAFT Quality Accounts

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has reviewed the Quality Accounts produced by North West Anglia Foundation Trust (NWAFT) for 2018/19.

The CCG and NWAFT work closely together to review performance against quality indicators and ensure any concerns are addressed. There is a structure of regular oversight meetings in place between the CCG, NWAFT and other appropriate stakeholders to ensure the quality of NWAFT services are reviewed continuously with the commissioner throughout the year. In the last quarter of the year the CCG Chief Nurse has been an invited member to the Trust's Quality Assurance Committee.

From a quality perspective 2018/19 was the second year of the merger of the 2 hospital sites, Peterborough City Hospital and Hinchingbrooke Hospital with the Trust continuing to work through its Quality Improvement Plan. The Trust has worked diligently to improve the A&E performance at the Hinchingbrooke site which has seen tremendous improvements in the 4-hour access standard despite increasing attendance at the hospital. Peterborough City hospital has also witnessed a demonstrable increase in A&E attendance and whilst overall performance of the 4 hour A&E access standard remains challenged the Trust have robust mechanisms in place to maintain patient safety during times of extreme surge.

The Trust has had a particular focus on Sepsis throughout 2018/19 with the recruitment of Sepsis Specialist Nurses to support this important focus. During the early months of 2019 the Trust ran a successful campaign to raise awareness across the whole Trust. Mandatory training is in place to ensure all doctors have adequate training on the identification and early treatment of Sepsis and has successfully rolled out for use across the Trust the updated Sepsis Bundle.

The Care Quality Commission has visited the Trust during 2018/19 the outcome of which has seen the overall Trust rating lower from Good to Requires Improvement.

Whilst overall this is disappointing the Trust has developed a comprehensive action plan in response to the CQC recommendations. The CCG has witnessed a high level of staff engagement with the CQC Action Plan and as a result the Trust has made significant progress in achieving the delivery of actions against the recommendations.

The Trust has continued to work with partners to improve Infection Prevention and Control initiatives within its hospitals. The CCG alongside NHS Improvement has supported the Trust by recommending areas for further development. The Trust and partners have undertaken a series of visits throughout 2018/19 to seek assurance on improvements. These visits will continue in 2019/20.

Nursing and Medical Staffing remains an area of challenge for the Trust as it is for most of the Country. The Chief Nurse in particular must be commended for her leadership in seeking new and innovative ways to improve recruitment and retention of nurses, with the Trust seeing success with the national Nursing Associate programme, with the first cohort of students qualifying in 2019. The Trust has made progress in its medical recruitment and the CCG continues to work with the Trust to understand further detail in relation to medical staffing. The CCG looks forward to the Trust concluding this work in 2019/20.

The number of Serious Incidents reported in 2018/19 is 117, nationally NWAFT remain a high reporter and the trust demonstrate a positive reporting culture. The Trust has worked hard to ensure reporting in relation to serious incidents meets the timescales required nationally and locally by the CCG. The Trust has reported 100% of serious incidents within mandated timescales.

The Trust updated its mortality Review Policy in 2018 to reflect the national changes following the National Quality Board Learning from Deaths publication. The Trust identified a Structured Judgement Review as its preferred methodology for mortality reviews and has identified lessons to be learned from these reviews. In addition, the Trust has appointed 9 Medical Examiners with a new Medical Examiners Policy approved in March 2019.

Overall Cambridgeshire and Peterborough CCG agree North West Anglia NHS Foundation Trust Quality Account is a fair reflection of its performance and the CCG agree the Trust has maintained its position in relation to quality priorities and initiatives.

The CCG support the priorities identified for 2019/10 and looks forward to working with the Trust to achieve its goals in the coming year.

No statements were received from:-

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	Lincolnshire COUNTY COUNCIL *Working for a better future*

The Health Scrutiny Committee for Lincolnshire is grateful for the Trust sharing its draft Quality Account for 2018/19 and recognises the Trust's provision of good quality acute hospital services for significant number of residents in the southern part of the county. The Committee also recognises the willingness of the Trust to engage with the Committee on a regular basis. For 2018/19, the Committee is focusing on the quality accounts of two other NHS trusts.

APPENDIX 1: 2018/19 Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2018 to May 2019
    - Papers relating to Quality reported to the board over the period April 2018 to May 2019
    - Feedback from the commissioners dated 15/05/2019 and 17/05/2019
    - Feedback from governors dated 13/05/2019
    - Feedback from local Healthwatch organisations dated 14/05/2019
    - Feedback from Overview and Scrutiny Committee dated 08/05/2019
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 20/05/2019
    - The 2018 national patient survey dated February 2019
    - The 2018 national staff survey dated 23 February 2019
    - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019
- Care Quality Commission inspection report dated June 2018
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable (with the exception of the sickness absence monitoring as reported on page 171), conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review;
- and the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

NB: sign and date in any colour ink except black

22/5/19 Date ..... Rob Hughes, Chairman

22/5/19 Date ..... Caroline Walker, Chief Executive

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF NORTH WEST ANGLIA NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of North West Anglia NHS Foundation Trust to perform an independent assurance engagement in respect of North West Anglia NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge; and
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 15 and 17 May 2019;
- feedback from governors, dated 13 May 2019;
- feedback from local Health Watch organisations, dated 14 May 2019;
- feedback from Overview and Scrutiny Committee, dated 8 May 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2019 national patient survey, dated February 2019;
- the 2019 national staff survey, dated 23 February 2019;

- Care Quality Commission Inspection, dated June 2018;
- the 2018/19 Head of Internal Audit's annual opinion over the Trust's control environment, dated May 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of North West Anglia NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and North West Anglia NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by North West Anglia NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
London

28 May 2019

SECTION 1

Accountability Report

Directors' Report

Board of Directors 2018/19

The Board of Directors is collectively responsible for the Trust's strategic direction, its day-to-day operations and performance.

Their powers, duties, roles and responsibilities are set out in the Trust's Constitution.

As a unitary Board, all Executive Directors and Non-Executive Directors have joint responsibility for every decision of the Board of Directors and share the same liability. This does not impact on the particular responsibilities of the Chief Executive as the Accounting Officer.

Non-Executive Directors are responsible for determining appropriate levels of remuneration of Executive Directors and have a key role in appointing, and where necessary removing, Executive Directors and in succession planning.

In terms of Non-Executive Directors, Ms Mary Dowglass, Mr Ray Harding and Ms Beverley Shears all joined the Board with effect from 1 April 2018.

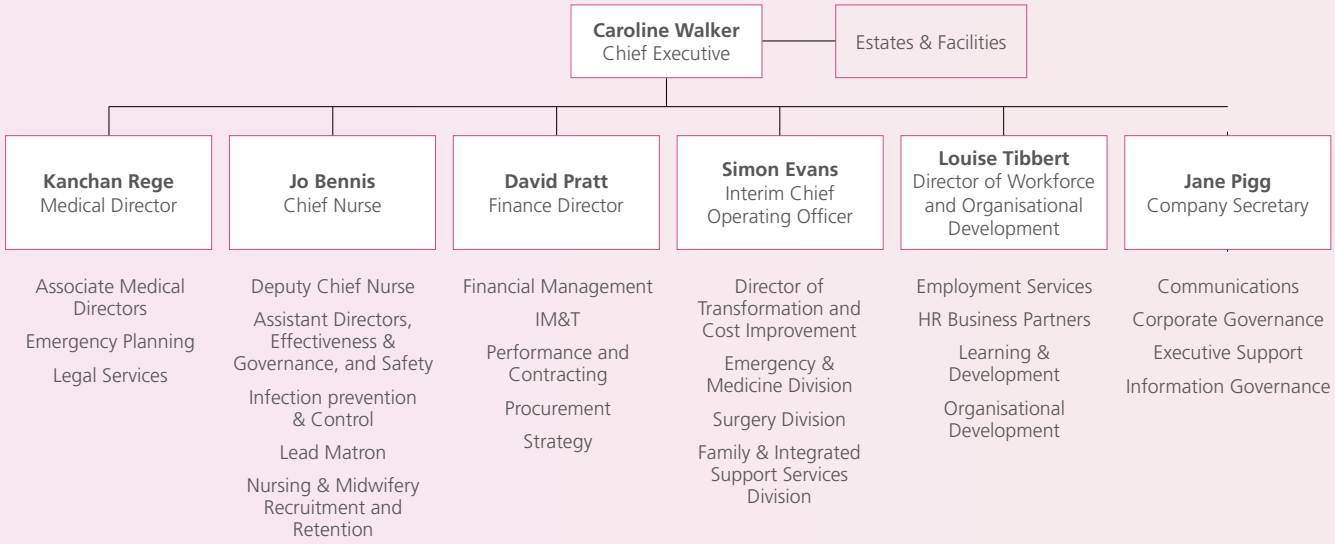
In terms of the Executive Directors, Mrs Louise Tibbert was appointed to the post of Director of Workforce & Organisational Development, taking up the role on 30 April 2018.

Mr Steven Graves retired as Chief Executive on 30 September 2018. Mrs Caroline Walker became Chief Executive from 1 October 2018. Mr David Pratt was appointed as Interim Finance Director from September 2018, successfully being appointed to the substantive position of Finance Director in October 2018. Mr Neil Doverty left the Trust on 30 November 2018 with Mr Simon Evans being appointed as Interim Chief Operating Officer until 31 March 2019.

> "I had an appointment in fluoroscopy, the consultant and the staff I saw that day were kind and caring and professional at all times. Keep up the good work it's appreciated!"

Executive Directors and Corporate Management Structure

Corporate structure chart



Chairman
Mr Robert Hughes

Appointment start date 1 April 2017
Appointment end date 31 March 2021

Rob was Chairman of PSHFT from 1 April 2013 to 31 March 2017. He is a former Managing Director of Mars Food UK and has wide experience in national and international strategic development, and all aspects of sales, marketing, manufacturing, logistics, financial management and mergers and acquisitions. Rob is Co-Founder and Chairman of Anna's Hope, the children's brain tumour charity, and a Trustee and Deputy Chair of Brain Tumour Research. He was involved in the NHS Strategic Review of Children's Neuro Surgery. Rob chairs the Trust's PFI Assurance Committee. He is also a member of the Cambridgeshire and Peterborough STP Board.

Non-Executive Director and Deputy Chairman
Mrs Sarah Dunnett

Appointment start date 1 April 2017
Appointment end date 31 December 2020

Sarah was a Non-Executive Director of PSHFT from 1 January 2012 until 31 March 2017. Her public sector career spans more than 25 years in the UK and abroad. A chartered accountant, Sarah is Honorary Treasurer and board member of the Health Quality Improvement Partnership, which oversees the national clinical audit programme. She is also a Non-Executive Director at United Lincolnshire Hospitals where she chairs the Audit Committee. Sarah chairs the Trust's Quality Assurance Committee.

Non-Executive Director
Mr Allan Arnott OBE

Appointment start date 1 April 2017
Appointment end date 30 April 2018

Allan was a Non-Executive Director of PSHFT from 1 January 2012 until 31 March 2017. Retired from Perkins Engines, Allan has considerable business and industrial experience in large UK and global companies. He has held chair, board and non-executive roles in both public and private sectors. Allan chaired the Trust's Finance and Performance Committee and served on several other Trust committees. Allan is also on the board of the Thomas Deacon Educational Trust, a schools' multi-academy trust.

Non-Executive Director
Ms Mary Dowglass

Appointment start date 1 April 2018
Appointment end date 31 March 2021

Mary is a registered nurse with a career spanning community and acute care and nurse education. She has worked for four years as CEO for an international charity, providing health services in the developing world in Kenya and in Central Asia, including Afghanistan, where she established midwifery and post graduate medical education programmes. She has most recently in the UK worked in the East Anglia region for Macmillan Cancer Support, where she led on cancer workforce strategy and cancer services development in partnership with NHS and Local Government organisations. Mary previously fulfilled the Director of Nursing role for the former Peterborough and Stamford Hospitals until 2002. She is currently a Non-Executive Director for the Lincolnshire Partnership NHS Foundation Trust. Mary chairs the Trust's Charitable Funds Committee.

Non-Executive Director
Mike Ellwood

Appointment start date 1 April 2017
Appointment end date 31 March 2020

Mike was a Non-Executive Director of PSHFT from 12 May 2016 to 31 March 2017. Mike has more than 30 years' experience in corporate banking and worked at Santander UK PLC where he was Head of Corporate and Commercial Banking until September 2018. He also held senior roles at RBS and NatWest. He has extensive experience in mergers and acquisitions at corporate level and as a provider of finance to large companies. He has led significant transformation programmes and established Santander Corporate and Commercial as a strong player in the UK market, with revenues of £750m. He is used to working in a demanding regulatory environment and leading cultural change. Mike chairs the Trust's Audit Committee and holds a portfolio of Non-Executive Director roles in other organisations.

Non-Executive Director
Mr Ray Harding

Appointment start date 1 April 2018
Appointment end date 31 March 2021

Ray brings a wide range of financial and commercial experience to the board from his previous roles, which most recently included Chief Operating Officer for UCL Qatar, where he set up the new campus. Prior to that, he was Director of Estates Administration for University College London (UCL) and Managing Director of multi-national subsidiaries in Nigeria, Egypt and Zambia. Ray is a Non-Executive Director of the Futures Housing Group and served as a Lay Member on the Board of West Leicestershire Clinical Commissioning Group. He is a Chartered Accountant, serves as a member of the International Advisory Board, School of Business, the University of Leicester and is Chair of Bishop Simeon Trust, a charity to aid disadvantaged youth in South Africa. Ray chairs the Finance Committee.

Non-Executive Director
Ms Beverley Shears

Appointment start date 1 April 2018
Appointment end date 31 March 2021

Beverley has a strong background in organisational change and transformation at board level in private and public sectors, in transport, justice and health. She was HR Director and Deputy Managing Director at Stagecoach South West Trains, Group HR Director at Ministry of Justice and Director of Offender Management East Midlands. She was Head of Customer Experience for the Olympic Delivery Authority. Prior to joining the Board she was a Non-Executive Director at Lincolnshire Partnership NHS Foundation Trust for the maximum term of office. She is currently a Member of the British Transport Police Authority and is the Advisor to the States of Jersey Employment Board. Alongside this, she owns her own business, Blue Amaranth Consulting Ltd, which specialises in board level coaching, transformation, change and organisational effectiveness. Beverley chairs the Trust's Remuneration Committee.

Non-Executive Director
and Senior Independent Director
Mr Gareth Tipton

Appointment start date 1 April 2017
Appointment end date 31 March 2022

Gareth was a Non-Executive Director of PSHFT from August 2014 to 31 March 2017. He is BT's Group Director for Ethics and Compliance, a member of BT's senior leadership team and a director of EE Ltd.

> "A massive thanks to all the Doctors, Nurses and support staff in A&E and the Coronary Care Unit for the amazing care given to my wife last week. You performed miracles. Truly excellent care. I can never thank you enough."

Executive Directors

Chief Executive
Mrs Caroline Walker

Caroline was appointed Chief Executive on 1 October 2018 following the retirement of Stephen Graves. Prior to her appointment, Caroline was Deputy Chief Executive and Director of Finance of North West Anglia NHS Foundation Trust. Caroline was Project Director for the merger with Hinchingbrooke Health Care Trust prior to the creation of the new Trust. Her career in finance for the NHS dates back to 1982. In 2015 she led an ongoing system-wide finance programme to investigate the possible benefits of local healthcare providers working together to improve services and save money. She was Chief Operating Officer at Loughborough University and led the London 2012 Olympic Team GP Training Camp and torch relay delivery. She has also worked at the University Hospitals of Leicester NHS Trust, Great Ormond Street Hospital, Barts and the London NHS Trust.

Chief Executive
Mr Stephen Graves

Stephen retired from the NHS on 30 September 2018. He was Chief Executive of North West Anglia NHS Foundation Trust from 1 April 2017 until his retirement. Stephen's broad range of NHS experience spans some 30 years. He was Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust. Before that, he was Chief Executive of West Suffolk NHS Foundation Trust where he led the organisation to Foundation Trust status. He was a director at Addenbrooke's Hospital and Director of Corporate Development at Cambridge University Hospitals NHS Foundation Trust, where he led the development of the Cambridge Biomedical Campus. He led the acquisition of Hinchingbrooke Health Care Trust to create the current Trust, which launched on 1 April 2017. This was a key part of the Cambridgeshire and Peterborough Sustainability and Transformation Plan.

Director of Finance
Mr David Pratt

David started as interim Director of Finance for the Trust on 20 September 2018 and was appointed Director of Finance 1 November 2018. He is a Fellow of the Chartered Institute of Public Finance and Accountancy, and qualified as an accountant in 1994. He is a member of the Healthcare Financial Management Association. David has worked in senior positions at a range of acute hospitals, including Grimsby, University College London, Ealing, Doncaster and Bassetlaw and United Lincolnshire. In the last three he held the post of Director of Finance. David has a strong track record in delivering challenging cost improvement programmes and piloted the introduction of patient level costing at Ealing Hospital in the early 2000s. Most recently David was Efficiency Director during a second spell at Doncaster and Bassetlaw. He lives in Peterborough, has an honours degree in Renaissance History, and enjoys watching sport, travel and reading.

Medical Director
Dr Kanchan Rege

Dr Rege was appointed Medical Director of the Trust on 1 April 2017 and was Medical Director of the former PSHFT from August 2015 to 31 March 2017. Dr Rege oversees the management of the Trust's consultant body and doctors in training. Prior to her appointment she was a Consultant Haematologist and continues to work in that capacity for one day each week, where she sees patients in her clinic at Peterborough City Hospital. Dr Rege trained in Haematology in London and began her career at Hinchingbrooke and Papworth Hospitals in 2000. She was appointed Clinical Lead for Cancer and Specialist Care at Peterborough and Stamford Hospitals in 2008 and Clinical Director of the Cancer and Diagnostics directorate in 2012. During her clinical role she led the development of radiotherapy services, bringing this treatment to the local population. She was voted 'Hospital Hero' by public vote in 2013.

Director of Workforce and Organisational Development
Mrs Louise Tibbert

Louise joined the Trust on 30 April 2018 from the same role at University Hospitals of Leicester NHS Trust, since 2015. This followed 28 years' working in local authorities in Cambridge, Cambridgeshire and Hertfordshire, and three years in the private sector. Professionally qualified in 1990, Louise is passionate about working in organisations that provide good quality public services and developing excellent HR teams that support front line teams to deliver. Louise's priorities for the Trust include recruitment, retention and reducing reliance on agency workers. She returned to live in Rutland in 2015 after living in and around Cambridge for nearly 30 years.

Acting Director of Workforce and Organisational Development
Mrs Joanna Bainbridge

Joanna held the role from 1 July 2017 to 30 April 2018. Prior to the formation of the Trust, Joanna was Director of Human Resources & OD at HHCT, where she led the organisational change programme for the acquisition. Joanna has held a number of HR roles within the NHS since 2000, and within the private sector before that.

> "Nobody likes hospitals, but we had a few laughs along the way, and it helped no end through the waiting process."

Interim Chief Operating Officer
Mr Simon Evans

Simon was appointed Interim Chief Operating Officer on 3 December 2018, following the resignation of Neil Doverty on 27 November 2018. Simon joined the Trust from United Lincolnshire Hospitals where he worked as Director of Operations and Deputy Chief Operating Officer. He has worked in the healthcare sector for 20 years, in operational as well as informatics and strategic planning roles. Prior to that, Simon has worked in director, deputy and general manager roles at Nottingham University Hospitals, Circle Healthcare, Sherwood Forest Hospitals and University Hospitals Leicester. His experience has seen him lead transformation programmes to improve urgent and elective care, including redesigning hospital-wide inpatient services, and delivering new services, such as the East Midlands Major Trauma Centre at NUH.

Chief Operating Officer
Mr Neil Doverty

Neil was Chief Operating Officer of the Trust from 1 April 2018 to 27 November 2018. He also held the role at PSHFT from October 2014 to 31 March 2017. He resigned from the Trust to pursue his career in Australia on 27 November 2018. Neil was responsible for the operational performance of all divisions across the Trust and executive lead for transformational change. He has extensive experience in the NHS, and worked at director level in community and mental health services. Neil was Chief Operating Officer at Wye Valley NHS Trust and the University Hospitals of Leicester NHS Trust.

Chief Nurse
Mrs Joanne Bennis

Jo was appointed Chief Nurse of the Trust on 1 April 2017. She was Chief Nurse of PSHFT between February 2015 and 31 March 2017 and Deputy Chief Nurse prior to that. Jo began her nursing training in Peterborough and because her husband works in the military, she has moved around. She brings more than 30 years' nursing experience to the role and is responsible for professional practice, clinical quality and organisational change in the interests of patient care. She advises on nursing, midwifery and allied health professional issues, and is the professional head of the nursing service. Jo takes the lead in delivering effective clinical care and has joint responsibility with our Medical Director for the clinical governance agenda. She was PSHFT's first clinical educator and developed the research team in partnership with the Medical Director. Her role in developing services and care led to the Trust achieving a 'good' CQC service rating in 2015.

Chief Nurse
Company Secretary
Miss Jane Pigg

Jane was Company Secretary of PSHFT from its inception on 1 April 2004 to 31 March 2017. She continued as Company Secretary following formation of the Trust on 1 April 2017. Jane's role involved a wide diversity of work across the Trust. She worked at strategic level with external partners, including local authorities. She ensured the appropriate running of the Trust Board of Directors and Council of Governors, and had lead responsibilities for corporate governance, information governance and communications. As well as Company Secretary, Jane held a number of posts at the former Trust, including Project Director responsible for achieving foundation trust status for Peterborough and Stamford Hospitals, and led the development and induction of the Council of Governors. Jane retired from the NHS on 5 April 2019.

> "My experience is as a professional new to the Trust. The ethos is fantastic and the induction professionally orchestrated with care at its heart for the patent and family best care. I'm very impressed."

Required disclosures

Income disclosure

As required by section 43(3A) of the *NHS Act 2006*, the Trust can confirm that income received from other sources has had no impact on its provision of goods and services for the purposes of the health service in England.

Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later, unless other payment terms have been agreed with the supplier. The Trust's compliance with the code is set out in the notes to the accounts.

Stephen Graves and Su Mansell with NHS 70 capsule at Stamford & Rutland Hospital

Better payment practice code	Expected Sign	Actual 31/03/2019 YTD Number	Actual 31/03/2019 YTD £'000	Actual 28/02/2019 YTD Number	Actual 28/02/2019 YTD £'000
Non NHS					
Total bills paid in the year	+	102,653	294,281	88,238	264,990
Total bills paid within target	+	82,209	263,319	71,757	238,187
Percentage of bills paid within target	%	**80.1%**	**89.5%**	**81.3%**	**89.9%**
NHS					
Total bills paid in the year	+	3,307	16,177	2,934	14,882
Total bills paid within target	+	2,638	11,051	2,332	10,185
Percentage of bills paid within target	%	**79.8%**	**68.3%**	**79.5%**	**68.4%**
Total					
Total bills paid in the year	+	**105,960**	**310,458**	**91,172**	**279,872**
Total bills paid within target	+	**84,847**	**274,370**	**74,089**	**248,372**
Percentage of bills paid within target	%	**80.1%**	**88.4%**	**81.3%**	**88.7%**

Compliance with cost allocation and charging guidance

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Statement as to disclosure to auditors

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

Donations

There were no political or charitable donations to disclose.

Overseas operations

The Trust does not have any areas of overseas operation.

Service improvements Cost Improvement Programme

Trust CIP (£16.9m)

The CIP target for the Trust was set at £16.9m. The Trust has previously delivered CIP with 50% Income. On April 20 2018 the Trust entered into a Guaranteed Income Contract with Peterborough and Cambridgeshire CCG, which resulted in a large value of the identified CIP being removed from the scheme – planning starts six months in advance of the new Financial Year.

This year has been disappointing in terms of CIP delivery, as the Trust only managed to achieve a cash releasing recurrent CIP of £4.903m Full Year Effect and £6.381m Part Year Effect – well below the target which had been set.

Continuing in 2018/19

The Business Transformation Team continue to deliver the two day Introduction to LEAN and Yellow Belt Six Sigma training, to support and develop colleagues across the Trust to identify quality improvements at their own level and deliver small tests of change. To date 190 colleagues have completed this two day training which has resulted in 1:1 coaching to support staff to deliver more complex quality improvement projects that directly impact on patient quality of care.

Benefits: We are growing and developing our own potential as a means of retaining staff and improving and developing our services.

Elective Care Transformation Programme

Support is being given in the 6:4:2 scheduling meeting, Theatre Booking, General Pre-Operative Assessment and Sterile Services. This work is aimed at implementing the opportunities identified by Four Eyes Insight. As part of this programme of work, the future planned in-patient trauma move will be incorporated to the current plans.

Benefits: This is a medium to long term plan that will result in theatres being fully utilised and optimised in order to release capacity to support local Trusts that are unable to service their own demand.

Hinchingbrooke Hospital Children's Unit

Support to the Medical Director regarding Getting It Right First Time

The Business Transformation Team are tasked with supporting the clinical business units to create prioritised plans to deliver the opportunities identified in the Getting It Right First Time reports; this forms part of the Governance Assurance that was given to NHS Improvement.

Benefits: A standardised approach with a single point of contact.

Support to the Pain Services Team

Unfortunately South Lincolnshire CCG gave notice to move pain management services from the Trust to a private provider. The Business Transformation Team collaborated with the MDT and Information Services to ensure patient safety and patient quality of care was not compromised during this transition period.

Benefits: Quick and easy identification of patients affected by the change in supplier which resulted in effective written communication with the patient and handover of patient relevant information to the new provider.

Clinical Pathway Integration

The Business Transformation Team continues to support the Medical Director at the Clinical Advisory Group, ensuring that information and support is available in a timely fashion.

Benefits: This allows horizon scanning to ensure the Business Transformation Team is prepared for other major projects that are coming over the horizon.

Care Quality Commission

At the end of the financial year 2016/17, the Trust was advised by the Care Quality Commission (CQC) that, as we were a newly-merged organisation, it would be undertaking an inspection in the near future.

This inspection was expected to take place in Q3 of 2017/18, however due to winter capacity pressures across the NHS on a national level, all hospital inspections were postponed during Q4 of 2017/18, and were rescheduled to take place during 2018/19.

In April 2018, the Trust received notification that the CQC would be undertaking an inspection of all seven core services on the Hinchingbrooke Hospital site between 5 and 7 June, and a Well-Led inspection of the Trust would be carried out between 10 and 12 July. In May, the Trust received a further letter advising that an inspection of its 'Use of Resources' would be carried out on 29 June.

All core services at Hinchingbrooke Hospital were to be inspected because its previous ratings were dissolved at the point of the merger. Therefore, the Hinchingbrooke Hospital site did not have a rating for any of its core services.

The Trust welcomed the inspection team to Hinchingbrooke Hospital on 5 June.

The inspection team planned to inspect the following core services over three days:

- Urgent and Emergency Care
- Medical Care (including older people's care)
- Surgery
- Critical Care Maternity
- End of Life Care, and
- Outpatients

At the same point in time, an additional team of inspectors presented at Peterborough City Hospital to carry out an unannounced inspection of two core services:

- Urgent and Emergency Care, and
- Medical Care (including older people's care)

Following the inspection, the Trust was rated overall, 'Requires Improvement'. Hinchingbrooke Hospital was rated 'Requires Improvement' and Peterborough City Hospital kept its previous CQC rating of 'Good'. Stamford and Rutland Hospital was not inspected, and therefore retained its 'Good' rating.

The Trust was disappointed with its overall rating of 'Requires Improvement', especially as, out of a total of the 95 Key Lines of Enquiry considered during this and previous inspections, one line of enquiry was rated as 'Outstanding', 75 were rated as 'Good', 15 were rated 'Requires Improvement', and four were rated 'not applicable', as they were not inspected at the time. There were 34 recommendations that the Trust must adhere to and 31 recommendations that it should address.

However, the narrative of the report provides rich information across all services, highlighting both good practice and areas where the Trust should consider improvements.

A comprehensive action plan has been compiled to capture all the quality improvements needed, and a large number of actions have already been completed.

The internal CQC steering group and Quality Assurance Committee will provide assurance to the Trust Board as progress is made. Five specific areas of good practice were highlighted in the report. These were within the Surgery and End of Life core services that were inspected at Hinchingbrooke Hospital.

At the time of writing this report, the Chief Nurse has continued to meet with the CQC Relationship Manager. These meetings occur every six to eight weeks to review progress against the CQC action plan and discuss concerns or issues that may have been raised to the CQC. These meetings have been pivotal in developing and maintaining a strong, honest and open relationship with the CQC.

In addition, staff focus group sessions have continued throughout the year. These provide an opportunity for all members of staff to meet with the CQC Relationship Manager to share innovations, good news stories or to discuss concerns. These sessions have alternated across the three main hospital sites and will continue into 2019/20.

Work has continued to drive the development of our quality from 'Moving to Good and Beyond', through a variety of routes. For example, the continued roll-out of the ward accreditation scheme aligned to the CQC lines of enquiry (CREWS), include all inpatient areas and specialist areas, such as the emergency departments, theatres and outpatients.

A number of areas have now undergone re-assessments and have been able to improve on their previous ratings. Seven areas achieved an 'Outstanding' rating and Amazon (the children's ward at Peterborough City Hospital) was also rated 'Outstanding' on its first assessment. Outcomes from those assessments are reviewed within the Divisions and at the monthly Quality Assurance Committee, which is chaired by a Non-Executive Director.

Complaints

The National Health Service Complaints (England) Regulations 2009 requires that all Trusts provide an annual report on the handling and consideration of complaints. As is required this report will be available on our Trust website once it has been received by the Trust board.

The complaints team oversee all formal complaints registered within the Trust over all sites covering the three Operational Divisions; which are divided to manage services within the different specialties of the Trust. These are the Division of Emergency and Medicine, Division of Surgery and the Division of Family and Integrated Support Services. The department also manages complaints for the corporate areas within the Trust.

The ethos within North West Anglia NHS Foundation Trust is to welcome complaints as an opportunity to examine and improve services and, as such, the Trust is committed to investigating and responding to complaints promptly and appropriately. To ensure we are able to do this we have a complaints policy that is patient/complainant focussed and is responsive to resolving issues fully and promptly, ensuring our department is an open and accessible service to all of our community.

The Trust has a strong focus on improving patient experience and is committed to being open and honest and resolving complaints to the satisfaction of the complainant ensuring our process is personal and responds to the individual's needs. We learn from what has happened and where appropriate, make demonstrable improvements to our services to provide the best care to all of our patients.

Lessons learnt from complaints and actions that are put in place are completed by the Division and manged by each Divisional Director ensuring all actions and learnings are taken forward. Our lessons learnt are discussed and shared with staff at Divisional and Departmental Quality Governance meetings, Ward Manager's meetings, CLAEP (Complaints Litigation Adverse Events and PALS) meeting, Complaints and PALS newsletter, Cautionary Tales and Matrons meetings. To ensure lessons learnt are taken forward, the complaints team monitor that these actions are implemented and completed in a timely manner.

