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YEAR AT A GLANCE

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Inpatients	59,565	57,735	58,761	58,698	54,163	56,539
Day cases	53,246	56,010	61,922	60,454	62,978	65,223¹
Outpatients (Consultant led – New & Review)	314,562	325,465	334,496	332,443	330,965	344,014
Nurse Led/ Allied Health Professional/ Midwife Activity	157,944	159,526	160,379	157,662	113,736	112,815²
A&E Attendances	112,676	115,388	118,803	125,477	127,226	136,513
Patient Contacts in the Community	225,159	218,319	220,960	239,172	230,251	248,753
Income	£285.64m	£293.94m	£306.02m	£309.55m	£324.32m	£336.37m
Surplus (Deficit)	£1.219m	£2.869m	£3.78m	£1.99m	(£373k)	(£7.896m)
Average Staff Employed (Headcount)	4,995	4,942	4,973	5,051	4,923	5,119

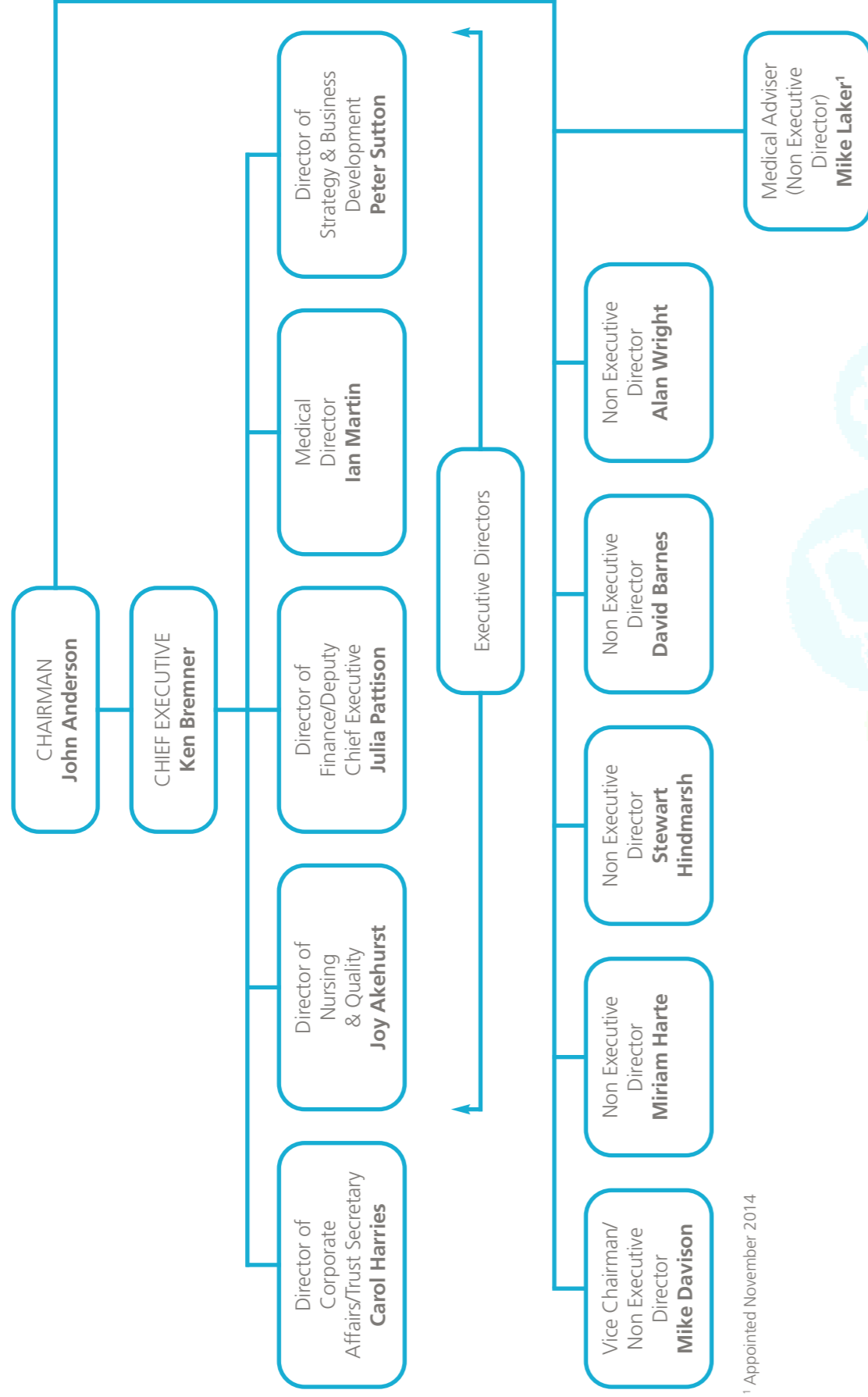
Notes:

¹ The increase reflects our continued drive to offer more treatments on a daycase basis to prevent patients from having an inpatient stay.

² The reduction in activity reflects a change in maternity whereby only the first contact for each pathway is counted rather than each individual attendance.

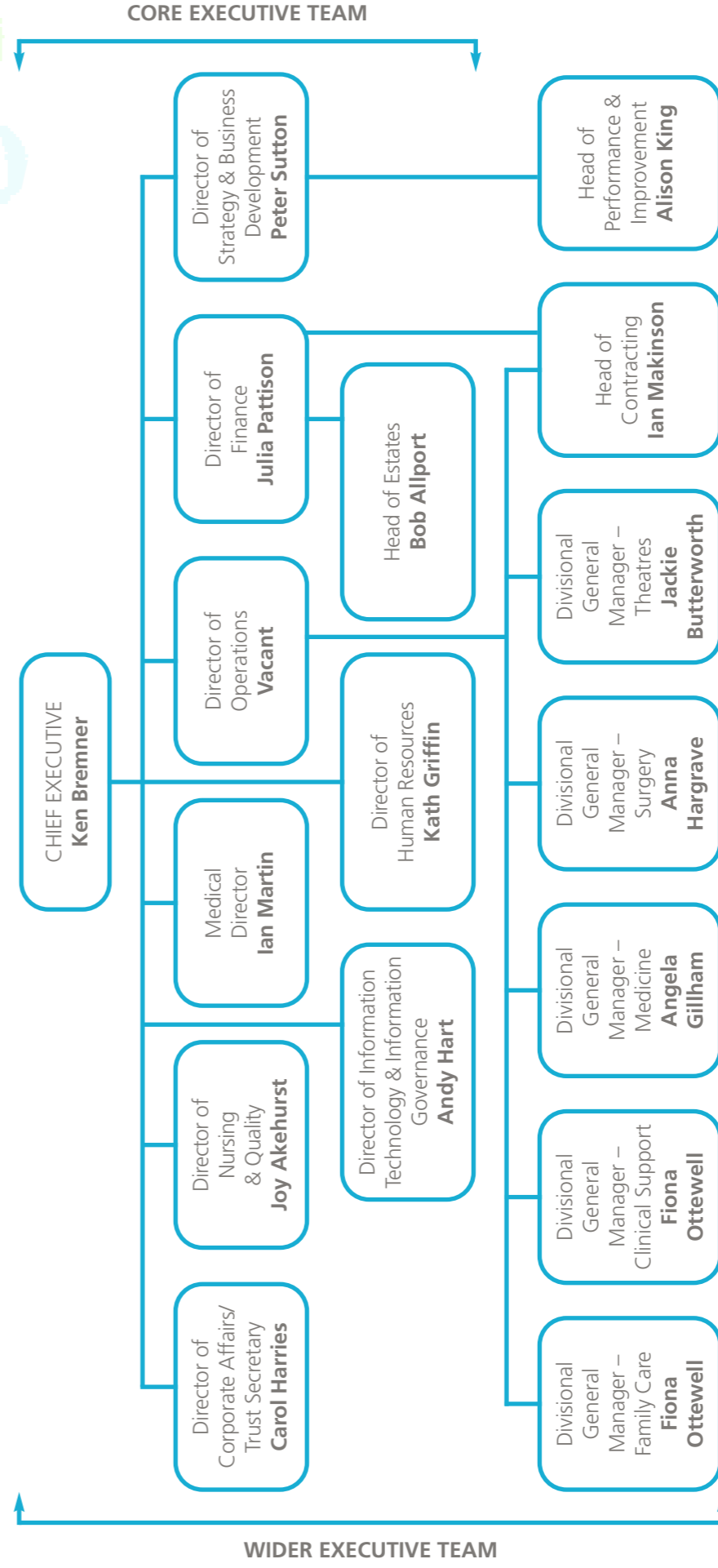


BOARD OF DIRECTORS 2014/15



¹ Appointed November 2014

EXECUTIVE COMMITTEE/TEAM 2014/15



WIDER EXECUTIVE TEAM



CHAIRMAN'S STATEMENT

No matter who I escort around the organisation, without exception each of them comments on how enthusiastic and positive staff have been in every ward and department they have visited. It is a real pleasure and makes me enormously proud to hear and see first-hand the enthusiasm and dedication of our staff at all levels within the organisation.

I was therefore delighted that such dedication and hard work was acknowledged by the achievement of a 'good' rating overall by the Care Quality Commission (CQC) in its review of our services in September 2014.

We were very honest with the CQC about what we do well and the areas where we need to make an improvement and that openness and honesty was acknowledged by them. Work is already under way on the areas where we need to make improvement and this will be a continuing area of focus going forward.

July 2014 marked the 10th anniversary of becoming an NHS Foundation Trust, the first Trust in the North East to achieve that status. Ten years ago we believed that Foundation Trust status would further embed our roots in the community, making us more accountable to the local people we serve, and strengthening our partnerships with the local health and social care community.

Foundation Trust status allowed us to reinvest any financial surpluses in NHS services but importantly it has also enabled us to have easier access to capital to deliver improvements in services and facilities. In our application for Foundation Trust status we said that we would:

- Extend our main ward/theatre block to provide four day case theatres and reception/ recovery facilities in a purpose built dedicated unit by 2006;
- Create a new Cardiac Centre;
- Install radiology digital imaging and archiving;
- Open a new purpose built Education Centre; and
- Develop an Emergency Care Centre.

As I reflect we have delivered all of that and more – the Niall Quinn Centre, the Jubilee Wing with the new stroke unit and a 21st century ICCU, a second cardiac lab, an endovascular theatre and the installation of high tech equipment including additional CT and MRI scanners and most recently the Da Vinci robot, to name but a few. We still continue to develop, as can be seen by the building work providing us with a new Emergency Department to serve our local population, hopefully ready to take its first patients in late 2016/early 2017.

As ever, our Annual Report gives us the opportunity to pause and reflect on all that we have achieved during the last year, as well as the many challenges we have faced both as an organisation and as part of a wider health system.

The report examines the progress we have made, not only against national targets and how we have performed financially but also in providing services that genuinely meet the priorities and concerns of our patients, members and the public. Whilst the targets are important we must remember that for patients, their relatives and carers alike, their time in hospital often leaves them with a sense of having lost control of their lives. Whilst I receive many letters confirming that we are responding to the needs of our patients, it is really important to admit that we do not always get it right and we should all be accountable for what we do and acknowledge when we make mistakes and use them as an opportunity to learn from the experience to ensure that such things do not happen again.

Our Governors, who are representatives of our patients, the public and staff, ensure that we do listen and I thank them for their constructive challenge. This year in particular they have been involved in a number of areas and committees across the organisation and their dedication and commitment is appreciated not only by me but staff in the organisation as well.

My thanks must also go to the Board of Directors and in particular the Non-Executive Directors who provide productive challenge to seek assurance and to ensure that the Board is rigorous in its approach to scrutiny and decision making.

We are experiencing significant changes both locally and nationally and we, like the rest of the NHS, have never stood still. Do I think that the next 10 years will be easy? No – I think we face considerable financial challenges ahead, and I believe the next 10 years will see more change, more developments and a real desire to see City Hospitals Sunderland established as the third centre in the North East.

None of our achievements would have been possible without the dedication and commitment of our staff, who are by far our greatest asset and such a pivotal ingredient to our success. It is they who make the delivery of "Excellence in Health, Putting People First" a reality.



JOHN N ANDERSON QA CBE
Chairman





CHIEF EXECUTIVE'S STATEMENT

I mentioned in my report last year that I thought that 2014/15 would be a challenging year and it certainly proved to be just that! Looking back now – and hindsight is a wonderful thing – I do wonder whether we really appreciated how quickly the whole organisation would feel the financial and operational pressures that almost engulfed us during the year. For hospitals that operate with such tight margins on tariff and performance even small changes can have a disproportionate effect.

It wasn't all gloom and doom, however, and there are still many things to be proud of, particularly the good rating we achieved from the Care Quality Commission (CQC) when they visited us in September 2014. More on that later.

We entered 2014/15 on the back of a tough previous year which had been dominated by the major upgrade made to our information system, Meditech. We were still feeling the effects of this as the annual contracting round started and because of this uncertainty we were left with no real option but to agree block contracts with some commissioners to mitigate the risks with our data/information. For 2015/16 we should be in a much better position. The contracting round was generally much more difficult with commissioners looking to pass risks onto hospitals wherever possible – sometimes by not paying for things they previously did ('it's in the tariff' is a frequent claim) and also by investing in schemes outside hospital that have an opposite effect – they increase demand on many of our services – and no proper evaluation ever takes place!

One major frustration – and it still is as I write this today – was our failure to land the contract for running the three urgent care centres within Sunderland in 2014/15. We had a great bid, worked up in partnership with key stakeholders that somehow wasn't successful. If I'm honest I'm still not sure why 'we' lost it, but for now, it's a lost

opportunity to better integrate our urgent care system. However, we will work with the successful tenderer – Northern Doctors – to make it work as effectively as possible for the people of Sunderland. You can't help but think though that somehow we've made the system even more confusing for the public with so many players on the pitch... and running alongside all this was the City's bid for pathfinder status with the Better Care Fund (BCF). I wholly support the move towards closer integration of services. However, the BCF has pooled an enormous amount of public money (c£170m), to kick start investment in schemes outside hospital designed to take the pressure off us, but we still need to be involved in this directly, because if these schemes work we will need less of some things (and this needs to be planned), and if it doesn't, then the hospital needs to be paid for the patients that will attend for treatment. It's important we remain close to this.

I mentioned the CQC previously and it was undoubtedly a great result for the whole organisation that we were formally rated good overall by them in January 2015. We had notice of their intention to inspect us in April 2014 and at that stage September seemed a long way ahead, but it came round quickly and before we knew it 44 or so inspectors descended on us, and over four days crawled over almost every part of City Hospitals. For this new type of inspection there really isn't any place to hide and we took the view that they had to see us as we were. My presentation to them on the opening day was deliberately pitched to show the good and not so good about City Hospitals – and in hindsight that was absolutely the right call! I'm not going to go into the details here about the inspection, but I will say a big thank you to all our staff who responded magnificently and appropriately, and to Joy Akehurst and Karen Lapworth who co-ordinated all the hard work. We should take pride that our services have been rated as good, and patients should come here knowing they will be treated well.

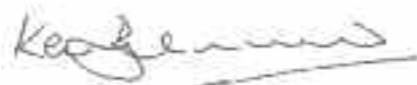
Performance wise, 2014/15 saw a number of key indicators come under severe pressure. The A&E four hour target was not achieved and we, like many nationally, felt the impact of increasing demand (up another 7% in 2015/16 over the previous year) and the costs of covering gaps in our medical staff rotas. I know our A&E department struggles to cope with our numbers – we remain one of the busiest in the North of England – so I was very pleased that the Board of Directors supported our plans to build a brand new Emergency Department on site by late 2016/early 2017. The work has started and I know it seems like a long time away but believe you me it will be here before we know it and will give our hard working staff in A&E a building fit for purpose.

Cancer targets were another major performance pressure – our urology service in particular really felt the heat and for the first time in a long time our referral to treatment waiting times for admitted patients didn't achieve the target. We know what needs to be done to rectify this and I am looking to our clinical directors in relevant areas to take a lead on this recovery in 2015/16. On the upside, our infection control team continue to work wonders and I'm delighted to confirm that our discharge communications to GPs is now getting much better, and I hope GPs will be seeing the benefits of this already.

There is one other area I want to specifically mention in this report and that is safeguarding. It's an area that when it goes wrong it can go horribly wrong – there are many national examples of this – and since our system in Sunderland was undoubtedly in need of an overhaul, this work has been undertaken, led by the City Council. All partners have a responsibility here and City Hospitals will play its full part, getting on with the job in hand but challenging others around us when we see it isn't working as well as it should.

As usual a word about staff. More than anything this year, they have pulled out all the stops to ensure our patients get a great, high quality service. Yes we sometimes get things wrong – we know that and we apologise for any failings on our part – but we are trying to learn from our mistakes and make sure we improve year on year. Our workforce will remain the main driving force by which we will deliver 'excellence in health putting people first'. Many new staff have joined us this last year and to them I really hope they enjoy working here, and many have left and retired. Long standing staff like Mike Galloway, Peter Surtees, Chris Cook, Peter Dunn, Jim Robinson and many more have retired after many years of service and to all our retirees a big thank you as well. Enjoy it – you deserve it! My final thanks go to John Anderson, our Chairman, who as usual has led us by example, the Non Executive Directors who continue to support and challenge in equal measure and to my Executive Team without whom I couldn't work!

2015/16 will bring more challenges, but most notably in managing our resources. Like most NHS organisations we are predicting a deficit in 2015/16 at this stage and whilst a new Government may help – we can't rely on that. So using all our internal ability and skill together with some external support we will be building a plan for sustainability which will undoubtedly mean a different looking City Hospitals in the future. Whatever that ends up looking like, patients will continue to turn up at our doors, probably in record numbers again, and they need us – all of us – to be open for business and to provide great, high quality care. It's really as simple as that.



KEN BREMNER
Chief Executive



STRATEGIC REPORT

A brief profile of the organisation

City Hospitals Sunderland was established as an NHS Trust in April 1994 and under the Health and Social Care (Community Health and Standards) Act 2003 became an NHS Foundation Trust in July 2004.

The Trust provides a wide range of hospital services to a local community of around 340,000 residents along with an increasing range of more specialised services provided to patients outside this area, in some cases to a population as great as 860,000.

The Trust also provides a substantial range of community based services, particularly within Family Care and Therapy Services.

The Trust operates from:

- Sunderland Royal Hospital (owned by the Trust)
- Sunderland Eye Infirmary (owned by the Trust)
- The Children's Centre, Durham Road (owned by the Trust)
- Monkwearmouth Hospital (on a limited basis)
- Church View Medical Practice

and provides outreach services at:

- Washington Galleries Health Centre
- Grindon Lane Primary Care Centre
- Bunny Hill Primary Care Centre
- Washington Primary Care Centre
- Houghton le Spring Primary Care Centre
- University Hospital of Hartlepool
- South Tyneside General Hospital
- Queen Elizabeth Hospital, Gateshead
- Bishop Auckland General Hospital
- University Hospital of North Durham
- Shotley Bridge Hospital

The Trust has around 863 acute beds, an annual income of £336.37m and non-current assets of £204.96m. It employs 5,119 people.

Workforce Numbers – FEMALE

Staff Group	FTE	Headcount	%
Additional Professional Scientific and Technical	131.29	148	2.89
Additional Clinical Services	752.63	868	16.96
Administrative and Clerical	781.11	921	17.99
Allied Health Professionals	255.22	290	5.66
Estates and Ancillary	109.59	166	3.24
Healthcare Scientists*	39.11	41	0.80
Medical and Dental	136.21	144	2.81
Nursing and Midwifery Registered	1,388.06	1,514	29.58
Students	1.00	1	0.02
Staff Group Summary Total	3,594.22	4,093	79.95

Employed as at 31 March 2015

* Increase on last year is due to a reclassification of occupation codes within the Electronic Staff Record.

Workforce Numbers – MALE

Staff Group	FTE	Headcount	%
Additional Professional Scientific and Technical	47.13	50	0.98
Additional Clinical Services	110.28	115	2.25
Administrative and Clerical	153.63	159	3.11
Allied Health Professionals	46.79	49	0.96
Estates and Ancillary	200.95	211	4.12
Healthcare Scientists*	34.60	35	0.68
Medical and Dental	265.93	278	5.43
Nursing and Midwifery Registered	123.03	129	2.52
Students	0.00	0	0.00
Staff Group Summary Total	982.34	1,026	20.05

Employed as at 31 March 2015

* Increase on last year is due to a reclassification of occupation codes within the Electronic Staff Record.

The Trust is organised into six main divisions and the departments of Trust Headquarters. Within the six main divisions are a series of clinical directorates and departments.

Division of Clinical Support

- Therapy Services (including Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry and Dietetics)
- Pharmacy
- Diagnostic Imaging (including Radiology, Medical Physics and Medical Photography)

Division of Family Care

- Obstetrics and Gynaecology (including Genito Urinary Medicine)
- Paediatrics and Child Health

Division of Medicine

- Emergency Medicine (including Emergency Department, Cardiology and Acute Medical Unit)
- General Internal Medicine (including Gastroenterology, Metabolic Medicine and Thoracic Medicine)
- Medical Specialties (including Renal Medicine, Clinical Haematology and Rheumatology)
- Rehabilitation and Elderly Medicine (including Care of the Elderly, Neurology, Neuro-Rehabilitation and Neurophysiology)
- Church View Medical Practice

Division of Surgery

- General Surgery
- Urology
- Head and Neck Surgery (including Ear, Nose and Throat, Oral and Maxillofacial Surgery and Orthodontics)
- Ophthalmology
- Trauma and Orthopaedics

Division of Theatres

- ICCU
- Anaesthetics
- Day Case Unit
- Theatre Sterile Supplies
- Clinical Sterile Services Department

Division of Estates and Facilities

- Catering
- Domestics
- Estates
- Outpatients
- Portering and Security
- Transport

Department of Trust Headquarters

- Chairman and Chief Executive
- Clinical Governance
- Corporate Affairs
- Finance and Information Services
- Human Resources
- Information Technology & Information Governance
- Medical Director
- Nursing and Quality
- Performance
- Strategy and Service Development

Staff Consultation and Involvement

We know the importance of staff being kept informed and involved in developments at the Trust.

We have a trade union recognition agreement with a wide range of organisations including the Royal College of Nursing, the British Medical Association, Unison and Unite with arrangements for consultation and negotiation with staff side representatives, through regular Joint Consultative Group (JCG) meetings. During the year the JCG has been involved in regular discussions surrounding a number of key Human Resource policies and initiatives.

