























ANNUAL REPORT AND ACCOUNTS - 2017/18

North West Anglia NHS Foundation Trust

Annual Report and Accounts 2017/18

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

This is the first set of annual reports and accounts for North West Anglia NHS Foundation Trust following the successful merger of Hinchingbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS Foundation Trust on 1 April 2017

We thank all our staff, volunteers and patients for working together to enable the formation of our new organisation

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



Statement from the Chairman

This is the first Annual Report and Accounts for the North West Anglia NHS Foundation Trust, which was created on 1 April 2017, following the acquisition of Hinchingbrooke Health Care NHS Trust by Peterborough and Stamford NHS Foundation Trust.

As a result of the two organisations merging, we are working together to be the best at delivering outstanding care to our local communities – in line with our vision for the Trust which now serves over 700,000 people with a staff of approximately 6,100.

I would like to thank our staff and volunteers across our hospitals for the way they handled the transition from two separate organisations into one and for keeping their focus upon 'business as usual'. Thank you, too, to the Council of Governors, many of whom are newly recruited, for their support and to our Board of Directors for their efforts in overseeing a successful transition.

The Trust has also been able to reach out into the community and five months in to our first year of operation we welcomed an additional 60 staff who transferred to our Trust under TUPE rules from Cambridgeshire Community Services NHS Trust. These staff members run outpatient and radiology services at The Princess of Wales Hospital in Ely, Doddington Hospital near March, and North Cambs Hospital in Wisbech.

Our first year of operation has been incredibly busy. Aside from the additional activities taking place in the background to develop a new organisational structure, our teams have been caring for a significantly greater number of emergency and medical patients across our hospital sites. The level of acutely unwell patients needing our care was much greater than predicted and the Winter months brought the added challenge of some of the worst weather to hit the region for many years. For a short while in January, running our services in a snow-hit region proved very difficult, but thanks to the determination and dedication of staff, and our local health and social care partners, we kept our services running – albeit with some disruption.

On a more positive note, some of my personal highlights of the year have been:

- Meeting new staff across our hospital sites it
 has been fantastic to see how many talented and
 dedicated individuals work in our hospitals. It
 has also been a pleasure to host the Long Service
 Awards and attend our Outstanding Achievement
 Awards, where we are reminded how much our
 staff, from all three hospitals, go above and beyond
 in the line of duty.
- Ensuring our Foundation Trust members and patients in all communities served by our new Trust are properly represented by a larger group of public governors. We now have a governor body divided into three constituency areas Greater Peterborough, Huntingdonshire and Stamford/South Lincolnshire which represent the communities served by our three main hospital sites.



Rob Hughes - Chairman

- Launching our new Trust Vision and Values which
 was a key piece of work to underpin the type of
 culture we are aiming for in our new organisation.
 Supporting that, our staff contributed to the
 development of a Behavioural Framework which
 outlines the way they are expected to behave with
 each other, our patients, visitors and colleagues
 across the wider health community.
- Celebrating the expansion of key service areas such as the Chandra Mistry Dialysis Unit at Peterborough City Hospital in April 2017, successfully completing the Stamford and Rutland Hospital redevelopment in July 2017, and opening our expanded Radiotherapy Unit in September 2017, which has seen even more patients receiving their cancer treatment closer to home.
- Making our hospitals more disabled-friendly we partnered with DisabledGo to give some useful accessibility information, in advance of a hospital visit, to patients who are less mobile, to hopefully help make their experience in any of our hospitals less stressful.

As we head into our second year of operation, we will continue to work hard to integrate our departments and services and develop more efficient and patient-friendly ways of working under the North West Anglia NHS FT banner. We will continue to work in conjunction with our local healthcare system partners, as part of our commitment to the local Sustainability and Transformation Programme, to improve care across the areas we serve and create a health service that is *Fit For The Future*.

I would like to see our Foundation Trust membership increase in the coming year to ensure the views of

residents in the communities served by our hospitals are heard, and to give more members of the public the chance to get involved in the way their local hospitals are run. The areas covered by our hospitals are diverse – from remote villages to more densely-populated city areas – so it is important our membership reflects the diversity of the population.

Finally, in July 2018 the national spotlight will fall on the history of the NHS as we celebrate the 70th anniversary of its formation. There will be lots of celebrations locally, which will draw together staff past and present, and hopefully inspire future generations to consider a career in the great institution that is our National Health Service.

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Rob Hughes Chairman 23 May 2018



Statement from the Chief Executive

Our first year of operation as a merged Trust has seen incredible focus and drive from the teams across our hospitals. It is testament to their professionalism that our transition from two separate organisations to one on 1 April 2017 was reassuringly uneventful! Our aim was for there to be no negative impact upon patient services or treatment as a result of the new Trust forming – and I am pleased to report this was the case.

The main driver for working together as a larger Trust has been to sustain clinical services across the communities served by our three hospitals. In our first year, our staff have worked hard to begin to realise the benefits outlined in the Full Business Case for merger. We will continue to do this in the coming years – by improving and developing services and delivering more health services closer to home for many patients.

A new clinical structure for our Trust was introduced in July 2017 – designed to place strong clinical leadership at the heart of the organisation. Three new clinical divisions were formed each led by a Divisional Director, Divisional General Manager and Divisional Head of Nursing, who subsequently created their divisional structures, whereby each service area was split onto a Clinical Business Unit. The divisions are: Emergency and Medicine; Surgery; and Family and Integrated Support Services.

In September 2017 we welcomed staff previously employed by Cambridgeshire Community Services who deliver outpatient and radiology services at community hospitals in Doddington, Ely and Wisbech, to our Trust. We anticipate the transfer of more CCS staff in 2018-19, as we are in discussions to take over the running of the acute paediatric service based on the Hinchingbrooke Hospital site.

Our Trust, like so many others up and down the country this year, has seen a rise in emergency activity while at the same time facing the challenge to fill staffing vacancies. This has impacted upon our ability to meet national standards of patient care, such as the four-hour waiting time target for emergency patients. Despite ongoing recruitment programmes, it has been difficult to recruit substantively into some areas, particularly emergency and medical departments, and as a result, our use of agency staff has increased – at a significant cost.

We are continuing to improve our controls to ensure the use of agency staff is a last resort – and have invested in our recruitment team to drive more substantive appointments. We also manage gaps more efficiently through our Flexible Staffing Service.

Despite great financial pressures, I am pleased to report we met our control total of £42.4m deficit set by our regulators and recorded a deficit of £38.9m for 2017-18. Our Cost Improvement Plan target was larger than previous years - £16.9m. We fell short of the target by £400,000 - but have already renewed the focus for 2018-19 when the same efficiently target will apply.

Winter brought greater pressures this year than previously. In the three month period November 2017



Stephen Graves - Chief Executive

to January 2018 we recorded an increase of over 10% in emergency admissions compared to the same three month period in 2016-17. This activity growth was notably above our commissioner's plans and our available physical bed capacity. Pressures on available beds were compounded further over the Christmas and New Year period when we had four wards at Peterborough City Hospital temporarily closed to new admissions following an outbreak of Norovirus, and a ward at Hinchingbrooke Hospital closed to ensure the isolation of a number of elderly patients with flu.

To help meet the growing demand for inpatient care, we increased capacity by 12 beds at Peterborough City Hospital through our ongoing bed expansion plan which has seen an extra 12 beds added per year since 2015-16. We have also made use of additional ward space at Hinchingbrooke Hospital to care for an influx of patients at times of higher demand. This however, is always dependent upon the ability to ensure we can staff an extra ward adequately around the clock.

The experience of our patients and staff in times of increased pressures can be affected quickly. As a result, we sought assistance from our colleagues in the national *Emergency Care Improvement Programme* team to help us deliver a series of improvements within our hospitals. Sustaining these improvements has been key in helping us recover our performance against the waiting time standard, while ensuring the right care in the right place at the right time for our patients. We still have more work to do in this area in order to fulfil the national requirement to be back at 95% of emergency patients seen and treated or admitted/discharged in March 2019.

Planning for next winter has already begun with our partners across the local health and social care system and, under our local Sustainability and Transformation Plan, we are also planning for future service demand across all the service areas of our Trust. NHS Planning Guidance released in March 2018, recognised there will be an average 2.3% growth in emergency admissions and a 4.9% rise in elective activity in the next year alone. However growth in the Peterborough area is forecast to be above average. We are aware of a number of housing developments across Cambridgeshire, Peterborough and Lincolnshire that will grow the communities we serve, so it has been key to our recent Clinical Service Strategy planning that we understand the healthcare needs of future generations.

Our clinical teams have helped us to develop a strong Clinical Service Strategy which outlines our clinical plans to 2023. This was published in early May 2018. The focus of our strategy is to deliver high quality, sustainable services, while strengthening teams across our hospitals and provide more care closer to home for our patients.

I would like to end this statement by pointing you towards pages 24 to 27 of this report that list the many highlights of our first year of operation as North West Anglia NHS Foundation Trust. There have been so many significant events, accolades and celebrations that prove how caring, dedicated and talented our staff are. I am both humbled by and proud to support their efforts.

Stephen Graves Chief Executive 23 May 2018



Our activity during 2017/18

The Trust has a total of 916 beds



We handled
631,514
outpatient appointments
(new and follow-up)



Our Emergency Department teams cared for 149,055 people



We admitted **67,342** emergency patients



We carried out 11,182 planned operations



We undertook
53,352
day case procedures



We welcomed 7,349 babies into the world



We carried out 415,934 diagnostic examinations



On average, we see and treat **2,335** patients every day



We employ **6,177** staff



We employ 1,715 nurses and midwives



We employ 658 doctors and consultants





SECTION 1 - Performance Report

Overview

This section describes the development and performance of the first year of operation of the North West Anglia NHS Foundation Trust, as well as outlining its future direction. It incorporates the financial review of 2017/18 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, formerly Peterborough and Stamford Hospitals NHS Foundation Trust, is a statutory, not-for-profit, public benefit corporation. It acquired Hinchingbrooke Health Care NHS Trust on 1 April 2017 and continues to provide healthcare services to the local population. The Trust also took over the delivery of outpatient services at Doddington Hospital and the Princess of Wales hospital, Ely, in September 2017. We provide and develop 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, Bedfordshire and Leicestershire from its three main sites: Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital.

The Trust also provides outpatient services at Doddington Hospital near March in Cambridgeshire, and the Princess of Wales Hospital in Ely. 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 at Bretton Gate, Peterborough, is a state-of-the-art, purpose-built facility which opened to its first patients in November 2010. The hospital has 635 inpatient beds and patients are cared for on modern wards with either single ensuite rooms or three to four-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 a recently-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 is a 304-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 are provided on site by Cambridgeshire Community Services. The 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 Private Patient Service Hinchingbrooke Hospital

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 and external consultants to provide this service, completing private health insurance work as well as for self-paying patients.

In 2017/18, 192 outpatients were seen and 463 inpatients were cared for. The total income for this period was £1,255,676. The key specialties offered were:

- Colorectal/Endoscopy
- Urology
- Ophthalmology
- Orthopaedics
- General Surgery
- Plastic Surgery

During January to March there were limited private inpatients due to the unprecedented levels of NHS non-elective activity and the need to use both beds and staff for NHS patients.



Below is a table detailing activity levels income at specialty level:

Speciality	Income total including consultant fees	No. of inpatients	No. of Outpatients
Colorectal / Endoscopy	£79,419	47	4
Urology	£81,434	39	4
Ophthalmology	£209,197	85	12
Orthopeadics	£306,073	53	21
General Surgery	£106,226	43	0
Plastic Surgery	£335,068	125	34
Others	£138,260	71	117
	£1,255,677	463	192

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.

A programme to redevelop Stamford Hospital was completed in July 2017 – this saw the installation of 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 6,177 staff, some of whom work across more than one of our sites. Approximately 90 staff are based permanently at Stamford Hospital, 1,750 work at Hinchingbrooke Hospital, while the remainder are based at Peterborough City Hospital.

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

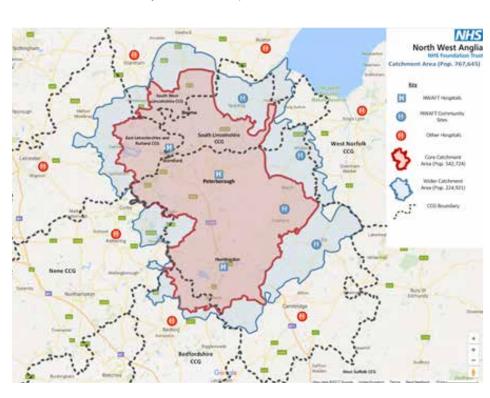
At Hinchingbrooke, our teams are supported by colleagues from Mitie, who provide cleaning and waste collection services. Catering services at Stamford Hospital are provided by ISS Facilities Management.

Staff at all our hospital sites are assisted by a 400-strong army of part-time volunteers. These volunteers 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 2017/18, our staff cared for a total of 631,514 patients in new and follow-up outpatient appointments at our hospitals. This compares with 460,698 patients at Peterborough and Stamford Hospitals in 2016/17, and 160,805 patients at Hinchingbrooke Hospital in the same period. By combining these figures we can see an increase of 1.6% in outpatient activity as a merged organisation this year.



Emergency attendances have remained at the same level from pre-acquisition in 2016/17 throughout our first year as a combined trust. However the number of patients admitted from our two Emergency Departments has increased by 5.1% – this breaks down to a 4.5% increase of admissions recorded for the Peterborough City Hospital Emergency Department, and a 6.7% increase for the Hinchingbrooke Hospital Emergency Department. During the winter period admissions peaked at above 10% compared the same period in the previous year.

The greatest rise in activity has been through our Ambulatory Care Units at both main hospital sites. Ambulatory Care Units are used as a vital support to the Emergency Departments and the inpatient wards, as a consultant-led service where patients can attend for specific procedures or treatment as an outpatient, rather than have an overnight stay in hospital.

There has been a 33% increase in the number of patients attending the Trust's Ambulatory Care Unit at Peterborough City in 2017/18 compared with the previous year. Hinchingbrooke's Ambulatory Care Unit activity is currently recorded within emergency admissions due to a different model of care. Both these models have helped disperse the pressure on our emergency care services.

We have also seen a 2.8% rise in the number of births across the merged Trust (7,349 in 2017/18 compared with a combined pre-acquisition figure of 7,150 in 2016/17).

The greatest rise in births was recorded on the Peterborough City Hospital site. Our elective activity has decreased by 4.0% - with the greatest decrease recorded at Peterborough City and Stamford Hospitals over the year.

Some of this decrease can be attributed to the NHS England directive in January 2018 to suspend all planned non-urgent operations for the month in order to help manage emergency care pressures and free up beds for those in urgent need.

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

Number of patients treated in 2017/18 (compared with 2016/17 pre-acquisition)

	North West Anglia NHS FT 2017/18	Peterborough and Stamford Hospitals 2016/17	Hinchingbrooke Hospital 2016/17	Change
Elective inpatients	11,182	6,368	5,275	4 .0%
Outpatient attendances	631,514	460,698	160,805	1 .6%
Emergency Department attendances	149,055	104,367	45,887	↓ 0.8%
Emergency admissions	67,342	45,527	18,525	↑ 5.1%
Ambulatory Care Unit attendances	8,141	6,101	n/a***	↑ 33.4%
Day cases	53,352	36,612	20,340	♦ 6.3%
Diagnostic Imaging Examinations	415,934 *	292,438	111,735	↑ ↓ N/A**
Births	7,349	4,921	2,229	↑ 2.8%

^{*} This figure includes all Trust sites from 1 April 2017 to 31 March 2018.

The population served by Cambridgeshire and Peterborough Clinical Commissioning Group is 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.

^{**} Examinations at Ely and Doddington hospitals are included from 1/9/17. We are therefore unable to provide a true difference between the number of examinations carried out at the Trust in 2016/17 and 2017/18.

^{***}Ambulatory Care Unit Attendances for Hinchingbrooke Hospital are currently included within Emergency Admissions, Day cases and Electives.

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.

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 2016/17, the acuity of patients has been noticeably greater this year – especially over the period November 2017 to March 2018.

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 2017/18.

Increase in non-elective admissions

Fin. Year	PSHFT	ННСТ	Total
2016/17	45,527	18,525	64,052
2017/18	47,576	19,766	67,342
% increase	4.5%	6.7%	5.1%

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.

The Increase in PCH A&E Attendances from the Grantham patch is 20.82% from 16/17 to 17/18 as follows:

	Arrived by Ambulance = No	Arrived by Ambulance = Yes	Total
2016/17	654	316	970
2017/18	791	381	1,172
Total	1,445	697	2,142

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:

- 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 provided 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 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 A&E.



"I visited the ambulatory unit today to have blood done to test adrenal function. All staff were friendly and efficient. The staff work hard!"

Business Model

North West Anglia NHS Foundation Trust, formerly Peterborough and Stamford Hospitals NHS Foundation Trust, is a statutory, not-for-profit, public benefit corporation. It acquired Hinchingbrooke Health Care NHS Trust on 1 April 2017, forming part of the wider NHS and providing healthcare and services. The Trust also took over the delivery of outpatient services at Doddington Hospital and the Princess of Wales hospital, Ely, in September 2017. We provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.

Following the acquisition of Hinchingbrooke Health Care NHS Trust, the Trust reviewed its organisational structure, moving to a divisional structure. Three divisions were created; each led by a triumvirate which includes the Divisional Director, General Manager and Head of Nursing.

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 2017/18, the Trust recorded a financial operating deficit of £38.9m (against a control total deficit of £42.4m).

During the year the Trust made an unsuccessful appeal against a loss of A&E related System Transformation Funding (STF) with a value of £2.4m which related to the second six 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.

This loss of income would have meant that the Trust missed its Control Total for the year. However, as the Trust achieved the pre STF Control Total of a £54.6m deficit, it became eligible for an STF bonus.

The STF bonus received amounted to £5.7m. If the bonus had not been received the Trust would have outturned with a deficit of £44.6m against the Control Total of £42.4m, due entirely to the loss of STF linked to A&E performance.

National funding was also received in the year amounting to £2.8m, which was paid due to the unprecedented demand for emergency care during the Winter months. This funding offset additional costs that the Trust incurred for staff paid at premium rates to deal with the increased demand and additional bed capacity.

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

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, and considering the uncertainties described in the following paragraphs, 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.

- The Trust remains a distressed Trust operating with a deficit
- The Trust remains concerned about its A&E performance

- For the year ended 31 March 2018, the Trust recorded a financial operating deficit of £38.9m (against a control total deficit of £42.4m)
- The Trust delivered cost improvements of £16.5m (against a target of £16.9m)
- The Trust received £40.7m of Revenue Loan and £11.3m of Capital Loan from the Department of Health
- Merger costs were £2.3m lower than planned, while merger savings were £1.6m higher than planned.

Going forward

The Financial Plan for 2017/18 has been agreed by the Board following a robust budget setting process. Cost improvement targets have been set to deliver £16.2m in the year, the budget is in line with an 'allocated Control Total target' of £46.5m which NHSI has set the Trust (excluding Sustainability and Transformation Funding.) This has resulted in the Trust submitting an Operational Plan forecasting a deficit of £29.3m.

The Trust's financial plans identify the requirement for significant additional cash assistance from the Department of Health again in 2018/19. This requirement has been acknowledged with assurance it will be supported by NHSI. The funding arrangements for cash support to distressed trusts, is now in the form of capital and/or revenue loans. PFI support of £10m has already been received(in April 2018) for 2018/19.

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 34 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.

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 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.
- Working with NHS Improvement and the Department of Health to secure funding.

Managing demand in acute and emergency services.

Following the successful acquisition of Hinchingbrooke Health Care NHS Trust (HHCT), the Trust continued work to:

- Maintain or improve the sustainability of clinical services at Hinchingbrooke Hospital
- Improve the sustainability of clinical services at Peterborough City Hospital
- Improve patient care and experience through recruitment and retention of high quality specialists with more realistic rotas, increased training and educational opportunities and
- Improve infrastructure, for example, through the single procurement and running of IT, greater flexibility of major equipment and more robust business continuity.

Specific risks outlined in the risk register include:

- The growth in patient demand
- 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
- Recruitment
- The financial deficit. This is a critical issue for the Trust
- The need to manage and rectify issues concerning the PFI estate
- Working with NHS Improvement and the Department of Health to secure funding
- Managing demand in acute and emergency services has made achieving key targets for A&E waiting times increasingly difficult. This pattern is replicated across the country. Like most trusts in the country we did not achievethe 95% waiting time target in A&E this year
- The need to address sustainability issues across the local health economy. The Trust is playing a key part in a Sustainability and Transformation Programme (STP), to help secure the long term sustainability of the health and social care services delivered across Cambridgeshire and Peterborough communities.

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



"My cataract treatment from start to finish was splendid. Courteous and kind staff of all ranks up to and including the surgeon."



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 and Emergency Preparedness (HREP), assisted by the Emergency Planning Secretary, a Senior Information Analyst 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 is 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. Planning activity has been high over the past year with work necessitated by the Trust acquisition, and the response and additional preparations required further to the heightened scale of terrorist activity and resulting rise in the national threat level.

Initially in 2017/18, planning activity focussed on ensuring key policies were aligned to the new organisation, and that each area had business continuity plans in place with revised escalation routes appropriate to the new structures. The Major Incident Plan was completely revised to provide a plan for each site, with a generic core element and then site specific action cards in a new format.

Key lessons identified in response to the terrorist attacks on London and Manchester were incorporated. The Capacity Management and Escalation Plan for Peterborough City Hospital was revised and a plan developed for Hinchingbrooke Hospital.

The NHS England Emergency Preparedness, Resilience & Response Core Standards annual self-assessment took place in August. This was the first time the standards had been assessed as a combined organisation. In 2016 PSHFT was 'substantially compliant' and HHCT was 'non-compliant'. The new Trust claimed 'full compliance' having recorded 61 of the 62 standards as 'green'. After peer review with the CCG and then submission to NHS England, 'full compliance' was confirmed and awarded.

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, formal HMIMMS courses. Counter terrorism awareness training was also delivered by the Counter Terrorism Awareness Advisors from Cambridgeshire Constabulary.

Independent inspections, assessments, awards and accolades

We celebrated the following successes in 2017/18:

Dialysis Unit opens at Peterborough City Hospital

A new haemodialysis unit was opened on 26 April at Peterborough City Hospital by international dialysis pioneer Dr Chandra Mistry, who worked for 20 years at Peterborough's former District Hospital. The new unit is run by the Trust in partnership with Leicester's Hospitals and has 10 dialysis stations. This means patients can receive treatment locally, without the need to travel to other hospitals. He was accompanied by his son, actor Jimi Mistry and Jimi's wife Flavia Cacace, who is a dancer on the BBC's Strictly Come Dancing show.

Hinchingbrooke's Primrose suite shortlisted for Birth Centre of the Year award

Hinchingbrooke Hospital's midwifery-led birthing unit was one of just three units to be shortlisted for the annual MaMa Maternity Care Birth Centre of the Year award. The nomination recognised the outstanding contribution the team made in improving the maternity experience for women and their families. The Primrose Suite features four self-contained rooms, a birthing pool room and adjacent obstetric area. The unit was nominated after more than doubling its birth rate in a year.

Trust shortlisted for Carer Friendly Employer award

The Trust was shortlisted for the Carer Friendly Employer of the Year by the Pride in Our Carers Awards 2017. The nomination demonstrated how carers are identified, embraced and supported at the Trust. The Trust signed up to John's Campaign, and recruited two John's Campaign Ambassadors. The charity, named after Dr John Gerrard, supports the right of patients with dementia to be supported by their family carers. There are currently 40 carer champions and 70 dementia champions at Peterborough City Hospital. Plans to introduce these roles at Hinchingbrooke and Stamford Hospital are in the pipeline.

Staff strode to top Trust position in global step challenge

Trust staff took part in the Virgin Pulse Global Corporate Challenge, a 100-day virtual journey around the world. 75 teams from across Peterborough, Hinchingbrooke and Stamford hospitals entered and came top of all the NHS trusts that took part. They completed 276,965 miles, and averaged 14,379 steps per person per day. Staff reported additional health benefits for themselves and their families. Staff at all six Trust sites will take part next year.

Staff journeyed to Uganda hospital to train staff and treat patients

A multi-disciplinary team of consultants, practitioners and nurses spent 10 days in Southern Uganda where they worked with staff from the Kisiisi Hospital. While at the hospital they performed life-changing surgeries, trained hospital staff and supported the development of clinical theatre services.

Lisa shortlisted for Public Sector Chef of the Year award

Lisa Normanton, Head Chef at Hinchingbrooke Hospital, was a finalist in the Public Sector category of the UK Chef's Association annual Craft Guild of Chefs awards. Nominees included hospitals, prisons, education, military and in-house restaurants.

33 wards took part in #End PJParalysis campaign

Between April and August staff on 33 wards at Hinchingbrooke, Peterborough, and Stamford hospitals took up the #EndPJParalysis challenge. With the aim to get patients up, dressed, moving and discharged as soon as they were well enough to go home, the 100 day National campaign focussed on encouraging inpatients

not to wear pyjamas or a hospital gown when they didn't need to - as it reinforces the 'sick role' and can hinder a speedier recovery. The campaign saw more than 18,000 patients dressed and moving around their wards over the 100 day period.

To maximise its success, the Trust joined the 100 day Regional #End PJParalysis campaign where nine trusts enabled 91,728 patients to get up, get changed and get moving. We contributed 15,903 patients to this total.

Stamford £2m Redevelopment Project completed on time

The redevelopment of Stamford Hospital completed on schedule on 28 July. The project, which began in December 2016, delivered key benefits to patients who live across the Trust's catchment area. These include:

- a new MRI scanner, expanded imaging department and booking office
- health clinic, purpose-built phlebotomy and pain management suites
- chemotherapy and lymphoedema suite
- outpatient area with rooms for adults and children
- ultrasound room and improved physiotherapy gym
- refurbished reception, redecorated corridors, new lighting and flooring

To celebrate completion of the new facilities, the hospital held an open day on 14 October, which attracted 400 visitors.

Professorship for ground breaking anaesthetist

Consultant Anaesthetist Richard Griffiths was awarded the prestigious Featherstone Professorship by the Association of Anaesthetists of Great Britain and Ireland in recognition of his work in investigating and promoting perioperative medicine for older people. As well as pioneering new methods of anaesthesia, Richard has been instrumental in spreading good practice and setting up the NHS Hip Fracture Perioperative Network.

600 patients received a present on Christmas Day

Our 'Love from Lapland' campaign saw every inpatient on Christmas Day 2017 receive a gift-wrapped present. Following on from the previous year's success at Peterborough and Stamford hospitals, presents were gathered, wrapped and distributed at all three hospital sites. Community support was phenomenal and presents were donated by many organisations and individuals. Teams of staff gathered at lunchtimes during December to wrap the gifts and staff distributed them to patients on Christmas Day.

Radiotherapy expansion means 750 more patients can be treated

An additional bunker which houses a new 'Linac' machine was officially opened at Peterborough City Hospital in October 2017. The new machine means staff will be able to treat 750 more patients in addition to the 1,000 patients seen last year. With three 'Linacs' at the hospital, fewer patients will need to travel to neighbouring hospitals for radiotherapy. The bunker was opened by dedicated fundraisers Mark Cross and Lesley Kalina, who have both received treatment in the oncology department. Local primary school children also attended the event. Their artwork is displayed inside the bunker

School of Emergency Medicine awards ED staff

In September representatives from PCH ED attended the School of Emergency Medicine awards. Six members of the Trust were awarded for Services to Emergency Medicine (Col Andrew Cope and Cilla Reid); Trainer of the Year (Dr Dhakshinamoorthy Vijayasankar; Trainee of the Year (Dr Dan Walter and Dr Adriana Cordier); Outstanding Training Unit (PCH Emergency Unit), and International Emergency Medicine course development (Dr Vijay Kama). The winners and entire ED team was congratulated for their outstanding achievement by Dr Kanchan Rege, Medical Director.

Patient Safety team shortlisted for Nursing Times award

The team was shortlisted for the Continence Promotion and Care for working across the Trust to ensure continence is no longer a taboo subject, which included teaching and educating patients and staff on identifying the cause of moisture damage, continence issues and the correct use of products.

Trust's first Outstanding Achievement Awards honours staff

Staff from Hinchingbrooke, Peterborough and Stamford Hospitals came together in October at the Marriott Hotel, Peterborough, to celebrate the first awards ceremony of the newly-formed organisation. Our hospital heroes were nominated by colleagues and patients, and included: Deputy Charge Nurse Pedro Caetano, Consultant Diabetologist Dr Samson Oyibo, Midwife Vicky Bennett, Consultant Paediatrician Nik Johnson, Consultant Dermatologist Dr Vanessa Smith, and Stamford Hospital Porter Ben Inman. The Peterborough City Hospital security team won Team of the Year, B7 ward tracker Sue Exton won Unsung Hero and Sophie Cushieri received the 'Putting Patients First' award. HCA Hollie Speechley was given the 'Caring and Compassionate' award. Nurse recruitment officer Sabrina Galietti received the 'Improve and Develop' award and Dr Donata Banni was given the 'Actively Respectful' award. Infant feeding specialist Marielba Pilsbury won the 'Working Together' award.

Hinchingbrooke Diabetes team highly commended

The Diabetes team at Hinchingbrooke Hospital received a highly commended award from the Diabetes Quality in Care Programme for their work during Hypo Awareness Week in October. The team had worked hard to ensure colleagues were aware of the dangers of hypoglycaemia and recognise the signs and treat it as a medical emergency.

Staff awarded for achieving additional qualifications

60 members of staff received certificates for completing qualifications in maternity and paediatric support, customer services, clinical healthcare support, pharmacy support and an Assessor qualification. A large number of young apprentices, aged 16+, also graduated. Staff were congratulated for achieving additional qualifications alongside working hours.

Top 10 in Country for Obstetrics and Gynaecology team

The Trust's obstetrics and gynaecology team was ranked among the top 10 performing NHS Trusts out of 140 units in the country for gynaecology training. In addition, the team was highly commended for its overall performance as a training centre.

1,000 babies born at Peterborough midwiferyled unit in 2017

On Christmas Day staff at the unit celebrated the birth of their 1,000th baby. Baby Majid was born at 12.29pm. Comparing the number of births in previous years, 956 babies were born on the unit in 2016, an increase from 894 births in 2015. This equates to 20% of total births, in what is a low intervention, homely environment for women with low risk pregnancies.

X-ray porter wins national 'unsung hero' award

Adie Gillett, an X-Ray porter who has worked at Hinchingbrooke Hospital for seven years, won a national Unsung Hero award for his caring and reassuring manner with patients. He was nominated by Nurse Michelle Gray. The award is the only national award for 'nonhealthcare' NHS staff and volunteers who go above and beyond the call of duty.

Catering teams retain Five Star rating

The catering teams that provide meals for staff, patients and visiting members public, have retained their five star rating – the highest possible. The in-house team at Hinchingbrooke and the Medirest team at Peterborough were delighted to retain their rating following inspections at both hospitals.

Dr Lishman awarded CBE in Queen's New Year Honours List

Dr Suzy Lishman, a Consultant Histopathologist for the Trust was awarded a CBE in the Queen's New Year Honours List for her contribution to pathology services. Dr Lishman's work as former President of the Royal College of Pathologists was commended for being instrumental in raising the profile of the organisation and strengthening its influence with politicians and policy makers, as well as promoting pathology as a career to school children and the public.

Endoscopy Unit received full re-accreditation

The Endoscopy Department at Peterborough City Hospital was again accredited by the Joint Advisory Group (JAG) in February. JAG sets the national standards for competence and quality and is an absolute requirement for the undertaking of bowel cancer screening.

Unicef bestows Hinchingbrooke with International Baby Friendly award

Hinchingbrooke Hospital was awarded the prestigious Baby Friendly Award and is the latest UK healthcare facility to win international recognition from Unicef. The initiative, set up by Unicef and the World Health Organisation, is a global programme that provides a practical and effective way for health services to measure the care provided for all mothers and babies. The team received the award following assessment to check best practice standards were in place. The team have been working towards the accreditation for seven years, with the aim to increase breastfeeding rates and ensure there is a recognised standard of care.

Trust leads the way in Dementia research

Peterborough City Hospital was commended after becoming the first site in the country to recruit 10 patients to an innovative clinical research study in Dementia. Peterborough is one of 20 sites taking part in ASCRIBED, an observational study that compares markers of inflammation and injury found in the blood and cerebrospinal fluid of people with and without confirmed dementia, who are in hospital undergoing treatment for a fractured hip. The study is run by the University of East Anglia and funded by Alzheimer's Research UK. Since the study opened in June, the team recruited 28 patients, more than a quarter of the total number of patients recruited to the study nationally.

Local school 'take over day' a repeat success

20 Students from Peterborough's Jack Hunt School took part in Take Over Day on 7 February as part of their work experience – for the seventh year in a row. The event enables students to gain an insight into the area they are interested in and give them experience in their chosen role within the healthcare profession. The students worked in Radiotherapy, Radiography, Physiotherapy, Pharmacy, Cardiac Ward, Maternity and Pathology.

Research with Loughborough University shortlisted for national award

The Trust's Haematology Department teamed up with Loughborough University's Chemistry Department to develop a new test that aims to facilitate the early diagnosis of Variant Creutzfeldt-Jakob disease and Alzheimer's. The research could have significant implications for future healthcare and demonstrates how our clinicians can work with partners to influence development of ground-breaking research.

Practice Development Nurse wins BJN award

Practice Development Nurse Lisa Sharp won the Pressure Care and Tissue Viability Nurse of the Year award on Friday 9 March at the BJN Awards, for leading the Trust's 100 End PJ Paralysis campaign. The campaign was aimed at getting patients up, dressed and moving, to enhance their autonomy, safety and dignity, and enabling them to return safely to their own homes. NHS Improvement hailed this as good practice and implemented Lisa's idea regionally, with plans to extend it into a national challenge in 2018.

NHS Improvement enforcement requirements

Throughout the year the Trust has worked with NHSI on an improvement plan for performance against the four hour A&E target to increase efficiencies and deliver a long term strategy for financial sustainability. This work was progressed through monthly performance review meetings and reported at each public Board of Directors' meeting. On 2 November 2017 NHSI issued a compliance certificate in respect of the Trust's enforcement undertakings. There is no current regulatory action in place.

Improving experience for patients, visitors and staff

Survey data and inviting feedback through other means is hugely important in helping the Trust identify areas for improvement, enhancing 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 based on 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, and introduced this to Hinchingbrooke Hospital in 2017, following a successful roll out at Peterborough City and Stamford Hospitals in previous years.

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 2017/18 is available on page 92 of the Quality Account.

Feedback from staff is gathered quarterly. We conduct three in-house surveys per year, which includes key questions based on the Friends and Family Test metrics. The fourth survey undertaken is the national NHS Staff Survey. 38% of those staff members issued with a national questionnaire responded this year, compared with 53% for in 2016/17 (the combined figure for Peterborough and Stamford Hospitals and Hinchingbrooke Hospital).

The results for our Trust showed below-national-average outcomes for staff reporting good communications between senior managers and staff, staff feeling able to contribute towards improvements at work or taking part in effective team working.

At the time the National Staff Survey was undertaken, we were still in a process of significant organisational change, particularly at divisional and management level, which may have had an impact on how staff responded.

Despite this, our results for staff satisfaction with the quality of work and care they are able to deliver, was higher than the national average for acute hospitals, as was the result for staff motivation at work and use of patient/service-user feedback.

Following analysis of our results, targeted action plans are being developed – at both organisational and divisional levels – focussing on 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 144.

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 170). 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 for our merged Trust was formed this year. The group's focus is on improving patient and visitor stays in hospital, and has a dedicated programme of work for the coming 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.

Almost every week throughout the year, the Trust is 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 focussed mostly on the progress of the acquisition implementation and management of winter pressures.

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. This year a Membership Engagement Committee, made up of governors and Trust communications team staff, was set up to increase membership – both in recruitment and engagement, and to improve retention.

The Trust will continue to improve the quality of the public meetings it holds in 2018/19 as a way to further increase membership within our expanded catchment area, and to encourage even more people to have their say on hospital services and how they are delivered.

More information on how we plan to grow our membership can be found in our Foundation Trust membership section on page 170.



"Small op in day surgery, big thank you to the consultant and team, well organised from admission to discharge."

Our successes in 2017/18



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.

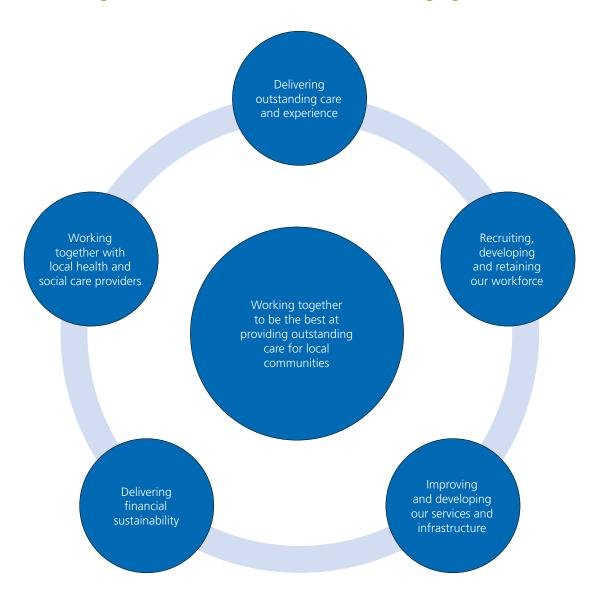
Strategy 2017/18

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.



Objectives 2017/2018

The Joint Board of Directors and Council of Governors confirmed five objectives for the Trust for the financial year 2017/18. 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
Single approach to performance measurement in place across all sites	Amber
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	Amber
Deliver the organisational restructure	Green
Deliver year one of the NWAnglia organisational development plan	Amber
Detailed Medical recruitment plan	Red
Detailed Nursing recruitment plan	Amber

Further detail and actions can be found in the Workforce and Organisational Development report on page 144.



"Just wanted to say what a lovely, welcoming stay I had in the maternity ward. All members of staff were so professional and made me feel really calm. My baby is due in 10 weeks and I feel completely comfortable going back and know my baby and I will be in safe hands!"

3. Working together with local health and social care providers

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

Measure	Progress
Ensure Corporate support teams integration in line with FBC and deliver post-acquisition organisational change pay savings of £4.7m and non-pay savings of £0.95m	Green
Ensure clinical team integration post-merger	Amber
Deliver single website	Red
Ensure policy and committee alignment post-merger	Amber
Implement service changes outlined in the STP for: Stroke, Respiratory, Pathology and Cardiology	Amber
Improved GP integration on Stamford site	Amber

Work on our Patient Administration System

Implementation of the Trust's new Patient Administration System (PAS) began in April 2017 and is expected to complete next year. The project involves introducing the Medway PAS and integrating it with eTrack and other systems to replace those lost by the removal of the Clinicom system at Peterborough and Stamford hospitals and the CaMIS system at Hinchingbrooke Hospital. This includes the Emergency Department, Theatres, and the clinic letter and discharge summary systems, as well as introducing a new data archive.

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.

4. Improving and developing our services and infrastructure

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

Measure	Progress
Complete Stamford and Rutland hospital redevelopment	Green
Develop strategy for remainder of Stamford and Rutland hospital site	Green
Deliver the IT Strategy: Deliver e-track system at Hinchingbrooke	Amber
Deliver the IT Strategy: Deliver PACS implementation	Green
Deliver the IT Strategy: Patient administration system replacement	Amber
Deliver a Clinical Strategy in line with the requirements of the Quarter 1 review	Green
Deliver a NWAFT Estates Strategy, underpinned by a completed Estate condition and compliance study in line with the requirements of the Quarter 1 review and NHS Estate code	Green
Fire safety enforcement delivered in line with Cambs Fire and Rescue requirements	Green
Deliver the IT Strategy: Deliver NHS.net email implementation	Green

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	Amber
Deliver agreed Lord Carter improvements for predecessor Trusts	Red

Local health and social care organisations have been working together in recent months to identify ways in which we can collaborate. The Local Health Economy work continues and is on track to deliver the Sustainability and Transformation Plan (STP). Partners across the local health and care system have agreed to work together to deliver the STP.



Looking forward to 2018/19

The Annual Plan details the plan for the coming year. The vision for the North West Anglia NHS Foundation Trust will be: 'Working together to be the best at providing outstanding care for local communities'.

Providing services in different ways, while meeting the needs of our patients and stakeholders, will help us support the local health economy and the NHS as a whole. This whole system approach will deliver the best care for the patients we serve. 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 below:

Strategic goals	Objectives FY18 and FY19	Deliverables 2018/19
Delivering outstanding care and experience	Upper quartile mortality rate	Single HSMR score
	Documentation meets professional and Trust standards	Document audit compliance
	Meet Single Oversight Framework standards	National performance standards
		Complaint response times
	Deliver the A&E improvement plan and trajectory	four hour performance standard
Recruiting, developing and retaining our workforce	Deliver the workforce benefits from acquisition	Staff feel valued during the merger (staff engagement score)
		Deliver the organisational restructure
		Deliver year two of the NW Anglia organisational development plan
		Successful recruitment and retention to the priority clinical services
Working together with local health and social care providers	Deliver the benefits of integration in the new NW Anglia	Clinical team integration
	Implement service changes in the STP	Stroke, respiratory, pathology, cardiology
	GP colaboration in Trust catchment area	Deliver Mid/North Cambs and Peterborough Accountable Care System
	Deliver the acquisition organisational change	Pay savings of £0.9m
Improving and developing our services and infrastructure	Stamford and Rutland hospital redevelopment	Prepare new site plan to deliver integration with health and social care
	Deliver IT strategy	e-tracker at Hinchingbrooke
		Patient administration system replacement
	Estates strategy including site strategy for all Trust sites	Estates master plan approved
	Fire safety plan	Action plan delivered in line with Cambs Fire & Rescue Service
Delivering financial sustainability	Deliver improved efficiency	Deliver activity to plan and within STP frameworks
		CIP of £16.9m and acquisition non-pay savings of £0.9m through:
		Lord Carter improvements
		Getting it Right First Time
		Others

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

2017/18 was a challenging year for operational teams and was impacted by increased emergency pathway pressures, operational change management and alignment of structures across sites post-acquisition. While operational teams worked hard to ensure limited impact on patient care and provision performance, targets have been impacted.

Throughout 17/18 there were continued pressures within the emergency care pathway at both Hinchingbrooke Hospital and Peterborough City Hospital. While A&E attendances reduced marginally (0.8%) during 17/18, the emergency admissions increased by 5.1% at Trust level, 4.5% at Peterborough City Hospital and 6.7% at Hinchingbrooke Hospital. This was despite a 33.4%

increase in the use of ambulatory care pathways to avoid admissions. As a consequence, the acuity of the patients requiring admissions increased. This, combined with the difficulty of discharging patients back into the community who no longer needed hospital care, continued to make it challenging at both our main acute sites.

The impact of Delayed Transfers of Care (DTOC) 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, 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.

Throughout the year there was an improving performance rate, and while not achieving the target, the Trust ended the year at 85.7%, compared to 79.8% in 2016/17. 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.

The referral to treatment time (RTT) target for incomplete pathways states that 92% of patients should receive their first definitive treatment within 18 weeks of referral. Until November the Trust achieved above 92%; with November achieving 92.6%. During the final quarter, however, the position deteriorated for a multitude of reasons including; ongoing capacity challenges, elective cancellations due to urgent care pressures and both clinical and administrative resource vacancies. The final position achieved at Trust level was 88.6%. All specialities not achieving are already implementing recovery plans to limit the impact on patient waits and care.

The suite of cancer targets were a key focus for the Trust throughout the year. The Trust met seven of the nine targets at the end of the year. A 62 day wait from referral to treatment failed marginally, with a year-end position of 84.1% against a target of 85%. Throughout the year this has been challenging for the Trust and work was ongoing to recover the position with internal recovery plans and outside support from the Elective Intensive Support Team.

Key areas for development were capacity within diagnostic areas and changes within prostate and colorectal pathways. The other metric that the Trust did not achieve at the end of the year was 62 day screening. The Trust achieved 78.5% against a target of 90%. This was primarily within bowel screening where work was undertaken to develop longer term plans to improve this service.

The access target for receiving diagnostic tests within six weeks of the referral was also challenging during the last six months of the year. The Trust achieved 98% against a 99% target. The main areas that have struggled are Cardiology and Endoscopy. Both areas saw an increase in demand with limited capacity which has impacted on the number of breaches within the areas. Both 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, loss of activity due to burst water mains and staff shortages due to sickness and adverse weather

conditions. 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.

National target / Regulatory requirement ¹		2015/16	2016/17	2017/18	
MRSA screening for all emergency	Target	100%	100%	100%	
inpatients	Actual	85.0%	93.0%	91.8%	
Vete : I	Target	95%	95.0%	95.0%	
VTE risk assessment	Actual	92.5%	95.9%	96.9%	
18 week referral to treatment time –	Target	92%	92.0%	92.0%	
Incomplete pathways within 18 weeks	Actual	95.0%	94.8%	88.6%	**
5:	Target	1%	1%	1%	
Diagnostic six week waits (% waiting)	Actual	0.7%	1.1%	2.0%	**
All	Target	93%	93%	93%	
All cancers two week wait from referral	Actual	96.0%	97.4%	95.0%	*
All 24 L C L C L C	Target	96%	96%	96%	
All cancers – 31 days from decision to admit	Actual	99.5%	99.9%	96.8%	*
All cancers – 62 days from referral	Target	85%	85%	85%	
to treatment	Actual	86.1%	84.4%	84.1%	*
All	Target	90%	90%	90%	
All cancers – consultant upgrades	Actual	94.0%	98.9%	95.9%	*
62.1. (Target	90%	90%	90%	
62 days from screening to treatment	Actual	95.0%	88.8%	78.5%	*
Construction of December 1	Target	98%	98%	98%	
Cancer subsequent treatment – Drugs	Actual	100%	100%	99.6%	*
Consequent to the consequence of	Target	94%	94%	94%	
Cancer subsequent treatment – Surgery	Actual	100%	100%	97.9%	*
Cancer subsequent treatment -	Target	94%	94%	94%	
Radiotherapy	Actual	97.9%	99.8%	99.3%	*
Cancer subsequent treatment –	Target	96%	96%	96%	
All treatment types	Actual	99.1%	99.9%	99.3%	*
Breast symptomatic referral within	Target	93%	93%	93%	
two weeks	Actual	96.8%	94.6%	93.5%	*
Total time in A&E four hours or less –	Target	95%	95%	95%	
Local health economy	Actual	90.5%	80.1%	85.7%	
% elective operations cancelled for	Target	1%	1%	1%	
non-clinical reasons	Actual	0.7%	0.7%	1.0%	
Meeting the <i>C. difficile</i> target	Target	29	29	40	
(crude numbers)	Actual	37	23	62	
* Cancer information is provisional					

^{*} Cancer information is provisional

Some targets may be reported monthly/quarterly.

^{**} snapshot information only

¹ Data relates to NW Anglia NHS Foundation Trust. Previous data sets relate to Peterborough City Hospital and Stamford and Rutland Hospital and should not be used as a comparator

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 2018.

In 2017/18, the Trust recorded a retained deficit of £38.9m, which compares to a deficit of £17.7m (before technical items) in 2016/17. The 2016/17 deficit represents the deficit for Peterborough and Stamford Hospitals NHS Foundation Trust. Hinchingbrooke Health Care NHS Trust made a further deficit of £25.5m in 2016/17 leaving the comparable deficit for the two trusts at £43.2m.