The Trust's approach to complaints is based on the principles of Good Complaints Handling, as published by the Parliamentary and Health Service Ombudsman and endorsed by the Local Government Ombudsman.

Our principles are:

- getting it right
- being customer-focused
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

Our organisational values help us to meet the principles set out by the Ombudsman.

Our Trust values are that:

- we put patients first
- we are actively respectful
- we seek to improve and develop
- we are caring and compassionate
- we work positively together.

Improvements made to our services in the last year

Complaints play a big part in helping our Trust to continually improve our services. The Trust has a strong focus on improving patient experience and is committed to resolving complaints effectively and robustly to learn from what has happened and where appropriate, make demonstrable improvements.

Below are just a few of the improvements that have been made to our services in the last year as a result of taking action on complaints and listening to our patients.

- The Organisational Development (OD) team have worked with the Palliative Care team to introduce a communication training workshop called 'Our Conversations Matter' available to all staff across the Trust to support with communicating with palliative patients and their relatives as a result of a complaint. This new workshop runs on a monthly basis at the three main hospital sites.
- The three divisions of Surgery, Family and Integrated Support Services and Emergency and Medicine, have now assigned dedicated senior administrators within their teams who are responsible for overseeing the complaints for their Division. This not only helps with the rapport between complaints and the Divisions but also assists with creating a robust and consistent process.
- The policy for Assistance Dogs has been revised to reflect the current guidelines nationwide. This was revised in January 2019 following a formal complaint that was received.
- The Division of Emergency and Medicine has introduced a new complaints flow chart to define the roles of the senior administrators, investigators and General Manager/ Head of Nursing.
- The Head of Midwifery/Nursing continues to offer pre-investigative meetings to all Maternity/Obstetrics complaints. This has proven to be successful in helping to resolve complaints swiftly and adequately.
- A review of staff communication and transfers was undertaken within Medicine for the Elderly in relation to partially sighted patients to avoid causing further distress considering their extra vulnerability and disability.
- The Labour Ward at Hinchingbrooke Hospital has introduced huddle meetings to take place twice a day to ensure all staff are communicating updates, important messages and handovers effectively. More chairs were purchased for partners who need to stay.
- Ward A9 introduced cards to hand out to patients' relatives providing ward contact details if the Ward Manager or Matron is not available to speak to the family. These are placed at the ward desk and nursing stations.
- Monthly 'Druggles' have been introduced into all Maternity, Breast and Gynaecology areas. These are ten minute Multidisciplinary sessions that cover medication errors and provide staff with the opportunity to share concerns or information.

Developments in complaints management

During 2018/19 the complaints team have made a number of significant developments within complaints management. Here are a few:

- The Trust achieved its monthly Key Performance Indicator (KPI) every month for 2018/19. This is the same as the previous two years. This KPI is in relation to 90% of the complaints being responded to within 30 working days and 40 working days for more complex complaints. 100% of complaints were responded to within the 40 working day timeframe for this period.
- The Complaints Department is introducing a Trust-wide in-house complaints training programme that will be accessible to staff at all levels. This bespoke training will provide support and guidance to staff to ensure they are adhering to Good Complaints Handling management and processes. It will ultimately ensure the Trust is achieving good quality complaints responses and learnings to continuously improve the service we provide.
- All three operational divisions have now aligned their complaints processes to ensure the management of each case is robust and concise. The assigned divisional senior administration teams work closely with the Complaints department to advise of any concerns or delays in their process to help us keep our complainants well informed.
- The Complaints Department has introduced a new 'response chasing' process to help increase our focus on receiving responses from the divisions within their 20 working day timescales. Responses are chased three times a week (or more as and when required) and a complaint tracking white board is updated each week as a visual checklist.
- A process was also introduced to review the closure form tracker on a regular basis within the complaints team to ensure actions are being met divisionally. Divisions are sent outstanding actions on a quarterly basis by email to ensure they are feeding back to the complaints team with any evidence of implementation of learnings from the complaint.

- The Complaints Department continues to work closely with PALS to develop a joint bi-monthly Complaints and PALS newsletter, which is shared Trust-wide.

All complaints are graded by risk rating upon receipt. The risk rating is then reviewed and amended if appropriate at the weekly Chief Nurse Rapid Review (CNRR) Meeting. This is chaired by the Chief Nurse or the Deputy Chief Nurse with the Head of Complaints, Clinical Risk Manager, Safeguarding Lead Nurse and Matrons present.

The purpose of grading complaints is to establish the potential future risk to all service users and the organisation. Complaints are graded using a risk assessment tool which adopts a three-step process. Firstly, it categorises the consequences of a complaint, it then assesses the likelihood of recurrence of the incidents or events giving rise to the complaint.

Finally, a risk rating is assigned to the complaint. This is carried out on receipt of the complaint and amended if necessary according to the results of the investigation. Risk assessing a complaint can ensure that the subsequent handling and any associated investigation are proportionate to the impact of the complaint and the related risks. Any complaint that is graded as 'high risk' is also escalated to the Head of Complaints and Clinical Risk as part of the complaints governance process and if deemed a potential Serious Incident (SI), will be presented at the weekly Serious Clinical Incident Group (SCIG) for further scrutiny.

These weekly SCIG meetings ensure early review of serious adverse events and high-risk complaints and they are acted upon in line with local and national guidance.

Our compliance with timescales for acknowledging and responding to complaints is monitored weekly through the Chief Executive Report. This report is shared with the divisions in the monthly Quality Report, at Performance Review Meetings and via the Quality Assurance Committee every six months.

Satisfaction rates are monitored by contacting complainants once they have received a response. This helps us ensure we have provided a responsive service that meets the needs of the complainant, while ensuring we comply with agreed timescales and processes.

Our overall activity for the year across the whole Trust (which includes Emergency Department attendances, inpatients, outpatients, day-case patients and maternity patients) was 982,281.

If we look at the percentage of service users who complained, against activity, the breakdown is as follows:

743 complaints against activity of 982,281 equals 0.075% of attendance resulting in a formal complaint being registered.

All complaints are categorised according to the main subject or topic of the complaint. The top issues raised in complaints were:

- clinical care medical
- communication including discharging/general/nursing and medical
- clinical care diagnosis
- staff attitude
- discharge arrangements
- clinical care nursing.

Please see the Quality Account, page 75 for more details.

Stakeholder relations

Stakeholder relations are managed in a variety of ways, from formal meetings in public with Overview and Scrutiny Health Committees to providing information to members of the public who may contact the Trust via one of its social media accounts, for example.

As an organisation that spans many local authority boundaries, we provide communications to a wide range of local authority health scrutiny committee members, usually via regular attendance at one of their meeting held in public. This has included Peterborough City Council's Overview and Scrutiny Committee for Health, the Lincolnshire County Council Health Scrutiny Committee, the Huntingdonshire Overview and Scrutiny Committee (Communities and Environment), the Huntingdonshire Strategic Partnership Health and Wellbeing Board and Cambridgeshire County Council Health Committee.

Topics discussed this year have focussed upon the Trust's activities in response to the Care Quality Commission inspection report, the support the Trust is giving to EU staff and plans for expansion of services to help patients access treatment closer to home. The Trust has also joined its local health system colleagues to discuss the work being undertaken as a system to improve local health care services.

Pupils from local primary and secondary schools are welcome visitors in our hospitals as a way to help educate youngsters about health and to potentially influence their career choices. A 999 Club for primary age children is run at both Peterborough City and Hinchingbrooke Hospitals, which is designed to take the fear out of a hospital visit for children, and to instil some safety messages at the same time. Students from secondary schools are invited to undertake work placements or visits to departments such as pathology, pharmacy, radiology, maternity and therapy services as part of careers events run in conjunction with their school.

In addition, the Trust runs recruitment events at its two larger hospital sites to showcase available roles across all our hospitals.

The Trust has an active Patient Experience Group, which is overseen and supported by our Patient Experience Team. This group provides valuable insight into ways we can improve our hospitals for patients and visitors.

On matters of patient experience, quality of care and patient feedback, we also work with Healthwatch Cambridgeshire and Peterborough, Healthwatch Lincolnshire and Healthwatch Rutland. We appreciate the support these organisation give us in completing reviews of our services, both planned and unannounced.

Another key stakeholder group is our Trust membership. More information on how we run membership services and engage with our members is on page 190.

Remuneration Report

The Trust operates with two complementary remuneration committees.

There is a Remuneration and Nominations Committee, whose function is to meet the statutory responsibilities of the Board of Directors with respect to executive positions, as set out in the NHS Improvement Code of Governance, and to review succession planning.

There is a Non-Executive Director Appointments and Terms of Service Committee, whose duties are to recommend to the Council of Governors processes for the appointment, re-appointment, remuneration, appraisal, resignation and dismissal of the Trust's Non-Executive Directors and Chairman; and to manage these processes with Trust officers on behalf of the Council of Governors, prior to approvals being sought on these matters. These duties are also being conducted in line with the NHS Improvement Code of Governance.

This split reflects the duties of the Council of Governors to hold to account, appoint and set the terms of service for the Non-Executive Directors; and the duties of the Non-Executive Directors to appoint, hold to account and set the remuneration of the Executive Directors. The Trust operates with these two committees to ensure that the conflict of interest for the Non-Executive Directors regarding their own remuneration is minimised.

Attendance at the two committees is shown in the relevant sections below. There is consistent membership between the two committees – the Trust Chairman and Company Secretary. When any personal arrangements for an individual are due to be discussed, these individuals are asked to leave the meeting and do not re-join that meeting until the discussions are complete.

This report focusses on the work undertaken in 2018/19.

Annual Statement on Remuneration

The Trust has adopted the national requirements for remuneration in terms of Agenda for Change for all nursing, administration and other non-medical staff and the medical and dental contracts for its medical staff (doctors). Information on these arrangements can be found at www.nhsemployers.org.

Board Remuneration

In terms of Board level posts, remuneration is set at a level that enables the recruitment and retention of the skills required.

A review of Executive Director pay was presented to the Remuneration Committee in January 2019. The review was undertaken as part of the annual cycle for the Remuneration and Nominations Committee and in the context of the recommendations from NHS Improvement regarding pay increases for Very Senior Managers (VSM) in NHS provider organisations. The review was undertaken on a post by post basis and in the context of the benchmarked salary ranges for a large NHS Trust (£400m-£500m turnover). The Trust will continue to monitor and remain in line with the recommendations from NHS Improvement regarding VSM pay.

The single benefit table on page 158 shows the remuneration for all senior manager posts at Board level. This shows that there are two post holders paid above the civil service approval threshold of £150,000. Three Executive posts are above the median benchmark for a Trust the size of NWAFT; HR/Workforce Director, Medical Director and Nursing Director. Remuneration for each post remains below the upper quartile range. The salary of the Chief Executive and Director of Finance are below the median.

Individual benchmarking is also undertaken for specific roles as appointments are made. There have been three new Executive Director appointments during 2018/19 – Chief Executive (formerly the Deputy Chief Executive / Director of Finance), Director of Finance and Chief Operating Officer. During the year an Interim Chief Operating Officer was appointed in December 2018 until the successful candidate was appointed and commenced the role on 1 April 2019. The recruitments were supported by external search consultants (Odgers Berndtson) appointed through competitive tender.

The notice period for Executive Directors is six months and for Non-Executive Directors is three months.

There was no change to the composition of the Non-Executive Directors on the Board during 2018/19. There has been no increase in Non-Executive Director remuneration since 2014.

There is no performance related pay element of remuneration for Board members.

Trust-wide Arrangements

As noted above, the Trust applies the nationally agreed arrangements for pay and conditions negotiated with NHS Employers. In addition, the Trust runs its own flexible staffing service, where registered staff are paid at agreed national rates in line with national parameters which enables additional shifts and resourcing requirements to be met from staff who have knowledge of the Trust's policies and quality standards. To incentivise staff to seek additional shifts within the Trust rather than seek higher rates in other hospitals, enhancements continued during 2018/19, with regular reviews to assess impact.

External agency staffing is only used when the demands cannot be met by current contracted and bank staff, and the Trust continues to work on reducing these demands, however the recruitment market remains challenging and resource is scarce. The agency cap (national controls on agency spend) continued to prove a challenge and there have been occasions during 2018/19 when the Trust has had no option but to go outside the rules and 'break' the cap rates. A vigorous authorisation process

is followed before approval is given to 'break' the cap. These instances are for patient safety reasons and used only when required.

Off-payroll arrangements (i.e. where individuals are engaged through a personal service company), are kept to a minimum and are only used on an interim basis where this secures the best individual for the role. Off-payroll disclosures are noted on page 161. All Executive Directors are paid through the Trust payroll. No off-payroll payments have been made to this group.

The introduction of IR35 (Intermediaries Regulations) in 2017 affected the public sector. The changes placed new liabilities and limitations on the use of off-payroll arrangements, including those individuals working through Agencies via Personal Services Companies (PSC) and Limited Liability Partnerships (LLP).

The overall position regarding staff costs and employee numbers are shown in the tables below. The staff numbers are shown as whole time equivalents: it should be noted that this does not therefore equate with the total number of staff due to those staff who work on a part-time basis, whereby more than one person may fill a whole time equivalent requirement.

Staff Costs

	Permanent £000	Other £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	217,349	-	**217,349**	**205,056**
Social security costs	22,003	-	**22,003**	**19,334**
Apprenticeship levy	1,079	-	**1,079**	**1,003**
Employer's contributions to NHS pensions	24,581	-	**24,581**	**23,088**
Pension cost – other	33	-	**33**	**-**
Other post employment benefits	-	-	**-**	**-**
Other employment benefits	-	-	**-**	**-**
Termination benefits	-	-	**-**	**-**
Temporary staff		22,332	**22,332**	**23,851**
Total gross staff costs	**265,045**	**22,332**	**287,377**	**272,332**
Recoveries in respect of seconded staff	**-**	**-**	**-**	**-**
Total staff costs	**265,045**	**22,332**	**287,377**	**272,332**
Of which: Costs capitalised as part of assets	1,823	-	**1,823**	**410**

Average Number of Whole Time Equivalent Employees

	Permanent Number	Other Number	2018/19 Total Number	2017/18 Total Number
Medical and dental	680	64	**744**	**720**
Ambulance staff	-	-	**-**	**-**
Administration and estates	1,390	104	**1,411**	**1,385**
Healthcare assistants and other support staff	1,005	176	**1,041**	**984**
Nursing, midwifery and health visiting staff	1,690	205	**1,785**	**1,768**
Nursing, midwifery and health visiting learners	-	-	**-**	**-**
Scientific, therapeutic and technical staff	588	39	**604**	**598**
Healthcare science staff	17	-	**17**	**17**
Social care staff	-	-	**-**	**-**
Other	-	-	**-**	**-**
Total average numbers	**5,370**	**587**	**5,957**	**5,472**
Of which: Number of employees (WTE) engaged on capital projects	34	19	**53**	**38**

The tables below also show where exit packages have been agreed. These payments are reported to and scrutinised by the Trust's Audit Committee in line with the processes for special payments. There were six exit packages at a cost of £95k for 2018/19. There were 18 exit packages for 2017/18, at a cost of £969k.

Exit Packages 2018/19

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	2	-	**2**
£10,001 - £25,000	3	1	**4**
£25,001 - £50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**5**	**1**	**6**
Total resource cost (£)	**£70,000**	**£25,000**	**£95,000**

In addition, the table below shows other packages that were non-compulsory departure payments. There was one package agreed in 2018/19 and one in 2017/18.

Other Non-Compulsory Departure Payments

	2018/19		2017/18	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	1	25	1	10
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**1**	**25**	**1**	**10**
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Hinchingbrooke Hospital Open Day

Annual Report on Remuneration

Remuneration and Nominations Committee

The Remuneration and Nominations Committee considers the remuneration strategy for the Trust and the remuneration and nominations considerations for Executive Directors.

The Committee met six times during the year. The terms of reference and membership of the committee has remained consistent throughout this last year. The members and attendance at the committee is shown below.

	31 Jul 18	29 Aug 18	25 Sep 18	30 Oct 18	18 Dec 18	29 Jan 19
Committee Members						
Rob Hughes Chairman	✔	✔	✔	✔	✔	✔
Mike Ellwood Non-Executive Director	✔	✔	-	✔	✔	-
Mary Dowglass Non-Executive Director	✔	✔	✔	✔	✔	✔
Beverley Shears Non-Executive Director	✔	✔	✔	-	✔	✔
Officers in Attendance						
Stephen Graves Chief Executive – to 30/09/18	✔	✔	n/a	n/a	n/a	n/a
Caroline Walker Chief Executive – from 1/10/18	n/a	✔	✔	✔	✔	✔
Louise Tibbert Director of Workforce and OD	✔	✔	✔	✔	✔	✔
Jane Pigg Company Secretary	✔	✔	✔	✔	✔	✔

✔ denotes attendance
n/a not in post
- denotes apologies sent

There are four key elements that the current committee needs to undertake, in terms of leadership, remuneration and performance, nomination and external advice. The activity of the committee during 2018/19 is set out as follows:

Non-Executive Director Appointments and Terms of Service

The members and attendance at the Committee is shown below. The Committee has met three times in the year; the main issues of discussion were objective setting and an update on performance appraisals for the Non-Executive Directors and the Chairman.

	28 Jun 18	14 Nov 18	25 Mar 19
Committee Members			
Christopher Chew Committee Chairman / Lead Governor (to 31/08/19)	✔	-	-
Michael Simmonds Public Governor	✔	✔	✖
Mrs Annette Beeton Public Governor	✔	✖	✔
Moira Johnston Staff Governor	✔	✖	✖
Sue Prior Committee Chairman / Lead Governor (as of 1/09/18)	✔	✔	✔
Jill Challener Public Governor	✖	✖	✖
Alan Crouch Public Governor	✖	✖	✖
Kim Graves Staff Governor	✖	✔	✔
Michael Greenhalgh Public Governor	✖	✖	✖
Sandy Ferrelly Public Governor	✖	✖	✖
Gordon Smith Partner Governor	✖	✖	✖
John Ellington Staff Governor	✔	✔	✔
Officers in Attendance			
Rob Hughes Trust Chairman	✔	✔	✔
Jane Pigg Company Secretary	✔	✔	✔

✔ denotes attendance
✖ absent
- denotes apologies sent

Senior Manager Remuneration Policy

The tables on page 158 show the remuneration for persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust. These are defined as the Executive and Non-Executive Directors of the Trust and are shown on page 159. It should be noted that the remuneration for the Medical Director includes that relating to her role as a medical consultant.

This table is supplemented by a further chart showing the pension benefits for the Executive Directors on page 160. There is no table for Non-Executive Directors as these appointments are not pensionable. This table shows projected pension benefits as at the age of 60 and the increase in pension entitlement earned during the year.

The in-year pension benefit calculation is made according to the requirements of NHS Improvement's Annual Reporting Manual and is based on independent pension evaluations provided by the NHS Pensions Agency. This estimates the additional lump sum payment, plus the additional pension entitlement available at retirement over a twenty year period, provided the employee remains in post until the age of 60.

The inflation applied to the accrued pension, lump sum (if applicable) and CETV is the percentage (if any) by which the Consumer Prices Index (CPI) for the September before the start of the tax year is higher than it was for the previous September. For 2017/18 the difference in CPI between September 2016 and September 2017 was 3%. Therefore for benefit and CETV calculation purposes CPI is 3%.

It should be noted that this pension benefit is not received until retirement and actual payments of these amounts have not been received by the individual executives.

> "I cannot praise staff enough. They were very kind, understanding and polite and treated me with the utmost respect."

Single Total Benefit Table – Executive Directors

	2018/19			2017/18		
	Remuneration Salary & Fees Bands of £5k	Pension Related Benefits[4] - All Bands of £2.5k	Total Bands of £5k	Remuneration Salary & Fees Bands of £5k	Pension Related Benefits - All Bands of £2.5k	Total Bands of £5k
Joanna Bainbridge Acting Director of Workforce and Organisational Development (1/7/17 - 30 April 2018)	5 - 10	5 - 7.5	**15 - 20**	80-85	0-2.5	**80-85**
Joanne Bennis Chief Nurse (appointed 1/2/15)	130 - 135	57.5 - 60	**185 - 190**	120-125	65-67.5	**185-190**
David Pratt[1] Director of Finance (appointed 1/11/18)	65 – 70	17.5 - 20	**85 - 90**	-	-	**-**
Neil Doverty Chief Operating Officer (22/10/14 – 27/11/18)	90 – 95	-	**90 – 95**	135-140	0	**135-140**
Stephen Graves Chief Executive Officer (8/9/14 – 30/9/18)	90 – 95	0	**90 – 95**	175-180	32.5-35	**210-215**
Kanchan Rege[3] Medical Director (appointed 1/8/15)	195 – 200	-	**195 – 200**	185-190	95-97.5	**280-285**
Caroline Walker[2] Chief Executive (appointed 1/10/18) Deputy Chief Executive (1/9/15 – 30/9/18)	175 – 180	-	**175 – 180**	150-155	15-17.5	**165-170**
Louise Tibbert Director of Workforce and Organisational Development (appointed 30/4/18)	125-130	-	**125-130**	-	-	**-**
Simon Evans Interim Chief Operating Officer (3/12/18 – 31/3/19)	40 – 45	7.5-10	**50 - 55**	-	-	**-**

[1] David Pratt was appointed Director of Finance on 1 November 2018. This followed a period as Interim Director of Finance that commenced on 20/09/18. The details within the Remuneration Report are inclusive of the period as Interim as there was no change in remuneration upon substantive appointment.

[2] Caroline Walker was appointed Chief Executive on 1 October 2018. The annualised salary for this post is £192k. The details within the Remuneration Report are inclusive of the period as Deputy Chief Executive/Director of Finance & Chief Executive.

[3] The figures for the Medical Director consists of remuneration as an Executive Director (£145-150k) and for clinical responsibilities (£50-55k).

[4] Pension related benefits reflects contributions for the period of employment.

Notes:
Taxable benefits, performance related bonuses and long term performance related bonuses were £nil for both years for each individual. The salaries on the previous page for both years are prior to salary reductions whereby individuals chose to opt into the Trust's salary sacrifice car parking and lease car schemes. These schemes are available to all Trust employees and therefore not associated with the specific posts.

The total pension related benefits noted include the increase in pension entitlement from 31 March one year to 31 March the following year after the prior year figure has been uplifted by indexation. This pension is forecast to be paid for 20 years and so the increase is multiplied by 20 for the purpose of this calculation. The change in lump sum (due upon retirement) from 31 March to 31 March (adjusted for indexation) is then added to the pension entitlement. Finally, any in-year pension contributions made by the employee are deducted to produce the figures noted. An over-riding assumption is made that the employee will contribute to their NHS pension up until retirement age.

Please note that the pension related benefits do not represent a benefit which the employees receive each year. Figures provided by the Pensions Agency.

Single Total Benefit Table – Non-Executive Directors

	2018/19			2017/18		
	Remuneration Salary & Fees Bands of £5k	Pension Related Benefits[1] - All Bands of £2.5k	Total Bands of £5k	Remuneration Salary & Fees Bands of £5k	Pension Related Benefits[1] - All Bands of £2.5k	Total Bands of £5k
Allan Arnott (1/1/12 – 30/4/18)	0–5		**0-5**	10-15		**10-15**
Mary Dowglass (wef 1/4/18)	10-15		**10-15**	-		**-**
Ray Harding (wef 1/4/18)	10-15		**10 -15**	-		**-**
Beverly Shears (wef 1/4/18)	10-15		**10-15**	-		**-**
Sarah Dunnett (wef 1/1/12) Deputy Chair (wef 5/6/17)	10-15		**10-15**	10-15		**10-15**
Mike Ellwood Audit Committee Chair (wef 12/5/16)	15-20		**15-20**	15-20		**15-20**
Rob Hughes (wef 1/4/13) Chairman	40-45		**40-45**	40-45		**40-45**
Gareth Tipton (wef 18/8/14) Senior Independent Director wef 5/6/17	15-20		**15-20**	10-15		**10-15**

Notes:
[1] Pension benefits, taxable benefits, performance related bonuses and long term performance related bonuses were £nil for both years for each individual.

Pension entitlements of the Board of Directors

2018/19 Executive Directors	Pension rights as at age 60		Increase arising in 2018/19 whilst employed by North West Anglia NHS FT		Cash equivalent transfer value as at 31/3/2018	Cash equivalent transfer value as at 31/03/2019	Real Increase in Cash equivalent transfer value for 2018/19
	Accrued	Lump sum	Accrued	Lump sum	£000	£000	£000
	£	£	£	£			
	Bands £5,000		Bands £2,500				
Joanna Bainbridge Acting Director of Workforce and Organisational Development (1/7/17 – 29/04/18)	15-20	55-60	0-2.5	0-2.5	329	463	**9**
Louise Tibbert Director of Workforce and Organisational Development (wef 30/4/18)	**No pension contributions were paid in the year**						
Joanne Bennis Chief Nurse (wef 1/2/15)	35-40	75-80	2.5-5.0	2.5-5.0	496	630	**101**
David Pratt Director of Finance (appointed 1/11/18)	35-40	75-80	0-2.5	0-2.5	543	656	**41**
Neil Doverty Chief Operating Officer (wef 22/10/14 – 2711/18)	**No pension contributions were paid in the year**						
Simon Evans Interim Chief Operating Officer (3/12/18 – 31/3/19)	15-20	40-45	0-2.5	2.5-5	176	236	**13**
Stephen Graves Chief Executive (8/9/14-30/9/18)	55-60	170-175	0	0	**CETV is zero as postholder is over 60 years of age**		
Kanchan Rege Medical Director (wef 1/8/15)	**No pension contributions were paid in the year**						
Caroline Walker Chief Executive (appointed 1/10/18 Deputy Chief Executive (1/9/15 – 30/9/18)	**No pension contributions were paid in the year**						

Senior employees are defined as 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust'.

The people listed above make up the Trust's Board of Directors. None of the individuals detailed have received any other payments in respect of attraction, severance or any other benefit-in-kind. Non-Executive Director posts are non-pensionable.

In addition to the remuneration tables the Trust is also required to disclose the ratio of the highest paid senior manager to the median remuneration of the Trust staff. This is also known as the Hutton Disclosure.

This disclosure is based on the full remuneration of the highest paid director rounded to the nearest £5k. The figure below is therefore higher than the actual remuneration shown in the tables on page 160.

The highest paid director at the end of the reporting period is the Medical Director. The mid-point pay for the Medical Director, inclusive of consultant salary, for 2018/19 is £197.5K. This is 5.13 times higher than the median salary of £38,471. This excludes agency staff for which annualised costs are not readily available. This pay comparison is a decrease from that declared for 2017/18 which was 6.63 times higher than the median salary of £28,277. The calculation for 2017/18 was affected by the acquisition of Hinchingbrooke Health Care NHS Trust.

Governor and Director Expenses

The expenses for the governors and directors for 2017/18 and 2018/19 are noted below. Expenses are paid in accordance with Agenda for Change expense arrangements. These are for expenses claimed directly through the Trust's payroll system.

Governor and Director Expenses

	2018/19			2017/18		
	Number in Office	Number Receiving Expenses	Aggregate Expenses	Number in Office	Number Receiving Expenses	Aggregate Expenses
Governors	27	4	£3,177	31	8	£3,492
Directors	13	13	£11,125	16	13	£15,488

Off-Payroll Arrangements

Off-payroll arrangements are where, rather than being employed by an agency or on the Trust's payroll, individuals are paid through their own service companies. The Trust has also had a fully established Board of Directors throughout the year. As a result there are no engagements of this nature to report.

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2019	7
Of which...	
No. that have existed for less than one year at time of reporting	2
No. that have existed for between one and two years at time of reporting	2
No. that have existed for between two and three years at time of reporting	3
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting	0

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

No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	7
Of which...	
Number assessed as within the scope of IR35	7
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to Trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

No. of off payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both off payroll and on payroll engagements.	0

Caroline Walker
Chief Executive
24 May 2019

Rob Hughes
Chairman
24 May 2019

Audit Committee Report

The Trust has an Audit Committee, which is a mandatory Committee of the Board. Its main objective as set in its terms of reference is:

'to independently contribute to the Board of Directors' overall process for ensuring that an effective internal control system is maintained by providing an assurance on the arrangements relating to all internal control activities'.

The Committee acts independently across all systems of internal control. It also receives assurance from the Quality Assurance Committee on the systems of control for quality governance; for this year assurance was gained from the other board committees on items as requested while the structure for the merged organisation was established. The Committee also places increased reliance on the Trust's Board Assurance Framework which provides a focus for the progress being made against the Trust's strategic objectives, strategic risks and high and significant operational risks.

The Committee consists of three Non-Executive members of the Board. Members of the Trust's executive team also attend regularly, or as required, together with representatives from the internal and external auditors, the counter fraud provider and a Council of Governors representative who attends each Committee meeting as an observer to provide a means through which the Council of Governors can receive, as the appointing body, assurance on the performance of the external auditors as well as assurance on the Trust's overall system of internal control.

Attendance at the Committee is shown in the table below.

	18 May 18	12 Jul 18	6 Sep 18	8 Nov 18	16 Jan 19	14 Mar 19
Mike Ellwood Non-Executive Director and Committee Chair	✔	✔	✔	✔	✔	✔
Caroline Walker Chief Executive – to 30/09/19	✔	-	✔	n/a	n/a	-
David Pratt Finance Director – wef 1/10/18	n/a	n/a	n/a	✔	✔	✔
Sarah Dunnett Non-Executive Director	✔	✔	✔	✔	✔	-
Gareth Tipton Non-Executive Director	✔	✔	✔	-	✔	✔
Jane Pigg Company Secretary	✔	✔	✔	✔	-	✔
David Bryars Public Governor (Committee Observer)	✔	✔	✔	✔	-	-
Robert Wordsworth Public Governor (Committee Observer)	-	-	-	-	✔	-

✔ denotes attendance
n/a not in post
- denotes apologies sent

Governors attend on rotation

> "The paediatrics team did a brilliant job of looking after my little girl this week. Nothing was too much trouble for my poorly four year old."

As noted in the Annual Governance Statement on page 197, following work throughout the year, the Committee received an overall opinion from the Head of Internal Audit (HoIA) of significant assurance. This means that there is generally a sound system of internal control which is designed to meet the Trust's objectives and that controls are generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls puts the achievement of particular objectives at risk. Through the work Internal Audit did make a number of recommendations to strengthen the internal control environment which the Trust is addressing.