Other examples of how we communicate and consult with our staff are:

- new starter induction;
- staff newsletters;
- the weekly 'Grapevine' bulletin published on CHSnet, the Trust's intranet;
- our intranet site giving staff the latest news on key Trust and/or NHS issues and local directorate/departmental news;
- formal monthly team briefings following Executive Committee meetings to cascade key strategic messages including regular updates on finance, performance and quality issues across the Trust and more importantly to encourage feedback;
- the Chief Executive holding a number of regular forums with clinical directors, senior managers, consultants, key nursing staff and allied health professionals;
- a number of road shows to brief on key issues such as the Francis Report; and
- regular visits by Board members to wards and departments.

Monitoring and Managing Performance

To support performance improvement, a robust monitoring and reporting system is in place:

- monthly reporting of financial performance to the Executive Committee and Board of Directors measured against areas such as:
 - income and expenditure performance
 - cost improvement programme
 - monitor risk rating metrics
 - balance sheet and working capital
 - cash and liquidity
- monthly reporting of cost improvement plan delivery by directorate to the Finance Committee, a formal sub committee of the Board of Directors;
- monthly reporting of activity, waiting list and key performance indicators by directorate to the Operations Committee, a formal sub committee of the Board of Directors;
- monthly reporting of complaints and lessons learned to the Patient, Carer and Public Experience Committee, a formal sub committee of the Board of Directors;
- root cause analysis meetings with the Rapid Review Group to understand in detail the reasons for Healthcare Acquired Infections and Serious Untoward Incidents;
- detailed monthly reports for divisional general managers, directorate managers and clinical directors;
- quarterly review meetings with directorate managers and representatives from the Finance and Performance teams to identify trends and areas of concern in time to plan ahead and agree action plans; and
- quality and contracting review meetings with the Clinical Commissioning Group.

The following pages outline the activities undertaken within the Trust relating to non-financial performance.

Details of Financial Performance may be found on page 26 in the Strategic Report.

KEY AIMS AND OBJECTIVES

The ethos of the Trust is based on:

Excellence in Health, putting People first

The Trust aspires to be a provider of first class NHS services and to be the first choice of patients locally, regionally and in some cases nationally. We will maintain our high quality services and be focused on, and responsive to, the requirements and expectations of our customers.

To support quality we will ensure that our workforce is the best in the healthcare industry. Our staff will have the freedom to act to meet our commitments to high quality and responsiveness, to innovate and to ensure that the patient is put first. Staff will be accountable for their actions and will have the confidence and the support of the organisation for what they do.

The Trust will deliver its vision and aspirations by adhering to the following values:

- ensuring our care is high quality, safe and personal;
- enabling our staff to use their skills to treat patients in clean, comfortable surroundings to the highest quality, offering choice as widely as possible;
- encouraging our patients to come here for their care because we aim for excellence in everything we do – our first priority is our patients; and
- setting high standards of behaviour and professionalism for all our staff

The Board will continue to drive the Trust's vision and philosophy through a number of key delivery areas:

• Best Quality

To deliver the best quality we will:

- put patients at the centre of everything we do
- listen to our patients and staff and respond to their views promptly, openly and honestly
- respect and care for our patients whilst treating them with dignity
- improve our patients' health or quality of life
- deliver care that encourages patients and staff to recommend us to their friends and family

• Highest Safety

To provide the highest level of safety we will:

- ensure patients are safe in our care
- develop a culture of zero tolerance for failure and learn from all our mistakes
- guarantee all our staff are trained to care for patients

• Shortest Lead Time

To ensure the fastest service for our patients we will:

- treat patients as quickly as possible and not waste their time
- remove all unnecessary waits

• Highest Morale

To ensure the highest staff morale we will:

- ensure our staff are proud to work here
- develop and support staff to be the best at what they do
- provide staff with a good work life balance
- set high standards of professionalism and behaviour for our staff

• Cost Leadership

To provide the best value for money we will:

- manage our money well so we can invest in the things patients really need
- challenge the way we do things and innovate for the benefit of both patients and staff

Future Developments

There are a number of key objectives for the Trust to deliver. These are to:

- improve the patient experience;
- reduce variation in quality;
- have no preventable deaths;
- act promptly on, and learn from, incidents and complaints;
- improve patient safety;
- reduce Healthcare Associated Infection;
- reduce total lead time for patients;
- move all service lines to profitability for reinvestment across the Trust;
- improve efficiency and reduce waste in all areas;
- develop and maintain robust workforce plans;
- ensure staff are proud to work here; and
- secure and increase the range of specialist services it provides (3rd Centre).

To deliver these objectives the Trust has a robust planning framework in place which describes the **objectives** of the Trust, the specific **goals** that need to be achieved, the **strategies** that will be adopted and the **measurements** that will be in place to track progress. The OGSM framework is used across the Trust to ensure all plans are aligned to deliver the Trust's key objectives.

The Trust is also committed to ensuring that our environment is of a high quality in which patients can receive treatment and staff can work. This has led to the completion of the following schemes during 2014/15:

- commissioning of the new multi-storey car park (723 spaces) on time and within budget. The new facility is now fully operational providing an additional 373 spaces which has significantly reduced congestion on the site and contributed to better traffic flow around the Sunderland Royal site;
- provision of a centralised Help and Advice Service (previously known as PALS) in the heart of the main concourse;

- the addition of a second MRI (wide bore) suite which allows patients who are claustrophobic to have a better scanning experience undertaken locally rather than travelling to Newcastle;
- the provision of a Dementia Cafe (The Alexandra Centre) which provides a dementia friendly area, used as a day therapy suite for cognitively frail patients. It also incorporates an information area for staff and carers on all aspects of dementia and delirium;
- the upgrade of public toilets across both the Sunderland Royal and Eye Infirmary sites. The new designs have carefully considered the necessary dementia friendly elements required in public area environments; and
- the much needed complete refurbishment of paediatric physiotherapy facilities on the Children's Centre site on Durham Road.

As well as the projects already completed during 2014/15, a number of new capital projects continue to be developed which include:

- the start of the construction of the new Emergency Department, phase one scheduled for completion in December 2015 and phases two and three due to be completed by January 2017;
- the provision of a dedicated pathology hot lab due for completion in May 2015; and
- construction of the new Endoscopy department designed to meet the latest standards and to give increased capacity for any future growth in demand.

In addition to these capital developments the Trust is devoting resources to a number of corporate transformational programmes going forward which include:

- 7 day services;
- safe and sustainable emergency care;
- scheduling;
- surgical and theatre efficiency;
- diagnostics;
- medicines; and
- procurement.



All of these programmes and related investments are designed to achieve a number of the Trust's strategic objectives by improving the quality of the service provided and through delivering a more effective and efficient service. In addition many of these programmes will rely on benefits realisation through the use of the recently implemented Meditech V6 system. These programmes, when taken together, will improve the quality of care, the flow of patients through the hospital and eliminate waste by reducing non-value adding steps and non-essential waits.

Strategic Direction

Our strategy is founded on our commitment to the delivery of high quality services for patients and demonstrated in our values of:

- Best quality;
- Highest safety;
- Shortest lead time;
- Highest morale; and
- Cost Leadership.

The Trust's strategic aim in relation to service provision is captured in the concept of 'the 3rd Centre'. It is important to define this further to avoid confusion and provide clarity on exactly what this means. The Trust has no plans to develop a range of specialised services in line with The Newcastle upon Tyne Hospitals or South Tees Hospitals, the two main tertiary centres in the North East. However, the Trust has always provided a range of services over and above a standard DGH, including Urology, Renal, Ophthalmology, Head and Neck and other service lines.

The Trust will focus on becoming the 3rd Centre in the north east region which means we will plan to develop more complex/specialised services for a larger population with appropriate alignment of investment in the workforce, technology, equipment and capital plans as required.

This direction of travel is aligned with national strategies which include having fewer centres of excellence and the development of 40-70 major emergency centres across England. The Trust currently provides a range of services for heart attacks, stroke, vascular, and critically ill children as outlined in the Keogh report and this national description is exactly aligned to the Trust's vision of 'the 3rd Centre'.

The Trust's investment strategy, covering areas such as a state of the art endovascular theatre, 2nd catheter lab and a new Emergency Department currently under construction demonstrates its commitment to delivery of its vision.

The environment in which NHS Trusts operate, particularly Foundation Trusts (FTs) has significantly changed over the past 10 years. FTs, including CHS have used the freedoms available to them to establish new services, create new partnerships and take advantage of opportunities which are wider than the traditional hospital offering of 'outpatients and inpatients'. The financial environment has also changed and the traditional main source of income for acute Trusts (Payment By Results) has reduced year-on-year, placing huge financial pressure on organisations. These reductions will continue into 2015/16, placing further pressure on acute Trusts to either find additional (profitable) income streams or to continue to make efficiency savings, which are becoming more difficult to find each year.

Locally, CHS is increasingly recognised as a key partner in the development of the city and has a role to play as a 'good social neighbour'. The Trust has more active workstreams and formal partnerships than ever before with the City Council, Sunderland University, Sunderland AFC and local enterprises such as Sunderland Software City. There are frequent opportunities for further joint working with these and other partners and the Trust needs to be clear about what we want to achieve and what we have to offer in order to prioritise and capitalise as and when such developments arise.

Innovation is also being recognised both locally and nationally, and the wider NHS has created new structures to promote and support innovation through the establishment of Academic Health Sciences Networks (AHSN) and NHS Innovations North, who have a specific focus on supporting organisations getting new products and services to market. The Trust has also renamed the Research & Development department to Research & Innovation (R&I) recognising the importance and focus on innovation and the associated opportunities.

Taking all of this into account the Trust has developed a 'commercial strategy' and established a 'commercial forum' to ensure that the Trust is in a good position to take advantage of new opportunities. The objectives of the commercial strategy support our aim in achieving our vision and our organisational goals of Best Quality, Highest Safety, Shortest Lead Time, Highest Morale and Cost Leadership.

Centre of Excellence

The Trust already has a number of 3rd Centre services such as Bariatric surgery, ENT, OMFS, Urology, Ophthalmology and Nephrology which operate on a regional/sub regional basis and where part of the services are commissioned by the North of England Specialised Commissioning Group and part by the local CCGs. The Trust's direction of travel to be the 3rd Centre supports the local CCGs in their efforts to demonstrate that they are delivering a key element of their plan to have specialised services concentrated in centres of excellence relevant to the locality.

It is also important to note that such services operate on a hub and spoke model, which ensures local provision of services where possible (outpatients and daycases). The advantage of Sunderland Royal Hospital as the hub is that, with the exception of Ophthalmology, all the key services are delivered on one site, thereby ensuring that patients have the benefit of immediate input from specialist teams 24/7.

The Wider Health Economy

The Trust's plans are fully supported by local commissioners and other key stakeholders, including other local FTs. The Trust has highlighted its strategic plans to local commissioners through various forums, including executive to executive sessions and they fully support the Trust's direction of travel. Sunderland CCG has developed a 5-year strategy which describes their vision of achieving "Better Health for Sunderland" and which is supported by three high level goals:

- transforming out of hospital care (through integration and 7 day working);
- transforming in hospital care, specifically urgent and emergency care (7 day working); and
- enabling self-care and sustainability.

The Trust is fully engaged in the wider health economy strategies in relation to integrated care, the use of the Better Care Fund and the requirement for appropriate patients to be managed outside of hospital. Co-operation within the local health economy is further evidenced by the Trust being represented and fully engaged in key planning forums such as the local Health and Wellbeing Boards and local CCGs' main planning groups in relation to transformational change, urgent care and integrated care.

Continuous Improvement

The Trust has developed a Lean Continuous Improvement Strategy for 2014-2017 which outlines our approach to the implementation of a lean continuous improvement philosophy. The goals and objectives of the strategy are:

- to do things right, first time every time;
- to ensure continuous improvement programmes and projects are clearly linked and aligned to the Trust's vision and priorities identified within our annual planning cycle ensuring quality and performance measures are met;
- to utilise a programme management approach to ensure that new organisational capacity is delivered and benefits realised;
- to continue to build organisational capacity and capability in lean and programme management methodology across corporate and clinical services; and
- to support a culture where sharing of best practice and learning from each other is the norm.

During 2014/15 there have been many improvement events aligned to the corporate programmes which include:

- discharge medication process;
- inpatient discharge process;
- outpatient referral and clinic processes;
- patient handover within the hospital;
- pre-assessment scheduling;
- improvements to the Bariatric patient pathway; and
- processes to enhance patient flow within the endoscopy new build.

These have improved efficiency, safety, lead time and patient experience.

As part of our continuous strategy we are continuing to increase organisational capability by training lean leaders to lead new improvement projects within the Trust.

YEAR END POSITION

City Hospitals has reported an operational deficit position of £7,896k for the financial year 2014/15. The Trust delivered cost reductions of £9,978k by the year end. The delivery of cost improvement targets were closely monitored in year by the Board Sub-Committee, the Finance Committee.

For 2014/15, the Trust signed legally binding contracts for its services provided to commissioners. These related to Payment by Results (PbR) activity and services subject to local prices where national tariffs had not been set.

The Trust's largest commissioners had set 2014/15 contract baselines predominantly based on the 2013/14 actual activity delivered with funding specifically relating to the maintenance of all of the relevant targets.

Service Line Reporting

The Trust has been refining Service Line Reporting information over a number of years. During 2013/14 the automated process was put on hold due to problems with the information flows from the new patient information system. An increased focus on clinical engagement for the 2014/15 reference costs submissions will be the first step in 2015/16, ahead of reviewing the longer term strategy for service line reporting.

Regulatory Rating Performance

The Trust is required to submit performance information to the Foundation Trust regulatory body 'Monitor' on a quarterly basis in line with the requirement of the Risk Assessment Framework. At the start of each financial year, the Trust is required to submit an annual plan identifying the expected performance against financial targets and a range of national targets set by the Department of Health and other regulatory bodies.

The financial performance is assessed over a range of metrics including liquidity and in year income and expenditure performance. The financial system ranges from 1 to 4. For governance and quality risk the scale is a traffic light system with ranges from red (poor) to green (good).

The Trust submits actual performance information compared to the plan and Monitor assesses this performance in order to determine an overall rating for the Trust at the end of each quarter. The planned versus actual performance for the 2014/15 and the 2013/14 financial years is detailed in the tables overleaf. The quarter 4 position detailed in the table is based on submitted information and is subject to confirmation by Monitor.

In relation to Governance for 2014/15, the Trust confirmed at the end of the year that it was unable to state 'confirmed' to the declaration: **The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards due to the non-achievement of two standards, being A&E and Referral to Treatment (RTT).** During the year the Trust achieved all relevant targets except:

- A&E 4 hour target – in quarters 2, 3 and 4;
- 18 weeks referral to treatment time (RTT) for admitted patients in quarters 3 and 4; and
- Cancer targets – for cancer 62 day wait for treatment from NHS screening service, both in quarter 3 alone and 62 day wait for treatment from urgent GP referral, in quarter 2 alone.

Overall the Trust achieved all targets in quarter 1, failed two in quarters 2 and 4, and failed three in quarter 3.

The A&E performance has been a challenging target all year and subject to close scrutiny within the Trust, with Commissioners and with Monitor. Latterly 18 weeks performance has been a pressure, particularly in orthopaedics. It is expected that this will be back on track during 2015/16.

In terms of financial reporting, the Trust had planned to deliver an overall surplus of £500k, giving an overall risk rating of 3. The Trust achieved a rating of 3 in the first two quarters and a rating of 2 in subsequent quarters, ending the year behind plan and with an operational deficit of £7,896k.

2014/15					
	Annual Plan	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Continuity of service rating ¹	3	3	3	2	2
Governance Risk Rating ²	Green	Green	Green	-	-

Note:

¹ 'Continuity of Service Rating' relates to financial performance, with a score of 4 being the best, 1 being the poorest

² 'Governance Risk Rating' relates to number of indicators failed. From quarter 3 onwards, the Trust has been 'Under Review' due to concerns around the financial position. No rating has therefore been given.

2013/14					
	Annual Plan	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Under the Compliance Framework					
Financial Risk Rating	4	4	4	-	-
Governance Risk Rating	Amber Green	Amber Green	Green	-	-
Under the Risk Assessment Framework					
Continuity of service rating				3	3
Governance Risk Rating				Green	Green

RISK MANAGEMENT

Financial Risks

Key financial risks during 2014/15 included:

- managing the impact of the upgraded patient information system (Meditech v6) including managing the impact on clinical activity information flows for contractual purposes;
- delivering a challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- taking account of the National Tariff which included a requirement to deliver an efficiency target of 4%;
- delivering against the quality (CQUIN) targets as agreed with the commissioners;
- managing the impact of the increased staffing requirements associated with the Workforce Assurance process and the Safe and Sustainable Emergency Care service development; and
- managing a challenging financial position for the year;
- minimising actions that would have resulted in the application of penalties;

Non-financial Risks

Non-financial risks for the year included:

- achieving and maintaining the relevant standards including the 18-week target for 95% of admitted patients in year across all specialties, the maximum 4 hour wait for A&E waits and cancer targets. At the end of the year the Trust did not achieve the A&E target (90.68%) and declared non-compliance against the referral to treatment (RTT) target at 82.8%;
- managing infection rate targets including the C-Diff position which showed a slight improvement from the prior year at 34 cases by the end of the year; and
- maintaining the standards required by the Care Quality Commission to maintain compliance with licence requirements.

Directors' Approach to Risk Management

Directors' Approach to Risk Management includes:

- a cost reduction plan to reduce the Trust's operating costs during 2014/15 to meet the efficiency target inherent in the national tariffs;
- working with Commissioners to plan service redesign and service capacity requirements including identifying all implications financial and non-financial; and
- managing the levels of actual activity and the costs associated in specialties with capacity constraints.

The Board of Directors is responsible for ensuring that the Trust's system of internal control and risk management is sound and for reviewing the effectiveness of those systems.

The Trust has processes for identifying, evaluating and managing the significant risks faced by the organisation. These processes cover all material controls, including financial, clinical, operational and compliance controls and risk management systems. These processes have been in place for the whole of 2014/15.

One of the key milestones in the Trust's Risk Management Strategy is to achieve progressive compliance with national, general and maternity NHSLA risk management standards. Ahead of the 2013/14 financial year the National Health Service Litigation Authority (NHSLA) changed their approach to the calculation of the premiums, focusing on claims history and levels of outstanding claims rather than underlying standards. Therefore, during 2013/14 and into 2014/15, the Trust reviewed its approach around gaining assurance that key risks are being managed appropriately. This has culminated in a revised Risk Management Strategy, approved in March 2014 alongside closer work with the NHSLA to better understand the drivers for the growth in referrals.

During 2014/15 the Trust upgraded its risk system 'Safeguard' to enable increased visibility of risks and to improve the monitoring of trends and themes. During the year, the Trust also successfully bid for funding from the NHSLA to support service enhancements and developments specifically targeted at those areas of highest risk, predominantly in obstetrics.

The Board of Directors has approved an assurance framework that meets national guidance which is managed by the Governance Committee. The framework is subject to annual review and approval by the Board of Directors. The framework is based on the Trust's strategic objectives and contains an analysis of the principal risks to achieving those objectives. It is underpinned by the detailed risks and associated actions set out in the Trust's risk register. During 2014/15, the Trust further developed the Assurance Framework and the overall Risk Register and the on-going developments will be shared with the Board of Directors during 2015/16.

Each of the key objectives has been assigned a Board lead and the framework is utilised to ensure that the necessary planning and risk management processes are in place to deliver the annual plan and provide assurance that all key risks to compliance with the Trust's licence have been appropriately identified and addressed.

STRATEGIC REPORT: FINANCE

Overview

The Trust has experienced one of the most difficult financial years in recent history and ended the year with a net £7,896k deficit. It had become apparent early in the year that the Trust would not deliver the planned £500k surplus for the year and processes were implemented during the year to review and target specific action both for the 2014/15 year and importantly for the 2015/16 financial year to ensure that the Trust maintained financial sustainability.

The key drivers for the deficit related to:

- an ambitious cost reduction target for the year was set at £16.3 million. However the Trust only delivered just under £10 million worth of savings giving a shortfall of over £6.3m against this target;
- some of the clinical contract agreements capped over-performance resulting in the under-funding of services; and
- medical staffing cost pressures, particularly around agency staffing, which continued to grow compared to previous years despite in year actions to bring these costs down.

The Trust ended the year with a 'Continuity of Services Risk Rating' of '2', compared to the planned '3'. As a consequence of the change in year, the Foundation Trust regulator, Monitor, initiated a formal investigation of the Trust in relation to the Trust's compliance with its Licence.

The following sections will provide further information concerning the financial position for the year.

Income and Contracts Overview

The 2014/15 financial year was the second year of life for Clinical Commissioning Groups (CCGs) and NHS England. These new arrangements have continued to take time to bed in, with problems particularly associated with the intermediate support arrangements that CCGs are reliant upon. A number of patient pathways have been split between different commissioners increasing the risk that any single commissioner may choose not to continue with a given part of a service, putting at risk the whole service for some patients. The complexity of the system is now such that the number of commissioners has increased significantly and as a consequence system wide approaches are difficult to implement, with an increased focus on transactional engagement with commissioners.

The 'payment by result' (PbR) rules have remained predominantly consistent with prior years. This includes the marginal rate for any emergency admissions seen over and above the 2008/09 level and no payment for any 'avoidable' readmissions within 30 days, remaining unchanged. The principle is that NHS Trusts would be de-funded for any readmissions into the Trust within 30 days irrespective of the cause, subject to a small number of exclusions. The concept is to encourage appropriate support mechanisms for patients so that where avoidable they do not return to hospital. With its commissioners, the Trust underwent a bidding process whereby commissioners agreed to invest in a series of schemes to target reductions in readmissions. In some cases this involved increased patient support arrangements in a community setting, whilst other investments supported developments undertaken within the organisation. To enable the Trust to forward plan and staff appropriately, main commissioners supported schemes that went beyond one year, so a number will continue into 2015/16.

Within this environment, the Trust and commissioners agreed activity levels predominantly based on 2013/14 actual activity plus anticipated additional growth requirements to achieve the necessary targets. To manage system risk and enable focus on service redesign, the Trust agreed to Durham commissioner's request of a 'cap and collar' contractual arrangement for the year with up to 1% above or below the contract transacted, but any further growth or retraction, not transacted between parties.

The national tariff assumed gross inflationary funding of 2.7% offset by an assumed level of 4% cash releasing efficiency. As a result therefore, tariff prices reduced in net terms by 1.3%.

The Trust experienced a number of challenges during the year. The on-going management of the upgraded Meditech V6 patient information system meant an increased focus on data quality, with continuous review during the year. This included a 'day of data' exercise across the whole organisation to gain assurance that inpatient services were being captured correctly between the relevant points of delivery. During the year, similar exercises were undertaken across outpatient and theatre areas. However, as some commissioners have focused increasingly on transactions, increased workload has been experienced across the whole organisation to service this 'micro-management' process and put at risk the overall performance of some elements of the contracts. One area this affected was the High Cost Drugs component of the Specialised Services contract with NHS England.