During the year the Trust delivered cost improvements amounting to £16.5m against a target of £16.9m (16/17 £15.2m against a target of £13m).

During 2017/18, 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 £269.3m in the year were £15.7m higher than the budgeted spend and reversing this trend remains a key area of focus for the Trust. 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 result of the increase in patient numbers. This year there have, for the second year, been additional pay costs linked to the temporary appointment of specialist project team members who have driven the programme of work to oversee the merger.

System Transformation Funding (STF) of £15.6m was received during the year and treated as income. £9.8m related to the general fund which was achieved against a maximum available of £12.2m. An additional £5.7m was received due to the Trust delivering and over achieving against its Financial Control Total set by NHS Improvement as financial incentive and bonus.

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 2018/19.

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 works 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 2017/18, was £1.754m 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 £40.7m and capital loans amounted to £11.3m. 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

On 1 April 2017, Peterborough and Stamford Hospitals NHS Foundation Trust acquired Hinchingbrooke Health Care NHS Trust. The merged organisation is called North West Anglia NHS Foundation Trust.

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 2018/19 are set out in the Annual Operational Plan available on the Trust's website. The merging of cultures, departments, policies and procedures has added to this challenge during 2017/18 and has affected the speed at which Cost Improvement Plans (CIP) have been delivered. The Trust has, however, exceeded merger savings targets in year one of the Full Business Case five year view. The CIP requirement for 2018/19 is a further £16.9m.

The Trust will continue to work with its commissioners, NHSI, the System Transformation Programme (STP) and other stakeholders to develop long-term plans. This is in the context of current enforcement requirements to improve A&E performance, to provide increased efficiencies as part of tackling and reducing the Trust's deficit, and to participate in the development and delivery of plans for future financial sustainability.

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; and

- 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 2017/18 the Trust received loans from the Department of Health. The type of funding to be received for 2018/19 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).

Stephen Graves Chief Executive 23 May 2018



"I had an appointment with the ENT team. I was pleasantly surprised by the promptness, I was seen within 1 minute of my appointment time. The reception staff were friendly and polite, as were the nursing staff. The consultant was brilliant, taking time to explain my condition. My whole visit was less than 30 minutes and I left with a great impression of the ENT team."



SECTION 1 - Quality Account

Part 1: Chief Executive's statement

I am pleased to introduce this account detailing the quality of care provided to patients in our Trust for the year 1 April 2017 to 31 March 2018.

North West Anglia NHS Foundation Trust, formerly Peterborough and Stamford Hospitals NHS Foundation Trust, is a statutory, not-for-profit, public benefit corporation. It acquired Hinchingbrooke Health Care NHS Trust on 1 April 2017 and continues to provide healthcare services to the local population.

All staff have worked hard to operate as one Trust from the outset, which has not been without challenges during the Trust's first year. Staff have worked tirelessly to maintain quality of care and services to patients, while ensuring detailed plans were rolled out to introduce the new Clinical Divisional structures, integrate teams, align policies and processes and introduce new governance arrangements for the new organisation.

On 1 September 2017, NWAFT also became responsible for outpatient services at the Princess of Wales Hospital in Ely and Doddington Hospital in Fenland, and radiology services at these hospitals as well as at the North Cambridgeshire Hospital in Wisbech and HMP Whitemoor. The Trust was pleased to welcome the transfer of employment for colleagues within those services from Cambridgeshire Community Services NHS Trust and Cambridgeshire and Peterborough NHSFT. The benefits of bringing all these sites, services and staff together into one Trust were soon realised, particularly with improvements in clinical services with cross-site working and sharing of expertise across a number of departments. These included Orthopaedics, ENT, Anaesthetics, Urology, Palliative Care, Research and Development and Maternity.

In addition to the work involved in merging these organisations and services, the Trust experienced a particularly prolonged and difficult winter period, which resulted in an increase in the volume, acuity and dependency of patients who attended both the Trust's Emergency Departments at Peterborough City Hospital and Hinchingbrooke Hospital. This resulted in a 5.1% increase in emergency admissions and a 33.4% increase of patients who were referred through the Ambulatory Care Units on both sites.

Even with this increase in demand, considerable improvements in the quality of care the Trust provided were achieved. These were reported through our Quality Reports and included the following headline improvements:

- Successful roll out of the Matron's Balanced Score Card audit process across the Hinchingbrooke site;
- Above the 95% national target for the number of patients assessed as Harm Free within the Trust in the NHS Safety Thermometer;
- Above the 95% national target for patients assessed for Venous Thromboembolism (VTE) across all three sites;

- In the top quartile and within the 'lower than expected' bracket for the Hospital Standardised Mortality Rate (HSMR);
- Reduction in the number of Hospital Acquired falls on the previous year;
- Standardisation of complaints responses times, with all three sites now acknowledging complaints within three working days and responding to the complainant within 30 working days, or 40 working days with prior agreement;
- Consistent reporting to the Clinical Commissioning Groups (CCGs) within the required timescales for Serious Incidents (SI), both following initial identification of the SI and for submission of the final investigation reports and quality rating.

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 policies and processes were reviewed and aligned to ensure patients received the most appropriate care. Several systems were introduced across the Trust.

These included MEWS to NEWS, Nutritional Screening and CREWS on the Hinchingbrooke site. CREWS is an internal ward accreditation scheme based on the Care Quality Commission's (CQC) five key lines of enquiry: Caring, Responsive, Effective, Well-Led and Safe.

An updated admission documentation booklet was rolled out across all three main hospital sites. These had been reviewed and combined from the previously separate PSHFT and HHCT versions. The booklets were well received and further work will continue into 2018/19 to ensure processes are embedded to improve quality of care for our patients.

Patient Experience is a key part of our care, and we are therefore pleased to report the Trust has achieved consistent results above the national average in all three 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 and Chief Nurse visits to patient care areas, CREWS re-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.

Being effective is an essential part of the Trust's daily processes, and therefore important that the systems we use help support that requirement. Two examples of programmes used are SafeCare Live and Datix.

SafeCare Live is integral to the way staff monitor the acuity and dependency of patients on each of the wards in order to manage staffing levels appropriately. Datix is an adverse event reporting system which can be accessed by all staff members to notify when an incident has occurred. This feeds into the overarching Trust Risk Register.

Following the merger of our services, these systems were aligned so reporting was centralised in order to provide a Trust overview. This ensured staff could maintain access to the systems at all sites and aiding dissemination of lessons learnt from incidents across the Trust.

Also during 2017, in line with the National Quality Board's 'Learning from Deaths' framework, the Trust rolled out a new database and Structured Judgement Review process to triage and review all deaths that occurred.

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, continued to be a further challenge. However, the Trust made every effort to comply with this requirement, and as a result benefitted from quality and financial improvements while not compromising clinical safety or safe staffing levels.

The Trust continued to recruit at home and abroad, and made a successful visit to the Philippines to interview nurses and held regular Skype interviews with them.

This year alone, the Overseas Education team supported 31 overseas nurses who took their exams to achieve registration with the NMC. The Trust also took advantage of the national Nursing Associate programme. The first cohort of students began their training in January 2018. A further cohort is planned to commence in September 2018.

Alongside our well-established leadership development programme, we recognised it was important to retain and develop staff within the Trust and to do this introduced the 'Aspiring Clinical Managers Programme'. This is designed to give Band 6 nurses the opportunity to develop their skills so they can progress to a Band 7 position within the Trust. Other developmental training programmes continued for clinical and non-clinical staff.

Medical recruitment continued to be a challenge, as it is across the country. A Medical Workforce Board met each month to focus attention on the issue.

The recruitment team gave weekly updates by division to allow closer scrutiny on bottlenecks. Encouraging progress was made, particularly in the Family and Integrated Support Services (FISS) and Surgery Clinical Divisions, and some notable appointments in Medicine. Our approach is to use standard methods such as NHS professionals and recruitment agencies for initial introductions. We continue to welcome middle grade trainees from Health Education England from the Eastern and East Midlands Deaneries.

Successful short term appointments of overseas candidates were made via the Medical Training Initiative. Two Trust Grade Clinical Leads were appointed to give clinical supervision and pastoral care for more junior overseas doctors hoping to forge a career in the UK.

However the greatest challenge in terms of recruitment was the Emergency Department and Acute Medicine which had vacancies at all levels, particularly at the Hinchingbrooke Hospital site. We anticipate that a forthcoming recruitment trip to Greece will yield both short and long term staffing benefits.

The Trust has recognised that by ensuring it recruits and retains its own substantive staff, safe and effective care will be provided for patients, and will provide a better patient experience. This means the Trust can ensure all staff are appropriately trained and made fully aware of policies and procedures to ensure patients are cared for in the most appropriate environment and do not remain in hospital any longer than required.

The Local Health Economy work continued to deliver the Sustainability and Transformation Plan (STP) and Partners across the local health and care system agreed to work together to deliver the STP. This included understanding the implications and consequential effects of the STP in Lincolnshire and to provide support on its delivery.

The results of the quality improvement priorities for 2017/18 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 delivering outstanding care for local communities'. These are summarised on pages 70-72.

It is difficult to underplay the impact of the combination of the two organisations as a whole, and what it has meant for our staff, some of whom have been more directly affected than others. However it is pleasing to report that staff recognised the benefits it has brought with clinical and financial stability for our three hospitals, and the opportunity to develop and strengthen patient services provided to our local communities. 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, professionalism and compassion.

I would also like to thank our patients, their carers, our volunteers, other stakeholders and our staff for their leadership, ideas and comments which have been used to plan the Trust's quality improvement programme for 2018/19.

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

Stephen Graves Chief Executive 23 May 2018

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

Priorities for improvement identified for 2017/18

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 in the table below.

Trust Activity: 2017/18



149,055

Patients seen in our Emergency Department



67,342

Emergency admissions



53,352

Elective day cases or surgery



11,182

Admitted electives



7,349

Babies were born here



631,514

Patients seen in new and follow-up outpatient appointments

See the glossary at the end of this report for a key to the abbreviations.

Priorities - results at a glance

Priority	Nam	e	Goal Met	Goal Partially Met	Goal Not Met
Goal 1	HSMR	and SHMI			
	1a.	Scope process for measuring HSMR and SHMI across all sites	•		
	1b.	Standardise mortality reviews process Trust wide (includes primary and secondary reviews)	•		
	1c.	Presentation of 'avoidable' deaths in line with NQB requirements	•		
	1d.	Align Trust mortality review policies and provide equitable results	•		
Goal 2	Seriou	s Incidents			
	20	Align SI reporting to meet local and commissioner requirements			
	2a.	Review SI processes and adopt best practice across all sites			
	21-	100% of SI reports reported to the CCG within 48hrs of identifying SI	•		
	2b.	100% of SI reports completed within 60 day agreed timeframe (threshold 95%-99%)		•	
	2c.	Presentation of 'avoidable' deaths in line with NQB requirements	•		
Goal 3	MEWS	to NEWS			
	За.	Transition to using National Early Warning Scores (NEWS) for escalation of physiological observations at HH site. Set up a Task and Finish Group	•		
	3b.	Baseline audit to assess compliance of present observation documentation, then set percentage amount for end of Quarter 4	•		
	3с.	Plan roll out and education. Ongoing support from both CCOT and PDT	•		
	3d.	Review of compliance using established observation audit tool during the 3 months of Quarter 4Report baseline improvement from audit in Quarter 1 to 96.4% in Quarter 4	•		
Goal 4	Docum	nentation Compliance			
Goal 4	4a.	Scope documentation to assess best practice across sites	•		
	4b.	Education around the Documentation Steering Group (DSG) and its work	•		
	4c.	Design and combine documentation to create unified process and practice	•		
	4d.	Achieve 90% of documentation compliance	•		
Goal 5	Clostri	idium difficile			
doars		Align Root Cause Analysis (RCA) and scrutiny process	•		
	5a.	Implement new documentation and RCA tools	•		
	Ja.	Record compliance with measures within the quality dashboard agreed with the CCG	•		
		100% of cases notified within 2 working days of results being available to the CCG	•		
	5b.	100% of <i>C. difficile</i> scrutiny panel to be held within 30 working days of the result being confirmed	•		
		100% of RCAs provided to CCG – 3 working days prior to meeting	•		
Goal 6	MRSA				
	6a.	Align policies from PCH and Hinchingbrooke	•		
	6b.	MRSA decolonisation audit Audit results to achieve >95% compliance for the MRSA decolonisation care pathway of cases	•		
	6с.	Review decolonisation prescription and align across all three sites Compliance with the local antibiotic policy in line with the CCG quality dashboard	•		

Priority	Nam	e	Goal Met	Goal Partially Met	Goal Not Met
Goal 7	Cleani	ng			
	7a.	Ensure all sites are meeting PAS 2011 standards, despite using different contractors • Cleaning scores to reach 95% achievement standards (Monthly) (threshold 90% - 94.9%)		•	
Goal 8	Compl	aints			
		To respond to 100% of complaints within 30 working days (threshold 90.1% - 99.9%)		•	
	8a.	To respond to 100% of complaints with an agreed extension (30 days plus 10 day extension) (40 days or more) (threshold 90.1% - 99.9%)		•	
		Acknowledgement of complaint within 3 working days (threshold 90.1% - 99.9%)		•	
		Review and align processes across the Trust	•		
	8b.	Ensure all departments know how to access the complaints team and understand the process	•		
Goal 9	Care Q	uality Commission			
	9a.	Align the CQC self-assessments across all three sites	•		
		Ensure best practice is adopted on all three sites: Progress against action plans addressing all CQC (KLOEs)	•		
	9b.	Quality Improvement Plan (to include actions to achieve the national ambition to reduce maternity associated deaths and serious harm)	•		
	9c.	Standardise quality performance • Review and align MBSC audits for all three sites and standardise quality dashboard (MBSC)	•		
	9d.	Ensure professional standards across all three sites Standardisation of the Matron role within the new structures and working to the Chief Nurse	•		
	9e.	Implement CREWS across the Trust • Align the ward accreditation schemes	•		
	9f.	Roll out of CREWS to all remaining areas	•		
	_	·			

Priorities in detail

Domain: Upper Quartile HSMR for all Trusts Nationally

Goal 1	Upper Quartile HSMR for all Trusts Nationally HSMR and SHMI	Goal Met	Goal Partially Met	Goal Not Met
1a.	To respond to 100% of complaints within 30 working days (threshold 90.1% - 99.9%)	•		
1b.	To respond to 100% of complaints with an agreed extension (30 days plus 10 day extension) (40 days or more) (threshold 90.1% - 99.9%)	•		
1c.	Acknowledgement of complaint within 3 working days (threshold 90.1% - 99.9%)	•		
1d.	Align Trust mortality review policies and provide equitable results	•		

The Trust Quality Governance and Compliance team use the Dr Foster Intelligence (DFI) metrics and the NHS Summary Hospital-Level Mortality Indicator (SHMI) for benchmarking Trust performance in relation to mortality against statistical expectation calculated from national datasets.

Hospital Standardised Mortality Ratio (HSMR) is a calculation used to monitor death rates within the Trust. It includes the 56 diagnosis groups that account for 80% of in-hospital deaths. HSMR measures whether the ratio of deaths in hospital is higher or lower than the national average of 100 (expected rate) when benchmarked against similar cases in other hospitals. A ratio of less than 100 indicates that a hospital's mortality rate is lower than the average rate of the baseline year. A significantly high HSMR is interpreted as a warning sign, and gives reason for further investigation into the causes. HSMR is used by the Trust as an indicator of healthcare quality in conjunction with other quality indictors to give a well-rounded view of hospital quality and activity.

http://www.drfoster.com/wp-content/uploads/2014/09/ HSMR_Toolkit_Version_9_July_2014.pdf

https://www.cbs.nl/-/media/_pdf/2017/.../2017ep40%20 methodological%20report.pdf

Summary Hospital-Level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number who would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes patients admitted to hospitals in England who died either while in hospital or within 30 days of being discharged. A higher/lower than expected number of deaths should not immediately be interpreted as indicating poor/good performance and instead should be viewed as a 'smoke alarm' which requires further investigation. The SHMI is produced and published quarterly. https://digital.nhs.uk/catalogue/PUB30004

Prior to the new NWAFT on 1 April 2017, PSHFT and HHCT were measured separately as two different NHS organisations. It was necessary to liaise with Dr Foster Intelligence to have the reporting updated to represent one organisation, while also retaining the ability to monitor how the former Peterborough and Stamford Hospital sites and the Hinchingbrooke site were doing separately (in order for benchmarking after the combination of the two previous Trusts).

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.

As well as standardising the mortality review process, it was also necessary to standardise the Trust Mortality Review Policy to represent the new NWAFT.

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 is 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 NWAFT.

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 goals also support the Trust's response to Dr Foster intelligence with investigations into statistically significant alerts with an aim of maintaining the Trust's position within the national upper quartile. HSMR can be a useful indicator of patient safety and care when used effectively as it provides an indication of where a problem might exist and is used as a trigger for investigation. The HSMR is not used in isolation to measure patient safety.

Baseline

Trust baselines prior to 1 April 2017:

	PSHFT	нн
HSMR	92.1	86.4
SHMI	107.72	105.27

Action taken

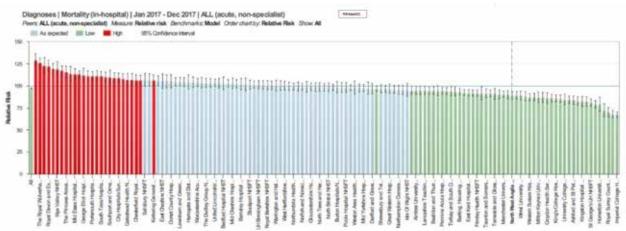
- Merged HSMR and SHMI data for NWAFT with monthly reporting by Trust and site
- Created a local action plan to help work through and share the National Quality Board recommendations
- Introduced Structured Judgement Review case record review process in November 2017 in line with the National Quality Board requirements
- 70 staff across a number of different multidisciplinary professions undertook Structured Judgement Review training
- The Trust carried out SJRs in monthly multidisciplinary sessions at alternate Trust hospital sites
- Established and maintained a training database to record staff who have had the formal training
- Published a revised and updated Mortality Review Policy in September 2017

- Formed a new Mortality Surveillance Committee to track actions from SJRs and monitor Clinical Divisional mortality processes. This new Committee was a merge of former Peterborough and Stamford Hospitals and Hinchingbrooke Hospital Mortality Meetings
- Published the first Trust report on Learning from Deaths in Quarter 3
- Published the first Trust summary report for Mortality Surveillance Committee showing outcomes and learning in Quarter 4
- Established and maintained a database to record patients who have undergone SJR and to monitor patterns, outcomes and lessons learned
- In recognition of the variance between the HSMR and SHMI, further deep dive investigations were carried out with specific focus on some of the diagnosis groups to look at coding, diagnosis and what percentages were in or out of hospital deaths; Out of Hospital death rates; and Palliative Care Coding.

Outcome details

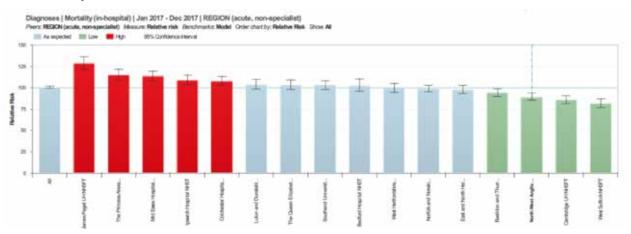
The Trust identified that the HSMR was within the expected range during 2017/18.

National HSMR picture



This table demonstrates that the Trust is within the Upper Quartile nationally.

Local HSMR picture



The Trust is within the expected range regionally.

There is no significant difference between the weekday and weekend HSMR for emergency admissions.

SHMI

For the period October 2016 to September 2017, NWAFT was one of 12 of 134 NHS trusts across England that had a higher than expected SHMI. Although a higher than expected number of deaths should not be interpreted immediately as indicating poor performance, the Trust commenced investigations to understand the reason for the variance between its HSMR and SHMI.

A review by Dr Foster Intelligence identified that the Trust has a higher proportion of out of hospital deaths (30 days post discharge) compared to peers. This is thought to be linked to planned discharges for preferred place of care and preferred place of death. There is also a variance in palliative care coding compared to peers which is being investigated further through benchmarking and explored through the Mortality Surveillance Committee.

Adjusting the SHMI for both palliative care and out of hospital deaths would give a revised risk point for the SHMI of 92.16 which is in closer alignment to the Trust's HSMR rate for the same period of 91.10.

SJR

Performance for the year is noted as follows:

- Triage of 77% of all inpatient deaths (1448 out of 1877) to identify if they meet the criteria set down by the NQB
- 60% of deaths subjected to case record review YTD (using SJR or NCEPOD methodology)
- 91% of all deaths reviewed identified a good standard of care
- Less than 1% of deaths reviewed identified care 'more likely than not' to have caused or contributed to the patient's death.

LeDeR (Learning Disabilities Mortality Review Programme)

The Learning Disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure these are not repeated elsewhere. The Trust reported six deaths into the LeDeR programme which started in May 2017. We were notified of one case review which we have allocated to an investigator.

Reporting

Monthly HSMR and SHMI reports are produced together with a quarterly Learning from Deaths report. The data is reviewed considered and actioned, shared with the QGOC and QAC, and at all three Clinical Division governance meetings.

Lessons learnt

- SJRs identified a number of concerns relating to record keeping. One lesson learned was to reiterate a Trust-wide message about maintaining legible, clear records. This message will be issued in conjunction with the Record Keeping Audit findings as part of the audit process
- To update Trust-wide dementia training to remind staff to be wary of carrying forward incorrect diagnoses. This was a case where a patient was incorrectly recorded as having dementia where no formal diagnosis had been made. This mistake was carried out throughout the patient's episode of care
- Nutrition team to carry out case review to provide guidance on where earlier intervention could have been considered. This is to assist the team to understand at what point nutritional support could have been requested
- Discuss capacity assessments and consider refresher training provided with emphasis on clear documentation around decision making.

- Continue to train on SJR methodology increasing the number of staff who are able to participate in the review process across NWAFT
- Drive forward learning outcomes from case record reviews via the Mortality Surveillance Committee using the Trust Learning from Deaths report to help monitor, circulate and share lessons learned
- Encourage continued leadership and engagement with Mortality Surveillance and Learning from Deaths work across all NWAFT
- Continue to explore and understand the variance between the HSMR and SHMI through the continued focussed work monitored through the Mortality Surveillance Committee
- Continued reporting to the Quality Governance Operational Committee (QGOC) (monthly) and upward assurance to the QAC
- Maintain the training database to record staff who have had SJR training
- Maintained the mortality surveillance database to record patients who have undergone SJR and to monitor patterns, outcomes and lessons learned.

Goal 2	Serious Incidents	Goal Met	Goal Partially Met	Goal Not Met
22	Align SI reporting to meet local and commissioner requirements			
2a.	Review SI processes and adopt best practice across all sites			
2b.	100% of SI reports reported to the CCG within 48hrs of identifying SI	•		
	100% of SI reports completed within 60 day agreed timeframe (threshold 95%-99%)		•	
2c.	Inform and educate Trust employees on processes	•		

Serious incidents (SIs) are events in health care where the potential for learning is so great or the consequences to patients, families and carers, staff or organisations so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare.

The Clinical Risk Department report on average around seven serious clinical incidents per month across the whole Trust.

The SI reporting process is agreed nationally, with time frames set, and then implemented locally with Clinical Commissioning Groups (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. To assure ourselves that the new Trust had a robust governance structure, an urgent piece of work was undertaken to identify the best of both processes to develop one process to be followed at all Trust sites.

Duty of Candour is undertaken for all SIs. The Trust has a duty to be open and honest regarding any incidents resulting in patient harm in line with national 'Duty of Candour' requirements. As soon as is reasonably practicable a patient (or their relative/carer) is informed of an incident that has resulted in harm to them or other loved ones and that an investigation is in progress and an apology for the incident is made. This process is now led at a Divisional level.

The process that was being followed historically at HHCT was the method developed by UK Healthcare SWARMing. A SWARM is initiated as soon as possible after an adverse incident or undesirable event occurs.

Like bees, staff swarm to the site to determine the cause of the event and how it can be corrected, however this is a time consuming exercise and the appropriate people may not have been available at that time. There are concerns about confidentiality for those staff involved in an incident. The process at Peterborough City Hospital was felt to be more robust and adhered to confidentiality, in that each moderate or high severity incident is discussed weekly at Chief Nurse Rapid Review which is attended by Senior Management, Matron and Senior Representative from each Division. Incidents deemed serious are then escalated to the Serious Incident Group which meets later in the week and is chaired by the Medical Director.

Reason for prioritisation

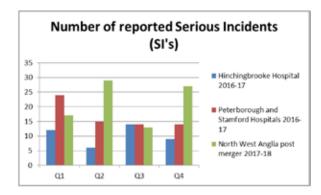
It is critical that we learn from SIs to prevent duplication of the incident again, especially where a patient has experienced harm. This is why this was an area chosen for inclusion.

The need for aligning the processes is discussed above and to enable achievement of this, staff needed to be educated around the new processes therefore, it was identified as a Key Performance Indicator (KPI) for the financial year 2017/18.

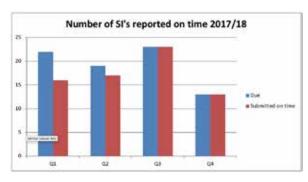
The need to comply with KPIs in respect of completing reports in a timely fashion and the notification of incidents to the CCG are nationally agreed requirements hence their inclusion as KPIs.



Baseline



This graph looks at the number of SIs reported for both historical organisations, PSHFT and HHCT, then the combined number for 2017/18 as NWAFT. In 2016/17, 108 SIs were reported across both organisations. Since 1 April 2017, the combined number of SIs reported decreased to 86.



All SIs reported have to be fully investigated, report written, signed off and submitted to the CCG within 60 working days. For 2017/18, the graph above shows how many reports were due and how many were submitted on time. There were problems at the beginning of the year in respect of process and timeliness, however actions were taken to address that and since April 2017 only eight out of 77 reports were submitted outside of the 60 days. A new Clinical Risk Structure was put in place in December 2017. The three Clinical Risk Advisors (CRA) work with one Division as their key Clinical Risk link, meeting monthly with nominated Divisional representatives to review open Serious Incidents and any outstanding action plans. Once each draft report is completed, its contents are shared with the appropriate Division for recommendations and comments and Divisional sign off prior to going to the Serious Clinical Incident Group (SCIG). At the SCIG it is presented by one of the CRAs and once agreement has been established, as to accuracy of content and the robustness of the action plan, the amended report receives executive sign off before submission to the CCG. This is a robust, transparent and independent process that also allows for Divisional ownership. Each report is given a quality score by the CCG.

The average score for the Trust around quality is 93% which is above the 80% required by the CCG.

Action taken

- The clinical risk process was reviewed and a new, more robust process put in place to ensure a response and investigation process that maintains independency but also ensures full engagement and ownership
- This was enhanced further following the combination of the two Trusts and the newly configured divisions
- 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
- Each division now has a Clinical Risk Advisor (CRA)
 who works with the Division to investigate, write
 and agree the SI report. Draft RCA reports are sent
 to all professionals to ensure expert input is sourced
 and the robustness of the report is enhanced
- Each CRA meets monthly with the Divisional Director to discuss the RCA and any outstanding action plans. This helps the Trust to ensure actions are being progressed
- Weekly Incident Review by the Serious Clinical Incident Group (SCIG) to decide if the incident meets the SI criteria
- Completed RCA presented by the CRA to weekly SCIG meeting for Executive discussion and sign off before submission to the CCG
- Compliance with KPI's monitored through Clinical Commissioning Quality meetings with each of the CCGs
- The Clinical Risk Team monitors all action plans at monthly meetings with the divisions to ensure they are completed
- The Clinical Risk Team produces a bi-monthly newsletter highlighting the outcomes and learnings from some of the SI investigations and Clinical Risk issues. This helps to raise Trust-wide awareness and improves the service we provide to our patients
- Cautionary Tales takes place once a month and is 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. The remainder of incidents are discussed at QGOC, shared in the Governance Bulletin and are examined in more detail in Divisional meetings. This is open to all staff of all grades and disciplines, including medical students and student nurses.

Lessons learnt

- Share lessons learned at relaunched monthly Cautionary Tales which are more widely attended by staff from all disciplines including patient stories
- Themes identified from lessons learned: poor written and verbal communication including communicating abnormal test results; failure to adhere to policies and procedures; delay in recognising and escalating the deteriorating patient. Actions taken include: implementation of robust action plans; making divisions more accountable for action plans in terms of acquiring sign off; yearly follow up with all departments on the development of any actions taken over the previous year
- Sharing action plans from Serious Incident Reports with relevant divisions ensuring cross sharing across all divisions
- Duty of Candour Meetings with patient/relatives to discuss the findings of the report now led by divisions thus improving ownership
- Quality Governance Operational Committee has a dedicated monthly slot for discussion of new SIs and completed reports so headline learning can be shared
- Lessons learnt detailed in monthly quality report and quarterly CLAEP report
- There is a good culture of staff across the organisation of changing practices in respect of lessons learnt, and the new responsibilities of the CRA working with divisions, ensure this is monitored.

- Performance review meetings held with divisions to increase engagement and improve clinical ownership
- Bi-monthly newsletter 'Risky Times' which focuses on headline clinical risk learning
- Improved timeliness of SI report completion with greater engagement through shared divisional leadership and ownership
- Closing all outstanding action plans and working with the divisions to ensure actions are completed
- Working with the divisions to devise robust action plans for minimising and managing these risks
- Annual reviews of completed action plans within each division to ensure actions have been followed and improvements have been made.



Goal 3	MEWS to NEWS	Goal Met	Goal Partially Met	Goal Not Met
За.	Transition to using National Early Warning Scores (NEWS) for escalation of physiological observations at HH site. Set up a Task and Finish Group	•		
3b.	Baseline audit to assess compliance of present observation documentation, then set percentage amount for end of Quarter 4	•		
3c.	Plan roll out and education. Ongoing support from both CCOT and PDT	•		
3d.	Review of compliance using established observation audit tool during the 3 months of Quarter 4Report baseline improvement from audit in Quarter 1 to 96.4% in Quarter 4	•		

A robust, consistent and nationally validated approach to recording of physiological observations is essential to ensure timely assessment of patients and escalation of the deteriorating patient for early intervention by senior clinical staff. The use of the National Early Warning Score (NEWS) also provides consistency when screening for sepsis and instigating the Sepsis 6. HHCT had a modified early warning system in place which was not consistent with the nationally validated tool and was not aligned with PSHFT sites that used the NEWS with an electronic observations system. The NICE guidance for Sepsis screening and treatment is also aligned with NEWS triggers.

Reason for prioritisation

Standardisation of the physiological observation chart and early warning scoring tool across all sites for the Trust and use of a nationally validated tool for effective escalation of the deteriorating patient. The standardisation of NEWS within the Trust enables consistency of parameters within the Trust and across different hospitals, reducing the need for additional training and minimising the risk of misinterpretation by clinical staff who move between hospitals. This change is needed to facilitate the transition of Hinchingbrooke Hospital to electronic observations in 2018/19.

Baseline

MEWS in use, NEWS not implemented.

The aim was to educate and roll out NEWS and then to monitor and audit compliance against the baseline compliance with MEWS. The aim was to see an improvement to above 95% for completeness of observations and accuracy of NEWS calculation with an increase of 10% in the parameters (3-5) which measure the escalation response to the deteriorating patient.

Action taken

- Set up a task and finish project group
- Review baseline compliance with key indicators from quarterly 2016/17 audit
- Improvement identified across key indicators
- Training programme developed and implemented

- Review, revise and implementation of NEWS observation chart
- Launch and roll out of NEWS at the end of July 2017
- Ongoing training and support for wards post implementation
- Audit of ward areas with five key indicators from baseline audit during January, February and March 2018.

Outcome details

NEWS was implemented and monthly audits completed post implementation in all areas. Averaged NEWS compliance remained at about the same level for parameters 1 and 2, either just above or just below 95% for completeness and accuracy. There are areas that require improvements in accuracy of calculating NEWS to ensure consistent high standards. Parameters 3 to 5 which measure the response to increased NEWS have shown a big improvement with NEWS, from 65-74% to > 95%.

Hinchingbrooke clinical staff now have an understanding and good working knowledge of NEWS putting them in a positive position for a future roll out of electronic observations and NEWS2.

Lessons learnt

Accuracy of NEWS calculation can still fluctuate and there should be regular updates and audit to maintain the high compliance rate. NEWS should continue to be monitored monthly via the Matron's Balanced Scorecard.

- Introduction of NEWS2 Trust-wide
- Audit of compliance six months after introduction
- Introduction of regular reports from Nervecentre for PCH site
- Roll out of electronic observations Trust-wide, including specialist areas with sepsis module included
- Monthly suite of compliance reports from Nervecentre for ongoing audit.

Goal 4	Documentation Compliance	Goal Met	Goal Partially Met	Goal Not Met
4a.	Scope documentation to assess best practice across sites	•		
4b.	Education around the Documentation Steering Group (DSG) and its work	•		
4c.	Design and combine documentation to create unified process and practice	•		
4d.	Achieve 90% of documentation compliance	•		

Documenting patient assessments and nursing care is an integral part of the work that nurses and midwives undertake on a daily basis. The Code (NMC, 2015) states that nurses should 'identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need'.

Reason for prioritisation

Following the formation of one Trust, standardisation of documentation was a priority. Involving staff from Hinchingbrooke Hospital was essential as there were anxieties about the changes involved. The process required scoping across the sites, redesign of many documents and additional education on all three sites as the new documentation was rolled out. Standardisation of documentation is essential for staff who move across sites for ease of use and safe patient care. Documentation is a key area raised from previous CQC visits and has been highlighted by the Cambridge and Peterborough CCG as an area where we can improve.

Baseline

Compliance with documentation audit was over 90% as recorded on the Matron's Balanced Scorecard (MBSC) at PSHFT. No equivalent audit available at HHCT.

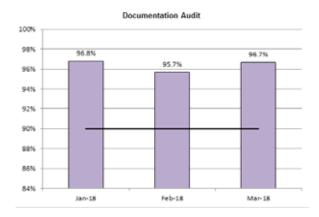
Action taken

- A full walkabout at Hinchingbrooke Hospital site was undertaken to try to assess the variety and differences between documents
- Following this the decision was made to merge the generic inpatient documentation first
- Several specialist nurses and specialist teams also began to merge their own documents to make cross site working easier
- Education and communication around the Documentation Steering Group and how the process for approval and printing and membership of the group took place
- New documents were developed and rolled out across the Trust for use including the Adult Assessment booklet
- Education and training were provided where necessary
- Audit of compliance with completion of documentation was recorded across the Trust during Quarter 4.



Outcome details

- Documentation was scoped successfully and a plan of work established to continue the development process
- Information about DSG was successfully communicated and embedded
- Throughout the year the generic nursing documentation, NEWS charts, sepsis screening tools and care bundles were rolled out across the Trust
- The process was supported by education leading to excellent compliance with the care bundles and the change from MEWS to NEWS. Further work needs to be carried out on the care planning process as nursing staff still find this difficult to complete.



Lessons learnt

- Staff involvement in the development of new documentation is essential for ownership and improved compliance
- Face to face, ward based training is often more effective than classroom teaching, however it is time consuming
- The action plan from the C&PCCG and follow up visits were helpful in gauging improvements in documentation completion
- Introducing new processes such as ordering printed documents instead of photocopying everything was an unexpected issue. Information and continuous support has been required to ensure the process runs smoothly.

- New or revised documentation will continue to focus on patient care and changes to patient pathways
- The merger of more specialised documentation will continue as divisions merge and processes become the same. Examples include Abbey Pain Tool and Diabetic charts
- Continuous monitoring will be ongoing to maintain standards through the QAC. Documentation will remain on the MBSC audit monthly, this in turn often leads to more frequent monitoring by Matrons if the compliance falls
- Documentation will remain part of Registered Practitioner Induction (RPI) and Healthcare Assistant's induction to emphasise the importance of correct completion
- Specialist training will continue to include documentation such as Falls Assessments during falls mandatory training
- Work to improve Nurse Care Planning will continue with regular training and ward based sessions.



Goal 5	Clostridium difficile	Goal Met	Goal Partially Met	Goal Not Met
5a.	Align Root Cause Analysis (RCA) and scrutiny process			
	Implement new documentation and RCA tools			
	Record compliance with measures within the quality dashboard agreed with the CCG	•		
	100% of cases notified within 2 working days of results being available to the CCG	•		
2b.	100% of <i>C. difficile</i> scrutiny panel to be held within 30 working days of the result being confirmed	•		
	100% of RCAs provided to CCG – 3 working days prior to meeting	•		

Clostridium difficile (C. difficile) 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. difficile* cases per year. All hospital acquired cases of *C. difficile* 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

Since 2012 all hospital acquired, toxin positive cases of *C. difficile* have been subject to root cause analysis and scrutiny panel to identify lapses in care. There is no national guidance on how this process should be achieved; therefore different trusts have approach this in different ways, and the Hinchingbrooke and Peterborough methods were very different pre-merger. The IPCT worked with the CCG to standardise the process.

A standardised scrutiny process helps to identify lapses in care. Where no lapses in care are found the case is not counted against the local trajectory set by the CCG. For 2017/18 the ceiling amount of *C. difficile* allowed on trajectory across the Trust is 40. Any case over this amount is subject to financial penalties.

Baseline

2016/17 sanctioned cases PSHFT six against a trajectory of 29, HH seven against a trajectory of 11

2017/18 target - PCH and Stamford 29, HH 11 - total 40.

2017/18 sanctioned cases – PCH and Stamford 13, HH 4 – **total 17.**

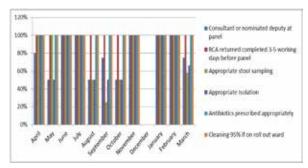
Action taken

- C. difficile RCA tool standardised across all sites and the RCA process brought in line with PCH as this was the more successful process
- Infection Control awareness week promoted good basic infection prevention procedures such as hand hygiene, isolation and documentation
- Expanded Infection Prevention and Control Team on all sites led to increased visibility by the team
- Continuous communication and process training with matrons, ward managers and medical teams via email, team meetings and mandatory training sessions
- C. difficile process flowchart sent out with all RCAs to help embed practice across all sites
- Feedback from panel via team brief, IPCT newsletters, mandatory training, awareness week, monthly board report, quality report, Trust Infection Prevention and Control Committee and senior management meetings
- Deep dive into 2017/18 cases and action plan put in place to manage the rise in *C. difficile*
- C. difficile cases for 2017/18, this included input from the internal Quality Assurance Committee, Trust Board, CCG, PHE and NHS improvement.

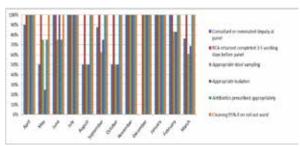
Outcome details

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C. difficile indicator progress – Hinchingbrooke



C. difficile indicator progress – Peterborough



C. difficile indicator progress – NWAFT

This year we have seen some failures around isolation and appropriateness of stool sampling. After some intensive communications with senior staff an improvement was seen in these areas. However in March there were 12 crude cases of *C. difficile* at PCH, six of which were sanctioned against trajectory. All cases were sanctioned due to failures to send a stool sample and/ or isolate the patient. The IPCT are addressing this with extensive communications and a *C. difficile* awareness fortnight in May.

In December 2017 there was a failure to get an RCA to the CCG within three days of the scrutiny panel at Hinchingbrooke Hospital. This was due to a delay in the doctors' section of the RCA being returned to the IPCT. It was discussed with the lead in the CCG due to extenuating circumstances and agreed for the CCG dashboard / reporting that this would not be reported as a failure to meet the standard. It was agreed with the CCG at scrutiny panel that there had been no lapses in clinical care so this case was not added to trajectory, however lessons were learned and this was reflected in the monthly quality dashboard submission.

Lessons learnt

- Importance of communicating the RCA process with all staff so that they are aware of their responsibilities
- Timely isolation continues to be an issue from time to time. The isolation prioritisation poster that the IPCT produced and promoted helped staff to know what infections take priority for available side rooms
- Stool sampling appropriately. Stool sampling guidance circulated to all of the wards
- The importance of documenting the reason for any deviation from Trust policy, so that the risk assessment process is clear
- The impact of capacity and flow on acquisitions.
 Continuous high capacity has delayed the deep clean programme which could be a contributory factor in the rise in cases in 2017/18.

- Continue to use RCA tool and feedback lessons learned via ward managers, matrons and directorate leads
- Focus on C. difficile in 2018 clinical update which will be seen by all clinical staff by the end of the year
- Feedback on progress in team brief and on IPC link days
- Deep dive into the increase in crude cases in 2017/18 with particular emphasis on 13 cases for March.



Goal 6	MRSA	Goal Met	Goal Partially Met	Goal Not Met
6a.	Align policies from PCH and Hinchingbrooke	•		
6b.	MRSA decolonisation audit • Audit results to achieve >95% compliance for the MRSA decolonisation care pathway of cases	•		
6c.	Review decolonisation prescription and align across all three sites Compliance with the local antibiotic policy in line with the CCG quality dashboard	•		

Staphylococcus aureus is a common organism that may live harmlessly on the skin or in the nose or throat of many people. Occasionally it may cause infections. Some strains of Staphylococcus aureus have become resistant to a number of commonly used antibiotics including Methicillin. Methicillian-resistant Staphylococcus aureus (MRSA) is usually harmless to healthy people. It may live on the body without causing illness (colonisation). If MRSA grows in a wound or inside the body it may slow down wound healing or make the person feel unwell (infection).

When a patient is found to be colonised with MRSA following screening, it is Trust policy that they are prescribed decolonisation treatment. This will ensure that bacteria is removed from the skin. The MRSA decolonisation audit has six key indicators that must all be achieved to ensure that the risk of transmission from an MRSA positive patient is as low as possible. The indicators have been set by the CCG and are reported monthly, with a target of 95%.

Reason for prioritisation

At Hinchingbrooke, there had been successive failures to achieve the MRSA decolonisation target set by the CCG. This resulted in a remedial action plan being placed on the Trust from 1 April 2017 at the time of the merger. This was in place until we had achieved the 95% target for three consecutive months.

From 1 April 2017 it was also necessary to standardise practice and data collection for the combined organisation.

Baseline

95% target across all indicators set by CCG. Pre-merger baseline for Peterborough and Stamford – March 2017, 96%. Pre-merger baseline for Hinchingbrooke was around 80%.

Action taken

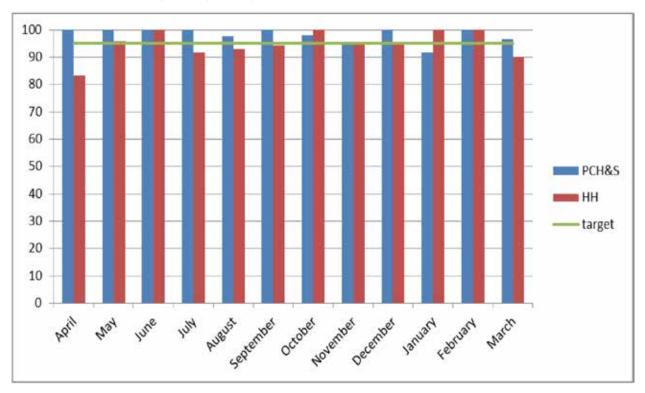
- MRSA Remedial Action Plan (RAP) achieved by October 2017
- The audit process was standardised between all sites so that only CCG-required data was being collected
- Complete MRSA decolonisation report with monthly scores and break down of criteria. Send to CCG, ward managers and matrons of areas audited that month
- MRSA decolonisation and feedback from audits included in mandatory training sessions
- IPCNs offer bespoke training for wards repeatedly failing
- Isolation care bundle introduced which helps to promote general isolation practice
- Drug chart Discussion at NMAG re: HCAs annotating drug chart with a tick as they cannot sign the drug chart but often administer decolonisation when assisting with washes
- Drug chart Make MRSA decolonisation chart stand out by making it a different colour – this also standardises the chart across all sites.

Outcomes

In July, August and September less than 95% was achieved on the decolonisation audit at Hinchingbrooke Hospital. This was due to documentation failures in the signing of decolonisation administration. The target was achieved within six months, from October 2017 onwards. The RAP was closed in January 2018.

However there was a dip in the rate for Peterborough and Stamford in January 2018, this was also due to failure to document MRSA decolonisation.

Graph to show performance against target during 2017/18.



Lessons learnt

- Importance of making sure documentation (i.e. MRSA decolonisation chart) is clear and easy to use for all relevant staff
- Introduction of isolation care bundle has helped maintain general isolation process.

- Agreed at March TIPCC that the Trust will permanently change its topical treatment to one that does not have supply issues. This is planned to be in use by May 2018
- Launch fully standardised MRSA decolonisation chart across all sites, taking the opportunity to raise awareness of how and when to complete it.



Goal 7	Cleaning	Goal Met	Goal Partially Met	Goal Not Met
7a.	Ensure all sites are meeting PAS 2011 standards, despite using different contractors • Cleaning scores to reach 95% achievement standards		•	

Effective environmental cleaning is essential in maintaining low levels of Healthcare Associated Infections. The 2011 PAS standards set out the specifications for planning, application and monitoring of cleanliness standards in the UK.

There are currently three different cleaning contracts in place across the three main sites of NWAFT; Peterborough, Stamford and Hinchingbrooke. Currently all areas at Hinchingbrooke should be cleaned to the 2011 PAS standards and in patient areas at PCH and Stamford are either cleaned to the 2011 PAS standards, or should achieve the 95% requirement whilst on the previous 2004 standards.

Reason for prioritisation

To ensure a clean environment is maintained at all Trust sites. This will aid the prevention of healthcare associated infections. Standardisation of cleaning process and standards across all sites.

Baseline

The previous year's performance is difficult to correlate with the current year as the 2004 cleaning standards are measured in four categories which have been reduced to three. The previous standards were consistently achieved and are detailed below.

Performance for 2016/17:

- Very high risk 95%
- High risk 90%
- Significant risk 85%
- Low risk 80%

Target for 2017/18:

- High risk areas 98%
- Medium risk areas 95%
- Low risk areas 90%

Action taken

- Monthly meetings held with facilities and cleaning contractors to discuss cleaning scores and address any failures to meet target
- PAS at PCH on risk register until it is implemented Trustwide
- Hours taken from low risk areas, such as offices, to be used in clinical areas to clean them to PAS standards
- Annual PLACE audits reviewing cleanliness
- Annual hygiene code inspections by IPCT
- Regular environmental walk rounds with IPCT, Matron, facilities and cleaning contractor to monitor cleanliness.

Outcome details

- Cleaning scores at Hinchingbrooke are achieving the required standard every month
- Inpatient areas at PCH on 2011 PAS standards are achieving the required standard every month
- Some outpatient areas at PCH not on the 2011 PAS standards failed to achieve the required 95% in December 2017 - these included Jungle Unit, Haematology/Oncology Day Unit, Endoscopy and Cardiac Angiography
- PLACE results for 2017: Peterborough and Stamford cleanliness score 98.66%, Hinchingbrooke cleanliness score 99.3%
- There have been some challenges in the revision of cleaning contracts due to legalities around the Private Finance Initiative (PFI) agreements for the Peterborough site. The Estates and Facilities team are monitoring the contract.