The Committee has received the following evidence to support the HoIA's overall opinion:

Domain	Domain Assurance Level	Audit Review Opinions				
		Substantial	Satisfactory	Limited	Nil	No opinion given
Finance	Substantial	60% (3)	20% (1)	20% (1)		
Workforce	Satisfactory		50% (1)		50% (1)	
Performance & Operations	Satisfactory		100% (2)			
Quality & Clinical	Substantial	60% (3)	40% (2)			
Governance & Risk	Satisfactory	33% (1)	34% (1)			33% (1)
Information Technology	Satisfactory	33% (1)			33% (1)	33% (1)
Other						100 % (1)
TOTAL	**Satisfactory**	**38% (8)**	**33% (7)**	**5% (1)**	**10% (2)**	**14% (3)**

All audit reviews that receive nil or limited opinion are scrutinised in depth by the Audit Committee with the lead officer and Executive Director. The two nil assurance related to the study leave processes and the ED Data at Hinchingbrooke Hospital. Action plans have been developed in response to the findings led by responsible Executive Directors.

The Trust's external audit service is provided by KPMG LLP. The external auditor was re-appointed following a competitive tender exercise in October 2018. This appointment is for five years, with a review after three years. The cost of external auditors for 2017/18 was £98,238 (excluding VAT).

The Trust's internal audit service was provided by Mazars, who were appointed following a competitive tender exercise, and commenced work with effect from 1 April 2014 and continued this provision into North West Anglia NHS Foundation Trust. This service included the local counter fraud activities. The Local Counter Fraud Specialist also attended the formal meetings of the Committee. Work has been ongoing during the year regarding the effectiveness of the internal audit and counter fraud services. The provision of Counter Fraud services is supported by an annual self-assessment against standards set by NHS Protect.

The Internal Audit, External Audit and Counter Fraud programmes for the year are set after challenge and scrutiny by the Audit Committee and reference to Trust risks.

The Committee works to an agenda plan, which includes a review of losses and payments, internal and external audit reports, and mechanisms for reviewing the assurance on clinical audit and quality governance (through the Quality Assurance Committee), financial process (through the Finance and Performance Committee), and key governance assurance through the Remuneration and Nomination Committee, Strategic Planning Committee and PCH PFI Assurance Committee.

The Audit Committee also reviews the accounting policies and draft annual report and accounts at a workshop as part of the annual report and accounts preparation process.

Counter Fraud

The Trust acknowledges that it has a responsibility to ensure that public money is spent appropriately and that it has policies in place to counter fraud and corruption.

The Trust has in place a number of procedures for the prevention of bribery, including a clear whistleblowing policy and procedure called 'raising concerns in a safe environment', and a counter-fraud specialist. In addition, the Trust maintains a register of interests for directors and governors, as well as a gifts and hospitality register, which is available to the public.

The Business Conduct and Bribery Avoidance Policy sets out standards of business conduct in support of the Trust's Standing Orders and Standing Financial Instructions. The Trust works closely with organisations both within and outside the NHS to support a concerted effort to promote fair, honest and open working practices.

Workforce Report

Introduction

The Trust believes that a highly-skilled, motivated and engaged workforce is essential to ensuring delivery of high quality integrated care for the population we serve. The Trust has a track record of promoting workforce diversity and engagement, shared values and behaviours and continuous development and learning among its workforce. These themes are integral to our five year Workforce and Organisational Development Strategy which we launched in 2017.

Our Workforce and Organisational Strategy was co-developed with our staff and stakeholders and sets out the future vision for our workforce centred upon our key programmes of work; namely: resourcing, engagement and development. Some of the progress and achievements against the delivery plan are captured in the eight following sections.

Equal Opportunities

All job applicants are considered in terms of their aptitude and abilities for the role in question, rather than any particular disability they may have. This applies both in terms of the selection process, throughout which the individual's needs would be accommodated as far as possible. Also, once appointed, consideration would be given to any requirements that would ensure they are able to perform successfully in the role. The Trust has been fully accredited by the Disability Confident Standard since December 2018; this supports employers to make the most of the talents disabled people can bring to the workplace.

Support is also provided to staff members who became disabled while working for the Trust. Reasonable adjustments to the environment and working patterns are made, as appropriate, following advice from the Occupational Health Team.

Efforts are made consistently to ensure all staff are treated fairly and equitably, regardless of their individual characteristics and circumstances. This includes access to training, career development opportunities and the promotion of people with disabilities.

The Workforce Race Equality Standard (WRES) assesses the workforce data to address the under-representation of black, Asian and minority ethnic employees, and ensures equal access to career opportunities and fair treatment in the workplace. NHS trusts are expected to show progress against a number of indicators of workforce equality which include recruitment opportunities, likelihood of entering the disciplinary process, and accessing non-mandatory training. The Trust has undertaken the Workforce Race Equality Standard (WRES) since 2017. The most recent WRES report was completed in June 2017 and the findings are available on the Trust website.

Gender pay gap legislation was introduced in April 2017 and requires all organisations with 250 or more employees to publish their gender pay gap annually as of 31 March 2017. The gender pay gap shows the average difference in the average pay between men and women. The Trust undertook its first gender pay gap audit in January 2018.

Overall, the report found that pay variances between males and females within the Trust were influenced by the proportion of males and females within each pay band and the different ways men and women participate in the labour market due to the choice of occupations. A copy of the report is available on the Trust website. An action plan is being developed.

Staff Engagement

A range of different communication mechanisms were used throughout the year to ensure staff members were informed of issues relating to them. This included the Weekly Noticeboard 'all staff' bulletin, the monthly team brief, and the Chief Executive's weekly 'blog' which is communicated to all staff members.

The Trust has an open approach which promotes opportunities for staff to talk about their concerns. These can be raised through the Trust's 'Freedom to Speak up' guardians, one of whom is the Chief Executive.

A staff engagement group, known as the Staff Council, runs regularly. Local councils at department level were established during 2018 to give staff the opportunity to discuss the topics they wished to raise.

Improvements were made to the staff intranet during the year and this work will continue through 2019.

Recruitment and Retention and Staff Engagement

Workforce supply remains one of the Trust's top workforce priorities. The Trust has continued to put a high level of focus on effective recruitment and retention throughout the year.

The success of our recruitment strategy this year saw Trust hospitals use fewer agency workers and increase the number of substantive and bank staff. The Trust continues to build on its annual recruitment plan to focus on effective recruitment and retention. This is linked to filing vacancies to improve the quality of patient care and reduce agency spend. In support of this, other systems also went live during 2018, including e-Rostering for medical staff and the roll-out of improved job planning for our medical staff.

An increased focus has been given to a variety of recruitment and career paths within our recruitment and retention plans. This has seen staff developing into new roles, including going from one job to another, either in an upward, downward or parallel direction.

This flexible approach to career development, together with offering flexible working, is encouraging a diverse workforce, which includes the younger and older generations and has, in turn, improved our retention rates.

The Trust continues to recognise the value of apprenticeships, both as a means of recruiting and retaining staff. This has seen the Trust recruit successfully and locally from these potential pools of trained staff. Our apprentices tend to stay within the area they train, whereas other staff groups trained at university do not necessarily stay where they had their clinical placement.

The Trust embraced the potential workforce challenge brought about by Brexit and encouraged our EU workforce to apply for settled status. We also continued to recruit doctors and nurses from other areas overseas. This remains a critical part of our future recruitment plans.

The Trust attended a number of local and national career fairs during the year to showcase the organisation and attract potential employees.

For the younger workforce, the Trust has recognised that their preferred pathway is via technology, so we have developed a number of recruitment attraction schemes that are linked to social media.

All employees participate in the annual appraisal and personal development review process. This results in the cascade of strategic objectives to divisional and team level, before being incorporated into individual objectives as they are agreed. The result being that every staff member is personally involved in contributing to the overall performance of the Trust.

Staff members are encouraged to participate in decisions that affect them during the appraisal process and through individual and team meetings. These decisions may be in respect of their own roles, changes within the wider service or the overall management of the Trust.

It is widely recognised that engaged and well-motivated members of staff are key to delivering high quality care to patients. The Trust recognises the importance and value of having an engaged workforce and well-established mechanisms are in place to encourage staff engagement and involvement.

Our staff engagement plan aims to develop a sense of community where every individual feels part of the organisation, takes pride in what they do, works as part of a successful team and delivers the best possible care for patients. This plan is designed to develop and sustain the best possible staff engagement in the short, medium and long term.

We continue to integrate our organisational vision and values into everything we do, and more specifically, to our staff engagement plan. We continue to measure staff engagement through the recognised channels, such as the NHS Staff Survey; Friends and Family Test, and national drivers of best practice. Staff members are encouraged to participate in decisions that affect them during the year.

Staff Health & Wellbeing

Our Health and Wellbeing strategy was launched in November 2018. The vital component of this strategy is about keeping staff heathy while they are at work and in doing so, increasing morale and reducing sickness absence. We have set up the Good to Outstanding (G2O) Programme Board to respond to staff feedback and develop a work programme to deliver improvements in staff health and wellbeing.

We have grown our staff reward scheme and developed further discount schemes for our staff members, including discounted gym membership. We have also used the combined force of other NHS organisations to work with companies to achieve the best deals for staff, such as free financial advice.

Our commitment to flexible working continued through the 12 months and we now offer working patterns that suit their needs at various points of their life, including flexible working, retire and return. The development of a flexible reward package that is adaptable to each stage of working life is being developed to support this work.

October 2018 saw the annual staff awards ceremony, where we recognise our people for their outstanding efforts in a number of categories. These are based on the organisation's values, including Putting People First, Caring and Compassionate, Working Positively Together, Actively Respectful and Seeking to Improve and Develop.

In March 2019 the Trust signed up to the 'Time to Change' Employer Pledge. This is a commitment to changing the way we think and act about mental health at every level of the organisation. In order to sign the pledge, we have submitted an action plan detailing what we will do. This includes the increased promotion of resources available to support members of staff who struggle with their mental health, more opportunities to talk openly during the year through specific events, and more training for managers to help them support their teams.

Leadership

The NHS five-year Workforce Strategy, launched in 2018, reinforces the importance of effective leadership and management at all levels, from the ward to the board. The Trust continues to deliver a suite of effective leadership programmes which ensure excellent leadership is developed and practiced. A programme of board development is also in place. Internally we have a wide suite of leadership and management development programmes and workshops available for all staff, whether clinical and non-clinical, and whatever role or level they work at within the organisation. Externally we work closely with the NHS Leadership Academy to support national, regional development opportunities and leadership initiatives, such as the Mary Seacole Leadership Programme.

Partnership working

The Trust partnership group provides the formal mechanism by which key workforce decisions are made, in respect of terms and conditions of service. This forum was also responsible for developing a number of workforce policies and overseeing organisational change.

Health and Safety

The ongoing promotion of Health and Safety, fire safety and security within the workplace remains a high priority for the Trust. Our team of Health and Safety professionals played a key role in terms of ensuring compliance with the *Health & Safety at Work Act 1974*, as well as the Fire Safety Order 2005.

This is achieved through regular audits and re-inspections of premises that have significant findings within their risk assessments. The team also work across all services to promote best practice, develop health and safety policies, investigate incidents and near-misses, review health and safety assessments and ensure compliance with regulations and guidance.

Future priorities and targets

A five-year Workforce and Organisational Development Strategy was created in 2017 to ensure the Trust is clear about future workforce priorities. As part of this strategy an action plan that will pull together all the key strands of work for the directorate is being developed.

Workforce Planning and Supply

The Trust has a fully ratified Workforce and OD plan, in place until 2021. This was endorsed by our Board of Directors in December 2017. Trends show that younger generations are choosing to work in 'less traditional ways' seeking a more 'flexible approach' to work. The Trust will need to develop flexible opportunities to support this while ensuring we tap into this potential future workforce.

The delivery of high quality education and placements will result in employers having staff who are ready to deliver the job and types of services needed for patients. We need to provide a variety of ways to access a diverse

range of work experience opportunities for young people locally and link with schools, colleges and further education providers.

One of our biggest and as yet unknown challenges is the implication of Brexit; particularly the decline of nurses and others joining from the EU.

Therefore the Trust's workforce plan will need to reflect latest projections of supply and retention, on a national and local basis, and include actions that will strengthen bank arrangements and opportunities for improved productivity and workforce transformation.

As well as career development for existing staff, this sits alongside opportunities for people to return to practice too.

Our multi-faceted workforce includes an ageing workforce, as there is no longer a maximum age for retirement. Today's workforce will wait longer for their state pension and may choose or need to stay in paid employment for longer. In the context of STP and the local footprint strategy, we need to be much clearer on the recruitment and development paths we will adopt to move staff from one sector to another, i.e. social care to health care.

Equality, diversity and inclusion will continue to be at the heart of our Workforce and OD Strategy and as a means of growing our supply. Our workforce race equality plan, over the next two years, our Trust will expect to show year-on-year improvements in closing the gap between white and BME staff being appointed from shortlisting. We have some work to deliver in line with the findings from our Gender Pay Gap report of 2019. We will continue the focus placed on recruitment to key staff groups during 2017/18, particularly:

Nursing:

Education and training:
The number of newly qualified nurses available to be employed will increase by up to 2,200 more per year in 2019/20.

Retention:
Improving retention to the level of two years ago. This means 4,000 more whole time equivalent nurses per year.

New fast track 'Nurse First' programme:
We will embrace the Nurse First route to nursing, similar to the Teach First programme. This provides financial support for graduates from other related disciplines to undertake a fast track 'top up' programme to become a graduate registered nurse.

Support new Advanced Clinical Practice (ACP) nurse roles:
We expect a new national ACP framework and will look to deploy further ACPs into high priority areas such as A&E, cancer care, elective services or reduce locum costs by converting medical posts.

Medical Workforce:

Undergraduate medical school places are set to grow by 25%:
Adding an extra 1,500 places, starting with 500 extra places in 2018 and a further 1,000 from 2019.

Tackle pressures on doctors in training:
Junior doctors are a crucial part of the NHS workforce. We continue to engage with our junior workforce and more senior doctors.

New professional roles:
We are building on our retention strategy for the Trust, linked to improving staff engagement. The Trust's retention strategy pulls together all the benefits for staff who are either already working with us or who may be our future workforce. We already have excellent practices in place, such as the support we give our overseas nurses such as support to find housing, schools and local social networks. We also provide excellent Trust induction and training for all our new recruits.

Workforce Utilisation

Agency workers and temporary staff are widely used resources within the Trust. Our focus needs to look at different temporary staffing solutions and how we can use collaborative approaches to reduce agency spend, through sharing our staff banks and controlling rates of pay, for example. Agency spend has reduced in the year from 8.57% of pay bill to 6.29% of pay bill.

Our roll out of Use of e-rostering and effective job planning continued through 2018/19 to ensure right staffing at the right time. Building on our success we will continue to develop and utilise the Health Roster Live module with our nursing workforce to ensure high quality effective care at the bedside (measured by number of care hours delivered per patient according to their clinical needs).

This will help reduce agency spend further through more effective deployment of substantive staff, and will make rostering more staff-friendly through use of mobile technology. The e-rostering and job planning systems will continue to be rolled out to all other staff groups.

> "I had to take my dad to A&E and I was so impressed with the speed in which he was seen and how thorough the staff were. He was given some proper advice and treatment and started to feel better within days. Thank you so much."

The Trust's Workforce

At 31 March 2019, the Trust employed **6,230** members of staff (31 March 2018 – 6,001). This is a positive increase of 3.8% from 2017/18 due to improved recruitment to vacant posts throughout the Trust. The table indicates gender balance within the Trust during the year.

> "I had to have a total hysterectomy. My fabulous consultant was very calming and explained the whole procedure."

A combined position showing 2018/19 has been provided for comparison purposes in the table below. The age bandings show a minor increase for those within the 31-40 bracket. The data also shows an increase in the number of staff with a recorded disability.

Gender	FTE	Headcount
Director		
Female	3.00	3
Male	1.00	1
Employee		
Female	4339.41	4960
Male	1207.85	1244
Senior Manager		
Female	**11.00**	**11**
Male	**11.00**	**11**
Grand Total	**5573.26**	**6230**

Age Bands	FTE	Headcount	Workforce %
<=20 Years	58.73	59	1.05%
21-25	399.91	412	7.18%
26-30	756.50	804	13.57%
31-35	724.31	809	13.00%
36-40	643.69	730	11.55%
41-45	710.80	796	12.75%
46-50	723.25	810	12.98%
51-55	749.89	841	13.46%
56-60	522.52	603	9.38%
61-65	244.29	301	4.38%
66-70	28.27	46	0.51%
>=71 Years	11.09	19	0.20%
Grand Total	**5573.26**	**6230**	**100.00%**

Disability	FTE	Headcount	Workforce %
No	3624.05	4020	65.03%
Unspecified	1808.99	2054	32.46%
Declared Disability	140.22	156	2.52%
Grand Total	**5573.26**	**6230**	**100.00%**

Religious Beliefs	FTE	Headcount	Workforce %
Atheism	605.70	659	10.87%
Buddhism	32.48	33	0.58%
Christianity	2547.86	2860	45.72%
Hinduism	116.36	122	2.09%
Islam	153.03	162	2.75%
Jainism	4.19	4	0.08%
Judaism	6.19	6	0.11%
Other	373.33	412	6.70%
Sikhism	19.91	21	0.36%
Unspecified	1714.21	1951	30.76%
Grand Total	**5573.26**	**6230**	**100.00%**

Sexual Orientation	FTE	Headcount	Workforce %
Bisexual	37.67	41	0.68%
Gay or Lesbian	54.98	58	0.99%
Heterosexual or Straight	3863.67	4290	69.33%
Unspecified	1616.95	1841	29.01%
Grand Total	**5573.26**	**6230**	**100.00%**

Workforce Performance Indicators

As at 31 March 2019, the Trust achieved a sickness absence level of 4.05% (rolling average) compared with 3.79% for 2017/18. There is an increase over the past 12 months, we are seen as being at the regional average for sickness, but still less than the national average for a Trust of our size.

Measure (Statistics from HSCIC from ESR Data Warehouse)	**Trust Rate (03/19)**	**Regional Rate (03/19)** Medium acute	**National Rate (03/19)** Medium acute	**Definition**
Absence rate	4.05%	4.06%	4.27%	Number of sickness days divided by the total FTE at the Trust in the last month

> “After explaining my son’s need for quiet and how overwhelming busy areas are for him, staff were brilliant, they found somewhere private for us to sit while waiting for an X-ray.”

Nationally calculated sickness absence days

Figures have also been produced by the Health and Social Care Information Centre (HSCIC) on a national basis from the Electronic Staff Record (ESR) system. These are estimates for the year based on the period January to December 2018 and cover all days of sickness regardless of whether these are working days or non-working days. The results are shown in the table below:

	Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by HSCIC from ESR Data Warehouse		
	Average FTE 2018/19	Adjusted FTE days lost to Cabinet Office definitions	FTE – Days Available	FTE – Days Lost to Sickness Absence	Average Sick Days per FTE
North West Anglia NHS Foundation Trust	5459.84	76,885	1,894,073	**87,907**	6.96

Staff Turnover

Staff turnover levels have decreased from 11.12% in 2017/18 to 9.78% in 2018/19. Comparison data with our peers is shown below, as can be seen our leaver rate is considerably lower than both the regional and national rate for medium acute trusts.

Measure	**Trust Rate (03/19)**	**Regional Rate (03/19)** Medium acute	**National Rate (03/19)** Medium acute	**Definition**
Leaver rate	**9.78%**	13.79%	14.51%	Number of leavers divided by the average number of staff in the last 12 months
Stability index	**85.64%**	86.01%	85.34%	Number of staff present at the start and the end of the 12 month period, divided by the number of staff present at the start of the period

Compliance with Developing Workforce Safeguards' recommendations

We developed our annual workforce plan to ensure appropriate levels and skills of staff are available to deliver safe, high quality care to our patients. Our Trust plan was compiled from Division workforce plans. It was multidisciplinary, evidence-based, integrated with finance and activity plans. Our annual plan was shared with the Board and reviewed mid-year.

During the year, our Board received assurance regarding the performance through the Single Integrated Performance monthly report with supporting information for indicators rated as red on the performance dashboard bringing together performance metrics and information relating to workforce, quality priorities, staffing and finance. The workforce data presented to Board on a monthly basis included establishment updates, sickness, turnover, appraisal, vacancy rates, agency spend and mandatory training data.

Reports to Board from the Finance and People and Performance Committee provide further assurance to the Board on the effectiveness of the delivery of our Workforce and Organisational Strategy which details our short, medium and long term workforce strategies to deliver a safe, effective service. This Committee also receives assurance regarding the risks relating to workforce recruitment and retention.

Facility Time Data

The Trust has 13 members of staff who are Trade Union Officials. The Trust does not currently record Facility Time data, however further details about their pay can be found in the table below.

Work is ongoing to develop a more robust process to capture annual Facility Time data. This will be presented in next year's annual report.

Number of employees who were relevant union officials	0% of relevant union officials working hours spent on facility time	1-50% of relevant union officials working hours spent on facility time	51-99% of relevant union officials working hours spent on facility time	100% of relevant union officials working hours spent on facility time	Relevant union official pay cost	Percentage of total pay bill on facility time
13	0	13	0	0	£51,738	0.018%

Culture

'Have Your Say' - Our Cultural Barometer Survey

Have Your Say - Our Cultural Barometer' survey continues to take place quarterly. It is a short, anonymous survey open to all Trust staff that incorporates the national 'Staff Friends and Family Test' (SFFT) questions.

Trend: Staff Friends and Family Test Results

	2014/15			2015/16			2016/17			2017/18 (NWAFT)			2018/19	
	Q1	Q2	Q4	Q1	Q2	Q4	Q1	Q2	Q4	Q1	Q2	Q4	Q1	Q2
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	78%	77%	78%	81%	81%	81%	88%	86%	82%	85%	82%	81%	84%	84%
	75%	74%	74%	73%	72%	72%	73%	85%	N/A					
How likely are you to recommend this organisation to friends and family as a place to work?	59%	63%	64%	63%	66%	62%	72%	71%	60%	62%	60%	59%	64%	63%
	61%	61%	61%	54%	50%	64%	55%	63%	N/A					

Peterborough and Stamford Hospitals NHS Foundation Trust

Hinchingbrooke Health Care Trust

N.B. The National Staff Survey is conducted in Q3 therefore Trusts are not required to conduct a Staff Friends and Family Test (SFFT)

In addition to the two mandatory SFFT, an additional standard nine questions are asked, together with a couple of key topical/local questions.

This provides opportunity for more timely response to staff feedback and as it is measured, it becomes an iterative process.

> "I've had Bowel cancer, undergone major surgery and had four cycles of chemotherapy. I thank my surgeon, everyone on A4, and oncology outpatients. I owe you my life."

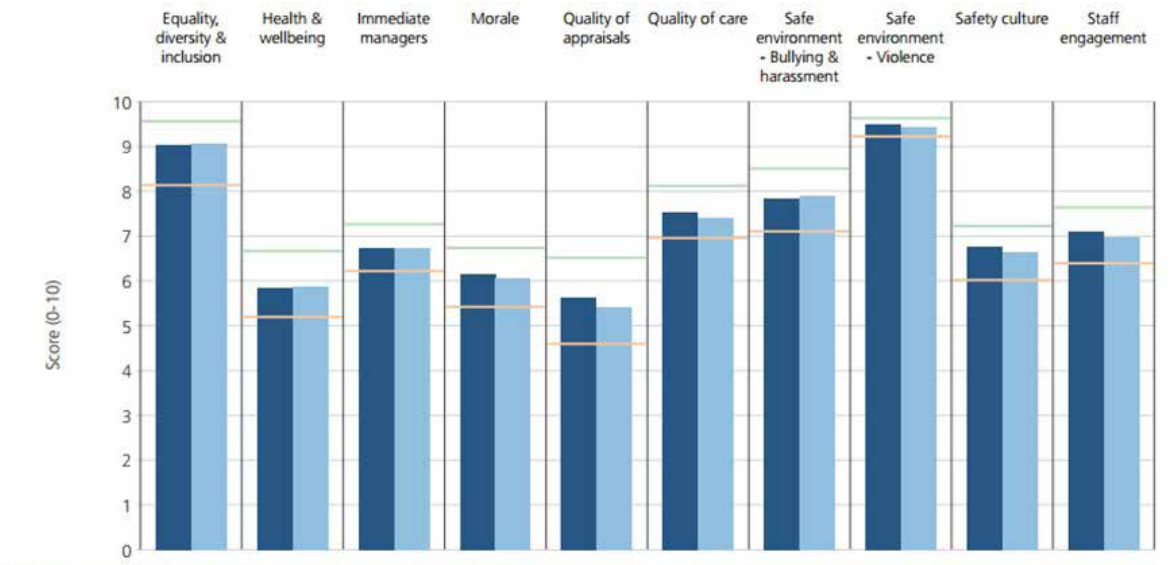
2018 NHS Staff Survey

This year the NHS National Staff Survey (NSS) was sent to all of our Trust staff. We had a final response rate of 38% (2,180 responses, from a usable sample of 5,710).

There are a number of differences in how results are reported this year. Key Findings have been replaced by themes. These themes cover ten areas of staff experience and present results in these areas in a clear and consistent way, on a scale of 1-10, where the higher the score the more positive than a lower score.

Theme Results

Overall, the Trust consistently scored above or in line with the national average across all ten themes.



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.0	5.8	6.7	6.2	5.6	7.5	7.8	9.5	6.8	7.1
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
No. responses	2,128	2,146	2,152	2,123	1,724	1,890	2,132	2,131	2,135	2,170

Statistically significantly better than the acute trust average

At a question by question level, the Trust consistently scored above the national acute trust average, significantly so in some areas, as detailed in the table below.

Question	NWAFT	Acute Avg.	Difference
2a) I look forward to going to work	65%	58%	**+7%**
4f) I have adequate materials, supplies and equipment to do my work	61%	52%	**+9%**
18c) I am confident that my organisation would address my concern	60%	54%	**+6%**
21b) My organisation acts on concerns raised by patients/service users	75%	70%	**+5%**
21d) If a friend or relative needed treatment i would be happy with the standard of care provided by this organisation	64%	68%	**-6%**
22b) I receive regular updates on paitent/service user experience feedback in my directorate/department (e.g. via line managers or communications teams)	67%	59%	**+8%**
22c) Feedback from patients/service users is used to make informed decisions within my directorate/department	65%	55%	**+10%**

Results: Significance Testing

The table below presents the results of significance testing on this year's theme scores and those from last year.

The final column contains the outcome of the significance test: ↑ indicates that our 2018 score is significantly higher than last year's, whereas ↓ indicates that the 20018 score is significantly lower. If there is no statistical significant difference, it is reported as 'Not significant'; where there is no comparable data 'N/A'.

Theme	2017 Score	2018 Score	Statistically significant change?
Equality, Diversity & Inclusion	9.1	9.0	Not significant
Health & Wellbeing	6.1	5.8	Not significant
Immediate Managers	6.7	6.7	Not significant
Morale		6.2	N/A
Quality of Appraisals	5.1	5.6	↑
Quality of Care	7.6	7.5	Not significant
Safe Environment - Bullying & Harassment	7.9	7.8	Not significant
Safe Environment - Violence	9.4	9.5	↑
Safety Culture	6.5	6.8	↑
Staff Engagement	7.0	7.1	Not significant

Trust employment and disability

The Trust is committed to promoting equality of opportunity for all its employees. We believe individuals should be treated fairly in all aspects of their employment, including training, career development and promotion, regardless of disability or any other protected characteristic.

We understand equality means different things for different people and that some people require more support to achieve the same outcome. Therefore we aim to create a culture that respects and values individual differences and that encourages individuals to develop and maximise their true potential.

The Trust's Occupational Health Department supports managers and staff on reasonable adjustments to accommodate disabilities or medical conditions.

The Trust works hard to ensure we adapt the support we provide to be as dynamic as possible and endeavours to listen and respond to staff with disabilities and long term conditions through methods of co-production.

> "After spending two early mornings in ED with my elderly Mum, from the arrival of the Paramedics to her release from hospital, I have nothing but admiration for the whole team. Professional, compassionate, caring and respectful. All of these qualities plus more were shown to us."

Health and Wellbeing

Occupational Health Statement

The main priority of the Occupational Health Department is to support and advise managers of the effects of health on work and work on health. Training is provided to managers to enable them to support and manage their teams effectively and in line with Trust expectations.

The Department is responsible for the Flu CQUIN seasonal flu vaccination for healthcare workers and employee health and wellbeing. Last year 72.7% of front line clinical staff received the vaccination. This year, 71.1% has been achieved.

In 2018 the Trust entered the Virgin Pulse Global Corporate Challenge for the year running and 92 teams took part. The 100 day challenge is designed to increase the number of steps walked daily and to improve health and wellbeing. Feedback from staff has been excellent with many reporting improved performance on the previous year.

The focus of last year's challenge was to integrate teams who work across site in order to improve working relationships. Already this year the department has received a number of enquiries about the start date for the 2019 challenge. Staff also reported that they felt the challenge brings the whole Trust together, where colleagues can support and encourage each other to promote healthy choices.

The OH department was reviewed by a small team of occupational health experts. The rationale for the review was to compare the Trust to nationally benchmarked standards. The feedback received was excellent and an action plan has been formulated to work towards gaining national standard. The OH department completed key performance indicators (KPIs) on service delivery, with outcomes being met in:

- new health screening
- appointments
- sending reports
- blood test results, and
- new business enquiries

The KPIs demonstrate that the OH department is delivering metrics which meet or exceed nationally agreed standards. This supports the Trust on recruitment and management of staff with health conditions that affect work.

The Trust provides a counselling service to staff across the organisation, which is delivered by an independent charity. A mental wellbeing standard is being developed with a focus on promotion of mental and physical wellbeing improvement.

Individual personal wellbeing appointments are offered by Occupational Health to support those who wish to improve their health.

Leadership, Education and Training

The development of our current and emerging leaders and managers remains a priority for the Trust, which is in keeping with the NHS national vision of creating a culture of compassionate leadership across the health service. In addition, leadership development continues to be one of the main themes in our Good to Outstanding (G2O) organisational development programme. Our focus is to ensure our leaders and managers are able to demonstrate the skills, knowledge, attitudes and, just as importantly, the behaviours they require to lead and manage to the highest standards. The Trust's personal responsibility framework outlines the behaviours we expect to see from all our staff with additional responsibilities for our leaders, at team, department and strategic levels.

All of our leadership, management and development programmes are reviewed regularly to ensure they are current and in context with both national and local priorities, while continuing to follow the principles of the NHS Leadership Academy's Healthcare Leadership model.

Cohort 7 of our internal senior leadership programme, 'Vision to Reality' for staff at Band 7 and above, is currently underway. Delegates are drawn from a number of clinical and non-clinical areas, including medical staff. This programme has continued to evaluate very positive with all participants. The 'Introduction to Leadership' programme for Band 5 and 6 staff remains popular and also receives very positive feedback. The 'Effective Manager' programme continues to run regularly and receives excellent feedback on how useful it is in preparing our managers for their roles.

The Trust is also offering many more opportunities for apprenticeship development across both professional and non-professional groups, following the introduction of the Apprentice Levy, a new funding model.