The 'cap and collar' agreement with Durham commissioners was also an area of concern. During the year, the Trust experienced a significant shift in ophthalmology work, receiving more patients than had been anticipated as a consequence of a change in referrals from other parts of the North East. This meant that the contract significantly over-performed but without a formal contractual route for charging this activity. Whilst commissioners did contribute some funding towards the drug element of this growth, the Trust was significantly under-funded for this work at the end of the year which contributed to the financial deficit at the end of the year. As a consequence the contract for 2015/16 will revert to a normal PbR contract.

Expenditure Overview

During the year the Trust continued to recruit to funded nursing vacancies. However, recruitment proved difficult in some areas, with vacancies particularly on Care of the Elderly wards. The issue was one of ensuring the appointment of the right calibre of staff at the same time as many other local organisations were also recruiting. Funding for the posts was not the issue as this had been agreed ahead of the start of the financial year and from April 2013 onwards, over £2million had been invested in supporting a growth in nursing posts to deliver the stepped change required following the Francis review.

During the year, the Trust continued the implementation of its major corporate programme 'Safe and Sustainable Emergency Care'. This impacted on the operational and financial performance of the organisation in the year. The Trust had previously approved the revenue business case in 2013/14 which had proposed a step up in medical and other staff groups in Emergency Care including services supporting frail elderly. In November 2014, the Board of Directors revisited the overall Emergency Department capital scheme and the revenue consequences of the business case. There was an acknowledgement that the costs of both developments were greater than the funding, but the Board agreed that the proposals were the right thing to do for the users of the service. Continued recruitment difficulties particularly in medical posts meant that the financial gap as identified in the business case was increased even further as higher cost locums and agency staff were required to cover the recruitment gaps.

Agency staffing continued to be a pressure for the Trust. At the end of the financial year the Trust had incurred £7.7million on agency staff, compared to £6.1million in the previous 2013/14 year, which itself had been a step up from £3.8million in 2012/13. Of this spend, 78% related to medical staff, proportionately the same as prior years. In year as part of the cost improvement plans, the Trust had set targets to reduce the reliance and cost associated with medical staff but this had not succeeded as envisaged.

The Trust's financial statements are presented later in this report.

Cost Reduction Plans

Divisional Plans for cost reductions were agreed at the start of the 2014/15 financial year. Included in the Annual Plan was a target of £16,279k. By the end of the year, the Trust had delivered £9,978k, a shortfall of £6,301k. This was the first year the Trust was unable to deliver against its target.

During the course of the year when it became apparent that the Trust was unlikely to achieve its formal financial targets, it introduced a 'Back to Basics' programme to improve the financial position of the Trust. This was focused on a number of key work programmes all led by individual Directors, with a series of tangible action plans for 2014/15 and beyond. To support the programme, an external Programme Director was appointed, initially focused on one of the workstreams relating to medical



staffing. This was led by the Medical Director and was signed off by relevant Clinical Directors. The major impacts from this programme are expected in 2015/16. The Back to Basics programme also engaged with staff throughout the organisation, seeking ideas and feedback around opportunities for improvement of the financial position whilst maintaining patient safety.

At the start of the year the Trust had detailed plans for over three quarters of the £16.3million target. However, by the end of the year this gap in detailed plans remained and contributed almost 60% of the final year end gap in delivery. The balance was as a result of in-year slippage against the plans which included the slippage against the anticipated agency savings.

In year, a Financial Savings Group was established to focus specifically on the key actions to deliver the cost reduction plans. Progress against the plan was reported regularly to the Finance Committee which is led by Non-Executive Directors.

Capital Funding

At the start of the year, the Trust had an outstanding balance on a number of Foundation Trust Financing Facility (FTFF) loans of £33million. During the year the Trust received additional funding of £15.5million to finalise the multi-storey car park which was opened in November 2014, and to start the work associated with the Emergency Department build scheme. By the end of the financial year the balance outstanding was £46.9million.

Capital investment in 2014/15 was funded from internally generated funds, the new loans from FTFF and some additional Public Dividend Capital primarily associated with national bids. Total capital investments included the upgraded patient information system, multi-storey car park, urgent medical equipment replacement and a new Pathology IT system. The Trust has also continued to invest in backlog maintenance for its buildings plus some preparatory work for the new Emergency Department build scheme which was started in earnest in 2014/15 and will take approximately two years to complete.

Cash Flow Management

The cash balances at the year-end were £19.84m, marginally behind the plan of £20.1million. NHS debtor balances were £7.3million, an improvement on the prior year position of £9.15million, reflecting a stabilisation of the commissioning system. A significant proportion of these balances have now been settled.

CHS has maintained the Public Sector Policy regarding payment of creditors during the year.

Looking Forward

The financial agenda remains challenging. Nationally a large proportion of Foundation Trusts are anticipating being in deficit in 2015/16. This reflects the anticipated downward funding pressure from the tariff mechanism, with year on year reduction reflecting efficiency assumptions. New national allocation funding formulas are expected to be in place by 2016/17 which is expected to reduce funding to local CCGs, therefore affecting their ability to fund service developments and putting significant pressure on their budgets and commitments. The expectation for the Trust therefore is that service planning and major pathway reform will be required across the hospital, community and social service sectors in order to deliver the efficiencies in services required.

The commissioning environment is now a year on and commissioners are starting to get to grips with their new roles and working together. Over the next few years, it is expected that the way services will be delivered will start to change with a reduced focus on hospitals and increased service provision in community or other settings. A 'Better Care Fund' has been established to cut across traditional organisational boundaries and allow Health and Wellbeing Boards on behalf of the community to target resources at those services that best support patients. Locally Sunderland partners have set challenging targets to go beyond the national minimum, to genuinely change the way services are provided across the Sunderland patch. Over this next year, the work to identify the reality of what this means for individual organisations will be critical to ensure that partners are not destabilised. At this stage the Trust has not factored the impact of this into its immediate operational plan for 2015/16, but there will be impacts for the Trust into 2016/17.

During 2014/15 the Trust started building the new Emergency Department to enable better patient flow and support improvement in the quality of services that we provide. Whilst the build continues, commissioners have supported the use of the Pallion facility as a walk-in centre and combined with the 'Safe and Sustainable Emergency Care' programme it is expected that there will be some significant changes in the way that emergency services will be provided over the next few years. Working with partners is critical to minimise the risk and maximise the benefits for patients and as part of this process, the Trust has agreed with local commissioners a financial review of the whole urgent care system to assess opportunities for joint work to join up services and mitigate financial risk.

For 2015/16, the full impact of the NHS standard contract will apply. The 'Commissioning for Quality and Innovation' (CQUIN) payment scheme, has again been maintained at 2.5% of overall clinical income and gives an opportunity for the Trust to 'earn' additional funding by delivering a range of improved quality measures.

As a principle the Trust has set budgets for 2015/16 based upon anticipated activity for the year. The national tariff assumes a 4% cash releasing efficiency assumption for tariff services. After the impact of inflation funding, the overall price paid by commissioners for patients seen and treated in hospital settings has reduced by a net 1.6% compared with 2014/15. In addition, in 2014/15 the contracting rules continue to assume non-payment for hospital readmissions within 30 days of discharge from the hospital although agreements are in place around the continuation of some of these readmission schemes into 2015/16.

Ahead of the start of the 2015/16 year, a consultation exercise was undertaken with all NHS organisations in relation to the proposed tariff for the new year. The overall service rejected the proposals which resulted in the default position for 2015/16 remaining as the existing 2014/15 tariff. Further voluntary proposals were put to providers to consider. The Board of Directors considered these proposals and approved the use of the 'Enhanced Tariff Option', this being the least worse of the two proposals.

As a consequence, by accepting this proposal for 2015/16 a new rule has been introduced relating to a marginal rate for specialised services. Any additional work undertaken by the Trust, over and above an agreed starting point, will only be paid at 70% of the full tariff. In practical terms this means that any growth in patient demand or growth in high cost drugs, above this pre-agreed starting point will not be fully funded, so for instance drugs, which have previously been a 'pass through' cost will be a direct cost pressure for the Trust.

Financial Risks 2015/16

The key financial risks facing the organisation in 2015/16 are expected to be significant. The Trust ended the financial year in deficit and the draft Annual Plan submission to Monitor identified a forecast deficit of £17.6million for 2015/16. This reflects risk relating to clinical contracts, anticipated expenditure pressures and includes expected delivery of cost reduction plans of £13million.

Given the scale of the financial issues for the Trust, a cost reduction programme called 'Back to Basics' programme was initiated in 2014/15. This will be further strengthened in 2015/16 with the establishment of a Programme Management Office (PMO) which will include experienced and suitably skilled members of staff who will be released from their current roles to support the PMO work. They will be supplemented by externally appointed individuals who will bring with them the necessary skills and expertise from their experience elsewhere and will challenge and support the Trust in the development of short and long term financial recovery plans. At this stage a cost reduction programme (CRP) of £13million is deemed to be realistic and the Finance Committee will oversee the development and sign-off of the plans to deliver the target and go beyond this. Clinically, the Medical and Nursing Directors have a critical role to play in terms of ensuring the plans do not undermine the safety and quality of services that the Trust provides. They will continue to be members of the Finance Committee on key occasions throughout the year.



Due to the extent of the financial challenge, there is a risk around the cash position of the Trust towards the end of the financial year. As a consequence, the Trust is seeking a loan to support the existing capital commitments for the year. Should this be approved, the cash position will move back into a surplus for the year and will mitigate risks associated with continuation of services. At the time of writing the outcome of this bid remains uncertain and as a consequence the Trust has prudently assumed in its plans that this loan will not be received. On this basis, there is material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern.

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the NHS Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent to which, performance occurs eg when receipt or delivery of the goods or services is made.

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

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

Credit risk is the possibility that other parties might fail to pay amounts due to the Foundation Trust. Credit risk arises from deposits with banks as well as credit exposures to the Foundation Trust's commissioners and other debtors. Surplus operating cash is only invested with the National Loans Fund. The Foundation Trust's cash assets are held with Lloyds and the Government Banking Service (GBS) only. The Foundation Trust's net operating costs are incurred largely under annual contracts with local CCGs, which are financed from resources voted annually by Parliament.

The NHS Foundation Trust receives cash each month based on the agreed level of contract activity and there are quarterly payments/deductions made to adjust for the actual income due under the tariff system. This means that in periods of significant variance against contracts there can be a significant cash-flow impact.

Related Party Transactions

The Trust has a system in place to identify all new related party transactions. As NHS Foundation Trusts and NHS Trusts have common control through the Secretary of State, there is an assumption that government departments and agencies of government departments are related parties. The Department of Health is regarded as a related party. During the 2014-15 financial 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 department. In addition there are other transactions with other government bodies with the most material being the University of Newcastle for the funding of medical education. NHS bodies are summarised as:

- Health Education North East;
- A number of Clinical Commissioning Groups including Sunderland, South Tyneside, Gateshead, North Durham and Durham Dales, Easington and Sedgfield;
- Northumberland Tyne & Wear Mental Health Trust;
- County Durham and Darlington NHS Foundation Trust;
- The Newcastle upon Tyne Hospitals NHS Foundation Trust;
- NHS England;
- North East Ambulance Service NHS Foundation Trust;
- South Tyneside NHS Foundation Trust;
- National Blood Authority;
- Prescription Pricing Authority; and
- NHS Litigation Authority.

Financial Performance

For the financial year 2014/15 key headline financial indicators are as follows:

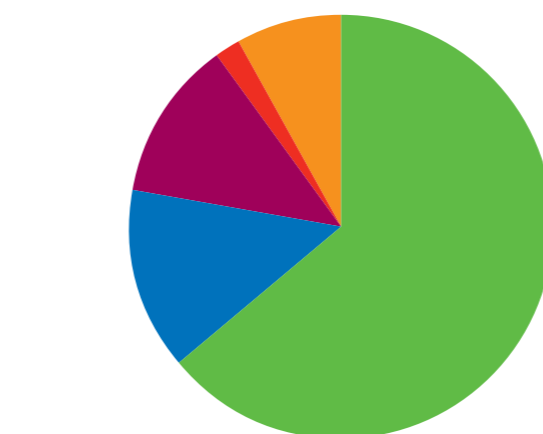
- The year ended with an operating deficit of £7,896k;
- The year ended with cash balances of £19,842k;
- Capital investment of £10.63m
- Private Patient Income of £282k

Financial Headlines

2014/15	£ Million
Total Operating Income	336.37
Total Expenditure	337.90
Financing Costs – including Dividends paid	6.37
Deficit before Exceptional Items	(7.90)
Capital Expenditure	10.63
Total Fixed Assets	204.96

All income totalled £336.37m; a breakdown of the key sources is shown below:

Source of income 2014/15



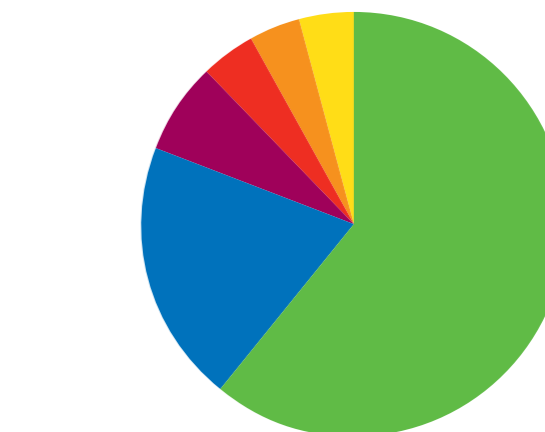
- South of Tyne CCG's **64%**
- Durham CCG's **14%**
- NHS England **12%**
- Other income from activities **2%**
- General income **8%**

Expenditure

Expenditure amounted to £337.90m. The majority of expenditure (61%) related to staff costs at £206.8m.

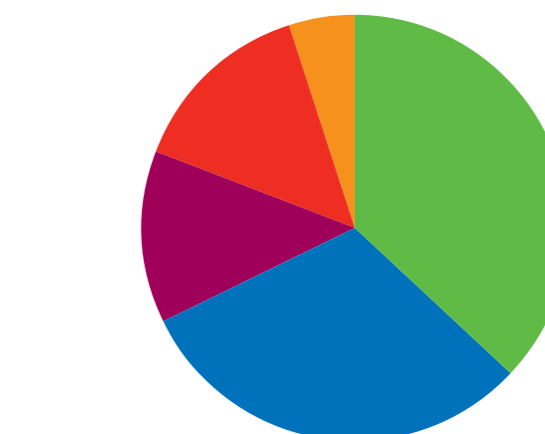
Full Details of Directors' Remuneration are included in the Annual Report on page 173.

Expenditure 2014/15



- Staff costs **61%**
- Clinical Support Services **20%**
- Other **7%**
- Premises Costs **4%**
- Services from other NHS organisations **4%**
- Depreciation **4%**

Staff Analysis 2014/15



- Nursing & Midwifery **37%**
- Medical & Dental **31%**
- Scientific, Therapeutic & Technical **13%**
- Admin & Clerical **14%**
- Other **5%**



Planned Investment Activity

Capital expenditure in 2014/15 totalled £10.63m with investment in premises, medical equipment and information technology.

	£ Million
Premises (Inc. Backlog Maintenance, Car Parks and Emergency Dept.)	8.69
IT Systems	1.53
Medical Equipment	0.41

The value of the Trust's fixed assets, both Tangible and Intangible, at the end of 2014/15 was £204.96m.

It is anticipated that, in 2015/16, capital investment will be funded via internally generated resources plus the balance of drawdown of the approved FTFF loans for the new Emergency Department build.

The Trust has in place a process to review the planned replacement of Medical Equipment and this includes a review of lease versus purchase for more substantial schemes.

Charitable Funds

The Board of Directors acts as the Corporate Trustee for all "Funds Held on Trust" which are registered with the Charities Commission as a single charity. The Trust continues to receive donations from a wide variety of benefactors for which it is extremely grateful, and continues to utilise these funds for the benefit of both patients and staff in accordance with the terms of the donation. The Charitable Funds Committee represents the Corporate Trustee in the day to day management of the funds.

For the financial year 2014/15 Foundation Trusts are required to consolidate their charitable funds into their main NHS accounts. The Audit Committee have considered this requirement and have confirmed that as the amounts are below the materiality limit it will not be consolidating the Charitable Funds accounts into the main NHS accounts.

As at 31st March 2015, the pre-audit value of funds held on trust amounted to £ 3.47m an increase of £0.25m over the final 2013/14 position (£3.22m).

The value of income received amounted to £0.87m (£0.65m final 2013/14) and the value of resources expended amounted to £0.60m (£0.62m final 2013/14). Within this, £38k was spent on research within paediatrics (18k) and ophthalmology (20k) (77k final 2013/14). Capital purchases of equipment total £162k, (£162k final 2013/14), for departments Ophthalmology (£136k), Neonatal Unit (£15k), Head & Neck (£6k) and Paediatrics (£5k).

The investment portfolio at 31 March 2015 stood at £1.66m (£1.51m final as at 31 March 2014), an increase of 0.15m. During the year the FTSE rose by 183 points (3%) from 6620 to 6803. Around 30% of the portfolio is held in FTSE100 investments.

Going Concern

Notwithstanding the uncertainty, after making enquiries, the Directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the annual accounts and annual report.

JULIA PATTISON
Director of Finance/Deputy Chief Executive



Information Governance

Information Governance relates to the way organisations 'process' or handle information. It covers personal information, ie that relating to patients/service users and employees, and corporate information, eg financial and accounting records. Information Governance provides a way for employees to deal consistently with the many different rules about how information is handled.

The four fundamental aims are:

- to support the provision of high quality care by promoting the effective and appropriate use of information;
- to encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources;
- to develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards; and
- to enable organisations to understand their own performance and manage improvement in a systematic and effective way.

The Information Governance Toolkit is a Department of Health (DH) policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance set out by DH policy and presents them in a single standard as a set of Information Governance requirements.

The Trust is required to carry out a self-assessment of its compliance against each of the 45 Information Governance requirements (Scoring 0, 1, 2 or 3). To be classed as 'Satisfactory – Green' an NHS organisation is required to be level 2 or above across all requirements.

In 2014/15 the Trust updated evidence against all requirements and achieved this 'Satisfactory – Green' rating, the results confirming 1 requirement being 'Not Relevant', 18 showing evidence at Level 2, and 26 requirements at Level 3. The total percentage compliance for the 2014/15 submission was 86% (consistent with the score from 2013/14).

The Trust owns Church View Medical Practice whose submission now forms part of the Trust's overall submission. As a GP practice there are only 13 requirements. Church View Medical Practice also updated evidence against all requirements, and was assessed as 'Satisfactory – Green', achieving 4 requirements at Level 2 and 9 requirements at Level 3. The total percentage compliance for the 2013/14 submission was 89% (this outcome was again consistent with that of 2013/14 being 1% greater).

Work is continuing through 2015/16 to review and improve evidence to shift where possible from a level 2 into a level 3 performance in relevant areas.

The Trust can confirm that it has systems and processes in place to ensure that information risks are reliably identified, prioritised and managed.

The Trust had no Information Governance breaches during 2014/15.

Key Constraints on Trust Activities

Neither Monitor, the Care Quality Commission, nor any other regulatory body has placed any restrictions on the activities of the Trust.

The Directors consider that this Annual Report and Accounts, taken as a whole, is fair, balanced and understandable. It also provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.



Role of the Trust as a Local Employer

City Hospitals is one of the largest employers in the North East and certainly in the city of Sunderland, offering excellent employment opportunities to new and existing staff.

We aim to be a model employer and are constantly working hard to further develop links with local strategic partners, educational and voluntary organisations across Sunderland and the surrounding area, looking for ways to engage with communities and improve the working lives of our staff. We pride ourselves on offering good working conditions, job security, lifelong learning, fair pay, an excellent range of benefits, staff involvement and a balance between work and personal life.

During the last year the Trust has continued its work with local agencies to train people for roles within the organisation, offering placements under the Government's Work Programme. This provides support, work experience and training for up to two years to help individuals find and stay in work.

An example of this approach has been our Healthcare Assistant programme which was supported externally to enable individuals to achieve NVQ level 2 qualifications. Ten people completed their placements and eight individuals have moved into substantive healthcare assistant positions within the organisation.

We also continue to work closely with Springboard Sunderland Trust, a training provider, to offer apprenticeships in business administration and healthcare. These positions enable individuals to gain experience within a particular area, to identify whether this kind of work is something they wish to pursue, and also for the Trust to assess their suitability and to consider them for employment.

During 2014/15, twelve apprentices completed their programmes, 11 in care and 1 in business administration, all of whom have subsequently moved into permanent positions within the organisation. One former apprentice has successfully been promoted twice over the last two years and is now a valuable member of the Trust's Cancer Services team.

In total the Trust gave over 94 work experience placements to a number of individuals – including those from government work programmes and a number of 16 year old students from local schools in the area. The Trust has also continued to host some students with learning disabilities in placements, to develop their work related skills and to help them to move towards employment, either within the Trust or with other employers.

The Trust continues to play a key role in "Work Discovery Sunderland" an initiative led by the City of Sunderland Partnership as a way of forging stronger

links between companies and organisations across the city and school pupils on Wearside. In October 2014 the Trust held a Health and Social Care Careers fair enabling 220 pupils and their teachers from 16 different schools and colleges to follow two patient journeys, – the care of an older person with chronic illnesses and a young person having sustained an accident. By talking to staff from a range of disciplines they were given an insight into the different roles and opportunities within care, and importantly the training routes available to achieve such roles. The event also included some interactive activities delivered by one of our resuscitation trainers and members of the Trust's infection control team. The event was featured on the 'Made in Tyne and Wear' TV network.

The Sunderland CARE Academy was an initiative conceived in 2014. It is a 'virtual' academy and a collaboration of local partner organisations focused on 'care'. It includes members from health, higher education, the voluntary sector, and social care.

The CARE academy has developed specific work streams based upon its four strategic themes of:

- collaboration;
- achieving high quality care;
- research; and
- engagement.

Its aim is to develop health related research work within the city, and to achieve a quality workforce appropriately skilled to deliver effective patient care across Sunderland.

Although in its early days the Trust has already worked with Sunderland Clinical Commissioning Group and the Tyne and Wear Care Alliance to establish a jointly delivered care certificate programme, so that clinical support staff in hospitals, care homes and GP practices can receive theoretical training together ensuring a high standard of care for patients living in the city irrespective of where, and for whom, they work. The initiative was cited as an example of good practice by Health Education England, and was featured in a programme on the 'Made in Tyne and Wear' TV network about apprentices from GP surgeries being trained alongside our staff.

From 1 April 2015 staff involved in the programme will receive certificates to demonstrate both their completion of the national minimum training expected by the Care certificate to other employers and that staff across the three agencies have all been trained to the same high standard ensuring patients and service users across the city receive high quality care.