Lessons learnt

- Capacity and flow pressures can have an affect on the level of cleanliness
- IPCT and Facilities need to monitor closely the level of cleanliness in all clinical areas.

- The deep clean programme on all sites is being monitored closely. The Hinchingbrooke programme is due to restart in May and the PCH programme has re-introduced the pre-clean meetings which is helping keep it on track
- IPCT lead, facilities and cleaning contactors to meet and discuss allocation of cleaning hours to ensure the cleaning standards are met
- Environmental peer review to be undertaken by Multiplex and the Matrons and Estates and Facilities teams
- Contract variation to be submitted if extra hours are required.



Goal 8	Complaints	Goal Met	Goal Partially Met	Goal Not Met
8a	To respond to 100% of complaints within 30 working days		•	
	To respond to 100% of complaints with an agreed extension (30 days plus 10 day extension) (40 days or more)		•	
	Acknowledgement of complaint within 3 working days		•	
	Review and align processes across the Trust	•		
8b.	Ensure all departments know how to access the complaints team and understand the process	•		

As part of the service reconfiguration for NWAFT from 1 April 2017, the complaints departments of both PSHFT and HHCT joined together and became one team based at Peterborough City Hospital. The complaints team oversee all complaints registered at the Trust and cover all of the three operational divisions, Emergency and Medicine, Surgery and Family Integrated Support Services as well as Corporate areas.

The ethos within NWAFT 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 appropriately. To enable us to do this we have an effective Complaints Policy that is patient / complainant centric and is responsive to resolving issues fully and promptly.

The Trust has a strong focus on improving patient experience and is committed to resolving complaints to the satisfaction of the complainant, to learn from what has happened and where appropriate, make demonstrable improvements to our services. Lessons learnt from complaints are discussed and shared monthly at Quality Governance and Joint Ward Managers' Meetings as well as through the complaints newsletter.

The Trust also produces a Complaints, Litigation, Adverse Events and Patient Advice and Liaison Service Report known as CLAEP on a quarterly basis. The principle of this report is to collate information which may identify any patterns and trends through analysis. By collating the information in this way it may be possible to identify problems before they become more major issues and manage them proactively before they become complaints or claims.

Reason for prioritisation

Ensuring that we are compliant with statutory requirements and offer a receptive and responsive service to anyone who is unhappy with the services we provide.

It is important to ensure we have a cohesive and fully understood process for complainant management that is equal on each site.

The key performance indicators in 8a are nationally agreed targets and replicate best practice.

Prior to 1 April 2017, all three hospitals consistently worked towards the acknowledgement of three working days in line with regulations. However, this

was the only similarity within the complaints process as Hinchingbrooke response times were 20, 45 and 60 working days depending on the details and severity of the complaint, however there were occasions whereby patients waited up to 72 days for a response.

PSHFT worked to 30 working days with an extension by agreement with the CCG to 40 working days if the complaint was complex and required more in depth investigation. This process has been reviewed and since 1 April 2017, the complaints process has been standardised to acknowledge all complaints within three working days and response to the complainant within 30 working days, or on a very rare occasion, 40 working days if required.

It is also about acknowledging that complaints are a learning tool and require to be investigated promptly and fully and that the findings of all investigations will be taken seriously. The Trust will learn from complaints and share best practice with staff and other organisations.

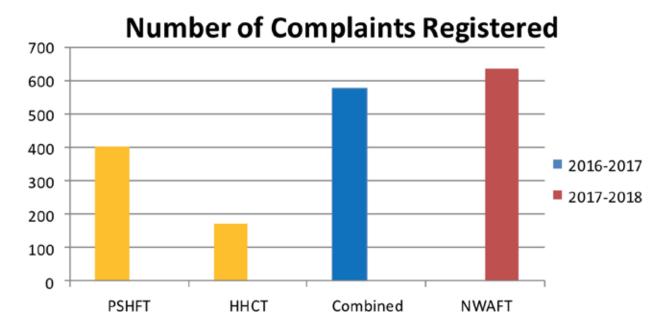
After 1 April 2017, it was important that all staff understood how to access and work with agreed pathways hence the agreed target in 8b.

The complaints department receive complaints from three sites (Stamford, Peterborough and Hinchingbrooke Hospitals) and on average register 60 complaints per month. This has increased by 100% since 1 April 2017, compared to Stamford and Peterborough receiving 30 complaints per month before April, and Hinchingbrooke 15 before then.

The Trust's ambition remains to provide the patients we serve with high quality care and the best possible patient, relative and carer experience. Our patients and service users, their relatives and carers deserve the safest and most compassionate care we can provide and in doing so, when appropriate, we acknowledge any mistakes and ensure we learn from them.

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 exceptional patients, relatives and carers.

Baseline



In 2016/17, PSHFT registered 404 complaints and 172 for Hinchingbrooke with a combined total of 576 complaints. Since 1 April 2017, NWAFT has registered 635 complaints, which is an increase in the 2016/17 combined figure. Although many are around capacity and cancellation of appointments and operations, communication remains a significant theme. Issues and themes are dealt with by the clinical divisions and disseminated through the lessons learnt routes.

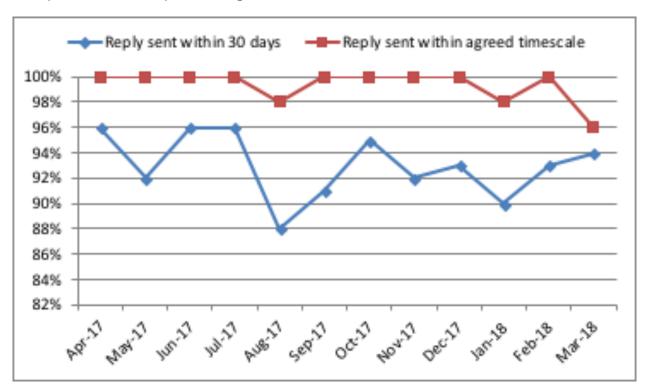
Action taken

- The Complaints team is aware of the need to ensure complaints are responded to promptly and in line with agreed timescales. Compliance with this is discussed monthly with divisional directors and detailed in the monthly Quality Report and the quarterly Complaints, Litigation, Adverse Events and PALS Report
- All complaints are risk rated by the Complaints Officer and then discussed at the weekly Chief Nurse Rapid Review
- Complaints meetings are offered to all complainants before investigation and afterwards to discuss outcome and learnings
- After 1 April 2017, a flow chart detailing the complaints process and introducing complaints staff was distributed to ensure all departments knew how to access the complaints team and understand the process

- Complaints training was provided to a large number of staff to ensure a clear understanding of how to respond effectively to complainants and to identify complaints as a learning tool for the Trust. In 2017 two sessions were arranged for complaints training, one in July (26 members of staff attended), and one in August, (29 members of staff attended). A total of four sessions have been scheduled in 2018 which commence in April
- 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
- Increased focus on chasing complaint responses that are approaching due dates with Divisional leads
- Complaints Newsletter shared with all staff and available on the intranet
- All complaints are signed off by the Chief Executive Officer.

Outcome details

- After merging the complaints teams, 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 64 complaints meetings
- During this period 13 cases went to the Ombudsman for investigation, at the time of writing this report four cases are on-going, two were not upheld, five were partly upheld and two were upheld. Detailed learning from this is in the CLAEP report but there were no trends.



Lessons learnt

- 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
- Quarterly complaints newsletter highlighting the outcomes and learnings from complaints
- Divisions now taking forward and monitoring actions to be implemented as a result of complaints. This will ensure outcomes and learning are implemented, improvements made and when required, immediate training for appropriate staff.

Various learnings from complaints include:

- Some medical staff were counselled regarding the way they interact with patients and asked to reflect on their practices
- 2. Discussion with nursing staff about the importance of pain scores up until discharge and clear guidelines to patients and relatives on aftercare after discharge
- 3. Ongoing training during mandatory sessions around human factors
- 4. Training for staff during team meetings around the need to remain compassionate even when the ward is extremely busy.

All staff to be reminded about effective communication and ensuring a patient's dignity and privacy is maintained. More detail around complaint handling can be found in the Complaint's Annual Report.

- Continue with rolling training programme for staff regarding complaint handling and duty of candour training
- Ensure lessons learnt from complaints are shared at Sharing Lessons events, detailed in the Complaints, Litigation, Claims, Adverse Events and PALs (CLAEP) reports
- More emphasis on divisions developing action plans following complaints to involve all staff in making change
- Complaints Newsletter ongoing
- Continued support for divisions as they embed the 30 day turnaround for complaint responses.

Domain: Continuous Improvement in High Quality across all three sites

Goal 9	Care Quality Commission (CQC)	Goal Met	Goal Partially Met	Goal Not Met
9a.	Align the CQC self-assessments across all three sites	•		
	Ensure best practice is adopted on all three sites: Progress against action plans addressing all CQC (KLOEs)	•		
9b.	Quality Improvement Plan (to include actions to achieve the national ambition to reduce maternity associated deaths and serious harm)			
9c.	Standardise quality performance • Review and align MBSC audits for all three sites and standardise quality dashboard (MBSC)	•		
9d.	Ensure professional standards across all three sites Standardisation of the Matron role within the new structures and working to the Chief Nurse	•		
9e.	Implement CREWS across the Trust • Align the ward accreditation schemes	•		
9f.	Roll out of CREWS to all remaining areas	•		

Information

The CQC is the independent regulator for health and social care services in England. It ensures health and social care providers maintain safe, effective and responsive care for patients and service users. It ensures organisations are well-led by regularly monitoring, inspecting and rating services provided against the fundamental standards as set out in the *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.* The CQC will hold providers to account and take enforcement action if services fall below the required standard.

The CQC self-assessment was developed historically within PSHFT and is a tool used by the matron and corporate nursing teams to provide a position statement of compliance against the CQC fundamental standards.

The self-assessment documents are discussed on a monthly basis at the CQC Steering Group meeting which is chaired by the CEO and on a quarterly basis at the Matrons Quality Assurance Forum. This is attended by matrons, the Chief Nurse and Deputy Chief Nurse. The meeting helps to identify individual and Trust-wide themes and issues of concern.

As part of ensuring best practice is rolled out and maintained across all three sites, the Trust Quality Improvement Plan was created. This is an overarching action plan that encompasses a wide range of documents that provide support and evidence against overarching key priorities within the following five workstreams: 1) Board Assurance Framework; 2) Quality Account priorities for 2017/18; 3) key patient safety priorities identified in 2016/17; 4) compliance with recommendations made in external visits / assurance reviews during 2017/18; 5) individual Quality Improvement Plans or work programmes for each domain within the Care Quality Directorate.

In order to standardise quality performance across the Trust, the Matron's Balanced Scorecard (MBSC) was implemented within the clinical areas. This is a reporting tool that encompasses results from a series of agreed

audits. Each inpatient and outpatient area has its own individual MSBC, which feeds into the overarching MBSCs for the workstreams within each division. The process of reporting has been in place for a number of years at PSHFT and has proven to be successful in improving the governance within the divisions and has helped to identify areas of concern regarding patient care.

Both previous organisations, PSHFT and HHCT, saw value in the role of the matron and as such, both had teams of matrons assigned to relevant clinical directorates. Prior to 1 April 2017, the matrons at HHCT reported directly to the Chief Nurse on the site, and the matrons at PSHFT reported to their clinical directorate, with the Chief Nurse having professional accountability for their roles. As NWAFT and the subsequent restructure of the clinical divisions, all matrons now report into their relevant Head of Nursing within their clinical division, with professional accountability to the Chief Nurse.

The Trust has continued with the roll out of the ward accreditation scheme CREWS. This involves each patient area being assessed following the CQC fundamental standards and their five key lines of enquiry,

Caring

Responsive

Effective

Well-led

Safe

The assessment is an open and transparent way to assess quality standards. Two ward areas are assessed each month. The programme started with the inpatient areas first, with the long term plan to extend to all other clinical areas. Those wards deemed **Outstanding** will work alongside wards rated as **Inadequate** or **Requires Improvement** to provide peer support and share best practice.

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Reason for prioritisation

As the process was already embedded on both the Peterborough and Stamford hospital sites, and had proven to work well, it was agreed that this should be rolled out to the matron group at the Hinchingbrooke site. This would provide a position statement for all areas on the Hinchingbrooke site against the CQC fundamental standards, ensure reporting processes are aligned across the Trust and to support collaborative working within the newly formed matron group.

In addition to the comments made above, the Trust received notification that the CQC would be carrying out an inspection of its hospital services during Quarter 3 of 2017/18, therefore it was important that aligned and up to date documentation was in place.

It is important to have an overarching Quality Improvement Plan document that encompasses evidence from each of the workstreams to enable easier reporting internally, and to external partners and commissioning groups. It also provides a focus on all the key priorities, including those brought forward from the two previous organisations, to ensure supporting evidence is provided and that all actions are met in a timely manner.

The Hinchingbrooke site previously had a different process for recording audits across the site. Hinchingbrooke-based matrons now have access to a Matrons Balanced Scorecard for the whole site.

All areas to be rated as **Outstanding** (CREWS status) by 2019/20 and provide assurance that our patients receive high quality and consistent care across the Trust as part of the G2O Programme objectives.

Baseline

Differing processes between all three hospital sites; Peterborough and Stamford-based matrons were using the embedded process and Hinchingbrooke-based matrons were using a different process. It was agreed to align processes to ensure compliance across the Trust. Review process well embedded at Peterborough and Stamford hospitals, which included review at Matrons Quality Assurance Forum meetings on a quarterly basis. At Hinchingbrooke, a different process was in place and it was important to ensure processes and ways of reporting were aligned throughout the Trust.

Prior to 1 April 2017, there was a Quality Improvement Plan in place for both PCH and Stamford hospital sites for 2016/17. This was in the standard Trust format for action plans and included similar links to priorities such as the Board Assurance Framework and recommendations from the last CQC inspection in May 2015. The Hinchingbrooke team also managed a Trust Quality Improvement Plan, and any outstanding recommendations or actions were carried forward for inclusion in the 2017/18 Quality Improvement Plan for the newly merged organisation.

The Hinchingbrooke site had a different process for recording audits. The decision was made to align the Hinchingbrooke site alongside the Peterborough and Stamford sites after 1 April 2017. Hinchingbrooke-based matrons now report their audit data on a site based Matrons Balanced Scorecard. All Matrons Balanced Scorecards are scrutinised at the Matrons Quality Assurance Forum each month.

The matron's role needed to be standardised within the new structures and across all three sites. All matrons would be working to the Chief Nurse.

In 2016/17 there were 16 CREWS first assessments and one second assessment (reassessment). In 2017/18 there were 12 CREWS first assessments and 10 second assessments.

CQC 'Good' rating from 2015 visit for Peterborough and 2016 visit for Hinchingbrooke.

Development of the G2O Programme.

Action taken

Templates shared, reviewed and amended at the joint matrons' meetings. Peer support provided within the matron group to ensure requirements around completion were shared and understood.

Self-assessment documents reviewed at matrons meetings on a quarterly basis to provide a position statement for individual areas against the fundamental standards, to highlight actions required and to ensure evidence is up to date should it be requested by regulators or commissioners alike.

Monthly CQC Inspection Steering Group meetings commenced in July 2017 in preparation for the upcoming Trust-wide inspection, therefore the self-assessment documents were now required to be updated on a monthly basis for presentation at those meetings and in readiness for submission to the CQC as part of the inspection process.

Estates and Facilities teams have completed CQC selfassessment documents for all three hospital sites, which are in support of the individual Clinical Division selfassessments, as completed by the matrons for the specific areas. The Quality Improvement Plan is updated on a quarterly basis by the Care Quality Support Manager, in conjunction with leads from the corporate nursing team, in readiness for submission to regular meetings with national regulators, regional commissioning groups, and to internal governance and compliance meetings. Evidence is embedded to provide assurance of actions completed.

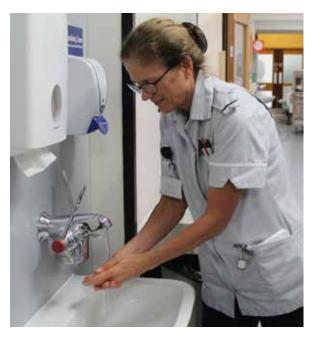
The Matrons Balanced Scorecard is revised before each new financial year starts in April. Once the template had been agreed with a team from the Information Services Department, the Matrons Balanced Scorecard was devised for the Hinchingbrooke site. Matrons based at Peterborough and Stamford buddied up with Hinchingbrooke-based matrons to learn how to use the new audit tool.

The matron teams from Hinchingbrooke, Peterborough and Stamford sites were joined and a buddy system set up to share learning processes, for example the Matrons Balanced Scorecard.

- Presentation about the accreditation scheme was given to the Trust Board and Quality Assurance Committee (QAC) in August 2016
- The first areas to be assessed were the pilot area Ward A2, then Maternity Inpatient Ward and Ward A8
- The wards undergo an assessment by a team of matrons who discuss the results at the Matrons' Quality Assurance Forum with the Chief Nurse
- Following an assessment, a draft report is written and sent to the Ward Manager and Directorate management team for factual accuracy checking
- Once finalised, copies are sent to the Chief Nurse for final approval, then submitted to the Quality Assurance Committee (QAC) for information, review and follow up, and local Directorate Governance Meetings
- Once the report rating has been finalised the area will be rated. As below, in line with the CQC ratings:

Inadequate Requires Improvement Good Outstanding - CREWS status

- The area is then required to formulate an action plan which is supported by the matron
- Action plans must then form part of every ward team meeting and the ward manager tracks progress
- Patients and relatives are notified by a poster displayed outside of the ward area which gives information that the area has undergone an assessment, the key recommendations highlighted for action and the date the reassessment will take place
- A ward assessment tracker has been produced to keep track of all the assessments that have been carried out.



Outcome details

The process is now well embedded within the matron group across all three hospital sites and has supported the matron group in identifying issues of concern or noncompliance with the CQC fundamental standards, for example nursing documentation requirements, therefore enabling a platform to ensure these issues are addressed.

In addition to the information in 9a above, the creation of the Estates and Facilities self-assessment documents have helped to identify all issues relating to the buildings, both internal and external. This in turn has helped to prioritise the works programmes, both major and small works, and has supported several capital programme bids for funding for the improvement of areas such as the Emergency Department at Hinchingbrooke Hospital.

It is aimed that all actions will be achieved by the end of the financial year, and any requiring further progress will be carried forward to the 2018/19 Quality Improvement Plan.

Matrons based at Hinchingbrooke now have a Matrons Balanced Scorecard (MBSC – definition in the Information section on page 65) for the whole site which is monitored at the monthly matrons' meeting. Having received training on the MBSC, it has shown the Hinchingbrooke Hospital based teams to be extremely useful in the collection of audit data.

Matrons based at Hinchingbrooke are now fully integrated into the matrons team and work supporting each other. After Operational Divisions were confirmed and structures agreed, matrons work across the Trust's hospital sites.

 The CREWS ward accreditation scheme commenced roll out to wards on the Hinchingbrooke site from September 2017, following the merger of the two Trusts

- At the end of March 2018, a total of five first assessments had taken place. The ratings were as follows:
 - One area rated Inadequate
 - Two areas rated Requires Improvement
 - Two areas rated Good
- All PCH inpatient areas (19 in total) received their first assessment by September 2017
- Reassessments (second assessment) of wards at PCH commenced at the end of March 2017 – this included a total of 12 inpatient areas as at the end of March 2018
- Of the 12 reassessments that have taken place:
 - One area improved from Inadequate to Good
 - Four areas improved from Requires Improvement to Good
 - Two areas improved from Inadequate to Requires Improvement
 - Two areas remained as Requires Improvement
 - Two areas remained as Good
 - One area decreased from Good to Requires Improvement
- The areas that either remained the same rating or decreased have robust action plans in place to improve in readiness for their third assessment.

Lessons learnt

Following review of the self-assessment templates and an exemplar drafted by the Surgery division, it has been agreed that self-assessment documents for all divisions will be sent out into inpatient and outpatient departments. This is because similar issues are identified across departments therefore reduces duplication in reporting.

Need to be assured that all action plans established to address concerns raised are mapped against the CQC Key Lines Of Enquiry (KLOE), for example Ophthalmology. The KLOE are the five main questions asked by the CQC during an inspection – are services safe, effective, caring, responsive and well-led?

MBSC is now aligned and in use across all three hospital sites. This has improved governance structures as some clinical areas did not previously use scorecard reporting. It was recognised there was a need to include other external services from 2018/19 onwards therefore the MSBC has been rolled out to include services at Doddington Hospital and the Princess of Wales Hospital in Ely.

Changes to the matron structure within the Surgery Division currently taking place and therefore the MBSC will need to be re-aligned once final structure agreed in line with clinical pathways.

The initial matron structure was agreed at the time the two organisations were merging which has worked well, however it was recognised there was a need to review in order to provide more cross-site working in line with clinical pathways in the Surgery Division. The revised structure has been agreed and will be implemented over the coming months. Other improvements made included:

- Embedding of new processes and working practices
- Visibility of Corporate Nursing Team to support
- Introduction of Head of Nursing role
- Aligning practices for comparison.

An information sheet was devised for external assessors attending a reassessment. This explains what a CREWS assessment entails and what can be expected of the external assessor and the importance of their role.

A rota has been set up for each matron to take part as an external assessor for the third assessment each month.

Next steps

Continue with completion of self-assessment documentation on a monthly basis until the CQC inspection has taken place, which has now been delayed until 2018/19, to help identify issues of concern and areas of non-compliance that need to be addressed.

Use feedback from the CQC inspection to further inform the priorities and focus for 2018/19.

Review the format of the Quality Improvement Plan document due to issues with sizing and subsequent issues with dissemination to internal and external colleagues.

Consider any actions not completed during 2017/18 that need to be brought forward to 2018/19 as appropriate. This is in line with priorities included in other key documents including the Board Assurance Framework, Quality Account priorities for 2018/19, recommendations from external quality assurance visits and Care Quality Directorate workstream work plans.

Redefinition of the Divisional MBSCs to CBU level from April 2018.

Embed Matron's Buddy system across the Trust to enable shared learning.

- Third assessments of wards will commence from April 2018, with some specialist and non-inpatient areas being included
- The assessment paperwork has been revised and will be used after all of the wards at Hinchingbrooke Hospital have received their first assessment so there is a fair process across the Trust
- From January 2018 the assessment group will be carrying out three assessments a month due to the amount of wards that now need to be reassessed, this will mean that the assessment group must keep with the scheduled timeframe
- Patient experience review of CREWS with improved documentation.

During 2017/18, concerns were raised regarding Post-Partum Haemorrhage rates for both the Peterborough and Hinchingbrooke sites. Performance throughout the year was as follows:

Peterborough

PPH Group	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
% of women with PPH >1000 - 1999	6.7%	5.3%	3.0%	5.0%	4.7%	4.6%	4.8%	4.0%	6.5%	4.4%	6.2%	4.9%	5.0%
% of women with PPH >=2000	0.8%	0.5%	0.2%	1.0%	0.6%	0.5%	1.8%	1.2%	1.6%	0.7%	1.3%	0.2%	0.9%

Hinchingbrooke

PPH Group	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
% of women with PPH >1000 - 1999	7.8%	6.9%	7.0%	7.8%	8.3%	6.9%	9.1%	8.3%	5.3%	7.9%	3.6%	6.9%	7.0%
% of women with PPH >=2000	0.5%	0.6%	0.5%	0.5%	2.9%	2.6%	1.0%	0.6%	1.1%	0.5%	2.4%	1.2%	1.2%

There had also been concerns regarding a disparity in ways of reporting between both the Peterborough and Hinchingbrooke hospital sites, therefore it was agreed by the Council of Governors to request the external auditors, KPMG, to audit this as the local indicator as part of the Quality Accounts audit process for 2017/18. Feedback received highlighted issues with ways of reporting on the K2 system relating to out of county births which have been addressed and it was agreed to include PPH as a priority for 2018/19.

In relation to falls, the total number has decreased during 2017/18, however the severity and harm caused by those falls that did occur has increased. This reflects the number of falls that occur in the community and the acuity of patients being admitted. Although this isn't highlighted as a specific priority for 2018/19, falls do remain a key focus for the Trust, with consistent reviews at Falls Scrutiny Panels and by the QAC, with lessons being learnt and disseminated rapidly across the Trust, and follow up initiatives developed with the aim of reducing the level of harm to patients.

Priorities for 2018/19

The quality priorities for 2018/19 have been identified through the implementation of new national initiatives together with areas of improvement that have been identified by reporting trends during the previous financial year. These priorities have been discussed with the Board of Directors, the Quality Assurance Committee, Governors and CCGs throughout the year. Some objectives from 2017/18 still require improvement and those that are not in the new priorities will continue to be monitored through the Matron's Balanced Scorecard.

The overarching objectives are monitored and reviewed, in depth, by the Quality Assurance Committee which is a formal Committee of the Board.

1. Patient Safety

Metric	Measures	Date	Monitoring
Sepsis Aim to improve care for those	Sepsis nurse will be in post by end Q1	By Q2	Training and education supported Visible in clinical areas to support MDT
patients with sepsis or suspected sepsis	Continue education programme and mandatory training	Quarterly	Monthly figures
Employ Sepsis Specialist Nurse Increase sepsis screening and the number of patients treated within an hour to 90% both within ED and inpatient areas. The data will be as recorded for the national CQUIN.	Work with AMD Patient Safety to support medical engagement Review sepsis care bundles and ensure they are effective and easy to use Continue to collect data and submit quarterly reports for the national CQUIN	Quarterly By Q2 Quarterly	Quarterly CQUIN reports to CCGs Monthly
Nutritional screening	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	Monthly Monthly Monthly	X 10 sets of notes from each ward will audited monthly
Ensuring patients discharge is complete and safe	Audit monthly reporting of discharge checklist compliance (sample) 90% compliance with discharge checklists 95% compliance with discharge checklists Report on themes from discharge feedback Reinstate discharge steering group and root cause analysis / scrutiny panel of all 'failed discharges' Sharing lessons learnt and actions to be taken	Monthly from May 2018 End of Q2 End of Q3 Monthly End of Q1 Ongoing from end of Q1	Matrons Balanced Scorecard (MBSC) MBSC Quality report – collation of data from Datix, complaints, PALS, patient opinion, safeguarding referrals and transfer of care external reporting list Steering group and scrutiny panel notes / minutes JWMM, Matrons Quality Assurance meeting, newsletter, action plans for complaints and Datix

2. Effectiveness

Metric	Measure	Date	Monitoring
Mortality Surveillance and Structured Judgement Reviews (SJRs) Increase the participation and attendance in multi-disciplinary SJR sessions Develop Trust-wide action plan to track and monitor learning	SCompletion of at least 36 SJR sessions per year (this is a minimum of three SJR sessions per month) Quarterly Governance report will give update against Action Plan	From Apr 2018 From Q1 2018/19	Monthly monitoring of attendance at the Trust SJR sessions Mortality Surveillance Report shared at the Mortality Surveillance Committee (which is held every two months) Quarterly Learning from Deaths Report is shared at Mortality Surveillance Committee; QGOC and QAC. This will also include the National Dashboard and a summary of Learning from Deaths outcome Monthly Divisional summary report sent to each Clinical Division of SJR outcomes Mortality Surveillance Lessons Learned Action Plan published quarterly
Datix Clinical Incident reports Approval of Datix Incidents Outcome of Datix Incident Investigation	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 (from the outcome of investigation section of the Datix).	From Q1 2018/19 From Q1 2018/19	Monthly monitoring via the Datix Team Quarterly reporting via CLAEP Clinical Divisions will be able to undertake monitoring via their Datix Dashboard
Implement HealthRoster Medics (in accordance with roll out plan)	Successful roll out of HealthRoster Medics in line with project plan (Project timeline January to July 2018)	Apr to Jul 2018	Monthly monitoring via Quality Report Updates are published via a HealthRoster Medics Roll Out Update newsletter (circulated every two weeks)

3. Patient Experience

Metric	Measure	Date	Monitoring
Improvement in FFT for ED	Increase participation rates to greater than 10% of footfall	Mar 19	Monthly data analysis from completed iwantgreatcare FFT forms
SI timeliness	100% of reports submitted within 60 working days	Ongoing	It will be monitored through the monthly quality report and integrated board report submission in respect of timeliness of reporting and report completion
100% of complaints responded to within the agreed timescale	90% of complaints responded to within 30 working days 100% of complaints responded to within 40 working days	By the end of Q2	Weekly CEO reports information obtained within quarterly CLAEP report

4. Infection Control

Metric	Measures	Date	Monitoring
IP&C: CPE risk assessments	Local target of 95% compliance with CPE risk assessment that should be completed on	31/03/2019	Monitored by:
	admission for all in-patients.		Monthly MBSC results
			Bi-annual point prevalence study undertaken by IPC audit practitioner
E.coli reduction	National objective to reduce E coli blood stream infections across the whole health economy by 50% by 2020.	31/01/2019	Monthly data uploaded to data capture system.
	2016/17 = 31% reduction from 2015/16		Hospital acquired case numbers monitored at IPC team meeting and fed back to board level through quality report
	2017/18 = 20% increase from 2016/17 (17% decrease from 2015/16)		Common themes in risk factors reported via data capture system and
	Local objective 2018/19: 20% reduction from 2017/18 figures (35 cases)		learning disseminated
Reduction in <i>C. difficile</i> cases to maintain crude figures within annual target set by NHS England	2017/18 case numbers: PCH target 29 cases 47, HH target 11 cases 15, NWAFT total target 40 cases 62.	31/03/2019	Monthly data uploaded to data capture system
	2018/19 NWAFT target for total crude cases 38		Hospital acquired case numbers monitored at IPC team meeting and fed back to board level through quality report
			Scrutiny panels held for hospital acquired cases and learning disseminated.

5. Maternity

Metric	Measures	Date	Monitoring
Improvements in Post-Partum Haemorrhage (PPH) rates and	Reduction in PPH rates of >1.5L (aim is to be below national target is <3%)	Monthly	Quality Report (monthly)
associated data quality	Reduction in the amount of incorrect data entries on K2 for births out of county to zero error rate	Monthly until full compliance achieved	Maternity Dashboard (monthly) Datix meeting (weekly)
			Risk and Governance meeting (internal – monthly)

Statements of assurance from the Board

Review of services

During the year April 2017 to March 2018 North West Anglia NHS Foundation Trust provided 75 NHS services and specialities across three 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 2017/18 represents 100% of the total income generated from the provision of NHS services by the North West Anglia's NHS Foundation Trust for 2017/18.

Participation in clinical audits

During the year April 2017 to March 2018, 65 national clinical audits and five national confidential enquiries covered NHS services that North West Anglia NHS Foundation Trust provides. Of these, Hinchingbrooke Hospital participated in 29/30 (97%) and Peterborough and Stamford Hospitals participated in 36/37 (97%) of national clinical audits. The audit that was not participated in was the Inflammatory Bowel Disease (IBD) Registry, BAUS: Nephrectomy Audit and this was due to an insufficient number of cases available to audit.

During 2017/18 North West Anglia NHS Foundation Trust participated in 65 (98.48%) national clinical audits and five (100%) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that North West Anglia NHS Foundation Trust was eligible to participate in during 2017/18 are detailed in column three of the table below.

The national clinical audits and national confidential enquiries that North West Anglia Hospitals NHS Foundation Trust participated in during 2017/18 are detailed in column four 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 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit Participation - Hinchingbrooke

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
1	National Audit of Breast Cancer in Older People (NABCOP)	~	~	qı	Organisatio uestionnaire su	
2	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	~	~	N/A	10/10	100%
3	NMPA: National Maternity and Perinatal Audit	✓	✓	N/A	3019/3019	100%
4	National Comparative Audit of blood transfusion programme -Audit of Red Cell and Platelet transfusion in adult haematology patients Transfusion Associated Circulatory Overload (TACO) 2017	~	✓	N/A	24/24 15/15	100%
5	Serious Hazards of transfusion (SHOT) UK National Haemovigilance Scheme	•	•	N/A	18/18	100%
6	Acute Coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	N/A	169/169	100%
7	National Heart Failure Audit (NICOR)	✓	✓	N/A	206/324	64%
8	National Diabetes Audit (NADIA)	✓	✓	N/A	33/33	100%

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
9	National Diabetes in Pregnancy Audit	✓	~	N/A	33/33	100%
10	RCEM: Fractured Neck of Femur	~	✓	50	50/50	100%
11	RCEM: Pain in Children	✓	✓	50	50/50	100%
12	RCEM: Procedural Sedation in Adults	~	~	50	37/50	100%
13	Inflammatory Bowel Disease (IBD) Registry	~	~	N/A	52/52	100%
14	National Audit of Dementia Spotlight Audit - Delirium	•	~	25	25/25	100%
15	Parkinson's UK 2017	~	~	20	Neuro 20/20 Elderly care 14/20	100% 70%
16	National Lung Cancer Audit (NWAFT joint site submission)	1	✓	N/A	285/285	100%
17	RCP/BTS_COPD Chronic Obstructive Pulmonary Disease	✓	✓	N/A	206/260	79%
18	Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	N/A	65/155	42%
19	National Emergency Laporotomy Audit (NELA)	✓	✓	N/A	55/55	100%
20	Case Mix Programme (Intensive Care National Audit and Research)	✓	~	N/A	388/388	100%
21	Endocrine and Thyroid National Audit	~	~	N/A	Hinchingbroo not participate registration to k for 201	in 2017/18, be considered
22	Colorectal Bowel Cancer (NBOCAP)	✓	✓	N/A	Data collection	on ongoing
23	National Ophthalmology Audit	✓	✓	N/A	Data collection	on ongoing
24	Elective Surgery (National PROMs Programme)	✓	✓	N/A	475/631	75%
25	Falls and Fragility Fracture Audit Programme (FFFAP) National Hip Fracture Database Fracture Liaison Service Database	×	×		Data collection ongoing	No fracture Liaison Service at HH
	National audit of inpatient falls (PCH and HH joint submission)	✓	✓		30/30	100%
26	National Joint Registry	✓	✓	N/A	1019/1031	99%
26	National Cardiac Arrest Audit (NCAA)	✓	✓	N/A	75/75	100%

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part	
28	National Prostate Cancer Audit (NWAFT Joint site submission) * Finalised figure due May 18	~	✓	N/A	525/525	100%	
29	National Oesophago-Gastric Cancer Audit (NOGCA)	✓	✓	N/A	Data submission deadline Oct		
30	Learning Disability Mortality Review Programme (LeDeR)	~	✓	0	No LD dea	ths at HH	
31	Neonatal Intensive and Special Care (NNAP)	×	×	N/A	Manag Cambrid Communit	geshire	
32	National COPD: Pulmonary Rehabilitation	×	×	N/A	Service provi the Com		
33	National Diabetes Footcare Audit (NDFA)	×	×	N/A	Submitted through Cambridge and Peterborough NHS Foundation Trust who run this service		
34	Adult Cardiac Surgery	×	×	N/A	Not applicable HH		
35	BAUS Urology Audits: Cystectomy	×	×	N/A	Not applic	able HH	
36	BAUS Urology Audits: Percutaneous nephrolithotomy	×	×	N/A	Not applicable HH		
37	BAUS Urology Audits: Radical prostatectomy	×	×	N/A	Not applic	able HH	
38	BAUS Urology Audits: Urethroplasty	×	×	N/A	Not applic	able HH	
39	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	×	×	N/A	Not applic	able HH	
40	Mental Health Clinical Outcome Review Programme	×	×	N/A	Not applic	able HH	
41	National Audit of Anxiety and Depression	×	×	N/A	Not applic	able HH	
42	National Audit of Intermediate Care (NAIC)	×	×	N/A	Not applic	able HH	
43	National Audit of Psychosis	×	×	N/A	Not applic	able HH	
44	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)?	×	×	N/A	Not applic	able HH	
45	National Bariatric Surgery Registry (NBSR)	×	×	N/A	Not applic	able HH	
46	National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	×	×	N/A	Not applic	able HH	
47	National Vascular Registry	×	×	N/A	Not applic	able HH	
48	Paediatric Intensive Care (PICANet)	×	×	N/A	Not applic	able HH	
49	Prescribing Observatory for Mental Health (POMHUK)	×	×	N/A	Not applic	able HH	
50	BAUS Urology Audits: Nephrectomy	×	×	N/A	Not applic	able HH	

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
51	BAUS Urology Audits: Female stress urinary incontinence	×	×	N/A	Not applic	able HH
52	RCPCH National Paediatric Diabetes Audit (NPDA)	×	×	N/A	Not applic	able HH
53	TARN Severe Trauma (Trauma Audit and Research Network)	✓	×	N/A	Taking par 01/04/2018	
54	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	✓	×	N/A	Not yet r	unning
55	National End of Life Care Audit	~	×	N/A	Not yet r	unning

National Audit Participation - Peterborough and Stamford Hospitals

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
1	National Audit of Breast Cancer in Older People (NABCOP)	✓	✓	N/A		sational re submitted
2	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	✓	✓	N/A	29/29	100%
3	NMPA: National Maternity and Perinatal Audit	✓	✓	N/A	4682/4682	100%
4	Neonatal Intensive and Special Care (NNAP)	✓	✓	N/A	459/459	100%
5	RCPCH National Paediatric Diabetes Audit (NPDA)	✓	✓	N/A	Data collect	tion ongoing
6	National Comparative Audit of Blood Transfusion Programme -Audit of Red Cell and Platelet transfusion in adult haematology patients -Transfusion Associated Circulatory Overload (TACO) 2017	y	y	N/A	29/29 40/40	100%
7	Serious Hazards of transfusion (SHOT) UK National Haemovigilance Scheme	✓	✓	N/A	12/12	100%
8	National COPD: Pulmonary Rehabilitation	✓	✓	N/A	28/28	100%
9	Acute Coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	N/A	431/440	98%
10	Cardiac Arrhythmia (CRM)	✓	✓	N/A	307/307	100%
11	National Heart Failure Audit (NICOR)	✓	✓	N/A	616/616	100%
12	National Diabetes Audit (NADIA)	✓	✓	N/A	92/92	100%

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part
13	National Diabetes Footcare Audit (NDFA)	~	✓	N/A		sational re submitted
14	RCEM: Fractured Neck of Femur	~	~	100	100/100	100%
15	RCEM: Pain in Children	✓	✓	100	100/100	100%
16	RCEM: Procedural Sedation in Adults	✓	✓	50	41/50	82%
17	TARN Severe Trauma (Trauma Audit and Research Network) FYTD	✓	~	282	335/335	100%
18	3 Inflammatory Bowel Disease (IBD) Registry		✓	N/A	2017/18 due around IT inputtin	not participate to confusion issues and g due to I merger.
19	National Audit of Dementia Spotlight Audit - Delirium		~	25	25/25	100%
20	Parkinson's UK 2017		✓	20	20/20	100%
21	National Lung Cancer Audit (joint site submission)		~	N/A	285/285	100%
22	RCP/BTS_COPD Chronic Obstructive Pulmonary Disease	✓	✓	N/A	546/558	98%
23	Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	N/A	623/632	99%
24	National Emergency Laporotomy Audit (NELA)	✓	✓	N/A	103/114	90%
25	Case Mix Programme (Intensive Care National Audit and Research)	✓	✓	N/A	582/582	100%
26	Endocrine and Thyroid National Audit	✓	✓	N/A	143/143	100%
27	Colorectal Bowel Cancer (NBOCAP)	✓	✓	N/A	Data collect	tion ongoing
28	National Ophthalmology Audit	✓	✓	N/A	Data collect	tion ongoing
29	Elective Surgery (National PROMs Programme)	1	✓	N/A	475/631	75%
	Falls and Fragility Fracture Audit Programme (FFFAP)				442/442	
	National Hip Fracture Database				Data	100%
30	Fracture Liaison Service Database		/	N/A	inputting ongoing	10070
	National audit of inpatient falls (PCH and HH joint submission)				30/30	100%
31	National Joint Registry	✓	✓	N/A	834/834	100%
32	National Cardiac Arrest Audit (NCAA)	✓	✓	N/A	86/86	100%
33	Female Stress Incontinence	✓	✓	N/A	5/5	100%
34	National Prostate Cancer Audit (NWAFT joint site submission)* finalised figure due May 18	✓	✓	N/A	525/525	100%

ID	Project Title	Eligible	Participated	Sample Requested	Sample Submitted	Participation & reasons for not taking part	
35	National Oesophago-Gastric Cancer Audit (NOGCA)	✓	✓	N/A		submitted ddenbrookes	
36	Learning Disability Mortality Review Programme (LeDeR)	~	~	N/A	5/5	100%	
37	BAUS: Nephrectomy Audit	×	×	N/A		numbers to be d in study	
38	Adult Cardiac Surgery	×	×	N/A	Not appl	cable PCH	
39	BAUS Urology Audits: Cystectomy	×	×	N/A	Not appl	cable PCH	
40	BAUS Urology Audits: Percutaneous nephrolithotomy	×	×	N/A	Not appl	cable PCH	
41	BAUS Urology Audits: Radical prostatectomy	×	×	N/A	Not applicable PCH		
42	BAUS Urology Audits: Urethroplasty	×	×	N/A	Not appl	cable PCH	
43	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	×	×	N/A	Not appl	cable PCH	
44	Mental Health Clinical Outcome Review Programme	×	×	N/A	Not appl	cable PCH	
45	National Audit of Anxiety and Depression	×	×	N/A	Not appl	cable PCH	
46	National Audit of Intermediate Care (NAIC)	×	×	N/A	Not appl	cable PCH	
47	National Audit of Psychosis	×	×	N/A	Not appl	cable PCH	
48	National Bariatric Surgery Registry (NBSR)	×	×	N/A	Not appl	cable PCH	
49	National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	×	×	N/A	Not appl	cable PCH	
50	National Vascular Registry	×	×	N/A	Not appl	cable PCH	
51	Paediatric Intensive Care (PICANet)	×	×	N/A	Not appl	cable PCH	
52	Prescribing Observatory for Mental Health (POMHUK)	×	×	N/A	Not appl	cable PCH	
53	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	~	×	N/A	Not yet	running	
54	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	✓	×	N/A	Not yet	running	
55	National End of Life Care Audit	✓	×	N/A	Not yet	running	

Participation in NCEPOD

During 2017/18 North West Anglia Hospitals NHS Foundation Trust participated in the following studies as confirmed by NCEPOD.

	Cases Included	Cases Excluded	Clinical Q Returned*	Excluding Clinical Q Returned*	Casenotes Returned*	Excluding casenotes Returned*	Sites Participating	OrgQ Returned*	OrgQ Requested*	
Chronic Neurodisability										
Admission Questionnaire	7	1	7	0	7	0	-	-	-	
Lead Clinician Questionnaire	1	0	1	0	1	0	-	-	-	
	Young People's Mental Health									
Admission Questionnaire	6	1	6	0	6	0	-	2	2	
			Cancer in	Children, Tee	ns and Young	Adults				
ICU Cases	0	0	0	0	0	0	1	1	-	
SACT Cases	0	0	0	0	0	0	-	-	-	
				Acute Hea	rt Failure					
	7	5	7	5	7	5	-	-	-	
		Perioperati	ve Diabetes (s	tudy still ope	n and figures t	therefore not	finalised)			
Surgical	16	4	8	0	11	0	3	2		
Anaesthetics	10	4	11	0	-	-	-	-	-	

^{*}number of Questionnaires/casenotes returned including blank returns with a valid reason, questionnaires marked "not applicable" and casenotes missing with a valid reason.

Reviewing reports of national clinical audits

The reports of 20 national clinical audits, four of which were reviewed by both sites, and the reports of three National Confidential Enquiries were reviewed by the Trust in 2017/18. North West Anglia NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Examples of national clinical audits completed are given below.

National Clinical Audits	Findings	Actions Taken during 2017/18
RCEM 2016/17 Consultant sign off audit	Consultant sign off in 4 high risk groups required improvement	Education of junior doctors about high risk categories requiring senior sign off
		Added to induction programme.
		Feedback in departmental teaching.
BTS National audit on Paediatric Bronchiectasis	No data on written self management plan for patients with recurrent infective exacerbations, on prophylactic oral antibiotics, on nebulised antibiotics.	Proforma for self-management plan agreed at Paediatric Clinical Governance meeting. Implemented the use of proforma via an email
RCEM Severe Sepsis and Septic Shock Audit 2016	Serum lactate not being measured within four hours	from the Clinical Audit Lead to all Paediatric staff. Added serum lactate measurement to ED blood gas analyser

Reviewing reports of local clinical audits

The reports of 229/319 (72%) local clinical audits were reviewed by the provider in 2017/18 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 2017/18
Re-audit of care for adult patients with Delirium	Delirium is considerably underdiagnosed	Implemented the use of a validated tool (4AT) in delirium diagnosis across the Trust.
Indeterminate IGRA results prior to anti-TNF therapy: stable state testing may be important for immune-mediated inflammatory disorders	Higher than expected rate of indeterminate QFT seen in patients with colitis - likely to be related to the timing of testing.	Pharmacist responsible for ensuring blood test is done before prescribing anti-TNF therapy
JAG Audit – Outcome of Inpatient endoscopy procedures	Availability of referral guidelines varies across procedures	Addition of Blatchford Score on OGD requests related to Upper GI bleed Assessment of OGD in patients with end
		stage malignancy by senior doctors in regard to appropriateness
Lung cancer referral pathway: How long does it take from referral to diagnosis or discharge? What is the conversion rate?	Unable to distinguish between urgent and routine referrals, 2) lower than expected rate of patients with suspected lung cancer seen by	Proposed local pathway for unilateral pleural effusions
	consultant within 2 weeks	Improved criteria for triggering 2WW Hospital records show if CXR requested was Urgent or Routine – helps Radiologist to prioritise CXR reporting
Re-audit into the prescription of antibiotic therapy in long bone open fractures	Correct regime at induction in theatre and correct duration of antibiotics requires further improvement.	Laminated cards placed in trauma and emergency theatres to aid surgeons and anaesthetists to give the correct antibiotic on induction.
Femoral and fascia iliaca nerve blocks for neck of femur fractures	Higher than expected rates of patients with a neck of femur fracture were offered a nerve block.	All SHO and SpRs in Trauma and Orthopaedics underwent a nerve block training session by an anaesthetist Sticky labels added to the NOF clerking proforma to aid administration and recording of nerve block procedures
Management of anterior Shoulder Dislocation	Lower than required rates of compliance with pathway	Anterior shoulder dislocation pathway and patient list established in fracture clinic
Mother's experiences of maternity services	Improvement required in number of mother's giving first bottle feed did so with skin contact and Breastfeeding mothers being aware of the signs of effective feeding.	Discussion of skin contact with all women, prompted by skin contact posters in all delivery rooms, breast feeding team attend senior midwives meeting and added to local newsletter. New leaflet provided for all breastfeeding mothers and ensures a breastfeeding assessment is carried out before discharge and around day 5. Discussion and completion of breastfeeding checklist to be completed in page 15 of baby's purple notes.
Post Partum Haemorrhage ≥2000mls	The audit indicates that the PPH checklist is not being completed and that blood losses are not included in the fluid balance charts.	Added Antenatal Care Bundles to the mandatory training for staff that will ensure that PPH checklists are completed and that fluid balance charts include blood loss. Re-audit to ensure recommendations have been implemented and that we meet the standards from the Royal College of Gynaecology (2009), National Patient Safety (2010) and NICE CG190 (2014).
Wrist Re-audit	Need to improve the communication and documentation to minimise the risk of scarring and improve mobilisation.	Liaised with fracture team to redesign patient information leaflet. Once published all patients to receive a copy.
Re-audit of Occupational Therapy and Physiotherapy's compliance to NICE CG35	5 areas of the audit fall below the expected compliance including GAIT re-education, balance and flexibility training, exercise to improve aerobic strength, PADLs and cognitive assessments.	Created exercise sheets for aerobic and balance exercises for patients and document where these are provided to patients.