Mandatory training delivery and compliance remains a priority in support of patient care. By working closely with the subject matter, experts who deliver mandatory training and our HR and General Manager colleagues, we have continued to maintain and improve the Trust's overall compliance for mandatory training.

Investment in leadership, education and training ensures the Trust's workforce is prepared and proficient to be able to effectively carry out their role, minimise risk across the whole organisation, and enhance the patient experience.

Estates and Facilities

The Estates and Facilities directorate aim and vision is to ensure it contributes to the achievement of the Trust's objectives by maintaining and developing buildings and facilities that offer the necessary levels of safe and appropriate amenities, services and accommodation for patients, visitors and staff.

On the whole 2018/19 was a good year for our directorate. Here are some of the milestones we achieved:

- Secured experienced and competent senior management teams in both our Peterborough and Hinchingbrooke hospitals. This will play a huge part in enabling us to manage our mandatory and statutory requirements over the coming years.
- Concluded the Assisted Negotiation with our PFI partners following 12 months of discussions. This will lead to better working relationships and improved performance, and will enable us to resolve any the defects in the Peterborough City Hospital construction in a timely manner.
- Prepared and secured Trust Board approval for our 2019/2026 Estates Strategy for the three hospital sites.
- Completed the fire compartmentation defect works, which have been widely reported over the past two years. These programmes of works were completed six months in advance of the agreed date and all certifications were signed off by the Cambridgeshire Fire and Rescue Services.
- The Directorate received many national awards for its ground breaking services, such as the BIFM Partnerships Award and the Health Business Award for our catering services.
- Delivered several capital projects, which included increasing the number of beds in the Trust by 33.

Like many NHS Trusts, there were challenges around staffing and finances. Trying to attract qualified and experienced staff in a highly competitive market proved difficult; however, we started to see positive results towards the end of the year with new staff coming on board at Hinchingbrooke Hospital.

Soft FM (Facilities) Services - PLACE score for 2018 compared to 2017

PLACE - Patient-Led Assessment of the Care Environment (PLACE), is a review led by external assessors from the local community in partnership with NHS Trust staff. The PLACE score was introduced to revitalise the assessment of the patient environment process and, more importantly, to ensure a greater focus on patient involvement in the process.

PLACE covers privacy and dignity, wellbeing, food, cleanliness and general maintenance of buildings and facilities. It focuses entirely on the care environment and does not assess clinical care provision or staff behaviours. It extends only to areas accessible to patients and the public, such as wards, departments and common areas, and does not include staff areas, operating theatres, main kitchens or laboratories.

Increase in score between 2017 & 2018
Decrease in score between 2017 & 2018

			National Average	98.47%	90.17%			84.16%	94.33%	78.89%	84.19%
Year	Site Code	Site Name	PLACE Site Type	Cleaning Score %	Food Score %	Org Food Score %	Ward Food Score %	Privacy, Dignity and Wellbeing Score %	Condition, Appearance and Maintenance Score %	Dementia Score %	Disability Score %
2018	RGN49	STAMFORD & RUTLAND HOSPITAL	Acute/ Specialist	98.77%	96.12%	95.08%	97.12%	79.92%	94.08%	85.83%	85.59%
2017	RGN50	STAMFORD & RUTLAND HOSPITAL	Acute/ Specialist	99.47%	96.66%	96.18%	97.12%	74.32%	94.04%	82.45%	83.09%
2016	RGN51	STAMFORD & RUTLAND HOSPITAL	Acute/ Specialist	100.00%	94.88%	94.28%	95.64%	88.41%	98.32%	88.64%	86.46%
Year											
2018	RGN80	PETERBOROUGH CITY HOSPITAL	Acute/ Specialist	98.90%	90.34%	93.07%	89.63%	88.64%	98.22%	85.34%	94.75%
2017	RGN81	PETERBOROUGH CITY HOSPITAL	Acute/ Specialist	98.64%	95.77%	96.32%	95.67%	93.24%	97.72%	86.63%	93.07%
2016	RGN82	PETERBOROUGH CITY HOSPITAL	Acute/ Specialist	98.66%	79.79%	81.16%	79.18%	88.65%	95.84%	82.26%	86.37%
Year											
2018	RQQ	HINCHINGBROOKE HOSPITAL	Acute	99.52%	87.76%	81.67%	89.07%	81.72%	93.33%	65.87%	68.03%
2017	RQQ	HINCHINGBROOKE HOSPITAL	Acute	99.18%	95.03%	89.35%	97.78%	86.15%	92.33%	76.04%	76.85%
2016	RQQ	HINCHINGBROOKE HOSPITAL	Acute	97.38%	91.21%	90.37%	91.93%	79.87%	87.50%	70.00%	68.49%

Figure 1 PLACE Scores 2018

The results for 2018 (in a newly merged Trust) were variable. While we increased our scores in some areas, we decreased them in others. In order to improve our results next year, we have instigated an action plan that has been shared widely with our patients' forum and care quality teams.

Hard FM (Facilities)

In 2018/19, the Trust completed an Estates strategy to provide a direction of travel to manage its assets and reduce its significant backlog maintenance burden identified in the six Facet Survey carried out in January 2018. Details of the Estates strategy can be found on the Trust's website https://www.nwangliaft.nhs.uk/about-us/trust-publications/

The Strategy will be delivered over the next five years and is dependent on significant capital investment. It should be recognised that during the five years, some services will continue to be delivered from poor quality buildings. There is a risk therefore that staff and patient experience will be adversely affected and that safety will be compromised.

This is being managed by investing in critical infrastructure systems and capital to address the backlog of maintenance, robust systems and processes, (Planet; Datix). Achievement of demanding targets for responsiveness, particularly for statutory and urgent needs, compliance are checked independently by the Director of Estates and Facilities, and finally, a capital works programme which is informed and prioritised by clinical need.

Capital:
During the year we completed a significant bed expansion project which increased our bed compliment by 33 bed spaces. Alongside this we spent almost £4m on clinical equipment and replaced our CT to a new fluoroscopy unit. Work commenced on the Uninterruptible Power Supply (UPS) for the Peterborough City Hospital site. We also refurbished the front of house lifts at Hinchingbrooke Hospital.

The Estates and Facilities Team put forward a five year capital programme, of which £4m per year has been set aside for managing our backlog of maintenance. We have also secured a delivery partner through the DH Procure 22 (P22) programme to deliver these capital projects.

The P22 represents the third iteration of the DH Framework. It provides design and construction services for use by the NHS and social care organisations for a range of works and services. P22 continues to build on the principles of its predecessors to streamline the procurement process and create an environment in which clients, Principal Supply Chain Partners (PSCPs), and their supply chains, develop stronger partnerships to drive increased efficiency and productivity while supporting enhanced clinical outputs for patients and improved environments for staff and visitors.

The Trust also secured £25.5m funding as part of the Sustainability and Transformation Partnership (STP) wave 4 Funding round. STP areas cover all of England and local NHS organisations and councils drew up shared proposals to improve health and care in the areas they serve.

The Trust, together with partners in the healthcare system across the region, worked together to bid for the funding to improve existing facilities in the face of a rapidly growing population, and invest in world-class regional centres of excellence.

The money will enable the Trust to focus on developing and improving clinical services at Hinchingbrooke Hospital to meet demand and capacity, and go towards addressing our compliance and backlog of maintenance items.

Sustainability:
2018/19 saw little change in sustainability and energy management but enabled us to review our Green Travel Plans (GTP) and reconsider the options for next year.

Following the merger of the two Trusts, it became clear that we needed a single approach to our Sustainability agenda and in particular our Green Travel Plan. In late 2018/19, we commenced the appointment of a specialist consultancy to drive this agenda forward with a view to having a single document that promotes Green Travel, car parking management, access to and from our sites, while promoting other means of getting to our sites i.e. cycling, walking, bus, etc.

This work has started in earnest and will be ready for presentation to the Trust Board in June or July 2019. A planned implementation following appropriate consultation with staff and key stakeholders will take place in the following months.

Alongside this piece of work we are also working on key projects to improve our energy usage by installing LED lighting, a new CHP plant and battery storage unit in lieu of a UPS system. We have an energy group set up which looks to make energy savings throughout the year across our three sites.

In 2019/20 we plan to have a Sustainable Development Management Plan in place for the Trust to monitor our performance and ensure we meet the targets we have been set by government.

In energy management terms we have developed alongside Carbon Energy Fund a solution which could save us £127,000 per year for the foreseeable future.

> "A huge thank you to the staff in imaging who put me at ease and got me through 90 minutes in the MRI scanner. You guys are awesome and the play list of music you gave me was spot on."

Board of Directors

Executive Directors and Divisional Management Structure


Mr Robert Hughes
Chairman


Caroline Walker
Chief Executive


Dr Kanchan Rege
Medical Director


Jo Bennis
Chief Nurse


David Pratt
Director of Finance


Simon Evans
Interim Chief Operating Officer


Louise Tibbert
Director of Workforce and OD


Sarah Dunnett


Gareth Tipton


Beverley Shears


Ray Harding


Mary Dowglass


Mike Ellwood


Jane Pigg
Company Secretary

Non-Executive Directors

The Board of Directors is collectively responsible for the Trust's strategic direction, its day-to-day operations and performance. Their powers, duties, roles and responsibilities are set out in the Trust's Constitution.

The Trust Board of Directors comprises executive, Non-Executive Directors and a non-voting member and has overall responsibility for the Trust. The Board determines strategy and agrees the overall allocation of resources and ensures that adequate systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery. It is responsible for the design and implementation of agreed priorities, objectives, and the overall strategy of the Trust. The Executive Directors are responsible for operational management of the Trust. The Board of Directors was supported by Jane Pigg, Company Secretary.

Strong governance is required to ensure the Trust is managed well and effectively and complies with regulations and national standards. The Trust is committed to effective and comprehensive governance, which ensures organisational capacity and skills to deliver both commissioned and mandatory services. The following sections set out the Trust's governance arrangements, giving details of the ways in which the Board of Directors and Council of Governors work, both separately and together, to provide cohesive and robust governance arrangements.

Directors have a responsibility to take account of governors' views in terms of the Trust's forward planning. The Board Assurance Framework enables continuous and comprehensive review of the performance of the Trust, against the agreed plans and objectives outlined on page 36.

In order to deliver and develop patient care effectively, the Trust is comprised of three clinical divisions. Each division is led by a triumvirate of a clinical director, general manager and head of nursing.

The divisional structure is outlined on the next page.

> "I had a bad spell and rushed into hospital. The staff in A&E were very busy but they made time for everyone. I went up to Ward B8 and was looked after by the diabetes staff. They all do a brilliant job through the stress they have."

Operational Divisions

NHS North West Anglia NHS Foundation Trust

Medical Director, **Dr Kanchan Rege** to oversee professional accountability of Divisional Directors

Chief Nurse, **Jo Bennis** to oversee professional accountability of Divisional Heads of Nursing

Simon Evans, Interim Chief Operating Officer

Division of Emergency & Medicine

Dr Okubadejo Deyo, Interim Divisional Director

Kay Ruggiero, Divisional General Manager

Sue Fenson, Divisional Head of Nursing

Departments

Ambulatory Care (ACU)
Cardiology
Diabetes/Endocrinology
Emergency Departments (ED)
Endoscopy / bowel screening
Gastroenterology
Medical Assessment (MAU)
Medicine for older people
Minor Injury Unit (MIU)
Neurology
Renal
Respiratory
Stroke

Division of Surgery

Mr Filippo Difranco, Divisional Director

Kate Hopcraft, Divisional General Manager

Madeleine Seeley Divisional Head of Nursing

Departments

Day Treatment Unit (DTU)
Ear, Nose and Throat (ENT)
General Surgery
Maxillo-facial
MSK, Trauma & Rheumatology
Oncology, Radiotherapy & Haematology
Ophthalmology
Plastics/Dermatology
Palliative Care
Sterile Services
Surgical Assessment (SAU)
Theatres, Anaesthetics, Pain & Critical Care
Urology
Vascular

Division of Family & Integrated Support Services

Dr David Woolf, Divisional Director

Di Lynch, Divisional General Manager

Fran Stephens, Divisional Head of Nursing/Midwifery

Departments

Breast Services
Children's safeguarding
Gynaecology
Midwives
Obstetrics
Paediatrics & Neonatal Intensive Care Unit (NICU) (PCH)

Diagnostic Imaging
General Outpatients
Health Records
Pathology
Patient Transport
Pharmacy
Rehabilitation & Therapy Services
Site Management
Transfer of Care

Composition of the Board

The Board has a complement of seven Non-Executive Directors (including the Chairman) and six Executive Directors (including the Chief Executive). The Board is also supported by the Company Secretary. The composition of the Board is four female and two male Executive Directors.

The appointment and reappointment of the Chairman and Non-Executive Directors is approved by the Council of Governors. The appointment of the Chief Executive and the Executive Directors is made by the Non-Executive Directors, with the Chief Executive subject to approval by the Council of Governors. The Non-Executive Directors are all considered to be independent appointees; this is maintained by a regular review and a usual six year maximum length of service. This can only be extended beyond this period in exceptional circumstances. None of the existing Non-Executive Directors have served more than six years.

The removal of Non-Executive Directors is the responsibility of the governors on grounds of performance. However appointments can also be terminated with three months' notice by either party. In exceptional circumstances NHS Improvement can take regulatory action to remove Non-Executive Directors.

Division of responsibilities

There is a clear division of responsibilities between the Chairman and Chief Executive.

The Chairman is responsible for:

- providing leadership to the Board of Directors and the Trust;
- facilitating the contribution of the Non-Executive Directors to the success of the Trust in the delivery of high-quality healthcare;
- ensuring effective communication with the Council of Governors;
- the annual evaluation of the performance of the Board and its committees and implementing any action required following such evaluation.

The Chief Executive is responsible for:

- working with the Chairman to ensure the development of strategy that is supported by the Board as a whole;
- overseeing operational implementation of the strategic objectives of the Trust;
- creating a framework of values and objectives to ensure the delivery of key targets, and allocating decision-making responsibilities accordingly;
- ensuring effective communication with employees and taking a leading role with the Chairman in building relationships with key external partners and agencies.

Independence of Non-Executive Directors

The Non-Executive Directors bring wide and varied experience to the Board. They also play a crucial role via the assurance committees of the Board. There is full disclosure of all directors' interests in the Register of Directors' Interests. The Register is held by the office of the Company Secretary and is publicly available on our website (www.nwangliaft.nhs.uk). Any actual or potential conflicts of interest are dealt with in accordance with procedures set out in the Standing Orders for the Board of Directors.

Performance evaluation

Executive Directors have an annual appraisal with the Chief Executive. The performance of Non-Executive Directors is evaluated annually by the Chairman. The annual appraisal of the Chairman involves collaboration between the Senior Independent Director and the Lead Governor of the Council of Governors, who seek the views of both directors and governors.

Board meetings

The Board meets regularly once a month. The Board agendas are formulated to ensure that time is devoted to strategic, operational and financial matters and there is a strong focus on the quality and safety of clinical services for patients. There are also additional Board seminars including development sessions as required. There were 12 public and 12 private meetings in 2018/19. The table on the next page shows attendance.

Directors' attendance at Board meetings 2018/19

Non-Executive Directors	Board of Directors Attendance
Mr Rob Hughes	11/12
Mr Alan Arnott	1/1
Mr Alan Brown	1/1
Ms Mary Dowglass	12/12
Mrs Sarah Dunnett	11/12
Mr Mike Ellwood	9/12
Mr Ray Harding	11/12
Ms Beverley Shears	11/12
Mr Gareth Tipton	9/12

Executive Directors	Board of Directors Attendance
Mr Stephen Graves	6/6
Mrs Joanne Bennis	11/12
Mr Neil Doverty	7/8
Mr Simon Evans	2/3
Dr Kanchan Rege	11/12
Mrs Caroline Walker	12/12
Mr David Pratt	7/7
Mrs Louise Tibbert	12/12
Miss Jane Pigg[1]	12/12

Mr Alan Arnott and Mr Alan Brown both finished their terms as Non-Executive Directors on 30 April 2018.

[1] Miss Jane Pigg was a non-voting member of the Board of Directors

Compliance with fit and proper persons test

The Trust regularly reviews the fitness of directors to ensure that they remain fit for their role. We require all Directors to complete an annual self-declaration form confirming that they continue to be a fit and proper person. The Chief Executive is responsible for appraising the Executive Directors and ensuring that all other relevant roles are appraised. The Chair is responsible for appraising the Non-Executive Director. The Chief Executive is appraised by the Chair. The Chair is appraised through processes agreed with the Non-Executive Director Appointments & Terms of Service Committee and includes feedback from Governors, Non-Executive Directors and Executive Directors.

Individuals are required to make the Trust aware as soon as practicable of any incident or circumstances which may mean they are no longer to be regarded as a fit and proper person, and provide details of the issue, so that this can be considered by the Trust. Any issues of non–compliance are to be notified to the Chair and he is responsible for making an informed decision regarding the course of action to be followed.

Register of Interests

Access to the Register of Directors' Interests.
All Directors are required to comply with the Trust's code of conduct and declare any interests that may result in a potential conflict of interest in their role as director of the Trust. The register of interests is available to view on the Trust's internet website (www.nwangliaft.nhs.uk). The details are also available from the office of the Company Secretary, who can be contacted on 01733 677926.

"Last week I brought my son in for a play session as he was due for a blood test. He wouldn't let anyone near him and so members of the play team helped him build up to the test by helping him get used to playing with the syringe (minus the needle). He had the blood test and didn't even notice he'd had it done. The play team are fantastic and I can't thank them enough."

Council of Governors

How the Board of Directors and the Council of Governors operate

The Trust is accountable to its members through a Council of Governors. The Council of Governors represents the interests of the local community, patients, public, staff, members and stakeholders, sharing information about key decisions. The Council of Governors is not responsible for the day-to-day management of the organisation, which is the responsibility of the Board of Directors.

Statutory responsibilities of the Council of Governors include:

- Appointment (and removal) of the Chairman and Non-Executive Directors and determining their remuneration and allowances
- Approval of the appointment of the Chief Executive
- Appointment or removal of the Trust's external auditor
- Providing their view to the Board of Directors on the Trust's strategy
- To seek the views of the membership
- To respond to the Board of Directors when consulted and to undertake functions as requested by the Board of Directors
- To make recommendations for the revision of the Trust's constitution
- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors
- Represent the interests of the members of the Trust as a whole and the interests of the public
- Approves significant transactions and applications for a merger, acquisition, separation or dissolution.

The Council of Governors has clear statutory duties and also actively contributes to the Trust's strategic planning, while holding the Board of Directors to account. There are a number of mechanisms to understand the views of the governors and the members. Directors attend the Council of Governors meetings on a routine basis to discuss current performance and issues; governors attend the Board of Directors public meetings and, twice a year, the Board of Directors and Council of Governors have a joint meeting to discuss the development and achievement of strategy.

In addition to these meetings, there are also six seminar sessions a year at which topics are presented to the governors. The Council of Governors plays a vital role in communicating the views and comments of the membership to the Board of Directors to ensure that members contribute to the forward plans of the organisation.

Composition of the Council of Governors

There are 30 governors:

- 7 staff governors (elected)
- 17 public governors (elected)
- 6 partner governors (appointed) - nominated from partnership organisations

The Council of Governors meets formally on a quarterly basis. There were four full meetings in 2018/19 on 8 May 2018, 6 September 2018, 7 November 2018 and 7 February 2019.

Executive and Non-Executive Directors are invited to attend. Details of governors' attendance are shown below.

Both elected and appointed governors normally hold office for a period of three years and are eligible for re-election or reappointment at the end of that period, for a maximum of nine years. Details of the governors are shown on the following pages.

Public Governors

Name	Attendance
Mrs Annette Beeton	5/5
Dr David Bryars	5/5
Mrs Amanda Buckenham	5/5
Mr Christopher Chew	5/5
Dr Jill Challener	5/5
Mr David Cooke	2/5
Mr Alan Crouch	0/5
Mrs Sandy Ferrelly	0/5
Mr Michael Greenhalgh	0/5
Miss Nicky Hampshaw	1/5
Dr Nik Johnson	2/5
Mr Duncan Lawson	3/5
Mrs Trish Mason	3/5
Mrs Alison Meadows	2/5
Mrs Sue Prior	5/5
Mr Michael Simmonds	5/5
Dr Robert Wordsworth	2/5

Staff Governors

Name	Attendance
Mr John Ellington	1/5
Mrs Kim Graves	4/5
Ms Moira Johnston	2/5
Mr Asif Mahmood	4/5
Mr Tarang Majmudar	3/5
Dr Jennine Ratcliffe	3/5
Mrs Lorraine Tosh	2/5

Partner Governors

Name	Attendance
Mrs Liz Ball	0/5
Cllr Wayne Fitzgerald	3/5
Cllr John Gowing	3/5
Mr Gordon Smith	1/5
Cllr Ray Wootten	4/5

The following governors stood down in 2018/19.

- Mr David Cooke
- Mr Alan Crouch
- Mrs Sandy Ferrelly
- Mr Michael Greenhalgh
- Alison Meadows
- Gordon Smith
- Moira Johnston
- Kim Graves
- Lorraine Tosh

Looking forward

As a Foundation Trust we remain firmly part of the NHS, but we have more freedom and flexibility on how we run our services. The concept of a Foundation Trust rests on local accountability, which governors perform a pivotal role in providing. The Council of Governors collectively binds a trust to its patients, service users, staff and stakeholders. Influencing how our health services are shaped and provided is achieved through our public and staff membership, to which the trust is accountable through the Council of Governors.

Council of Governors 2018/19

Chairman
Mr Robert Hughes
Term of office: 1 April 2017 to 31 March 2021

Rob was Chairman of PSHFT from 1 April 2013 to 31 March 2017. He is a former Managing Director of Mars Food UK and has wide experience in national and international strategic development, and all aspects of sales, marketing, manufacturing, logistics, financial management and mergers and acquisitions. Rob is Co-Founder and Chairman of Anna's Hope, the children's brain tumour charity, and a Trustee and Deputy Chair of Brain Tumour Research. He was involved in the NHS Strategic Review of Children's Neuro Surgery. Rob chairs the Trust's PFI Assurance Committee. He is also a member of the Cambridgeshire and Peterborough STP Board.

Public Governors Representing Huntingdonshire

Amanda Buckenham
Term of office: 1 April 2017 to 31 March 2020

Amanda has worked and volunteered for the NHS and other health organisations for 24 years. She is Lay Chair of the Parks Maternity Voices and has been a Governor at Huntingdon Nursery school for 10 years. Previously Amanda was a Health Care Assistant at Hinchingbrooke Hospital and worked for the PCT as a Community Development worker. She is passionate about community engagement and manages the 'We Love Hinchingbrooke Hospital because' Facebook page, which has grown to more than 4,000 members.

The Rev Kevin Burdett
Term of office: 1 July 2018 to 1 July 2021

Reverend Burdett is a retired church minister from Godmanchester. He previously served his community as Chairman of Fenstanton and Burwell Parish Councils. An almost lifelong resident of Cambridgeshire, having been born in Huntingdonshire, Reverend Burdett has a keen interest in the county and its people. As a recently retired church minister, for most of his adult life he has contributed to and served the local community in a number of ways. He currently chairs a national committee for the Baptist Union of Great Britain and is a Non-Executive Director of a local housing association, which he has helped through recent governance difficulties. He was a member of the Eastern Baptist Association Council for more than 10 years, and chaired that committee from 2008 to 2011.

Dr Jill Challener
Term of office: 1 April 2017 to 31 March 2020

Dr Challener worked as Consultant Paediatrician at Hinchingbrooke Hospital. She transferred there from Huntingdon County Hospital when the new hospital opened in 1983. Dr Challener later became Medical Director of Huntingdon and then Cambridgeshire PCT, where she led major organisational change. Although retired from clinical practice, she is committed to serving the Huntingdon community. Working as a volunteer she has introduced children's art into the Hospital and built a volunteer network that links the Trust with schools. Last year's art competition received contributions from 47 schools, 167 entries and more than 400 visitors. The annual event grew from the original group of four enthusiasts who introduced children's art to the corridors of Hinchingbrooke Hospital.

Charles Cullen
Term of office: 1 July 2018 to 1 July 2021

Charles has lived in Huntingdon for 30 years. During that time he and his family have had first-hand experience of the care and support provided by Hinchingbrooke Hospital. Prior to his retirement he held a top level trade union official position, working primarily with British Rail and London Underground. During that time he was a trustee of the BR Pension Fund and served on the London Underground Equality Board. Charles was an employee representative on the Employment Tribunal service at Bedford for 12 years. His wide experience as a representative and advocate has enabled him to develop an ability to understand and deal with complex matters. This has helped him understand and relate to the role of Public Governor within the Trust. Charles is also, and has been, a representative on the patient participation group of his local surgery for many years. Charles resigned on 10 April 2019.

Dr Nik Johnson
Term of office: 1 April 2017 to 31 March 2020

Dr Johnson works as a children's doctor for Cambridgeshire Community Services, based at Hinchingbrooke Hospital. He has worked closely with hospital staff across the Trust's geographical areas and Cambridgeshire, where he engages with public health bodies for mental health, social care, education and charity. Dr Johnson has combined clinical and managerial experience of planning and delivering high quality coordinated health care. His work across the communities enables him to meet, help and support people from all walks of life.

Public Governors representing Greater Peterborough

Annette Beeton
Term of office: 1 April 2017 to 31 March 2019

Annette was a public governor for PSHFT between October 2009 and March 2017. She was a theatre nurse at both Peterborough and Stamford Hospitals, theatre sister at the Fitzwilliam hospital, and is now a member of Healthwatch Peterborough. With 50 years' experience in local healthcare, including involvement in formation of the CCGs and through her GP practice, Annette is a great asset to the Greater Peterborough community, the Trust, and her Council of Governor colleagues. She has been chairman for 22 years of Burghley Park and Peterborough Ladies for Cancer Research UK. All the money raised goes to the research centre at Cambridge and in March they reached £1,000,000 milestone.

Nicola Hampshaw
Term of office: 1 April 2017 to 31 March 2019

Nicola has worked as a trustee at Dial/ Disability Peterborough since 2009 and takes great interest in the improvement of services. She has seen how the Trust operates from both sides as a patient. She was a Director of Peterborough Healthwatch until August 2018 and sat on the Trust's Quality Assurance Committee.

Trish Mason
Term of office: 1 April 2017 to 31 March 2020

Prior to her election as Public Governor, Trish was a Partner Governor at PSHFT, representing the Friends of Stamford Hospital between October 2014 and March 2017. She is a former nurse and has worked at various hospitals including Stamford, Leicester Royal Infirmary and Luton & Dunstable. Trish was President of the British Ladies Association in Madrid, a body of 200 women who raised money for Spanish charities. She is an active committee member of the Friends of Stamford Hospital and volunteers at the hospital.

Michael Simmonds
Term of office: 1 April 2017 to 31 March 2020

Michael served as a Non-Executive Director at Papworth Hospital where he spent time interacting with the hospital's council of governors. His background is in further education and medical sciences. He was a university teacher and medical science researcher. The patient experience is important to Michael, including quality of care, clinical outcomes, waiting times and patient safety.

Dr Robert Wordsworth
Term of office: 1 April 2017 to 31 March 2020

Dr Wordsworth has 30 years' experience working for large engineering companies in technical management, team leadership and quality assurance. His responsibilities included project budgeting and delivery, staff reviews, supplier engagement and university liaison. He is currently working with a UK charity promoting public health in the community, has seven years' service as a church trustee and is a volunteer supporting the Trust's chaplaincy team. He feels passionately about public health and overall well-being: physical, mental, social and spiritual.

Public Governors representing Stamford and South Lincolnshire

David Bryars
Term of office: 1 April 2017 to 31 March 2020

David has lived in South Lincolnshire for 30 years. Before retiring, his career was spent in secondary education as a maths teacher and then as Head Teacher at a local comprehensive school. David's knowledge of his local area and people, together with his skills as a communicator and educator, means he is well-equipped to represent the voice of the Stamford and South Lincolnshire public.

Christopher Chew
Term of office: 1 April 2017 to 31 March 2019

Christopher was Lead Governor of PSHFT/ NWAFT until September 2018 and he continues as Governor of the Trust. During the acquisition process he worked on the Strategic Planning Committee and the Musculoskeletal, Surgery and Critical Business reviews. His background is in marketing, public relations and sales in international trading. He is a member of Rotary International. He is passionate about the pursuit of efficient, high quality clinical performance and financial stability.

Duncan Lawson
Term of Office: 1 April 2017 to 31 March 2020

Duncan was Public Governor for PSHFT from October 2015 to March 2017. He has lived in the Stamford area since 1972 and was Chair of his local surgery patient participation group, from which he gained a good understanding of the local health economy and some insight into the concerns of local patients. This enables him to have informed discussions with Trust Board members and governor colleagues. Duncan was a Director of several companies, locally and overseas.

Sue Prior
Term of office: 1 April 2017 to 31 March 2020

Before retiring, Sue was a county council contracts manager for Adult and Children's Social Care and worked in the aerospace industry as a national and international contracts negotiator. Since retiring, Sue has trained as a volunteer adviser and supervisor for Citizens Advice, and is Vice Chair of the Patient Participation Group at Lakeside Health in Stamford. This combination of experience brings financial and procurement expertise, patient experience and a wider understanding of community issues to her role. Sue is Lead Governor of the Council of Governors elected in September 2018.

Roberta Roulstone – Public Governor South Lincs & Stamford
Term of Office: July 2018 to July 2021

Roberta was elected in July 2018 to represent members living in Stamford and South Lincolnshire. Roberta, who lives in Thurlby, is a former NHS employee, having recently retired from her role in Peterborough as a specialist midwife. She worked for the NHS in various roles for 20 years, both clinical and strategic. While working for the Public Health Department she represented the Trust both regionally and nationally in her specialist role. Roberta is an active member of her local Patient Participation Group and a Governor observer on the Quality Assurance committee.

Staff Governors representing Hinchingbrooke Hospital

Kim Graves
Term of office: 1 April 2017 to 31 March 2020

Kim has worked at Hinchingbrooke Hospital for 27 years. Her career began in administration and she has progressed through various middle management roles to become a senior manager at the hospital. She is keen to promote positive and professional working cultures within the teams she manages and is a great supporter of efficiencies, lean thinking and continuous improvement. Kim enjoys working with staff to influence positive change and is keen to put their ideas forward.

Dr Tarang Majmudar
Term of office: 1 April 2017 to 31 March 2020

Mr Majmudar has worked at Hinchingbrooke Hospital as a Consultant Obstetrician and Gynaecologist since 2008. He is the Associate Divisional Director for Maternity, Gynaecology and Breast Units and spends the majority of his time providing clinical care as service lead for Colposcopy and the Gynaecology Cancer Unit at Hinchingbrooke Hospital. He has always been passionate about representing the best interest of the Medical Staff in his previous roles as Chair of the Medical Advisory Committee and as member of the Local Negotiating Committee.