Further initiatives to be delivered include infection control training for staff in nursing and residential homes and GP practices.

Employee Health and Wellbeing

We are fully committed to the health and wellbeing of our staff. As a large health service provider, health and wellbeing applies as much to our employees as it does to our patients, their carers and the local population. We want to do as much as we can to help individuals to be at their best and to feel motivated and committed to their work, so that they can reach their full potential.

Our 'Employee Health and Wellbeing Strategy' brings together the multiple strands of ongoing work that are addressing and improving the health and wellbeing of employees. Our commitment to support staff is also demonstrated through our Human Resources Strategy and the two strategies are closely linked to provide a working environment that enables employees to meet their full potential both in and outside of work, which inevitably has a positive impact on patient care.

As part of our strategy we offer an extensive range of employee health and wellbeing benefits including:

- a dedicated childcare co-ordinator providing advice and support to staff who are carers for children, partners and/or other family members;
- a dedicated occupational health and wellbeing department;
- access to fast track physiotherapy;
- dedicated counselling support services;

- access to local primary care mental health services supporting staff with moderate to severe mental health concerns;
- mediation to help staff to deal with difficult workplace issues, incidents and/or conflict;
- preventive interventions eg stress risk assessments;
- coaching and guidance for managers concerning psychological and practical support for staff, including workforce adjustments;
- training and communication about workplace stress and handling conflict;
- staff benefits, including salary sacrifice schemes; and
- a staff fitness centre.

We also last year recognised those staff who had demonstrated dedication, innovation and commitment to excellent patient care at our annual Reward and Recognition event held at the Stadium of Light in October 2014. We celebrated the work of individual members of staff and teams, which highlighted the very best that City Hospitals has to offer.

The awards recognised those staff and teams who go the extra mile in their everyday work to put patients at the centre of everything they do. The winners in each category can be found in the table below.

Award Category	Winner
Customer Service – Individual	Nicola Hewitson, Staff Nurse – Ward C31
Customer Service – Team	Macmillan Cancer Information Team
Patient Safety and Innovation	Delirium and Dementia Outreach Team
Leadership	Laura Bond, Service Improvement Manager
Partnership	Audiology and Community Nursing Learning Disability Team
Lean Working	Chest Pathway Onward Referral Team
Ward or Department of the Year	Ward D41
Outstanding Contribution	Vicky Parkin, Directorate Manager
Clinical Audit	Eileen O'Neil, Specialist Dietitian
Council of Governors	Rob Common, Palliative Care Modernisation Facilitator
Chief Executive's	Claire Dodds, Hotel Services Manager



Staff Engagement

The Trust's vision and values recognise that meaningful, two-way dialogue with people at all levels in the organisation is key to ensuring that we deliver the highest quality of care for patients and improve the work experience for all our staff.

Engagement happens when our staff feel their work is valued and meaningful and when they are engaged in activities that support a common purpose – one which embodies quality and care for colleagues and patients alike.

We do this in a number of ways, including involving them in decision making, giving staff freedom to voice ideas and, encouraging them to perform well through regular feedback, all culminating in an annual appraisal which supports their personal and professional development.

Possible scores range from 1-5, with 1 indicating that staff are poorly engaged (with their work, their team and the Trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.73 was average when compared with Trusts of a similar type.

Staff Survey Results

2013 Response Rate		2014 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.76	3.74	3.73	3.74	-0.03

The Trust participates in the NHS Annual Staff Survey conducted by the Care Quality Commission, which seeks the views of staff on a wide range of issues. The results of the 2014 survey were published in February 2015. This year our response rate was 39% of staff responding in comparison to a 45% response rate in 2013.

The key findings from the survey are summarised below:

2012/13 Overall Response Rate		2013/2014 Overall Response Rate		2014/2015 Overall Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	Trust	National Average	
43%	49%	45%	49%	39%	45%	-6%

Top 4 Ranking Scores

Fairness and effectiveness of incident reporting procedures (the higher the score the better)				
2013/14 Response Rate		2014/15 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.65	3.51	3.70	3.54	+0.05

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (the lower the score the better)				
2013/14 Response Rate		2014/15 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
22%	24%	18%	23%	+4%

Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell (the lower the score the better)				
2013/14 Response Rate		2014/15 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
26%	28%	20%	26%	+2%

Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department (the higher the score the better)				
2013/14 Response Rate		2014/15 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
n/a	n/a	64%	56%	n/a

Bottom 4 Ranking Scores

These scores highlight the four key findings for which the Trust compares least favourably with other acute Trusts in England and have therefore formed the starting point for our actions as an employer.

Percentage of staff having equality and diversity training in the last 12 months (the higher the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
36%	60%	38%	63%	+2%

Percentage of staff experiencing physical violence from patients, relatives or members of the public in the last 12 months (the lower the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
13%	15%	18%	14%	-5%

The number of staff able to contribute towards improvements at work (the higher the score the better)				
2013/14 Response Rate		2014/15 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
73%	68%	66%	68%	-7%

Staff motivation at work (the higher the score the better)				
2013/14 Response Rate		2014/15 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.88	3.86	3.79	3.86	-0.09

Key changes since the 2013 survey

The key findings where staff experience had improved the most were:

- percentage of staff that agreed preventive action is taken when errors are reported had increased to 73% compared to 64% in 2013;
- percentage of staff who have had an appraisal/ review in the last twelve months had increased to 89% compared to 82% in 2013;
- percentage of staff who agreed that they would be happy with the standard of care for a friend/relative was 65% compared to 59% in 2013;
- percentage of staff who are informed about errors, near misses and incidents that happen in the organisation increased to 60% compared to 54% in 2013; and
- percentage of staff in the last three months who had not felt pressure from their manager to attend work when they had not felt well enough to perform their duties was 74% compared to 69% in 2013.

The key findings where staff experience had deteriorated the most were:

- percentage of staff who often/always felt that time passes quickly when they are working was 72% in comparison to 80% in 2013;
- percentage of staff who agreed that they have frequent opportunities to show initiative in their role was down by 8% to 67% in 2014;
- percentage of staff satisfied with the freedom given to choose their own method of work was 63% compared to 70% in 2013;
- percentage of staff who agreed that they are able to make improvements happen in their area of work decreased by 6% to 53% in 2014; and
- percentage of staff who agreed that their immediate manager asks for their opinions before making decisions that affect their work was 47% compared to 52% in 2013.

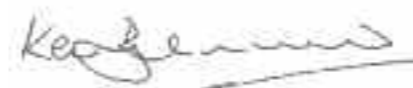
Following discussion within the organisation, key areas have been identified for attention during 2015/16:

- equality and diversity;
- violence and harassment;
- ensuring staff are able to contribute towards improvement at work; and
- motivation at work.

The resulting actions have been referenced to the four pledges to staff contained within the NHS constitution:

- reviewing the control systems, responsiveness and communication in relation to violence and aggression management;
- promoting the quality and content of equality and diversity training to all staff;
- ensuring that all Trust senior managers involve and engage with staff about service improvements and organisational change as a matter of routine;
- introducing Values Based recruitment and induction;
- developing a regular programme of staff engagement events;
- reviewing the format/context of Team Brief; and
- reviewing the appraisal policy and framework.

The Strategic Report has been approved by order of the Board.



KEN BREMNER
Chief Executive

Date: 28 May 2015





QUALITY REPORT

/// The CQC report has rated City Hospitals as 'Good'. //

PART 1: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Welcome to our Quality Report for 2014/15. Our aim is to provide a balanced and honest report on what happened last year in relation to quality and improvement and to highlight the priorities that we will be focusing on during 2015/16.

We have had another busy and demanding year in a testing financial environment. We continue to see an increasing number of patients every year and our aim is to treat each one as an individual, to understand what they are going through and to fulfil their expectations of compassionate care in a clean, safe and comfortable hospital.

Judging by the positive feedback that we receive from patients, we do get this right most of the time. We receive daily reviews on the NHS Choices website and comments via the Friends & Family Test which confirm that our staff do provide high quality care. However, sometimes we fall short of the standards that we have set for ourselves, and at those times we do our best to acknowledge our shortcomings with honesty and candour, and to respond with openness and a willingness to learn and improve.

This year we celebrated 10 years as a Foundation Trust. We were the first in the North East and one of the first nationally to achieve that success and this status has, amongst other things, enabled us to invest heavily in our staff and hospital.

In March we completed the installation of the endovascular hybrid theatre, a theatre for patients with arterial disease – which is another example of facilities that can only be described as 'state of the art'. This facility uses technologies that put us firmly at the leading edge of medical innovation and best clinical practice for our patients.

We have also commenced work on our new Emergency Department. The Trust's current department was built in 1978 and the new unit will help us to handle the growing number of patients coming through the emergency system every day. It will result in a much improved environment for patients and for staff working in the unit and whilst it is not due to be completed until December 2016, this is an exciting time for us all as we begin to lay the foundations of an acute hospital fit for the future.

At long last we have hopefully made the parking situation a little easier at the Sunderland Royal Hospital by opening our new multi-storey car park. This has benefited so many people, especially staff and visitors.

During the year another significant event was the planned visit by the Care Quality Commission in September. The nature and scope of the inspection was very different to anything we had experienced previously. As expected, the inspection team were challenging and spent considerable time in various wards and departments across the organisation talking to patients, relatives and staff. The report has rated City Hospitals overall as 'Good' which is a significant achievement although we recognise that there are some recommendations which we will need to take forward.

More recently, during March we worked closely with health and social care colleagues to create the 'Perfect Week'. The initiative was about ensuring that patient flow through the hospital ran 'perfectly' for that week so that there were no unnecessary interruptions or delays to the patient journey of care from hospital to home. The joint working across the Sunderland community was heralded as a success and we are confident that together we can sustain many of the improvements required to minimise delays and optimise flow through the hospital.

We have been able to achieve the majority of our Commissioning for Quality and Innovation (CQUIN) targets in 2014/15, which once again is an excellent achievement. We are also delighted to have on-going positive patient feedback in the national 'Friends and Family Test'. Our participation rates and outcome scores are some of the best in the region, if not the country.

The results of our patient satisfaction surveys show that we are fulfilling patient expectations most of the time. I'm delighted, in particular, to note our encouraging results in the 2014 national Adult Inpatient Survey, where there are positive gains and improved patient ratings across a number of quality themes. Patients are seeing and feeling improvements around their hospital food, pain management, involvement in care and perceived emotional support; previously these have attracted only modest scores. I hope we are now seeing the benefits of all the work that has gone on in the Trust to address these areas.

During the year, some of our mortality information has suggested that we have higher rates than our peers. Mortality is a complex area and there are a number of factors which account for the variation in different mortality measures, some of which are completely outwith our control. The newly formed Mortality Review Panel aims to review all patient deaths in hospital to help us understand whether there are any clinical or organisational factors that we need to improve upon.

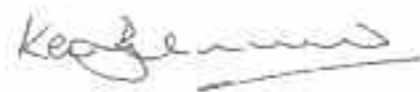
We have also celebrated a number of national awards this year, including CHKS Top 5 Maternity Hospital, Facilities Manager of the Year, finalist in the Chief Nurse for England and Compassion in Practice Award,

as well as a number of successes in the local Best of Health Awards. In October we held our annual Reward and Recognition Event and once again we were overwhelmed by the number of nominations which showcased the excellence of both our staff and our services.

As always, the Trust is grateful for the ongoing commitment and contribution of patients, staff, governors and members in supporting our quality improvement activities and providing the oversight, scrutiny and constructive challenge that are essential for improving the quality of our services.

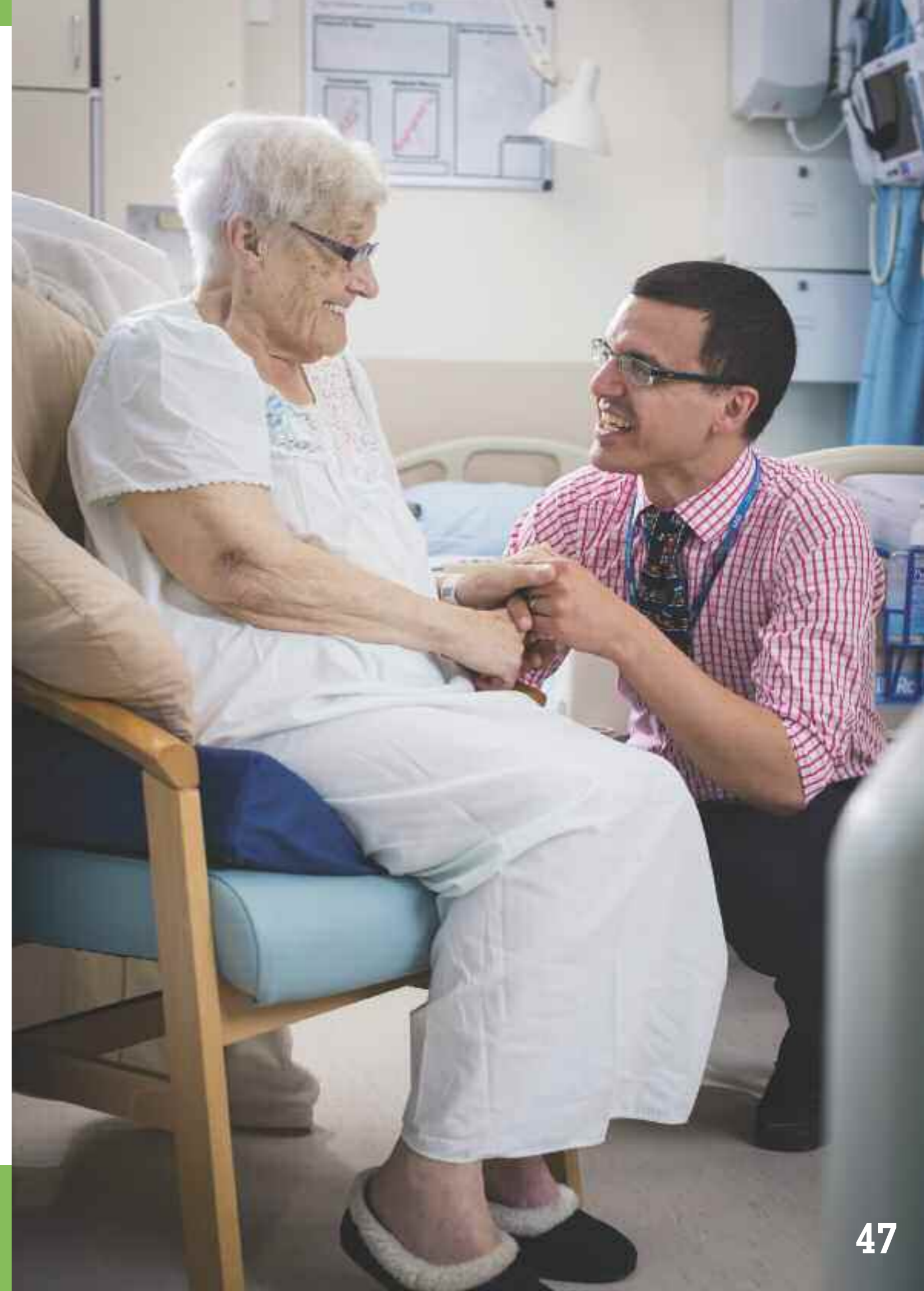
Reflecting on the report, I feel proud of our achievements and the staff who have worked hard to deliver the best care for our patients.

The content of this report has been subject to internal review and, where appropriate, to external verification. I confirm, therefore, that to the best of my knowledge and belief, the information contained within this report reflects a true, accurate and balanced picture of our performance.



KEN BREMNER
Chief Executive

Date: 28 May 2015



PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

Part 2.1 Review of Quality Improvement Priorities 2014/15

Each year, we work with our staff, healthcare partners and local stakeholders to agree a number of priorities as part of our ongoing efforts to improve quality. These priorities provide our focus for quality improvement for the coming year, and we continually review the progress that we are making. We have plans in place to report and monitor progress.

Each section summarises the priorities and objectives we set for 2014/15; this is followed by a detailed account of our progress and achievements.

Treating and caring for patients in a safe environment and promoting 'harm free' care		Patient Safety
We wanted to:		
1	Reduce the number and severity of hospital acquired pressure ulcers	
2	Reduce the number of drug errors which cause harm	
3	Increase the reporting of incidents and 'no harm' events by staff	
4	Reduce the number of serious patient falls, including those that result in fractured neck of femur	
5	Maintain the 95% target of all adult inpatients having a VTE risk assessment on admission to hospital. Reduce the number of avoidable, preventable VTE	

1. Reduce the number and severity of hospital acquired pressure ulcers

Pressure ulcers represent a major burden of sickness and reduced quality of life for patients and create significant difficulties for their carers and families. They can occur in any patient but are more likely in high risk groups such as the elderly, obese, malnourished and those with certain underlying conditions. Pressure ulcers are a type of injury involving the breakdown of skin and underlying tissue. They are caused when an area of skin is placed under prolonged pressure, usually due to immobility. They are also sometimes known as 'bedsores' or 'pressure sores'. Pressure ulcers are very unpleasant, upsetting and challenging to treat. Therefore, a range of techniques are used to prevent pressure ulcers developing in the first place.

The Trust has prioritised this important area of practice for a number of years and has achieved some success in reducing hospital acquired pressure ulcers and / or their progression to more disabling ulcers. Some patients admitted to hospital may already have an existing pressure ulcer which is described as 'community acquired'. In 2014/15 further investment in the Trust Tissue Viability Team demonstrated our commitment to eradicate or minimise any development of pressure ulcers in hospital, as well as any avoidable deterioration in existing ulcers.

Pressure ulcers are part of the NHS Safety Thermometer national tool which is used to measure and benchmark a selected number of "harms" experienced by patients. Other harms include patient falls, venous thromboembolism (blood clots) and catheter associated urinary tract infections. The Safety Thermometer involves conducting monthly point prevalence audits of all eligible inpatients at a given point in time. The audits are conducted by front-line nursing staff, providing real-time feedback to the Tissue Viability team about good practice and areas for improvement.

The table below shows data submitted to the Safety Thermometer for pressure ulcers from April 2014 until March 2015 for 'all' (includes patients with admitted ulcers and those hospital acquired) and 'new' (hospital acquired only) pressure ulcers.

Metric	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Pressure ulcers – All (%)	5.77	6.82	5.52	5.37	5.93	4.28	5.29	5.94	4.77	5.61	6.21	7.37
Pressure ulcers – New (%)	1.18	2.05	1.10	1.34	1.40	0.59	0.83	2.08	0.77	1.92	1.93	2.31

Source: NHS Safety Thermometer

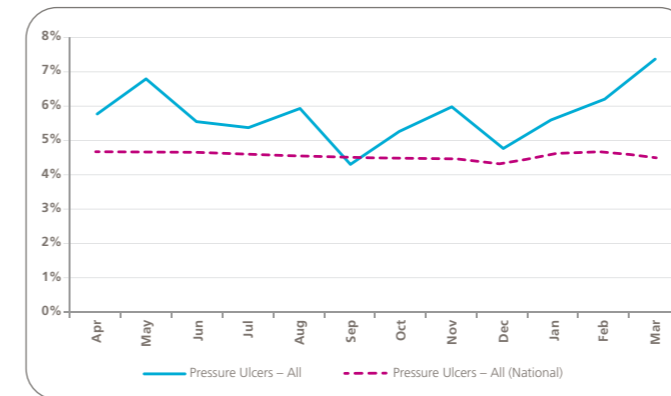


Chart: Percentage of pressure ulcers (all) 2014/15

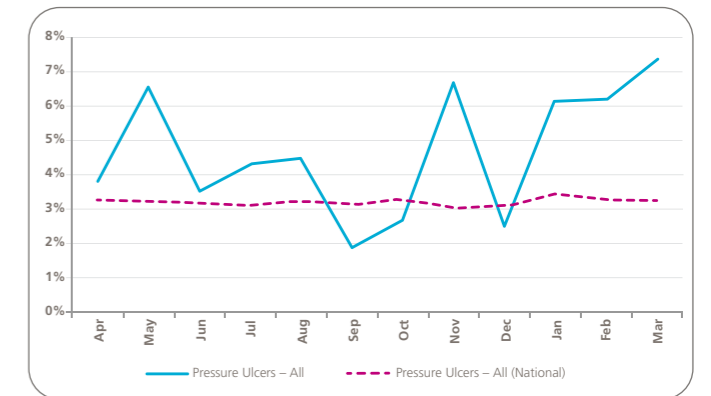


Chart: Percentage of pressure ulcers (new) 2014/15

The tables below show the number of pressure ulcers for the more serious types (category 4 being the most serious requiring specialist treatment and management) for each month. For category 3 & 4 pressure ulcers, each case is examined carefully and the root cause established. There is a noticeable reduction in these more serious pressure ulcers compared to those reported in 2013/14.

Number of pressure ulcers by grade 3 and 4 in 2014/15 and 2013/14

Performance	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Category 3	2	0	2	6	1	0	0	0	1	1	3	1
Category 4	0	0	0	2	0	0	0	0	1	0	1	2

Total Category 3 – 17 pressure ulcers (compared to 29 in 2013/14)

Total Category 4 – 6 pressure ulcers (compared to 18 in 2013/14)

Performance	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Category 3	3	5	1	5	1	3	1	2	2	3	2	1
Category 4	1	1	2	3	0	3	1	0	2	3	1	1

Source: Strategic Executive Information System (STEIS) information

The Tissue Viability Team continues to work with clinical staff to provide education, training, and expert advice and support. We will not relent in our goal of eliminating any avoidable pressure ulcer in our hospital or prevent deterioration to an existing ulcer.

What we have done during 2014/15:

- the Tissue Viability Team now provides a regular 7-day service to support nursing teams in the prevention, assessment and management of patients with pressure ulcers;
- the Tissue Viability Team has also delivered a comprehensive rolling programme of education and training to clinical staff across the Trust. We have seen improvements in the accuracy and timeliness of patient skin assessments and any deterioration in the condition of pressure ulcers is discussed with the Tissue Viability Team;
- the Trust has invested in additional aids to support the prevention of pressure ulcers such as seat cushions, heel protectors and silastic skin protectors/gel pads;
- the team is ensuring greater patient and family involvement in understanding the root causes of pressure ulcers and taking preventative action to reduce the risks of them developing; and
- we have increased our engagement with the wider community through participation in the City Wide Tissue Viability Group, which also includes colleagues in the North East Ambulance Service and staff from local Nursing Homes.

2. Reduce the number of drug errors which cause harm

The safe administration of medicines is of paramount importance to us. Over the course of a year, staff in our hospital administer thousands of doses of medication. Whilst we make every effort to ensure that each and every one of those doses is prescribed and administered correctly, we acknowledge that errors can and do occur. Although these errors represent a very tiny proportion of the overall number of medicines that are administered, we take each one very seriously, especially those that have the potential to cause harm to patients. Almost all patients receive medication of some sort during an inpatient spell and therefore there are many opportunities for errors to occur. These errors have the potential to cause harm to patients, to lengthen inpatient stays, and to cause readmissions to hospital; it is crucial, therefore, that all frontline staff are mindful of the importance of safe medicines' administration, and are protected by robust controls to prevent potentially costly human errors.