Local Clinical Audit	Findings	Actions during 2017/18
Re-audit to determine whether patients receive therapy assessments in line with current guidance after a fall	Process for completing falls assessment is not always followed. Improvement required in number of referrals to community falls teams.	Embedded the new Therapy booklet into practice. All Therapists using approved falls paperwork to assess patients and providing appropriate handouts. Training implemented for new starters. Discussion with OT to ensure physio liaison. Patient leaflet of how to cope with a fall.
Urine MCS for prolonged jaundice screening	Not all babies with prolonged jaundice have a urine culture carried out. Screening for UTI in prolonged jaundice is not standardised amongst clinicians.	Developed new guideline for well babies with prolonged jaundice and positive urine culture. HCAs to do clean catch urine samples for MCS. Re-audit in 2019/2020.
Seroma Clinic Audit	Clinics are pre-booked but urgent patients are accommodated in ad-hoc clinics within 2 working days of contacting the breast unit.	Increased the amount of Nurse Led Clinic times to twice a week and for Breast Care Nursing team to undertake Nurse Prescribing Course by Jan 2019 and re-audit in 2019-20.
Audit of Respiratory Sampling in Children with CF	Cough swabs taken in less than expected number of admissions.	Nursing staff have been trained to take cough swabs. Education and increased awareness of respiratory sampling in CG. Re-audit in 2019/2020.
Management of Diabetes in Pregnancy	Lower than expected use of preconception folic acid, renal screening and HbA1Cs	Preconception Clinic to be developed to improve HbA1Cs, improve pre-conception use of folic acid. Develop a proforma for renal screening in first trimester or previous 3 months.

Participation in clinical research

During 2017/18 North West Anglia NHS Foundation Trust continued to build its research portfolio and recruit participants into research studies. Within these studies the number of patients receiving relevant health services provided or subcontracted by North West Anglia NHS Foundation Trust in 2017/18 that were recruited during this period to participate in research approved by a research ethics committee was 2646 (a 43% increase from the 2016/17 financial year), of this 2,424 (92%) were recruited to NIHR portfolio studies.

This ranks the Trust among the highest recruiting organisations in the East of England in 2017/18 and represents a significant increase in the size of the research portfolio and the range of opportunities we can offer our patients. This achievement represents a year-on-year increase in recruitment across our sites since 2013 with a 31% increase in the number of recruited participants in portfolio research (2016/17 - 1,849) and a 27% increase in the number of recruiting studies (2017/18 – 122; 2016/17 – 96 studies) from 2016/17.



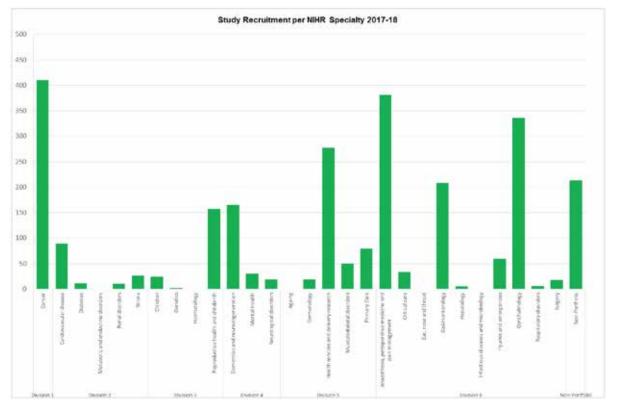


Figure 1: Trust patient recruitment by NIHR Specialty.

During 2017/18 the Research and Development (R&D) team has undergone significant transformation. To continue to grow the R&D portfolio and respond flexibly to the ever changing research environment, teams from across the Trust have been aligned under a single centrally managed R&D department to ensure a co-ordinated approach to research activity at the Trust



Figure 2: Picture from the R&D away day

This change in structure created a hugely experienced multi-disciplined Research and Development (R&D) department. The diverse skills and experience of this team has driven the rapid growth of the R&D portfolio and allowed the department to respond quickly to opportunities arising from the merging of the research portfolios at Hinchingbrooke and Peterborough hospitals. This has resulted in a hugely successful year for research at the Trust in its inaugural year. This success is reflected in the Trust's Cost per Weighted recruit (CPWR) score (also known as Value for Money (VFM)). The Trust achieved the second best score of any acute trust (Figure 3) in the East of England, a significant increase in performance from 2016/17.

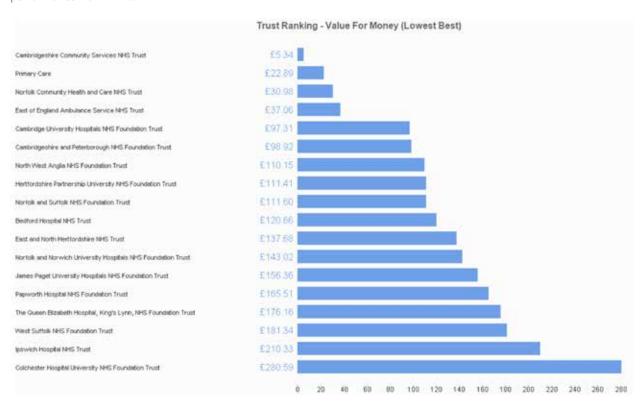


Figure 3: Research Cost per Weighted recruit score in the East of England.

Throughout 2017/18 R&D continued to engage with patients and the Trust was selected to run a pilot using handheld devices to collect patient research experience surveys (PRES), as such the Trust received the most responses of any organisation in the East of England (264 out of 1116 - 24%). The survey targeted patients actively participating in a clinical research studies and captured their experiences of research within the relevant organisation. Our results were extremely positive with our patients feeling well informed about the research study on which they were enrolled, with the study being explained to them in a way they understood. Our patient research ambassadors (PRA's) have continued their excellent work with the R&D teams across the Trust to raise awareness and access to clinical research for our patients, ensuring our patient voice is heard. Our PRA's and research teams have participated in a number of national research and communication events over the year.

- R&D Symposium The team started the year with an excellent R&D Symposium which was well attended by research teams and speakers from across the UK.
- National Clinical Trial Day Our teams ran events across all of our hospital sites. We held a stall in Huntingdon market to raise awareness and share information regarding our research. 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.
- Glaucoma Research and Information event The team held a glaucoma research and information event which was well attended by our patients; this provided patients and their families the opportunity to ask any questions about their disease and any on-going research.

- National Dementia Awareness Day Members of the team were hosted by local radio promoting both dementia research and national clinical trials day.
- World Prematurity Day To mark World Prematurity
 Day in October the team organised a 'Little Lights
 Walk' with the charity Bliss to celebrate the strength
 and hope of premature babies and their families.
- Christmas carols In December a morning of carol singing was held by members of the R&D team in Peterborough City Hospital atrium. In between carols members of the public could ask any questions they may have regarding R&D activity at the Trust.

All of these events help to highlight the importance of research and its contribution in delivering the best in patient care.



Figure 4: The R&D Team and Bliss promoting World Prematurity Day.

As we move into 2018/19 the team will seek opportunities to grow and expand into new research areas informing the development of the North West Anglia research strategy for the next 5 years. Building on the research excellence at each site we will continue to focus on opportunities arising from the creation of North West Anglia NHS Foundation Trust, expanding those areas that are research active on a single site, utilising the knowledge and skills of these teams to rollout the research portfolio across the whole organisation.

As we do this a key objective for the coming year is to lay the foundations for the development of a pipeline of in-house research studies by creating opportunities for potential researchers to grow ideas whilst developing the research culture within the organisation. At present the vast majority of research undertaken by the Trust originates at other organisations, we act as a participating site on a research study. As we grow, our longer-term strategy is to establish our own in house pipeline of research, this research will originate from within the Trust and we will act as the sponsor of this research across the NHS.

With new ideas and themes for research we can work with clinicians to support the development of these proposals and their progress through national research processes, working in partnership with other institutions to establish the Trust as a leader in research.

Use of the CQUIN payment framework

A proportion of the North West Anglia NHS Foundation Trust's income in 2017/18 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 2017/18 the baseline value of CQUIN was 1.5% of the contract value, based on the Indicative Activity Plans agreed with commissioners in April 2017 as £321m that is, £5.4m of income from the CQUINs. This total is only achieved if the milestones are met. Actual income to date is £3,720,774, this is against the total value achieved for 2016/17 of £4,073,053. It is worth noting that the value for 2016/17 was 2% of the contract value.

Further details of the agreed goals for 2017/18 and for the following twelve month period are available electronically at jane.minett@nhs.net.

The Trust uses CQUIN projects to improve patient care. Following on from the National, Sepsis and the Local, Carers CQUINs the Trust agreed to create both a substantive Sepsis Lead Nurse and a Carers Lead. These posts will continue the exciting work started by the CQUIN projects. Below are some other examples of how CQUINs affect quality change within the Trust.

Healthy eating CQUIN

This CQUIN is a continuation of the CQUIN initiative from last year offering healthier choices to staff and visitors within our hospitals. Over the last 12 months the suppliers of food and drink within the hospitals made changes to their outlets to offer the consumers healthier choices and to comply with CQUIN requirements. Actual income to date is £421,062.

What does this mean to the Consumer?

Suppliers have been asked to ensure all retail outlets in Trust hospitals the hospital comply with the following four guidelines:

- 1. A ban on price promotions on sugary drinks and foods high in fat, salt and sugar (HFSS)
- A ban on advertising on NHS premises of sugary drinks and HFSS foods
- 3. A ban on sugary drinks and HFSS Foods at till points
- 4. Healthy food to be available 24 hours a day

How have we achieved this?

1. A ban on price promotions on sugary drinks and foods high in fat, salt and sugar

Suppliers have removed all price promotions in all units on sugary drinks and foods that are HFSS. Any items that are price promoted have been checked by the Health and Wellbeing Manager and NHS England to ensure they comply with the CQUIN.

2. A ban on advertising on NHS premises of sugary drinks and HFSS foods

Posters now promote healthier options including water and fruit. Commercial outlets in the Trust have also changed their Trust marketing strategy which now promotes the skills of the barista, for example, rather than the products they sell.





3. A ban on sugary drinks and HFSS foods at till points

Suppliers have made a commitment that water and fruit will be available at all till points and have removed all chocolate and sweets. The servers are no longer upselling chocolate or sugary drinks to consumers at till points.

4. Healthy food to be available 24 hours a day

Trust suppliers aim to introduce a 24 hour food service via the Service Desk. This followed a trial run at the end of 2016. The evening menu was limited so Medirest, the catering supplier at Peterborough City Hospital intended to work with staff to introduce a healthy options menu with the help of staff working night shifts. The vending machines were changed throughout the hospital and now consistently offer the same products in all areas which include healthy options.

The Healthy eating CQUIN has been a success both in achieving its financial aims but more importantly encouraging staff, patients and visitors to eat a healthy diet.

Improving the uptake of flu vaccinations for frontline clinical staff - Two year CQUIN

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season - a much higher incidence than expected in the general population.

Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected. The achievements for this CQUIN are as follows:

Year 1 - Achieving an uptake of flu vaccinations by frontline clinical staff of 70%

Year 2 - Achieving an uptake of flu vaccinations by frontline clinical staff of 75%

The Trust successfully achieved Year 1 and vaccinated more than 70% of frontline clinical staff and those involved are now planning 18/19 and beyond. Actual income to date is £421,062.



Statements from the Care Quality Commission (CQC)

At the end of the financial year 2016/17, as a new organisation, the Trust was advised that the CQC would undertake a full inspection of all three sites during 2017, likely to take place in quarter three (October – December). Work commenced to prepare the organisation for the inspection including staff briefing sessions around what they can expect from the inspection process. The Trust received a Provider Information Request (PIR) from the CQC which was submitted at the beginning of November.

The Well-Led element of the inspection had been arranged to take place at the end of January 2018, however the Trust received notification that all inspections by the CQC were being postponed during that period due to the huge impact of the winter pressures being experienced by trusts across the country. The Trust has since been advised the inspection will take place during 2018, and comprise of an inspection of seven core services on the Hinchingbrooke Hospital site on 5, 6 and 7 June, and an inspection of the overarching Trust from a Well-Led perspective on 10, 11 and 12 July. There will also be an unannounced inspection of any of the three hospital sites prior to the Well-Led dates in July. Work has continued to prepare the organisation for this visit and for future visits and to ensure that all new processes and governance is embedded in the new organisation.

The Chief Nurse continues to meet with the CQC Relationship Manager every six to eight weeks to review progress against the CQC quality improvement plans developed by each division, and discuss any concerns / issues that may have been raised to the CQC. These meetings have been pivotal in developing and maintaining a strong, open and honest relationship with the CQC. In addition to those meetings, staff focus group sessions commenced. These provide an opportunity for all members of staff to meet with the CQC Relationship Manager to share innovations, good news stories or discuss concerns. The sessions will continue into 2018/19 and venues will alternate across the three main hospital sites.

Work has continued to drive our quality from 'Good' to 'Outstanding' through a variety of routes. For example, the roll out of the CQC monthly self-assessment process

and the ward accreditation scheme aligned to the CQC lines of enquiry (CREWS) to matron colleagues on the Hinchingbrooke site, the latter of which has also continued to be rolled out across the Peterborough and Stamford hospital sites during the year. Both workstreams are reviewed at the monthly Matron Quality Assurance Committee chaired by the Chief Nurse.

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 2017/18.

North West Anglia NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during 2017/18.



Latest CQC inspection ratings

Peterborough City Hospital – 2015

	Safe	Effective	Caring	Responsive	Well led	Overall service
Urgent and emergency care	Good	Good	Good	Good	Good	Good
Medical care	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Hinchingbrooke Hospital – 2016

	Safe	Effective	Caring	Responsive	Well led	Overall service
Urgent and emergency care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not Required	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Stamford Hospital – 2014

	Safe	Effective	Caring	Responsive	Well led	Overall service
Urgent and emergency care	Good	Not Required	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not Required	Good	Good	Good	Good
Overall domain	Good	Good	Good	Good	Good	Good

Data quality

North West Anglia NHS Foundation Trust submitted records during 2017/18 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 (99.5% national); 99.9% for outpatient care (99.6% national); and 98.9% for accident and emergency care (97.4% 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 99.9% for accident and emergency care (99.4% national).

Information Governance Toolkit attainment levels

North West Anglia NHS Foundation Trust Information Governance Assessment Report overall score for 2017/18 was 70% and was graded green satisfactory.

Clinical coding error rate

A clinical coder is the health informatics professional who 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)

North West Anglia NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission. During the financial year 2017/18 no external audits were commissioned by approved public bodies. Established procedures are in place for regular quality inspections of coded clinical data using the Clinical Classifications Service (CCS) 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 NWAFT to comply with Information Governance requirements and to provide documentary evidence that they have been achieved. The clinical coding audits are undertaken by CCS approved clinical coding auditors.

The Information Governance audit results are based on 400 finished consultant episodes from a random selection of all specialties across hospital sites for patients discharged between May to September 2017.

The CCS recommends the following percentage accuracy scores as targets:

	ifications Service recor uracy scores (target lev	
	Level 2	Level 3
Primary diagnosis	>= 90%	>= 95%
Secondary diagnosis	>= 80%	>= 90%
Primary procedure	>= 90%	>= 95%
Secondary procedure	>= 80%	>= 90%

Percentage accuracy scores for audit 17/18 are as follows:

	ifications Service recor uracy scores (target lev	
	Level 2	Level 3
Primary diagnosis	-	96.0%
Secondary diagnosis	-	92.1%
Primary procedure	90.6%	-
Secondary procedure	-	91.0%

Trusts must meet or exceed the required percentage across all four areas in order to meet the level of attainment.

Overall level of attainment for 2017/18 is Level 2.

Lessons Learnt

- Correct application of the Primary Diagnosis
 Definition i.e. to correctly identify from source
 documents the main condition treated and coded to
 the greatest specificity
- An improvement is required in the extraction of mandatory comorbidities (secondary diagnosis) by clinical coders from source documents within the patient's health record
- To extract all relevant information from operation notes and note where other interventions such as Transthoracic Echocardiography (TTE) have been performed and documented in the clinical journal (primary procedure)
- To ensure site and laterality codes are recorded where the site code is not implied in the surgical procedure/interventional code description (secondary procedure). Laterality must be recorded for paired organs.

Action taken

- Learning points have been shared with individuals and coding teams across sites via team meetings
- Classroom based Clinical Coding Data Standards workshops have been delivered by a CCS Approved Trainer across hospital sites; in total twelve days for eleven Clinical Coders
- Clinical Coders have been made aware of relevant electronic sources of information to support the coding process.

Plans for 2018/19

- A robust plan of clinical coding audits will be implemented. 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 by the responsible consultant and the clinical coders.
 This will involve collaborative work with the Hospital Mortality Review Group
- A review of source documents available to clinical coders in Obstetrics with a view to improving data quality.

Data quality improvements

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

- Divisional Data Quality Leads are now 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 duplication of Data Entry.

- 3. 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.
- 4. 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.
- 5. Ensure continued compliance with the Information Governance Tool Kit Data Quality Standards.
- 6. Ensure continued compliance with the Trust's Data Quality Policy and develop associated SOP's.
- 7. Continue to improve the Data Quality in relation to both 4 hour A&E performance and 18 week referral to treatment time (RTT) through audit, validation and education of both clinical and administrative teams. Further detail regarding the validation work of RTT data is included on page 37 of the Trust's Annual Report.

Learning from Deaths

Since 1 April 2017, all deaths have been 'triaged' against the criteria set down in the National Quality Board 'Learning from Deaths' framework. The triage identifies cases which require further review. The review processes currently in use are the NCEPOD A-E grading and the Structured Judgement Review methodology. The Trust will move to a full process of Structured Judgement Reviews by the end of Q4 2017/18.

Between April 2017 and March 2018, there were 1,877 inpatient deaths. 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; 482 in the third quarter; 574 in the fourth quarter.

By the end of March 2018, 1,106 case record reviews and one investigation has been carried out in relation to 1,877 of the deaths included above - that investigation remains ongoing. In 1one case, 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: 280 in the first quarter; 211 in the second quarter; 253 in the third quarter; 362 in the fourth quarter.

13/1877 (0.7%) of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: 2/280 (0.7%) for the first quarter; 1/211 (0.5%) for the second quarter; 3/482 (0.6%) for the third quarter; 7/574 (1.2%) for the fourth quarter. Although there was an increase in Q4, the seven cases spanned more than one quarter.

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

- An incorrect diagnosis of dementia was recorded for a confused patient, this was subsequently repeated throughout the documentation without any evidence of the patient having had a definitive diagnosis. This will be picked up and included as a learning example for the Trust wide dementia training;
- In challenging cases where nutrition may be problematic, an early second opinion could be considered. The divisional team will work with the Nutrition Team to provide feedback on early management. IV fluids were assumed to be part of best supportive care. The patient did not receive IV fluids for two days. As a local issue, this was shared with the ward team for further discussion.

In addition to learning being discussed and actions generated from the Trust's Mortality Surveillance Committee, learning from case record reviews is shared with other groups, such as the End of Life Steering Group and the Patient Experience Group. The reviews are also shared with the Practice Development Team as there are many examples of learning which can form part of clinical education and teaching sessions. Relevant cases will also be shared with the Trust's Specialist Sepsis Nurse to assist in monitoring progress with the Trust wide Sepsis work stream and generating an action plan for areas that require further focus.

The actions noted above assist in disseminating learning and key findings from reviews. It enables key groups to understand the findings from case record reviews and generate relevant actions which feed into existing work streams and prevent case record reviews from being reviewed in isolation.

No case record reviews or investigations completed after 1 April 2017 related to deaths which took place before the start of the reporting period.

Deaths prior to 1 April 2017 were not recorded on the basis of avoid ability and the Trust does not therefore have this data.

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. In Spring 2018 all four standards will be reviewed. For the year 2017/18 the two hospitals have been audited separately. Moving forward for 2018/19 the audit will look at the whole Trust. On average 250 sets of notes will be reviewed.

Standard Two

Results from Autumn 2017 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.

Clinical Standard 2

The September 2017 survey reported the overall proportion of patients seen and assessed by a suitable consultant within 14 hours of admission at North West Anglia NHS Foundation Trust was 71%.

Table 1: Time from admission to 1st consultant review by day of the week (based on day of admission) at North West Anglia NHS Foundation Trust

			Day	of admi:	ssion					_	
	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Weekday	Weekend	- [Total
Number of patients reviewed by a consultant within 14 hours	25	24	27	29	30	27	23	135	50		185
Number of patients reviewed by a consultant outside of 14 hours	13	8	12	14	10	8	12	57	20		77
Total	38	32	39	43	40	35	35	192	70	[262
Proportion of patients reviewed by a consultant within 14 hours of admission at hospital	66%	75%	69%	67%	75%	77%	66%	70%	71%		71%

Source: 7 day self assessment, Sep 2017

Clinical Standard 2 at hospital site level

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

OI adillioolOll/										
			D	wy of wdn	nowen					
	Mon	Tue	Wed	Thu	Fri	8at	8un	Weekday	Weekend	Total
Number of patients reviewed by a consultant within 14 hours	16	13	13	15	15	10	11	72	21	93
Number of patients reviewed by a consultant outside of 14 hours	3	1	2	5	4	4	3	15	7	22
Total	19	14	15	20	19	14	14	87	28	115
Proportion of patients reviewed by a consultant within 14 hours of admission at hospital	84%	93%	87%	75%	79%	71%	79%	83%	75%	81%

Table 3: Peterborough and Stamford Hospitals Time from admission to 1st consultant review by day of the week (based on day of admission)

		U	wy of udi	nswen					
Mon	Tue	Wed	Thu	Fri	8at	Sun	Weekday	Weekend	Total
9	11	14	14	15	17	12	63	29	92
10	7	10	9	6	4	9	42	13	55
19	18	24	23	21	21	21	105	42	147
47%	61%	58%	61%	71%	81%	57%	60%	69%	63%
	9 10 19	9 11 10 7 19 18	Mon Tue Wed 9 11 14 10 7 10 19 18 24	Mon Tue Wed Thu 9 11 14 14 10 7 10 9 19 18 24 23	9 11 14 14 15 10 7 10 9 6 19 18 24 23 21	Mon Tue Wed Thu FrI 8at 9 11 14 14 15 17 10 7 10 9 6 4 19 18 24 23 21 21	Mon Tue Wed Thu FrI 8at 8un 9 11 14 14 15 17 12 10 7 10 9 6 4 9 19 18 24 23 21 21 21	Mon Tue Wed Thu FrI 8at 8un Weekday 9 11 14 14 15 17 12 63 10 7 10 9 6 4 9 42 19 18 24 23 21 21 21 105	Mon Tue Wed Thu FrI 8at 8un Weekday Weekend 9 11 14 14 15 17 12 63 29 10 7 10 9 6 4 9 42 13 19 18 24 23 21 21 21 105 42

Source: 7 day self assessment, Sep 2017

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

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 24/7. This is either from our in-house consultants (9am-7pm every day) or via our outsourcing company. Neither the Trust nor the preferred outsourcing company for scans employ junior doctors.

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, 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.

Standard Eight

All patients with high dependency needs should be seen and reviewed by a consultant twice daily (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.

Next steps for NWAFT are as follows:

- The next audit will commence week beginning 11 April 2018. This will cover all four standards.
 Data collection needs to be submitted by 20 June
- Aspirations to comply with Standards five and six form part of the Trust's five year clinical strategy. Some solutions lie beyond the Trust e.g. interventional radiology out-of-hours will be dependent on formal agreements with CUHFT. Provision of 24/7 cardiology cover will be dependent on relationships with Royal Papworth Hospital NHS Foundation Trust
- The Trust is required to be 50% compliant for 2018 moving forward.

Quality Indicators

For the majority of the Quality indicators the data is made available to NHS Foundation Trusts by NHS Digital for the reporting period 2017/18. NHS Digital was accessed on 5 May 2018 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	2017/18	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	2015/16	2016/17
Summary Hospital – Level Mortality Indicator (SHMI)	Oct 2016 – Sept 2017	t 2017			The Trust has processes for clinical coding and mortality data review so is	The Trust has been working closely with representatives from Dr Foster since April 2017 to understand the reasons for the variance	Oct 2014 – Sept 2015	Oct 2015 – Sept 2016
	Value – 1.0892 Band 2	Value – 1.0050	Value – 1.2473	value – 0.7270	confident that the data is accurate.	Detween the HSWIK and SHWII. Investigations undertaken to date have identified that the Trust has a high palliative care coding rate along with a high proportion of out of hospital deaths when compared to our peers. If our SHWII figure was adjusted to exclude out of hospital deaths and was adjusted for palliative care coding, it would be 92.2. This would align to the Trust's HSWIR for the same period of 90.48. The Trust intends to commence a palliative care documentation review and will request data via NHS digital and start looking into the ONS (out of hospital) mortality data.	Band 2	Band 2
Patient Reported Outcome Measures (PROMS)	Apr – Sept 2017	Apr – Sept 2017 (Adjusted average health gain)	ge health gain)		The Trust has processes in place to ensure that relevant patients are	PROMS data is reviewed and reported in the Quality Report to the Board and Quality Assurance Committee each month, and in	April – Sept 2015	Apr – Dec 2016
Groin hernia surgery	Provisional data – 0.140	Provisional data – 0.089	Data not available	Data not available	given questionnaires to complete. However it has no control over their	the Directorate Scorecards for the monthly Performance meetings.	Adjusted average health qain - 0.101	Adjusted average health gain - 0.074
Varicose vein surgery	Provisional data – no data available	Provisional data – 0.096	Data not available	Data not available	completion and return.		Data not available	Data not available
Hip replacement surgery (primary)	Data not available	Data not available	Data not available	Data not available			Data not available	0.422
Knee replacement surgery (primary)	Data not available	Data not available	Data not available	Data not available			Data not available	0.332

Indicator	2017/18	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	2015/16	2016/17
Readmission within 28 days of discharge: (i) Aged 0-15	12.74% (Data source – Trust systems)	Data not avail	Data not available from HSCIC website	website	The Trust has robust Information Technology procedure notes for this process so is confident that the data is accurate.	Reductions have been noted in both age ranges and this year includes both previously separate organisations, PSHFT and HHCT, although a query has been raised regarding the accuracy of the data for PSHFT in 2016/17 as it is thought to be a single day and a single day and a single day.	12.7%	13.96% (Data source – Trust systems)
Readmission within 28 days of discharge: Aged 16 or over	12.43% (Data source – Trust systems)	Data not avai	Data not available from HSCIC website	website		have been excluded. The Trust monitors and looks to at least sustain current position.	19.64%	19.33% (Data source – Trust systems)
Responsive to inpatients' personal needs	2017 survey results embargoed until June 2018	Most recent data a website – 2016/17	Most recent data available on NHS Digital website – 2016/17	NHS Digital	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.	70.2	68.3
Friends and Family Test – Staff % of staff recommending the Trust to family or friends	2017 survey 71%	2017 survey 71%	2017 survey 86%	2017 survey 47%	Undertaken annually within the Trust as part of the annual national staff survey.	The 2017 National Staff Survey was conducted during October - December 2017 when the Trust was going through significant organisational change following the merger, particularly at divisional and management level which may have affected how staff responded to the survey The Trust have therefore carried out the internal 'Have Your Say' survey during Q4 of 2017/18 and results show that 81% 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.	2015 survey 72%	2016 survey PSHFT - 74% HHCT – 68%
Friends and Family Test Patient [not statutory] % of inpatients who would recommend the Trust to their family or friends	Jan 2018 (latest available) 96%	Jan 2018 (latest available) 96%	Jan 2018 (latest available) 100%	Jan 2018 (latest available) 75%	Undertaken independently and reported monthly as a national requirement	Monitored monthly in the Trust's integrated performance report that is submitted for the Board and Quality Assurance Committee. Performance is in line with the national average.	Indicator not included	Mar 2017 (latest avallable) 97%
% risk assessed for VTE	Quarter 3 17-18 96.79%	Quarter 3 17-18 95.36%	Quarter 3 17-18 100%	Quarter 3 17-18 76.08%	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 improved and is now consistently above the 95% target ensuring safe care through assessments for inpatients.	Quarter 3 15-16 93.6%	Quarter 3 16-17 96.89%

Indicator	2017/18	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	2015/16	2016/17
Cases of <i>C. difficile</i> infection per 100,000 bed days	2017/18 23.71 (Data source – Public Health England)	Most recent of website – 20' not included	Most recent data available on NHS Digital website – 2016/17, therefore national data not included	NHS Digital national data	The Trust has in place robust mechanisms to record cases of <i>C.difficile</i> .	A number of wide ranging actions including improved cleaning standards and documentation compliance plus regular scrutiny panels are in place. The Trust also undertook a deep dive review towards the end of 2017/18 following an increase in the number of cases being identified, and received support from Public Health England, NHS Improvement and the local CCG. Actions were identified and are being addressed.	Apr 15 – Mar 16 18.4	Apr 16 – Mar 17 PSHFT – 11.6 HHCT – 13.2
Patient Safety Incidents (i) Number (patient safety incidents reported)	2017/18 NWAFT total – 11,176 incidents reported (Data source – NRLS)	Most recent data a website – 2016/17	Most recent data available on NHS Digital website – 2016/17	NHS Digital	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	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 15 – March 16 Number (patient safety incidents reported) – 4,018	Oct 16 – Mar 17 Number (patient safety incidents reported) PSHFT – 4,292 HHCT – 1,649
(ii) Rate	Not available				system which relies on the reporter identifying that an incident has occurred		Rate – 41.0	Rate PSHFT – 43.3 HHCT – 49.8
(iii) Number and percentage incidents involving severe harm/death	NWAFT total – 21 resulted in death 0.19% (Data source – NRLS)						Number (incidents involving severe harm or death) – 24 0.597%	Number (incidents involving severe harm or death) PSHFT – 22 / 0.512% HHCT – 6 / 0.363%
Never Events	2	N/A	ΝΆ	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.	1 – PSHFT Unaware of previous HHCT figures	3 - PSHFT Unaware of previous HHCT figures
Mixed Sex Accommodation breaches	6 (one incident – 1 female and 5 males patients)	NA	₹ Z	N/A	Full Root Cause Analysis investigation undertaken following incident and reported to relevant CCG.	Incident occurred due to severe winter capacity pressures in February 2018 where there were no other options available at the time. The Trust continues to look for alternative options for managing capacity to ensure the optimal experience for the patients.	0	0

NB - some indicators as detailed above related to NWAFT as a combined Trust and some referred to PSHFT and HHCT as two separate organisations (indicated as appropriate).

Where data not available on NHS Digital, Trust own data has been included as suggested by the Trust's external auditors.

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) and further membership includes the Chief Nurse, Medical Director, Chief Executive Officer, Chief Operating Officer, another Non-Executive Director, a CCG GP representative, a patient representative and a Governor observer. 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 Clinical Directorate teams.

3.1 Patient Safety

Nutritional screening/Nutrition

What have we done?

Prior to 1 April 2017, Hinchingbrooke Hospital and Peterborough City Hospital used two different screening tools and had two different ways in auditing compliance.

Peterborough used the MUST screening tool and audited 10 sets of notes on each ward on a monthly basis. However, Hinchingbrooke used their own screening tool and audited 10 sets of notes from each ward on a quarterly basis.

A 'MUST Task and Finish Group' was set up with the matron and dietetics teams to look at what our needs were from a screening tool and how these could be met while being quick and easy to use. Examples of other trusts tools, Hinchingbrooke's and MUST were compared at a Nutrition Link Nurse day in July 2017 by trying them out on case studies. The consensus from this was that MUST was the preferred option for ease of use, but with some adaptions to enable it to be completed at the patient's bedside. It was therefore modified by Dietetics to remove percentage weight loss and changed to kilogram weight loss, and instead of acute disease effect, the patient's appetite was included.

We conducted a one month trial at Peterborough initially on four wards, choosing two with consistently good compliance and then two with poorer compliance. Dietetics completed an audit twice a week and cross-referenced the score with MUST to ensure accuracy. After this time the results showed that all wards were completing 100% of notes audited accurately. It was then rolled out across both sites in November 2017. At Hinchingbrooke, Dietetics set up training sessions for staff as it was new to them and we held two 'lunch and learn' events, where staff could drop in to look at the tool. Daily walk-arounds to each ward also took place to inform and educate staff on the new tool.

The auditing process is now the same on both sites. Dietetics audit 10 sets of notes from each ward in conjunction with the ward manager or matron, to ensure consistency of results. Over the past nine months the average compliance at Peterborough reduced slightly with completion within 24 hours falling from 99.5% (average for 2016/17) to 90.6%. However, the correct score has increased from 70.9% (average for 2016/17) to 81.5% and correct care plan from 75.8% (average 2016/17) to 83.5%. Since implementing the modified screening tool, the results for correct score and care plan have increased.

The full auditing process did not commence at Hinchingbrooke until December 2017 due to implementation of new paperwork. The first results are disappointing but reflect adjustment to a change in process for staff.

Lessons learnt:

- Involvement of matrons was crucial to support implementation of the changes
- Staff engagement is required in order for training to be effective.

What are we planning to do for next year:

- Continued education and training of ward staff
 Dietetics present a section on nutrition and screening on RPI and HCA induction
- Support wards with training sessions as required
- Engaging Nutrition Link Nurses so messages can be cascaded
- Continued collaborative working with matrons to encourage nursing staff engagement
- Continue with audit process and then adhoc audits for areas where performance has dropped.



NHS Safety Thermometer – improved data collection

The NHS Safety Thermometer is a point prevalence monthly survey carried out on one day to collect data from inpatients on four harms i.e. pressure ulcers, falls (within the last 72 hours), urinary tract infection in patients with indwelling urinary catheters (within the preceding 72 hours) and Venous Thromboembolism (VTE). The aim nationally is to deliver 95% harm free care across the whole health economy.

Previously the surveys have been completed using a manual paper collection tool. This was cumbersome and time consuming. During 2017 ward staff were changing to collecting the data electronically which was an improvement. However since January 2018, the Trust has been collecting and submitting data via an App developed by NHS England. This method of collection and submission has proved much more efficient and has cut the time senior nurses spend on the audit, releasing time to care for patients. Work is now ongoing to innovate other efficient ways of completing more audits across the Trust.

Falls

Hoverjacks help lift patients from the floor following a fall

Hoverjacks are large plastic containers which can be placed gently under a patient while it is deflated, then inflated to slowly elevate the patient off the floor in a supportive and comfortable way.

We have two hover jacks on the Hinchingbrooke site which enable staff to retrieve patients from the floor using a non-manual handling technique. This improves care for both the patient and reduces the risk of manual handling injury to staff. The Hoverjacks are easy to use and offer a real benefit for our patients. The Trust will be investing in more Hoverjacks for the other sites in the Trust.



Lying and Standing Blood Pressure

The Royal College of Physicians states that 30% of falls are due to a sudden drop in blood pressure when standing, this is called postural hypotension. As this would make some falls avoidable, the falls team raised awareness of the importance of excluding postural hypotension, as a possible falls risk. This is done by a simple set of blood pressure recordings carried out with the patient lying down, then standing up, or sitting up on the edge of the bed.

The team have been promoting this by face to face visits to all the wards to raise awareness, placing information on all the blood pressure machines and educating nurses and doctors of the benefits of the simple test.

Both the nursing and medical staff have been very proactive in their response to this initiative.

Our falls lead within the therapy department has also been instrumental in raising awareness to ensure a multidisciplinary team approach is achieved.

Nurse led PICC insertion service

Peripherally Inserted Central Catheters PICC lines are required for parenteral feeding, giving long term antibiotics or medication that cannot be given into a peripheral line such as some chemotherapy or infusions. Three nurses within the Trust have been trained to insert these lines into patients. By using nursing staff, the patients receive their lines by their bedside instead of being taken to theatre. This reduces the waiting time for the patient and enables treatment to start sooner. The nurse-led service ensures the right line is used for the therapy required which is more cost effective and frees up theatre time for more complex cases.

Wards given a makeover for patients with Dementia

Wards A9 and B14 at Peterborough City Hospital have undergone a makeover as part of an initiative to improve the hospital environment for patients who have Dementia. The Trust has been working with Rempods, a company that specialises in improving clinical environments for people who have Dementia. Rempods decorate the four-bedded bays with specialist wallpaper and window stickers.



The new wallpaper helps create a home from home experience by replicating rooms. Patients can make themselves comfortable in the 'living area' where they can enjoy reading or listening to music or they can spend time in the 'dining area; where they can eat their meals or do puzzles at the table. Alison Gray, Dementia Nurse Specialist, said: "The new décor aims to comfort patients who are confused by the unfamiliar environment by making the ward feel more homely. Often patients refuse to eat in their beds or their chairs because they don't understand where they are, but thanks to the new wallpaper designs patients are not only eating their meals, but participating in social dining. "We have received some really positive feedback from patients and their visitors and are continuing to look at the ways we can improve the care of our dementia patients."

Additional work took place to transform the seating area on A9 into a conservatory where patients can sit and enjoy looking out of the 'window' and socialise with visitors and other patients.

Stamford Friends donate 'grab bag'

The Friends of Stamford Hospital donated a 'grab bag' resus trolley to the Minor Injuries Unit (MIU) to help staff treat patients or visitors who become unwell while in the hospital. In the past staff had to manoeuvre the heavy resus trolley around the hospital to get to the patient, however it is now much easier to transport the equipment and get to the patient or visitor who needs help. The MIU is run by two emergency nurse practitioners and an emergency nurse, who will treat a patient or visitor who becomes unwell while attending the hospital until an ambulance arrives to transfer them to PCH. The new resus trolley ensures the team can help the patient or visitor more efficiently.



Recruitment and retention

Overseas recruitment and OSCE pass rates

During the last financial year, the overseas education team has helped 31 overseas nurses take their Objective Structured Clinical Exam (OSCE). The OSCE is the final test of competence which, when passed, allows our



international nurses register with the NMC and practice in the UK. The associated preparation programme is constantly under review and development to ensure its quality and effectiveness and is an integral part of the overseas education team's activity. In 2017/18 we saw a pass rate of 81% which when compared to the overall national pass rate of 55% reported by the NMC is a tremendous achievement. International recruitment is ongoing and we are seeing an increasing number of applicants approach us for employment because of our reputation for delivering a robust and effective programme of support. Our Overseas Education team have also been nominated for a national award, reflecting the hard work they put into this programme.



Preceptorship

From September 2017 the Trusts six month preceptorship programme was re-launched and extended to an 18 month programme of robust support and development. This programme for all new to post Band 5 nurses aligns with the Health Education Standards of Preceptorship Development and offers a clear developmental pathway to Senior Band 5 which augments and sets the foundation for other Trust development programmes. Within the programme there are set structured study days, reflective practice sessions and planned dates for regular formal feedback sessions with a preceptor who has received specific training for the role. This has been a collaborative piece of work across all nursing and allied healthcare professions.

Aspiring Clinical Manager programme

The first cohort of the Trust's Aspiring Clinical Manager Programme started in October 2017. This encompasses the OD team's effective manager programme and is designed to support the development of aspiring clinical leaders. It is aimed primarily at Band 6 clinical staff who wish to develop their leadership and management potential in readiness for Band 7 positions, or for those who are new to Band 7 roles who are wanting to build on their knowledge and skills.

The programme includes interactive classroom sessions delivered in small groups fostering peer support and a structured framework of competencies based on individual need which are achieved under the guidance and supervision of an experienced Band 7 mentor.

This programme contributes to talent management and succession planning within the organisation. Since embarking on the programme three of the 10 participants secured or acted up into Band 7 positions. Feedback from the participants so far is encouraging and there will be a further cohort planned for 2018.

Nurse education

Trainee Nursing Associate role

This year has seen a second group of trainee nurse associates commence their studies. This group have all worked as healthcare assistants in the organisation, prior to commencing.

Our pilot cohort are now well into their final year and we are making plans to support this new role in our workforce once they qualify in January 2019.

BSc Apprenticeship

The Trust was one of only two trusts that supported staff on the BSc apprenticeship nursing programme. This is a 42 month programme that supports staff to develop their skills and knowledge in nursing whilst also working as an HCA in the Trust. 13 members of staff started the programme in September 2017.

The Practice Development Team and Overseas Education Team were nominated for national awards this year for working in collaboration with our local HEI provider, Anglia Ruskin University pulling together our first BSc Apprenticeship programme and the overseas team for their OSEC education programme



Student and educator awards

October saw the second student and educator awards take place. This was a tremendous event, celebrating the incredible work of both our students and those that support them in practice.

3.2 Clinical Effectiveness (including staffing and SafeCare Live)

eRostering

Safe Staffing Dashboard:

In August 2016 the eRostering Team started to draft a local Safe Staffing Dashboard for the previous Peterborough and Stamford Trust. The first draft was published in November 2016, designed as a local quality dashboard for safe staffing that included ward-level data. The team continued to develop and progress this Dashboard and during Q1 of 2017/2018 the Safe Staffing Dashboard was circulated to the Trust Board and Clinical Division leadership teams.

After formation of the new Trust, wards at the Hinchingbrooke site were also included from the roster period 19 June 2017 and calendar month July 2017. This Dashboard is now published and circulated monthly to the leadership teams, including the HR Business Partners and HR Advisors. A Trust level summary is also included in the monthly Board report for Safe Staffing.

Mortality

In line with the National Quality Board (NQB) Learning from Deaths work, the Trust designed a new database to capture the triage of all deaths from 1 April 2017. The information allows the Quality Governance and Compliance team via the Mortality Surveillance Committee to not only track cases where a Structured Judgement Review is required, it also allows us to monitor any trends and patterns from deaths which may sit outside of the NQB framework. The Trust has also adopted a multi-disciplinary approach to conducting Structured Judgement Reviews with the aim of conducting a truly holistic review of all phases of the patient's care.

Datix – the Risk Register module

As part of the Trust merger work, it was necessary to look at a merge of the Datix Risk Registers (part of the overall Datix system). HHCT had used Datix since 2015, however because of the way the Datix system was originally configured at the Hinchingbrooke site, all open risks that required transferring to the new NWAFT Datix Risk Register had to manually transferred from the archived Hinchingbrooke Datix. Following liaison with the Divisions, it was established that there were 669 open risks ranging from 'very low' to 'high' ratings (on the former Hinchingbrooke system) that needed to be transferred.

The IT link to just one Datix system was completed in September 2017. Prior to this, data was being

monitored from two systems. By October 2017, all high and significant risks were transferred with all the remaining risks fully transferred by December 2017. All Hinchingbrooke Hospital who require access to the Datix Risk Register received face to face training.

Mazars audited the NWAFT Risk Register in December 2017 as part of the Annual Internal Audit for the Trust. Of the four possible categories (Nil, Limited, Satisfactory, Substantial – where Substantial is the highest), the overall rating awarded by Mazars for Assurance Framework and Risk Management was Substantial. The transfer of risks was highlighted as an area of good practice.



3.3 Patient Experience

Duty of Candour

The Trust has a duty to be open and honest regarding any incidents resulting in patient harm in line with national 'Duty of Candour' requirements'. As soon as is reasonably practicable a patient (or their relative/carer) is informed of an incident that has resulted in harm to them or other loved ones and that an investigation is in progress. An apology for the incident is also given.

For incidents of Grade 4 or 5, the patient/relative/carer is offered a copy of the investigation report on completion of the investigation and is invited to a meeting to discuss the investigation and its findings.

The process for managing Duty of Candour, from first contact with the affected patient/family, to arranging a meeting with the patient/family to discuss the investigation is a priority. During the year April 2017 to March 2018 a total of 25 Duty of Candour meetings were held. This figure does not include Duty of Candour meetings for falls and pressure ulcer incidents which are managed by the Assistant Director for Nursing (Patient Safety).

Duty of Candour meetings for the first part of the year were chaired by the Deputy Medical Director however to increase ownership within the Divisions this has now been changed so that they are led by the Divisions. All meetings are co-ordinated by the Clinical Risk Team and recorded with a copy of the CD going to the family member or patients.

Volunteering

Where volunteers are involved in the NHS the patient experience is enhanced, the Trust recognises the importance of a structured programme to deliver volunteering and a need to maximise the support of our local communities working together to deliver the best experience for patients, carers, visitors, staff and volunteers. The Trust is supported by 420 registered volunteers providing support in various areas within the Trust to complement staff and enhance the patient

experience. Volunteering is a great way for the Trust to involve the local community as partners in delivering effective services, it enables the Trust to extend its resources and deliver additional services beyond core funding responsibilities. Volunteers are active in the support of all areas of the Trust ensuring that whatever patients are admitted to hospital for they have the best experience, having emotional, practical support and information.

Our services extend from basic administration duties, to volunteers who sit with patients who have received an end of life prognosis, and many areas that are designed to make a difference to patients and their families. Volunteer output is recorded in hours donated to the Trust, which currently stands on average at 4,200 hours per month. The impact of volunteering leads not only to enhanced patient experience, but is known to increase positive clinical outcomes, reduce staff time to focus on care, enhance staff wellbeing and provide a chance for local community members to benefit from social activities, reducing loneliness, isolation and improved health and wellbeing.

Volunteering is under development at the Trust and services aligned across three hospitals will aim to deliver the highest quality experience for volunteers whilst at the same time maximise the support for staff.

The main areas of focus in 2017/18 has been organising systems and processes, developing relevant training and induction programmes and raising the profile, awareness and understanding of the difference volunteers make when the service they provide is delivered efficiently and effectively.



¹ Care Quality Commission, Regulation 20: Duty of candour

Patient Feedback

Woodlands "We appreciate the tea 'ladies' and all they do with good humour and fun every time we come for cancer transfusions."

Meal-time support volunteers

"Patients daughter said that she hadn't seen her Mum eat that well for days."

Staff Feedback "I just want to say thank you for the great support from volunteer dementia champions they are making such a difference to patients."

Granddaughter of a patient "The Volunteers End of Life service was brilliant and gave the family peace of mind that they could go home and know that someone was sitting with her Grandmother and that she was not alone, she was very grateful and said it made all the difference."

National Patient Surveys

The Trust embraces the mandatory national survey programme, which includes Inpatient, A&E, Maternity, Cancer, Children and Young People services.

The NHS patient survey programme enables the CQC and others to build up a national picture of people's experience for comparisons of:

- performance of different organisations
- changes over time
- variation between different patient groups.