Lorraine Tosh
Term of office: 1 April 2017 to 31 March 2019

Lorraine is PALS Manager at Hinchingbrooke Hospital. She has wide experience and knowledge of the hospital and its staff. She was Personal Assistant to members of the executive team, including the Medical Director, Chief Finance Officer and Chief Operating Officer. She also supported the Emergency Services Team. As PALS Manager, Lorraine hears the issues of patients, relatives and staff first hand. Her experience and knowledge of the Trust means she is well-placed to represent her colleagues at senior board level.

Staff Governors representing Peterborough City Hospital

Mr John Ellington
Term of office: 1 April 2017 to 31 March 2020

John was Staff Governor at PSHFT from October 2012 to March 2017. He has worked in the Trust for 40 years this year. The majority of John's career was spent in Theatres working primarily in Anaesthetics. In 2009 John became a full time Equipment Manager for Theatres, Day Surgery and Critical Care at Peterborough City Hospital and Stamford Hospital. In 2018 John became the Trust Medical Equipment Manager and is in the process of developing a team for the future. He was the relocation lead for the Theatres and Anaesthetics when it moved to the newly-built Peterborough City Hospital in 2010. John is well-known in the Trust and is committed to supporting staff and representing their views and concerns with the Board.

Ms Moira Johnston
Term of office: 1 April 2017 to 5 October 2018

Moira was Staff Governor at PSHFT from October 2015 to March 2017. She was a project manager in the IT department and worked in a variety of administration and clerical roles at Peterborough City Hospital, in HR, Cardiac Research and e-Rostering. Moira left the Trust on 5 October 2018.

Mr Asif Mahmood
Term of office: 1 April 2017 to 31 March 2020

Asif was Staff Governor at PSHFT from October 2015 to March 2017. He is the Pathology Specimen Reception Manager at Peterborough City Hospital and has worked as a member of the Pathology Department for the past 15 years. He is passionate about the Trust and believes in its values and principles. Asif is keen to be part of ongoing improvements at the Trust.

Staff Governors representing Stamford Hospital

Dr Jennine Ratcliffe
Term of office: 1 April 2017 to 31 March 2020

Dr Ratcliffe was appointed to PSHFT as a Consultant in Anaesthesia and Pain Medicine in 2006. She was Clinical Lead for the Pain Service from 2012 to December 2017 during which time she expanded the department, developed new care pathways with Primary Care and built strong relationships with Commissioners in readiness for STP planning. The Pain Department based at Stamford Hospital is a regional specialty service where the team treat more than 10,000 patients a year. Dr Ratcliffe is Clinical Advisor to the Stamford Hospital Redevelopment Committee and sits on the Stamford Operational Strategy Group in her Governor role.

Partner Governors

Liz Ball
South Lincolnshire CCG
Term of office: 1 April 2017 to 31 March 2020

Liz has worked for the NHS for more than 30 years. Before joining the South Lincolnshire CCG she was Deputy Chief Nurse for United Lincolnshire Hospitals and led on a number of initiatives that have improved patient safety and quality. She is committed to the delivery of care to patients with kindness, care and compassion.

Cllr John Gowing
Cambridgeshire County Council
Term of office: 1 April 2017 to 31 March 2020

Cllr Gowing retired in 2010 and was elected as a March Town Councillor in 2015 and a County Councillor in 2017. He has worked in the electronic and computer systems industries and spent 13 years teaching design and technology.

Margaret Robinson
Healthwatch Cambs & Peterborough
Term of office: 5 July 2017 to 31 March 2020

Margaret took over the role of Partner Governor when Gordon Smith retired. She is Vice Chair of Healthwatch Cambridgeshire and Peterborough and is also a member of the Quality Assurance Committee. Margaret has had a varied career first as a librarian, then working in nature conservation and community improvement. Before retiring she served as Chair of an HMRC regulatory body and was a Director of Healthwatch Peterborough before the merger with Healthwatch Cambridgeshire.

Cllr Wayne Fitzgerald
Peterborough City Council
Term of office: 1 April 2017 to 31 March 2020

Cllr Fitzgerald was a Partner Governor for PSHFT until 31 March 2017 and was appointed Partner Governor to the Trust on 1 April 2017. He is a Cabinet Member for Integrated Adult Social Care and Health for Peterborough City Council, deputy leader of Peterborough City Council and Cabinet Member for Integrated Adult Social Care and Health.

Cllr Ray Wootten
Lincolnshire County Council
Term of office: 1 April 2017 to 31 March 2020

Cllr Wootten was Partner Governor of PSHFT until 31 March 2017 and was re-appointed Partner Governor to the Trust on 1 April 2017. He has served as a Councillor on South Kesteven District Council (SKDC) since 2007 and from 2009 on the County Council. During that time he has been Mayor of Grantham, Chairman of the County Council and Chairman of the District Council. He is currently sitting on the Lincolnshire Health Scrutiny Committee and is Chairman of the SKDC Communities and Well-being Committee.

Foundation Trust Membership

Social, community and human rights issues

Good engagement with our patients and the wider community is of upmost importance to the Trust, helping us understand what people need and expect from the services we provide. We use a variety of ways to engage with these key groups.

Foundation Trust membership

Membership of North West Anglia NHS Foundation Trust is divided into three constituency areas, based on the location of our three main hospital sites and the catchments they serve in Greater Peterborough, Huntingdonshire, and Stamford and South Lincolnshire. Public governors are elected from our membership to represent our members in each constituency.

There are six public governors each for the Greater Peterborough and Huntingdonshire constituency, and five for the Stamford and South Lincolnshire constituency. They sit on the Trust's Council of Governors, which meets four times a year in public.

Who can be a member?

Public – Public membership of the Trust is open to anyone aged 16 or over who lives in the Trust's catchment area. All Non-Executive Directors and public governors are required to be public members of the organisation and staff governors are required to be staff members.

Staff – All permanent employees of the Trust are automatically made members upon commencement of employment, with the choice to opt out of the scheme if they wish. As well as permanent staff, those who are on short-term or temporary contracts lasting 12 months or more are also eligible for staff membership. Trust members are expected to adhere to the principles of NHS Foundation Trust status.

The Trust also expects members to be committed to its values.

Membership services

Membership services are provided by the Trust's Communications Department, which is responsible for the recruitment, retention and engagement with Trust members, in collaboration with the Trust governors and the Membership Engagement Committee.

The Trust communicates with members on a regular basis, primarily through dedicated articles in its quarterly magazine, The Pulse, but also via direct contact by email to members who have indicated they wish to be contacted in this way.

In addition, the Trust holds members' meetings four times a year. This includes our Annual Public Meeting.

Members' Meetings in 2018/19 have been held on rotation at each of our three main acute sites and have seen an increase in attendance. In particular, members have responded well to sessions held at all three main hospital sites where they could meet our new Chief Executive Caroline Walker, hear about her plans for the future of our hospitals and to put any questions they had to her.

Membership numbers

	31 March 2018	31 March 2019
Public membership	8,343	8,127
Staff membership	4,946	6,230
Total	**13,289**	**14,357**

Current public membership statistics

		Public members 2018/19
Age	**16**	0
	17-21	148
	22+	6,023
	Undisclosed	2,172
Ethnicity	**White**	5,740
	Mixed	51
	Asian or Asian British	325
	Black or Black British	52
	Other	47
	Undisclosed	1,912
Gender	**Male**	3,078
	Female	4,771
	Trans-gender	*
	Undisclosed	278
Recorded disability		*

* data not available

Developing our membership

We plan to further develop and grow membership services across all constituencies in 2019/20. This includes targeting more members of the public who are under 40, plus increasing the number of members of ethnic communities, to ensure a more accurate representation of the diverse communities the Trust serves.

Contact details:

Members can get in touch by:

Telephone:
01733 678024

Email:
nwangliaft.membership@nhs.net

Website:
www.nwangliaft.nhs.uk/join-our-team/membership

Members can also contact the Council of Governors or Board of Directors, c/o Company Secretary, Department 404, Peterborough City Hospital, Edith Cavell Campus, Bretton Gate, Peterborough, PE3 9GZ, regarding general issues.

All members and patients are encouraged to use the Trust's standard procedures if they have any concerns or complaints regarding services that they, or a friend or relative, has received. Any initial queries received on individual treatment will be diverted through this route. This is to ensure a consistent, high-quality approach is taken to tackling individual patient care issues in line with best practice, Care Quality Commission registration requirements and to ensure that all issues are captured and reflected in figures for individual service areas.

The Trust's Patient Advice and Liaison Service can be contacted on 01733 673405.

Disclosures

Annual Report and Accounts

The directors consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

'Fit and Proper' Persons Test

Requirements are included in the eligibility criteria for directors and governors regarding the need to meet the 'fit and proper' persons test described in the provider licence and incorporated into the Trust's constitution. Directors and governors are required to confirm that they meet these requirements on an annual basis.

Accounts

The accounts have been prepared under the direction of NHS Improvement and in accordance with the requirements of the *National Health Service Act 2006*. The accounts show, and give, a true and fair view of the NHS Foundation Trust's income and expenditure, gains and losses, cash flow and financial state at the end of the financial year, and meet, as directed by NHS Improvement, the requirements of the NHS Foundation Trust Annual Reporting Manual and comply with the cost allocation and charging guidance issued by HM Treasury.

A statement of the Chief Executive's responsibilities as the accounting officer and requirements in preparing the accounts is included at page 3 of the accounts.

Accounting policies for pensions and other retirement benefits

Accounting policies for pensions and other retirement benefits are set out in note 1 to the accounts. Details of senior employees' remuneration can be found on page 158 of the remuneration report.

Regulatory Ratings

As a Foundation Trust, we are regulated by NHS Improvement, the sector regulator of health services in England. NHS Improvement's role is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit. NHS Improvement promotes the provision of services which are effective, efficient and economical and which maintain or improve their quality.

Duty of Candour

A statement regarding the duty of candour is included in the Quality Account on page 129.

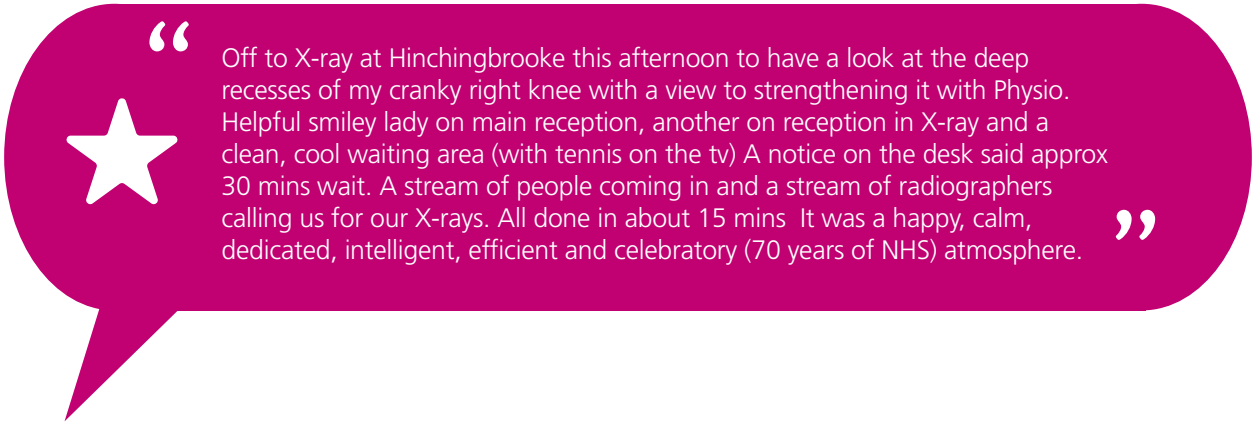
Freedom to speak up

A statement regarding the freedom to speak up is included in the Quality Account on page 129.

Equality and diversity and human rights

Trust compliance with statutory Mandatory Equality and Diversity training for 2018/19 was 92.08% of all Trust employees against a target of 90%. The Trust provides a range of policies and schemes to promote equality and diversity across all aspects of our services and throughout our employment practice.

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



Governance standards

Licence

North West Anglia NHS Foundation Trust is a public benefit corporation formed on 1 April 2004 pursuant to Section 6 of the *Health and Social Care (Community Health and Standards) Act 2003*. NHS Improvement established the Trust under terms of authorisation as one of the first 10 NHS organisations to achieve NHS Foundation Trust status. The original enabling legislation has been superseded by Part 2, Chapter 5 of the *NHS Act 2006* and the regime was changed under the *Health and Social Care Act 2012* to replace the terms of authorisation with a licence.

The Trust acquired Hinchingbrooke Health Care NHS Trust on 1 April 2017. Prior to this acquisition, the Trust was known as Peterborough and Stamford Hospitals NHS Foundation Trust.

The licence sets out a range of conditions that the Trust must meet so that it plays its part in continually improving the effectiveness and efficiency of NHS health care services, to meet the needs of patients and taxpayers today and in the future.

There are nine general conditions contained within the licence, covering areas such as the provision and publication of information, payment of fees, fit and proper persons requirements, and a requirement for providers to be registered with the Care Quality Commission.

Continuity of services conditions ensure that providers of key NHS-funded services required by local commissioners (Commissioner Requested Services) meet certain conditions, so that if they get into very serious financial difficulty, NHS Improvement can step in and ensure the services can continue to be provided on a sustainable basis.

The Trust is required to act in accordance with the conditions of the licence, which includes:

- The Single Oversight Framework issued by NHS Improvement on 30 September 2016
- The NHS Foundation Trust Code of Governance re-issued by Monitor (NHS Improvement) in December 2013
- National standards of care as required by registration with the Care Quality Commission registration
- The duty to cooperate with other NHS and local authority bodies
- The need to meet Connecting for Health information governance standards
- The need to participate in local and national emergency planning and provision
- Terms and conditions of the contracts agreed for the provision of services with local Clinical Commissioning Groups (which incorporate requirements for national service targets).

Single Oversight Framework

NHS Improvement Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework focuses on five themes and is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. The five themes highlighted in the framework are:

- Quality of care (safe, effective, caring, responsive)
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led).

Segmentation

Within the Single Oversight Framework each provider is placed into one of four segments based on the information available, support needed, findings of investigations, consideration of the scale of issues and whether a provider is in breach of licence conditions. These four segments are as follows;

Segment	Description
1	**Providers with maximum autonomy** – no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments
2	**Providers offered targeted support** – potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
3	**Providers receiving mandated support for significant concerns** – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	**Special measures** – the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/ complex issues that mean that they are in special measures

The Trust is currently in Segment 2, with support being provided for A&E services. The Trust is not subject to any regulatory action. This segmentation information is the Trust's position as at 14 May 2019. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

The Trust's performance is outlined below:

Regulatory Ratings 2018/19

Risk Ratings	Annual Plan	Q1: Apr to Jun	Q2: Jul to Sep	Q3: Oct to Dec	Q4: Jan to Mar
Single Oversight Framework Segmentation[1] 2018/19	2	2	2	2	2

[1]Rated 1-4, where 1 represents the lowest risk and 4 the highest

Regulatory Ratings 2017/18

Risk Ratings	Annual Plan	Q1: Apr to Jun	Q2: Jul to Sep	Q3: Oct to Dec	Q4: Jan to Mar
Single Oversight Framework Segmentation[1] 2017/18	2	3	3	2	2

[1]Rated 1-4, where 1 represents the lowest risk and 4 the highest

Finance and use of resources

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

Area	Metric	2018/19 scores				2017/18 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial Sustainability	Capital Service Capacity	4	4	4	4	4	4	4	4
	Liquidity	4	4	4	4	3	4	3	2
Financial Efficiency	I&E Margin	4	4	4	4	4	4	4	4
Financial Controls	Distance From Financial Plan	4	4	1	1	1	1	1	1
	Agency Spend	3	3	4	4	2	2	2	2
Overall scoring		**4**	**4**	**3**	**4**	**3**	**3**	**3**	**3**

Regulatory Action

Enhanced Quality Governance Reporting

Arrangements are in place to ensure quality governance and quality are discussed in more detail within the annual governance statement (page 197 refers) and the quality report (page 123 refers).

Code of Governance

The *Code of Governance* is best practice guidance and is designed to assist NHS Foundation Trust boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance.

North West Anglia NHS Foundation Trust has applied the principles on the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in Jul 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. This code was refreshed in July 2018. The revised code and its associated guidance did not come into effect until January 2019.

It is the responsibility of the Board of Directors to confirm that the Trust complies with the provisions of the Code or, where it does not, to provide an explanation which justifies departure from the Code in the particular circumstances.

A detailed review of the Code was undertaken in 2018/19. There are areas that could be strengthened, and these are referenced below with the code provisions:

B.5.6(a) Council of Governors should canvass members on forward plan

B.6.5(b) Council of Governors communicate to members on how responsibilities discharged include advice on forward plans and communications link between members and the Board of Directors

E.1.1 Board of Directors to monitor effectiveness of member engagement strategy

A detailed plan is in place to address actions identified following the review of the Code of Governance.

Information Governance

The Trust is required to submit an annual Information Governance Toolkit declaration at the end of March 2019.

The Data Security and Protection (DSP) Toolkit replaced the Information Governance Toolkit on 1 April 2018. This links to the National Data Guardian's 10 Data Security Standards:

- Personal Confidential Data
- Staff Responsibilities
- Training
- Managing Data Access
- Process Reviews
- Responding To Incidents
- Continuity Planning
- Unsupported Systems
- IT Protection
- Accountable Suppliers

and;

The National Cyber Security Centre's 10 Steps to Cyber Security:

- Risk Management Regime
- Secure Configuration
- Network Security
- Managing User Privileges
- User Education & Awareness
- Incident Management
- Malware Protection
- Monitoring
- Removable Media Controls
- Home and Mobile Working

The DSP Toolkit is an online tool that enables organisations to measure their performance against data security and information governance requirements, which reflect legal rules and Department of Health policy.

By assessing itself against the standard, and implementing actions to address shortcomings identified though use of the toolkit, the Trust will be able to reduce the risk of a data breach.

The Trust should, as far as possible, respond to all evidence items which are identified as mandatory, and confirmed the associated 'assertions'.

Result

As of 1 March 2019, we are awaiting the results from the recent Internal Audit of our DSP Toolkit submission. We expect to complete the assertions against the standard and any recommendations from the Internal Auditor well before the 31 March deadline.

Incidents

Internal incident and security risk monitoring is undertaken through the fortnightly Information Security Forum, using reporting from the Trust's Datix adverse events system, system security reports and through walkabouts. Members of staff are encouraged to report Datix incidents to ensure lessons can be learned and actions targeted. In the past year, we have reported two incidents through the DSP Toolkit, however neither incident was deemed to require input from the ICO, nonetheless, they are logged on our toolkit incident log for reference.

The Information Security Forum also reviews cyber security events as reported through the Trust's firewall detection and internet and antivirus security software. While cyber events are numerous, processes and systems in place, including the protection of the Trust's firewall, enable the Trust to continue to operate safely. The biggest risks to the Trust are individual members of staff and their potential actions.

Areas for improvement are therefore ongoing staff education regarding their responsibilities for appropriate use of information and information systems, and requirements for due care when handling an individual's personal information. The Information Governance Team has introduced more face-to-face training sessions for staff, as this encourages questions which help prevent incidents.

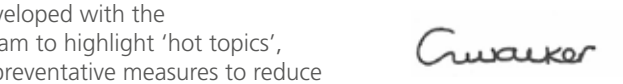
Work will take place during 2019/20 to simplify processes and guidance documents and raise awareness as follows:

- Visits to senior managers across the Trust to discuss local issues and ways forward.
- Simplified risk management made available to Data Guardians and those who request it. This is key in identifying what information assets we hold in order to take appropriate safeguarding measures – a GDPR requirement.

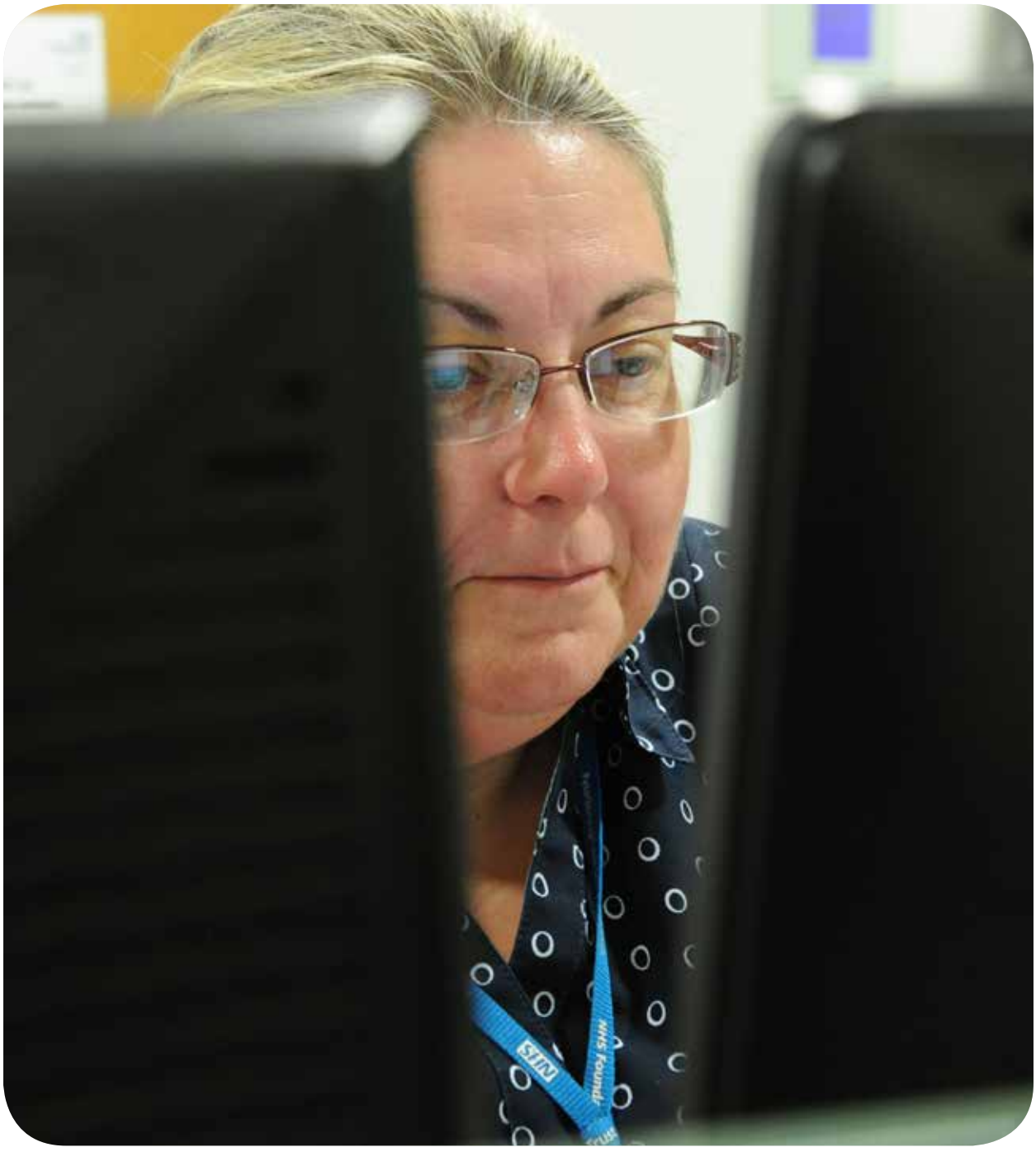
- Consolidation of GDPR compliance procedures. What is working and what isn't.
- Review of policies to remove jargon and improve ease of reading
- Ongoing enforcement of individual duties to protect and safeguard patient, staff and commercial data
- Campaign to be developed with the Communications Team to highlight 'hot topics', such as promoting preventative measures to reduce the risk of data protection breaches
- A review of all the Trust's Information Sharing Agreements.

Data Protection Act 2018 Progress

Work continues regarding the Trust's compliance with the *Data Protection Act 2018* regulations, which more or less mirror the General Data Protection Regulation (GDPR), and close attention will be paid to any changes to the legislation resulting from the UK's withdrawal from the EU.



Caroline Walker
Chief Executive
24 May 2019



Annual Governance Statement 2018/19

Scope of responsibility

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

The Trust's Standing Orders and Scheme of Delegation outline the accountability arrangements and scope of responsibility of the Board, Executive Directors and the organisation's officers. The Board has been fully involved in agreeing the strategic priorities of the Trust, with the most important priorities being those set out in the Trust's Annual Plan and Board objectives, against which the Board submits regular reports to the Council of Governors.

The Board receives regular minutes and reports from each of the nominated committees that report into it. The terms of reference of the committees of the Board have been reviewed to ensure that governance arrangements continue to be fit for purpose.

All Executive Directors' report to me and the performance of the executive team is held to account through team and individual objectives, which reflect the Board objectives referred to above.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North West Anglia 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 West Anglia NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Chief Executive, I have overall responsibility for risk. The responsibility for risk management processes is delegated to the Chief Nurse, with Clinical and Executive Directors taking responsibility for specific risk areas within their Divisions. The Audit Committee monitors assurance processes and seeks internal audit assurance on the risk management process in order to provide independent assurance to the Board of Directors that risks are being properly identified and appropriate controls are in place. Substantial assurance was received from the audit for 2018/19.

Executive Directors personally and collectively review assurances against strategic objectives within their remit on a monthly basis as part of the Board Assurance Framework. They ensure action is taken to address gaps in controls and proactively identify evidence of positive assurance.

An important enabler this year has been the implementation of a Risk Task and Finish Group; overseeing and reviewing the Trust's Risk Management and Board Assurance Frameworks. The Task and Finish Group report to the Trust's Audit Committee which provides a key forum through which the Trust's Non-Executive Directors bring independent judgement to bear on issues of risk management and performance. The constructive interface between Audit Committee and Risk task and Finish Group supports the effectiveness of the Trust's systems of internal controls.

A range of staff lead on the implementation of risk management across the Trust. This includes specialists in quality governance, information governance, corporate governance, health and safety, business and emergency planning.

During 2018/19 the Trust identified a number of strategic areas of concern and has commenced a process to ensure that actions in these areas are taken to reduce any aligned risks.

The responsibility for risk management is embedded across all levels in the Trust; from Board members, through Clinical Directors to all managers and staff. Named Directors have specific responsibilities and accountability for risk, and these are laid out in the Trust's Strategic Risk Management Framework which covers clinical and non-clinical risk, together with the responsibilities for all staff and management.

All new staff receive corporate induction, which includes risk management and incident reporting, alongside health and safety, manual handling and infection control training, as appropriate to their duties. In addition, staff are required to complete defined needs based mandatory training annually.

All staff are required to be alert to risks as an integral part of their duties; this is detailed in their contracts of employment. Additionally, staff with management

responsibilities are explicitly required to ensure the implementation of the Trust's health and safety and risk management policies, procedures and codes of practice through their directorate management structure, ensuring that communication pathways are clear and explicit at all levels of employment, in order to maintain the health, safety and welfare of employees or others who may be affected.

Specific one-to-one training is provided to staff with particular responsibilities for maintaining their department/divisional risk register.

Managers are expected to ensure that their staff report immediately any near-miss, adverse and serious incidents, using the Trust's incident reporting procedure (Datix) to provide appropriate feedback regarding specific incidents reported, and implementing recommendations following investigations to reduce the likelihood of the incident happening again.

All members of staff have an important role to play in identifying and minimising risks and hazards as part of their everyday work within the Trust. Each individual has a responsibility for their own personal safety and for the safety of their colleagues, patients and all visitors to the Trust.

The risk and control framework

Risk management requires participation, commitment and collaboration from all staff. The process starts when the risk is identified, evaluated and controlled via formal structures within the Trust. The Trust's approach to risk management is continually reviewed and improved in line with the Strategic Risk Management Framework.

The Board of Directors has overall accountability for the Trust's Risk Management Strategy. All Executive Directors have a key role to play in developing a strong risk management approach in all aspects of the Trust's activities, both clinical and non-clinical. Business priorities and decisions made by the Hospital Management Committee and Board of Directors must reflect risk management assessments and consideration of high-risk factors.

The Audit Committee is chaired by a nominated Non-Executive Director. All Non-Executive Directors have a responsibility to challenge and support the effective management of risk and to seek reasonable assurance of adequate control.

Risk assessment

Risks are analysed to determine their relative importance using a risk scoring matrix. Low scoring risks are managed by the area in which they are found whilst higher scoring risks are managed at progressively higher levels within the organisation. Risk control measures are identified and implemented to reduce the potential for harm.

The potential consequence and likelihood of the risk occurring are scored along with the effectiveness of existing control measures. It is the sum of these scores which determine the level in the organisation at which the risk is reported and monitored.

The Trust uses the National Patient Safety Agency (NPSA) 5 x 5 Risk Matrix for Managers to ensure risks are collectively scored objectively against the likelihood and the consequence of the risk materialising. This means the range of risk scores is from 0 to 25. The table below outlines this in more detail:

Risk Assessment Matrices

CONSEQUENCES / SEVERITY	LIKELIHOOD					
	Impossible 0	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
No adverse outcome - 0						
Insignificant - 1		1	2	3	4	5
Minor - 2		2	4	6	8	10
Moderate - 3		3	6	9	12	15
Major - 4		4	8	12	16	20
Catastrophic - 5		5	10	15	20	25

Key:	No risk	Low Risk	Moderate Risk	Significant Risk	High Risk

Risk Register

The risk register is a risk management tool whereby identified risks are described, scored, controls identified, mitigating actions planned and a narrative review is recorded. Data in the risk register is extractable into report format to provide an overall picture of risks to the Trust as well as thematic overviews.

The Trust has agreed that the most significant risks to the Trust, being those which score 12 and above, should be reviewed monthly at the Hospital Management Committee. A register containing 12+ risks is scrutinised and challenged by the Hospital Management Committee (to ensure risks are being managed). This high-level register is informed by those risks which score 12 and above in the Board Assurance Framework (top down) and risks identified from within the Directorates (bottom up). Moderate and low risks are reviewed by Divisions and the Corporate Department as part of the performance governance framework. The Quality Assurance Committee and Finance and Performance Committee review all high and significant risks relating to their domains as sub-committees of the board.

Quality is embedded in the Trust's overall strategy. The Trust's Quality Report includes national and local priorities with measurable quality improvement targets and deadlines. Quality targets are linked to divisions. The Trust's performance against the quality priorities is included in the Trust's Quality report which is reviewed monthly by the Board. The Board of the enlarged organisation continues to receive a monthly integrated Performance Report which provides up-to-date information of key quality indicators including patient safety, patient experience and clinical effectiveness.