During 2014/15 the Trust has invested in developing an integrated electronic system between our Meditech V6 Patient Information System and our Safeguard Incident Reporting System to enable pharmacists to easily identify and report prescribing errors when they undertake an in-patient medication review. The system ran in test format between April – September 2014 and became live from October 2014. The table below identifies the monthly incident reports submitted via Safeguard by pharmacy staff. The data shows an improving trend as the new system became 'live' and analysis of the information is used to identify where actions are required to mitigate medication risk to patients, particularly with high risk drugs.

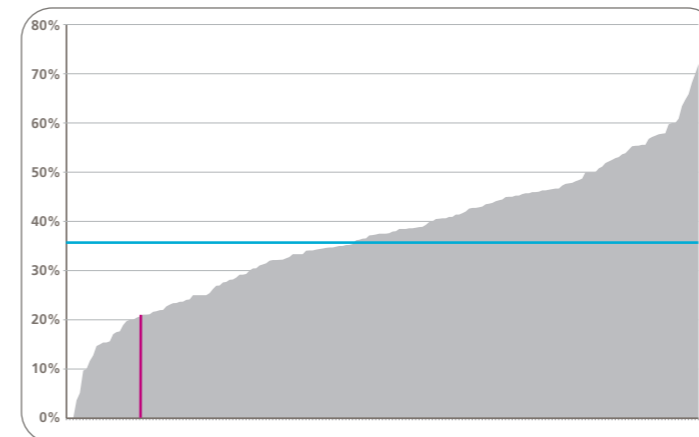
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Identified prescribing errors	2	121	115	162	144	49	13	54	78	88	47	44

Note April – Sept 'test format', Oct – 'live' format

Medications for diabetes, especially insulin, are an example of high risk medicines which are more likely than other medications to cause harm to patients if incorrectly prescribed and administered. The National Diabetes Inpatient Audit includes data that shows the number of diabetes medication errors among hospital patients. The most recent published findings from the Audit (June 2014) show huge improvements in medication error reduction for City Hospitals compared with previous years (2010-2013). The Trust participated in the annual audit in September 2014 and we look forward to seeing continued progress next year.

The charts below show year on year reductions in diabetes medication and insulin errors (2010-2013) for the Trust, with values better than the England average.

Diabetes medication errors 2013

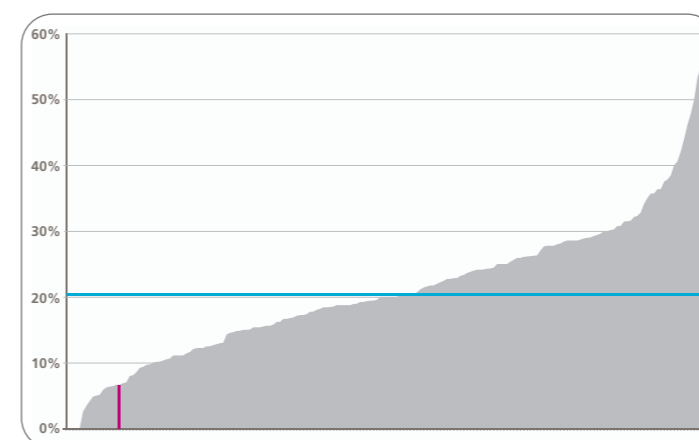


Source: National Diabetes Inpatient Audit (2013)

Audit Year	CHS score	England
2010	50.5%	44.3%
2011	49.4%	40.2%
2012	38.2%	40.0%
2013	23.4%	37.0%

Lower score is better

Insulin errors 2013



Source: National Diabetes Inpatient Audit (2013)

Audit Year	CHS score	England
2010	36.3%	25.2%
2011	28.1%	22.8%
2012	20.2%	21.8%
2013	16.9%	20.7%

Lower score is better

As part of the work of the Trust Rapid Review Group (which reviews all moderate and serious harm incidents) key themes from incidents involving drug errors where potential patient harm may occur are discussed and a series of short messages to staff are communicated via their weekly Rapid Review Group bulletin. For example, one of the issues concerned the accuracy of administering liquid opioids (strong painkillers). Staff were reminded that they must use an oral syringe to measure the liquid rather than measuring cups which are not as accurate for this purpose.

What we have done during 2014/15:

- the Trust has developed an electronic link between the Meditech V6 and the Safeguard Incident Reporting System to enable pharmacy staff to promptly identify (and correct) any drug prescribing errors;
- we have implemented an electronic assessment tool to enable in-patient VTE assessment to be linked to the prescription and administration of thromboprophylaxis medication; and
- we investigated and analysed insulin medication errors to inform the content of our "Think Glucose" clinical symposium held in May 2014.



3. Increase the reporting of incidents and 'no harm' events by staff

Research has shown that the more incidents that are reported the more information is available about any problems and the more action can be taken to make healthcare safer. An increase in incident and near miss reporting indicates a positive safety culture in which staff are able to anticipate safety issues before there is actual harm to patients. The Trust has been encouraging and supporting staff to report near misses so it can learn quickly and put actions in place to prevent patient harm. Building on previous years' successes the Patient Safety and Risk Team have continued with the promotion of incident reporting and no harm or near miss incidents. Weekly headlines are communicated electronically across the organisation with key themes and analysis to assist staff in learning lessons and preventing more serious incidents. The headline messages also feature as a regular news item on the Trust intranet.

During 2014/15 the Trust incident reporting profile has changed to show that staff are now reporting more near miss or no harm incidents:

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of near miss or no harm incidents	289	227	221	189	165	138	195	192	169	166	141	183
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Number of near miss or no harm incidents	652	641	760	832	817	815	1114	902	1019	1015	959	1014

Source – City Hospitals Sunderland Safeguard incident system

The growth in incident reporting has been the result of concerted efforts to raise awareness with hospital staff, with specific sessions being delivered to administration and clerical staff and other support staff. We have introduced a dedicated telephone line, known as the PEARL (Portering, Estates/Ancillary Staff Reporting Line), which is being used by these groups of staff to support verbal incident reporting. The PEARL is being used by staff across a range of disciplines and is currently being rolled out to those working out in the community.

In July 2014 the Trust joined the national Sign Up To Safety Campaign. The aim of the campaign is to strengthen patient safety in the NHS to make it the safest healthcare system in the world. This is supported by a clear message to listen to patients, carers and staff, to learn from what they say when things go wrong and take action to improve safety every time, everywhere.

The Patient Safety and Risk Team also launched a campaign entitled Safetember to enable staff to focus on safety during the month of September. A conference was held with the theme of 'Communicate, Mitigate or Litigate', which included two innovative, interactive displays, drawing on past incidents where staff visited "Disaster Ward" and "Disaster Office". These simulate risks in real life situations so staff can think about and act on risks in their own patient or work environment.



What have we done during 2014/15:

- increased the number of no harm and near miss incident reports; a sign of a healthy, positive patient safety culture;
- held new and innovative educational sessions for staff to promote incident reporting and learn lessons from investigations and/or adverse incidents; and
- the Safeguard Incident Reporting System has been upgraded and re-developed and will be re-launched as the Ulysses incident reporting system in 2015/16.

4. Reduce the number of serious patient falls, including those that result in fractured neck of femur (hip fracture)

Patients of all ages can fall in hospital but the rate is likely to be higher in the elderly, particularly when they are acutely unwell. Of particular concern are those falls where actual harm occurs, such as fractures, since these may decrease the likelihood of a return to previous levels of independence for patients with a prolonged hospital stay. Patient falls are among the most common incidents reported in hospital and are a leading cause of death in people aged 65 or older.

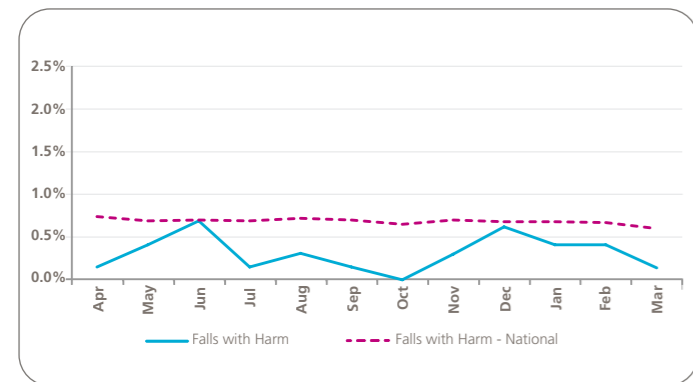
The Trust Hospital Falls Group continues to work with clinical teams to assist in the identification of patients at risk of falling and to promote measures to mitigate risk. Drawing on data from incident reports, the NHS Safety Thermometer and the Fallsafe Tool (Royal College of Physicians) has enabled the Group to better target its work with those clinical teams who care for the most vulnerable patients in the hospital.

The NHS Safety Thermometer data provides useful information to enable the Trust to identify if the measures we are taking are effective. The data below shows the Trust is better than the national average in this category of patient safety:

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Falls with harm	0.72	0.29	0.28	0.58	0.15	0.28	0.29	0.42	0.43	0.56	0.40	0.27
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Falls with harm	0.15	0.41	0.69	0.15	0.31	0.15	0.00	0.30	0.62	0.41	0.41	0.14

Source – NHS Safety Thermometer

Percentage of falls in the past 72 hours 2014/15



What we have done about patient falls during 2014/15

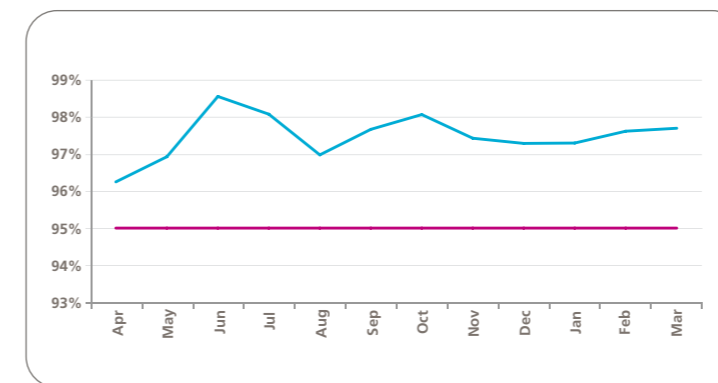
- focused on supporting the clinical teams with patients at high risk of falls;
- reviewed and updated the Prevention and Management of Falls Policy;
- facilitated staff training on key elements of falls prevention ie the recording of a patient's lying and standing blood pressure;
- undertaken a programme of Fallsafe audits; and
- continued to provide educational sessions to promote lessons learnt from patient falls and improvements in practice to mitigate risk.

5. Maintain the 95% target of all adult inpatients having a VTE risk assessment on admission to hospital

Venous Thromboembolism (blood clots) is a largely preventable problem. National guidance compels Trusts to ensure that every adult patient has a risk assessment on admission to assess the level of risk of them developing either a venous thromboembolism (VTE), a pulmonary embolism (PE) or a deep vein thrombosis (DVT). The risk assessment should take into account the patient's individual risks (eg age, medical conditions, obesity) plus the acquired risk on admission to hospital (eg if a patient is to have a surgical procedure the risk increases).

The Trust has a target for 2014/15 that more than 95% of patients will receive a risk assessment for VTE on admission to hospital using the clinical criteria of the national tool. We have achieved this target each quarter throughout 2014/15. The Trust will continue to monitor and consolidate its high performance in carrying out this important clinical assessment so that those patients most at risk receive appropriate preventive treatment.

Trust VTE risk assessment trend 2014/15



% of patients who were admitted to hospital and who were risk assessed for VTE			
2011/12 – 92.10%			
2012/13 – 92.40%			
2013/14 – 95.34%			
2014/15			
Q1	Q2	Q3	Q4
97.30%	97.60%	98.00%	97.54%



We wanted to:

1	Ensure that patients assessed as 'at-risk' of dementia will have diagnostic assessments, investigations and appropriate follow-up
2	Ensure that dementia patients are assessed on their risk of developing malnutrition and dehydration on admission (MUST score)
3	Provide appropriate training of staff who care for patients with dementia
4	Ensure that carers of people with dementia feel supported
5	Improve the hospital environment for patients with dementia

1. Patients assessed as 'at-risk' of dementia will have diagnostic assessments, investigations and appropriate follow-up

Dementia is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with dementia. Their length of stay is generally longer than people without dementia and they are often subject to delays on leaving hospital. The introduction of a measure of dementia risk assessment will provide an effective foundation for appropriate management and follow-up of patients allowing significant improvements in the quality of care.

Dementia risk assessment is part of the Commissioning for Quality and Innovation (CQUIN) scheme. This is an incentive system for hospitals linked to the achievement of tough quality and improvement targets.

The goal of the Dementia CQUIN is to incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital.

In order to achieve the CQUIN target, the Trust was required to achieve 90% compliance from April 2014-March 2015. Trust performance for 2014/15 shows that we have met and exceeded the CQUIN measure.

2014/15	Indicator No.	Description	Performance	Target
Quarter 1	1	Dementia – Find & assess	100%	90.0%
	2	Dementia – Investigate	100%	90.0%
	3	Dementia – Refer	100%	90.0%
Quarter 2	1	Dementia – Find & assess	99.75%	90.0%
	2	Dementia – Investigate	100%	90.0%
	3	Dementia – Refer	100%	90.0%
Quarter 3	1	Dementia – Find & assess	100%	90.0%
	2	Dementia – Investigate	100%	90.0%
	3	Dementia – Refer	100%	90.0%
Quarter 4	1	Dementia – Find & assess	99.62%	90.0%
	2	Dementia – Investigate	100%	90.0%
	3	Dementia – Refer	100%	90.0%

The following dementia indicator has been reviewed by our external auditors who have provided feedback in a private report to the Council of Governors;

- Percentage of patients aged 75 and over who were admitted as an emergency and stayed for more than 72 hours and were screened for delirium or dementia, and then ensuring that where appropriate, patients with dementia are referred on to specialist services.

2. Dementia patients are assessed on their risk of developing malnutrition and dehydration on admission (MUST score)

The Malnutrition Universal Screening Tool (MUST) is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. It sets out management guidelines for people at risk which can be used as part of an individualised care plan. It is well recognised that patients with dementia and delirium are at risk of malnutrition and dehydration. Using MUST will identify those patients most at risk so nursing staff can appropriately intervene.

An audit on the use of MUST by the Dementia & Delirium Outreach Team (DDOT) from January – March 2015 showed that 81.22% of patients had a full, completed MUST including an individualised action plan. This involved 1065 patients across the Trust who had involvement with DDOT. In some of the other MUST assessments, information was unfortunately missing, ie patient's weight, height and body mass index (BMI). This is disappointing given the high profile nature of nutritional care in the Trust but this will be picked up and prioritised by the Nutritional Steering Group.

3. Appropriate training of staff who care for patients with dementia

People with dementia are some of our most vulnerable patients and being in hospital can be the most unnatural and confusing care environment. By creating a workforce which understands dementia and which has the knowledge, confidence and skills to care for people with dementia, the overall experience and stay in hospital can be greatly improved. For example, staff working with people with dementia should be trained in effective approaches to confusion, agitation or aggression, including calming or distracting techniques.

Dementia training at City Hospitals has been available to staff for some time now and last year we consolidated our teaching portfolio and introduced new educational sessions. The table below shows the training programmes that have been in place for 2014/15 and the numbers of staff who attended. The excellent attendance by all grades of hospital staff show the value they attach to this important area. Dr Lesley Young is the nominated clinical lead for dementia and chairs the Trust Dementia Strategy Group. Members of the Dementia & Delirium Outreach Team continue to play a significant part in developing and delivering the Trust programme of dementia training, in addition to their clinical work.

Name of training programme	Target audience	Number attended
Dementia Friends	All staff, including managers	141
E-learning – Dementia	All staff, including managers	270
Health Care Assistant (HCA) Induction / Care Certificate	New HCA / Support workers	127
Insights into Confusion	All clinical staff	402
Conflict Resolution	All staff, including managers	565
Symposiums	All staff, including managers	117
Mental Capacity Act	All staff, including managers	121
Total		1743



4. To ensure that carers of people with dementia feel supported

This measure became a mandatory CQUIN target last year. The requirement for the Trust was to demonstrate that they had undertaken regular surveys of those caring for people with dementia to assess whether they felt supported. Designing a survey which was meaningful but not too onerous for carers was difficult and we were not able to achieve the required number of carer interviews despite putting different strategies in place to improve the uptake.

For 2014/15 a different approach was proposed involving a series of semi-structured carer interviews looking at various aspects of dementia care from their unique perspective. The Dementia & Delirium Outreach Team (DDOT) invited carers to participate in either face-to-face or telephone interviews with an 'independent' member of the Clinical Governance Team. This format allowed a greater amount of qualitative information to be gathered, in an objective, unbiased way. Also since the information is more detailed and descriptive, a smaller sample each month was required.

During the year, we carried out 17 carer interviews, each lasting between 45 to 60 minutes. Carers had a number of very positive things to say about the hospital from the point of admission, through to care and treatment on the wards, general support and their involvement in discharge planning. However, they did raise some concerns, mainly around communication and information. For example they said that they often had to ask for information or seek out what was happening with their relative. Generally, carers had admiration and high regard for staff who they felt worked hard in providing quality care. Some carers also stated they needed more information regarding their care packages, availability of care services and support groups. An action plan has been agreed with the Dementia & Delirium Outreach Team to address these issues and this will be monitored by the Trust Dementia Group.

The Trust has now opened the Alexandra Centre which is a designated unit operated by DDOT to support patients with or at risk of cognitive difficulties such as dementia and delirium. Carers are welcome to attend with their relative whilst they receive therapies and are also provided with support, information and education by the specialist team.

5. Improving the hospital environment for patients with dementia

The Trust has incorporated dementia friendly design principles into ward and departmental refurbishment/re-decoration plans. As refurbishment work is undertaken on the hospital estate, any structural and environmental changes take account of the work promoted by the Dementia Services Development Centre at the University of Stirling. The Centre is recognised as a leader on the design of services and environments for people with dementia, including acute hospital environments.

The Dementia & Delirium Outreach Team (DDOT) have carried out a number of environmental audits, using the Stirling model. The tool assesses ward environments (and surrounding external areas) in terms of suitability for people with dementia. The completed assessments are then used to suggest suitable changes and adaptations to the built environment and the internal fabric and furnishings. Examples include; rectifying uneven lighting, using internal contrasting colour schemes, having clear and concise signage, improvements to room access, and use of suitable reminiscence materials.

The **Alexandra Centre** is a good example of how best to practice design and redecoration principles have been incorporated into a suitable patient care environment.

Ensure that we give compassionate care and people have a positive hospital experience

Patient Experience

We wanted to:

1	Improve the likelihood that patients would recommend our services to their family and friends
2	Increase the proportion of patients who feel listened to and involved in their care
3	Enhance the patient's perception of pain management
4	Increase the proportion of patients who report that they were given a choice of food
5	Expand training of staff in compassionate care
6	Ensure consistency in the implementation of Duty of Candour
7	Improve end of life care through implementation of the 'Deciding Right' regional framework

1. Improve the likelihood that patients would recommend our services to their family and friends

The national Friends and Family Test (FFT) provides a simple headline indicator of patient experience which is used by organisations to improve patient experience. Since April 2013, the FFT question has been asked in all NHS inpatient wards and A&E departments across England and, from October 2013, all maternity services have also been asking women the same question at different points throughout their care:

"How likely are you to recommend our (ward/Accident & Emergency department/maternity service) to friends and family if they needed similar care or treatment?"

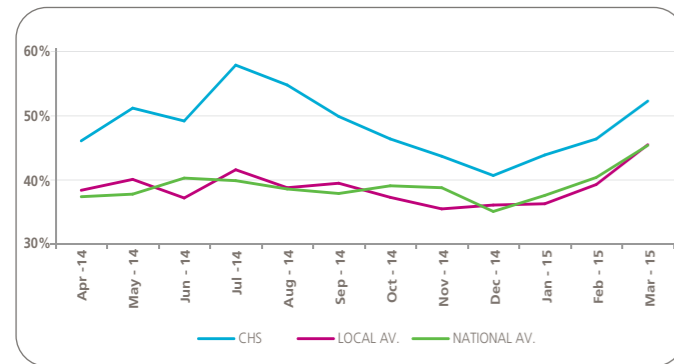
Hospitals are encouraged to follow up patients' responses with further questions about why they answered in the way they did, making sure that every patient, including every pregnant woman using maternity services, has the opportunity to be heard. The results are made available to individual wards as well as being published at monthly intervals on the NHS Choices website.

During 2014/15 we have further extended the FFT to patients attending as out patients and day cases, and into our GP Practice, Church View Medical Practice. By April 2015, all patients attending City Hospitals, including children, will be given the opportunity to respond.

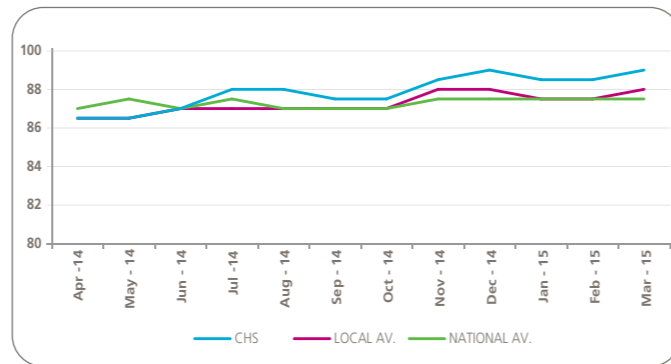
During 2014/15 the Trust maintained the required inpatient response rate of 30% or above which increased to 40% in Quarter 4. In terms of patient scores (as a measure of whether they would recommend the ward to family and friends), these have exceeded the national average on a consistent basis throughout the year.