Inpatients Survey 2016

Results from the annual inpatients survey 2016 were published in May 2017. It asked specific questions about patient's admission to hospital, how they felt about their stay in our hospital, and their experience on discharge. As the survey was undertaken in 2016, prior to merging services in 2017, the results were published as individual hospitals. The results are as follows:

Key Area		rough & d (PSHFT)		gbrooke pital	National Average 2016
Key Area	Score 2015	Score 2016	Score 2015	Score 2016	₺ 🗘 =
The Emergency/A&E Department	8.6/10	8.5/10	8.9/10	8.5/10	=
Waiting list and planned admissions answered by those referred to hospital	9.2/10	9.1/10	9.1/10	8.8/10	=
Waiting to get a bed on a ward	8.1	6.8/10	8.6/10	7.6/10	Ů
The hospital and ward	8.5	8.2/10	8.7/10	8.5/10	=
Doctors	8.7	8.6/10	8.8/10	8.8	=
Nurses	8.5	8.2/10	8.6/10	8.1	=
Care and treatment	7.9	7.8/10	8.1/10	7.9	=
Operations and procedures answered by patients who had an operation or procedure	8.9	8.7/10	8.6/10	8.5	=
Leaving hospital	7.2	6.9/10	7.5/10	7.1/10	=
Overall views of care and services	5.8	5.7/10	5.8/10	5.8/10	=
Overall experiences	8.3	8.2/10	8.4/10	8.3/10	=

Emergency Department Survey 2016



PSHFT achieved excellent results in the 2016 Emergency Department Survey. There were areas of positive performance, particularly in the waiting section and discharge process. PSHFT was the highest scoring Trust for cleanliness (92.8%) and for giving patients enough privacy to discuss their condition with the receptionist (82.2%). PSHFT scored in the mid-range of all Trusts surveyed in most sections and did not score in the bottom 20% threshold for any question. The hospital challenges reflect many of those highlighted by patients nationally and improvement is required in these areas.

Findings from the Emergency Department National Survey 2016 for Hinchingbrooke Hospital



HHCT results were not as favourable as in previous years with many scores being in the bottom 20% of Trusts within the Benchmarking group of 35 trusts that commission Quality Health. Communication and waiting times highlighted as areas of concern with perceived patient satisfaction and expectations directly affecting the overall patient experience.

With rising attendance rates within A&E indicative of the national trend which saw a 5.2% increase compared to 2015; and an aging local population with diverse medical needs, reversing these highlighted trends is a priority for 2017/18.

Patient Experience Group

Our aim last year was to make it easier to hear the patient's voice and to do this we focused on developing, integrating merging and utilising the Patient experience group as a voice of our patients.

Following the disbandment of the Peterborough Patient Experience Group (PEG) in September 2017, expressions of interest were sought in September 2017 for the newly merged North West Anglia Patient Experience Group (NWA PEG), which included internal representation and lay members from all three hospitals and their communities.

Going forward, it is intended that the membership be as diverse as the patients/carers and the local community it represents. The members have appointed a new lay and vice chair in February 2018 after expressions of interest for the two key roles were submitted at the end of 2017.

This new group has a common purpose, to ensure that there is a culture of continuous positive improvement to the patients/carers experience and that this remains a core value of the Trust and its team, 'we work positively together.' To that end, the Vice Chair has recently agreed to sit on the Quality Assurance Committee (QAC) as a link to the PEG as a patient representative.

Equality, Diversity and Inclusion

2017/18 presented numerous challenges from the perspective of Equality, Diversity and Inclusion. The demographic of our Trust has changed significantly due to the merger and this has reflected in a need to develop consistent working practices that are responsive to our new, diverse, population.

In January 2018 the Trust launched its programme of partnership working with DisabledGo, as one of 50 Trusts nationally. DisabledGo independently assessed the three hospital sites and created a website page giving detailed access information to maximise independence and choice for disabled people.

The detailed access guide provides a graphical summary of the hospital's accessibility using access icons, together with highly detailed information in relation to each of the key features of the hospital.

The guide describes the journey into and throughout the hospital and its services and includes photographs of the features covered. Detailed access guides are used for places where all patients are likely to spend a reasonable period of time and generally includes accessible toilets. The guides are not limited to patients with disabilities and are a useful tool for all patients using the Trust's services.

DisabledGo has now been integrated into the Trust website and each department with a website presence has a link directly to their DisabledGo audit.

Between January and March, we developed the Inclusion as Standard Framework which became active from 1 April 2018. This is a commitment that: "any patient, visitor or staff member can expect our facilities to meet their needs regardless of disability, additional needs or protected characteristic." The Inclusion as Standard Framework also offers an accreditation system which enables departments and ward the opportunity to report their good practice in supporting people with protected characteristics and receive an award at the end of the year. The evidence submitted will be used to highlight good practice within the Trust and to develop a set of tools to be used consistently in all services across all sites, meaning patients will receive consistent support no matter where they receive their treatment.

999 Club

There can be a great deal of fear and anxiety for children coming into hospital, particularly when they are unwell, in pain and frightened of the staff in strange uniforms and an unfamiliar environment. Staff working with these children are predominantly adult trained and also have some anxieties about looking after children. With this in mind, the named nurse for safeguarding children and lead nurse for paediatrics at Hinchingbrooke Hospital set up the 999 club in April 2014 with the aim of alleviating some of these anxieties on both sides.

To date the hospital has hosted the club for 20 primary school classes and for hospital staff's own children so they have the opportunity to see where their parents work. The invitation was extended and accepted by

groups of scouts and cubs and the hospital recently hosted groups of young children who had offended and children excluded from school. Looking forward, it is planned to introduce this initiative throughout the Trust's hospitals to build community awareness and strengthen relations with our younger user groups.

Friends and Family

The Friends and Family Test (FFT) was introduced nationally in 2013 by the department of health and NHS England. This feedback vehicle gives our patients the opportunity to give feedback on the quality of care they have received by answering a simple question 'would you recommend the ward, clinic, A&E or maternity to their friends and family?' This is a quick and anonymous way for patients or carers and relatives to give their views after receiving care or treatment across the whole of the NHS.

During 2017/18 the Trust continued to work hard to embed FFT and working in partnership with 'Iwantgreatcare' which has developed a robust, analytical and action lead approach to the feedback and results produced.

To date, over the past 12 months, more than 44,327 people responded to the test and decided to give feedback.

You Said:

Antenatal Outpatients

"Long waiting times in the Day Unit."

The majority of those who choose to respond, feedback that they are likely or extremely likely to recommended us to their friends and family if they needed treatment.



The FFT patient feedback methodology allows our patients to recommended and rank the Trust and its services from "extremely likely" to "extremely unlikely". It also asks our patients to rate us from one to five (5 star rating) on five key patient experience ambitions:

- All patients treated with dignity and respect
- All patients felt involved in decisions about them and care
- All patients received timely information about their care and treatment
- A clean and safe environment for all our patients
- All patients are treated with kindness and compassion by the team looking after them.

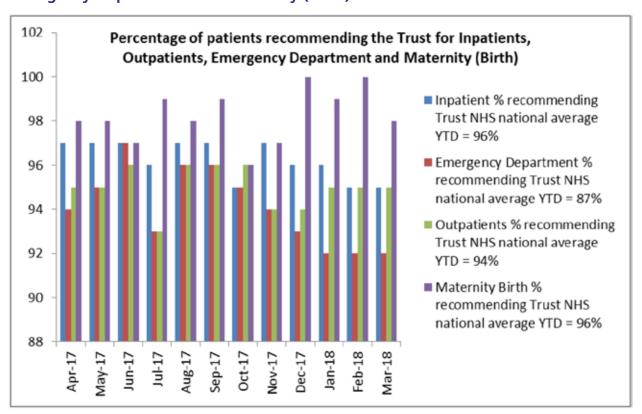
During the past few years, our clinical directorates have developed individual Patient Experience action plans focused on the five key patient experience ambitions. These actions are displayed on 'you said we did' posters throughout the trust, turning patient feedback into actionable insight.

We Did:

"As a result, the appointment booking system was changed, ensuring that no appointments were overbooked. Women are now given 'next available appointment' rather than 2-5 women per slot which has drastically reduced waiting times."



Percentage of patients recommending the Trust for Inpatients, Outpatients, Emergency Department and Maternity (Birth)



Average Annual 5 Star Rating for Key Service Areas



Freedom to Speak Up Guardians

The role of the 'Freedom to Speak Up' (FTSU) Guardians was created as a result of recommendations from Sir Robert Francis' Freedom to Speak Up review, published in February 2015.

The aim of the 'Speak Up Campaign' is for the cycle of flagging up problems, risks and mistakes as they occur, and then learning from them, becomes the norm. Francis recommended that it was key to have a Guardian in place who has lead responsibility for dealing with concerns raised, who will work with the Trust to ensure appropriate policies and processes are in place and working, and that staff are listened to, supported

appropriately and that issues are dealt with in a timely and professional way.

Two FTSU Guardians were appointed. Lesley Crosby, Deputy Chief Nurse (based predominantly at Peterborough City Hospital) and Dr Callum Gardner, Deputy Medical Director. Since the Divisional and Corporate restructures, Dr Gardner has taken up the position of Divisional Director for the Emergency and Medicine Clinical Division and is no longer a Guardian, and so has been replaced by Suzanne Hamilton, the new Deputy Medical Director. She is based predominantly at Hinchingbrooke Hospital. There are further plans to appoint additional Guardians, which will include staff from non-clinical backgrounds.

Work undertaken by the FTSU Guardians to date includes FTSU Guardians contact details being included in pay slips; FTSU Champions recruited; training and education regarding the FTSU agenda via various outlets such as Trust Induction and Staff Forums; FTSU operational procedure in place including a flowchart on the process of responding to concerns raised; posters and leaflets disseminated; a dedicated email address set up to enable confidential reporting of concerns and a recording system is now in place to capture the information necessary for future reporting which will include what the Trust is doing to address any problems raised.

Adult Safeguarding

The Trust continues its active participation in and involvement with Cambridgeshire and Peterborough Adult Safeguarding Board and NHS England Midlands and East Adult Safeguarding Leads Forum.

Key areas of work over 2017/18 included:

- Participation in the NHS England, Midlands and East (EAST) Adults Safeguarding Forum and Annual Safeguarding Conference
- Updating, reviewing and alignment of local policies and procedures following the merger of the Adult Safeguarding Boards in Peterborough and Cambridgeshire
- Formation of the new Trust on 1 April 2017 and alignment of Adult Safeguarding MCA and DOLS Policies and Procedures
- Development of a Trust-wide Domestic Abuse Policy.

The following actions have been achieved:

- A review of roles within the Peterborough Hospital Adult Safeguarding Team to include a focus on DoLS activity.
- Appointing a Safeguarding Practitioner to the Peterborough Team
- Appointing an administrative assistant to support both Hinchingbrooke and Peterborough Adult Safeguarding Teams
- Agreement to recruit a Band 5 safeguarding nurse to work pan site to support the Adult Safeguarding teams
- Adult Safeguarding MCA and DoLS training needs analysis updated and aligned to provide consistency across the new organisation
- Provision of a quarterly report to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Lincolnshire CCG (Peterborough Stamford site) on Safeguarding Adults Quality Indicators 2017/18.

Learning Disability

Since formation of the new Trust, the Learning Disability nurses across the sites have been working together to align policy, guidance and review processes. We already provide support to colleagues across the organisation to educate them about caring for patients who have a learning disability, and we offer Learning Disability and Autism Awareness training to staff to further support this.

The Trust has signed up to the 'Treat Me Well' campaign, run by learning disability charity Mencap, to develop parity of care in our hospitals for patients with learning disabilities. 'Treat Me Well' follows the 'Getting it Right' Charter, a Mencap campaign the Trust signed up to in 2010. As part of our pledge in signing up to 'Treat Me Well', we are launching the ADJUST criteria trust-wide, to ensure our staff are aware of the reasonable adjustments that can be made in order to accommodate the requirements of patients who have learning disabilities.



3.4 Service updates

Midwifery Services

Following the formation of the Trust in April 2017 there has been ongoing work within Maternity Services to provide a safe, quality service which is equitable across the organisation. There is ongoing consultation with senior midwifery staff focused on the leadership and management of specific areas of maternity, and which will achieve a service that works together closely in order to provide clinical and financial sustainability, and further improve the overall quality of care for patients.

Since April 2017 there has been an introduction of a single midwifery manager on call rota which was implemented to provide the service with a single point of contact for advice and support 'out of hours'. With the discontinuation of Statutory Supervision there was a recognised need for the service to have senior management support 24/7. This has been fully embraced within the management team and has been seen as the first step towards having a truly integrated service.

Community services has also started the journey to breaking down the perceived geographic boarders between the sites to achieve equity in caseloads for midwives. This has been seen as hugely beneficial for the woman as caseloads are now more balanced which in turn leads to improved continuity for women.

The cross site guideline group has been established with the focus on aligning guidelines across the service. This is a huge piece of work which will be supported by the newly appointed Guideline Midwife, proposed in the consultation, who will lead this initiative.

Liaison Psychiatry Service

In the last year the Liaison Psychiatry Service (LPS) at Peterborough City Hospital (PCH) has secured pump-prime funding from NHS England to move to a 24/7 service designed to improve access to urgent and emergency mental health care in the Emergency Department (ED) and on the wards. LPS works closely with the First Response Service (FRS) to ensure that those without pressing physical problems who come to ED for help can have their mental health needs assessed in a more suitable environment. The inpatient service at PCH currently operates from 9am till 5pm Monday to Friday and in ED from 8am till 1am the following morning.

We have employed a full time consultant psychiatrist and two Band 7 nurses for older adults who collaborate with the Trust's Dementia Specialist Nurse and the Department of Medicine for Older People to ensure patients receive high quality, integrated physical and mental health care.

The service continues to manage a high demand for assessment and advice well in excess of original expectations with strongly positive feedback coming from acute trust colleagues. LPS staff can be seen at board rounds once a week on the hospital's highest referring wards.

The Psychiatric Liaison Accreditation Network, part of the College Centre for Quality Improvement at the Royal College of Psychiatrists, visited the service in February to perform a peer review. PLAN standards have been adopted by the CQC nationally and accreditation with the network is not only a significant achievement but assurance of a high quality service.

Matrons

2017/18 saw the number of matrons in the Trust grow to 16. There are four Matrons at the Hinchingbrooke site and four who work across-site who all wear the same purple uniform. Meetings are scheduled across the site and most matrons are based in a divisional office together to share learning. This entails close working on policy which includes dress code, documentation and expected standards.



CREWS assessments have now commenced at the Hinchingbrooke site and all matrons are involved in the assessments across all three sites. The matrons work together with the Ward Managers Forum to share lessons learnt with core goals, i.e. call bells, Nutritional screening and Fluid Balance.

In September 2017 a collection of matrons took part in a Mud Run, they all worked together as a team to ensure everyone around the course. The matrons are planning a new event for the New Year.



The Matrons decided to standardise the Noticeboards across the Trust and this has meant that all Ward and Quality Boards share the same message and give the same information to staff, patients and visitors.

The Matrons have collectively developed a new Matrons Balanced Scorecard which will commence in April 2018. This will enable them to collect data from all three sites including the areas that have cross-site working.

The Matrons from the Emergency and Medicine Division have daily staffing meetings at 8.15am each day to assess capacity across all three sites. When a recent ward was closed the Matron team worked together to support the staff across medicine at PCH.

Stamford £2m Redevelopment Project completion

Stamford Hospital underwent a £2m redevelopment project which began in December 2016 and was completed on schedule on 28 July 2017. The project delivered key benefits to patients who live across the Trust's catchment area. These include:

- a new MRI scanner, expanded imaging department and booking office
- health clinic, purpose-built phlebotomy and pain management suites
- chemotherapy and lymphedema suite
- outpatient area with rooms for adults and children
- ultrasound room and improved physiotherapy gym
- refurbished reception, redecorated corridors, new lighting and flooring.

To celebrate completion of the new facilities, the hospital held an open day on 14 October, which attracted over 400 visitors.



New MRI scanning suite at Stamford Hospital



National targets and regulatory requirements

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

National target / Regulatory requirement ¹		2015/16	2016/17	2017/18 ²	
MRSA screening for all emergency inpatients	Target	100%	100%	100%	
	Actual	85.0%	93.0%	91.8%	
VTE risk assessment	Target	95%	95.0%	95.0%	
	Actual	92.5%	95.9%	96.9%	
18 week referral to treatment time – Incomplete pathways within 18 weeks	Target	92%	92.0%	92.0%	
	Actual	95.0%	94.8%	88.6%	**
Diagnostic 6 week waits (% waiting)	Target	1%	1%	1%	
	Actual	0.7%	1.1%	2.0%	**
All cancers 2 week wait from referral	Target	93%	93%	93%	
	Actual	96.0%	97.4%	95.0%	*
All cancers – 31 days from decision to admit	Target	96%	96%	96%	
	Actual	99.5%	99.9%	96.8%	*
All cancers – 62 days from referral to treatment	Target	85%	85%	85%	
	Actual	86.1%	84.4%	84.1%	*
All cancers – consultant upgrades	Target	90%	90%	90%	
	Actual	94.0%	98.9%	95.9%	*
62 days from screening to treatment	Target	90%	90%	90%	
	Actual	95.0%	88.8%	78.5%	*
Cancer subsequent treatment – Drugs	Target	98%	98%	98%	
	Actual	100%	100%	99.6%	*
Cancer subsequent treatment – Surgery	Target	94%	94%	94%	
	Actual	100%	100%	97.9%	*
Cancer subsequent treatment - Radiotherapy	Target	94%	94%	94%	
	Actual	97.9%	99.8%	99.3%	*
Cancer subsequent treatment – All treatment types	Target	96%	96%	96%	
	Actual	99.1%	99.9%	99.3%	*
Breast symptomatic referral within 2 weeks	Target	93%	93%	93%	
	Actual	96.8%	94.6%	93.5%	*
Total time in A&E 4 hours or less – Local health economy	Target	95%	95%	95%	
	Actual	90.5%	80.1%	85.7%	
% elective operations cancelled for non-clinical reasons	Target	1%	1%	1%	
	Actual	0.7%	0.7%	1.0%	
Meeting the <i>C. difficile</i> target (crude numbers)	Target	29	29	40	
	Actual	37	23	62	
* Cancer information is provisional ** snapshot information only					

Some targets may be reported monthly/quarterly.

The national targets show seven red areas for targets not achieved. More information about these and the actions taken are in the Annual Report (page 179)

The indicator relating to 'recruiting, developing and retaining our workforce' was included in the above table in error as it is not a national target or regulatory indicator, therefore it has been removed. Further and more detailed information relating to workforce and recruitment and retention is included on pages 144 of the Trust's Annual Report.

¹ Data relates to Peterborough City Hospital and Stamford and Rutland Hospital only.

² Data relates to NW Anglia NHS Foundation Trust. Previous data sets relate to Peterborough City Hospital and Stamford and Rutland Hospital and should not be used as a comparator.

Statements from stakeholders

The Trust's 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.

No statements were received from:-

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE



The Health Scrutiny Committee for Lincolnshire is concentrating on the draft quality accounts of Lincolnshire-based providers this year, so will not be making a statement on the draft quality account of North West Anglia NHS Foundation Trust. However, the Committee will be reviewing its position in 2019, and if requested, will consider making a statement on next year's Quality Account.

Peterborough Health and Overview Committee

PETERBOROUGH



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





Healthwatch Cambridgeshire and Peterborough NWAFT Quality Account Statement for 2017/18

Summary and comment on responsiveness

Healthwatch Cambridgeshire and Peterborough (Healthwatch) continues to enjoy a positive relationship with the Trust, with contact at Chair to Chair, CEO, Chief Nurse and the Trusts Quality leads via the Peterborough Community Forum. Healthwatch has a position on the Trust Governing Body. We welcome that the Trust is responsive to concerns raised and intelligence shared. Healthwatch Cambridgeshire and Peterborough looks forward to maintaining and building upon this mutually positive relationship in the future.

We understand the considerable challenges faced by the Trust, having undergone significant changes during the past year, following the merger of the Peterborough and Stamford NHS Foundation Trust (PSHFT) and Hinchingbrooke Healthcare Trust (HHCT), becoming jointly known as North West Anglia NHS Foundation Trust (NWAFT) from 1 April 2017.

Our concerns at the time of the merger included:

- the challenge and risks to patients of bringing some of the clinical teams together – we understand this is progressing cautiously, requiring careful staff engagement and attention to safety and patient experience
- the loss of some capacity to develop the patient involvement function in the new structure – we continue to monitor this and support groups and individuals where appropriate
- reporting patient experience by individual site as well as service area. See section below for further comment
- the need to engage a balanced group of Governors from all geographical areas covered by the newly merged Trust - achieved.

We welcome the focus on patient safety and quality of care for services across the three sites and hard work and ongoing commitment to operating as one Trust. Healthwatch welcome the opportunities for cross-site working and sharing of expertise following the transfer on 1 September 2017 of outpatient services at the Princess of Wales Hospital in Ely and Doddington Hospital in Fenland, also radiology services at North Cambridgeshire Hospital in Wisbech and HMP Whitemoor. We anticipate the benefits for local people continuing to be apparent and will monitor the long-term stability of these services as well as improvements to patient care and access to these services.

Through monitoring the concerns of local people and through our attendance on strategic groups such as the Sustainability and Transformation Partnership (STP), Healthwatch observes that the Trust has experienced a particularly difficult winter period. There has been an increase in emergency admissions and numbers of patients being referred through Ambulatory Care Units across all sites which will undoubtedly have a significant effect upon waiting times for appointments and treatment.

Experience is recognised as a key part of care, and that evidencing and sharing patient experience is seen as a priority. We are pleased to see that the Trust has consistently achieved results above the national average in all three Friends and Family Test surveys. We welcome the commitment to improve current response rates for completion of the surveys.

Actions from previous Quality Accounts

As this is the first Quality Account received from the newly formed North West Anglia NHS Foundation Trust we refer to our responses to previous Quality Accounts from PSHFT and HHCT.

Healthwatch Cambridgeshire and Peterborough have highlighted that we believe there would be benefits to more in-depth analysis of PALS and complaints data. Whilst we recognise that following the merger, data needs to be produced to reflect performance across the Trust as a whole, we also feel strongly that PALS and complaints data needs be available to show performance at each site individually, particularly in the early days following the merger. Combining the data to only show performance for the Trust as a whole, has the potential to prevent patterns of issues leading to complaints at any of the three hospital sites being noted at an early stage. We continue to receive some feedback relating to longer timescales for responses to patient complaints and therefore welcome that there are targets to improve response times.

We are pleased to note the Trust's commitment to Accessible Information as Standard and the appointment of a new Equality and Diversity Lead. We look forward to hearing patient feedback as evidence of continued improvement in this area as a direct result of measures which are planned as well as those already implemented.

Challenges

Healthwatch will maintain an interest in the significant ongoing challenges associated with integrating staff teams, aligning policies and practices and embedding the new Clinical Divisional structures across the newly formed Trust.

We are aware of the workforce challenges facing the Trust and welcome efforts being made to both recruit and retain staff from at home and abroad as well as initiatives to promote and encourage development and progression opportunities for all staff.

Public and patient involvement in the STP has been partial and examples of good practice from NWAFT are invited so that we can share positive approaches across the whole STP area. Healthwatch recognises the Trust also works with commissioners in Lincolnshire in delivering its STP. Healthwatch Cambridgeshire and Peterborough will continue to liaise with neighbouring Healthwatch to support and challenge NWAFT and STP partners.



Statements from Stakeholders continued

North West Anglia Foundation Trust Quality Account 2017/18



The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Quality Account for North West Anglia Foundation Trust (NWAFT) during its first year of existence. We recognise that the Trust has had a number of challenges during the merger of the Peterborough and Stamford NHS Foundation Trust (PSHFT) and Hinchingbrooke Healthcare Trust (HHCT). Previously the Health Committee has examined a number of issues with the former HHCT as it moved out of special measures.

The Health Committee within its scrutiny capacity has not called on representatives from NWAFT over the last year to attend scrutiny committee meetings, recognising that the Trust needed time to address the impact of the merger. However, committee members have maintained an open dialogue with senior leadership at the Trust through the valuable quarterly liaison meetings which are seen as an essential part of the scrutiny function.

The report highlights the significant staffing challenges the Trust faces and how recruitment for nursing staff is being addressed both internally through programmes like "Aspiring Clinical Managers" and through overseas nurse recruitment. The committee welcomes continued dialogue with the Trust around wider medical workforce issues. We have paid a particular interest in workforce development and recruitment and retention issues across the whole health care sector and specifically scrutinising this under the Sustainable Transformation Programme (minutes can accessed via the link below).

https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/538/Committee/6/Default.aspx

At the time of reviewing NWAT's Quality Account a final figure was not available for the target set for developing and retaining the workforce and the committee await this with interest as part of their wider scrutiny of workforce planning in both the health and social care sector.

The Committee was particularly impressed with the Trusts progress around CQUIN on Healthy Eating working with the Trusts suppliers of food and drink in the hospitals, to assist them in making changes to their outlets to offer staff and visitors healthier choices.

Of concern the Health Committee has noted that the volume of complaints has increased and it will be interesting to see next year if this changes i.e. how much of it is related to the impact of the merger and how much is managing increased demand on the ealth care system.

In recognising that the Quality Accounts are a technical document the Committee has provided some

clarification comments separately. The committee has been encouraged to see how the Trust has actively responded to this feedback, inviting members to a stakeholder meeting and incorporating suggestions in the final Quality Account. This is an excellent example of listening to ones stakeholders.



Wednesday 9 May 2018 North West Anglian NHS Foundation Trust

Healthwatch Lincolnshire Quality Account Working Group: Sarah Fletcher (CEO), John Bains (Board Chair), Clive Green (Trustee), Pauline Mountain (Trustee), Pam Royales (PA Administrator)

Healthwatch Lincolnshire would like to thank you for sharing your Trust Quality Accounts for our representative's consideration and comment.

We acknowledge the contents of your Quality Accounts and your performance against last year's priorities, particularly with some of the challenges you have experienced including the merger with Hinchingbrooke Hospital.

Healthwatch also note and the problems you identified around the amount of complaints received. We acknowledge your work in helping to improve this situation.

Going forward we would like to formulise closer working relationships with the Trust in order for us to adequately represent the significant number of patients in South Lincolnshire who access your services. Please note, this by no means suggests we have a poor or difficult relationship with the Trust.

Healthwatch Lincolnshire have some concerns with regards to A&E services and the impact this may have. Patient experiences shared with HWL are generally positive, all comments are shared directly with the Trust and we thank you for your time in responding which is generally within 20 working days.

We look forward to working with you proactively on your Quality Accounts over the next 12 months.



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 Report 2017 – 18.

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 Serious Incidents affecting patients are investigated thoroughly, lessons learnt and corrective actions put in place to prevent re-occurrence. The work undertaken to ensure documentation used in caring for patients is also very encouraging as complete and contemporaneous records are the foundation of good patient care.

The Quality Report has numerous examples of good work undertaken by the Trust over the past year; the commissioner believes the work undertaken in reducing falls is of particular note as this has been an area of concern in the past.

Looking forward to the 2018 - 19 Quality Priorities the commissioner is assured that areas of concern identified over the past year are a focus for the coming year, these concerns include:

- Enhancing the provision of mental health care in Emergency Departments in line with CQUIN Goals
- Enabling proactive and safe discharge of patients to their usual place of residence in line with COUIN Goals
- Ensuring patients nutritional needs are met

The commissioner can confirm that up to the end of quarter three the Trust has achieved 25% of the 55% of monies to date of the National CQUIN (Commissioning for Quality & Innovation) schemes for 2017 – 18. Whilst we acknowledge that the focus of the Trust has been standardisation of care and processes across 2 sites as well as the NHS suffering a prolonged and difficult winter, this low level of achievement causes concern for the commissioner as CQUINs are designed to improve the quality and safety of patient care. We particularly note that the SEPSIS CQUIN still requires improvement as was identified by the commissioner in 2016 – 17.

Of equal concern is the number of quality schedule indicators not achieving the required level of assurance which has been 40% of the indicators throughout the year. The commissioner does recognise that the CQUIN and Quality Schedule represent two information streams in a wider range of information supplied by the Trust for assurance purposes.

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 Report has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017 and 2018. The results of this appraisal have been shared 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.

Liz Ball

Executive Nurse and Director of Quality NHS South Lincolnshire Clinical Commissioning Group



Cambridgeshire and Peterborough CCG – NWAFT Quality Accounts

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has reviewed the Quality Accounts produced by North West Anglia Foundation Trust (NWAFT) for 2017/18.

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.

From a quality perspective 2017/18 has clearly been a year of transition and challenges following the merger of the two organisations previously known as Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) and Hinchingbrooke Heath Care Trust (HHCT). The Quality Improvement Plan which has been developed through identifying key safety priorities has continued to drive improvements and support the preparation for the scheduled Care Quality Commission (CQC) visit this year. The recognised value of the Matron role and the implementation of the Matron's Balanced Score Card which is a standardised audit tool across the organisation has been key in delivery of the plan, improving oversight and the early identification of concerns. A clear success of this role is the transition to using the National Early Warning Scores (NEWS) for the escalation of physiological observations and identification of the deteriorating patient, response rate has increased from 65% to over 95% compliance.

The initiative of the trust accreditation scheme CREWS which is based on the CQC 5 key lines of enquiry; Caring, Responsive, Effective, Well-Led and Safe is an

example of an open and transparent way to assess quality standards. The process is now well embedded in the trust; providing constructive criticism and challenge from peers and external assessors. The CCG and partners including NHS Improvement have been part of the teams taking part in the assessments through a series of visits which has been really positive.

NWAFT have achieved good outcomes against the NHS Safety Thermometer, which measures how well an organisation prevents Pressure Ulcers, Falls, Urinary Tract Infections and Venous Thromboembolism achieving above the national 95% target and a reduction in the number of in patient falls. Data from the Mortality Surveillance; a calculation used to monitor death rates benchmarks the trust in the top quartile nationally and lower than expected and there is no significant difference between the weekday and weekend for emergency admissions demonstrating a consistently safe service seven days a week. These metrics are an important part of demonstrating patient safety and the quality of care.

Since the merger the combined number of Serious Incidents reported has decreased from 108 to 72, nationally NWAFT remain a high reporter and the trust demonstrate a positive reporting culture, there is now alignment of a robust process on the 3 sites with oversight from the Medical Director. The average score for the trust around the quality of the reports and actions plans is around 90% which is above the 80% required by the CCG.

Official figures reveal that the NHS has had the worst winter on record with increased waiting times, bed shortages and a higher acuity of patients. For NWAFT this has resulted in an increase of 1,630 patients admitted as an emergency. It is testament to the dedication and good will of the NWAFT staff that high quality and compassionate care has continued. NWAFT is a highly caring organisation which is confirmed in consistently achieving a higher than average response in Friends and Family Test Survey, 96% of patients who responded feedback that they are likely or extremely likely to recommend to their friends and family if they needed treatment.

The CCG acknowledge the extensive actions and focus on recruitment which is impacted by the national shortage of trained staff and the competitive local market. NWAFT have several initiatives to support recruitment and retention. 31 oversees nurses have been supported to take their Objective Structured Clinical Exam (OSCE) and saw a pass rate of 81% which is a huge achievement when compared to the 55% nationally. The trust is one of only 2 trusts to support staff on the BSc apprenticeship nursing programme and have seen the second group of trainee nurse associates commence their studies. Staffing levels are supported by a dedicated volunteer workforce offering over 4,200 hours per month. Volunteers are recognised in increasing clinical outcomes and patient experience.

It is to the credit of NWAFT including the strong leadership team and the willingness of all staff that during the transition the organisation has maintained focus on providing safe and effective care while ensuring services, workforce, process and procedures become aligned to ensure consistency and transparency. The

merger is still in its infancy and there still remains challenges. Medical workforce continues to be an issue in key specialities such as the Emergency Departments and Gastroenterology which is impacting on increased waiting times and delays in referral pathways however the trust has established strong foundations on which to develop and is working with the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) to develop key pathways to benefit the local population. The CCG supports the trust in their priorities for 2018/19, focussing on delivering well led, effective safe services which provide a positive experience for patients and their friends and families.



Council of Governors

The Council of Governors is pleased to comment on the detailed Quality Account for 2017/18 which continues to show progress in many areas throughout the year.

The progress shown by the monthly quality reports ensure that Governors are kept up to date with issues throughout the year and assurance is further enhanced by having a Governor attending the monthly Trust's Quality Assurance Committee

Despite the increasing pressures throughout the NHS, we have been further assured by the Trust's initiatives around quality, compassion, dignity, respect and personcentred care incorporating our Trust values. Governor involvement enables us to focus on and highlight any issues of concern from the community or, throughout the Trust affecting the quality and safety of people using the service.

The formation of the North West Anglia NHS Foundation Trust and the subsequent clinical reorganisation has led to positive enhancement of some services although challenges have also arisen. The dedicated Trust staff have either overcome or developed initiatives to resolve these issues such that the Council of Governors continue to be assured and satisfied that quality and safety is at the heart of the Trust.

APPENDIX 1: 2017/18 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 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2017 to March 2018
 - papers relating to Quality reported to the board over the period April 2017 to March 2018
 - feedback from the commissioners dated 15 May 2018
 - feedback from governors dated 8 May 2018
 - feedback from local Healthwatch organisations dated 9 May 2018
 - feedback from Overview and Scrutiny Committee dated 9 May 2018

- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 9 May 2018
- the 2016 national patient survey 2016
- the 2017 national staff survey 2017
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2018
- Care Quality Commission inspection report dated May 2015 and May 2016
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review;
- and the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in prepairing the Quality Report.

By order of the Board

23/5/18 Date A Box Rob Hughes, Chairman

20/5/18 Date Stephen Graves, Chief Executive

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF NORTH WEST ANGLIA NHS FOUNDATION TRUST IN RESPECT OF NORTH WEST ANGLIA NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of North West Anglian 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 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consists of the following two national priority indicators:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period ('the 18 week RTT indicator'); and
- A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge ('the 4 hour A&E indicator').

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 requirements 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 requirements in NHS Improvement's "Detailed requirements for quality reports for foundation trusts 2017/18"; 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 supporting guidance, and the six dimensions of data quality set out in the detailed guidance for external assurance on quality reports ('the Guidance').

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- board minutes and papers for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners dated 15 May 2018;
- feedback from governors dated 8 May 2018;
- feedback from local Healthwatch organisations dated 9 May 2018;
- feedback from Overview and Scrutiny Committee dated 9 May 2018;

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 9 May 2018;
- the 2016 national patient survey dated 2016;
- the 2017 national staff survey dated February 2017;
- Care Quality commission inspection, dated May 2015 and May 2016;
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018; 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 2018, 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 nonmandated indicator, which was determined locally by North West Anglia NHS Foundation Trust.

Basis for adverse conclusion on the 18 hour RTT indicator and the 4 hour A&E indicator

As set out in the Statement on Quality from the Chief Executive of the Foundation Trust on pages 61 of the Trust's Quality Report, the Trust currently has concerns with the accuracy of data supporting the 4 hour A&E and the 18 week RTT indicators included in the Quality Report.

4 hour A&E Indicator

Our testing of the calculation of the 4 hour A&E indicator found that supporting data did not corroborate the "start or stop times" recorded by the Trust in 38% of the cases tested.

18 Week RTT Indicator

Our testing of the calculation of the 18 week referral to treatment indicator identified 45% of the cases tested to supporting data did not corroborate the start or stop times recorded by the Trust.

As a result of these issues, we have concluded that the 18 week RTT indicator and the 4 hour A&E indicator for the year ended 31 March 2018 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.

Conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for adverse conclusion on the 18 hour RTT indicator and the 4 hour A&E indicator ' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance; and
- the Quality Report is not consistent in all material respects with the requirements in NHS Improvement's "Detailed requirements for quality reports for foundation trusts 2017/18"

KPMS LLP

KPMG LLP Chartered Accountants 15 Canada Square London 25 May 2018



SECTION 1 - Accountability Report

Directors' Report

Board of Directors 2017/18

The Board of Directors for the Trust was confirmed in shadow form prior to the acquisition being formally granted to take effect from the 1 April 2017.

Mr Hughes, the current Chairman of Peterborough and Stamford Hospitals NHS Foundation Trust was confirmed in post as the Chairman of North West Anglia NHS Foundation Trust by the Council of Governors after taking advice from NHS Improvement and with input from the Chairman of Hinchingbrooke Health Care NHS Trust.

After approval by the Council of Governors all the non-executive directors of Hinchingbrooke Health Care NHS Trust were then invited to join the non-executive directors of Peterborough and Stamford Hospitals NHS Foundation Trust to serve as non-executives for the first year of North West Anglia NHS Foundation Trust. These appointments were accepted by Mrs Sarah Dixon and Mr Alan Brown.

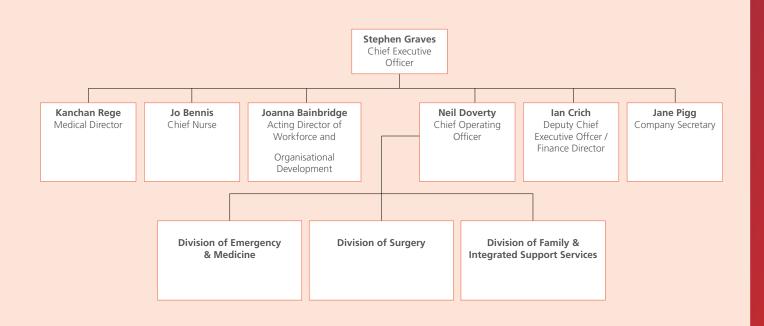
The appointment of the executive directors for North West Anglia NHS Foundation Trust was then undertaken by the non-executive directors including attendance from the Hinchingbrooke non-executive directors onto the Peterborough and Stamford Hospitals NHS Foundation Trust Remuneration Committee.

The committee took specific legal advice regarding the executive appointments and due to the nature of the secondment arrangements, Mr Graves was appointed as Chief Executive and then taking into account the employment status of the executive directors which included secondment and fixed term appointments, Mrs Walker was appointed as Deputy Chief Executive and Finance Director, Dr Rege was appointed as Medical Director, Mr Crich was appointed as Director of Workforce and Organisational Development and Mr Doverty was appointed as Chief Operating Officer. Mrs Bennis was appointed as Chief Nurse following competitive interview.

Within the year Mr Hughes' appointment as Chairman was approved by the Council of Governors in November 2017, for a further three year period starting 1 April 2018. During the year Dr Davies, Mrs Dixon, Mr Brown and Mr Arnott all gave notice of their intention to stand down at the end of the 2017/18 financial year and new appointments were made to fill the vacant positions, with the number of non-executive director posts reduced in line with the Trust's constitution. Ms Dowglass, Mr Harding and Mrs Shears have all joined the Board with effect from 1 April 2018. In terms of the executive directors. Mr Crich left the Trust at the end of June with Mrs Bainbridge being appointed as Acting Director of Workforce and Organisational Development having fulfilled the Deputy Director role. Mrs Louise Tibbert was appointed to this post, taking up the role on 30 April 2018.

Details of directors

Executive Directors and Divisional Management Structure





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 Chairman of Anna's Hope, the children's brain tumour charity, and a Trustee 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 and the Remuneration Committee.



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 and Trustee of the Miscarriage Association. Sarah chairs the Trust's Quality Assurance 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, Compliance and Governance, a member of BT's senior leadership team and a director of EE. Gareth has a wealth of merger and acquisition experience, the most recent being BT's £12.5bn acquisition of EE in 2016, where he led on governance and compliance.



Non-Executive Director Mr Allan Arnott OBE

Appointment start date 1 April 2017 Appointment end date 31 March 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 Mr Alan Brown

Appointment start date 1 April 2017 Appointment end date 31 March 2018

Alan was a non-executive director at HHCT. He is a partner with the

Health Partnership and is helping them develop their consultancy business in the health sector. He worked at the Computer Sciences Corporation as Sales Director for UK & Ireland Healthcare, responsible for commercial sales for the UK, Ireland and the Netherlands.



Non-Executive Director Dr Madhu Davies

Appointment start date 1 April 2017 Appointment end date 7 November 2017

Dr Davies resigned from the Trust on 7 November 2017. She was a

non-executive director of PSHFT from 12 May 2014. Dr Davies' career as a consultant in pharmaceutical medicine and devices, included three years with PharmaKodex.



Non-Executive Director Sarah Dixon

Appointment start date 1 April 2017 Appointment end date 31 March 2018

Sarah was a non-executive director at HHCT, where she was Chair of the

Workforce Committee, and a public governor at PSHFT from 2004 to 2007. She has a background in education and was Head Teacher at Northampton High School, part of the Girls' Day School Trust, where she led work to strengthen partnerships with state sector schools. Sarah's first headship was at Peterborough High School from 1999 to 2007. Sarah chaired 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. He is Head of Corporate and Commercial Banking at Santander UK Plc, operating at board level. He has more than 30 years' experience in corporate banking, having also worked at RBS and NatWest. Mike 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.

Executive Directors



Chief Executive Mr Stephen Graves

Stephen was Chief Executive of PSHFT from 8 September 2014 until 31 March 2017. He has a broad range of NHS experience which spans 28 years. One of his early roles saw him

based at our Stamford Hospital site. Prior to coming to Peterborough and Stamford Hospitals, Stephen was Chief Executive of West Suffolk NHS Foundation Trust. While there, 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. Over the last year he had taken the lead in the acquisition, a key part of the Cambridgeshire and Peterborough Sustainability and Transformation Plan. Alongside this is the ongoing role of taking forward service change and quality improvements, plus cost effectiveness measures. Stephen chairs the Trust's Strategic Development Committee.



Deputy Chief Executive and Director of Finance Mrs Caroline Walker

Caroline was Deputy Chief Executive and Director of Finance of PSHFT from April 2013 until 31 March 2017 and was Project Director for the acquisition

of HHCT. Caroline's career in finance for the NHS dates back to 1982. In August 2015 she led an ongoing system-wide 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 worked at the University Hospitals of Leicester NHS Trust, Great Ormond Street Hospital, Barts and the London NHS Trust.



Acting Director of Workforce and Organisational Development Mrs Joanna Bainbridge

Joanna was appointed Acting Director of Workforce and Organisational Development of the Trust on 1 July 2017. Prior to the formation of the Trust,

she was Director of Human Resources and 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.



Director of Workforce and Organisational Development Mr Ian Crich

lan left the Trust in June 2017 to help set up a new hospital in Qatar. He was the Director of Workforce and Organisational Development of PSHFT

between 2014 and June 2017. Ian was responsible for managing the Trust's workforce, estates, facilities and security team. His previous roles included Chief HR Officer at University Hospitals Coventry and Warwickshire NHS Trust. Prior to joining the NHS he was HR Director to the States of Jersey.



Chief Operating Officer Mr Neil Doverty

Neil was Chief Operating Officer of PSHFT from October 2014 to 31 March 2017. Responsible for the operational performance of all divisions across the Trust, he is the executive lead

for transformational change. He has had extensive experience in the NHS, most recently in the acute sector, at director level in community and mental health services, as well as county level experience in social care. His experience spans the successful management of complex change implementation, including service remodelling, hospital decommissioning, staff redeployment plans, clinical merger and inter-agency partnership working. Neil was Chief Operating Officer at Wye Valley NHS Trust and the University Hospitals of Leicester NHS Trust.



Medical Director Dr Kanchan Rege

Dr Rege was Medical Director of PSHFT from August 2015 to 31 March 2017. She oversees the management of the Trust's consultant body and doctors in training. Prior to her appointment

she was a Consultant Haematologist. She 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.



Chief Nurse Mrs Joanne Bennis

Jo was Chief Nurse of PSHFT between February 2015 and 31 March 2017 and was Deputy Chief Nurse prior to that. Jo began her nursing training in Peterborough and brings more

than 30 years' nursing experience to the role. She 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.



Company Secretary Miss Jane Pigg

Jane was Company Secretary of PSHFT from its inception on 1 April 2004 to 31 March 2017. Her role involves a wide diversity of work across the Trust. Jane works at strategic level with

external partners, including local authorities. She ensures the appropriate running of the Trust Board of Directors and Council of Governors, and has lead responsibilities for corporate governance, information governance and communications. She held a number of posts at PSHFT, as well as Company Secretary. She was the Project Director responsible for achieving foundation trust status for Peterborough and Stamford Hospitals, and led the development and induction of the Council of Governors.

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.

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.



"Really pleased with how swiftly and calmly I was sorted out here - cannot fault the IBD team one single bit."



Patient Care

Service improvements

Cost Improvement Programme

The former Peterborough & Stamford NHS Foundation Trust had a track delivery of over performance of CIP delivery, as shown in the table below:

Between April and December 2014, the Trust cancelled 1953 elective procedures (day case and in-patient) on the day. The top 80% reasons for cancellations on the day were:

Year	Target £'000	Delivered FYE £'000	Delivered PYE £'000	FYE > Target £'000
2013/14	13,000	13,154	14,352	154
2014/15	13,000	13,778	13,861	778
2015/16	13,000	14,031	14,282	1,031
2016/17	13,000	14,311	15,248	1,311
Over pe	rformance	2013/14 -	2016/17	3,274

Delivery of the CIP in the year was always going to be difficult, due to the following factors:

- Acquisition transaction agreed and activated at midnight 31 March 2017
- Divisional triumvirates were not formed until July 2017
- The structure below the level of the triumvirate was not agreed until the beginning of November, seven months into the new financial year



Trust CIP (£16.9m)

The CIP target for PSHFT was set at £11.1m and the HHCT CIP target was set at £5.8m for 2017/18. As a merged organisation, the Trust CIP became the sum of both targets to create a total target of £16.9m. Between 1 April and 30 June, the CIP team was working across two sites with four directorates, and two divisions. There was a great deal of complexity to manage. Operational areas were very busy keeping their operationally facing business as usual going, while working to finalise a new structure.

In 2017/18 the Trust delivered £16.5m at the financial year end. The table below shows, by individual trusts, (as the plans were individual plans), how the CIP targets have been delivered.

Originating Trust	Target £'000	Delivered FYE £'000	Delivered PYE £'000
PSHFT	£11,100	£6,597 (59%)	£7,360 (66%)
ННСТ	£58,000	£1,982 (34%)	£1,901 (33%)
Total	£16,900	£8,579 (51%)	£9,261 (55%)

While it is disappointing to not maintain the track record of CIP delivery, this is not a surprise given the operational pressures during and immediately following the acquisition.

Acquisition CIP (£2.661m)

As part of the restructure, pay savings and non-pay savings were identified, based on two Trusts becoming one. To date £4.262m has been delivered as shown below:

The Trust has exceeded the merger CIP target in year one by £1.601m. It has already been communicated that the over delivery in one area will not be netted off against the under delivery in other areas. Currently, therefore, the savings identified by each department, both pay and non-pay will need to be delivered.

It will be difficult to track any further back office pay savings after 2018/19, due to the dynamic nature of the organisation. Therefore the intention is to deliver the remaining pay savings in the next financial year. The non-pay savings amounting to £2.22m will deliver as contracts start to become up for renewal.

The Business Transformation Team (BTT) continues to support colleagues Trust-wide. The main effort was with

elective care in the early part of the year, however, due to pressures in the urgent care pathway, focus and tasks were switched to support colleagues in urgent care.

New for 2017/18

In addition to the quality improvement training conducted from the Business Transformation Team (BTT) office, the team is also supporting training to aspiring ward leaders and first steps in leadership. Subjects include theory of change management, project management and structured problem solving.

Quality improvement circles have been set up to support cancellations on the day. Support is being provided to the specialty teams to understand the root cause and what actions the Trust can take to reduce this volume of 'on the day' cancellations.

In addition to this work, coaching and mentoring is also being provided to Emergency Department Doctors as part of their ongoing medical training.

Benefits: We are growing and developing our own potential as a means of retaining staff and improving and developing our services.

Support to pilot the expansion of ACU opening hours

The project went live in August 2017, with a plan for a six-month pilot.

The purpose was to reduce the number of patients admitted and reduce in-patient length of stay by expanding the time patients can be referred for same day treatment in order to expedite earlier discharge.