The key high level financial and non-financial risks faced by North West Anglia NHS Foundation Trust moving forward into 2019/2020 include:

Risk No:	Risk Description	Initial Risk Rating and Date	Last Month	Current Month	Target Rating	Mitigation
102669	Estates staffing at Hinchingbrooke Hospital	27/07/2009	25	25	4	Approval process has completed and adverts out for HVAC, plumbers and compliance manager. A mechanical engineer starts on 15 Apr 19.
102435	Main Pharmacy Fridge Failure (Hinchingbrooke)	27/08/2010	25	25	3	Meeting with Estates 28/03/2019 who would support a bid for a new/upgraded fridge. Discussed at Pharmacy Governance meeting on 02/04/2019.
101873	EPRR Loss of mains power to PCH and SRH buildings	04/08/2015	20	20	10	BCP's in all areas across all three sites reviewed to ensure inclusion of actions to be taken in the event of a power loss. All plans to include battery life of critical medical equipment. Hard copies available in the Major Incident Control Centre in PCH & HH.
102906	Insufficient Speech and Language Therapists (SALT) at the PCH Site in the Acute Stroke Unit	29/01/2019	20	20	12	Band 7 Locum due to start and join the SALT team to assist with staffing levels across wards but won't have a direct impact on this risk.

Risk No:	Risk Description	Initial Risk Rating and Date	Last Month	Current Month	Target Rating	Mitigation
102814	Respiratory Investigations department Room unfit for purpose and unable to perform timely and accurate tests	16/07/2018	20	20	4	Equipment installation at HH needs to wait for the new premises to be adapted in Bluebell area of the Treatment Centre. When the department has relocated machines can be installed. Work has started.
6303	Emergency Centre Nursing Staff	18/06/2012	20	20	08	Use of bank and agency staff to fill current vacancies. Ongoing discussion with FSS to promote ED for block booking opportunities. Incentivised pay for ED staff agreed with Chief Nurse and implemented.
101952	Over reliance of Medical Locum usage (Emergency and Medicine)	16/03/2016	20	20	08	Continue Division led recruitment activities. Advanced Care Practitioner (ACP) in place as locums; ongoing ACP staff training course. Appointments of various junior doctors and middle grades.

High level projects maintain specific risk registers. Identified risks are maintained in line with the Trust risk register. Residual risks are transferred to the Trust risk register on completion of the project.

North West Anglia NHS Foundation Trust seeks to reduce risk as far as possible; however, delivering healthcare carries inherent risks that cannot always be eradicated completely. The Trust seeks assurance that controls continue to be monitored for risks that cannot be reduced any further. On this basis, risks are tolerated in line with an organisational risk appetite.

Board Assurance Framework

The Trust has in place a Board Assurance Framework (BAF), which is set and approved by the Trust Board annually in line with the annual planning process. The assurance framework sets out:

- The principal objectives to achieving the Trust's overall goals
- The principal risks to achieving those objectives
- The key controls to mitigate against those risks
- The assurances on those controls; and
- Any gaps in assurances.

The BAF ensures the Trust's performance against its strategic objectives is monitored and managed; resulting in targets being met, objectives achieved, and good outcomes for patients. Where appropriate, objectives may be modified with agreement of the Trust Board to ensure objectives remain relevant to the ongoing requirements of the Trust throughout the year.

An internal audit undertaken in December 2018 provided the Trust with substantial assurance on the design and implementation of the Trust's risk management and assurance framework process.

All high and significant risks associated with the quality of care delivery are reviewed by the Quality Assurance Committee, with specialist committee meetings, such as information security, also reviewing relevant risks. Key external stakeholders are engaged with the risk management and control framework, with local Clinical Commissioning Groups reviews and links to Care Quality Commission assessment and assurance through the reporting framework to NHS Improvement.

A DATIX risk management system is used to capture adverse events; outcomes of adverse event reporting includes considering any inherent risks that need to be addressed and the engagement of key stakeholders by reporting adverse events and by adopting the duty of candour to inform patients.

The Trust's Quality Strategy and Quality Governance Framework set the direction through which quality is managed and assured in the Trust. Risk management is a key element of this framework, which brings together the Trust's vision for quality (right care; first time; every time) with national and Trust roles and responsibilities, Trust strategic objectives, risk management, capabilities and structures and processes.

The Assistant Director Nursing and Care Quality (Effectiveness) and the Deputy Company Secretary support the directorates by providing specialist advice on identifying and assessing risks and work with them to facilitate risk mitigation plans through training, education and other individual support.

Risk management is also a key item covered in Trust reports, including the Trust financial report and operational management report. The principles of risk management are also embedded in the Trust's approach to business continuity planning, the Trust's internal and external audit reviews, local counter fraud services and security management and investment appraisals.

Involvement of public stakeholders

The Trust serves a wide and diverse community which encompasses Peterborough, South Lincolnshire, parts of Cambridgeshire, Norfolk, Northamptonshire and Leicestershire. It also works with local authorities and clinical commissioning groups. Given these complexities, there is a strong desire to work closely with the local community to provide coherent and effective services.

The Trust provides information and assurance to the public on its performance against its principal risks and objectives in a number of different ways including:

- North West Anglia NHS Foundation Trust has approximately 13,113 members as at the end of March 2019. These are represented by a Council of Governors that comprises public, staff and partner representatives
- The Council of Governors receives regular updates on the status of the Board objectives and uses this, along with the ratings by Monitor and the CQC, to hold the Board to account for its performance
- In addition to the formal meetings of the Council of Governors, joint workshops are held with the Board where there is an opportunity to discuss and challenge performance and the priorities for the organisation
- Consultation with the public and organisational stakeholders is undertaken in developing new services and where key changes are proposed to existing services which may impact upon them, with communications plans supporting all such developments
- As part of their duties to represent the public and the Trust membership, the Council of Governors are developing methods of engagement with members and the public including members meetings in each of the three public constituencies of the Trust.

Compliance with CQC

In April 2018, the Trust received notification that the CQC would be undertaking an inspection of all seven Core Services on the Hinchingbrooke Hospital site between 5 – 7 June and a Well-Led inspection of the Trust between 10 – 12 July. In May, the Trust received a further letter advising that an inspection of its Use of Resources would be carried out on 29 June. All core services at Hinchingbrooke Hospital were to be inspected because its previous ratings were dissolved at the point of the merger, therefore Hinchingbrooke Hospital site did not have a rating for any of its core services.

The Trust welcomed the inspection team to Hinchingbrooke Hospital on 5 June who planned to inspect the following Core Services over three days: Urgent and Emergency Care, Medical Care (including older people's care), Surgery, Critical Care, Maternity, End of Life Care and Outpatients. At the same point in time, an additional team of inspectors presented at Peterborough City Hospital to carry out an unannounced inspection of two Core Services, Urgent and Emergency Care and Medical Care (including older people's care).

Following the inspection, North West Anglia NHS Foundation Trust was rated overall 'Requires Improvement', with Hinchingbrooke Hospital rated as 'Requires Improvement' and Peterborough City Hospital remaining as 'Good'. Stamford and Rutland Hospital also remaining as 'Good' as it did not have an inspection.

Work has continued to drive the development of our quality from 'Moving to Good and Beyond' through a variety of routes. For example, the continued roll out of the ward accreditation scheme aligned to the CQC lines of enquiry (CREWS) to include all inpatient areas and moving on to specialist areas such as the Emergency Departments, Theatres and Outpatients. A number of areas have now undergone re-assessments and have been able to improve on their previous ratings, with seven areas achieving an Outstanding rating following re-assessment, and Amazon Ward (children's ward) being rated Outstanding on their first assessment. Outcomes from those assessments are reviewed within the Divisions and at the monthly Quality Assurance Committee chaired by a Non-Executive Director.

North West Anglia NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

Register of Interests

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

Compliance with equality, diversity and human rights legislation

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

Equality impact assessments are required for all new Trust business cases and all policy development and review, including employment-related policies. The Trust published gender pay gap information as required for 2018/19.

Compliance with NHS Pension Scheme regulations

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.

Compliance with climate change adaptation reporting to meet the requirements under the Climate Change Act 2008

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

Modern Slavery and Human Trafficking Act 2015

The Trust's approach in meeting the requirements of the above Act has led to the development of a Board statement. This statement was developed in conjunction with the Trust's Head of Procurement.

The provision of the statement is considered to be an element of the Trust's commitment and demonstration of the need to be aware of this requirement, and associated values relating to equality, diversity and community relations.

NHS Foundation Licence condition FT4 (FT Governance)

The Trust has a provider licence and condition FT4 relates to the Trust's governance arrangements. This condition requires the Trust to:

- Have an effective committee structure
- Have clear responsibilities for the Board, the Board committees and staff reporting to the Board and the Board committees
- Have clear reporting lines and accountabilities
- Ensure compliance with the requirement to operate efficiently, economically and effectively
- Have timely and effective scrutiny and oversight by the Board of the Trust's operations
- Ensure compliance with health care standards
- Have effective financial decision-making, management and control
- Obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making
- Identify and manage material risks to compliance with the Licence conditions
- Generate and monitor delivery of business plans;
- Ensure compliance with applicable legal requirements
- Ensure appropriate personnel on the Board and reporting to the Board
- Submit a corporate governance statement confirming compliance and a statement from the external auditor regarding compliance with the statement.

Each year the Audit Committee requires assurance on Board committee working, including compliance with their terms of reference. These committees meet routinely, covering the breadth of the Trust's quality, finance and performance requirements, whilst providing scrutiny prior to each monthly Board meeting. This process is reviewed on an annual basis, together with the process for Board appointments, as part of the internal audit of corporate governance. For the current year, this area of activity received satisfactory assurance. There is no current regulatory action in place.

Well-led Governance review

The post-merger regulator review outlined two key requirements to be completed by 31 March 2018: the development of a Clinical Service Strategy and an Estates Strategy. The Clinical Service Strategy has been completed and published in April 2018. Following approval of the Estates Strategy 2019/2026, work is underway at all our sites. At Stamford we have commissioned the masterplan to be developed with land disposal sites identified.

In Hinchingbrooke, projects have commenced with the ED, ACU and AAU business cases to be finished by the end of May 2019 and FBC by the end of September. The wards and theatres project will start shortly.

In Peterborough, we are working to produce the information to enable a masterplan to be created to enable an investment proposal to be created.

With respect to backlog maintenance, we have now secured a partner and starting with the rectification of the fireworks at Hinchingbrooke Hospital, and have created a five-year backlog maintenance plan for investment.

Following the merger of the two trusts, it became clear that we needed a single approach to our Sustainability agenda and in particular our Green travel Plan. In late 2018/19, we commenced the appointment of a specialist consultancy to drive this agenda forward with a view to having a single document that promotes, Green Travel, car parking management, access to and from our sites, whilst promoting other means of getting to our sites i.e. cycling, walking, bus etc.

This work has started in earnest and will be ready for presentation to the Trust Board in June /July 2019 with a planned implementation following appropriate consultation with staff and key stakeholders in the following months.

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

The Trust ensures economy, efficiency and effectiveness through a variety of means, including:

- A robust pay and non-pay budgetary control system
- A suite of effective and consistently applied financial controls
- Effective tendering procedures
- Robust control of staffing levels
- Continuous service and cost improvement and modernisation

The Trust benchmarks efficiency in a variety of ways, including through the national reference costs index and by comparison with key indices such as length of stay and day case percentages. The Board of Directors performs an integral role in maintaining the system of internal control supported by the Audit Committee, internal and external audit, and other key bodies.

Each year the Trust produces an Annual Plan, which sets out planned action for the year and risks against achieving those actions. The Trust aims to ensure that its Annual Plan is challenging but realistic and achievable, ensuring quality of care is at the forefront of the Trust's business planning, whilst reducing costs, driving efficiencies, promoting good clinical outcomes, a good patient experience and patient safety.

Detailed financial planning is part of the Trust's regulatory requirements, with challenging cost improvement plans and an acknowledged financial deficit plan, and with actions being taken across the wider Cambridgeshire and Peterborough local health economy to ensure the clinical and overall long-term financial sustainability of providers.

Structured below the Annual Plan are divisional plans, and capacity plans which detail specific objectives and milestones to deliver actions. To ensure delivery of planned actions, there is continual review of progress against plans within divisions, and plans for cost savings are scrutinised by Executive Directors independently and at performance meetings. The Finance Committee monitors the achievement of plans (whilst maintaining and improving quality and safety).

A key issue of concern both locally and nationally is the need for effective recruitment of substantive staff and a reduction in agency usage and associated costs. This would ensure reduced financial pressures, whilst increasing quality. This concern is being addressed by a specific recruitment taskforce and through quality reviews and performance meetings. The Trust achieved a reduction in agency spend in 2018/19.

The emphasis in Internal Audit work is on providing assurances to the Audit Committee and to the Board on internal controls, risk management and governance systems. Further work is to be undertaken to ensure that corporate internal controls are embedded at an operational level.

The Head of Internal Audit has provided an opinion of satisfactory assurance for the year, with eight domains: (Assurance Framework and Risk Management; Financial Ledger, Reporting and Budgetary Control; Creditors and Non Pay Expenditure; Debtors and Sundry Income; Safeguarding (Adults); Safeguarding (Children); Serious Incident Reporting; and Change Management given a 'Substantial' level of assurance. Seven were given a 'Satisfactory' level of assurance (Corporate Governance; Procurement; Medical Devices; Business Continuity Planning; Performance Governance Framework; Cost Improvement Plans (CIPs); and Payroll), one was given a 'Limited' level of assurance (Income from Private Patients and Overseas Visitors), and two were given a 'Nil' level of assurance (Hinchingbrooke Emergency Department Data; and Study Leave Process).

These 21 audits have each been scrutinised at the Audit Committee and agreed actions are being undertaken by the Trust to address the control weaknesses identified. The Trust continues to operate with a structural deficit; therefore, North West Anglia NHS Foundation Trust's Board of Directors has carefully considered the principle of 'Going Concern' and the requirement to provide continuity of service.

The Directors have concluded that the combination of the circumstances outlined in this note represents a material uncertainty that casts significant doubt upon the Trust's ability to continue as a going concern.

Nevertheless, after making enquiries, the Directors have a reasonable expectation that the Trust will have access to adequate resources to continue in operational existence for the foreseeable future and continue to provide services to our patients. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Information governance

The Trust delivers annual information governance training for all staff across the Trust to raise awareness of the importance of protecting patient information.

Information governance training encourages staff to report personal data-related incidents. All reported incidents are investigated by the Trust's Information Governance (IG) team and where applicable, Trust policies and procedures are revised to prevent incidents re-occurring as well as to incorporate lessons learnt into the Trust's IG training.

To maintain IG assurance across the Trust, a comprehensive work programme has been developed for 2019/20.

In the past year, the Trust reported two incidents through the DSP Toolkit, neither incident required input from the ICO. Nonetheless, they are logged on the Trust's toolkit incident log for reference (further information can be found on page 195).

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.

Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

As in previous years the report sets out the priorities for the coming year which include patient safety, patient experience and clinical effectiveness indicators. The Annual Quality Report 2018/19 has been developed in line with relevant national guidance and is supported internally through the Board Assurance Framework. The Trust uses the term Quality Account for its annual report and Quality Report for monthly reports submitted to the Board of Directors.

The Trust has robust data quality procedures in place that ensure the robustness of data used in the Quality Account. These data quality procedures range from ensuring data are input into transactional systems correctly, information is extracted and interpreted accurately and that it is reported in a way that is meaningful and precise. All staff that have a responsibility for inputting data are trained fully in both the use of the systems and in how the information will be used.

The Trust's annual Quality Account is an integral part of the Trust's Annual Report and Accounts process. This builds on work with key partners and reflects the work that is undertaken and reported monthly to the Board of Directors, and quarterly to the Council of Governors, through the Chief Nurse's monthly quality report.

Steps which have been put in place to assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data include the following:

- The Chief Nurse is the Executive lead for the Quality Account with designated personal responsibility for patient safety and quality on behalf of the Trust Board
- The Annual Quality Account Report 2018/19 provides a narrative of progress toward achieving the quality improvement indicators agreed by the Trust Board
- The Trust has a robust process for scrutinising and revising local policies and monitoring compliance with NICE and other best practice guidelines. Annual audit programmes include the assessment of compliance with best practice guidance at both local and national level. This provides assurances to the Board that the quality of clinical care is based on the best clinical practice recognised nationally and that policies are up to date, appropriate and meet legislative obligations
- The Quality Account is compiled following internal and external consultation, in order to inform the improvement indicators. Data are provided by nominated Trust leads. These leads are responsible for scrutinising the data they provide to ensure accuracy. The Chief Nurse is ultimately accountable to the Trust Board and its committees for the accuracy of the Quality Account Report
- The Quality Account is subject to robust challenge at the Quality Assurance Committee on both substantive issues and data quality. Where variance against targets is identified, the leads for individual measures are held to account. Following scrutiny at this Committee, the Quality Account is reported to the Audit Committee and the Trust Board. The Board is required both to attest to the accuracy of the data and ensure that improvements against the targets are maintained. The Quality Account is further reviewed by the Trust governors, local HealthWatch and the Care Quality Commission
- The Trust has a Data Quality Group which is responsible for reviewing the way data are captured and recorded, in order to ensure accuracy and robustness. Internal and external data audits are undertaken, focusing on data quality and associated process and procedures.

The quality reporting process is led by the Chief Nurse. The Quality Assurance Committee reports directly to the Board on quality issues. It is working to ensure that appropriate assurance on quality governance is provided, in order to enable the Board and the Audit Committee to be satisfied on this area of internal control. The Quality Assurance Committee is chaired by a Non-Executive Director and includes external representatives from local Clinical Commissioning Groups and Healthwatch as well as governor observation.

At an operational level, the Trust's Quality Governance Operational Committee is chaired by the Medical Director, and provides leadership and support for

the clinical divisions in meeting quality governance requirements. It acts as a multi-disciplinary forum for clinical matters relating to the safety and quality of patient experience and ensures adequate processes are in place to deliver robust risk assessment and management activities.

Quality reviews are carried out on a monthly and quarterly basis at a Divisional and Trust level, which enable the monitoring of clinical quality improvements and provide assurance on compliance with the best practice standards at all levels of service.

The Trust's Board of Directors, Quality Assurance Committee and Quality Governance Operational Committee receive data from a number of different sources so that the quality information can be triangulated and reviewed from a number of different perspectives. The quality of data is audited through specific governance indicator reviews and directorate deep dives by the quality assurance committee monthly and rotated. Local data, including the Matrons' Balanced Scorecard, are referenced against complaints, litigation, adverse events and PALS data, clinical benchmarking from Dr Foster, the Quality Risk Profiles/Intelligent Monitoring Tool produced by the CQC, peer review and regulatory visits.

The Trust has been supported throughout the year by visits from NHS Improvement, NHS England Cambridgeshire & Peterborough CCG and South Lincolnshire CCG.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust 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 risk/ clinical governance/ quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is in place.

- Internal Audit Reports
- Head of Internal Audit Opinion
- External Audit Reports
- Internal and External Peer Reviews
- Clinical Audit Reports
- Patient Surveys
- Staff Survey
- Care Quality Commission Intelligent Monitoring
- Senior Leadership Walk-rounds
- Care Quality Commission - registration and reports
- Equality and Diversity Reports
- Health Education England Reports
- General Medical Council 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 and Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors also works with increased assurance from the Board sub-committees: Quality Assurance Committee, Finance Committee, People and Performance Committee, Remuneration and Nominations Committee, Strategic Development Committee and PCH PFI Assurance Committee. The work of these committees, together with the Audit Committee, is kept under review to ensure that there is complete oversight from the Audit Committee on the Trust's system of internal control.

While the Trust has known financial constraints, the Board of Directors has been clear in its commitment and support for the continuous improvement in the quality of care. Patients are at the centre of everything we do, and the Board routinely receives a patient story at the start of each public meeting. This ensures that the experience of our patients is seen and treated as a priority. Also, it delivers the important message that getting quality right first time has a synergy with the efficient use of resources, and enables the Trust to balance both quality and financial performance.

Conclusion

The Annual Governance Statement requires me to consider whether there are any significant internal concerns facing the Trust.

While there are strong mechanisms for ensuring the quality of care received by the Trust's patients is maintained and improved, there are internal control weaknesses identified in the Trust's ability to work effectively, efficiently and economically.

Cambridgeshire and Peterborough's health system continues to face a significant financial challenge, both now and in the longer term. Local health and social care organisations have been working together in recent months to identify ways in which we can collaborate to meet this challenge. The Local Health Economy work continues to deliver the Sustainability and Transformation Partnership (STP). Partners across the local health and care system have agreed to work together to deliver the STP. This includes the Trust working with commissioners in Lincolnshire to deliver its STP vision.

The Fit for the Future plan for Peterborough and Cambridgeshire covers hospital services, community healthcare, mental health, social care and GP services.

It has been developed by all local NHS organisations, including ours, and addresses the issues highlighted in the Evidence For Change report (March 2016) which showed that local needs are growing and changing, demand on health services is increasing, the current system does not meet the standards of care we aspire to as a health system and our collective financial challenge is significant and growing. The merger with Hinchingbrooke Health Care NHS Trust formed part of this plan and delivered significant savings in 2017/18.

2018/19 was the second full year since the Trust merged with Hinchingbrooke Hospital and we continue to make good progress in delivering the benefits of integrating and developing services for our patients.

Our project to install a single Patient Administration System across all three hospitals began in April with the roll-out scheduled for July 2019.

The Trust is responsible for the provision of outpatients, dermatology and imaging services at two local community hospitals – the Princess of Wales Hospital in Ely and Doddington Hospital in Doddington. The Trust also provides a radiography service at North Cambridgeshire Hospital in Wisbech.

Discussions were concluded to support the transfer to the Trust of the acute children's services that were provided on the Hinchingbrooke Hospital site by Cambridgeshire Community Services NHS Trust. The service moved over to the Trust on 1 April 2019. Bringing together children's services for Huntingdonshire and Peterborough enables the Trust to ensure closer working and planning between the children's services, obstetrics and emergency services on the Hinchingbrooke site. It also supports the recruitment and retention of clinical staff and improve the resilience and delivery of children's services across the two localities.

Work required to rectify defects at PCH within the hospital's fire separation infrastructure have been ongoing since mid-2015. After accelerating the original programme of fire safety works at Peterborough City Hospital, the work was completed in September 2018 and Cambridgeshire Fire and Rescue Service removed the improvement notice at the end of September. There was no financial cost to the Trust as the works that have been carried out related to the original construction agreement. All work was funded by our PFI providers as part of the agreement to resolve the issues uncovered in the original survey in 2014. The work will now commence to rectify the fire compliance issues on the Hinchingbrooke Hospital site.

There have been significant challenges during the year.

Despite best efforts, like almost every other hospital in the country, we did not meet the four-hour waiting target for our A&Es. However, significant improvements were delivered on the Hinchingbrooke site.

In addition to high numbers of emergency patients the Trust has continued to see an unprecedented number of patients who were medically fit to leave hospital but required additional community support, which was not always available.

Like many hospitals providing emergency care, we have seen a continued rise in emergency activity this year at both the Peterborough City and Hinchingbrooke Hospital sites.

This has resulted in a higher number of patients attending A&E and requiring admission to a ward for ongoing care or treatment. The increase in demand for emergency care, coupled with an ongoing higher-than-average number of patients who have experienced delays in their discharge from hospital into another care setting, has, at times, impacted negatively on patients' journeys through our hospitals during 2018/19. In addition, the Trust continues to see an increase in the number of emergency and planned care patients from Lincolnshire.

Our focus has remained on improving our patients' experience of the emergency care pathway. Working with colleagues from ECIP (the national Emergency Care Improvement Programme), we have implemented initiatives to improve patient flow.

To counter this increase in activity, the Trust has developed its ambulatory care service. This is now regularly diverting 30% or more potential admissions.

Operationally, the Trust is working with its local health and social care partners to further focus on emergency care and the need to achieve the four hour waiting time standard, reduce the level of delayed transfers of patients to other providers of care and improve the effectiveness of its elective care pathway.

We remain committed to improving and developing our patient care.

Caroline Walker
Chief Executive
24 May 2019

SECTION 2

Annual Accounts for the year ended 31 March 2019

Statement of the Chief Executive's responsibilities as the accounting officer of North West Anglia 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.

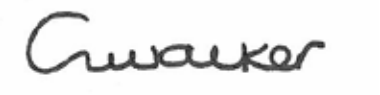
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require North West Anglia NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are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

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable 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.



C N Walker
Chief Executive
24 May 2019

KPMG

Independent auditor's report

to the Council of Governors of North West Anglia NHS Foundation Trust

. REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of North West Anglia NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and the related notes, including the accounting policies in note one.

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health Group Accounting Manual 2018/19.

Overview	
Materiality: financial statements as a whole	£6 million (2017/18:£6 million) 1.37% (2017/18: 1.43%) of total income from operations

Risks of material misstatement		vs 2018
Recurring risks	Valuation of land and buildings	▲
	Recognition of NHS and non-NHS income	◄►
Event driven	**New:** Accrued Expenditure Recognition	▲

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

2. Material uncertainty related to going concern

	The risk	Our response
We draw attention to note 1.1.2 to the financial statements which indicates that the Trust has incurred a total deficit of £61 million at 31 March 2019, against a planned deficit of £46.5 million. The Trust submitted its Financial Plan for 2019/20 on 23 May 2019. The Trust is forecasting a £35.3 million deficit (pre-PSF) in 2019/20 inclusive of a £18.1 million cost improvement programme. The budget is in line with the control total target agreed with NHSI. The plan is control total compliant and therefore enables the Trust to access the £29.6 million of PSF/FRF/MRET funding allocated and results in an overall financial plan for 2019/20 of a £5.7 million deficit. The Trust's financial plan includes additional financing assistance from the Department of Health and Social Care (DHSC) of £5.7 million revenue and £30.2 million capital support in the form of loans. These events and conditions, along with the other matters explained in note 1.1.2, constitute a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.	**Disclosure quality** There is little judgement involved in the Accounting Officer's conclusion that the risks and circumstances described in note 1.1.2 to the financial statements represent a material uncertainty over the ability of the Trust to continue as a going concern for a period of at least a year from the date of approval of the financial statements. However, clear and full disclosure of the facts and the Accounting Officer's rationale for the use of the going concern basis of preparation, including that there is a related material uncertainty, is a key financial statement disclosure and so was the focus of our audit in this area. Auditing standards require that to be reported as a key audit matter.	Our procedures included: — **Assessing transparency**: We assessed the completeness and accuracy of the matters covered in the going concern disclosure by: — **Test of details:** We reviewed the 2019/20 financial plan to confirm the accuracy of the information disclosed. — **Test of details:** Confirming the financial plan has been approved by NHSI. — **Funding assessment:** We inspected and challenged the assumptions in the 2019/20 financial plan to ensure that adequate future loan funding is included. — **Our NHS experience:** We assessed the likelihood of NHS Improvement transferring services to other NHS bodies using our own NHS experience. — **Our NHS experience:** We assessed the likelihood of DHSC not demanding repayment of existing loans in the 12 month period under assessment. **Our findings:** We found the disclosure of the material uncertainty to be balanced. (2018: balanced)

3. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgement, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team.

We summarise below, the key audit matters, in decreasing order of audit significance, in arriving at our audit opinion above together with our key audit procedures to address those matters and our findings from those procedures in order that the Trust's governors as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed, and our findings are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon, and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

	The risk	Our response
Valuation of land and building (£404 million; 2017/18: £384.7 million) *Refer to the SOFP, note 1.7 and note 13.*	**Subjective valuation:** Land and buildings are required to be held at current value in existing use. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with an equivalent asset (Depreciated Replacement Cost or DRC). When considering the cost to build a replacement asset the Trust should consider whether the asset would be built to the same specification or in the same location. The risk is the buildings may be valued on the wrong basis (specialised or non-specialised) and assumptions used in DRC valuations (VAT, alternative site, construction indices) may not be appropriate leading to material misstatements in the carrying value of the assets. The Trust engaged an external valuer to complete a desktop valuation of the land, buildings and dwellings of the Trust as at 31 March 2019. As discussed above, valuations are inherently judgemental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, were appropriate and correctly applied. **Accounting Treatment** There is a risk that the valuation is not applied to the financial statement balances appropriately to recognise the valuation gains and impairment losses in line with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19. The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.	Our procedures included: — **Assessing valuer's credentials:** We undertook an assessment of the expertise of the valuer commissioned to perform the revaluation exercise. We obtained the instructions provided to the valuer and assessed the independence and objectivity of the surveyors and the terms under which they were engaged by management; — **Our sector experience:** We engaged our property team experts to undertake an assessment of the revaluation and critically assessed the assumptions used in preparing the valuation completed of the Trust's land and buildings to ensure they were appropriate; — **Test of details:** We considered the source of the information provided to, and used by, the valuer, and undertook testing to assess both its completeness and accuracy, including the existence of assets and floor area measurements; — **Test of details:** We undertook testing over the completeness, existence and ownership of material items of property, plant and equipment, with a particular focus on the additions in year (and relying on the work completed in the prior year where appropriate). We also drew on the Trust's asset register and verification exercise and conducted our own testing of asset existence (during on-site visits) and of asset ownership (through examination of invoices and contracts); — **Tests of details:** For a sample of assets added during the year we tested that an appropriate valuation basis had been adopted and it was appropriate to capitalise them; — **Tests of details:** For a sample of assets that were reclassified during the year from assets under construction to buildings we reviewed the transfer from assets under construction and confirmed that the value transferred was appropriate; and — **Accounting analysis**: We undertook work to understand the basis upon which any movements in the valuation of land and buildings had been classified and treated in the financial statements and determined whether they had complied with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19. **Our findings:** We found the valuation of land and buildings and the accounting treatment to be balanced. (2018: balanced)

3. Key audit matters: our assessment of risks of material misstatement

	The risk	Our response
Recognition of NHS and non-NHS income (Income from operations: £436 million; 2017/18: £420.8 million) *Refer to the SOCI, note 1.4, note 3 and note 4.*	**2018/2019 Income** The main source of income for the Group is the provision of health care services to the public under contracts with NHS commissioners. Of the Trust's reported income from patient care activities (£381 million) 86.2% came from the Trust's commissioners (Clinical Commissioning Groups (CCGs). The majority of this income is contracted on an annual basis, however actual achievement is based on completing the planned level of activity and achieving key performance indicators (KPIs). The income recognition risk relates to estimates (partially completed spells) or if the Trust does not meet its contracted KPIs then commissioners are able to impose fines, reducing the level of income achievement. Income from NHS England and CCGs is captured through the Agreement of Balances (AOB) exercises performed at months 6, 9 and 12 to confirm amounts received and owed. Mismatches in income and expenditure, and receivables and payables are recognised by the Trust and its counterparties to be resolved. Where mismatches cannot be resolved they can be reclassified as formal disputes. Of the other £54.8 million of operating income, the Trust reported income of £5.9 million from non-NHS bodies. Much of this income is generated by contracts for staff accommodation and car park income and carries a risk that outstanding amount will not be recovered. The achievement of financial targets resulted in the Trust receiving Provider Sustainability Fund (PSF) income of £5.3 million against an allocation of £17 million. The PSF was however contingent on the Trust delivering against its financial plan and performance against national targets. The Trust did not meet its financial plan target for Q3 and Q4.	**Our procedures included:** — **Tests of details:** We tested key controls in relation to NHS income contracts by investigating a sample of contract variations and sought explanations from management. For all contracts we confirmed that signed contracts were in place. We tested that invoices had been issued in line with the signed contracts for these commissioners; — **Tests of details:** We assessed the outcome of the agreement of balances exercise with other NHS bodies. Where there were mismatches over £300,000, we identified the reasons and challenged the Trusts assessment of the level of income they were entitled to receive; — **Tests of details:** We agreed a sample of the NHS income recorded in the financial statements to the signed contracts in place with key commissioners; — **Tests of details:** We agreed a sample of invoices to confirm they had been issued in line with the contracts signed with the Trust's key commissioners; — **Tests of details:** We tested a sample of income items to year-end bank statements to support the work we have undertaken on completeness of income balances recorded in the financial statements and confirming that income has been recorded in the correct accounting period; — **Tests of details**: We agreed receivables to supporting invoices and other documentation. This included testing the assumptions made by the Trust in respect of income due that was based on meeting agreed performance targets with commissioners; — **Tests of details:** We agreed that the approach to impairing receivables was in line with the Trust's accounting policies, and that the Trust's judgement for the level of provision is appropriate; — **Non NHS Income:** We tested material other income balances by agreeing a sample of income transactions through to supporting documentation: and — **Test of details:** We assessed the Trust's reporting and accounting for PSF income received from the Department of Health, and agreed amounts to correspondence from NHSI. We also confirmed the Trust met the performance criteria for receipt of the PSF funding for Q1 and Q2. **Our findings:** We found the resulting estimates relating to the recognition of NHS income and non-NHS income to be balanced. (2018: balanced).