FFT – Inpatient Response Rate



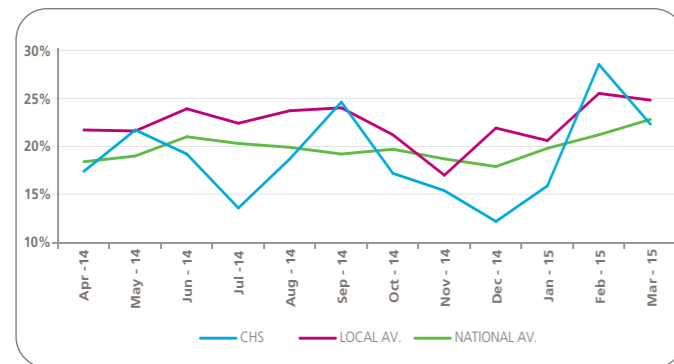
FFT – Inpatient Score



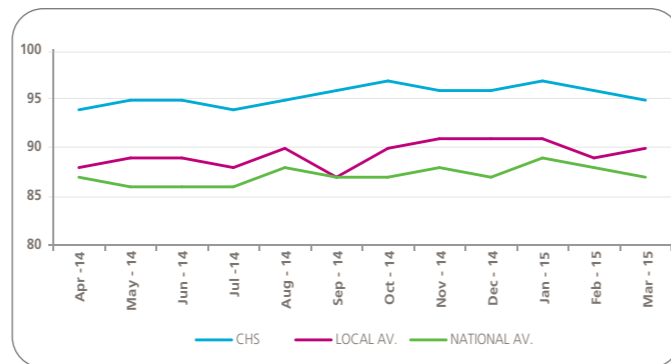
Scores 2013/14	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Inpatient	79	81	78	80	79	81	81	77	84	81	80	82
National average	70.8	71.8	71.8	71.5	72.2	71.8	72.6	73	72.1	72.7	72.4	73.1

As has been well reported nationally and regionally, huge pressures have been faced by NHS emergency services, and in particular Accident & Emergency Departments. Despite these challenges patients who completed a Friends and Family Test following attendance at our Accident and Emergency departments at Sunderland Royal Hospital and Sunderland Eye Infirmary would recommend the department. This score is again consistently higher than the national average.

FFT – A&E Response Rate



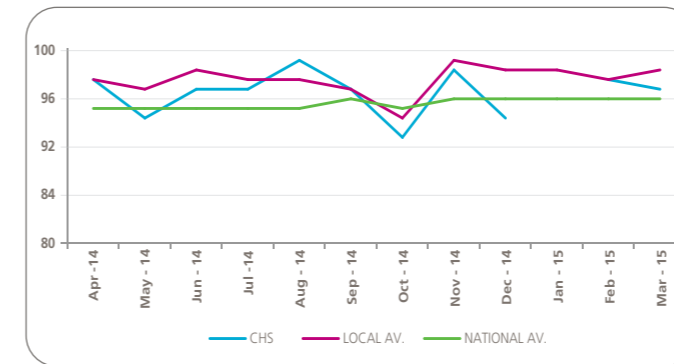
FFT – A&E Score



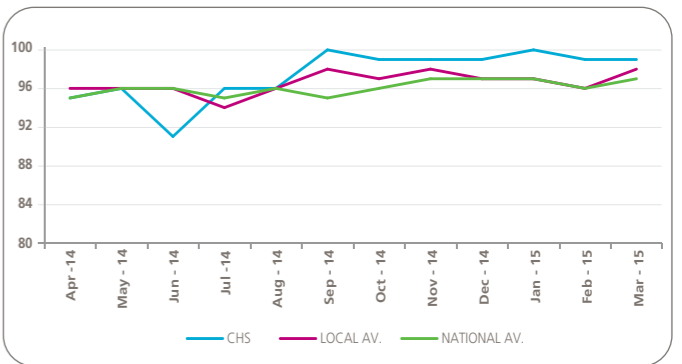
Scores 2013/14	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
A&E	90	80	73	79	75	75	80	78	78	77	70	76
National average	50	52.9	55.6	54.5	57	54.6	56.4	58.5	58.8	59.5	56.8	55.1

The Maternity Friend and Family Test results are equally impressive when women were asked at various stages of their pregnancy.

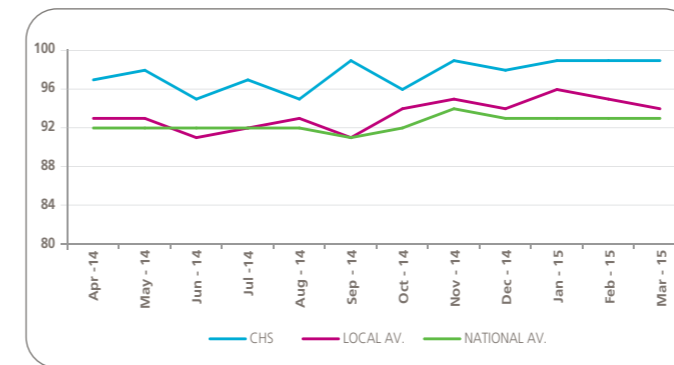
Maternity Question 1 (Antenatal Services)



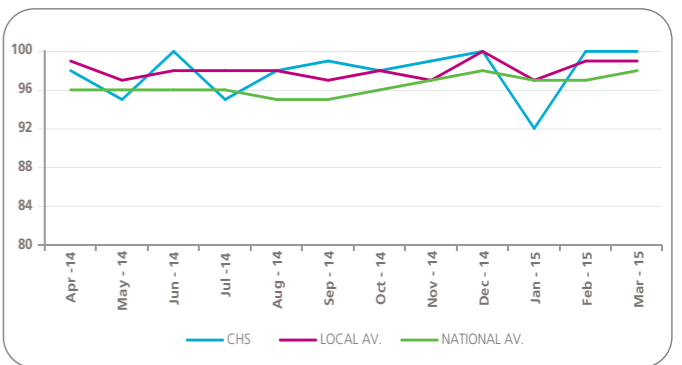
Maternity Question 2 (Labour Ward/Birthing Unit)



Maternity Question 3 (Postnatal Ward)



Maternity Question 4 (Postnatal Community Services)



Patients are also given the opportunity to provide additional comments. It is estimated that more than 80% of patients provide a free text comment. These are sent to the relevant ward managers to share with staff and where appropriate action is taken to improve the patient experience. The majority of comments are overwhelmingly positive with only a small number negative but some of these do include constructive suggestions for change.

Where comments involve named staff, these are fed back to those individuals and positive comments have been found to be very welcome and motivational. A small number of negative comments have also been used to review and address staff performance.

Many wards and departments display their free text comments, and offer examples of how improvements have been made as a result of patient feedback, some of these include:

- ward C33 purchased bigger cups following patient comments that they were generally too small;
- some wards have introduced early morning hot drinks as patients commented it was too long to have to wait until breakfast time;
- many patients commented about the impact on their experience when they had agitated and confused patients on the ward. This information was used to inform the planning of our new Alexandra Unit and associated outreach workers, which provides care and diversional activities for patients with all forms of dementia;
- menus have again been reviewed and finger foods are now offered in care of the elderly wards; and
- comments have been used to inform the content of our Care and Compassion staff training.

Specific themes relating to our patient experience improvement priorities, ie food, communication and pain, and environment are shared with relevant strategic groups for monitoring and action including the Nutrition Steering Group, Dementia Steering Group, and the Standards of Cleanliness Group.



2. Increase the proportion of patients who feel listened to and involved in their care

Patients need to feel listened to and involved in their own health, care and treatment. This means being involved in decisions and having choice and control over their care and interactions with health services. The amount of control an individual wishes, or is able to take, may vary according to their background and experience as well as their current circumstances. However, the hallmark of a quality service is one where patients take a more active part in their care. Increasing the proportion of patients who feel listened to and involved in their care has been identified as a priority in the Trust Patient Experience Improvement Plan. The question is asked as part of the annual Adult Inpatients Survey and the table below shows an increase in rating by patients compared to previous years.

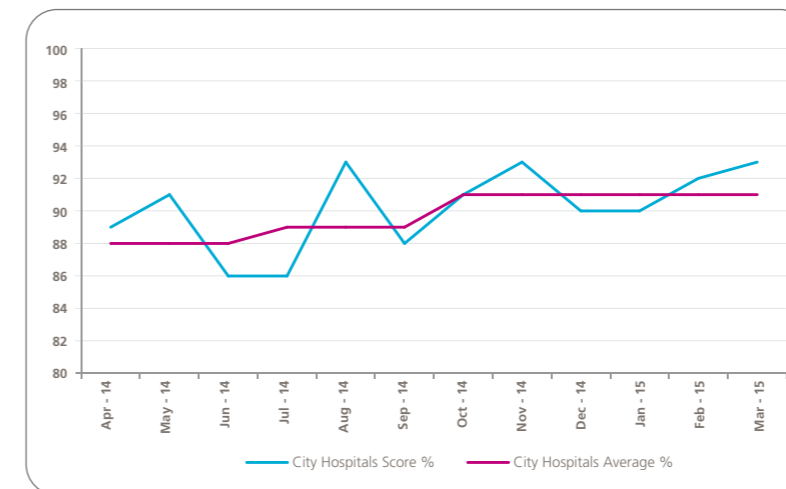
Source – National Adult Inpatient Survey 2014 Picker Institute (Care Quality Commission)

Were you involved as much as you wanted to be in decisions about your care and treatment?

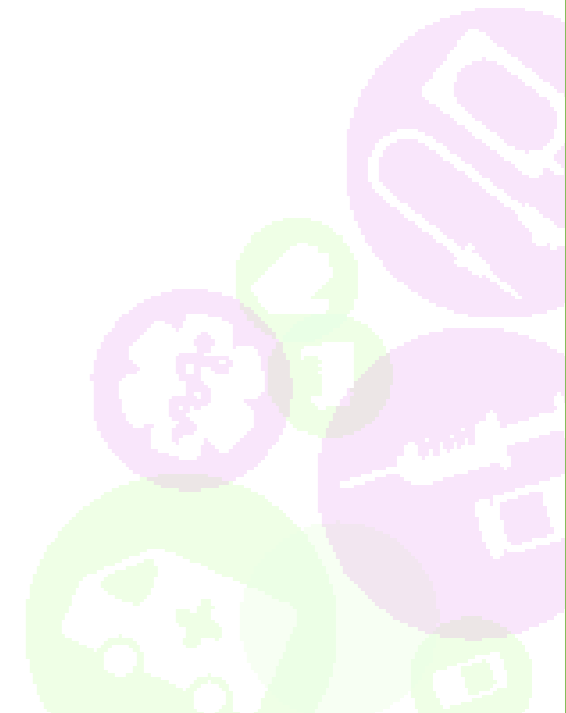
	Score 2012	Score 2013	Score 2014
Q32 Were you involved as much as you wanted to be in decisions about your care and treatment?	7.2	7.0	7.5

The question is also asked as part of our real time feedback and again it shows increased levels of patient satisfaction about how involved they feel in decision making.

The introduction of comfort rounds in the Trust has probably made the biggest contribution to patient perception as it provides increased opportunities to be more involved in many aspects of their care.



Source: Internal real time feedback data 2014/15 (based on 3271 responses)



3. Enhance the patient's perception of pain management

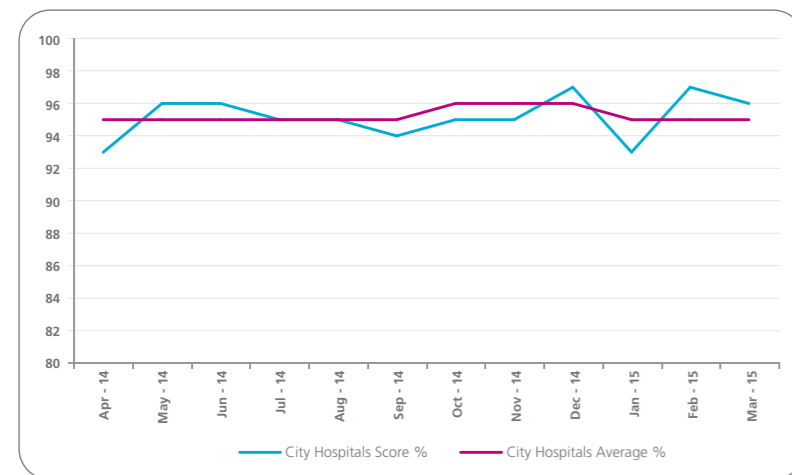
Whilst everyone has experience of pain it is often complex and poorly understood. It is subjective and can sometimes be challenging for patients and healthcare staff to assess and manage pain effectively. Patients have previously reported in the National Adult Inpatients Survey that they feel that their pain management could have been better, although our local surveys provide a more positive picture.

Over the past couple of years, the Trust has introduced a number of initiatives to help improve patients' assessment and management of pain. A particular focus has been raising awareness on the key pain management principles and practice with all grades of staff. Regular cycles of audit and real time feedback collection have tried to measure the extent of how successful we have been in improving pain control and the data has generally shown variable achievement. However, we are delighted with the results of the latest Adult Inpatients Survey (2014) which shows a (statistically) significant improvement in scores (see table below) and with the consistently high scores from real time feedback shown in the graph.

	Score 2012	Score 2013	Score 2014
Q40 Did you think the hospital staff did everything they could to help control your pain?	7.5	7.8	8.4

Source – National Adult Inpatient Survey 2014 Picker Institute (Care Quality Commission)

Do you feel staff do everything they can to help control your pain?



Source: Internal real time feedback data 2014/15 (based on 3271 responses)

We hope we have now 'turned a corner' with regard to how we assess, manage and evaluate pain and we believe that the investment in time and energy over the years is starting to bring real benefits in care as reported by patients themselves.

We will continue to closely monitor this important area and look forward to consolidating progress in the coming year.

4. Offer all patients a choice of food

Achieving progress with this particular objective has been quite a challenge for a number of years despite a tremendous amount of effort to ensure that patients have a genuine choice at mealtimes. Whilst our local surveys continue to give us confidence that patients feel they have choice of food, the patient response in the National Adult Inpatients Survey has previously presented a different picture. However, once again we are delighted to see that patients have given the Trust an improved score for this year (see table below).

Question in national patient survey	Score 2012	Score 2013	Score 2014
Q22 Were you offered a choice of food?	7.7	8.0	8.2

This data supports the improvements led by the Nutrition Steering Group in the Trust in helping patients with their choice of food. It should never be underestimated how important this choice is to patients and all ward staff will continue to issue patients with their own individual menu which they have for the duration of their hospital stay.

5. Expand training of staff in compassionate care

The events at Mid-Staffordshire Foundation Trust and the Francis Report reinforces the need to recruit and develop health staff with the right values and the need to put the delivery of high quality compassionate care at the heart of our NHS. Effective and high quality education and training ensure that NHS staff are available in the right numbers with the right skills, values and competencies to deliver both excellent clinical outcomes together with patient-centred care. Staff also need to have the right support from their organisation, throughout their working lives, from effective systems of supervision and appraisal.

Last year we reported that the Trust had developed a new programme of internal training and workshops for staff that reflected the principles of compassionate care. This included a Sunderland University accredited module on communication and compassion. This was accompanied by a new Compassionate Care – Customer Care Strategy which placed compassion at the heart of the behaviours we expected from all our staff and the cultural change we desired for promoting safe, personal and person-centred care.

In 2014/15, the Trust initiated the development of the new Sunderland CARE Academy. This 'virtual' academy consists of a collaboration of partner organisations in Sunderland focused on the provision and support of high quality 'care' including the NHS, social care, the University of Sunderland, GPs, the Foundation of Light and the Carers Centre. The CARE Academy aims to develop innovative projects, educational programmes, and attract research and innovation in care, to support the health and wellbeing of the people of the City of Sunderland. The key areas of focus are on transformation and new approaches to care, quality standards, workforce development and public, patient and carer engagement.

At our Trust Annual Conference in July 2014, "The Power of Care", ran at the University of Sunderland and was well attended with national speakers including Peter Carter, Chief Executive of the Royal College of Nursing. The conference focused on the importance of care across a range of disciplines and included many interactive sessions for staff.

6. Ensure consistency in the implementation of Duty of Candour

The Duty of Candour is a legal duty on hospitals to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Staff across the organisation have received training and briefings about Duty of Candour. The Trust incident reporting form identifies where a patient has been harmed as a consequence of clinical intervention or an omission and if staff are following the duty of candour process. Patients and families are offered copies of the completed investigation and an opportunity to meet key clinical or management staff to discuss the content of the report and any actions to reduce future risk.

Incidents of severe or moderate harm are reviewed at the weekly Rapid Review Group (RRG) and duty of candour incidents are acknowledged by the group. Details concerning the number of patients where duty of candour applies are reported to the Performance Team and included in the RRG report for Clinical and Corporate Governance Steering Groups. These are then discussed at the Trust Governance Committee. From December 2014 the Trust has also applied duty of candour to moderate incidents of patient harm as required by the NHS contract.

The table below provides details of the numbers of duty of candour incidents reported to Commissioners:

2014/15	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Duty of Candour	1	3	5	2	2	6	6	6	4	14	13	13	75

The Patient Safety and Risk Team continue to support staff to work with patients and their families during the investigation process to ensure there is full and meaningful engagement in the analysis of what happened. The root cause analysis investigation form also contains a specific field for staff to identify how the patient and / or their family have been supported following the incident and how they have been involved in the investigation, subsequent feedback and action planning.

In the coming year the Patient Safety and Risk Team will develop a Duty of Candour policy for the Trust and provide ongoing training for staff to work with Directorate Managers to ensure that the duty of candour process is being applied consistently across the organisation.

7. Improve end of life care through implementation of the 'Deciding Right' regional framework

Deciding Right is a North East wide initiative to integrate the principles of making advance care decisions for all ages. It brings together advance care planning, the Mental Capacity Act and cardio pulmonary resuscitation decisions into one single framework. It puts the patient at the centre of decision making and reinforces the partnership between the patient, carer and healthcare professional as they support the patient in advancing their wishes, preferences and values.

Deciding Right identifies the triggers for making these care decisions in advance. In addressing the roll out of the regional Deciding Right initiative, City Hospitals has worked in partnership with South Tyneside Foundation Trust Specialist Palliative Care Team and developed a structured education programme delivered to medical, nursing and allied healthcare staff across the organisation.

The education has been broken into three streams to address different levels of staff as below:

Group	Definition	Minimum skill	Education
A	Specialist Nurse and clinical champions whose work frequently involves supportive, palliative or end of life care.	Develop or apply existing skills and knowledge. They will lead, initiate and review Deciding Right discussions and documentation. Thorough understanding of Deciding Right and how this may apply to their patient group.	Face to face. 1 full day course
B	All clinical staff who are involved in the care of patients requiring supportive, palliative or end of life care.	Develop or apply existing skills and knowledge. They will review and signpost appropriately. Thorough understanding of Deciding Right and how this may apply to their patient group.	1.5 hour awareness session
C	Clinical staff who are infrequently involved with supportive, palliative or end of life care.	Basic grounding in the principles and awareness of Deciding Right, delivered via e-learning. Must have an awareness of who to refer / signpost to.	Self-directed learning

As of April 2015 Deciding Right awareness sessions have been delivered to a total of 208 registered nurses and health care assistants. 97 registered nurses have attended the full one day course.

Deciding Right education continues on a monthly basis to staff across the Trust. In terms of application and putting training into practice, a staff survey has recently been undertaken for those who had attended the full day course. Almost all staff attending the one day course demonstrated an improvement in their confidence and knowledge base of end of life issues.



Promote an open culture for delivering safe and compassionate care		Staff Experience
We wanted to:		
1	Improve the likelihood that staff would recommend the hospital to their family and friends	
2	Implement the 'Open & Honest' Care Programme as a mechanism for improving information about quality and safety for the public	
3	Ensure the appropriate number of Registered Nurses and Health Care Assistants on duty	

1. Improve the likelihood that staff would recommend the hospital to their family and friends

The Staff Friends & Family Test (FFT) was introduced on 1 April 2014 in all NHS trusts in England. Evidence shows that staff satisfaction with their workplace is an indicator of the quality of patient care. The Staff FFT asks staff two questions: how likely they would be to recommend their organisation to friends and family as a place to work; and how likely they would be to recommend it as a place to receive care/treatment. There is also the opportunity to give free-text feedback after each question. National guidance stipulates a proportion of staff should have the opportunity to respond to Staff FFT in each of the three quarters, and all staff should have the opportunity to respond at least once per year. Organisations can choose which, and how many, staff to include per quarter. The sampling methodology for City Hospitals involved an e-mail survey, administered by an external supplier, sent to all Trust staff each quarter.

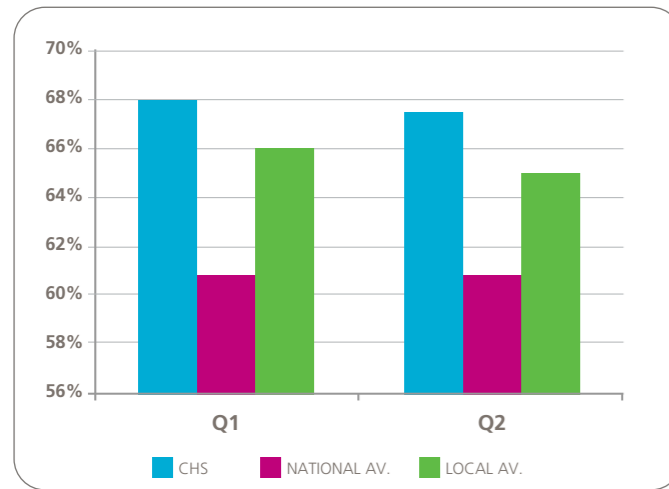
Data for the two mandated questions are highlighted below:

Staff Friends & Family Test Question	Quarter 1		Quarter 2		Quarter 3*		Quarter 4	
	Trust score	National average	Trust score	National average	Trust score	National average	Trust score	National average
How likely would staff recommend their organisation to friends and family as a place to work (Number of staff responses)	68% (1487)	62%	68% (884)	61%	n/a*	n/a*	Not available	Not available
How likely would staff recommend the Trust as a place for their friends and family to receive care and treatment (Number of staff responses)	75% (1495)	76%	78% (891)	77%	n/a*	n/a*	Not available	Not available

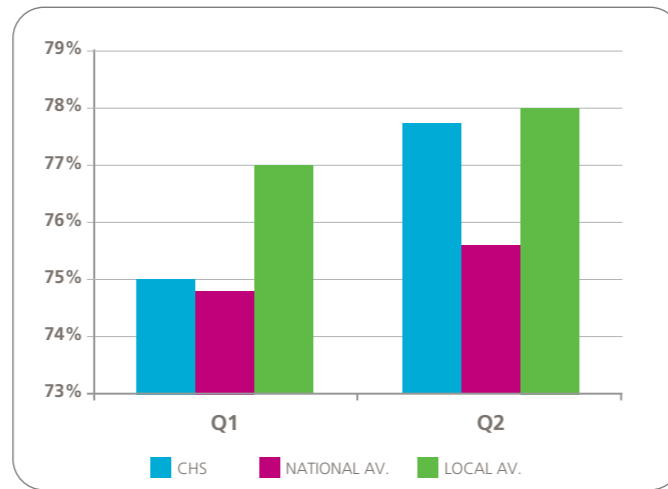
* No survey is undertaken in Quarter 3 as it coincides with the NHS Staff Survey



Recommend place to work – Positive



Recommend place to receive care – Positive



In summary, staff in the Trust are more likely than local and national averages to recommend the Trust as a place to work, but conversely less likely than average local organisations to recommend the hospital for care.