Benefits: To increase the number of patients seen in ACU and as a result, reduce waiting time in the Emergency Department and on the ward, which supported the CIP Delivery of £750,000.

Review of DEXA Service

Review completed by October 17, which involved analysing the capacity versus demand within the service. This resulted in recommendations to improve the utilisation of appointments and thus a reduction in costs.

PCH Diagnostic Imaging and Fracture Clinic Services explored the potential to move the service from Diagnostic Imaging to Fracture Service.

Benefits: Potential to save on staff costs by restructuring (Band 7 to Band 6), revisiting skill level needed.





Support to Pharmacy to implement TTO transcribing

The Business Transformation Team supported Pharmacy colleagues to implement a new process in July 2017. The team delivered a presentation of their success at the NHSI Criteria Led Discharge National Conferences in October 2017 and January 2018. As a result, we received requests to visit the Trust from Rotherham, Bristol and Royal Marsden trusts. The team was short-listed to the final 20 candidates and invited to present their AO NHS Poster at the Acute and General Medicines Conference in November 2017, and at the RCP Innovation Event in June 2018. The team was asked to present the poster at the Associate of Pharmacy Technicians UK 2018 conference in June, in Glasgow.

Benefits: Saved 33 hours doctor time per week per ward and shortened discharge time off the ward by two hours. Reduced workload in the in-patient dispensary. Staff can be redistributed around the Trust to undertake further value adding activity.

Support to the Endoscopy Unit

Close work with Endoscopy revealed there was a need to create a demand and capacity tool. The Business Transformation Team member developed a sophisticated but simple to use tool. The excel database was able to automatically calculate a recovery plan as to how many lists would be required to meet the ongoing activity.

Benefits: Robust demand and capacity tool, which models based on units of time required for various procedures, in order to predict future issues and allow time to plan and countermeasure these issues.

Development of Multi-Disciplinary Diabetic Foot Clinic

NICE Guidance recommends a multi-disciplinary clinic for high risk and ulcerated feet in diabetic patients. Early management of risks or ulcers can prevent major complications, such as amputation, and help reduce prolonged hospital admissions for infection and other complications. Prior to the merger, neither Hinchingbrooke nor Peterborough had an established clinic with full multi-disciplinary input.

Work commenced prior to the merger, with teams from each site in orthopaedics and diabetology, together with the vascular input from CUH and podiatry input from CPFT. Ideal pathways were mapped and agreement for clinics to run on alternate sites on a monthly basis. Clinics commenced in September 2017.

Benefits: Compliance with NICE Guidance; patients receiving input from the full MDT in a one-stop clinic, reducing the potential number of different clinic appointments and hand-offs, and clear communication between the full team re: plans for care and management.

Supporting the merger work with the clinical integration strategies

- Developing the five year strategies for each of the specialties
- Identifying key interdependencies with other services, IT, Estates and Workforce
- Developing the timeline for each of the specialties and support functions
- Ensuring a fully merged service with single site bases for administrative functions for each specialty
- Linking strategic aims with the STP work and other commissioning intentions
- Identifying key service improvements, productivity and efficiency gains through better use of resources.

This work will form the basis of many of the objectives for the Business Transformation Team in 2018/19.

Care Quality Commission

At the end of the financial year 2016/17, as a newly merged organisation, the Trust was advised that the Care Quality Commission (CQC) would undertake a full inspection of all three sites during 2017. The expectation was that this would take place in Q3 (October – December 2017).

Work commenced to prepare the Trust for the inspection. This included staff briefings, with face-to-face presentations and the provision of briefing packs, quality factsheets and Yellow Pages folders. Ward visits were conducted by senior members of staff and community colleagues. Data collection and response to the CQC's Provider Information Request (PIR) was submitted at the beginning of November.

The Well-Led element of the inspection was arranged to take place at the end of January 2018, however the Trust received notification that all inspections by the CQC were being postponed due to the impact of the winter pressures experienced by trusts across the country. We were advised that the inspection would take place during 2018. At the time of preparing this report, no further information had been received.

At the time of writing this report, the Chief Nurse has continued to meet with the CQC Relationship Manager every six to eight weeks to review progress against the CQC quality improvement plans developed by each Division, and to discuss any concerns / 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 to those meetings, staff focus group sessions have commenced which 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 will continue into 2018/19 and venues will alternate across the three main hospital sites.

Work has continued to drive the development of our quality from 'Good' to 'Outstanding' through a variety of routes. For example, the roll out of the CQC monthly self-assessment process and the ward accreditation scheme aligned to the CQC lines of enquiry (CREWS) to Matron colleagues on the Hinchingbrooke site, the latter of which has also continued to be rolled out across the Peterborough and Stamford hospital sites during the year. Both workstreams are reviewed at the monthly Matron Quality Assurance Committee chaired by the Chief Nurse.

Complaints

As part of the service reconfiguration following the acquisition of Hinchingbrooke Health Care NHS Trust, the complaints departments of both trusts joined to became one team based at Peterborough City Hospital.

The complaints department oversees all complaints registered at the Trust across all three operational divisions, ie Emergency & Medicine, Surgery, Family Integrated Support Services and Corporate areas.

The ethos of the 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 appropriately. To enable us to do this, we have an effective Complaints Policy that is patient/complainant centric, and is responsive to resolving issues fully and promptly.

The Trust has a strong focus on improving patient experience and is committed to resolving complaints to the satisfaction of the complainant, to learn from what has happened and, where appropriate, make demonstrable improvements to our services.

Lessons learnt from complaints are discussed and shared each month at Quality Governance and Ward Managers' Meetings and through the complaints newsletter.

Our 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.

Here are some of the improvements made during the year as a result of complaints received by the Trust:

- Maternity introduced Proud to Care workshops across all sites. These workshops enable staff to speak up about how they are feeling and facilitate discussions around attitudes, behaviours and challenge how to change these.
- The Division of Surgery is reviewing the handover process to make it more robust and timely.
- The review of a ward looked at how nursing shifts and patient allocations are divided.
- A ward introduced a safety log so that any concerns overnight can be raised at handovers, and so day staff can share concerns with night staff.
- Additional training to address issues raised in complaints was rolled out to a number of staff across all areas and disciplines. This training includes duty of candour and complaint handling.

Since forming the new Trust, we have reviewed the services Complaints offer, and this has resulted in significant improvements in the way processed and responded to complaints during the year. These changes include:

 Investment in the complaints team with the appointment of a head of complaints and clinical risk, two complaints officers and three complaints assistants.

- Improvements in the quality of our investigations and responses, by ensuring a robust quality assurance checking process.
- Provision of Trust-wide complaints training for all staff involved in investigating, responding to and reviewing complaints.
- Ensuring prompt contact is made with each complainant to discuss how we will manage their complaint, clarify the concerns that need investigation and discuss and agree the timeframe for responding.
- More face-to-face meetings before and after investigations are continuing to take place.

Complaints matter to us as a Trust. We take all negative feedback very seriously and our Chief Executive or his deputy reviews all complaint responses personally before they are sent to the complainant. The Chief Executive is the 'Responsible Officer' and is a signatory on all written responses. This ensures complaints are reviewed at the most senior level in the Trust in recognition of their importance.

Complaints received are also presented and reviewed at our weekly Chief Nurse Rapid Review Meeting (CNRR). This is chaired by the Chief Nurse or her deputy / assistant directors. All complaints are risk-rated by the complaints officer. This risk rating is then reviewed at CNRR, ensuring executive review at an early stage. Depending on the level of the risk identified, the complaint can be escalated to either the Risk Team from consideration as a Serious Incident, or it may need input from a specialist practitioner, such as safeguarding or specialist nurses.

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 1,083,369.

If we look at the percentage of service users who complained, against activity the breakdown is as follows:

635 complaints against activity of 1,083,369 equals 0.06 % of attendance result 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 62 for more details.

Stakeholder relations

During the Trust's first operational year we have paid particular attention to keeping stakeholders fully updated on the progress of merging our newly-formed organisation. This has helped to allay concerns voiced during the pre-merger public engagement events that some key services at Hinchingbrooke Hospital may be lost in favour of boosting services based at Peterborough City Hospital.

Regular updates have been provided to local authority partners, Healthwatch and other patient representative groups to show how we have implemented our merger plans to strengthen the provision of services rather than reduce them.

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 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.

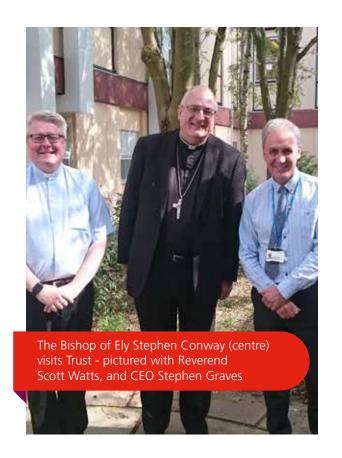
As well as providing updates on the progress of the merger implementation, we have been asked to discuss our plans for managing winter pressures, our involvement in the local Sustainability and Transformation Plan work and our completion of work to redevelop Stamford Hospital.

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 has run a recruitment open day at Peterborough City Hospital to showcase available roles across all three main hospital sites. This attracted hundreds of attendances, and for some, interviews took place on the day. The Trust has also seen the set-up of a combined Patient Experience Group, 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 organisations 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 170.



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 2017/18.

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 senior manager posts at Board level, remuneration is set at a level that enables the recruitment and retention of the skills required.

A full review of executive director pay was undertaken in July 2017. This included consideration of performance; the application of the 1% cost of living increase awarded

to all Trust employees employed under both the Agenda for Change conditions of service and the Doctors and Dentists terms and conditions; and the benchmarking of remuneration provided from NHS Improvement (NHSI) for large acute trusts and foundation trusts with a turnover of £400-£500m.

This review was undertaken as part of the annual cycle for the Remuneration and Nominations Committee and to acknowledge the increase in responsibilities due to acquisition of Hinchingbrooke Health Care NHS Trust and the challenges and complexities that the integration and multi-site working provide.

The Chief Nurse and Chief Operating Officer were moved to the median of the NHSI range according to their roles, while the Chief Executive and the Deputy CEO/Finance Director were offered the 1% cost of living. This was not taken by the Finance Director/Deputy CEO. The Chief Executive's remuneration is within the lower quartile.

The Medical Director's post was reviewed and due to the mix with consultant pay taking the post holder above the nominal remuneration level of the Prime Minister, was referred to NHS Improvement. The salary was increased by the same pro-rata amount as for the Chief Nurse; while an increase, this is below the NHSI median benchmark for Medical Director roles.

The single benefit table on page 136 shows the remuneration for all senior manager posts at Board level. This shows that there are three post holders paid above the civil service approval threshold of £150,000. As noted above, a full review was undertaken during the year which took account of the requirements for approval of any changes and the benchmarking provided by NHS Improvement. The only role above the median benchmark is that for the Deputy CEO/Finance Director, which does not have a direct comparator, and was the only senior manager not to receive any increase in the year. The Remuneration Committee noted the rationale regarding the remuneration for this post and the need for the Trust to recruit and retain an experienced candidate to lead the Trust's financial recovery, subsequent acquisition and activities. Remuneration for the post is below the upper quartile range.

Individual benchmarking is also undertaken for specific roles as appointments are made. There has been one new executive director appointment process during 2017/18 – this is for the Director of Workforce and Organisational Development who takes up post on 30 April 2018. The Trust's Deputy Director of Workforce and Organisational Development was appointed to the Acting Director role for the period starting 1 July 2017 until the successful candidate from the recruitment is

in post. The recruitment was supported by external search consultants (Harvey Nash) appointed through competitive tender.

The notice period for executive directors is six months and for non-executive directors is three months.

Two Non-Executive Directors joined the Board of Directors having served at Hinchingbrooke Health Care NHS Trust - Mrs Dixon and Mr Brown served a full year to assist with the successful process of bringing the two organisations together. Dr Davies, who left within the year, and Mr Arnott who left at the end of April 2018, also left the organisation, which meant that the Non-Executive Director Appointments and Terms of Service Committee had a significant role during the year in appointing replacement non-executive directors. This was undertaken with the assistance of Harvey Nash which was appointed to work with the Committee to recommend appointments to the Council of Governors for approval. This successful campaign resulted in three appointments being made with Mrs Shears, Ms Dowglass and Mr Harding taking up their posts on 1 April 2018.

There has been no increase in non-executive director remuneration since 2014.

There is no performance related pay element of remuneration for Trust staff, including senior managers.

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 2017/18, 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 introduction of the agency cap (national controls on agency spend) last year continued to prove a challenge and there have been occasions during 2017/18 when we have 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 x. 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 numbers of staff in post and the overall staffing costs increased between 2016/17 and 2017/18 due to the acquisition of Hinchingbrooke Health Care NHS Trust which took place on the 1 April 2017, and the staff who transferred to the Trust on 1 September 2017 who provide outpatient services at The Princess of Wales Hospital, Ely and Doddington Hospital together with radiology services at North Cambridgeshire Hospital in Wisbech. 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.

It has been the Trust's aim, in line with policies on organisational change, redeployment and redundancy, to minimise any redundancy packages for posts affected by the merger. This was managed in the period prior to the merger by filling administrative support roles that were known to be affected by consultation on changed structures due to the merger with temporary appointments. In addition all posts at Band 8 and above across both organisations were also reviewed by the Joint Implementation Board that had representatives of both predecessor organisations.



Staff Costs

	Permanent £000	Other £000	2017/18 Total £000	2016/17 Total £000
Salaries and wages	203,822	1,334	205,056	134,150
Social security costs	19,234	-	19,234	13,556
Apprenticeship levy	1,003	-	1,003	-
Employer's contributions to NHS pensions	23,088	-	23,088	15,700
Pension cost – other	-	-	-	109
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	91
Temporary staff		23,851	23,851	15,152
Total gross staff costs	247,147	25,185	272,332	178,758
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	247,147	25,185	272,332	178,758
Of which				
Costs capitalised as part of assets	410	-	410	375

Average Number of Whole Time Equivalent Employees

	Permanent £000	Other £000	2017/18 Total £000	2016/17 Total £000
Medical and dental	651	69	720	459
Ambulance staff	-	-	-	-
Administration and estates	1,347	38	1,385	913
Healthcare assistants and other support staff	954	30	984	735
Nursing, midwifery and health visiting staff	1,685	83	1,768	1,314
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	571	27	598	580
Healthcare science staff	17	-	17	-
Social care staff	_	-	-	-
Other	-	-	-	-
Total average numbers	5,225	247	5,472	4,001
Number of employees (WTE) engaged on capital projects	38	-	38	8

While savings were made as part of the merger within the management and support services costs, the numbers of administration staff shown above has increased due to the acquisition of Hinchingbrooke Heath Care NHS Trust.



"Having spent the last 10 months in your care, I need to say a big thank you to the breast care unit, oncology, chemotherapy suite and radiology. Every single member of staff was amazing, especially the nurses who work so hard and always with a smile. Even reception staff were welcoming and friendly. It feels amazing to be cancer free. "

Exit Packages 2017/18

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 17 exit packages at a cost of £962,000 for 2017/18. There were no exit packages in 2016/17.

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<f10,000< td=""><td>2</td><td>-</td><td>2</td></f10,000<>	2	-	2
£10,001 - £25,000	4	1	5
£25,001 - 50,000	2	-	2
£50,001 - £100,000	6	-	6
£100,001 - £150,000	2	-	2
£150,001 - £200,000	1	-	1
>£200,000	-	-	-
Total number of exit packages by type	17	1	18
Total resource cost (£)	£959,000	£10,000	£969,000

In addition the table below shows other packages that were non-compulsory departure payments. There was one package agreed in 2017/18 and none in 2016/17.

Other Non-Compulsory Departure Payments

	201	7/18	201	6/17
	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	10	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	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	-	-	-	-



Annual Report on Remuneration

Remuneration and Nominations Committee

This 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 were approved by the Trust Board on 25 April 2017. Membership of the committee has remained consistent throughout this last year. The members and attendance at the committee is shown below.

	11 Apr 17	27 Jun 17	25 Jul 17	26 Sep 17	31 Oct 17	28 Nov 17
Committee Members						
Rob Hughes Chairman	~	~	~	~	~	~
Allan Arnott* Deputy Chairman						
Sarah Dunnett* Non-Executive Director	~					
Madhu Davies Non-Executive Director	~	✓	✓	~	~	
Mike Ellwood Non-Executive Director	~	-	~	-	~	~
Alan Brown* Non-Executive Director						
Sarah Dixon Non-Executive Director		✓	✓	~	~	~
Officers in Attendance	1					
Stephen Graves Chief Executive	~	~	~	~	~	~
lan Crich Director of Workforce and OD	~	~				
Joanna Bainbridge Acting Director of Workforce and OD			-	-	✓	-
Jane Pigg Company Secretary	~		~	~	~	-

^{*} denotes attended as deputy

n/a attendance not appropriate

[✓] denotes attendance

⁻ 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 2017/18 is set out below:

Non-Executive Director Appointments and Terms of Service

The members and attendance at the Committee is shown below. The Committee has met six times in the year – the main issues of discussion were: an update on performance appraisal for the non-executive directors and the chairman; re-appointment of the chairman; re-appointment of three non-executive directors; appointment of three new non-executive directors and a review of non-executive director remuneration.



The recruitment of non-executive directors is through a governor-led appointments panel and governor and board discussion groups with external assessment. Recruitment activities were supported by an external search and selection company (Harvey Nash) appointed through competitive tender.

The appointments are recommended for approval to the Council of Governors. The recommendations for re-appointments and appointments were unanimously supported.

	31 May 17	17 Aug 17	03 Nov 17	14 Dec 17	12 Feb 18	26 Feb 18
Committee Members						
Christopher Chew Chairman/Public Governor	~	~	~	~	~	~
Michael Simmonds Public Governor	~	~	~	~	~	~
Anette Beaton Public Governor	~	✓	✓	~	~	~
Moira Johnston Staff Governor	~	~	~	~	✓	~
Sue Prior Public Governor					~	~
Jill Challener Public Governor	~	~			~	~
Alan Crouch Public Governor	~					
Kim Graves Staff Governor	~	~				
Michael Greenhalgh Public Governor		~	~			
Sandy Ferrelly Public Governor		~	~	-		
Gordon Smith Partner Governor		~		~		
Officers in Attendance						
Rob Hughes Trust Chairman	~	✓	✓	~	~	~
Jane Pigg Company Secretary	~	~	~	~	~	~

[✓] denotes attendance

Senior Manager Remuneration Policy

The tables on page 136 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 137. 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 138. 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 cash equivalent transfer values (CETV) quoted on page 138 are the actuarially assessed capitalised value of the pension scheme benefits accumulated at the date shown. The real increase in cash equivalent transfer value is calculated by adjusting the value as at 31 March 2016 for inflation. On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%.

This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

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.

This multiplier of 20 is used as it is the actuarial expectation that pension payments will be received for 20 years. The details of how pensions are calculated at retirement age are detailed in the accounting policies note in the Trust's accounts.

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.



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Single Total Benefit Table – Executive Directors

		2017/18			2016/17	
	Remuneration Salary & Fees Bands of £5k	Pension Related Benefits - 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 (appointed 1/7/17)	80-85	0-2.5	80-85	n/a	n/a	n/a
Joanne Bennis Chief Nurse (appointed 1/2/15)	120-125	65-67.5	185-190	110-115	115-117.5	230-235
lan Crich Director of Workforce and Organisational Development (20/10/14 – 30/6/17)	30-35	0	30-35	130-135	0	130-135
Neil Doverty Chief Operating Officer (appointed 22/10/14)	135-140	0	135-140	125-130	0	125-130
Stephen Graves Chief Executive Officer (appointed 8/9/14)	175-180	32.5-35	210-215	170-175	30-32.5	205-210
Kanchan Rege Medical Director (appointed 1/8/15)	180-185	95-97.5	275-280	175-180	330-332.5	505-510
Caroline Walker Deputy Chief Executive (from 1/9/15)	150-155	15-17.5	165-170	155-160	95-97.5	250-255

Notes:

Taxable benefits, performance related bonuses and long term performance related bonuses were £nil for both years for each individual. The above remuneration is net of any salary sacrifice agreement.

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 The total pension related benefits noted above 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 noted above. 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 above do not represent a benefit which the employees receive each year.

Figures provided by the Pensions Agency.

Single Total Benefit Table – Non-Executive Directors

Remuneration Salary & Fees Salary & Fees Bands of £5k Ba			2017/18		٠	2016/17	
Independent 4; left 7/11/17) 2) wef 12/5/16)		Remuneration Salary & Fees Bands of £5k	Pension Related Benefits¹ - All Bands of £2.5k	Total Bands of £5k	Remuneration Salary & Fees Bands of £5k	Pension Related Benefits¹ - All Bands of £2.5k	Total Bands of £5k
4; left 7/11/17) 2) .wef 12/5/16)	nott (wef 1/1/12) Thairman and Senior Independent for period to 4/6/17	10-15		10-15	15-20		15-20
left 7/11/17)	own (wef 1/4/17)²	10-15		10-15	5-10		5-10
(wef 12/5/16)	Davies (wef 12/5/14; left 7/11/17)	5-10		5-10	10-15		10-15
(wef 12/5/16)	ixon (wef 1/4/17)²	10-15		10-15	5-10		5-10
(wef 12/5/16)	unnett (wef 1/1/12) :hairman wef 5/6/17	10-15		10-15	10-15		10-15
	wood immittee Chairman (wef 12/5/16)	15-20		15-20	10-15		10-15
	ghes (wef 1/4/13)	40-45		40-45	40-45		40-45
Senior Independent Director wef 5/6/17	Gareth Tipton (wef 18/8/14) Senior Independent Director wef 5/6/17	10-15		10-15	10-15		10-15

¹ Pension benefits, taxable benefits, performance related bonuses and long term performance related bonuses were £nil for both years for each individual.

² Mr Brown and Mrs Dixon were Non-Executive Directors for Hinchingbrooke Health Care NHS Trust which was acquired by Peterborough and Stamford Hospitals NHS Foundation Trust on 1 April 2017, with the larger organisation renamed North West Anglia NHS Foundation Trust.

Pension Entitlements of the Board of Directors

	Pension	Pension rights as at age 60	Increase arising in 2017/18 whilst employed by North West Anglia	18 whilst st Anglia			
	Accrued	Lump sum	Accrued	Lump sum	Cash equivalent	Cash equivalent	Real Increase in
	Ŧ	£	£	£	transfer value as at 31/3/2017	transfer value as at 31/03/2018	transfer value for 2017/18
2017/18 Executive Directors	Bands	Bands £5,000	Bands £2,500		000Ŧ	000J	000J
Joanna Bainbridge Acting Director of Workforce and Organisational Development (wef 1/7/17)	15-20	45-50	0-2.5	0-2.5	320	329	9
Joanne Bennis Chief Nurse (wef 1/2/15)	30-35	70-75	2.5-5.0	2.5-5.0	412	493	77
Ian Crich Director of Workforce and Organisational Development (wef 20/10/14 – 30/6/17)			No pension contributions were paid in the year	ns were pai	d in the year		
Neil Doverty Chief Operating Officer (wef 22/10/14)			No pension contributions were paid in the year	ns were pai	d in the year		
Stephen Graves Chief Executive (wef 8/9/14)	25-60	165-170	2.5-5.0	7.5-10.0	CETV is zero as	CETV is zero as postholder is over 60 years of age	0 years of age
Kanchan Rege Medical Director (wef 1/8/15)	45-50	135-140	5.0-7.5	7.5-10.0	813	951	130
Caroline Walker Finance Director Deputy Chief Executive (wef 1/9/15)	25-60	150-155	0-2.5	0-2.5	1,013	1,075	52

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 136.

The highest paid director at the end of the reporting period is the Medical Director. The pay for the Medical Director, inclusive of consultant salary, for 2017/18 is £190K. This is 6.63 times higher than the median salary of £28,277. This excludes agency staff for which annualised costs are not readily available. This pay comparison is an increase from that declared for 2016/17 which was 6.17 times higher than the median salary of £29,579. The calculation for 2017/18 is affected by the acquisition of Hinchingbrooke Health Care NHS Trust.

Governor and Director Expenses

The expenses for the governors and directors for 2016/17 and 2017/18 are noted below. Expenses are paid in accordance with Agenda for Change expense arrangements and are rounded to the nearest £100. These are for expenses claimed directly through the Trust's payroll system.

		2017/18			2016/17	
	Number in Office	Number Receiving Expenses	Aggregate Expenses	Number in Office	Number Receiving Expenses	Aggregate Expenses
Governors	31	8	£3,492	27	9	£4,597
Directors	16	13	£15,488	15	11	£9,639

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. There were concerns that this arrangement was used as a mechanism for avoiding a fair level of tax which is usually deducted by employers at source.

Arrangements have been put in place within the Trust to provide assurance on these arrangements together with a range of control mechanisms regarding such appointments.

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.

There were however engagements during 2017/18 relating to the merger and implementation team. The required disclosure tables are shown below accordingly.

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2018	4
Of which	
No. that have existed for less than one year at time of reporting	
No. that have existed for between one and two years at time of reporting	4
No. that have existed for between two and three years at time of reporting	
No. that have existed for between three and four years at time of reporting	
No. that have existed for four or more years at time of reporting	

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	1
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	1
No. for whom assurance has been requested	1
Of which	
No. for whom assurance has been received	1
No. for whom assurance has not been received	
No. that have been terminated as a result of assurance not being received.	

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

No. of off payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	None	
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.	None	

Stephen Graves, Chief Executive Officer 23 May 2018 Rob Hughes, Chairman, Chair Remuneration Committee 23 May 2018



"My husband was discharged having had surgery for early cancer. His care, while having MRI, CT, colonoscopy, surgery and ward stay has been exemplary. The Consultant in particular has gone the extra mile to explain things in detail to my husband. It is all very much appreciated by us and all our family. Thank you all."

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 and 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

	11 May 17	6 July 17	14 Sep 17	9 Nov 17	11 Jan 18	8 Mar 18
Rob Hughes			~			
Jane Pigg Company Secretary	•	~	~	~	~	
Caroline Walker Finance Director	~	~	~	~	~	✓
Sarah Dunnett Non-Executive Director	~	~	~	~	~	~
Mike Ellwood Non-Executive Director and Committee Chair	~	~	~	~	~	~
Gareth Tipton Non-Executive Director	~	~	✓		~	~
Alan Brown Non-Executive Director	✓		~	~		~
David Bryars Public Governor	~	~	~	>		

Governors attend on rotation

As noted in the Annual Governance Statement on page x, 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. This level of assurance is across the Trust's operations for the predecessor organisations of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Health Care NHS Trust.

There are however some weaknesses identified in the design and/or inconsistent application of controls that put the achievement of particular objectives at risk.

The Committee has received the following evidence to support the HolA's overall opinion:

	Domain Assurance	Audit Review Opinions				
Domain	Level	Substantial	Satisfactory	Limited	Nil	
Finance	Satisfactory		100% (5)			
Workforce	Limited		33% (1)	33% (1)	33% (1)	
Performance and Operations	Limited			100% (3)		
Quality and Clinical	Satisfactory	33% (1)	33% (1)	33% (1)		
Governance and Risk	Satisfactory	33% (1)	66% (2)			
Information Technology	Satisfactory		100% (2)			
Merger Plan	Satisfactory	50% (2)	50% (2)			
TOTAL	Satisfactory	19% (4)	52% (11)	24% (5)	5% (1)	



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 one nil assurance related to recruitment and selection processes; following the report additional work was undertaken to revise processes to ensure documentation is in place for all new starters and validated that risks relating to the right to work have been removed from the process and confirmed that there were no issues regarding this in relation to those appointments highlighted in the audit. A process of internal spot checks was also implemented to support ongoing assurance.

The limited assurance provisions related to the health records, PFI management, fire safety, data quality for referral to treatment waiting times and expenses. In addition, two audits were undertaken where no opinion was provided due to the nature of the audits (the national information governance toolkit and a merger-related assurance audit).

The Trust's external audit service is provided by KPMG LLP. The external auditor was originally appointed following a competitive tender exercise in July 2008 and again in March 2013 by the Council of Governors for Peterborough and Stamford Hospitals NHS Foundation Trust.

This appointment is for five years, with a review after three years. This contract was reviewed by the Audit Committee in July 2016 and a recommendation to continue the contract until July 2018 was ratified by the Council of Governors on 31 January 2017 which has seen KPMG LLP continue its service to North West Anglia NHS Foundation Trust following the acquisition of Hinchingbrooke Health Care NHS Trust. The cost of external auditors for 2017/18 was £134,750 (excluding VAT).

The Trust's internal audit service is provided by Mazars, which was appointed following a competitive tender exercise, and commenced work with effect from 1 April 2014 and has continued provision into North West Anglia NHS Foundation Trust. This service includes local counter fraud activities. The Local Counter Fraud Specialist was also in attendance at all 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.

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 publicly-available register of interests for directors and governors, as well as a gifts and hospitality register.

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 NHS employs over 1.3 million staff who work in around 300 different types of jobs for more than 500 employers. Effective workforce planning linked to workforce change is key to ensuring that the service has enough staff, with the right skills at an affordable rate, who can deliver excellent patient-centered care, now and in the future.

The NHS is going to be looking after more patients which means we need to continue to improve productivity and grow our frontline workforce, especially in priority areas such as nursing, AHPs and medical staff. This will require more training, more recruitment, better retention and greater levels of staff returning to practice. This is coupled with a requirement to create some flexibility, as roles and places of work evolve in line with changes to the practice and delivery of Health and Social Care.

The current 'make-up' of our workforce at the Trust is a primary driver of our current and future costs. Given the substantial changes in population demographics and health care needs, the workforce needs to be fit for purpose. The financial challenges will grow as we adapt our services and therefore our workforce to deliver the future care models required within our local STP footprint and wider.

Key to this will be continuing the work we have delivered through 2017/18 to get the right balance between understanding the nature of workforce pressures locally and nationally, and what can be put in place to address them in the short and the long term.

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-facetted 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 ie, 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 2018.



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.
- 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 1500 places, starting with 500 extra places in 2018 and a further 1,000 from 2019. This expansion is being consulted on and we must ensure we tap into this supply of doctors.
- Tackle pressures on doctors in training: Junior doctors are a crucial part of the NHS workforce.
 We need to better engage with our junior workforce and more senior doctors.
- New professional roles: We are developing a retention strategy for the Trust linked to improving staff engagement; this will be available for implementation from 1 April 2018.

The Trust's retention strategy will pull 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.

Our roll out of Use of e-rostering and effective job planning continued through 2017/18 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 benefits of e-rostering and job planning will continue to be promoted to all other staff groups, particularly during the first six months of 2018, to our medical, allied health professionals and pharmacy staff.

The Trust's Workforce

At 31 March 2018, the Trust employed 6,001 (31 March 2017 - 5,854) employees. This is a positive increase of just over 2.5% from 2016/17 due to improved recruitment to vacant posts throughout the Trust.

The table below indicates gender balance within the Trust during the year. Note that these figures include Directors who left the Trust during the year.

Gender	FTE	Headcount
Directors		
Female	5.10	6
Male	2.00	2
Employees		
Female	4137.06	4806
Male	1116.13	1165
Senior Manager		
Female	9.00	9
Male	13.00	13
Grand Total	5282.29	6001

A combined position showing 2017/18 has been provided for comparisons purposes in the table on page 146. The age bandings are in line with the previous year with a slight increase in the ages between 51 to 65.

The data also shows an increase in the number of staff with a recorded disability this year.

		2016/2017			2017/2018	
	Headcount	FTE	Workforce %	Headcount	FTE	Workforce %
Age						
<=20 Years	56	54.31	0.96%	56	54.55	0.93%
21-25	424	409.69	7.24%	410	392.33	6.83%
26-30	760	716.84	12.98%	800	748.29	13.33%
31-35	636	559.11	10.86%	662	584.87	11.03%
36-40	731	624.17	12.49%	731	632.41	12.18%
41-45	747	656.85	12.76%	753	658.39	12.55%
46-50	795	698.31	13.58%	801	702.35	13.35%
51-55	826	724.06	14.11%	850	740.40	14.16%
56-60	562	480.11	9.60%	599	512.07	9.98%
61-65	252	198.66	4.30%	273	218.65	4.55%
66-70	55	32.97	0.94%	48	26.75	0.80%
>=71 Years	10	7.11	0.17%	18	11.24	0.30%
Disability						
Declared Disability	125	114.07	2.1%	134	121.25	2.2%
No declared Disability	3206	2873.88	54.8%	3419	3419.00	57.0%
Undisclosed	2523	2174.23	43.1%	2448	2105.99	40.8%
Ethnicity						
White	4629	4020.73	79.1%	4645	4022.368	77.4%
Mixed	77	71.95	1.3%	77	71.8296	1.3%
Asian or Asian British	689	649.67	11.8%	748	703.6942	12.5%
Black or Black British	177	163.34	3.0%	196	179.4538	3.3%
Other	115	109.09	2.0%	116	107.2955	1.9%
Undisclosed	167	147.41	2.9%	219	197.6429	3.6%
Gender						
Female	4724	4078.45	80.7%	4821	4151.16	80.3%
Male	1130	1083.74	19.3%	1180	1131.13	19.7%
Religious Belief						
Atheism	543	494.68	9.3%	585	529.26	9.7%
Buddhism	23	22.13	0.4%	19	18.28	0.3%
Christianity	2510	2225.17	42.9%	2517	2229.86	41.9%
Hinduism	102	96.04	1.7%	95	88.80	1.6%
Islam	130	122.46	2.2%	127	118.49	2.1%
Jainism	0	0.00	0.0%	1	1.00	0.0%
Judaism	4	3.60	0.1%	6	5.21	0.1%
Other	337	296.43	5.8%	336	299.92	5.6%
Sikhism	11	10.11	0.2%	13	11.72	0.2%
Unspecified	2194	306.54	37.5%	2302	363.71	38.4%
Sexual Orientation						
Bisexual	28	25.21	0.5%	32	28.04	0.5%
Gay	28	26.80	0.5%	25	23.91	0.4%
Heterosexual	3673	3281.32	62.7%	3715	3314.36	61.9%
Lesbian	13	11.65	0.2%	16	13.79	0.3%
Unspecified	2112	1817.20	36.1%	2213	1902.19	36.9%

Workforce Performance Indicators

As at 31 March 2018, the Trust achieved a sickness absence level of 3.79% (rolling average) compared with 3.97% for 2016/17. This is a positive reduction over the past 12 months and puts us under the average for our peers at a national level.

Measure (Statistics from HSCIC from ESR Data Warehouse)	Trust Rate (12/16)	3	Rate (12/16)	Definition
Absence rate	3.77%	3.74%	3.90%	Number of sickness days divided by the total FTE at the trust in the last month

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 2017 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:

Nationally calculated sickness absence days

		ted by DH to Best quired Data Items	Statistics Produced by HSCIC from ESI Data Warehouse					
	Average FTE 2017/18	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	5,224	46433	2,060,914	74,661	8.9			

Staff Turnover

Staff turnover levels have decreased from 11.54% in 2016/17 to 11.12% in 2017/18. 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 which results in a better stability index than both comparison groups.

Measure	Trust Rate (1/18)	Regional Rate (1/18)	National Rate (1/18)	Definition
		Medium acute	Medium acute	
Leaver rate	10.76%	14.21%	14.24%	Number of leavers divided by the average number of staff in the last 12 months
Stability index	86.77%	85.15%	85.88%	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

Culture

Values

In April 2017 we launched our new values for North West Anglia Foundation Trust. The values were chosen by our patients, visitors and staff.

We launched our new values icons and branding in August 2017.

- We put patients first
- We are actively respectful
- We work positively together
- We are caring and compassionate
- We seek to improve and develop











Personal Responsibility Framework

In August we also launched our new 'Personal Responsibility Framework'. This framework reflects and supports our new organisational values. It outlines the behaviours that demonstrate how we live these values; to each other, our patients, visitors and colleagues across the wider healthcare community. It describes the positive behaviours we expect to see but also the negative behaviours we do not expect to see. It is just as important that we focus on 'how' we do things and not just 'what' we do.

Depending on the responsibilities of roles, staff will be required to demonstrate additional leadership behaviours to create and support a positive culture.

It was created using staff and patient feedback and builds on the success of previous values and behavioural framework.

'Have Your Say' - Our Cultural Barometer Survey

'Have Your Say', our Cultural Barometer' survey, continues to take place quarterly. This short, anonymous survey is open to all Trust staff and incorporates the national 'Staff Friends and Family Test' (SFFT) questions.





Trend: Staff Friends and Family Test Results

	2013/14		2	2014/1!	5	2015/16			2	2016/17		7/18 AFT)		
	Q2	Q3	Q4	Q1	Q2	Q4	Q1	Q2	Q4	Q1	Q2	Q4	Q1	Q2
How likely are you to recommend this organisation to	75%	76%	80%	78%	77%	78%	81%	81%	81%	88%	86%	82%	85%	82%
friends and family if they needed care or treatment?	N/A	N/A	N/A	75%	74%	74%	73%	72%	72%	73%	85%	N/A	83%	82 %
How likely are you to recommend this	66%	56%	65%	59%	63%	64%	63%	66%	62%	72%	71%	60%	62%	60%
organisation to friends and family as a place to work?	N/A	N/A	N/A	61%	61%	61%	54%	50%	64%	55%	63%	N/A	02%	00%

- 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 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.

'Good to Outstanding' (G20) Organisational Development Programme



In June 2016 we launched our 'Good to Outstanding' programme, with the following workstreams;

- Outstanding Patient Care & Experience
- Outstanding Leadership
- Outstanding Conversations
- Outstanding People
- Outstanding Services

We continue to produce regular special editions of our staff magazine 'The Pulse' to update staff on the programme's progress and promote the upcoming work and projects.

Our monthly and annual organisational staff awards are explicitly linked to our values, which are also linked to the above 'outstanding' categories. In May 2017 the programme was shortlisted as a finalist for the Healthcare People Management Association (HPMA) 'Academi Wales Award for Excellence in Organisational Development'.

Staff Council

Staff council members continually seek views from colleagues, which are brought for discussion. As well as incorporating a cross-section of staff, all the staff governors are also members. From April 2017 the council was extended to include staff from our Hinchingbrooke site. Recommendations are made by the group to the Workforce Committee and Trust Management Board.

The success of the staff council has encouraged divisions and departments to set up their own local staff councils, which feed through to the main Council and help to improve communications throughout the Trust.

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NHS Staff Survey 2017/18

This year the NHS National Staff Survey (NSS) was sent out to a sample size of 1,500 Trust staff. We had a final response rate of 38%. The 2016 score is a combination of HHCT and PSHFT.

	201	6/17	201	7/18	
	Trust	National Average (Acute)	Trust	National Average (Acute)	Trust Improvement/ deterioration
Response Rate	53%	44%	38%	46%	15% deterioration 8% lower than the national average

The NSS was conducted during October 2017 through to early December 2017 when there was significant organisational change, particularly at divisional and management level. This may have affected our disappointing response rate.

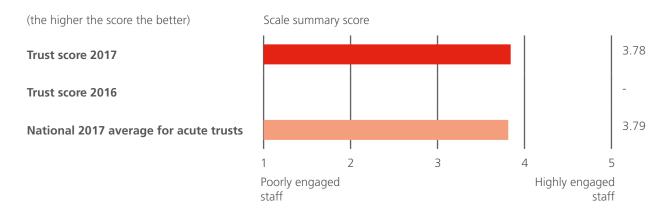
Staff Engagement Score

Since 2009, the Care Quality Commission has calculated a 'Staff Engagement Score'; this overall indicator of staff engagement has been calculated using the questions that make up 'Key Findings' 1, 4 and 7:

- Their willingness to recommend the Trust as a place to work or receive treatment (KF1)
- The extent to which they feel motivated and engaged with their work (KF4)
- Staff members' perceived ability to contribute to improvements at work (KF7)

The Trust's engagement score was 3.78 which is slightly lower than the average score for acute trusts of 3.79.

Overall Staff Engagement



Engaging with staff is a key element of ensuring that services to patients are provided to a consistent standard and in line with the Trust's priorities. As well as the staff governors, who represent staff members, the Trust works with staff council members and local union representatives.

Top and bottom ranking scores

The scores below show where the Trust compares most favourably with other acute trusts in England (top) and least favourably (bottom). The results from the 2017 Staff Survey were published in March 2018. Action plans are currently being created at both organisational and divisional level within the Trust to ensure all areas of concern are addressed.

Top ranking scoresThe five key findings for which NWAFT compares most favourably with other acute trusts in England

Key Finding	ННСТ 2016	PSHFT 2016	National Average 2016	NWAFT 2017	National Average 2017
KF2 staff satisfaction with the quality of work and care they are able to deliver	4.04	4.04	3.96	3.99 (in the best 20% of acute trusts)	3.91
KF32 effective use of patient/service user feedback	3.71	3.73	3.72	3.78	3.71
KF14 staff satisfaction with resourcing and support	3.38	3.42	3.33	3.37	3.31
KF4 staff motivation at work	4.02	3.98	3.94	3.95	3.92
KF23 % reporting experiencing physical violence from staff in the past 12 months	2%	2%	2%	2%	2%



"Quick admission for my daughter's tonsillectomy. The nurse was very friendly and reassuring as my daughter was nervous. The nurse kept me informed and my daughter said all the nursing staff were caring and friendly. Sent home with clear instructions and pain relief."

Bottom Ranking Scores

The five key findings for which NWAFT compares least favourably with other acute trusts in England

Key Finding	HHCT 2016	PSHFT 2016	National Average 2016	NWAFT 2017	National Average 2017
KF27 % of staff reporting their most recent experience of harassment, bullying or abuse	51%	53%	45%	36%	45%
KF6 % of staff reporting good communication between senior management and staff	27%	34%	33%	26%	33%
KF7 % of staff agreeing they are able to contribute towards improvement at work	71%	71%	70%	64%	70%
KF24 % of staff reporting most recent experience of violence	70%	76%	67%	64%	66%
KF9 effective team working		3.82	3.75	3.68	3.75

Context

Nationally of the 32 key findings in the survey, on average, 21 worsened and 11 improved. Of the 32 key findings NWAFT scored 13 lower than the national average, nine better and six average.

Trust employment and disability

As set out in our Equality and Diversity Policy, 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 aim to create a culture that respects and values individual differences and that encourages individuals to develop and maximise their true potential.

In accordance with the Sickness Absence Policy and Procedure and the Equality and Diversity Policy, the Occupational Health Department advises managers and staff on appropriate working arrangements, which may include making reasonable adjustments or modifications to working hours to accommodate the medical condition. Reasonable adjustments are specific to individuals and might include making adjustments to premises, duties, working hours or acquiring or modifying equipment (eg hearing loop) under the guidance of specialist external agencies such as Access to Work.

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 contributes to two CQUINS; seasonal flu vaccination for Healthcare Workers and Employee Health and Wellbeing. This year, so far 70% of front line clinical staff received the flu vaccination achieving the CQUIN.

In 2017 the Trust took part in the Virgin Pulse Global Corporate Challenge, a 100 day challenge to increase the number of steps walked daily and to improve health and wellbeing. 75 teams entered into the challenge, North West Anglia was the most active NHS Trust in the whole country, completing 276,965 miles and 14,379 average steps per person per day; many members of staff who took part report additional health benefits, not only for themselves, but for their families too. Next year we are entering the Virgin Pulse Global Corporate Challenge again, encouraging cross site teams to take part, developing team working and communication between the six Trust sites.

The Trust supported Mental Health Awareness Week in May 2017, where a multi-disciplinary group of staff raised the importance of mental wellbeing. As a result of the merger, mental wellbeing support has been reviewed and face to face counselling is offered to all Trust staff as part of their support. The Trust counselling service, provided by an independent charity, will offer a Trust-wide service from April 2018.

A Health and Wellbeing support worker is being recruited to promote Trust-wide campaigns that promote health and wellbeing across the organisation. As part of our Good to Outstanding campaign, the Trust health and wellbeing strategy is being finalised to give corporate direction to the Trust.

Leadership, Education and Training

Developing our leaders and managers has remained a priority for the Trust and continues to be one of the main themes in our Good to Outstanding (G2O) organisational development programme. Our overarching aim is to ensure our leaders and managers demonstrate the skills, knowledge, attitudes and behaviours they require to lead and manage to the highest standards. A new personal responsibility framework has been implemented that outlines the behaviours we expect to see from all of our staff with additional responsibilities for our leaders, both at departmental and strategic level.

Our leadership, management and development programmes have been reviewed to ensure they are current and in context with both national and local priorities, while continuing to follow the ethos of the NHS Leadership Academy's Healthcare Leadership model.

The 'Vision to Reality' programme, our internal leadership programme for staff in Band 7 and above is currently underway. There are 29 delegates on the programme from a variety of areas across the whole Trust including three consultants. Early evaluation is very positive. The 'Effective Manager', continues to run regularly and receives excellent feedback on how useful it is in preparing our managers for their roles.

Mandatory training delivery and compliance remains a priority. Following the formation of the new organisation, we have aligned our Trust Training Needs Analysis and compliance reporting process. This will ensure we have a uniform system for the management of mandatory training. 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 overall compliance of the Trust's mandatory training.

This ensures the Trust's workforce is prepared and trained effectively to carry out their role, minimise risk across the whole organisation, and enhance the patient experience. For this reporting period, the Trust's overall mandatory training compliance figure has remained at or above our target of 90% for the last year.



Estates and Facilities

Over the past year the focus for the Estates and Facilities directorate was to re-establish a senior management team in order to provide stability in the first year of the merged organisation.

This was achieved in Peterborough and Stamford hospitals and started at Hinchingbrooke Hospital. Peterborough and Stamford hospitals now have a full team managing both the 649 bed PFI hospital, and the retained estate in Peterborough and Stamford.

At Hinchingbrooke, we have been successful in appointing two new senior managers to the Estates Team, with a view for further appointments in 2018/19. This is despite a number of senior Facilities Management staff leaving for other NHS Trusts.

The challenge we faced in 2017/18 was the integration of two different estates and facilities models which were both steeped in their history. A number of senior posts left the Trust. However, through staff management we have started the process of aligning our policies and procedures so that we have one platform to work from.

In financial terms, achieving our Cost Improvement Programme (CIP) targets for the year proved challenging because the largest savings were realised in previous years. However we have exceeded our CIP target in merger savings and our Part Year Effect (PYE) revenue savings. Together with bringing our revenue budgets in on target provided us with great diving board for 2018/19.

Saying all that, 2017/18 was a successful year in terms of staffing and meeting key targets. Other key successes for 2017/18 included:

- Carrying out a 100% asset validation survey to enable us to implement a comprehensive PPM plan
- Surveying all the retained hospital estate buildings and developing a six facet survey together with a proposed five year plan to address the survey
- Implementing a strong accountability and responsibility atmosphere within the team which provided the backbone to a very strong team
- Delivering the Capital programme on time and to budget
- Working on complicated negotiations with our PFI partner.

Peterborough City Hospital

The Trust's Peterborough City Hospital was built and funded through a Private Finance Initiative (PFI) arrangement. Over the past couple of years a number of issues came to the fore which caused some difficulties with the operation of the contract.

During 2017/18, the Trust worked with its partners to review the management arrangements, operational issues, and created solutions to enable the hospital to be managed as effectively and efficiently as possible. Although discussions were not concluded by the end of the financial year, they are likely to be concluded by first quarter 2018.

Discussions are ongoing to resolve many of the infrastructure issues which include fire compartmentation and electrical systems, to name but a few.