3. Key audit matters: our assessment of risks of material misstatement

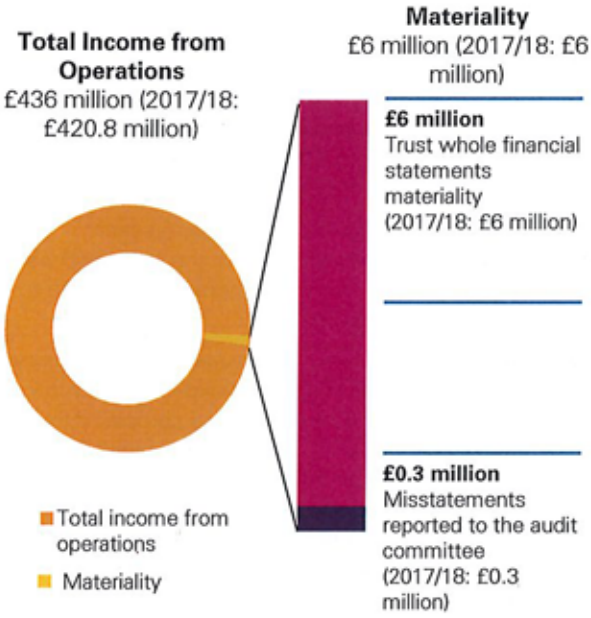
	The risk	Our response
Accrued Expenditure Recognition (Expenditure from operations: £463 million: 2017/18: £441 million) *Refer to the SOFP and note 18.*	**Effects of Irregularities** As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so the auditor has regard to this when planning performing audit procedures. This risk does not apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the manipulation of creditors and accrued non-pay expenditure at year-end, as well as the completeness of the recognition of provisions or the inappropriate release of existing provisions.	**Our procedures included:** — **Test of details:** We performed detailed sample testing over non-pay expenditure balances to ensure that the expenditure had been accounted for in the correct period and had been accounted for correctly; — **Test of details**: We considered the extent to which budgetary controls have been in operation throughout the year and have been found to operate effectively; — **Test of details**: We tested that senior staff are not remunerated based upon financial results, nor is the funding made available to the Trust based upon the results presented in the financial statements; — **Test of details:** We assessed the pressure upon the Trust to achieve a particular year end outturn position; — **Test of details**: We assessed expenditure recognised around the 31 March 2019 to ensure that costs have been recognised in the correct period; — **Test of details:** We performed a year-on-year comparison of accruals to evaluate the completeness of the accruals balance, as well as agreeing a sample to supporting documentation; and — **Test of details**: We inspected confirmations of balances provided by the Department of Health as part of the Agreement of Balances exercise and compared the relevant payables recorded in the Trust's financial statements to the receivables balances recorded within the accounts of commissioners or other providers. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising expenditure to commissioners or other providers. **Our findings:** We found the resulting estimates made by the Trust in relation to expenditure to be balanced.

4. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £6 million (2017/18: £6 million), determined with reference to a benchmark of operating income (of which it represents approximately 1.37% (2017/18: 1.43%)). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.3 million (2017/18:(£0.3 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Peterborough.



5. We have nothing to report on the other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, accept as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration Report

In our opinion the part of the Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the Directors' statement that they consider that the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the Annual Report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement of Accountable Officer Responsibilities, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

Our conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources is adverse

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Adverse conclusion

As a result of the matters outlined in the basis for adverse conclusion paragraph below, we are unable to satisfy ourselves that, in all significant respects North West Anglia NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2019.

Basis for adverse conclusion

The Trust reported a year end underlying deficit of £61 million against a planned deficit of £46.5 million, an increase of £7 million compared to the previous year. The Trust received a total of £11.8 million of Provider Sustainability Fund (which includes a bonus of £6.5 million).

The Trust's performance continues to be underpinned by a number of non-recurrent measures and £6.3 million of non-recurrent Cost Improvement Programme (CIP) schemes which represents 1.3% of its CIP scheme.

The Trust submitted its Financial Plan for 2019/20 on 23 May 2019. The Trust is forecasting a £35.3 million deficit (pre-PSF) in 2019/20 inclusive of a £18.1 million CIP. The budget is in line with the control total target agreed with NHSI. The plan is control total compliant and therefore enables the Trust to access the £29.6 million of PSF/FRF/MRET funding allocated and results in an overall financial plan for 2019/20 of a £5.7 million deficit. The Trust's financial plan includes additional financing assistance from the Department of Health and Social Care (DHSC) of £5.7 million revenue and £30.2 million capital support in the form of loans. These matters give rise to material uncertainty which has been recognised by the Trust.

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

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

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

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risk identified during our risk assessment is set out overleaf together with the findings from the work we carried out on this area.

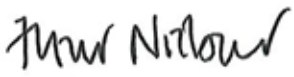
Significant Risk	Description	Work carried out and judgements
Financial sustainability:	**Arrangements for securing economy, efficiency and effectiveness** Due to the significant financial challenge, the size of the underlying deficit and the financial support the Trust is receiving from the Department of Health we undertook a detailed consideration of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.	Our work included the following: — We assessed the Trust's financial sustainability and progress against the 2018/19 plan. This included the identification of any significant one-off items included within the reported headline result; — We assessed the nature of financial support the Trust is receiving from the Department of Health. We also considered compliance with the agency spending caps where mandatory; — We assessed the level of non-recurrent measures underpinning the achievement of the 2018/19 plan, and assumptions included as part of formulated plans for 2019/20; — We assessed the Trust's operational performance in year, notably compliance with national target and other key indicators, including A&E in respect of drawdown of PSF; and — We assessed the CIP governance processes and how the Trust delivered against the CIP plan throughout the year. **Our findings on this risk area:** The Trust's underlying deficit, its reliance on the delivery of a large CIP programme which included a number of non-recurrent measures and its reliance on loans from the Department of Health which total £219 million as at 31 March 2019 (of which £85.6 million is due within one year) present significant challenge in achieving financial sustainability. As a result, we are unable to satisfy ourselves that, in all significant respects North West Anglia NHS Foundation Trust have put in place proper arrangements to secure financial sustainability for the year ended 31 March 2019. As a consequence we have issued an adverse conclusion.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of North West Anglia NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



Fleur Nieboer

for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
15 Canada Square
Canary Wharf
London
E14 5GL

28 May 2019

KPMG

Foreword to the Accounts

These accounts, for the year ended 31 March 2019, have been prepared by North West Anglia NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the *National Health Service Act 2006*.

C N Walker
Chief Executive
24 May 2019

Statement of Comprehensive Income

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	381,082	358,777
Other operating income	4	54,831	61,634
Operating expenses	5, 7	(463,007)	(440,885)
Operating surplus/(deficit) from continuing operations		**(27,094)**	**(20,474)**
Finance income	10	188	38
Finance expenses	11	(19,560)	(18,162)
Net finance costs		**(19,372)**	**(18,124)**
Other losses	12	-	(56)
Gains arising from transfers by absorption		-	31,027
Deficit for the year from continuing operations		**(46,466)**	**(7,627)**
Surplus/(deficit) for the year		**(46,466)**	**(7,627)**

Other comprehensive income will not be reclassified to income and expenditure:			
Impairments	6	(2,258)	(211)
Revaluations	13	26,123	6,877
Total comprehensive income/(expense) for the period		**(22,601)**	**(961)**

The underlying normalised deficit position for the Trust is (£61.5m). It is this figure that NHS Improvement will use as part of its assessment of the financial disposition of the Trust.

After receipt of Sustainability and Transformation funding of £11.8m the deficit for the Trust is (£49.7m). This is adjusted for the impairment of the Trust's land and buildings of £3.2m giving the deficit shown above of (£46.5m).

The notes on pages 18 to 50 form part of these accounts.

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Property, plant and equipment	13	443,870	419,969
Receivables	16	35,923	33,306
Total non-current assets		**479,793**	**453,275**
Current assets			
Inventories	15	5,435	5,385
Receivables	16	33,593	48,775
Cash and cash equivalents	17	5,894	3,486
Total current assets		**44,922**	**57,646**
Current liabilities			
Trade and other payables	18	(33,932)	(34,878)
Borrowings	20	(96,948)	(27,130)
Provisions	22	(550)	(484)
Other liabilities	19	(3,369)	(2,699)
Total current liabilities		**(134,799)**	**(65,191)**
Total assets less current liabilities		**389,916**	**445,730**
Non-current liabilities			
Trade and other payables	18	(92)	(162)
Borrowings	20	(473,046)	(509,168)
Provisions	22	(1,985)	(2,108)
Other liabilities	19	(493)	(573)
Total non-current liabilities		**(475,616)**	**(512,011)**
Total assets employed		**(85,700)**	**(66,281)**

Financed by			
Public dividend capital		298,549	295,367
Revaluation reserve		88,448	64,583
Income and expenditure reserve		(472,697)	(426,231)
Total taxpayers' equity		**(85,700)**	**(66,281)**

The notes on pages 18 to 50 form part of these accounts.

C N Walker
Chief Executive
24 May 2019

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

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	**295,367**	**64,583**	**(426,231)**	**(66,281)**
Surplus/(deficit) for the year	-	-	(46,466)	**(46,466)**
Impairments	-	(2,258)	-	**(2,258)**
Revaluations	-	26,123	-	**26,123**
Public dividend capital received	3,182	-	-	**3,182**
Taxpayers' equity at 31 March 2019	**298,549**	**88,448**	**(472,697)**	**(85,700)**

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

	Public dividend capital £000	Reval-uation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	**264,345**	**30,953**	**(360,618)**	**(65,320)**
Surplus/(deficit) for the year	-	-	(7,627)	**(7,627)**
Transfers by absorption: transfers between reserves	31,022	26,964	(57,986)	**-**
Impairments	-	(211)	-	**(211)**
Revaluations	-	6,877	-	**6,877**
Taxpayers' equity at 31 March 2018	**295,367**	**64,583**	**(426,231)**	**(66,281)**

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 Trust. 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 and Social Care as the public dividend capital dividend, however as North West Anglia NHS Foundation Trust has negative net assets no dividend is payable.

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating deficit		(27,094)	(20,474)
Non-cash income and expense:			
Depreciation and amortisation	5	16,509	16,438
Net impairments	6	(3,197)	(305)
Income recognised in respect of capital donations	4	(121)	(305)
(Increase)/decrease in receivables and other assets		15,106	(8,775)
Decrease in inventories		(50)	(84)
Increase in payables and other liabilities		926	4,921
Decrease in provisions	22	(57)	(4,062)
Net cash generated from/(used in) operating activities		**2,022**	**(12,646)**
Cash flows from investing activities			
Interest received		188	38
Purchase of property, plant, equipment and investment property		(16,700)	(16,016)
Receipt of cash donations to purchase capital assets		121	-
Prepayment of PFI capital contributions		-	-
Net cash generated from/(used in) investing activities		**(16,391)**	**(15,978)**
Cash flows from financing activities			
Public dividend capital received		3,182	-
Movement on loans from the Department of Health and Social Care		44,589	48,292
Movement on other loans		(597)	(1,947)
Capital element of finance lease rental payments		(520)	(636)
Capital element of PFI, LIFT and other service concession payments		(10,450)	(10,101)
Interest on loans		(2,854)	(2,184)
Other interest		-	-
Interest paid on finance lease liabilities		(105)	(147)
Interest paid on PFI, LIFT and other service concession obligations		(16,467)	(15,657)
PDC dividend refunded		-	415
Cash flows from (used in) other financing activities		-	-
Net cash generated from/(used in) financing activities		**16,777**	**18,035**
Increase/(decrease) in cash and cash equivalents		**2,408**	**(10,589)**
Cash and cash equivalents at 1 April - brought forward		**3,486**	**12,199**
Cash and cash equivalents transferred under absorption accounting	17	-	1,876
Cash and cash equivalents at 31 March	17	**5,894**	**3,486**

Notes to the Accounts
Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

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

Note 1.1.1 Accounting convention

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

These accounts have been prepared on a going concern basis. International Accounting Standard (IAS) 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of services to another entity, or has no realistic alternative but to do so.

The Trust continues to operate with a structural deficit, therefore, North West Anglia NHS Foundation Trust's Board of Directors has carefully considered the principle of 'Going Concern' and the requirement to provide continuity of service. The directors have concluded that the combination of the circumstances outlined in this note represents a material uncertainty that casts significant doubt upon the Trust's ability to continue as a going concern. Nevertheless, after making enquiries, the directors have a reasonable expectation that the Trust will have access to adequate resources to continue in operational existence for the foreseeable future and continue to provide services to our patients.

For this reason, they continue to adopt the going concern basis in preparing the accounts.

Financial Position

- The Trust recorded a financial deficit of £61.5m for the 2018/19 financial year, which was adverse to the control total agreed with NHS Improvement of £46.5m, excluding provider and sustainability funding (PSF). The adverse performance was driven by costs associated with putting in place additional non-elective capacity, retrospective pay claims and underachieved pay CIPs.
- The balance sheet at 31 March 2019 shows a cumulative deficit (i.e. negative income & expenditure reserve) of £472.7m.
- The Trust received £11.8m PSF funding for 2018/19 resulting in an overall deficit of £46.5m.
- The Trust delivered cost improvements of £6.4m against a target of £16.9m for the year.
- The Trust drew down £46.8m of additional working capital funding from the Department of Health and Social Care during 2018/19. This funding ensured that the Trust could continue to meet its liabilities during 2018/19 as they fell due.

Going forward

The Financial Plan for 2019/20 has been agreed by the Board following a robust budget setting process. The Trust is forecasting a £54.5m deficit in 2019/20 inclusive of £15.0m cost improvement programme.

The Trust's financial plans identify the requirement for significant additional cash assistance from the Department of Health and Social Care (DHSC) in 2019/20. This requirement has been acknowledged and is in line with DHSC expectations. The funding arrangements for cash support to distressed trusts, is now in the form of capital and/or revenue loans.

During the next 12 months, the Trust will continue to focus on providing excellent patient care and services within its hospitals.

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's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

An assessment of the Trust's Private Finance Initiatives (PFI) scheme have been made, and it has been determined that the PFI schemes should be accounted for as an On Statement of Financial Position asset under

IFRIC 12. This requires a judgement to be made around how to model the scheme in order to determine the required accounting entries.

Leases have been classified as finance leases where the lease transfers substantially all the risks and rewards incidental to ownership of the asset, irrespective of whether title has actually transferred. An asset and a liability are recognised on the balance sheet accordingly. Otherwise the lease is classified as an operating lease.

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 Trust's land and building assets are valued on the basis explained in Notes 1 and 13 to the accounts. Gerald Eve LLP provided a valuation of land and building assets (estimated fair value and remaining useful life) as at 31 March 2019. The valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury Guidance, leads to revaluation adjustments as described in Note 13. Future revaluations of North West Anglia NHS Foundation Trust's property may result in further changes to the carrying values of non-current assets.

An estimate has also been used to determine total future obligations under PFI contracts as disclosed in note 25, in relation to future rates of inflation. The estimate does not affect the carrying value of liabilities in the Statement of Financial Position at 31 March 2019 or 31 March 2018, or the amounts charged through the Statement of Comprehensive Income.

Note 1.3 Operating Segment

The nature of the Trust's services is the provision of healthcare. Accordingly the Trust operates one segment. Income and expenditure are analysed and are reported in line with management information used within North West Anglia NHSFT.

Note 1.4 Income

The transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

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

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

Income in respect of services provided is recognised when performance obligations are satisfied by transferring promised services to the customers, and is measured at the amount of the transaction price allocated to the performance obligation. Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

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

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

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

The Schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

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

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.

All assets are measured subsequently at valuation.

Fair value being on initial recognition measured at cost including any costs such as installation directly attributable to bringing them into working condition.

The carrying values of property, plant and equipment assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. In addition, all land and buildings are restated to current value using professional valuations every five years. An annual interim valuation is also carried out.

An item of property, plant and equipment which is surplus with no plan to bring it into use, is valued at fair value under IFRS 13, if it does not meet the requirement of IAS 40 or IFRS 5. Professional valuations are carried out by Gerald Eve LLP, a firm of international property consultants. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Department of Health and Social Care and HM Treasury.

Specialised assets (operational property, plant and facilities used for the provision of healthcare services) continue to be valued using the Modern Equivalent Asset (MEA) method. These are buildings and plant in use. Non-specialised assets (land and dwellings) have been valued using the Market value for existing use method.

Equipment is valued using the Depreciated Replacement Cost (DRC) method, with equipment surplus to requirements being valued at the net recoverable amount. Non-operational assets, including surplus land, have been valued on the basis of market value.

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

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

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

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable 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 abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.7.4 Donated and grant funded assets

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

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

Note 1.7.5 Private Finance Initiative (PFI)

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses. The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a. Payment for the fair value of services received;

b. Payment for the PFI asset, including finance costs; and

c. Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI assets

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17. The annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income. The element of the unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term. An element of the annual unitary payment increases due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income. This is detailed in Note 25.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at fair value. The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. This charge is used to establish a prepayment to fund future replacement.

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

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

Note 1.7.6 Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	Not depreciated	
Buildings, excluding dwellings	10	90
Dwellings	54	66
Plant & machinery	5	15
Information technology	2	5
Furniture & fittings	5	10

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

Note 1.8 Intangible assets

North West Anglia NHS Foundation Trust does not hold any intangible assets.

Note 1.9 Inventories

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

Note 1.10 Cash and cash equivalents

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

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

Note 1.11 Financial assets 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 and 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. All financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument. All financial instruments are considered as 'held for trading'.

De-recognition
All financial assets are derecognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are derecognised when the obligation is discharged, cancelled or expires.

Classification and measurement
The Trust's financial assets are all within 'Fair value through income and expenditure, loans and receivables'. The Trust's financial liabilities are all within 'Fair value through income and expenditure, other liabilities'.

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 as current assets. The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables (debtors), accrued income and 'other receivables' (debtors). Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest rate 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.

Loans from the Department of Health and Social Care
Loans from the Department of Health and Social Care are not held for trading purposes and are measured at historic cost, with any unpaid interest accrued separately.

Financial liabilities
All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest rate method. The effective interest rate is the rate that discounts exactly 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 balance sheet date, which are classified as non-current liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest of financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of those assets.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

At the Statement of Financial Position date, the Trust assessed whether any financial assets other than those held at 'fair value through income and expenditure' were 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. The Trust considers all outstanding receivable accounts past their due date resulting in an impairment assessment being made of those not likely to result in settlement following implementation of, and adherence to, the Trust's credit control process. Amongst other action, this could involve the use of debt collection agencies and/or pursuing debts via court proceedings if the Trust feels these are appropriate avenues. If the Trust is still unable to recover the monies it is owed after all these options have been pursued, it will consider a write down of the value against an allowance account. 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 the use of a bad debt provision.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

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

Note 1.12 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 1.12.1 The Trust as lessee

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

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

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is derecognised 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 1.12.2 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 1.13 Provisions

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

Early retirement provisions are discounted using HM treasury's pension discount rate of +0.29% (2017/18 +0.10%) in real terms. All general provision are subject to separate discount rates according to the expected timing of cashflow from the date of the Statement of Financial Position.

A nominal short-term rate of 0.76% (2017-18 -2.42%) for inflation adjusted cashflow of up to 5 year.

A nominal medium term rate of 1.14% (2017-18 -1.85%) for inflation adjusted cashflow over 5 year up to and including 10 years.

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 22.1 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 1.14 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, North West Anglia NHS Foundation Trust does not have any contingent assets.

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.

North West Anglia NHS Foundation Trust does not have any contingent liabilities.

Note 1.15 Public dividend capital

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

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

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

I. donated assets (including lottery funded assets),

II. average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and

III. any PDC dividend balance receivable or payable.

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

North West Anglia NHS Foundation Trust has negative net assets and so no dividend is payable.

Note 1.16 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 1.17 Value added tax

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

Note 1.18 Corporation tax

The main rate of Corporation Tax applies when profits on trading activities exceed £1.5m at a rate of 20% (value and rate set for 2015/16 by HM Revenue and Customs). *Section 148 of the Finance Act 2004 amended s519A of the Income and Corporation Taxes Act 1988* to provide power to the Treasury to make certain noncore activities of Foundation Trusts potentially subject to Corporation Tax. This legislation became effective in the 2005/06 financial year. In determining whether or not an activity is likely to be taxable, a three-stage test may be employed. The provision of goods and services for purposes related to the provision of healthcare is not treated as a commercial activity and is therefore tax exempt. Trading activities undertaken in house, which are ancillary to core healthcare, are not subject to tax. As trading activities do not include provision of NHS healthcare services provided by the Trust, North West Anglia NHS Foundation Trust had no Corporation Tax liability in 2018/19 according to current legislation.

Note 1.19 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 1.20 Losses and special payments

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

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

Note 1.21 Early adoption of standards, amendments and interpretations

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

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2018-19.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, adoption for public bodies will be applicable from 2020/21
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating segments

IFRS 8 requires the disclosure of results of significant operating segments; the Trust considers that it only has one operating segment, healthcare.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2018/19 £000	2017/18 £000
Acute services		
Elective income	59,605	57,883
Non elective income	97,992	93,048
First outpatient income	31,613	30,854
Follow up outpatient income	28,554	27,868
A&E income	20,286	19,201
High cost drugs income from commissioners (excluding pass-through costs)	32,116	29,342
Other NHS clinical income	103,806	97,366
All services		
Private patient income	1,754	1,754
Agenda for Change pay award central funding	4,060	-
Other clinical income	1,296	1,461
Total income from activities	**381,082**	**358,777**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:

	2018/19 £000	2017/18 £000
NHS England	44,993	39,150
Clinical commissioning groups	328,517	315,526
Department of Health and Social Care	4,060	-
Other NHS providers	462	601
NHS other	-	83
Non-NHS: private patients	1,754	1,754
Non-NHS: overseas patients (chargeable to patient)	224	236
Injury cost recovery scheme	1,072	1,225
Non NHS: other	-	202
Total income from activities	**381,082**	**358,777**
Of which:		
Related to continuing operations	381,082	358,777

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

	2018/19 £000	2017/18 £000
Income recognised this year	224	236
Cash payments received in-year	143	100
Amounts added to provision for impairment of receivables	148	89
Amounts written off in-year	46	10

Note 4 Other operating income

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Research and development (contract)	1,444	1,591
Education and training (excluding national apprenticeship levy income)	11,966	11,454
Non-patient care services to other bodies	136	4,769
Provider sustainability/sustainability and transformation fund income (PSF/STF)	11,797	15,554
Income in respect of employee benefits accounted on a gross basis	3,634	3,578
Other contract income	24,510	23,179
Other non-contract operating income		
Receipt of capital grants and donations	121	305
Charitable and other contributions to expenditure	-	42
Rental revenue from operating leases	1,223	1,162
Total other operating income	**54,831**	**61,634**
Of which:		
Related to continuing operations	54,831	61,634

Other income includes £10m PFI support income, £3.1m pharmacy income and £2.8m car parking.

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 license 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:

	2018/19 £000	2017/18 £000
Income from services designated as commissioner requested services	373,972	355,562
Income from services not designated as commissioner requested services	7,110	3,215
Total	**381,082**	**358,777**

Note 4.2 Additional information on revenue from contracts with customers recognised in the period

	2018/19 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,699
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	2,796

Note 5 Operating expenses

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	-	149
Purchase of healthcare from non-NHS and non-DHSC bodies	1,957	1,419
Staff and executive directors costs	285,554	271,922
Remuneration of non-executive directors	132	139
Supplies and services - clinical (excluding drugs costs)	35,705	34,784
Supplies and services - general	6,927	6,598
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	45,344	45,225
Inventories written down	-	20
Consultancy costs	749	1,029
Establishment	9,003	9,707
Premises	18,601	14,060
Transport (including patient travel)	1,796	1,912
Depreciation on property, plant and equipment	16,509	16,438
Net impairments	(3,197)	(305)
Movement in credit loss allowance: contract receivables/contract assets	180	-
Movement in credit loss allowance: all other receivables and investments	-	231
Increase/(decrease) in other provisions	240	(3,009)
Audit fees payable to the external auditor		
audit services- statutory audit	78	118
other auditor remuneration (external auditor only)	14	20
Internal audit costs	131	176
Clinical negligence	16,008	12,416
Legal fees	501	889
Insurance	79	285
Education and training	491	893
Rentals under operating leases	973	851
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI/LIFT)	23,924	24,003
Car parking and security	17	10
Hospitality	22	11
Losses, ex gratia and special payments	26	74
Other services, e.g. external payroll	273	261
Other	970	559
Total other operating income	**463,007**	**440,885**
Of which:		
Related to continuing operations	463,007	440,885

Staff and Executive Directors costs, has increased in 2018/19, this is in part due to higher staff costs as a result of the implementation of the Agenda for Change Pay deal.

Note 5.1 Other auditor remuneration

	2018/19 £000	2017/18 £000
Other auditor remuneration paid to the external auditor:		
Internal audit services	-	-
Other non-audit services not falling within items above	14	20
Total	**14**	**20**

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2017/18: £500k).

Note 6 Impairment of assets

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus/deficit resulting from:		
Changes in market price	(3,197)	(305)
Total net impairments charged to operating surplus/deficit	**(3,197)**	**(305)**
Impairments charged to the revaluation reserve	2,258	211
Total net impairments	**(939)**	**(94)**

Note 7 Employee benefits

	2018/19 £000	2017/18 £000
Salaries and wages	217,349	205,056
Social security costs	22,003	19,334
Apprenticeship levy	1,079	1,003
Employer's contributions to NHS pensions	24,581	23,088
Pension cost - other	33	-
Temporary staff (including agency)	22,332	23,851
Total gross staff costs	**287,377**	**272,332**
Recoveries in respect of seconded staff	-	-
Total staff costs	**287,377**	**272,332**
Of which:		
Costs capitalised as part of assets	1,823	410

Note 7.1 Retirements due to ill-health

During 2018/19 there were 2 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £12k (£216k in 2017/18).

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

Note 7.2 Directors' pay - Greenbury

Details of Directors' pay is disclosed in the Trust's Annual Report

Note 8 Pension costs

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

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

a) Accounting valuation

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

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

b) Full actuarial (funding) valuation

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

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

National Employment Savings Trust (NEST)

NEST is a Workplace Pension Scheme operated by the Government; it is an alternative pension scheme (to the Superannuation Scheme) which is not NHS specific. It is a defined contribution, off statement of financial position scheme (as it is not exclusively NHS). The number of employees opting in, and the value of contributions, have been negligible. The cost in 2018/19 was £33k (2017/18 £15k).

Note 9 Operating leases

Note 9.1 North West Anglia NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where North West Anglia NHS Foundation Trust is the lessor.

The Trust leases part of its accommodation to other NHS bodies and the Cambridgeshire Constabulary.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	1,223	1,162
Total	**1,223**	**1,162**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	1,162	1,162
- later than one year and not later than five years;	1,765	1,765
- later than five years.	5,353	5,580
Total	**8,280**	**8,507**

Note 9.2 North West Anglia NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where North West Anglia NHS Foundation Trust is the lessee.