The results for each quarter are published nationally on NHS choices to enable the public to compare and benchmark against other Trusts, but these should be interpreted with caution as some Trusts with very high scores had very low response rates.

Aggregated data for Quarters one and two has been triangulated with workforce information and patient satisfaction data for each Directorate. Managers have been asked to review the results, especially the free text comments, discuss the results with their staff and to identify any areas for improvement or action.

2. Implement the 'Open & Honest' Care Programme as a mechanism for improving information about quality and safety for the public

In November 2012 the national Nursing Strategy: Compassion in Practice was launched and the Open and Honest Care: Driving Improvement Programme was created. The aim is to support organisations to become more transparent and consistent in publishing safety, experience and improvement data to the public as a way of improving care, practice and culture. Each month, data is published on a set of quality and safety outcomes, patient and staff experience and areas where the Trust has made service improvements.

City Hospitals published its first report on the Trust website in May 2014 in line with national requirements. Each month the report includes the following:

- NHS Safety Thermometer
- Information on healthcare associated infection, (MRSA and C Diff)
- Pressure ulcers
- Falls causing moderate or greater harm
- Information on staff experience
- Information on patient experience
- A patient story
- An improvement story describing what the trust has learnt and what improvements they are making.

These reports are available at <http://chsft.nhs.uk/open-honest-care-reports/>.

3. Ensure the appropriate number of Registered Nurses and Health Care Assistants on duty

As part of the national Open and Honest Care initiative from June 2014, patients and the public have been able to view nurse staffing on wards in their local hospital. This is part of a national drive to provide more information and transparency to patients about NHS care following the failings of the Mid Staffordshire NHS Foundation Trust.

Each ward has information displayed on a notice board which patients, public and staff can view. Information is included on the planned numbers of registered nurses and healthcare assistants, and the actual number on that day. Each ward is also expected to display 'quality' and 'safety' information such as the number of patient falls, infections, and scores from the NHS Friends and Family Test. In parallel to this, nurse staffing data for all wards where patients stay overnight is published on the NHS Choices and Trust websites.

An example of the ward notice boards is highlighted below:



In line with national requirements to carry out a six-monthly review of nurse staffing and a comparison with national evidence based guidelines, the Trust, in 2014/15 has carried out a review of the staffing required for all wards.

As a result of the reviews the following actions have been taken:

- undertaken a proactive nurse recruitment campaign with vacancies advertised both on the NHS Jobs and Trust websites;
- developed an escalation process to ensure there are sufficient staff for the times when we have to open extra beds or wards to accommodate increased numbers of patients being admitted (such as over the peak winter period);
- continued to grow our own workforce for the future through the recruitment of apprentices into health care assistant posts and by being a pilot site for the national NHS England Pre-nursing experience pilot. This pilot involves potential student nurses working as healthcare assistants for a year prior to undertaking nurse training at University;
- where we are unable to achieve the planned registered nurse levels, whenever possible we have increased the number of healthcare assistants on duty. For a number of years now we have ensured that all healthcare assistants in the Trust undergo a development programme, with competencies assessed in practice. More recently we have linked this with an Undergraduate Certificate of Achievement in Applied Health Care Practice. The training programme meets the recently published national standards; and
- continued to conduct 6-monthly nurse staffing reviews based on new NICE guidance.

Joy Akehurst Director of Nursing and Quality said: "The aim of the Open and Honest Care initiative is to provide patients and the public with assurance about the quality of care delivered in their hospital. As a Trust we have increased the numbers of nurses and healthcare assistants in line with the current evidence base. We know we have lower levels in some areas of the Trust, however additional nurses and healthcare assistants are constantly being recruited. There is a national shortage of registered nurses which is having an impact on our ability to fill all our vacancies. To address this we have an ongoing recruitment campaign and hope to attract nurses and health care assistants to Sunderland because of our commitment to support and develop our staff, to ensure they achieve their full potential whilst delivering compassionate care to our patients."

PRIORITIES FOR QUALITY IMPROVEMENT 2015/16

National guidance continues to state that we group our priorities and plans under the three main quality headings; patient safety, clinical effectiveness and patient experience. In choosing our priorities for the forthcoming year, we have reviewed and reflected upon our performance in 2014/15, which has included the following national and local information sources:

- Trust strategic objectives and service development plans, ie annual planning framework;
- outcomes from the Care Quality Commission Quality inspections;
- feedback from external reviews of Trust services, ie CQC Intelligent Monitoring Reports, national clinical audits, Commissioner intelligence etc.;
- clinical benchmarking data and outcomes of internal assurance reviews;
- patient safety issues from the Trust incident reporting system;
- participation in national initiatives and campaigns, ie 'Sign up to Safety';
- patient, carer and public feedback on Trust services, including Friends & Family Test, national patient surveys and real time feedback;
- learning from complaints, PALS, incidents and quality reviews;
- feedback from patient safety initiatives and staff listening events;
- progress on last year's quality priorities; and
- feedback on last year's Quality Report.

In setting our final quality priorities 2015/16, we have actively involved, consulted and taken account of the views from key stakeholders including senior managers, ie Corporate Management Team, Executive Committee, a range of clinical professionals, ie Clinical Governance Steering Group and from patient and public representatives, ie Council of Governors. In addition, for the first time, the Trust posted an online survey asking members of the public and its own staff to help choose next year's quality priorities. The survey ran for 3 weeks and ended on the 24th March 2015. We will continue to develop this method of engagement in the future.

Each of the quality priorities for 2015/16 and proposed indicators for improvement are described in detail below including how each will be measured, monitored and reported.

Quality Priorities 2015/16 – Overview

Patient Safety

- Increase the reporting of incidents and no-harm events by staff
- Achieve 95% overall harm-free care from all elements of the NHS Safety Thermometer
- Reduce the number of medication errors that could potentially harm patients
- Reduce the incidence of hospital acquired pressure ulcers
- Reduce patients falls that cause serious injury

Clinical Effectiveness

- Continue to review / reduce mortality outliers
- Patients assessed as "at risk" of dementia – assessments / investigations / follow up
- Improve the care of the deteriorating patient: sepsis screening and treatment and improved fluid documentation
- Increase the percentage of patients who have had a stroke who spend at least 90% of their time in hospital on a stroke unit

Patient Experience

- Implement the priorities from the national "Care of the Dying" audit for hospitals
- Implement the Trust Compassionate Care Strategy
- Extend the rollout of the Friends & Family Test and achieve the highest scores in the North East
- Improve scores for choice of food / management of pain / relative involvement in care / discharge planning
- Improve the experience of support for carers of people with dementia

Staff Experience

- Improve the likelihood that staff would recommend the hospital to their family and friends
- Ensure the appropriate number of medical staff, qualified nurse and health care assistants on duty

1 Increase the reporting of incidents and no-harm events by staff

Why we chose this priority?

Hospital Trusts are required to report incidents to the National Reporting and Learning System where any patient could have been harmed or has suffered any level of harm. The reporting of incidents to a national central system helps protect patients from avoidable harm by increasing opportunities to learn from mistakes and from where things go wrong.

During 2014/15 the Trust reporting profile showed that staff are reporting more incidents, particularly those that are near miss or no-harm events. Despite this achievement we still need to do more to consolidate and further improve on our reporting and safety culture so the Trust can maximise the learning from incidents reported and keep patients safe from avoidable harm.

2 Achieve 95% overall harm-free care from all elements of the NHS Safety Thermometer

Why we chose this priority?

The NHS Safety Thermometer provides a 'temperature check' on patient harm and can be used alongside other measures of harm to assess progress in providing a care environment free of harm for patients. The Safety Thermometer measures the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism during a specific working day. Hospital level data is published on the NHS safety thermometer website and is available to the public.

City Hospitals has been collecting data for the Safety Thermometer since 2012 and it has been a challenge to achieve the 95% target in each of the four categories. It is important that the Trust continues to develop mechanisms and actions to secure improvements in the proportion of patients receiving harm free care and that is why this will continue to be one of our quality priorities for next year.

1 Reduce the number of medication errors that could potentially harm patients

Why we chose this indicator?

Most medications are used safely and effectively, but errors can occur at any stage of the medication process. Literature suggests that up to 1 in 10 medicines prescribed, dispensed and administered may result in error, and in some cases (such as with injectable medicines) this rate is much higher. This was one of our objectives last year and in response we implemented an electronic process to help identify when these errors occurred and set out actions to reduce them. We did achieve some success in reducing types of medication errors but we want to reduce the risk even further as part of our wider strategy to promote safety and quality of patient care.

2 Reduce the incidence of hospital acquired pressure ulcers

Why we chose this indicator?

In last year's Quality Report, we were able to show an encouraging downward trend of patients developing 'new' pressure ulcers which compared favourably with regional peer and national trends. The enhanced Trust Tissue Viability Team who have worked closely with wards and departments was key to that success. However we are disappointed that this progress has not been sustained and during 2014/15 we have seen an increase in the number of hospital acquired pressure ulcers despite the experience, expertise and considerable efforts of all concerned. We need to maintain the high profile of this important area of practice and ensure that we implement for each and every patient the full extent of our prevention, assessment and clinical management practices.

3 Reduce patients falls that cause serious injury

Why we chose this indicator?

Patient slips, trips and falls remains our most frequently reported incident. The Hospital Based Falls Group has continued to work throughout 2014/15 to assist clinical teams in identifying patients who are at risk of falling and to introduce measures to mitigate harm. We need to maintain the momentum in promoting our falls safety culture so that is why we will continue to monitor closely the impact on the numbers and severity of patient falls next year.

How will the priorities and indicators for improvement be measured, monitored and reported?

The table below sets out how our priorities will be measured, monitored and reported during 2015/16. For each priority a group has been given responsibility to oversee the development of key actions and setting relevant targets to drive improvements. They will provide an important mechanism for regular monitoring, review and reporting to key named governance groups. A summary of progress of performance in each priority will be presented to Governance Committee, which is the formal sub-committee of the Board of Directors.

Patient safety	Measured by	Monitored by	Reported to	
Priorities for improvement				
1	Increase the reporting of incidents and 'no-harm' events by staff	Internal incident reporting system	Patient Safety & Risk Management Team	Clinical Governance Steering Group
2	Achieve 95% overall 'harm-free care' from all elements of the NHS Safety Thermometer	NHS Safety Thermometer	Patient Safety & Risk Management Team	Clinical Governance Steering Group
Indicators for improvement				
1	Reduce the number of medication errors that could potentially harm patients	Internal incident reporting system	Patient Safety & Risk Management Team / Medication Safety Officer	Clinical Governance Steering Group
2	Reduce the incidence of hospital acquired pressure ulcers	NHS Safety Thermometer	Patient Safety & Risk Management Team	Clinical Governance Steering Group
3	Reduce patients falls that cause serious injury	Internal incident reporting system	Patient Safety & Risk Management Team	Clinical Governance Steering Group

Priorities for Improvement	Patient Experience 2015/16
1	<p>Implement the priorities from the National "Care of the Dying" Audit for Hospitals</p> <p>Why we chose this priority?</p> <p>People are tending to live longer, often with a number of potentially life-shortening or debilitating conditions, and despite offering people the chance to die in the place of their choice a large proportion will continue to die in hospital for the foreseeable future. Around half of all deaths in England occur in hospitals. For this reason, a core responsibility of hospitals is to deliver high-quality care for patients in their final days of life and appropriate support to their families, carers and those close to them.</p> <p>The national End of Life Care Strategy sets out key objectives for healthcare providers to further improve the care delivered to dying patients. Participation in the national Care of the Dying Audit for Hospitals enables the Trust to critically reflect on its current practice regarding care of the dying, including the last hours of life. City Hospitals took part in the latest round of the audit and has received its individual site results. The End of Life Steering Group has reviewed the findings and has set out an action plan to improve the care for dying patients and their relatives or carers in hospital settings.</p>
2	<p>Implement the Trust Compassionate Care Strategy</p> <p>Why we chose this priority?</p> <p>The Trust Compassionate Care-Customer Care Strategy (October 2014) is aligned with the Trust vision of Excellence in Health: Putting People First. It articulates the Trust vision to develop a reputation as a provider of high quality care. The strategy focuses on patient and staff experience.</p> <p>An organisational action plan has been developed and includes the processes and initiatives that should be in place to deliver key elements of the Compassionate Care-Customer Care Strategy eg the development of the CARE Academy, and improvement in customer care through initiatives such as the Help and Advice Service. Progress on the action plan will be monitored by the Patient, Carer and Public Experience Committee.</p>

Indicators for improvement

1 Extend the rollout of the Friends & Family Test and achieve the highest scores in the North East

Why we chose this indicator?

In 2014 NHS England issued guidance to further expand the scope of the Friends & Family Test to incorporate all NHS services. The extended roll out of the FFT will give every patient the opportunity to provide feedback on the services they have received, and enable the public to make better informed choices about the services they use. This followed an in-depth review of the test since its introduction in April 2013. In light of the outcome of the review, the FFT will be made easier to understand, and will be used to gather more personal comments from patients.

This priority will ensure that we respond to the national roll-out plans (where relevant) and ensure that the Trust continues to be a high performer (in terms of patient participation and rating scores) locally and nationally.

2 Improve scores for choice of food / management of pain / relative involvement in care / discharge planning

Why we chose this indicator?

Over the years our performance in national and local surveys has been mixed with regard to patients' experience of choice of food, pain management, involvement in care and discharge planning. These remain our Trust patient experience priorities. Results from the national Adult In-Patient Survey (2014) and local real time feedback has given the Trust a more encouraging picture of patient experience but we need to be confident that this progress is embedded in all wards across the organisation. That is why we will continue to measure and monitor these areas very closely and take necessary action to consolidate and improve performance.

3 Improve the experience of support for carers of people with dementia

Why we chose this indicator?

This indicator will continue to be part of a mandatory Dementia CQUIN target this year. We reviewed our approach in 2014/15 and were successful in conducting interviews with carers who talked candidly about the support that had been offered whilst caring for their loved ones with dementia. In choosing to continue with this priority next year we want to consolidate this approach but in addition start to put in place some of the improvements and changes in practice that have been suggested from the interviews.





Over 113 litres of soup is made each day by our Catering Team

How will the priorities and indicators for improvement be measured, monitored and reported?

The table below sets out how our priorities will be measured, monitored and reported during 2015/16. For each clinical priority a group has been given responsibility to oversee the development of key actions and setting relevant targets to drive improvements. They will provide an important mechanism for regular monitoring, review and reporting to key named governance groups. A summary of progress of performance in each priority will be presented to Governance Committee, which is the formal sub-committee of the Board of Directors.

Patient experience		Measured by	Monitored by	Reported to
Priorities for improvement				
1	Implement the priorities from the national 'Care of the Dying' Audit for Hospitals	National Audit Internal action plan	End of Life Steering Group	Clinical Governance Steering Group
2	Implement the Trust Compassionate Care Strategy	Internal implementation plan	Patient, Carer & Public Experience Committee (PCPEC)	PCPEC
Indicators for improvement				
1	Extend the rollout of the Friends & Family Test and achieve the highest scores in the North East	National Friends & Family Test Results	PCPEC	PCPEC
2	Improve scores for choice of food / management of pain / relative involvement in care / discharge planning	National Inpatient Survey Real Time Feedback	PCPEC	PCPEC
3	Improve the experience of support for carers of people with dementia	Carer Interviews	PCPEC	PCPEC



1 Continue to review / reduce mortality outliers

Why we chose this priority?

Hospital mortality rates (how many people die in hospital) are not easy to understand and compare. Simply knowing how many people died at each hospital would be misleading as hospitals see different numbers of patients and provide different services to patients with different levels of risk. Risk-adjusted mortality measures can take account of the different levels of risk to some extent. They are calculated by estimating the risk of death for each patient with specific medical conditions and comparing the actual death rate in this group with the total estimated rate that can be expected from the predicted risks. We also know that some national measures of mortality show City Hospitals to be an outlier, ie rates of death that lie outside the expected range of performance, and we have had a number of mortality outlier alerts in the past.

The Trust has set up a Strategic Mortality Review Group and a weekly Mortality Review Panel (more details in section 3 of the report) to review the clinical and organisational care of all in-patient deaths so we can learn any lessons. However, some deaths will be inevitable despite medical advances and excellence in care, but we will continue to review deaths in a structured way so that we can make improvements to our clinical processes where necessary.

Indicators for improvement

1 Patients assessed as “at risk” of dementia – assessments / investigations / follow up

Why we chose this indicator?

The Commissioning for Quality and Innovation (CQUIN) indicator for dementia care was introduced to incentivise the identification of patients with dementia and to prompt appropriate referral and follow up after they leave hospital. In order to achieve the CQUIN target, the Trust is required to achieve 90% compliance. We have developed systems to ensure that patients at risk of dementia are appropriately assessed, investigated and followed up when they leave hospital.

2 Improve the care of the deteriorating patient: sepsis screening and treatment and improved fluid documentation

Why we chose this indicator?

Sepsis is one of the leading causes of death in hospital patients and severe sepsis has a significantly high mortality rate. It is a time-critical condition caused by the body's immune response to a bacterial or fungal infection. In a patient with sepsis, changes in the circulation reduce the blood supply to major organs such as the kidneys, liver, lungs and brain, causing them to begin to fail. Although most dangerous in those with impaired immune systems, it can be a cause of death in young and otherwise healthy people. Despite various campaigns and the availability of good evidence for treatment, the death rate associated with sepsis continues to remain high, mainly due to poor identification and delayed interventions.

Sepsis is now a mandatory part of CQUIN 2015/16 and hospitals are expected to set up systems for screening of sepsis for all those patients for whom sepsis screening is appropriate (there are clinical reasons why screening will be unnecessary or misleading in some patient groups). In addition, clinicians will need to rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis. It will mainly affect a specified group of adults and children in emergency departments and other units that directly admit emergencies.

In addition, we want to improve the monitoring and assessment of fluid balance. Fluid balance monitoring is concerned with maintaining patients' fluid input and output, particularly important with critically ill patients. The outcome from some patient complaints and incident investigations, in addition to observations from the CQC during their recent quality inspection, has shown that the standards and rigour of fluid balance recording and documentation could be improved.

3 Increase the percentage of patients who have had a stroke who spend at least 90% of their time in hospital on a stroke unit

Why we chose this indicator?

There is extensive evidence to show that care on a dedicated stroke unit reduces patient mortality, disability and the likelihood of requiring institutional care following stroke. There is a national standard which states that at least 90% of stroke patients must be treated for at least 90% of their time in hospital on a dedicated stroke unit. We have been successful in achieving the target last year and given its importance for stroke outcomes, it was felt that we should strive to reach an even higher level during 2015/16.

How will the priorities and indicators for improvement be measured, monitored and reported?

The table below sets out how our priorities will be measured, monitored and reported during 2015/16. For each clinical priority a group has been given responsibility to oversee the development of key actions and setting relevant targets to drive improvements. They will provide an important mechanism for regular monitoring, review and reporting to key named governance groups. A summary of progress of performance in each priority will be presented to Governance Committee, which is the formal sub-committee of the Board of Directors.

Clinical Effectiveness	Measured by	Monitored by	Reported to
Priorities for improvement			
1 Continue to review / reduce mortality outliers	National mortality measures	Mortality Review Group	Clinical Governance Steering Group (CGSG)
Indicators for improvement			
1 Patients assessed as “at risk” of dementia – assessments / investigations / follow up	CQUIN internal data collection	Performance Team Dementia Steering Group	CGSG
2 Improve the care of the deteriorating patient: sepsis screening and treatment and improved fluid documentation	CQUIN internal data collection	Performance Team Sepsis Management Group	CGSG
3 Increase the percentage of patients who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	Corporate scorecard	Performance Team Clinical Governance	CGSG



1 Improve likelihood that staff would recommend the hospital to their family and friends

Why we chose this priority?

From April 2014 all hospital staff have the opportunity to feed back their views on the organisation at least once per year. The aim is to help promote a big cultural shift in the NHS, where staff have further opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon. Responses from staff to date are encouraging and some quarterly scores exceed peer and national averages. Staff have also provided useful additional comments when completing the survey. The focus for this priority next year is to review and respond to the qualitative comments and show staff that the organisation has listened and acted on their feedback in line with our Compassionate Care-Customer Care Strategy.

2 Ensure appropriate numbers of medical staff, qualified nurse and health care assistants on duty

Why we chose this priority?

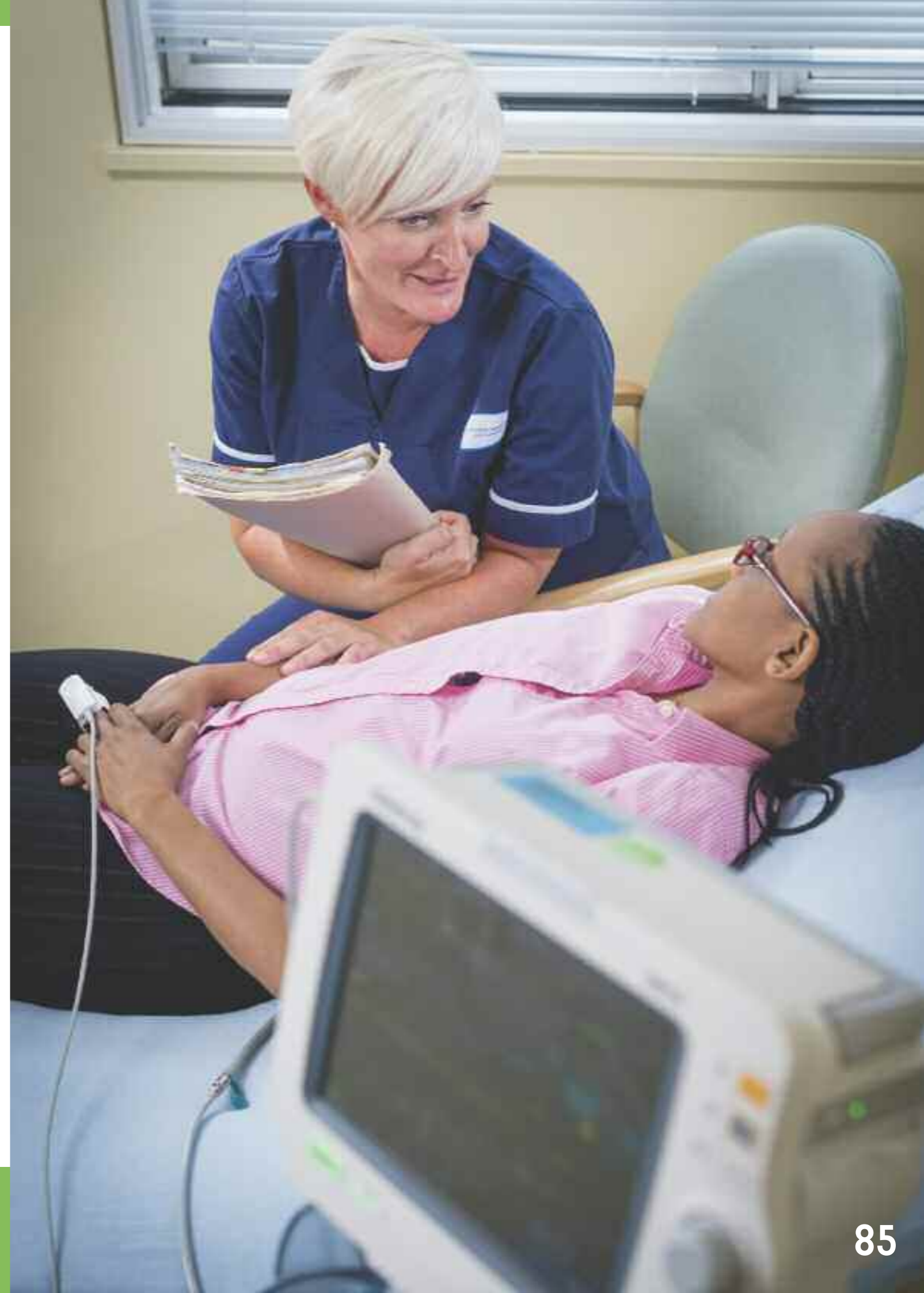
Since the publication of the Francis Report, there have been a number of national publications relating to staffing levels, including 'Hard Truths – the Journey to Putting Patients First,' which included a commitment to publish nurse staffing levels for all NHS organisations. NHS organisations are now publishing ward level nurse staffing information on NHS Choices, and the National Institute for Health and Care Excellence has published a guideline to support safe staffing for nursing in adult in-patient wards in acute hospitals. Our CQC inspection recommendations include action on ensuring we have the right number of nurses and doctors on wards. This is a challenge not only for the Trust but regionally and nationally due to shortages, particularly for some specialties. Our staff are committed to providing high quality, safe and compassionate care for all our patients. To deliver this, we know we need to have the best trained staff in place with the right skills in the right place at the right time.