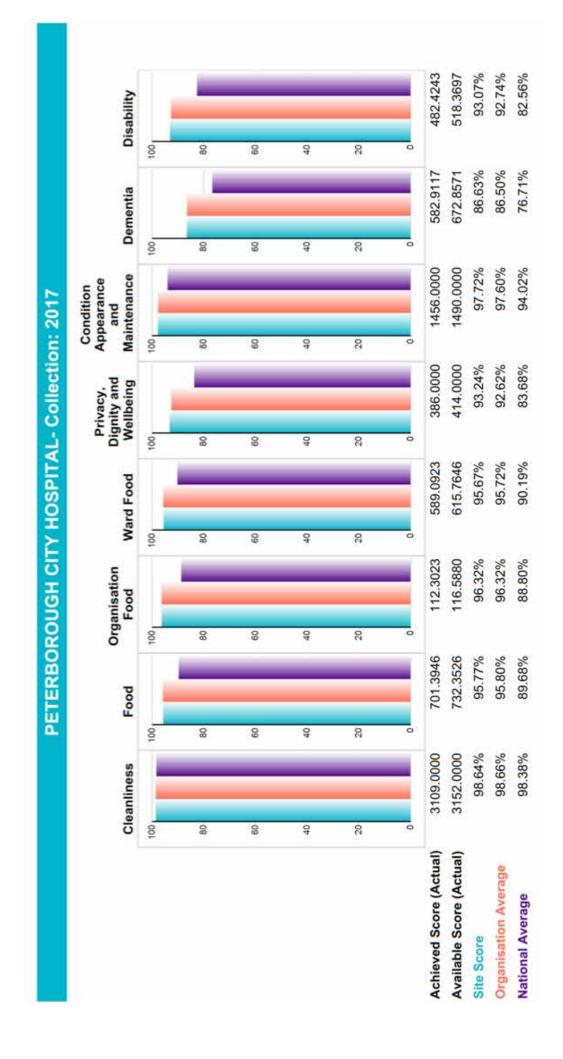
"Many thanks for great job fixing my dislocated shoulder. No more badminton for me!"

Facilities Management (Soft FM)

The annual Patient Led Assessment of the Care Environment (PLACE) assessment was carried out in late March and was viewed by all as a positive experience. The results delivered in August 2017 were well received.

on Name <u>oning</u> on Type Type Type Type Type Region at	PETERBOR MIDLANDS RGN49 STAMFORD ACUTE - GENERAL NHS Acute/Specialist	OUGH AND AND EAST & RUTLAND MEDIUM ACUTE	STAMFORD OF HOSPITAL HOSPITAL	HOSPITALS ENGLAND	NHS	FOUNDATIO	N TRUST	PETERBOR MIDLANDS RGN80 PETERBOR ACUTE - GENERAL NHS Acute/Specialist	OUGH AND AND EAST OUGH CITY MEDIUM ACUTE	STAMFORD OF HOSPITAL HOSPITAL	HOSPITALS ENGLAND	NHS	FOUNDATIO	N TRUST		IGB ACUTE -	ROOKE AND EAST ROOKE SMALL ACUTE	HEALTH OF HOSPITAL HOSPITAL	CARE NHS ENGLAND	TRUST
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The results showed an overall improvement over previous years, however we still strive to do better in all our hospitals.



Capital Projects and Property Management

Projects and Property Management

In 2017/18 we delivered a number of key schemes to improve the environment we have for patients.

Bed Expansion 2017 continued at Peterborough City Hospital with an additional 12 beds

Stamford Outpatients development was completed

M1 Equipment replacement

A&E at Hinchingbrooke was refurbished

Estates Strategy, condition survey was started with condition survey and asset survey completed

Fire precautions

Asbestos removals at Stamford Hospital

M&E Vacuum Plant replacement at Hinchingbrooke Hospital

Residences refurbishment at Hinchingbrooke Hospital

Pathology minor works Phase 2 was completed Hinchingbrooke Hospital

Now that we have a six facet survey of the condition of our infrastructure, we can plan for the next five years capital programme, identifying what needs to be done to meet our compliance agenda.

Sustainability

Through the 2014 National Sustainable Development strategy, the NHS is committed to improved use of resources, and delivery of high quality, timely and cost effective care to our local community remains fundamental to our strategic plans.

Pre-merger, both trusts demonstrated commitment to the sustainability agenda, with Peterborough & Stamford and Hinchingbrooke trusts achieving reductions in CO_2 emissions of 638.6 and 492 tonnes against respective plans. Energy efficiency schemes and waste reduction initiatives have helped deliver targets and the challenge for the new Trust will be to maintain momentum, delivering high level service with reduced carbon and costs.

Carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the *Climate Change Act* and the adaptation reporting requirements are complied with.

With an annual spend in excess of £4m, energy and water remain a key focus. Peterborough City Hospital accounts for over £3m and we are working with the PFI providers to reduce these costs.

2017-18 Performance - Key Indicators

Energy	Mwh	£K Gross	CO ₂ Emissions
Electric	25100	3048	8756
Gas	43224.5	1116	7945
Total	68324.5	4164	16701

	Water M3	Sewerage M3	£K
Water & Sewerage	277288	252480	586

Increased service demands impact on utilities and going forward, innovation and effective staff engagement will be important.

Work will begin shortly on our new Sustainable Development Management Plan, with targets set against a 2017-18 base year. While carbon reduction remains a key focus, we must continue to build on existing successes and initiatives, including improved patient pathways, community engagement and staff wellbeing initiatives.

We will also continue to take a lead role in the East of England Sustainability Network which provides regular masterclasses and a networking platform for sustainability leads across the healthcare sectors.

Looking forward

The focus looking forward to 2018/19, is to integrate the Estates and Facilities functions at Peterborough City, Stamford and Hinchingbrooke Hospitals, and to realise the cost saving opportunities identified as part of the business case proposals.

In particular, there will be a strong focus on:

- Compliance with NHS guidelines
- Ensuring all teams work to the same set of requirements
- Reducing reliance on external contractors by increasing trade staff at Hinchingbrooke Hospital
- Bundling contracts together to realise cost savings as highlighted in the merger business case

- The Trust continues to explore energy efficiency opportunities
- Harmonising car park management arrangements across all three hospital sites
- Delivering our CIP and revenue budgets to agreed limits

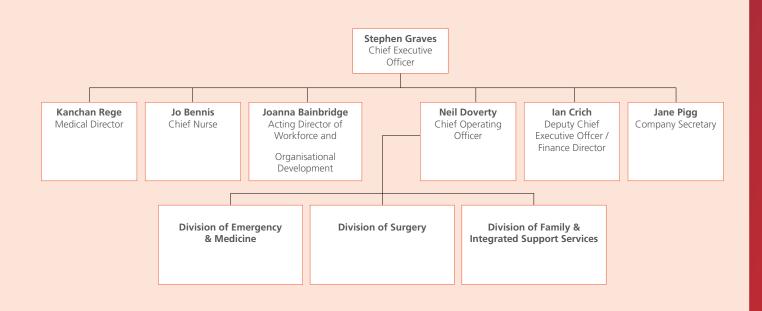
Many of the priorities for next year will guide the Trust towards compliance with the Estates and Facilities recommendations of the Lord Carter of Coles report.

A priority for the new Trust will be to develop an Estate Strategy (Recommendation 1), which will ensure more than 97.5% of the estate buildings are utilised, and that no more than 35% of the estate buildings will be utilised for non-clinical space (Recommendation 2).



Board of Directors

Executive Directors and Divisional Management Structure



The Trust Board of Directors comprises executive, non-executive directors and non-voting members 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.

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 181.

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 page 160.



"Genuinely teared up when I said goodbye to my surgeon. He is an amazing guy and a real testament to the #NWAnglia and #NHS!"

Divisional Structure

Operational Divisions





Medical Director, **Dr Kanchan Rege** to oversee professional accountability of Divisional Directors



Neil Doverty, Chief Operating Officer

Division of Surgery

Chief Nurse, Jo Bennis to oversee professional accountability of Divisional Heads of Nursing

Division of Family &



Division of Emergency &



Dr Callum Gardner, Divisional Director

Mr Filippo Difranco, Divisional Director

Dr David Woolf, Divisional Director





Angus Maitland, Divisional General Manager



Di Lynch, Divisional General Manager





Sue Fenson, Divisional Head of Nursing



Janet Driver, Divisional Head of Nursing



Fran Stephens, Divisional Head of Nursing/Midwifery

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

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

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 6 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 Board 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 Vice Chairman/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 2017/18. The table below shows attendance.

Directors' attendance at Board meetings 2017/18

Non-Executive Directors	Board of Directors Attendance	Executive Directors	Board of Directors Attendance
Mr Rob Hughes	12/12	Mr Stephen Graves	12/12
Mr Allan Arnott	9/12	Mrs Joanne Bennis	12/12
Mrs Sarah Dixon	10/12	Mr Ian Crich	3/3
Mr Alan Brown	10/12	Mr Neil Doverty	11/12
Mrs Sarah Dunnett	12/12	Dr Kanchan Rege	11/12
Dr Madhu Davies	6/8	Mrs Caroline Walker	11/12
Mr Mike Ellwood	11/12	Mrs Joanna Bainbridge	9/9
Mr Gareth Tipton	11/12	Miss Jane Pigg ¹	10/12

¹ Miss Jane Pigg is a non-voting member of the Board of Directors

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.



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:

- Seven staff governors (elected)
- 17 public governors (elected)
- Six partner governors (appointed) nominated from partnership organisations

The Council of Governors meets formally on a quarterly basis. There were four full meetings in 2017/18. Executive and non-executive directors are invited to attend. Details of governors' attendance are shown on the following page.

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.

Changes during the year

Prior to the acquisition of Hinchingbrooke Health Care NHS Trust on 1 April 2017, elections took place across all constituencies and classes between January and March 2017, with successful candidates notified in early April 2017.

Following the election the following governors stood down:

Mrs Margaret Anderson (Public Governor)
Mr Mark Bush (Public Governor)
Mr Nick Foreman (Public Governor)
Mrs Ann Gilliatt (Public Governor)
Mrs Astrid Kuhn (Public Governor)
Mr Brian Hackman (Public Governor)
Mr Tobias Payne (Public Governor)
Dr Bill Proudlock (Public Governor)
Mrs Sandra Woodhouse (Public Governor)
Mrs Donna Phipps (Staff Governor)

Governors' attendance at Council of Governors meetings 2017/18

Public Governors

Name	Attendance
Mrs Annette Beeton	4/4
Dr David Bryars	3/4
Mrs Amanda Buckenham	2/4
Mr Christopher Chew	4/4
Dr Jill Challener	4/4
Mr David Cooke	1/4
Mr Alan Crouch	4/4
Mrs Sandy Ferrelly	2/4
Mr Michael Greenhalgh	4/4
Miss Nicky Hampshaw	1/4
Dr Nik Johnson	2/4
Mr Duncan Lawson	4/4
Mr David Marshall	1/1
Mrs Trish Mason	4/4
Mrs Alison Meadows	2/1
Mrs Sue Prior	3/4
Mr Michael Simmonds	3/4
Dr Robert Wordsworth	4/4

Staff Governors

Name	Attendance
Mr John Ellington	1/4
Mrs Kim Graves	2/4
Ms Moira Johnston	4/4
Mr Asif Mahmood	4/4
Mr Tarang Majmudar	4/4
Dr Jennine Ratcliffe	3/4
Mrs Lorraine Tosh	2/4

Partner Governors

Name	Attendance
Mrs Liz Ball	1/4
Cllr Wayne Fitzgerald	2/4
Cllr John Gowing	2/4
Mr Gordon Smith	2/4
Cllr Ray Wootten	2/4

The following Governors stood down in 2017/18.

Mr David Cooke Mr Alan Crouch Mr David Marshall Mrs Sandy Ferrelly Mr Michael Greenhalgh

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 2017/18



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 Chairman of Anna's Hope, the children's brain tumour charity, and a Trustee of Brain Tumour Research. He was involved in the NHS Strategic Review of Children's Neuro Surgery.

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.



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.



Alan Crouch
Term of office: 1 April 2017 to
31 March 2019

Alan and his family have had first-hand experience of the care provided by staff at Hinchingbrooke

Hospital, and he is passionate about the service our staff deliver. This, together with his background as an executive director, transformation consultant, keynote speaker and fundraiser, Alan brings considerable commercial experience to the Council of Governors' team. His accessible approach supports public engagement and two-way communication as the Trust continues to shape its services.



Sandy Ferrelly Term of office: 1 April 2017 to 31 March 2020

Sandy has 43 years' experience of working in the NHS. Her last appointment was Director of a London

Teaching Hospital Trust. Sandy's background includes six years as a Lay Representative on the Huntingdonshire LCG and on the Patient Reference Group at Hinchingbrooke Hospital. Sandy has been Chair and Vice Chair of Huntingdonshire Patient Congress. She uses her experience from both patient and NHS management perspectives to bring about the best possible outcomes when change is necessary. Sandy stood down for personal reasons.



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.



Alison Meadows Term of office: 1 December 2017 to 31 March 2020

Alison has worked in Public Health and the NHS as an independent branding and marketing consultant during the

past five years. Her background in commercial management and creative businesses means she is a strong and open communicator who is used to engaging with a wide spectrum of people. Alison has been a school governor and is involved in local fundraising. She is looking forward to forging strong community relationships and growing membership of the Trust in Huntingdonshire.

Public Governors representing Greater Peterborough



Annette BeetonTerm 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.



Michael Greenhalgh Term of office: 1 April 2017 to 31 March 2019

Michael worked for the NHS for 30 years, where his career began as a porter. He went on to train as a State

Enrolled Nurse, became a Registered General Nurse, and at age 50, completed a Bachelor of Science degree in Nursing. He spent two years at Edith Cavell Hospital before retiring. Michael believes the patient comes first, cared for by a multi-disciplinary team. Not just one hero, but a team of heroes who all play their part in caring for our patients. Mr Greenhalgh stood down for personal reasons.



Nicola Hampshaw Term of office: 1 April 2017 to 31 March 2019

Nicola is a Director of Peterborough Healthwatch and has been a member of the organisation for the last five

years. She has worked as a trustee at Dial/Disability

Peterborough since 2009. Nicola takes great interest in the improvement of services. She has seen how the Trust operates from both sides, as a patient, and as the Healthwatch representative on the Trust's Quality Assurance Committee.



Trish MasonTerm 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 WordsworthTerm 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 and supplier engagement. He is currently working with a UK charity promoting public health in the community, has six 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 ChewTerm of office: 1 April 2017 to 31 March 2019

Christopher was Lead Governor of PSHFT until March 2017 and he continues as Governor of this Trust. During the

acquisition process he worked on the Strategic Planning Committee and the Musculoskeletal, Surgery and Clinical Business Unit reviews. His background is in marketing, public relations and sales in national and international trading. He is a member of Rotary International and Trustee for AGE UK Spalding and District. He is passionate about the pursuit of efficient, high quality clinical performance and financial stability.



Mr David Cooke Term of office: 1 April 2017 to 31 March 2020

David was Public Governor for PSHFT from October 2015 until March 2017. He worked for a regulated water

utility business for 37 years, where his career began in a local laboratory. He was Operations Director of the organisation prior to his retirement. He has chaired the regional Wateraid Charity and is presently trustee for a pension fund. He is passionate about the care and treatment of patients, delivery of clinical benefits and Trust efficiencies. Mr Cooke stood down for personal reasons.



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. This involvement gives Duncan insight into the concerns of local patients, and 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 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 an active committee member of the patient participation group at Lakeside Health in Stamford. This combination of experience brings financial expertise, patient experience and a wider understanding of community issues to her role. Sue is a Governor observer on the Finance and Performance and Quality Care committees.

Staff Governors

Staff Governors representing Hinchingbrooke Hospital



Kim GravesTerm of office: 1 April 2017 to 31 March 2020

Kim has worked at Hinchingbrooke Hospital for 26 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 forward their ideas.



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 and 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 theatres for 38 years and was

until recently the Equipment Manager for anaesthetics, critical care, theatres, surgery, MSK and emergency and medicine, however he has recently become the Equipment Manager for Peterborough City Hospital and Stamford Hospital. He was the relocation lead for the department 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 31 March 2019

Moira was Staff Governor at PSHFT from October 2015 to March 2017. She is a Project Manager in the IT

department where she facilitates projects across the Trust. She has worked in a variety of administration and clerical roles at Peterborough City Hospital, in HR, Cardiac Research and e-Rostering. Moira is interested in how the Trust works, enjoys listening and talking to colleagues, and is keen to reflect their views.



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 Governor representing Stamford Hospital



Dr Jennine RatcliffeTerm 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 CCGTerm 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.



Gordon Smith Healthwatch Cambs & Peterborough Term of office: 1 April 2017 to 31 March 2020

Gordon's background is in Human Resources and Education, where he

was a senior lecturer and management consultant in HR. Before joining the Board of Cambridgeshire and Peterborough Healthwatch, he was a member of the Northamptonshire Healthwatch board. He is currently a member of the Northamptonshire Mental Health

Panel. Gordon is a retired Governor of Kettering General Hospital, Chairman of the Nene Valley Citizens Advice Bureau, Justice of the Peace and Chairman of a Church of England charity.



Cllr Wayne Fitzgerald Peterborough City CouncilTerm 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 Chairman of the SKDC Communities and Well-being Committee.

Foundation Trust Membership

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 were elected from our membership to represent our members in each constituency in readiness for our first day of operation as the newly-merged North West Anglia NHS Foundation Trust on 1 April 2017.

There are six public governors each for the Greater Peterborough and Huntingdonshire constituency, and five for the Stamford and South Lincolnshire constituency.

A dedicated member recruitment drive in Huntingdonshire was run in the months leading to the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust, in order to help provide a greater voice for those people living in Huntingdonshire.

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 agreed they are happy to be contacted in this way.

In addition, the Trust holds members' meetings three times a year. This includes our Annual Public Meeting, usually held in July.

Membership numbers

	31 March 2017	31 March 2018
Public membership	8,679	8,343
Staff membership	4,949	4,946
Total	13,628	13,289

Current public membership statistics

		Public members 2017/18
Age	16	0
	17-21	188
	22+	6,110
	Undisclosed	2,045
Ethnicity	White	5,894
	Mixed	48
	Asian or Asian British	327
	Black or Black British	50
	Other	45
	Undisclosed	1,979
Gender	Male	3,172
	Female	4,882
	Trans-gender	*
	Undisclosed	289
Recorded disa	bility	*

^{*} Data not available

Developing our membership

Plans are in place to further develop and grow membership services across all constituencies served by our newly-merged Trust in 2018/19. This includes plans to attract more people who are younger and more members of ethnic communities, to ensure a more accurate representation of the 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.



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 136 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 98.

Freedom to speak up

A statement regarding the freedom to speak up is included in the Quality Account on page 102.

Equality and diversity and human rights

Trust compliance with statutory Mandatory Equality and Diversity training for 2017/18 was 78% 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 published the revised version of the Single Oversight Framework on 13 September 2016. 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).

By focusing on the five themes NHSI aims to support providers to improve and/or maintain a CQC rating of 'Good' or 'Outstanding'.

The framework came into force on 1 October 2016, replacing the previous 'Monitor Risk Assessment Framework'.

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; The Trust is currently in Segment 2, with support being provided for A&E services.

The Trust's ratings for the past two years are	as follows:
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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

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

This approach replaced the previous ratings against which the Trust's performance for 2016/17 is below:

Regulatory Ratings 2016/17

Risk Ratings	Annual Plan	Q1: Apr to Jun	Q2: Jul to Sep	Q3: Oct to Dec	Q4: Jan to Mar
Financial Sustainability ¹ 2016/17	1	1	1	2	2
Governance ² 2016/17	Red	Red	Red	Red	Red

¹ Rated 1-4, where 1 represents the lowest risk and 4 the highest

² Rated Green, Amber/Green, Amber/Red, Red – replaced by the Single Oversight Framework segmentation above.

Regulatory Action

Throughout the year the Trust worked with NHS Improvement on an improvement plan for performance against the four hour A&E target to increase efficiencies and deliver a long term strategy for financial sustainability. This work was progressed through monthly performance review meetings and reported at each public Board of Directors' meeting.

On 2 November 2017 NHS Improvement issued a compliance certificate in respect of the Trust's enforcement undertakings. There is no current regulatory action in place.

The Licence is available to view on NHS Improvement's website at http://www.improvement.nhs.uk and from the Trust's Company Secretary.

Enhanced Quality Governance Reporting

Quality Governance is a combination of structures and processes at and below Board level to lead on Trust-wide quality performance including:

- ensuring required standards are achieved;
- investigating and taking action on sub-standard performance;
- planning and driving continuous improvement;
- identifying, sharing and ensuring delivery of best-practice; and
- identifying and managing risks to quality of care.

Arrangements are in place to ensure quality governance and quality are discussed in more detail within the annual governance statement (page 177 refers) and the quality report (page 41 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. The code sets out a common overarching framework for the corporate governance of NHS foundation trusts and complements their statutory and regulatory obligations.

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

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.

In 2016/17 Governance processes were consolidated through external reviews led by Deloitte LLP undertaken as part of the merger process with Hinchingbrooke Hospital. While the external reviews confirmed the Trust had appropriate procedures in place, recommendations were made that are being implemented as part of the merger arrangements. In terms of the code, there are areas that could also be strengthened, and these are referenced below with the code provisions:

- **B.5.6(a)** Council of Governors should canvass members on forward plan
- **E.1.1** Board of Directors to have a public document regarding policy on stakeholder involvement including a description of the kind of issues it will consult on
- **E.1.6** Board of Directors to monitor effectiveness of membership and of engagement strategy

These will also be reviewed as part of the process for the enlarged Trust.

Information Governance

The Trust is required to submit an annual Information Governance Toolkit declaration at the end of March 2018. There is a requirement for the Trust to attain a minimum Level '2' assessment (Level '0' being the lowest with no evidence and Level '3' the highest) for each standard and also have a supporting annual internal audit of IG Toolkit compliance.

For 2017/18, the Trust submitted a minimum Level '2' attainment across the standards with some Level '3' compliance. This is similar to other years. No recommendations were made for improvement in the internal audit.

The Information Governance Toolkit standards cover six areas:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance
- Secondary Use Assurance
- Corporate Information Assurance

The Data Protection and Security Toolkit replaces the current Information Governance Toolkit from 1 April 2018. This links to the National Data Guardian's 10 Data Security Standards and the National Cyber Security Centre's 10 Steps to Cyber Security.

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. Staff are encouraged to report Datix incidents to ensure lessons can be learned and actions targeted. In the past year, one Level '2' Incident was reported through the IG Toolkit to the Information Commissioners Office. Two incidents were reported at level '1' which were not reportable to the ICO.

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 risk to the Trust is individual 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 individuals' personal information.

While the submission demonstrates compliance with the required standards, it also highlights areas for further work together with known developments from the coming year. The 2018/19 plan therefore includes:

- Adoption of the General Data Protection Regulation (that is to replace the Data Protection Act);
- adoption of a revised toolkit, with the expectation of enhanced cyber security requirements;
- integration of processes across the enlarged organisation (using the above as a framework);
- strengthening of Privacy Officer roles;
- ongoing enforcement of individual duties to protect and safeguard patient, staff and commercial data;
- protocols for local investigation and guidance for staff;
- in conjunction with corporate governance, requirements to consider appropriate document management systems for IG related issues. related issues.

General Data Protection Regulations (GDPR)

Work is ongoing regarding the Trust's readiness for the introduction of the General Data Protection Regulations on 25 May 2018, which will be through the awaited *Data Protection Act 2018*.

In order to achieve this, all departments are being asked to document the person identifiable information that is held, so that this can be assessed and fair processing notices published, as appropriate.' This builds on the process already in place at Hinchingbrooke Hospital.

GDPR clinics are also being held that can provide advice to staff and to which specific groups can be invited to discuss particular areas for review.

Stephen Graves Chief Executive 23 May 2018

Annual Governance Statement 2017-2018

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, while 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.
- 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 2018 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 2017/18.

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.

The Trust employs a range of specialists to lead on the implementation of risk management including specialists in quality governance, information governance, corporate governance, health and safety, business and emergency planning. During 2017/18 the Trust identified key 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 members 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 their staff report any near-miss, adverse and serious incidents immediately, using the Trust's incident reporting procedure Datix to provide appropriate feedback regarding specific incidents reported. They should also implement 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

To ensure that risk is identified, evaluated and controlled there are 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 robustly the effective management of risk and to seek reasonable assurance of adequate control.

Risk assessment

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	LIKELIHOOD						
/ SEVERITY	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	ı	

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. After 1 April a combined risk register was developed for the new Trust and training has been provided to all risk register users.

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). 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 financial and non-financial risks faced by North West Anglia NHS Foundation Trust moving forward into 2018-2019 include:

Risk No:	Risk Description	Initial Risk Rating and Date	Last Month	Current Month	Target Rating	Mitigation
413	Information governance capacity processes and assurance – risk of non-compliance with requirements	10 9/3/10	12	16	8	Annual internal Audit. Information Security Forum in place to support assurance. Caldicott Guardian and Senior Information Risk Officer in post.
102037	Risk to income due to uncoded activity	16 15/11/16	16	16	8	Additional bank posts. Agency staff recruited where possible.
896	Meeting the national A&E Clinical Quality Indicators (Indicator 3: total time in the A&E department)	20 23/2/17	16	16	8	Trust capacity meetings, Capacity coordinator (seven days a week), Urgent care governance board. Proactive ED management
679	Increased number of delayed transfer of care patients in the Trust	20 16/2/11	20	20	8	Daily monitoring by transfer of care team, ongoing discussions with social services/CCGs.
101952	Over reliance of Medical Locum usage (Emergency and Medicine)	20 16/3/16	20	20	8	Recruitment strategy, established rota published. Daily rota gaps reviewed and escalated, locum use.
101949	Nursing Agency Usage (Emergency and Medicine)	20 14/3/16	20	20	8	Agency free programme commenced. Agency use scrutinised. Regular review of quality indicators.

Additional risks identified following the merger include the following risks at Hinchingbrooke Hospital:

Risk No:	Risk Description	Initial Risk Rating and Date	Last Month	Current Month	Target Rating	Mitigation
102749	Hinchingbrooke Hospital: ED Nurse Staffing levels	20 20/04/10	16	16		Active recruitment for established vacancies Using senior staffing more efficiently on the rota HR support on sickness and absences
102753	Hinchingbrooke Hospital: Crowding in the Emergency Department is compromising patient safety and quality of care	16 12/4/18	16	16	8	Use of social media from Comms advising public Streaming and Triage at the front door; Consultant presence on shop floor and ward rounds;
102281	Hinchingbrooke Hospital: Provision of services for paediatric mental health patients in the EC	16 01/10/15	12	12	3	All ED Doctors are taught on induction the use of the NAI Screening Tool. All ED Nurses are trained during in the use of the NAI Screening Tool. This enables the nursing team to support team members in the use of the tool Additional Paediatric Nurses have been recruited to the ED.

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.



"My husband was a patient on one of your wards. I just wanted to say how amazed and stunned I have been at the wonderful work the doctors, therapists, nurses and other staff looking after him. No praise is enough for their dedication to help my husband get better."

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 2017 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 (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.

Further detailed assurance (if required) can be provided through the Trust's Risk Register.

Involvement of public stakeholders

The Trust serves a dispersed 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 had approximately 13,289 members as at the end of March 2018. 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

Peterborough City Hospital and Stamford and Rutland Hospital were awarded an overall 'good' rating in July 2015.

Hinchingbrooke Hospital received an inspection in August 2016 following which the hospital received an overall rating of 'good'.

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

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 2017/18.

Compliance with NHS Pension Scheme regulations

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 2017/18.

Compliance with climate change adaptation reporting to meet the requirements under the *Climate Change Act 2008*

The Trust has undertaken risk assessments, and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the *Climate Change Act* and the adaptation reporting requirements are complied with.

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, while 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. All financial management system audits have received substantial assurance.

The Trust was found in breach of licence conditions in April 2013, which required actions for Accident and Emergency performance, financial planning, cost improvement programme delivery, finance function delivery and Board effectiveness. The Trust has been subject to a monthly monitoring process and received revised enforcement undertakings in July 2015, which removed previous undertakings but continue to require appropriate financial plan and A&E delivery submissions, together with compliance with Department of Health financing requirements. On 2 November 2017 NHS Improvement issued a compliance certificate in respect of the Trust's enforcement undertakings. There is no current regulatory action in place.

Well-led Governance review

The Trust underwent a major review in relation to the acquisition of Hinchingbrooke Health Care NHS Trust in April 2017. This included a post-merger review of the financial position of the Trust undertaken with NHS Improvement. A further self-assessment was undertaken in the last quarter of 2017/18.

The post-merger review outlined two key requirements to be completed by 31 March 2018. The development of a Clinical Service Strategy and Estates Strategy. The Clinical Service Strategy has been completed and published in April 2018; the first step of the Estates Strategy with a full facet survey review has also been completed. The Estates Strategy will now be developed to support delivery of the Clinical Service Strategy.

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 actions 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, the Hospital Management Committee and at Divisional performance meetings. The Finance and Performance Committee monitors the achievement of plans (while 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, while increasing quality. This concern is being addressed by a specific recruitment taskforce and through quality reviews and performance meetings.

The emphasis of Internal Audit's work is 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 overall opinion of significant assurance for the year, with five domains (quality and clinical, finance, governance and risk, information technology and the merger plan) receiving satisfactory assurance and two domains (performance and operations and workforce) receiving limited assurance. There were five audit reviews that received a limited assurance opinion and one audit that received a nil assurance opinion. These audits are outlined below:

Audit	Assurance
Medical Records Management	Limited
Estates Management	Limited
Fire Safety	Limited
Expenses	Limited
Data Quality (RTT)	Limited
Recruitment	Nil

These six audits have each been scrutinised at the Audit Committee and agreed actions are being undertaken by the Trust to address the control weaknesses identified.

As part of the acquisition of Hinchingbrooke Health Care NHS Trust, the organisation was made aware that the Elective Intensive Support Team had evaluated the Hinchingbrooke referral to treatment (waiting list) position following a decline in performance. A number of key issues were identified and the Hinchingbrooke team, pre-acquisition, had taken steps to rectify, including relaunching the Access Policy, employing an Elective Care Performance Manager, training, and the introduction of a weekly patient tracker list meeting. Further work was undertaken including support from Internal Audit and work is ongoing regarding waiting list ownership, training and validation.

The validation work identified patients who had waited for their elective treatment over the 18 week thresholds which affected the Trust's reporting position from September onwards. The performance against this standard was further affected by the national requirement to review and cancel elective work over the winter period to increase bed availability for those patients who required urgent and emergency admissions. This requirement did not affect cancer patients or children requiring elective operations. The Trust received an unmodified opinion with material uncertainty from its external auditors on going concern issues. This is driven by the Trust's continuing financial deficit. Due to the size of this deficit, external support continues to be required to achieve financial sustainability.

Information governance

The Trust's information governance and data security framework agenda is critically influenced by the organisation's recent acquisition of Hinchingbrooke Hospital, the new Data Protection and Security Toolkit (with effect from 1 April 2018) and the *General Data Protection Regulation/Data Protection Act 2018* (with effect from 25 May 2018). Additionally, the Trust is implementing an extensive system and data merge as well as two major ICT projects.

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.

The Trust submitted a minimum Level 2 attainment across the standards with some Level 3 compliance at the end of March 2018. This is similar to previous years. To maintain this level of IG assurance across the Trust, a comprehensive work programme has been developed for 2018-19.

Trust reported one Level 2 incident involving personal data in 2017-18. Two incidents were reported at Level 1 which were not reportable to the Information Commissioners Office (ICO). The Level 2 incident involved the theft of information from the car of a community based palliative care nurse, which was parked outside her property. The Level 1 incidents were classified as inappropriate access to data; these were not reportable to the ICO.



"Thank you from the bottom of my heart to all the staff who helped bring my baby girl into the world. We were well looked after from the moment we walked through those doors So positive and caring. Made me feel so calm and safe when I was so anxious."

Table outlining summary of serious incidents (Level 2) involving personal data:

SUMMARY OF SERIOUS INCIDENT REQUIRING INVESTIGATIONS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONERS OFFICE IN 2017-2018				
Date of Incident	Nature of Incident	Nature of Data Involved	Number of data subjects potentially affected	Notification Steps
15 Dec 2017	Lost or Stolen Data	For majority of patients - name, address, date of birth, telephone number. For a smaller number of patients - diagnosis and/or end of life pathway and/ or diamorphine	21	Reported through internal Datix system and subsequently reported to the ICO through the IG Toolkit on 18 Dec 2017. All patients were contacted on the day of the incident, apart from three who could not be reached. A follow-up letter was sent to all patients in accordance with our duty of candour responsibilities. Remedial action undertaken by the Trust. No further action recommended by the ICO

Number of incidents across the Trust 2017/2018

Description	Hospital Site
A Community Nurse parked her car outside her own house. Patient information for 21 patients (two prescription charts, two signed FP10s, three referrals, visit list of nine patients and audit information) left in foot well of front passenger seat. Car broken into and information taken along with Trust smartcard and diary.	Member of staff was based at Hinchingbrooke as a Community Palliative Care Nurse but the incident happened outside her own home.

General Data Protection Regulations (GDPR)

Work is ongoing regarding the Trust's readiness for the introduction of the General Data Protection Regulations on 25 May 2018 which will be through the awaited *Data Protection Act 2018*.

Annual Quality Account

The directors are required under the *Health Act 2009* and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. 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 Accounts 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 Account 2017-18 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 Account 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 2017/18
 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 is 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, is 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 both Cambridgeshire & Peterborough CCG, 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 including:

- 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
- 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 and Performance Committee, Remuneration and Nominations Committee, Strategic Planning 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 care of and 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.

In addition the Trust has an organisational development programme "G2O" – Good to Outstanding – that is working on embedding the Trust values and continuous improvement.

Conclusion

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 issues identified in the Trust's ability to work effectively, efficiently and economically.

Cambridgeshire and Peterborough 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 Plan (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.

The 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 acquisition of Hinchingbrooke Health Care NHS Trust formed part of this plan and delivered £9 million savings in the first year.

We continue to make good progress in delivering the benefits of assimilating and developing services for our patients. In addition to sharing best practice across our hospitals, we have continued to achieve a number of milestones on our journey to unify our new Trust.

The combining of two large organisations that serve hundreds of thousands of people will not be complete overnight. Therefore, we have scoped what is safely achievable for day one of our new Trust and what will be delivered in the subsequent weeks, months or, in some cases, years.

Constraints on IT infrastructure meant we were not working to the same systems by 1 April 2017. For example, our project to install a single Patient Administration System across all three hospitals began in April and is not expected to be complete for 15 months. However there are other systems and practices that will be aligned across all our hospitals, examples include the introduction of NHS.net accounts across all Trust sites and the new Trust website.

Although the organisation's name has changed to North West Anglia NHS Foundation Trust, the three hospitals continue to operate under the same names as before. Work is continuing with clinical teams progressing joint working rota arrangements. This work will help to reduce reliance on agency colleagues filling staffing gaps whilst providing greater opportunities for staff to gain better training and experience across our three hospital sites.



I would like to commend staff for their professionalism at this time of organisational change, in continuing to keep their focus on our patients and managing the smooth running of services.

From 1 September 2017 the Trust took over 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.

This year has also seen the first full year operation of the new onsite Chandra Mistry Dialysis Unit and the extended radiotherapy service at Peterborough City Hospital, extended local patient access to these vital services.

In July 2017 the Stamford Hospital redevelopment was completed. Improvements included:

- an enlarged purpose-built Phlebotomy area
- a new Chemotherapy and Lymphoedema suite
- a new administration suite
- a new imaging booking office
- refurbishment and redecoration of existing corridors and reception area.

Discussions are underway to support the transfer to the Trust of the acute children's services that are currently provided on the Hinchingbrooke Hospital site by Cambridgeshire Community Services NHS Trust. Bringing together children's services for Huntingdonshire and Peterborough would enable us to ensure closer working and planning between the children's services, obstetrics and emergency services on the Hinchingbrooke site.

It would also support the recruitment and retention of clinical staff and improve the resilience and delivery of children's services across the two localities. The transfer is subject to the successful conclusion of discussions with Cambridgeshire and Peterborough CCG.

Work required to rectify defects within the hospital's fire separation infrastructure have been ongoing since mid-2015. Progress against a very detailed remedial action plan is on track.

There have been significant challenges during the year. This last winter saw a sustained level of strain nationally on the whole healthcare system. This went beyond anything I have seen in my career as a hospital manager. I was immensely proud of the way all of my colleagues pulled together in the face of ever challenging and demanding conditions. Despite best efforts, like almost every other hospital in the country, we did not meet the four-hour waiting target for our A&Es.

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. We were also affected by Flu and Norovirus outbreaks that closed wards.

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 2016/17, the acuity of patients has been noticeably greater this year – especially over the period November 2017 to March 2018.

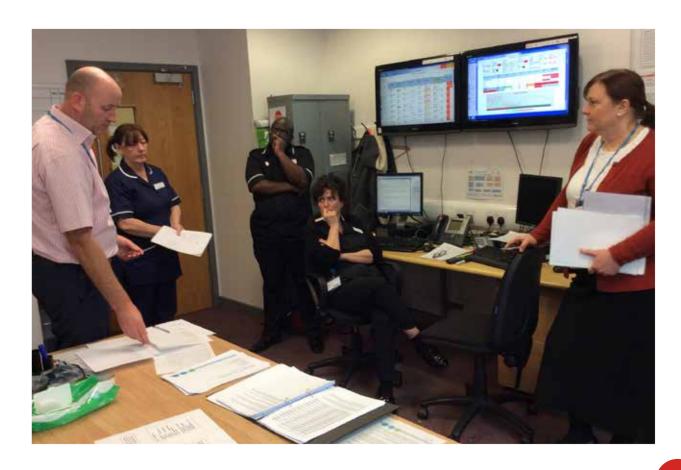
This has resulted in a higher number of patients requiring admission to a ward for ongoing care or treatment. See the table below for comparison with last year's numbers. The increase in demand for emergency care, coupled with an ongoing higher-than-average number of patients who have experienced delays in their discharge from hospital into another care setting, has, at times, impacted negatively on patients' journeys through our hospitals during 2017/18.

Increase in non-elective admissions

Fin. Year	PSHFT	ННСТ	Total
2016/17	45,527	18,525	64,052
2017/18	47,576	19,766	67,342
% increase	4.5%	6.7%	5.1%



"I was admitted to the Cardiac Ward. From the time I arrived to the time I left the devotion, commitment, patience and professionalism shown to me by all the staff was second to none. May I further express my thanks to your catering team who never failed to produce a varied and appetizing choice of food."



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 of Grantham Hospital A&E department, which was implemented in 2016/17.

The increase in PCH A&E Attendances from the Grantham area is 20.82% from 16/17 to 17/18.

	Arrived by Ambulance = No	Arrived by Ambulance = Yes	Total
2016/2017	654	316	970
2017/2018	791	381	1172
Total	1445	697	2142

The pressure on A&E and staffing nationally is an issue and this has been highlighted locally by the decision by United Hospitals Lincolnshire to reduce the opening hours of their A&E department at Grantham to concentrate staff at their other two sites.

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 regular numbers of potential admissions.

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. A recruitment trip to the Philippines took place in November 2017.

The Trust, working closely with our commissioners, has implemented a series of actions to help improve the service patients receive and to reduce the pressure on the hospital. Among the initiatives is a reduction in the number of patients who needed to come into hospital through the GP route and an increased use of 111 services.

While there is still a lot more to do, I would like to pass on my thanks to all those involved across the Trust and beyond.

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.

Stephen Graves Chief Executive 23 May 2018

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SECTION 2 - Annual Accounts for the Financial Year Ended 31 March 2018

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 and;
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him to ensure that the accounts comply with requirements outlined in the previous 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.

S Graves, Chief Executive 23 May 2018



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 2018 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 2018 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 2017/18 and the Department of Health Group Accounting Manual 2017/18.

Material uncertainty related to going concern

We draw attention to note 1.1.3 to the financial statements which indicates that the Trust has incurred a total deficit of £38.9m at 31 March 2018, against a planned deficit of £42.4m.

The Trust has submitted a 2018/19 financial plan to NHS Improvement with a planned deficit of £46.5 million (excluding Sustainability and Transformation Funding). The plan includes a cost improvement programme of £16.2 million. The Trust will also require a significant injection of revenue and capital loan support of approximately £54.6 million to fund its revenue and capital plans for 2018/19.

These events and conditions, along with the other matters explained in note 1.1.3, 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.

Basis for opinion

Overview

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.

Materiality: financial statements as a whole	nts 1.43% (2016/1		
Risks of materia	total income from operational misstatement vs 20		
Recurring risks	Valuation of land and buildings	41	
	Recognition of NHS and non-NHS income	4 ▶	
Event driven	New: Absorption accounting	A	

2. 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

Valuation of land and building

(£384.7 million; 2016/17: £292.6 million)

Refer to page 13 (Annual Accounts), page 19 (accounting policy) and page 35 (financial disclosures).

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 acquired Hinchingbrooke HealthCare NHS Trust (HHCT) on 1 April 2017. The last full revaluation of the estate for HHCT was carried out in 2015/16.

The Trust engaged an external valuer to complete a desktop valuation of the land, buildings and dwellings of the Trust as at 31 March 2018. As discussed above, valuations are inherently judgmental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, were appropriate and correctly applied.

Our response

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;
- Impairment review: We undertook work to understand the results of the recent stock condition survey and backlog maintenance cost required for the next 3 years to establish any impairment requirements for 2017/18;
- 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 Hinchingbrooke Hospital site. We 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 title deeds and contracts);
- Test of details: We confirmed the appropriateness of any amendments made by management to the information received from the valuer before being incorporated into the financial statements;
- Test of details: We reviewed contract management papers maintained between the Trust and the PFI Provider Company to assess the performance in delivering the annual plan for maintenance and replacement in line with the agreed contract;

Procedures continue on next page



2. Key audit matters: our assessment of risks of material misstatement

	The risk	Our response
Valuation of land and building	Subjective valuation	 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
(£384.7 million; 2016/17: £292.6 million) Refer to page 13 (Annual		 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
Accounts), page 19 (accounting policy) and page 35 (financial disclosures).		Tests of details: For a sample of the assets recorded in the accounts as under construction we tested the status to assess the appropriateness of the impairment and write off applied to its value.
		Our findings:
		We found the valuation of land and buildings to be balanced.

Recognition of NHS and non-NHS income

(Income from operations: £420.8 million; 2016/17: £294.4 million)

Refer to page 11 (Annual Accounts), page 16 (accounting policy) and page 26 (financial disclosures).

Subjective estimate

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 operations, 94% came from the Trust's commissioners (Clinical Commissioning Groups (CCGs)), NHS England and department of health bodies.

This represents £396.2 million with a further operating income from NHS providers of £12.4million.

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.

In addition to this patient care income the Group reported total income of £12.2 million from non-NHS bodies. Much of this income is generated by contracts from overseas or private patients and carries a risk that outstanding amount will not be recovered from patients.

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 five 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 obtained evidence to support the Trust's reported income figure;
- 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 four of 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 post yearend cash receipts, 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 confirmed 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

Continued overleaf



2. Key audit matters: our assessment of risks of material misstatement

The risk Our response Recognition of Subjective estimate - Test of details: We assessed the Trust's reporting and NHS and nonaccounting for STF income received from the The achievement of financial targets resulted **NHS** income Department of Health, and agreed bonus amounts to in the Trust receiving Sustainability and correspondence from NHSI. We also confirmed the Transformation Fund (STF) income of £15.5 Trust met the performance criteria for receipt of the STF (Income from million against an allocation of £12.2 million, funding. operations: including a incentive of £ 5.6 million. The STF £420.8 million; was however contingent on the Trust Our findings: 2016/17: £ 294.4 delivering against its financial plan and million) We found the resulting estimates relating to the performance against national targets. recognition of NHS income and non-NHS income to be balanced. Refer to page 11 (Annual Accounts), page 16 (accounting policy) and page 26 (financial disclosures).

Absorption accounting

(Gain arising from transfers by absorption: £31 million; 2016/17: Nil)

Refer to page 11 (Annual Accounts), page 15 (accounting policy) and page 47 (financial disclosures).

Disclosure quality

The functions of Hinchingbrooke HealthCare NHS Trust ((HHCT) were transferred to the Trust on 1 April 2017. The Trust has accounted for this transaction under the absorption accounting rules set out in the Department of Health Group Accounting Manual 2017/18: The principal risk in relation to this transaction is that the Trust fails to adequately disclose the effects of the business combination in its financial statements.

Our procedures included:

Assessing transparency: We assessed whether the Trust's disclosures about the impact of the transfer of functions from HHCT were sufficient to give users an understanding of the impact of the transaction on the Trust's balance sheet and complied with the disclosure requirements of the Department of Health Group Accounting Manual 2017/18.

Our findings:

We found the resulting disclosures to be proportionate.

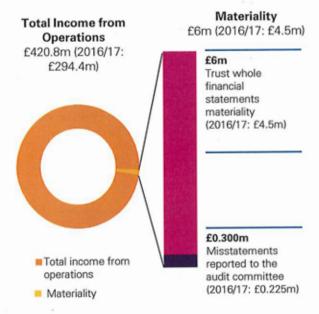


3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £6 million (2016/17: £4.5 million), determined with reference to a benchmark of operating income (of which it represents approximately 1.43%(2016/17: 1.5%). We consider operating income to be more stable than a surplusor deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.300 million (2016/17:(£0.225 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.



4. 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 2017/18.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the Directors' statement that they consider that the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the 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;
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, 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.

5 Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 2, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; 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 its 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

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.

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 2018.

Basis for adverse conclusion

The Trust reported a year end deficit of £38.9 million against a planned deficit of £42.4 million. The improved year end position is mainly due to receiving additional Sustainability and Transformation Fund (bonus and general distribution) of £5.5 million. This reflects an underlying deficit of £54.5 million, a decrease of £161k reported at 31 March 2017. We noted:

- The Trust's performance continues to be underpinned by a number of non-recurrent measures and £2.3 million of non-recurrent Cost Improvement Programme (CIP) schemes which represents 13.7% of its CIP scheme.
- Looking ahead, the Trust's operational plan for 2018/19 provides for a deficit of £29.3 million, assuming receipt of £17.2 million of STF funding. A Cost Improvement Programme (CIP) has been included at £16.9 million, 3.5% of total expenditure. The plan also assumes revenue and capital support of £54.6 million is needed which has not yet been confirmed which gives rise to material uncertainty which has been recognised by the Trust.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

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

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.



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:

- We assessed the Trust's financial sustainability and progress against the 2017/18 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 2017/18 plan, and assumptions included as part of formulated plans for 2018/19;
- We assessed the Trust's operational performance in year, notably compliance national target and other key indicators, including A&E in respect of drawdown of STF; and
- We assessed the CIP governance processes and how the Trust delivered against the 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 includes a number of non-recurrent measures and its reliance on loans from the Department of Health which total £174 million as at 31 March 2018 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 2018. 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.

Thur Nortan

Fleur Nieboer

for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants 15 Canada Square Canary Wharf London E14 5GL

25 May 2018



Foreword to the Accounts North West Anglia NHS Foundation Trust

These accounts, for the year ended 31 March 2018, 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*.