The Trust has lease agreements predominantly for the lease of medical equipment. The rentals are fixed and there is no contingent rent. The renewals are arranged based on the terms of each individual lease.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	973	851
Total	**973**	**851**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	973	783
- later than one year and not later than five years;	2,239	1,364
- later than five years.	73	151
Total	**3,285**	**2,298**
Future minimum sublease payments to be received	-	-

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19 £000	2017/18 £000
Interest on bank accounts	92	38
Other finance income	96	-
Total finance income	**188**	**38**

Note 11 Finance expenditure

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

	2018/19 £000	2017/18 £000
Interest expense:		
Loans from the Department of Health and Social Care	2,985	2,357
Other loans	-	-
Finance leases	107	147
Interest on late payment of commercial debt	-	1
Main finance costs on PFI and LIFT schemes obligations	10,167	10,438
Contingent finance costs on PFI and LIFT scheme obligations	6,301	5,219
Total finance costs	**19,560**	**18,162**

Note 11.1 The late payment of commercial debts (interest) Act 1998/Public Contract Regulations 2015

	2018/19 £000	2017/18 £000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims under this legislation	-	1

Note 12 Other gains/(losses)

	2018/19 £000	2017/18 £000
Losses on disposal of assets	-	(39)
Total losses on disposal of assets	**-**	**(39)**

Fair value losses on financial liabilities	-	(17)
Total other losses	**-**	**(56)**

Note 13 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	**25,651**	**350,010**	**9,436**	**13,040**	**51,518**	**433**	**23,674**	**2,468**	**476,230**
Additions	-	-	-	10,343	2,998	-	-	7	**13,348**
Impairments	-	(2,493)	-	-	-	-	-	-	**(2,493)**
Reversals of impairments	-	3,432	-	-	-	-	-	-	**3,432**
Revaluations	3,450	13,164	(187)	-	(6)	-	-	(1)	**16,420**
Reclassifications	-	2,159	-	(6,866)	1,321	-	3,319	67	**-**
Disposals/derecognition	-	-	-	-	(2,757)	-	(5,592)	(42)	**(8,391)**
Valuation/gross cost at 31 March 2019	**29,101**	**366,272**	**9,249**	**16,517**	**53,074**	**433**	**21,401**	**2,499**	**498,546**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**394**	**28**	**-**	**35,689**	**335**	**18,000**	**1,815**	**56,261**
Provided during the year	-	9,210	281	-	3,983	33	2,829	173	**16,509**
Impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(9,393)	(309)	-	(1)	-	-	-	**(9,703)**
Disposals/derecognition	-	-	-	-	(2,757)	-	(5,592)	(42)	**(8,391)**
Accumulated depreciation at 31 March 2019	**-**	**211**	**-**	**-**	**36,914**	**368**	**15,237**	**1,946**	**54,676**
Net book value at 31 March 2019	**29,101**	**366,061**	**9,249**	**16,517**	**16,160**	**65**	**6,164**	**553**	**443,870**
Net book value at 1 April 2018	**25,651**	**349,616**	**9,408**	**13,040**	**15,829**	**98**	**5,674**	**653**	**419,969**

Note 13.1 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - as previously stated	**13,670**	**273,124**	**6,761**	**10,280**	**37,376**	**333**	**11,234**	**1,815**	**354,593**
Transfers by absorption	11,985	78,304	224	287	15,036	100	12,315	1,184	**119,435**
Additions	-	6	-	10,268	299	-	-	-	**10,573**
Impairments	-	(965)	(34)	-	(9)	-	-	(251)	**(1,259)**
Reversals of impairments	-	830	736	-	-	-	-	-	**1,566**
Revaluations	(4)	(4,730)	1,694	-	(44)	-	-	(373)	**(3,457)**
Reclassifications	-	3,441	55	(7,795)	3,005	-	1,201	93	**-**
Disposals/derecognition	-	-	-	-	(4,145)	-	(1,076)	-	**(5,221)**
Valuation/gross cost at 31 March 2018	**25,651**	**350,010**	**9,436**	**13,040**	**51,518**	**433**	**23,674**	**2,468**	**476,230**
Accumulated depreciation at 1 April 2017 - as previously stated	**-**	**861**	**1**	**-**	**24,963**	**202**	**8,618**	**1,110**	**35,755**
Transfers by absorption	-	-	-	-	10,269	99	8,107	896	**19,371**
Provided during the year	-	8,859	279	-	4,706	34	2,351	209	**16,438**
Impairments	-	180	24	-	9	-	-	-	**213**
Revaluations	-	(9,623)	(276)	-	(35)	-	-	(400)	**(10,334)**
Reclassifications	-	117	-	-	(117)	-	-	-	**-**
Disposals/derecognition	-	-	-	-	(4,106)	-	(1,076)	-	**(5,182)**
Accumulated depreciation at 31 March 2018	**-**	**394**	**28**	**-**	**35,689**	**335**	**18,000**	**1,815**	**56,261**
Net book value at 31 March 2018	**25,651**	**349,616**	**9,408**	**13,040**	**15,829**	**98**	**5,674**	**653**	**419,969**
Net book value at 1 April 2017	**13,670**	**272,263**	**6,760**	**10,280**	**12,413**	**131**	**2,616**	**705**	**318,838**

Note 13.2 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019									
Owned - purchased	29,101	69,976	9,249	16,517	8,615	-	6,091	430	**139,979**
Finance leased	-	1,686	-	-	833	65	-	-	**2,584**
On-SoFP PFI contracts and other service concession arrangements	-	290,430	-	-	5,989	-	39	-	**296,458**
Owned - donated	-	3,969	-	-	723	-	34	123	**4,849**
NBV total at 31 March 2019	**29,101**	**366,061**	**9,249**	**16,517**	**16,160**	**65**	**6,164**	**553**	**443,870**

Note 13.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned - purchased	25,651	67,638	9,408	13,040	9,677	-	5,563	519	**131,496**
Finance leased	-	1,626	-	-	1,115	98	-	-	**2,839**
On-SoFP PFI contracts and other service concession arrangements	-	276,539	-	-	4,237	-	55	-	**280,831**
Owned - donated	-	3,813	-	-	800	-	56	134	**4,803**
NBV total at 31 March 2018	**25,651**	**349,616**	**9,408**	**13,040**	**15,829**	**98**	**5,674**	**653**	**419,969**

Note 14 Donations of property, plant and equipment

North West Anglia NHS Foundation Trust received donations of medical equipment during the year of £121k (2018/19 £305k).

Note 15 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	2,169	1,824
Consumables	3,192	3,479
Energy	74	82
Total inventories	**5,435**	**5,385**

Inventories recognised in expenses for the year were £295k (2017/18: £87k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £20k).

Note 16 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	23,899	
Trade receivables*		36,760
Capital receivables	-	1,174
Accrued income*		2,830
Allowance for impaired contract receivables/assets*	(1,134)	
Allowance for other impaired receivables	-	(1,098)
Deposits and advances	-	-
Prepayments (non-PFI)	3,032	2,821
PFI lifecycle prepayments	5,005	4,357
VAT receivable	2,724	1,870
Other receivables	67	61
Total current trade and other receivables	**33,593**	**48,775**
Non-current		
Contract receivables*	1,718	
Accrued income*		1,641
PFI lifecycle prepayments	34,205	31,665
Total non-current trade and other receivables	**35,923**	**33,306**
Of which receivables from NHS and DHSC group bodies:		
Current	19,796	34,931

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

Note 16.1 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward		**1,098**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,098	(1,098)
New allowances arising	446	-
Reversals of allowances	(266)	-
Utilisation of allowances (write offs)	(144)	-
Allowances as at 31 Mar 2019	**1,134**	**-**

North West Anglia NHS Foundation Trust does not impair all outstanding debts, even if they are past their due date. These debtors undergo a detailed review resulting in an impairment assessment being made of those not likely to result in settlement, following implementation of, and adherence to, the Trust's credit control process. This could involve the use of debt collection agencies and/or pursuing debts via court proceedings if the Trust feels these are appropriate avenues to enable it to recover legitimate and enforceable monies due to it, thereby enabling reinvestment in the provision of healthcare.

Note 16.2 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	Contract receivables and contract assets £000	All receivables £000
Allowances as at 1 Apr 2017 - as previously stated		**1,943**
Transfers by absorption		240
Increase in provision		231
Amounts utilised		(1,316)
Allowances as at 31 Mar 2018	**-**	**1,098**

Note 17 Cash and cash equivalents movements

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

	2018/19 £000	2017/18 £000
At 1 April	**3,486**	**12,199**
Transfers by absorption	-	1,876
Net change in year	2,408	(10,589)
At 31 March	**5,894**	**3,486**
Broken down into:		
Cash at commercial banks and in hand	-	97
Cash with the Government Banking Service	5,894	3,389
Total cash and cash equivalents as in SoFP and SoCF	**5,894**	**3,486**

Note 17.1 Third party assets held by the trust

The Trust held £1,386 cash and cash equivalents at 31 March 2019 (£250 at 31 March 2018), which related to monies held by North West Anglia NHS Foundation Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the financial statements as the Trust has no beneficial interest in this money.

Note 18 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	14,836	16,334
Capital payables	2,151	2,963
Accruals	7,389	8,090
Social security costs	5,641	872
VAT payables	379	279
Other taxes payable	91	925
Accrued interest on loans*		540
Other payables	3,445	4,875
Total current trade and other payables	**33,932**	**34,878**
Non-current		
Accruals	92	162
Total non-current trade and other payables	**92**	**162**
Of which payables from NHS and DHSC group bodies:		
Current	9,681	5,939

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 20. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Other payables include outstanding pension contributions of £3,445k at 31 March 2019 (31 March 2017 £3,208k).

Note 19 Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	3,369	2,699
Total other current liabilities	**3,369**	**2,699**
Non-current		
Deferred income: contract liabilities	493	573
Total non-current trade and other payables	**493**	**573**

Note 20 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Social Care	85,678	15,516
Other loans	-	597
Obligations under finance leases	599	570
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	10,671	10,447
Total current borrowings	**96,948**	**27,130**
Non-current		
Loans from the Department of Health and Social Care	133,610	158,510
Obligations under finance leases	1,113	1,662
Obligations under PFI, LIFT or other service concession contracts	338,323	348,996
Total non-current borrowings	**473,046**	**509,168**

Note 20.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	**174,026**	**597**	**2,232**	**359,443**	**536,298**
Cash movements:					
Financing cash flows - payments and receipts of principal	44,589	(597)	(520)	(10,450)	**33,022**
Financing cash flows - payments of interest	(2,854)	-	(107)	(10,166)	**(13,127)**
Non-cash movements:					
Impact of implementing IFRS 9 on 1 April 2018	540	-	-	-	**540**
Application of effective interest rate	2,985	-	107	10,167	**13,259**
Other changes	2	-	-	-	**2**
Carrying value at 31 March 2019	**219,288**	**-**	**1,712**	**348,994**	**569,994**

Note 21 North West Anglia NHS Foundation Trust as a lessee

Obligations under finance leases where North West Anglia NHS Foundation Trust is the lessee.

	31 March 2019 £000	31 March 2018 £000
Gross lease liabilities	**1,835**	**2,509**
of which liabilities are due:		
- not later than one year;	678	677
- later than one year and not later than five years;	1,157	1,832
- later than five years.	-	-
Finance charges allocated to future periods	(123)	(277)
Net lease liabilities	**1,712**	**2,232**
of which payable:		
- not later than one year;	599	570
- later than one year and not later than five years;	1,113	1,662
- later than five years.	-	-

The Trust has 20 Finance Leases for equipment, 19 of these are for medical equipment.

Note 22 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Redundancy £000	Other £000	Total £000
At 1 April 2018	690	1,737	7	158	2,592
Arising during the year	70	111	89	419	689
Utilised during the year	(68)	(98)	(96)	(35)	(297)
Reversed unused	(49)	(80)	-	(320)	(449)
Unwinding of discount	-	-	-	-	-
At 31 March 2019	**643**	**1,670**	**0**	**222**	**2,535**
Expected timing of cash flows:					
- not later than one year;	70	258	-	222	**550**
- later than one year and not later than five years;	573	1,412	-	-	**1,985**
- later than five years.	-	-	-	-	**-**
Total	**643**	**1,670**	**-**	**222**	**2,535**

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions/early departure costs.

Other provisions include an amount of £80k (£130k at 31 March 2018) with regards to a cost for the Trust's Carbon Reduction Commitment.

Note 22.1 Clinical negligence liabilities

At 31 March 2019, £176,714k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North West Anglia NHS Foundation Trust (31 March 2018: £217,682k).

Note 23 Contingent assets and liabilities

There were no contingent assets or liabilities at the Statement of Financial Position date.

Note 24 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	3,052	2,508
Total	**3,052**	**2,508**

Note 25 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has two Private Finance Initiatives (PFI).

The Treatment Centre on the Hinchingbrooke site contract commenced on 18 March 2004 and made available for use on 22 August 2010. The contract confers on the Trust the right to use the facility for designated purposes. The concession period will end on 21 August 2035 when the facility will revert to the Trust with a minimum asset life of five years. Early termination is subject to approval and compensation.

Peterborough City Hospital contract was agreed on 4 July 2007 for the construction of a new 611 bed hospital and the provision of hospital related services. The new hospital was handed over to the Trust on 2 October 2010. The PFI contract ends in November 2042. The Trust has the right to use the Hospital up to that date. On that date ownership reverts back to Trust. The current contract does not provide an option for extension or early termination.

Both schemes are deemed to be On Statement of Financial Position under IFRIC 12, meaning that they are treated as assets of the Trust, being acquired through a finance lease. The payments for the contracts have been analysed into finance lease charges and service charges. The accounting treatment of the PFI schemes are detailed in the accounting policies note.

The service element of the Peterborough City Hospital contract was £21,935k (2017/18 £24,003k) with contingent rent amounting to £5,657k (2017/18 £4,670k).

The service element of the Treatment Centre contract was £1,802k (2017/18 £1,638k) with contingent rent amounting to £644k (2017/18 £548k).

Note 25.1 Imputed finance lease obligations

North West Anglia NHS Foundation Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	31 March 2019 £000	31 March 2018 £000
Gross PFI, LIFT or other service concession liabilities	**778,894**	**798,347**
Of which liabilities are due		
- not later than one year;	26,837	26,172
- later than one year and not later than five years;	112,704	109,474
- later than five years.	639,353	662,701
Finance charges allocated to future periods	(429,900)	(438,904)
Net PFI, LIFT or other service concession arrangement obligation	**348,994**	**359,443**
- not later than one year;	10,671	10,447
- later than one year and not later than five years;	46,076	44,639
- later than five years.	292,247	304,357

Note 25.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2019 £000	31 March 2018 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,565,985**	**1,603,922**
Of which liabilities are due		
- not later than one year;	54,493	52,944
- later than one year and not later than five years;	228,305	222,240
- later than five years.	1,283,187	1,328,738

Note 25.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/19 £000	2017/18 £000
Unitary payment payable to service concession operator	**56,261**	**55,002**
Consisting of:		
- Interest charge	10,167	10,438
- Repayment of finance lease liability	10,447	10,101
- Service element and other charges to operating expenditure	23,924	24,003
- Contingent rent	6,301	5,219
- Addition to lifecycle prepayment	5,422	5,241
Total amount paid to service concession operator	**56,261**	**55,002**

Note 26 Financial instruments

International Financial Reporting Standard (IFRS) 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Financial Instruments play a much more limited role in creating or changing risk within the NHS than would be typical of commercial business entities. The Trust has limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Note 26.1 Financial risk management

Credit risk

Due to the continuing service provider relationship that the Trust has with local Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the Trust is not exposed to the same degree of credit risk faced by some entities. Those items in dispute or under query have been assessed and a provision for impairment made, if deemed appropriate. Totals are included in the trade and other receivables in Note 16.

Liquidity risk

The Trust's net operating costs are incurred mainly in respect of delivering on legally-binding long term contracts with CCGs. CCGs themselves are financed by resources voted annually by Parliament. As noted above, this means that the Trust is not exposed to quite the same level of risk as some other business entities, but as has been evidenced during the year, if the Trust experiences liquidity issues, provided certain criteria can be evidenced, Department of Health and Social Care funding (not categorised as a Financial Instrument) may become eligible for drawdown to ensure the Trust can continue to meet its liabilities as they fall due. As noted in the 'Going Concern' disclosure in Note 1, the Board has reasonable expectation that the Trust will have access to adequate resources in the next 12 months.

Market risk

The Trust has borrowed from the government for capital expenditure and revenue support, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets or agreed repayment terms, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Foreign 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 and therefore has low exposure to currency rate fluctuations.

Note 26.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2019 under IFRS 9		
Trade and other receivables excluding non financial assets	24,550	**24,550**
Other investments/financial assets	-	**-**
Cash and cash equivalents at bank and in hand	5,894	**5,894**
Total at 31 March 2019	**30,444**	**30,444**

	Loans and receivables £000	Total book value £000
Carrying values of financial assets as at 31 March 2018 under IAS 39		
Trade and other receivables excluding non financial assets	35,672	**35,672**
Other investments/financial assets	-	**-**
Cash and cash equivalents at bank and in hand	3,486	**3,486**
Total at 31 March 2018	**39,158**	**39,158**

Note 26.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	219,288	**219,288**
Obligations under finance leases	1,712	**1,712**
Obligations under PFI, LIFT and other service concession contracts	348,994	**348,994**
Other borrowings	-	**-**
Trade and other payables excluding non financial liabilities	21,882	**21,882**
Other financial liabilities	-	**-**
Provisions under contract	-	**-**
Total at 31 March 2019	**591,876**	**591,876**

	Other financial liabilities £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	174,026	**174,026**
Obligations under finance leases	2,232	**2,232**
Obligations under PFI, LIFT and other service concession contracts	359,443	**359,443**
Other borrowings	597	**597**
Trade and other payables excluding non financial liabilities	32,935	**32,935**
Other financial liabilities	-	**-**
Provisions under contract	315	**315**
Total at 31 March 2018	**569,548**	**569,548**

Note 26.4 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	105,165	60,218
In more than one year but not more than two years	92,729	82,937
In more than two years but not more than five years	88,932	106,956
In more than five years	305,050	319,437
Total	**591,876**	**569,548**

Note 27 Losses and special payments

	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	58	(1)	-	-
Fruitless payments	-	-	124	(2)
Bad debts and claims abandoned	107	181	280	230
Stores losses and damage to property	1	(20)	1	20
Total losses	**166**	**160**	**405**	**248**
Special payments				
Compensation under court order or legally binding arbitration award	5	-	5	2
Ex-gratia payments	35	45	40	72
Total special payments	**40**	**45**	**45**	**74**
Total losses and special payments	**206**	**205**	**450**	**322**
Compensation payments received		-		-

Note 28 Related parties

During the year none of the Trust Board members, members of the key management staff, or parties related to any of them, have undertaken any material transactions with North West Anglia NHS Foundation Trust.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent. These include:

- Cambridgeshire and Peterborough CCG
- NHS England
- East Leicestershire and Rutland CCG
- Lincolnshire East CCG
- South Lincolnshire CCG
- South West Lincolnshire CCG
- Bedfordshire CCG
- Cambridge Community Services
- Cambridgeshire and Peterborough NHSFT
- Cambridge University Hospitals NHSFT
- University Hospitals of Leicester NHST
- NHS Resolution
- Public Health England
- NHS Blood and Transplant
- Health Education England

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with the NHS Business Services Authority in respect of pension contributions, HMRC in respect of taxation and local councils in relation to business rates.

The Trust has also received revenue and capital payments from North West Anglia NHS Foundation Trust charitable fund whose Corporate Trustee is the Trust Board. An administration charge of £42k (£42k at 31 March 2018) was made by the Trust to the charity.

Note 29 Charitable funds consolidation

The Foundation Trust is the Corporate Trustee to North West Anglia NHS Foundation Trust Charitable Fund.
The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Foundation Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities.

The Trust Board believe that the transactions involving the charitable fund are not material to the Foundation Trust accounts and have chosen not to consolidate the accounts on this basis.

Note 30 Events after the reporting date

The financial statements were authorised for issue on 24 May 2019 by Mrs Caroline Walker, Chief Executive of North West Anglia NHS Foundation Trust. There were no other events arising after the end of the reporting period up to this date which qualified for disclosure.

Note 31.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the Group Accounting Manual (GAM) has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £540k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £1,225k.

Note 31.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the Group Accounting manual has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the Group Accounting Manual, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

SECTION 2

Glossary

Glossary of Definitions

The following abbreviations are provided to help those not used to the acronyms used in the NHS. They are not necessarily all included in this report.

A	A&E	Accident and Emergency
	ACU	Ambulatory Care Unit
	ANP	Advanced Nurse Practitioner
B	B of D	Board of Directors
	BCP	Business Continuity Plan
	BMA	British Medical Association
	BME	Black and Minority Ethnic
	BSU	Breast Screening Unit
	BtC	Breaking the Cycle
C	C Diff	Clostridium Difficile
	C of G	Council of Governors
	CAB	Choose and Book system
	CAG	Clinical Advisory Group
	CCG	Clinical Commissioning Group
	CCS	Critical Care Services
	CCTPG	Clinical Commissioning
	CD	Clinical Directorate/Clinical Directors
	CEO	Chief Executive Officer
	CFC	Charitable Funds Committee
	CGC	Clinical Governance Committee
	CHD	Coronary heart disease
	CID	Cardiac Investigations Department
	CIP	Cost Improvement Programme
	CIPFA	Chartered Institute of Public Finance and Accountancy
	CLAEP	Complaints, Litigation, Adverse Events and PALS
	CMO	Chief Medical Officer
	CNS	Clinical Nurse Specialist
	CNST	Clinical Negligence Scheme for Trusts
	COO	Chief Operating Officer
	COPD	Chronic Obstructive Pulmonary Disease
	CQC	Care Quality Commission
	CQD	Care Quality Directorate
	CQR	Clinical Quality Review
	CQUIN	Commissioning for Quality and Innovation
	CVD	Cardiovascular Disease
	CWP	Cold Weather Plan
D	DDoF	Deputy Director of Finance
	DNA	Did Not Attend
	DoC	Duty of Candour
	DoF	Director of Finance
	DoH	Department of Health
	DPA	Data Protection Act
	DSU	Day Surgery Unit
	DTOC	Delayed Transfer of Care
	DTU	Day Treatment Unit
	DVT	Deep Vein Thrombosis
	DWOD	Director of Workforce and Organisational Development

E	EAG	Expert Advisory Group
	EBITDA	Earnings before interest taxes depreciation and amortisation
	ECC	Emergency and Critical Care
	ECIP	Emergency Care Improvement Programme
	ECIST	Emergency Care Intensive Support Team
	ED	Emergency Department
	EDC	Equality and Diversity Council
	EDD	Estimated Date of Discharge
	EDM	Electronic Document Management
	EFL	External Finance Limit
	EHIC	European Health Insurance Card
	EHRC	Equality and Human Rights Commission
	EIR	Environmental Information Regulations
	EoI	Expression of Interest
	EMAS	East Midlands Ambulance Service
	ENP	Emergency Nurse Practitioner
	ENT	Ear Nose and Throat
	EPC	Emergency Planning Committee
	EPR	Electronic Patient Record
	EPRR	Emergency Preparedness Resilience and Response
	EQA	External Quality Assessment
	ERIC	Estates return information collection
	ESR	Electronic Staff Record
	ESS	Emergency Short Stay
	EWS	Early Warning Score
F	FBC	Full Business Case
	FBP	Finance Business Partner
	FEU	Frail Elderly Unit
	FIC	Finance and Investment Committee
	FM	Facilities Management
	FOI	Freedom Of Information
	FOIA	Freedom Of Information Act
	FPH	Faculty of Public Health
	FPH	Family and Public Health
	FRR	Financial Risk Rating
	FT	Foundation Trust
	FTGA	Foundation Trust Governors Association
	FTN	Foundation Trust Network
	FTSU	Freedom to Speak Up
	FYE	Financial Year End
	FYE	Fiscal Year End
G	GAM	Group Accounting Manual
	GDPR	General Data Protection Regulation
	GIRFT	Getting It Right First Time
	GMC	General Medical Council
	GP	General Practitioner
	GPB	Governor Policy Board

GPC	Government Procurement Card
GPhC	General Pharmaceutical Council
GPHIP	Greater Peterborough Health Investment Plan
GPM Referral	Urgent 2 week GP referral

H

Hard FM	Facilities Management - building maintenance etc
HCA	Healthcare Assistant
HCD	High Cost Drug
HCHS	Hospital and Community Health Services
HCT	Hospital Control Team
HDU	High Dependency Unit
HEE	Health Education England
HES	Hospital Episode Statistics
HFMA	Healthcare Financial Management Association
HHCT	Hinchingbrooke Health Care NHS Trust
HIA	High Impact Assessment
HICC	Hospital Infection Control Committee
HMC	Hospital Management Committee
HMIMMS	Hospital Major Incident Medical Management and Support
HMRC	HM Revenue & Customs
HoM	Head of Midwifery
HoT	Heads of Terms
HQIP	Healthcare Quality Improvement Partnership
HRA	Health Research Authority
HRIGC	Health Records and Information Governance Committee
HSC	Health Select Committee
HSE	Health & Safety Executive
HSMR	Hospital Standardised Mortality Rate
HSSEC	Health Safety Security and Environment Committee
HWE	Healthwatch England

I

IAO	Information Asset Owner
IAS	International Accounting Standards
ICAS	Independent Complaints Advocacy Services
ICU	Intensive Care Unit
ICO	Information Commissioner's Office
ICR	Injury Costs Recovery
ICT	Information and Communications Technology
IFR	Individual Funding Request
IFRS	International Financial Reporting Standards
IG	Information Governance
IGA	Information Governance Alliance
IHI	Institute of Healthcare Improvement
IHM	Institute of Healthcare Management
IIP	Investors in People
IM&T	Information Management and Technology
IM&TSC	Information Management and Technology Steering Committee
IMG	Investment Management Group
IOG	Improving Outcomes Guidance
IPC	Infection Prevention and Control
IPC	Institute of Public Care

	ISP	Information Service for Patients
	ITU	Intensive Treatment Unit
J	JAG	Joint Advisory Group (endoscopy)
	JET	Joint Emergency Teams
	JSNA	Joint Strategic Needs Assessment
	JVG	John Van Geest Ward (Stamford Hospital)
K	KPI	Key performance indicator
	KPMG	Audit Consultancy
	KSF	Key Skills Framework
L	LAA	Local Area Agreement
	LAPH	Local Authority Public Health
	LCG	Local Commissioning Group
	LHE	Local Healthcare Economy
	LINk	Local Involvement Network
	LLP	Limited Liability Partnership
	LNC	Local Negotiating Committee
	LoS	Length of Stay
	LSCB	Local Safeguarding Children's Board
	LSMS	Local Security Management Specialist
	LTA	Long Term Agreement
	LTC	Long Term Condition
M	MAU	Medical Assessment Unit
	MBSC	Matron's Balanced Scorecard
	MDT	Multidisciplinary team
	MEWS	Modified Early Warning System
	MfOP	Medicine for Older People
	MH	Mental Health
	MHRA	Medicines and Healthcare Products Regulatory Agency
	MIIU	Minor Illness and Injuries Unit
	MIU	Minor Injuries Unit
	MOU	Memorandum Of Understanding
	MPA	My Performance Appraisal
	MRC	Medical Research Council
	MRI	Magnetic resonance imaging
	MRSA	Methicillin-resistant Staphylococcus aureus
	MSCP	Multi Storey Car Park
	MSS	Medical Short Stay
	MTPAS	Mobile Telecommunication Privileged Access Scheme
N	NAO	National Audit Office
	NAPC	National Association of Primary Care
	NAPP	National Association for Patient Participation
	NBOCAP	National Bowel Cancer Audit Programme
	NCAS	National Clinical Assessment Service
	NGO	Non-governmental Organisation
	NHSBSA	NHS Business Services Authority
	NHSPRB	NHS Pay Review Body
	NHSI	NHS Improvement the National Health Service Regulator
	NHSII	NHS Institute for Innovation and Improvement
	NHSLA	NHS Litigation Authority
	NHSRB	NHS Remuneration Body
	NIB	National Information Board

	NICE	National Institute for Health and Clinical Excellence
	NICU	Neonatal Intensive Care Unit
	NIHB	National Inclusion Health Board
	NIHR	National Institute for Health Research
	NMAG	Nursing and Midwifery Advisory Group
	NMC	Nursing and Midwifery Council
	NMET	Non-Medical Education and Training
	NMRI	Nuclear Medical Resonance Imaging
	NNU	Neonatal Unit
	NPSA	National patient safety agency
	NTDA	NHS Trust Development Authority
	NUH	Nottingham University Hospitals
	NWAFT	North West Anglia NHS Foundation Trust
	NVQ	National Vocational Qualifications
O	O & G	Obstetrics & Gynaecology
	OBC	Outline Business Case
	Obs	Obstetrics
	OH	Occupational Health
	ONP	Overseas Nursing Programme
	ONS	Office for National Statistics
	OP	Operational Plan
	OP	Outpatients
	OPA	Outpatients Administration
	OPD	Outpatients Department
	OSC	Overview and Scrutiny Committee
	OSV	Overseas Visitor
P	PAC	Public Accounts Committee
	PALS	Patient Advice and Liaison Service
	PAS	Patient Access Scheme
	PAS	Patient Administration System
	PBL	Public Borrowing Limit
	PBR	Payment By Results
	PCD	Personal Confidential Data
	PCH	Peterborough City Hospital
	PCI	Percutaneous Coronary Intervention
	PCN	Parking Charge Notice
	PCS	Peterborough Community Services
	PCT	Primary Care Trust
	PDC	Public Dividend Capital
	PDH	Peterborough District Hospital
	PDT	Practice Development Team
	PEAT	Patient Environment Action Team
	PET	Patient Experience Tracker
	PFI	Private Finance Initiative
	PHE	Public Health England
	PHSKF	Public Health Skills and Knowledge Framework
	PHSO	Parliamentary & Health Service Ombudsman
	PICU	Paediatric Intensive Care Unit
	PID	Personal Identifiable Data
	PID	Project Initiation Document
	PLACE	Patient Led Assessments of the Care Environment
	PMO	Programme Management Office
	PPV	Patient and Public Voice
	PQQ	Prequalification Questionnaire

	PROMS	Patient Reported Outcome Measures
	PSA	Professional Standards Authority (formerly CHRE)
	PSC	Personal Service Company
	PSHFT	Peterborough & Stamford Hospitals NHS Foundation Trust
	PSIAS	Public Sector Internal Audit Standards
	PSN	Public Services Network
	PYE	Prior Year Ending
Q	QAC	Quality Assurance Committee
	QARC	Quality Assurance Reference Centre
	QGOC	Quality Governance Operational Committee
	QIPF	Quality Improvement Performance Framework
	QIPP	Quality Innovation Productivity and Prevention
	QMS	Quality Management System
	QOF	Quality and Outcomes Framework
	QPR	Quality and Performance Review
	QSG	Quality Surveillance Group
R	RAG	Red Amber Green (project management status reporting codes)
	RAF	Risk Assessment Framework
	RCA	Root Cause Analysis
	RCGP	Royal College of General Practitioners
	RCoA	Royal College of Anaesthetists
	RCOG	Royal College of Obstetricians and Gynaecologists
	RCM	Royal College of Midwives
	RCN	Royal College of Nursing
	RCP	Royal College of Physicians
	RCR	Royal College of Radiologists
	RCPCH	Royal College of Paediatrics and Child Health
	RCS	Royal College of Surgeons
	REF	Race Equality Foundation
	RGN	Registered General Nurse
	RO	Responsible Officer
	ROE	Retention Of Employment (for staff transfers)
	RPSGB	Royal Pharmaceutical Society of Great Britain
	RRL	Revenue Resource Limit
	RST	Revalidation Support Team
	RT	Radiotherapy
	RTA	Road Traffic Accident
	RTT	Referral to Treatment
S	SBS	Shared Business Services
	SCU	Special Care Unit
	SFIs	Standing Financial Instructions
	SI	Serious Incident
	SIC	Standard of internal control
	SIFT	Service Increment
	SII	Significant Internal Incident
	SLA	Service Level Agreement
	SoFP	Statement of Financial Position
	SOP	Standard operating procedure
	STF	Sustainability and Transformation Funding
	STP	Sustainability and Transformation Plan

T	TCDB	Transforming Care Delivery Board
	TDA	Trust Development Authority
	TJCC	Trust Joint Consultative Committee
	TMB	Trust Management Board
	TOR	Terms of Reference
U	U&EC	Urgent and Emergency Care
	UHL	University Hospitals Leicester
	UK GAAP	UK Generally Accepted Accounting Practice
	UKAS	UK Accreditation Service
	UTI	Urinary Tract Infection
V	VAT	Value Added Tax
	VFM	Value for Money
	VS	Voluntary Severance
W	WHO	World Health Organisation
	WOC	Workforce Operational Committee
	WOD	Workforce and Organisational Development
	WRES	Workforce Race Equality Standard
	WTD	Working Time Directive
	WTE	Whole time equivalent
Y	YTD	Year to Date
Z	ZBB	Zero Based Budgeting

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