S Graves, Chief Executive 23 May 2018

Statement of Comprehensive Income

North West Anglia NHS Foundation Trust acquired Hinchingbrooke Health Care NHS Trust on 1 April 2017. All 2016/17 comparative figures reflect Peterborough and Stamford NHS Foundation Trust only, as prescribed by NHS Improvement (NHSi)

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3	358,777	250,192
Other operating income	4	61,634	44,246
Operating expenses	5	(440,885)	(313,419)
Operating deficit from continuing operations		(20,474)	(18,981)
Finance income	10	38	29
Finance expenses	11	(18,162)	(14,717)
Net finance costs		(18,124)	(14,688)
Other losses	12	(56)	(52)
Gain arising from transfers by absorption	30	31,027	-
Deficit for the year from continuing operations		(7,627)	(33,721)
Deficit for the year		(7,627)	(33,721)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(211)	-
Revaluations	13	6,877	(64,330)
Total comprehensive expense for the period		(961)	(98,051)

The underlying normalised deficit position for the Trust is (£54.5m). 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 £15.5m the deficit for the Trust is (£39.0m) this is adjusted for the absorption of Hinchingbrooke Healthcare NHS Trust of £31.0m and impairment adjustments of the Trust's land and buildings of £0.3m giving a deficit shown above of (£7.6m)

The notes on pages 15 to 47 form part of these accounts.

Statement of Financial Position

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets Property, plant and equipment Trade and other receivables	13 16	419,969 33,306	318,838 27,437
Total non-current assets		453,275	346,275
Current assets Inventories Trade and other receivables Cash and cash equivalents	15 16 17	5,385 48,775 3,486	3,659 33,649 12,199
Total current assets		57,646	49,507
Current liabilities Trade and other payables Borrowings Provisions Other liabilities	18 20 22 19	(34,878) (27,130) (484) (2,699)	(21,979) (10,698) (2,330) (1,922)
Total current liabilities		(65,191)	(36,929)
Total assets less current liabilities		445,730	358,853
Non-current liabilities Trade and other payables Borrowings Provisions Other liabilities	18 20 22 19	(162) (509,168) (2,108) (573)	(198) (422,597) (1,378)
Total non-current liabilities		(512,011)	(424,173)
Total assets employed		(66,281)	(65,320)
Financed by Public dividend capital Revaluation reserve Income and expenditure reserve		295,367 64,583 (426,231)	264,345 30,953 (360,618)
Total taxpayers' equity		(66,281)	(65,320)

The notes on pages 15 to 47 form part of these accounts.

S Graves, Chief Executive 23 May 2018

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

Taxpayers' equity at 31 March 2018	295,367	64,583	(426,231)	(66,281)
Revaluations	-	6,877	-	6,877
Impairments	-	(211)	-	(211)
Transfers by absorption: transfers between reserves	31,022	26,964	(57,986)	-
Deficit for the year	-	-	(7,627)	(7,627)
Taxpayers' equity at 1 April 2017 - brought forward	264,345	30,953	(360,618)	(65,320)
	£000	£000	£000	£000
	Capital	reserve	reserve	Total
	Dividend	Revaluation	expenditure	
	Public		Income and	

Statement of Changes in Equity for the year ended 31 March 2017

	Public Dividend Capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward Deficit for the year Revaluations Public dividend capital received	264,191 - - 154	95,283 - (64,330) -	(326,897) (33,721) -	32,577 (33,721) (64,330) 154
Taxpayers' equity at 31 March 2017	264,345	30,953	(360,618)	(65,320)

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	2017/18 £000	2016/17 £000
Cash flows from operating activities Deficit		(20,474)	(18,981)
Non-cash income and expense: Depreciation and amortisation Net impairments Income recognised in respect of capital donations Increase in receivables and other assets Increase in inventories (Decrease)/ Increase in payables and other liabilties (Decrease)/ Increase in provisions	5 6 4 16 15 18 22	16,438 (305) (305) (8,775) (84) 4,921 (4,062)	13,621 15,892 (41) (10,615) (62) (12,266) 1,197
Net cash used in operating activities		(12,646)	(11,255)
Cash flows from investing activities Interest received Purchase of property, plant, equipment and investment property Sales of property, plant, equipment and investment property Receipt of cash donations to purchase capital assets Prepayment of PFI capital contributions		38 (16,016) - -	29 (13,614) 16 41 (320)
Net cash used in investing activities		(15,978)	(13,848)
Cash flows from financing activities Public dividend capital received Movement on loans from the Department of Health and Social Care Movement on other loans Capital element of finance lease rental payments Capital element of PFI, LIFT and other service concession payments Interest paid on finance lease liabilities Interest paid on PFI, LIFT and other service concession obligations Other interest paid PDC dividend refunded Cash flows from other financing activities		48,292 (1,947) (636) (10,101) (147) (15,657) (2,184) 415	154 57,376 - (144) (9,730) (25) (13,567) (641) (304) 3,226
Net cash generated from financing activities		18,035	36,345
Increase/ (Decrease) in cash and cash equivalents		(10,589)	11,242
Cash and cash equivalents at 1 April - brought forward Cash and cash equivalents transferred under absorption accounting	30	12,199 1,876	957 -
Cash and cash equivalents at 31 March	17	3,486	12,199

Notes to the Accounts Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health 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 Acquisition of Hinchingbrooke Health Care NHS Trust

The functions of the former Hinchingbrooke Health Care NHS Trust were acquired on 1 April 2017 by Peterborough and Stamford Hospitals NHS Foundation Trust. The acquiring organisation was renamed North West Anglia NHS Foundation Trust on the date of acquisition.

A transfer between two entities within the Whole of Government Accounts boundary represents a 'machinery of government change' regardless of the mechanism used to effect the change. Where this transfer is within a Departmental Resource Accounts Boundary, the entities must account for the transaction as a 'transfer by absorption'.

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's

accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

In order to reflect the nature of the acquisition, the Trust makes a transfer from its income and expenditure reserve to its public dividend capital equivalent to the book value of the net assets of the acquired organisation.

Note 1.1.3 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, and considering the uncertainties described in the following paragraphs, 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.

- The Trust remains a distressed Trust operating with a deficit
- The Trust remains concerned about its A&E performance.
- For the year ended 31 March 2018, the Trust recorded a financial operating deficit of £38.9m (against a control total deficit of £42.4m).
- The Trust delivered cost improvements of £16.5m (against a target of £16.9m);
- The Trust received £40.7m of Revenue Loan and £11.3m of Capital Loan from the Department of Health and Social Care (DH)
- Merger costs were £2.3m lower than planned, whilst merger savings were £1.6m higher than planned.

Going forward

The Financial Plan for 2018/19 has been agreed by the Board following a robust budget setting process. The cost improvement targets have been set to £16.9m in year, the budget is in line with an 'allocated Control Total target' of £46.5m which NHSI has set the Trust (excluding Sustainability and Transformation Funding.) This has resulted in the Trust submitting an Operational Plan forecasting a deficit of £29.3m.

The Trust's financial plans identify the requirement for significant additional cash assistance from the Department of Health and Social Care again in 2018/19. This requirement has been acknowledged with assurance it will be supported by NHSI. The funding arrangements for cash support to distressed trusts is now in the form of capital and/or revenue loans. PFI support of £10m has already been received (in April 2018) for 2018/19.

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 12 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 2018. 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 10.

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 16, 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 2018 or 31 March 2017, or the amounts charged through the Statement of Comprehensive Income.

Note 1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4 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 schemes are accounted for as though they are defined contribution schemes.

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

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

Note 1.5 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 1.6 Property, plant and equipment

Note 1.6.1 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, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Note 1.6.2 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 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 1.6.3 Derecognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.6.4 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 1.6.5 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 concessionarrangements, 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
- 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 1.6.6 Useful economic lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	Not depreciated	
Buildings, excluding dwellings Dwellings	10 54	90 66
Plant & machinery	5	15
Information technology Furniture & fittings	2 5	5 10

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

Note 1.7 Intangible assets

North West Anglia NHS Foundation Trust does not hold any intangible assets.

Note 1.8 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 1.9 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 three 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 1.10 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non financial items (such as goods 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

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.

Note 1.11 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 1.11.1 The Trust as lessee

Finance leases

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

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

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

Operating leases

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

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

Leases of land and buildings

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

Note 1.11.2 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 1.12 Provisions

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

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the Trust is disclosed at Note 22 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 1.13 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 1.14 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 "preaudit" 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 1.15 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 1.16 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 2017/18 according to current legislation.

Note 1.17 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 1.18 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 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.20 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 2017-18. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted Group Accounting Manual 2017-18
- IFRS 15 Revenue from Contracts with Customers

 Application required for accounting periods
 beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.
- IFRIC 23 Uncertainty over Income Tax Treatments

 Application required for accounting periods
 beginning on or after 1 January 2019.

Note 2 Operating Segments

Segmental reporting is required to reflect the content and form of information that is supplied to the Chief Operating Decision Maker. In the case of North West Anglia NHS Foundation Trust, this has been determined to be the Board of Directors.

The Board of Directors receive segmental reporting information in the format below. Segments are defined as the Trust's Clinical Divisions, as identified in the following table, which also describes the service that each provides. This information does not represent Service Line Reporting or Patient Level Costing.

The Corporate Division deals with areas such as Finance, Human Resources, Facilities and Information Technology. The costs of this division and any other support services are not allocated across the Clinical Divisions they support.

Assets and liabilities are not reported by Division and so are not analysed in the data below.

Division	Income £m	Expendture* £m	Net profit / (loss) £m
Emergency and Medicine	112	(93)	19
Surgery	151	(128)	23
Family and Integrated Support Services	101	(111)	(10)
Corporate *	57	(127)	(70)
Total	421	(460)	(39)

^{* -} Includes depreciation, PFI, impairments and interest paid.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2017/18 £000	2016/17 £000
Acute services		
Elective income	57,883	39,462
Non elective income	93,048	61,680
First outpatient income	30,854	34,875
Follow up outpatient income	27,868	16,783
A&E income	19,201	11,681
High cost drugs income from commissioners (excluding pass-through costs)	29,342	21,284
Other NHS clinical income	97,366	63,143
All services		
Private patient income	1,754	478
Other clinical income	1,461	806
Total income from activities	358,777	250,192

Elective income, when compared to both individual organisations, has reduced in 2017/18, this is due to the national directive to reduce elctive activity to ease winter pressures within the NHS.

Note 3.2 Income from patient care activities (by source)

	2017/18	2016/17
	£000	£000
Income from patient care activities received from:		
NHS England	39,150	29,710
Clinical commissioning groups	315,526	218,668
Other NHS providers	601	646
NHS other	83	87
Non-NHS: private patients	1,754	478
Non-NHS: overseas patients (chargeable to patient)	236	116
NHS injury scheme	1,225	487
Non NHS: other	202	-
Total income from activities	358,777	250,192
Of which:		
Related to continuing operations	358,777	250,192

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

	2017/18	2016/17
	£000	£000
Income recognised this year	236	116
Cash payments received in-year	100	114
Amounts added to provision for impairment of receivables	89	26
Amounts written off in-year	10	62

Note 4 Other operating income

	2017/18 £000	2016/17 £000
Research and development	1,591	947
Education and training	11,454	6,969
Receipt of capital grants and donations	305	41
Charitable and other contributions to expenditure	42	306
Non-patient care services to other bodies	4,769	140
Sustainability and transformation fund income	15,554	12,561
Rental revenue from operating leases	1,162	-
Income in respect of staff costs where accounted on gross basis	3,578	-
Other income	23,179	23,282
Total other operating income	61,634	44,246
Of which: Related to continuing operations Related to discontinued operations	61,634 -	44,246 -

Other income includes £10m PFI support income, £3.4m Pharmacy income, £2.9m Car parking and £2.8m Winter funding income from NHS England.

Income in respect of staff costs has been disaggregated for 2017/18.

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:

	2017/18	2016/17
	£000	£000
Income from services designated as commissioner requested services Income from services not designated as commissioner requested services	355,562 3,215	248,551 1,641
Total	358,777	250,192

Note 5 Operating expenses

	2017/18 £000	2016/17 £000
Purchase of healthcare from NHS and DHSC bodies	149	
Purchase of healthcare from non-NHS and non-DHSC bodies	1,419	3,485
Staff and executive directors costs	271,922	178,386
Remuneration of non-executive directors	139	131
Supplies and services - clinical (excluding drugs costs)	34,784	20,391
Supplies and services - general	6,598	2,137
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	45,225	32,264
Inventories written down	20	-
Consultancy costs	1.029	2,294
Establishment	9,707	5,337
Premises	14,060	10,499
Transport (including patient travel)	1,912	1,483
Depreciation on property, plant and equipment	16,438	13,621
Net impairments	(305)	15,892
Increase/(decrease) in provision for impairment of receivables	231	(66)
Increase/(decrease) in other provisions	(3,009)	-
Change in provisions discount rate(s)	-	(387)
Audit fees payable to the external auditor		
audit services- statutory audit	118	81
other auditor remuneration (external auditor only)	20	86
Internal audit costs	176	126
Clinical negligence	12,416	6,557
Legal fees	889	981
Insurance	285	49
Education and training	893	547
Rentals under operating leases	851	538
Early retirements	-	94
Redundancy		(3)
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	24,003	17,816
Car parking & security	10	13
Hospitality	11	-
Losses, ex gratia & special payments	74	43
Other services, eg external payroll	261	354
Other	559	670
Total	440,885	313,419
Of which:		
Related to continuing operations	440,885	313,419

Staff and Executive Directors costs, when compared to both individual organisations, has increased 2017/18, this is in part due to due to higher clincial staff costs as a result of the usage of additional funding from the Department of Health and Social Care to help respond to winter pressures within the NHS.

Note 5.1 Other auditor remuneration

	2017/18 £000	2016/17 £000
Other auditor remuneration paid to the external auditor: Audit-related assurance services Other non-audit services not falling within items 2 to 7 above	20	14 72
Total	20	86

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £500k (2016/17: £500k).

Note 6 Impairment of assets

The limitation on auditor's liability for external audit work is £1m (2016/17: £1m).

	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus / deficit resulting from: Loss or damage from normal operations Changes in market price	(305)	15,892 -
Total net impairments charged to operating surplus / deficit	(305)	15,892
Impairments charged to the revaluation reserve	211	-
Total net impairments	(94)	15,892

Note 7 Employee benefits

	2017/18 £000	2016/17 £000
Salaries and wages	205,056	134,150
Social security costs	19,334	13,556
Apprenticeship levy	1,003	-
Employer's contributions to NHS pensions	23,088	15,700
Pension cost - other	-	109
Termination benefits	-	91
Temporary staff (including agency)	23,851	15,152
Total gross staff costs	272,332	178,758
Recoveries in respect of seconded staff	-	-
Total staff costs	272,332	178,758
Of which:		
Costs capitalised as part of assets	410	375

Note 7.1 Retirements due to ill-health

During 2017/18 there were three early retirements from the Trust agreed on the grounds of ill-health (six in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £216k (£331k in 2016/17).

The cost of these ill-health retirements are 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

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 2017/18 was £15k (2016/17 £8k).

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.

	2017/18 £000	2016/17 £000
Operating lease revenue Minimum lease receipts	1,162	-
Total	1,162	-

	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year;	1,162	-
- later than one year and not later than five years;	1,765	-
- later than five years.	5,580	
Total	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.

	2017/1 £00	
Operating lease revenue	0.5	4 530
Minimum lease receipts	85	1 538
Total	85	1 538

	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due: - not later than one year; - later than one year and not later than five years;	783 1,364	538 1,016
- later than five years.	151	392
Total	2,298	1,946

2016/17 figures have been restated to reflect the removal of lease cars as the lease agreement is directly with the employee.

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2017/18 £000	2016/17 £000
Interest on bank accounts	38	29
Total	38	29

Note 11 Finance expenditure

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

	2017/18	2016/17
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	2,357	790
Other loans	-	335
Finance leases	147	25
Interest on late payment of commercial debt	1	-
Main finance costs on PFI and LIFT schemes obligations	10,438	9,516
Contingent finance costs on PFI and LIFT scheme obligations	5,219	4,051
Total finance costs	18,162	14,717

Note 11.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2017/18 £000	2016/17 £000
Amounts included within interest payable arising from claims made under this legislation	1	-

Note 12 Other losses

	2017/18 £000	2016/17 £000
Losses on disposal of assets	(39)	(52)
Total losses on disposal of assets	(39)	(52)
Fair value losses on financial liabilities	(17)	-
Total other losses	(56)	(52)

Note 13 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	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	ı	9	ı	10,268	299	1	1	ı	10,573
Impairments	I	(396)	(34)	ı	(6)	ı	1	(251)	(1,259)
Reversals of impairments	ı	830	736	1	ı	1	1	1	1,566
Revaluations	(4)	(4,730)	1,694	ı	(44)	ı	1	(373)	(3,457)
Reclassifications	ı	3,441	22	(2,795)	3,005	ı	1,201	93	1
Disposals / derecognition	1	ı	I	I	(4,145)	ı	(1,076)	ı	(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 - brought forward	I	861	_	I	24,963	202	8,618	1,110	35,755
Transfers by absorption	I	İ	1	ı	10,269	66	8,107	968	19,371
Provided during the year	I	8,859	279	I	4,706	34	2,351	209	16,438
Impairments	ı	180	24	1	6	ı	ı	ı	213
Revaluations	ı	(6,623)	(276)	1	(32)	ı	I	(400)	(10,334)
Reclassifications	I	117	I	1	(117)	ı	1	ı	ı
Disposals / derecognition	1	1	1	ı	(4,106)	ı	(1,076)	ı	(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	86	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 13.1 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated Additions	20,696	351,426	7,490	6,625	35,423	350	12,264	1,813	436,087
Revaluations Reclassifications Disposals / derecognition	(7,026)	(83,336) 5,034	(758)	(8,191)	2,801 (1,209)	(17)	302 (1,332)	(4) 25 (19)	(91,124)
Valuation / gross cost at 31 March 2017	13,670	273,124	6,761	10,280	37,376	333	11,234	1,815	354,593
Accumulated depreciation at 1 April 2016 - as previously stated	1	3.114	48	ı	22.456	181	8.773	973	35.545
Provided during the year	ı	8,412	190	1	3,675	35	1,153	156	13,621
Impairments Revaluations	1 1	15,892 (26,557)	(237)	1 1	1 1	1 1	1 1	I I	15,892 (26,794)
Disposals / derecognition	ı	. 1		1	(1,168)	(14)	(1,308)	(19)	(2,509)
Accumulated depreciation at 31 March 2017	•	861	1	1	24,963	202	8,618	1,110	35,755
Net book value at 31 March 2017	13,670	272,263	6,760	10,280	12,413	131	2,616	705	318,838
Net book value at 1 April 2016	20,696	348,312	7,442	6,625	12,967	169	3,491	840	400,542

Note 13.2 Property, plant and equipment financing - 2017/18

Total £000		131,496	2,839	280,831	4,803	419,969
Furniture & fittings		519	ı	ı	134	653
Information technology £000		5,563	1	52	26	5,674
Transport equipment £000		1	98	1	1	98
Plant & machinery £000		6,677	1,115	4,237	800	15,829
Assets under construction £000		13,040	1	1	ı	13,040
Dwellings £000		9,408	1	1	ı	9,408
Buildings excluding dwellings £000		67,638	1,626	276,539	3,813	349,616
Land £000		25,651	ı	I	ı	25,651
	Net book value at 31 March 2018	Owned - purchased	Finance leased	On-SoFP PFI contracts and other service concession arrangements	Owned - donated	NBV total at 31 March 2018

Note 13.3 Property, plant and equipment financing - 2016/17

Total £000		49,230	243	267,156	2,209	318,838
Furniture & fittings £000		683	I	I	22	705
Information technology £000		2,536	1	71	6	2,616
Transport equipment £000		ı	131	I	ı	131
Plant & machinery £000		6,127	112	5,933	241	12,413
Assets under construction £000		10,280	1	1	ı	10,280
Dwellings £000		6,760	I	I	I	6,760
Buildings excluding dwellings		9,174	ı	261,152	1,937	272,263
Land £000		13,670	I	I	I	13,670
	Net book value at 31 March 2017	Owned - purchased	Finance leased	On-SoFP PFI contracts and other service concession arrangements	Owned - donated	NBV total at 31 March 2017

Note 14 Donations of property, plant and equipment

North West Anglia NHS Foundation Trust received donations of medical equipment during the year of £305k (2016/17 £41k).

Note 15 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs Consumables Energy	1,824 3,479 82	969 2,635 55
Total inventories	5,385	3,659

Inventories recognised in expenses for the year were £87k (2016/17: £106k). Write-down of inventories recognised as expenses for the year were £20k (2016/17: £0k).

Note 16 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current:		
Trade receivables	36,760	22,020
Capital receivables (including accrued capital related income)	1,174	-
Accrued income	2,830	1,305
Provision for impaired receivables	(1,098)	(1,943)
Prepayments (non-PFI)	2,821	6,223
PFI lifecycle prepayments	4,357	3,846
PDC dividend receivable	-	304
VAT receivable	1,870	1,894
Other receivables	61	-
Total current trade and other receivables	48,775	33,649
Non-current:		
Accrued income	1,641	1,013
PFI lifecycle prepayments	31,665	26,424
Total non-current trade and other receivables	33,306	27,437
Of which receivables from NHS and DHSC group bodies:		
Current	34,931	20,776
Non-current	-	-

Note 16.1 Provision for impairment of receivables

	2017/18 £000	2016/17 £000
At 1 April as previously stated	1,943	2,129
Transfers by absorption	240	-
Increase in provision	231	-
Amounts utilised	(1,316)	(120)
Unused amounts reversed	-	(66)
At 31 March	1,098	1,943

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 Credit quality of financial assets

	31 March 2018 £000	31 March 2017 £000
	Trade and other receivables	Trade and other receivables
Ageing of impaired financial assets		
0 - 30 days 30 - 60 days 60 - 90 days 90 - 180 days Over 180 days	186 39 25 1,271 2,726	75 153 818 195 702
Total	4,247	1,943
Ageing of non-impaired financial assets past their due date		
0 - 30 days 30 - 60 days 60 - 90 days 90 - 180 days Over 180 days	8,917 703 648 544 713	3,616 531 (32) 963 1,134
Total	11,525	6,212

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.

	2017/18 £000	2016/17 £000
At 1 April	12,199	957
Transfers by absorption	1,876	-
Net change in year	(10,589)	11,242
At 31 March	3,486	12,199
Broken down into:		
Cash at commercial banks and in hand	97	39
Cash with the Government Banking Service	3,389	12,160
Total cash and cash equivalents as in SoFP and SoCF	3,486	12,199

During 2017/18 the Trust planned and delivered a reduced cash balance.

Note 17.1 Third party assets held by the Trust

The Trust held £250 cash and cash equivalents at 31 March 2018 (£76 at 31 March 2017), 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 2018 £000	31 March 2017 £000
Current:		
Trade payables	16,334	9,131
Capital payables	2,963	3,165
Accruals	8,090	7,163
Receipts in advance (including payments on account)	-	1
Social security costs	872	-
VAT payables	279	143
Other taxes payable	925	10
Accrued interest on loans	540	209
Other payables	4,875	2,157
Total current trade and other payables	34,878	21,979
Non-current		
Accruals	162	198
Total non-current trade and other payables	162	198
Of which payables from NHS and DHSC group bodies:		
Current	5,939	3,273
Non-current	-	-

Other payables include outstanding pension contributions of £3,208k at 31 March 2018 (31 March 2017 £2,157k).

Note 19 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current Deferred income Deferred grants	2,699	1,619 303
Total other current liabilities	2,699	1,922
Non-current Deferred income	573	-
Total other non-current liabilities	573	-

Note 20 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Loans from the Department of Health and Social Care	15,516	624
Other loans	597	-
Obligations under finance leases	570	95
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	10,447	9,979
Total current borrowings	27,130	10,698
Non-current		
Loans from the Department of Health and Social Care	158,510	75,492
Obligations under finance leases	1,662	127
Obligations under PFI, LIFT or other service concession contracts	348,996	346,978
Total other non-current borrowings	509,168	422,597

Note 21 Finance leases

Note 21.1 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 2018 £000	31 March 2017 £000
Gross lease liabilities		
of which liabilities are due: - not later than one year;	677	148
 later than one year and not later than five years; later than five years. 	1,832	123
Finance charges allocated to future periods	(277)	(49)
Net lease liabilities	2,232	222
of which payable:		
- not later than one year;	570	95
- later than one year and not later than five years;	1,662	127
- 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	Legal claims £000	Redundancy £000	Other £000	Total £000
At 1 April 2017 Transfers by absorption Arising during the year Utilised during the year Reversed unused	608 206 - (80) (44)	947 1,314 - (97) (427)	444 761 - (996) (202)	1,709 665 693 (519) (2,390)	3,708 2,946 693 (1,692) (3,063)
At 31 March 2018	690	1,737	7	158	2,592
Expected timing of cash flows: - not later than one year; - later than one year and not later than five years;	68 272	251 404	7 -	158	484 676
- later than five years.	350	1,082	-	-	1,432
Total	690	1,737	7	158	2,592

The total 'legal claims' provision of £1,737k at 31 March 2018 (£947k at 31 March 2017) is intended to cover the estimated payments expected to become due in future years in respect of injury benefit claims, mainly payable to NHS Business Services Authority (Pensions Division).

Other provisions include an amount of £130k (£263k at 31 March 2017) with regards to a cost for the Trust's Carbon Reduction Commitment.

Note 22.1 Clinical negligence liabilities

At 31 March 2018, £217,682k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North West Anglia NHS Foundation Trust (31 March 2017: £117,200k).

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	31 March
	2018	2017
	£000	£000
Property, plant and equipment	2,508	5,167
Total	2,508	5,167

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 £24,003k (2016/17 £17,816k) with contingent rent amounting to £4,670k (2016/17 £4,051).

The service element of the Treatment Centre contract was £1,802k (2016/17 £1,638k) with contingent rent amounting to £548k (2016/17 £516k).

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:

	31 March 2018 £000	31 March 2017 £000
Gross PFI, LIFT or other service concession liabilities	798,347	803,715
Of which liabilities are due - not later than one year; - later than one year and not later than five years; - later than five years. Finance charges allocated to future periods	26,172 109,474 662,701 (438,904)	23,970 103,106 676,639 (446,758)
Net PFI, LIFT or other service concession arrangement obligation	359,443	356,957
 not later than one year; later than one year and not later than five years; later than five years. 	10,447 44,639 304,357	9,979 42,539 304,439

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 2018 £000	31 March 2017 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	1,603,922	1,575,913
Of which liabilities are due - not later than one year; - later than one year and not later than five years; - later than five years.	52,944 222,240 1,328,738	47,000 202,169 1,326,744

Note 25.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the Trust's payments in 2017/18:

	2017/18 £000	2016/17 £000
Unitary payment payable to service concession operator	55,002	45,681
Consisting of: Interest charge Repayment of finance lease liability Service element and other charges to operating expenditure Contingent rent Addition to lifecycle prepayment	10,438 10,101 24,003 5,219 5,241	9,516 9,730 17,816 4,051 4,568
Total amount paid to service concession operator	55,002	45,681

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

	Loans and receivables £000
Assets as per SoFP as at 31 March 2018 Trade and other receivables excluding non financial assets Cash and cash equivalents at bank and in hand	35,672 3,486
Total at 31 March 2018	39,158

	Loans and receivables £000
Assets as per SoFP as at 31 March 2017	
Trade and other receivables excluding non financial assets	22,395
Cash and cash equivalents at bank and in hand	12,199
Total at 31 March 2017	34,594

Note 26.3 Carrying value of financial liabilities

	Loans and payables £000
Liabilities as per SoFP as at 31 March 2018	
Borrowings excluding finance lease and PFI liabilities	174,623
Obligations under finance leases	2,232
Obligations under PFI, LIFT and other service concession contracts	359,443
Trade and other payables excluding non financial liabilities	32,935
Provisions under contract	315
Total at 31 March 2018	569,548

	Loans and payables £000
Liabilities as per SoFP as at 31 March 2017	
Borrowings excluding finance lease and PFI liabilities	76,116
Obligations under finance leases	222
Obligations under PFI, LIFT and other service concession contracts	356,957
Trade and other payables excluding non financial liabilities	22,177
Provisions under contract	2,261
Total at 31 March 2017	457,733

Note 26.4 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	60,218	33,593
In more than one year but not more than two years	82,937	24,402
In more than two years but not more than five years	106,956	89,825
In more than five years	319,437	309,913
Total	569,548	457,733

Note 27 Losses and special payments

	201	7/18	2016/17		
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000	
Losses					
Cash losses	-	-	42	-	
Fruitless payments	124	(2)	-	-	
Bad debts and claims abandoned	280	230	145	89	
Stores losses and damage to property	1	20	-	-	
Total losses	405	248	187	89	
Special payments Compensation under court order or legally					
binding arbitration award	5	2	2	(1)	
Ex-gratia payments	40	72	22	46	
Total special payments	45	74	24	45	
Total losses and special payments	450	322	211	134	

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:

Cambs and Peterborough CCG NHS England East Leicester & Rutland CCG Lincolnshire East CCG South Lincs CCG S W Lincs CCG Bedfordshire CCG Cambs Community Services Cambs & Peterb NHSFT
Camb University Hospitals NHSFT (CUH)
University Hospitals of Leicester NHST
NHS Resolution
Public Health England
NHS Blood & 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.

At the start of the year, the Trust had a 5.4% share in a Pathology Partnership (tPP), hosted by CUH. This arrangement ceased in May 2017 with no repayment to the Trust from its investment.

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 (£30k at 31 March 2017) 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 Transfers by absorption

The assets and liabilities of Hinchingbrooke Health Care NHS Trust were transferred to the Trust's Statement of Financial Position. In line with the requirements of the DH GAM 2017/18, these were transferred at book value and were not adjusted to fair value prior to recognition.

A gain on transfer by absorption equal to the book value of the net assets of Hinchingbrooke Health Care NHS Trust is included in the Statement of Comprehensive Income for the Trust.

The value of the assets and liabilities acquired is below:

Assets	0003	
Property, plant and equipment		
Non current trade and other receivables	151	
Current trade and other receivables	7,250	
Inventories	1,642	
Cash and cash equivalents	1,876	
Total assets transferred	110,983	
Labilities		
Trade and other payables	(9,634)	
Provisions	(2,946)	
Borrowings	(17,758)	
DH loans	(49,618)	
Total liabilities transferred	(79,956)	
Total net assets transferred	31,027	

Note 31 Events after the reporting date

The financial statements were authorised for issue on 23 May 2018 by Mr Stephen Graves, 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.



SECTION 2 - Glossary of Definitions

G	lossary o	of Definitions		CIP	Cost Improvement Programme
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.		the acronyms used in the NHS.		CIPFA	Chartered Institute of Public Finance and Accountancy
A	A&E	Accident and Emergency		CLAEP	Complaints, Litigation, Adverse Events and PALS
A				CMO	Chief Medical Officer
	ACU	Ambulatory Care Unit		CNS	Clinical Nurse Specialist
	ANP	Advanced Nurse Practitioner			
В	B of D	Board of Directors		CNST	Clinical Negligence Scheme for Trusts
	B of G	Board of Governors (now renamed Council of Governors)		C00	Chief Operating Officer
	ВСР	Business Continuity Plan		COPD	Chronic Obstructive Pulmonary Disease
	ВМА	British Medical Association		CORP	Clinical Outcomes Review
	BME	Black and Minority Ethnic		20111	Programme
	BSU	Breast Screening Unit		CQC	Care Quality Commission
	BtC	Breaking the Cycle		CQD	Care Quality Directorate
	6.0.11			CQR	Clinical Quality Review
C	C Diff			CQUIN	Commissioning for Quality and Innovation
	C of G	Council of Governors		CVD	Cardiovascular Disease
	CAB	Choose and Book system		CWP	Cold Weather Plan
	CAG	Clinical Advisory Group		CVVF	Cold Weather Flair
	CCG	Clinical Commissioning Group	D	DDoF	Deputy Director of Finance
	CCS	Critical Care Services		DFI	Dr Foster Intelligence
	CCTPG	Clinical Commissioning		DNA	Did Not Attend
	CD	Clinical Directorate/Clinical Directors		DoC	Duty of Candour
	CDAD	Clostridium Difficile Associated Disease		DoF	Director of Finance
	CEO	Chief Executive's Office		DoH	Department of Health
	CFC	Charitable Funds Committee		DPA	Data Protection Act
	CGC	Clinical Governance Committee		DRC	Depreciated Replacement Cost
	CHD	Coronary heart disease		DSG	Documentation Steering Group
	CID	Cardiac Investigations Department		DSU	Day Surgery Unit

	DTOC	Delayed Transfer of Care	EPR	Electronic Patient Record
	DTU	Day Treatment Unit	EPRR	Emergency Preparedness Resilience and Response
	DVT	Deep Vein Thrombosis	EQA	External Quality Assessment
	DWOD	Director of Workforce and Organisational Development	ERG	Expert Reference Group
E	EAG	Expert Advisory Group	ERIC	Estates return information collection
	EBITDA	Earnings before interest taxes	ESR	Electronic Staff Record
		depreciation and amortisation	ESS	Emergency Short Stay
	ECC	Ethics and Confidentiality Committee	ETO	Enhanced Tariff Option
	ECC	Emergency and Critical Care	EWS	Early Warning Score
	ECIP	Emergency Care Improvement Programme	FACE	Financial Accounts Core Evaluation implementation team
	ECIST	Emergency Care Intensive Support Team	FBC	Full Business Case
	ED	Emergency Department	FBP	Finance Business Partner
	EDC	Equality and Diversity Council	FCF	Free Cash Flow
	EDD	Estimated Date of Discharge	FEU	Frail Elderly Unit
	EDM	Electronic Document Management	FIC	Finance and Investment Committee
	EDRMS	Electronic Document and Records Management System	FIP	Financial Improvement Programme
	EFL	External Finance Limit	FM	Facilities Management
	EHIC	European Health Insurance Card	FOI	Freedom Of Information
	EHRC	Equality and Human Rights Commission	FOIA	Freedom Of Information Act
	EIR	Environmental Information	FOMI	False or Misleading Information
		Regulations	FPH	Faculty of Public Health
	Eol	Expression of Interest	FPH	Family and Public health
	EMAS	East Midlands Ambulance Service	FRR	Financial Risk Rating
	ENP	Emergency Nurse Practitioner	FT	Foundation Trust
	ENT	Ear Nose and Throat	FTGA	Foundation Trust Governors Association
	EPC EPP	Emergency Planning Committee Expert Patients Programme	FTN	Foundation Trust Network

	FTSU	Freedom to Speak Up		HIA	High Impact Assessment
	FYE	Financial Year End		HICC	Hospital Infection Control Committee
	FYE	Fiscal Year End		HMIMMS	Hospital Major Incident Medical Management and Support
G	GAM	Group Accounting Manual		HMRC	HM Revenue & Customs
	GDPR	General Data Protection Regulation		НоМ	Head of Midwifery
	GIRFT	Getting It Right First Time		НоТ	Heads of Terms
	GMC	General Medical Council		HQIP	Healthcare Quality Improvement Partnership
	GP	General Practitioner		HQS	Health Quality Services
	GPB	Governor Policy Board		HRA	Health Research Authority
	GPC	Government Procurement Card		HRIGC	Health Records and Information
	GPhC	General Pharmaceutical Council			Governance Committee
	GPHIP	Greater Peterborough Health Investment Plan		HS & DR	Health Services and Delivery Research
	GPM Referral	Urgent 2 week GP referral		HSC	Health Select Committee
	GS	Government Statement		HSE	Health & Safety Executive
Н	Hard FM	Facilities Management - building		HSIB	Healthcare Safety Investigation Branch
		maintenance etc		HSMR	Hospital Standardised Mortality Rate
	HCA	Healthcare Assistant		LICCEC	
	HCD	High Cost Drug		HSSEC	Health Safety Security and Environment Committee
	HCHS	Hospital and Community Health Services		HWE	Healthwatch England
	HCT	Hospital Control Team	ı	IAO	Information Asset Owner
	HCW	Healthcare worker		IAS	International Accounting
	HDAS	Healthcare Database Services			Standards
	HDU	High Dependency Unit		ICAS	Independent Complaints Advocacy Services
	HEE	Health Education England		ICU	Intensive Care Unit
	HES	Hospital Episode Statistics		ICE	Integrated Clinical Environment
	HFMA	Healthcare Financial Management Association		ICNARC	Intensive Care National Audit and Research Centre
	ННСТ	Hinchingbrooke Health Care NHS Trust		ICO	Information Commissioner's Office

ICR	Injury Costs Recovery		IQAP	Information Quality Assurance Programme
ICT	Information and Communications Technology		ISAP	Integrated Support and Assurance Process
IFR	Individual Funding Request		ISB	Information Standards Board
IFRIC	International Financial Reporting Interpretation Committee		ISFS	Invitation to Submit Final Solutions
IFRS	International Financial Reporting Standards		ISN	Information Standards Notice
IG	Information Governance		ISOS	Invitation to Submit Outline Solutions
IGA	Information Governance Alliance		ISP	Information Service for Patients
IGC	Information Governance Committee		ISTV	Information Sharing to Tackle Violence
IGG	Information Governance Groups		ITCD	Invitation To Continue Dialogue
IGMF	Information Governance Management Framework		ITU	Intensive Treatment Unit
IGSIRI	Information Governance Serious Incident Requiring Investigation		IYSD	In Year Service Development (Specialised Services)
IGTT	Information Governance Training Tool	J	JAG	Joint Advisory Group (endoscopy)
IHI	Institute of Healthcare Improvement		JET	Joint Emergency Teams
IHM	Institute of Healthcare Management		JHWS	Joint Health and Well-being Strategy
IIGOP	Independent Information		JRD	Joint Review and Development
	Governance Oversight Panel		IPC	Institute of Public Care
IIM	Integrated Identity Management		JSNA	Joint Strategic Needs Assessment
IIP	Investors in People		JVG	John Van Geest Ward (Stamford Hospital)
IM&T	Information Management and Technology			,
IM&TSC	Information Management and	K	KPI	Key performance indicator
IN 4.C	Technology Steering Committee		KPMG	Audit Consultancy
IMG	Investment Management Group		KSF	Key Skills Framework
IOG	Improving Outcomes Guidance		1 ^ ^	Local Area Agreement
IPC	Infection Prevention and Control	L	LAA	Local Area Agreement
IPC	Institute of Public Care		LAPH	Local Authority Public Health
IPSIS	Independent Patient Safety Investigation Service		LCG	Local Commissioning Group

	LHE	Local Healthcare Economy		MfOP	Medicine for Older People
	LHO	London Health Observatory		MH	Mental Health
	LHRP	Local Health Resilience Partnership		MHRA	Medicines and Healthcare Products Regulatory Agency
	LINk	Local Involvement Network		MIA	Master Indemnity Agreement
	LLP	Limited Liability Partnership		MIIU	Minor Illness and Injuries Unit
	LNC	Local Negotiating Committee		MIU	Minor Injuries Unit
	LoS	Length of Stay		MOU	Memorandum Of Understanding
	LOXANG	London Oxfordshire and Anglia Healthcare Health		MPA	My Performance Appraisal
	LRO	Lincolnshire Research Observatory		MRC	Medical Research Council
	LRQA	Lloyds Register Quality Assurance		MRET	Marginal rate emergency tariff
		(an audit of Sterile Services)		MRI	Magnetic resonance imaging
	LSCB	Local Safeguarding Children's Board		MRPQ	Mutual Recognition of Professional Qualifications
	LSMS	Local Security Management Specialist		MRSA	methicillin-resistant staphylococcus aureus
	LTA	Long Term Agreement		MSCP	Multi Storey Car Park
	LTC	Long Term Condition		MSS	Medical Short Stay
M	MAC	Migration Advisory Committee		MTPAS	Mobile Telecommunication Privileged Access Scheme
	MADE	Multi-Disciplinary Accelerated Discharge Event	N	NADPO	National Association of Data
	MAQS	Material and Quality Score (costing)			Protection and Freedom of Information Officers
	MAR	Mutually Agreed Resignation		NAMDET	National Association of Medical Device Educators and Trainers
	MASH	Multi Agency Safeguarding Hub		NAO	National Audit Office
	MAU	Medical Assessment Unit		NAPC	National association of Primary Care
	MBSC	Matron's Balanced Scorecard		NAPP	National Association for Patient
	MDHU	Ministry of Defence Hospital Unit			Participation
	MDT	Multidisciplinary team		NatSSIPs	National Safety Standards for Invasive Procedures
	MEA	Modern Equivalent Asset		NBOCAP	National Bowel Cancer Audit
	MEWS	Modified Early Warning System		-	Programme
	MFD	Multi Functional Device		NCAPOP	National Clinical Audit and Patient Outcomes Programme

NCAS	National Clinical Assessment Service		NNU	Neonatal Unit
NGO	Non-governmental Organisation		NPPCT	North Peterborough Primary Care Trust
NHS Peterborough	Peterborough Primary Care Trust		NPSA	National patient safety agency
NHSBSA	NHS Business Services Authority		NQB	National Quality Board
NHSCB	NHS Commissioning Board		NRLS	National Reporting and Learning System
NHSIQ	NHS Improving Quality		NTA	National Treatment Agency for Substance Misuse
NHSPRB	NHS Pay Review Body		NTDA	NHS Trust Development Authority
NHSI	NHS Improvement the National Health Service Regulator		NUH	Nottingham University Hospitals
NHSII	NHS Institute for Innovation and Improvement		NWAFT	North West Anglia NHS Foundation Trust
NHSLA	NHS Litigation Authority		NVQ	National Vocational Qualifications
NHSRB	NHS Remuneration Body	_	0.9.6	Obstatuing & Consequence
NIA	NHS Innovation Accelerator	O	O & G	Obstetrics & Gynaecology
NIB	National Information Board		OBC	Outline Business Case
NICE	National Institute for Health and		Obs	Obstetrics
	Clinical Excellence		ОН	Occupational Health
NICU	Neonatal Intensive Care Unit		OHE	Office of Health Economics
NIHB	National Inclusion Health Board		ONP	Overseas Nursing Programme
NIHR	National Institute for Health Research		ONS	Office for National Statistics
NJR	National Joint Registry		OP	Operational Plan
NLCA	National Lung Cancer Audit		OP	Outpatients
NMAG	Nursing and Midwifery Advisory		OPA	Outpatients Administration
	Group		OPD	Outpatients Department
NMC	Nursing and Midwifery Council		OSC	Overview and Scrutiny Committee
NMET	Non-Medical Education and Training		OSV	Overseas Visitor
NMRI	Nuclear Medical Resonance Imaging	P	PAC	Public Accounts Committee
NNAP	National Neonatal Audit Programme		PALS	Patient Advice and Liaison Service
NNRU	National Nursing Research Unit		PAM	Premises Assurance Model

PAS	Patient Access Scheme		PLACE	Patient Led Assessments of the Care Environment	
PAS	Patient Administration System		PMETB	Postgraduate Medical Education and Training Board	
PBL	Public Borrowing Limit				
PBR	Payment By Results		PMO	Programme Management Office	
PCD	Personal Confidential Data		PPRS	Pharmaceutical Price Regulation Scheme	
PCH	Peterborough City Hospital		PPV	Patient and Public Voice	
PCI	Percutaneous Coronary Intervention		PQQ	Prequalification Questionnaire	
PCN	Parking Charge Notice		PREM	Patient Reported Experience Measure	
PCS	Peterborough Community Services		PROMS	Patient Reported Outcome Measures	
PCT	Primary Care Trust		PRUCOMM	Policy Research Unit on	
PDC	Public Dividend Capital			Commissioning and the Healthcare System	
PDH	Peterborough District Hospital		PSA	Professional Standards Authority	
PDT	Practice Development Team			(formerly CHRE)	
PEAT	Patient Environment Action Team		PSC	Personal Service Company	
PECR	Privacy and Electronic		PSED	Public Sector Equality Duty	
DET	Communications Regulations		PSHFT	Peterborough & Stamford Hospitals NHS Foundation Trust	
PET	Patient Experience Tracker		PSIAS	Public Sector Internal Audit Standards	
PFI	Private Finance Initiative		r SIAS		
PHE	Public Health England		PSN	Public Services Network	
PHIN	Private Healthcare Information Network		PYE	Prior Year Ending	
PHO	Public Health Observatory	Q	QAC	Quality Assurance Committee	
PHOF	Public Health Outcomes Framework		QARC	Quality Assurance Reference Centre	
PHSKF	Public Health Skills and Knowledge Framework		QGOC	Quality Governance Operational Committee	
PHSO	Parliamentary & Health Service Ombudsman		QIPF	Quality Improvement Performance Framework Quality Innovation Productivity and Prevention	
PICU	Paediatric Intensive Care Unit		QIPP		
PID	Personal Identifiable Data				
PID	Project Initiation Document		QMAE	Quarterly Monitoring Accident and Emergency	

	QMCO	Quarterly Monitoring Cancelled Operations		RST	Revalidation Support Team
	QMS	Quality Management System Quality and Outcomes Framework		RT	Radiotherapy
				RTA	Road Traffic Accident
	QOF			RTT	Referral to Treatment
	QPR	Quality and Performance Review			
	QSG	Quality Surveillance Group	S	SBS	Shared Business Services
				SCU	Special Care Unit
R	RAG	Red Amber Green (project management status reporting codes)		SDMP	Sustainable Development Management Plan
	RAF Risk Assessment Framework			SFIs	Standing Financial Instructions
	RCA	Root Cause Analysis		SI	Serious Incident
	RCGP	Royal College of General		SIC	Standard of internal control
	Redi	Practitioners		SIFT	Service Increment
	RCoA	Royal College of Anaesthetists		SII	Significant Internal Incident
	RCOG	Royal College of Obstetricians and Gynaecologists		SLA	Service Level Agreement
	RCM	Royal College of Midwives		SoFP	Statement of Financial Position
	RCN	Royal College of Nursing		SOP	Standard operating procedure
	RCP	Royal College of Physicians		SPPCT	South Peterborough Primary Care Trust
	RCR	Royal College of Radiologists		SSRB	Senior Salaries Review Body
	RCPCH	Royal College of Paediatrics and Child Health		STF	Sustainability and Transformation Funding
	RCS	Royal College of Surgeons		STP	Sustainability and Transformation
	REF	Race Equality Foundation			Plan
	RGN	Registered General Nurse	Т	TCDB	Transforming Care Delivery Board
	RO	Responsible Officer		TDA	Trust Development Authority
	ROE	Retention Of Employment (for staff transfers)		TJCC	Trust Joint Consultative Committee
	RPSGB	Royal Pharmaceutical Society of Great Britain		TMB	Trust Management Board
	RPSI	Re-use of Public Sector Information		TOB	Trust Operational Board (a Trust committee which no longer meets)
	RRL	Revenue Resource Limit		TOR	Terms of Reference
	RSPH	Royal Society for Public Health		TSA	Trust Special Administrator

U U&EC Urgent and Emergency Care

UHL University Hospitals Leicester

UK Generally Accepted Accounting Practice UK GAAP

UKAS **UK** Accreditation Service

Urinary Tract Infection UTI

VAT Value Added Tax

Value for Money VFM

VS Voluntary Severance

W WHO World Health Organisation

WOC Workforce Operational

Committee

Workforce and Organisational WOD

Development

WRES Workforce Race Equality Standard

WTD Working Time Directive

WTE Whole time equivalent

YTD Year to Date

ZBB Zero Based Budgeting