All hospitals are now required to publish information about the number of nursing and midwifery staff working on each shift on each ward, together with the percentage of shifts meeting safe staffing guidelines. Our nurse staffing levels are reviewed for all our wards every day to ensure they are safe for both the day and night shifts. These figures are displayed on each ward so that patients and visitors can see the planned and actual staffing levels, and the visibility of staffing levels has been well received by patients and the public.

How will the priorities and indicators for improvement be measured, monitored and reported?

The table below sets out how our priorities will be measured monitored and reported during 2014/15. For each clinical priority a group has been given responsibility to oversee the development of key actions and setting relevant targets to drive improvements. They will provide an important mechanism for regular monitoring, review and reporting to key named governance groups. A summary of progress of performance in each priority will be presented to Governance Committee, which is the formal sub-committee of the Board of Directors.

Staff Experience	Measured by	Monitored by	Reported to
Priorities for improvement			
1	Improve the likelihood that staff would recommend the hospital to their family and friends	Staff Friends and Family Test Scores	Patient, Carer & Public Experience Committee
2	Ensure the appropriate number of medical staff, qualified nurse and health care assistants on duty	Open and Honest Reports Internal Workforce Reports	Medical Director Director of Nursing & Quality Governance Committee



Part 2.2 Statements of assurance from the Board of Directors

Review of services

During 2014/15 City Hospitals Sunderland provided and/ or sub-contracted 40 relevant health services.

City Hospitals Sunderland has reviewed all the data available to them on the quality of care in 40 of these relevant health services.

The income generated by the relevant health services reviewed in 2014/15 represents 100% of the total income generated from the provision of relevant health services by City Hospitals Sunderland for 2014/15.

The Trust routinely analyses organisational performance on key quality indicators, benchmarked against national comparisons, leading to the identification of priorities for quality improvement.

The Board of Directors and the Executive Committee review the Service Report and dashboards monthly. There is a Quality Risk and Assurance Report presented monthly to the Board of Directors from the Governance Committee to provide further assurance from external sources such as the Care Quality Commission's Intelligent Monitoring Report, nationally reported mortality and outcome data, information from our quality provider (CHKS), the results of national audits and external inspections, the Trust Assurance Programme and local data such as the Friends and Family Test etc. The Governance Committee therefore provides assurance upon the adequacy and effectiveness of risk management and integrated governance within the organisation.

Participation in Clinical Audit and the National Confidential Enquiries

Clinical audit is the process that helps ensure patients receive the right treatment from the right person in the right way. It does this by measuring the care and services provided against evidence based standards and then narrowing the gap between existing practice and what is known to be best practice. When clinical audit is conducted well, it enables the quality of care to be reviewed objectively, within an approach which is supportive, developmental and focused on improvement.

Participation in relevant national clinical audits and national confidential enquiries (a form of national audit) is now required by the NHS England Standard Contract and Care Quality Commission guidance. (<http://www.hqip.org.uk/national-clinical-audits-for-inclusion-in-quality-accounts/>)

The Healthcare Quality Improvement Partnership (HQIP) provides a comprehensive list of national audits and Confidential Enquiries which collected data during 2014/15

During 2014/15, 35 national clinical audits and 4 national confidential enquiries covered relevant health services that City Hospitals Sunderland provide.

During 2014/15 City Hospitals Sunderland participated in 86% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that City Hospitals Sunderland was eligible to participate in during 2014/15 are as follows: (see table opposite).

The national clinical audits and national confidential enquiries that City Hospitals Sunderland participated in during 2014/15 are identified in the table opposite.

The national clinical audits and national confidential enquiries that City Hospitals Sunderland participated in, and for which data collection was completed during 2014/15, are listed opposite alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2014/15

National Clinical Audits	Eligible	Participation	Comment
Older People			
Falls and fragility fractures audit programme – National Hip Fracture Database	✓	✓	Continuous data collection
Sentinel stroke national audit programme (SSNAP)	✓	✓	Continuous data collection
National audit of dementia	✓	✓	No data collection in 2014/15
Older people (care in emergency departments) ¹	✓	✗	
Women and Children's Health			
Epilepsy 12 (childhood epilepsy)	✓	✓	Compliant with study criteria
Fitting child (care in emergency departments) ²	✓	✗	
Neonatal intensive and special care (NNAP)	✓	✓	Continuous data collection
Paediatric intensive care (PICANeT)	N/A	N/A	
Acute Care			
Adult community acquired pneumonia	✓	✓	Audit in progress (audit period)
Adult critical care (Case Mix Programme)	✓	✓	Continuous data collection
Severe Trauma (Trauma Audit & Research Network)	✓	✓	Continuous data collection
National Emergency Laparotomy Audit	✓	✓	Continuous data collection
National Joint Registry	✓	✓	Continuous data collection
Non-invasive ventilation (Adults)	✓	✓	No data collection in 2014/15
Pleural procedures	✓	✓	No Organisational proforma submitted
Adherence to British Society of Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) standards for ulnar neuropathy at elbow testing	✓	✓	Compliant with study criteria (20 clinical cases submitted and Organisational proforma)
Cancer			
Prostate cancer	✓	✓	Continuous data collection
Head and neck cancer (DAHNO)	✓	✓	Continuous data collection
Bowel cancer (NBOCAP)	✓	✓	Continuous data collection
Lung cancer (NLCA)	✓	✓	Continuous data collection
Oesophago-gastric cancer (NAOGC)	✓	✓	Continuous data collection

National Clinical Audits	Eligible	Participation	Comment
Long term conditions			
Chronic kidney disease in primary care	✓	✗	Applicable to Church View Medical Centre – incompatible info systems
National chronic obstructive pulmonary disease audit programme	✓	✓	Compliant with study criteria (142 clinical cases submitted and Organisational proforma)
Diabetes (adult)	✓	✓	Continuous data collection
Diabetes (paediatric)	✓	✓	Continuous data collection
Inflammatory bowel disease	✓	✗	No data submitted to biologics element to audit
Renal replacement therapy (Renal Registry)	✓	✓	Continuous data collection
Rheumatoid and early inflammatory arthritis	✓	✓	Continuous data collection
Heart			
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	✗	Continuous data collection
Adult cardiac surgery audit (adult)	N/A	N/A	
Cardiac arrhythmia management	✓	✓	Continuous data collection
Congenital heart surgery (paediatric cardiac surgery)	N/A	N/A	
Coronary angioplasty / National audit of PCI	✓	✓	Continuous data collection
Heart failure	✓	✓	Continuous data collection
National vascular registry	✓	✗	Continuous data collection
National cardiac arrest audit	✓	✓	Continuous data collection
Pulmonary hypertension	N/A	N/A	
Mental health			
Mental health (care in emergency department) ³	✓	✗	
Prescribing observatory for mental health	N/A	N/A	
Blood and transplant			
National comparative audit of blood transfusion programme – Sickle Cell	N/A	N/A	
Other			
Elective surgery (National Patient Reported Outcome Programme)	✓	✓	Continuous data collection
National audit of intermediate care	N/A	N/A	

Source – Quality Accounts Resource 2010-2015 (Healthcare Quality Improvement Partnership)

¹ Not able to participate this year because of time constraints and staffing

² Not able to participate this year because of time constraints and staffing

³ Not able to participate this year because of time constraints and staffing

Clinical Outcome Review Programmes

The Clinical Outcome Review Programmes are designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. The programmes aim to complement and contribute to the work of other agencies such as the Care Quality Commission, NICE and the Royal Colleges with the aim of supporting changes that can help improve the quality and safety of healthcare.

The review programmes includes the following:

Enquiry title	Organisation	Acronym
Child health programme	Royal College of Paediatrics and Child Health (RCPCH)	CHR-UK
Maternal, infant and newborn clinical outcome review programme	National Perinatal Epidemiology Unit, Department of Public Health	MBRRACE-UK
Medical and Surgical programme: National Confidential Enquiry into Patient Outcome and Death	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	NCEPOD
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), Centre for Suicide Prevention	NCISH

National Confidential Enquiries 2014/15

National Confidential Enquiries are a form of national clinical audit which examines the way patients are treated in order to identify ways to improve the quality of care. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is concerned with maintaining and improving standards of medical and surgical care. During 2014/15 City Hospitals was eligible to enter data into 4 NCEPOD studies. The tables below provide a summary of our participation.

Sepsis – refers to a bacterial infection in the bloodstream or body tissues							
Cases included	Cases excluded	Clinical Q returned	Excl. Clinical Q returned	Case notes returned	Excl. Case notes returned	Sites participating	Organisational Q returned
5	1	5	0	5	0	2	2

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

Gastrointestinal Haemorrhage – is all forms of blood loss from the gastrointestinal tract, from the mouth to the rectum							
Cases included	Cases excluded	Clinical Q returned	Excl. Clinical Q returned	Case notes returned	Excl. Case notes returned	Sites participating	Organisational Q returned
4	1	4	1	4	1	1	1

Lower Limb Amputation – such as the removal of part of a leg, foot or toe							
Cases included	Cases excluded	Clinical Q returned	Excl. Clinical Q returned	Case notes returned	Excl. Case notes returned	Sites participating	Organisational Q returned
7	1	7	0	7	0	1	1

Tracheostomy Care – a tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help the patient breathe					
Cases included	Cases excluded	Insertion Q returned	Excl. Insertion Q returned	Critical Care Q returned	Excl. Critical Care Q returned
11	0	11	0	10	0
Ward care Q returned	Excl. Ward care Q returned	Case notes returned	Excl. Case notes returned	Sites participating	Org. Q returned
8	0	2	0	1	1

Confidential Maternal and Child Health Enquiries (CMACE)

The Trust provides information to these national enquiries for all maternal, perinatal (the period shortly before and after birth) and child deaths through the Regional Maternity Survey Office (RMSO) and the North East Public Health Observatory (NEPHO). Participation in this audit provides useful benchmarking data across the North East.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), Centre for Suicide Prevention (NCISH)

The Trust does not participate in this particular Inquiry but does review any recommendations from published reports that may be relevant to Accident & Emergency Department and Wards.

National clinical audits

The reports of 16 national clinical audits were reviewed by the provider in 2014/15 and City Hospitals Sunderland intends to take the actions identified opposite to improve the quality of healthcare provided.

Audit title	Good outcomes / Actions taken
National Emergency Laparotomy Audit (High risk emergency general surgery patients)	<ul style="list-style-type: none"> Examines the inpatient care and clinical outcomes of patients undergoing emergency laparotomy (opening of the abdomen). Changes made to the pathway of care, including the booking process for theatres and the preparation of the patient prior to surgery. Development of a joint anaesthetic and surgical meeting to discuss quality improvement and outcomes.
Sentinel Stroke	<ul style="list-style-type: none"> Audit against the national clinical guidelines for stroke – measures 6 domains containing 46 quality indicators. Total organisational score was 78.3 (Amber C) – most Trusts in the region were awarded this. The Trust had 2 top Green A scores related to TIA/ Neurovascular Services and access to specialist support. A reduction in the 'door to needle' time for stroke thrombolysis so appropriate patients get their treatment faster for better outcomes. An improved process for mood assessment of stroke patients by initiating joint working with the mental health liaison team. Interdisciplinary services had a poor rating reflecting low levels of therapy services (especially Psychology) and lack of 7 day therapy services. The Trust is looking to review overall therapy numbers and potential reconfiguration to increase support to the Stroke Unit.
National Audit of Seizure Management in Hospital (Patients who have 'fits')	<ul style="list-style-type: none"> National review of the acute hospital management of patients with a seizure. Audit examines 7 standards of care across the patient pathway. The average of all the standards for the Trust is higher than the national average and scores have improved from the previous round of the audit. The Trust has introduced an electronic referral form to 'Hot Neurology Clinic' for first fits. Overall the clinic has evaluated well and is likely to have avoided some inappropriate hospital admissions and helped to avoid some out of hours imaging.
National Care of the Dying Audit for Hospitals	<ul style="list-style-type: none"> The aim of the audit is to help to improve the care for dying patients and those close to them in hospital settings. Audit comprises an organisational section and a review of case notes of all patients who died within a defined timeframe. Findings have been reviewed by the End of Life Steering Group with an agreed action plan for identified improvements in areas such as, access to palliative care, education and training, and spiritual care. The Trust did not participate in an optional local survey of bereaved relative's views; however we are looking to develop a process to capture family feedback.
National Heavy Menstrual Bleeding Audit	<ul style="list-style-type: none"> The audit findings show evidence of some improvements in the management of heavy menstrual bleeding. The Trust has written protocols and care pathways in place. Review the feasibility of a dedicated 'one-stop' menstrual bleeding clinic, which was heralded as a 'best practice' model of care. Women's satisfaction of their hospital care is variable. The Directorate is reviewing the likely reasons for their perception so improvements can be made.
National Cardiac Arrest Audit	<ul style="list-style-type: none"> The National Cardiac Arrest Audit is a comparative audit for all in-hospital cardiac arrests. Improvements are seen in overall survival to hospital discharge of patients who have a cardiac arrest. The proportion of patients who survived the initial resuscitation attempt and who were subsequently admitted to Intensive Care has reduced (lower score is better) The audit releases quarterly outcomes reports which are discussed and actions are taken by the Trust Resuscitation Committee.

Local clinical audit

The reports of 136 local clinical audits were reviewed by the provider in 2014/15 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided.

Audit title	Good outcomes / Actions taken
Dietetics – Parenteral nutrition (artificial feeding) audit	<ul style="list-style-type: none"> • Good clinical assessment and management of patients with these special nutritional needs. • New Trust policy on parenteral nutrition to be written with guidance on out of hours provision.
Anaesthetics – Day of Surgery Assessment (DOSA) audit	<ul style="list-style-type: none"> • The length of time for patient fasting before surgery was reduced leading to better hydration status of the patient pre-operatively. • All patients had a body temperature in line with NICE guidance, due to information leaflets given to patients and instructions given to DOSA staff.
Neurology – Acute Neurology HOT Clinics: audit of best practice for patients presenting with headache and seizures (fits)	<ul style="list-style-type: none"> • A significant reduction in waiting times for patients presenting with first fits in line with NICE guidelines. • A reduction of potential hospital admissions for patients who did not require an in-patient stay. • Most patients were discharged back to the care of their GP.
Ears Nose & Throat (ENT) – Introduction of a Midline Insertion service (for patients with severe, chronic ear infection who require long term intravenous antibiotic therapy)	<ul style="list-style-type: none"> • Significant improvements in the patient journey. • Reduced length of stay for patients and improved safety (and cost-effectiveness). • Avoidance of risks associated with Hickman lines and their associated cardiac risks (the previous treatment option).
Paediatrics – Implementation of NICE guidelines in the Enuresis Service (bedwetting) at City Hospitals	<ul style="list-style-type: none"> • Assessment and investigations in children and young people with this problem was implemented in almost 100% of cases. • All treatment options are discussed with the child and their parent according to NICE guidance. • Design new information leaflet with advice on bed wetting and detailed instructions explaining the treatment options for nocturnal enuresis.
Paediatrics – Management of Paediatric Anaphylaxis (severe allergic reaction), in the Paediatric A&E Department	<ul style="list-style-type: none"> • Trust complies with NICE guidelines for cases of anaphylaxis. • Trust has made significant improvements in documenting the time of onset of reaction and in providing information to children, and their parents, regarding anaphylaxis. • Introduction of a new anaphylaxis proforma to be placed in the notes of all children with anaphylaxis. • Adapt the national BSACI Allergy Action Plan leaflet, to include information about patients support groups, which will be given to all parents and children.



Participation in clinical research

City Hospitals Sunderland is committed to providing quality healthcare by ensuring world class clinical services are seamlessly integrated with Research and Innovation in line with the Department of Health's 'Improving the Health and Wealth of the Nation' agenda. The Research and Development department is now known as the Research and Innovation (R&I) department. The department works closely and in collaboration with the University of Sunderland on joint research projects.

The organisation has demonstrated success in delivering the National Institute for Health Research (NIHR) Portfolio.

The number of patients receiving relevant health services provided or sub-contracted by City Hospitals in 2014/15 who were recruited during that period to participate in research approved by a Research Ethics Committee was 1,166.

There are currently 255 research studies approved by the Health Research Authority (National Research Ethics Committee) registered at City Hospitals Sunderland; 16 are industry sponsored studies recruiting 133 participants of the total 1,166. The number of industry studies has increased enabling R&I to achieve one of the NIHR higher level objectives. We have also been able to meet the NIHR objective of approving 80% of studies within 30 days. We are closely performance managed by the NE & N Cumbria Local Clinical Research Network (LCRN) and our success in delivering the commercial portfolio to 'time and target' has been rewarded with allocation of additional Central Research Capability Funding monies for 2015/16.

Before April 2014 there were 108 clinical research networks, but the structure of the networks has now been simplified and streamlined. We are part of the NE & N Cumbria LCRN, one of 15 that cover England. From the Trust's perspective this has resulted in no change to the research we conduct.

City Hospitals Sunderland is a member of the North East North Cumbria (NENC) local clinical research network.

There are six clinical delivery divisions, each encompassing the various specialties as follows:

1. Cancer;
2. Diabetes, Metabolic & Endocrine Disorders, Renal Disorders, Stroke and Cardiovascular Disease;
3. Children, Haematology, Genetics and Reproductive Health & Childbirth;
4. Dementias & Neurodegeneration, Neurological Disorders and Mental Health;
5. Primary Care, Ageing, Health Services & Delivery Research, Oral & Dental Health, Public Health, Dermatology and Musculoskeletal Disorders; and
6. Anaesthesia, Peri-operative Medicine & Pain Management, Injuries & Emergencies, Critical Care, Surgery, ENT, Infectious Diseases & Microbiology, Hepatology, Respiratory, Gastroenterology and Ophthalmology.

The Trust actively participates in the majority of specialist areas for research delivery and has recently opened up new areas of research within the Renal department which is currently recruiting patients into 3 studies with more studies in set up.

Mr. Kim Hinshaw has been appointed as Clinical Research Lead for Division 3 and is a member of the NENC LCRN Executive. A number of Trust consultants have been appointed to Speciality Lead roles within the Divisions. Sunderland Eye Infirmary has been recognised for its research achievements, particularly pertaining to collaboration with industry studies. The team were presented with a continuous improvement award, commercial investigator of the year at the NENC 'From Good to Great' network event held at the Stadium of Light to celebrate the first anniversary of the new Network.

City Hospitals Sunderland has a balanced portfolio across specialties, with research in new clinical areas. Three consultants, Dr Saeed Ahmed (Consultant Nephrologist), Dr Sean Cope (Consultant Anaesthetist) and Mr Neil Jennings (Consultant Bariatric Surgeon) were awarded NENC 'greenshoots' research sessions to help open up clinical research in their clinical areas. Several colleagues across the Trust share the 12.5 Research PA sessions awarded by the NENC LCRN.

The Research department has grown to incorporate Innovation. The department has recently appointed a new Innovation Manager as well as an Innovation administrative assistant and the department is in the process of developing a Research and Innovation Strategy.

The Innovation department works closely and collaboratively with the NENC Academic Health Sciences Network (AHSN) and Innovations North to facilitate and manage new innovative ideas generated within the Trust. We have four 'Innovation Scouts' funded by the AHSN whose role it is to identify innovative ideas across all areas of the Trust.

The Trust has been very successful at the Innovations North "Bright Ideas for Health" Awards over the last 3 years. In 2014, Dave Bramley (Innovation Scout for medical and dentistry) in partnership with Andrew Turner (Lean Innovator; Quality Hospital Solutions) received 1st place with their entry 'Colour Coded Nebuliser Mask Regulator' in the innovative technology or device category. In the service improvement category, Deepali Varma took 2nd place with 'Specialised Macular Treatments in the Community'. Lynzee McShea was shortlisted as a finalist in the service improvement category for 'Improving Access and Aftercare using the HaLD Pathway for Adults with Learning Disabilities'.

The Care Quality Commission (CQC) inspection recently identified several areas of outstanding practice within the Trust including the innovative use of a 'Simple Telehealth' teletexting system in maternity services to enable women to monitor blood glucose levels and blood pressure in their own homes avoiding unnecessary visits to hospital. The local system uses the NHS 'Florence' server based in Stoke and the care pathways were developed by Mr Kim Hinshaw, Dr Rahul Nayar, Dr Cathy Emmerson and Senior Midwife Janette Johnson. The ongoing project is now funded by the AHSN and aims to embed and assess the service across five Trusts in the NE.

The Trust has a strong research culture and the department continues to initiate a number of multi-disciplinary research seminars, also linking in with the University of Sunderland. The links between CHS, the University of Sunderland and the NENC AHSN are well established and we will continue to develop further links with local industry (SMEs = Small & Medium-sized Enterprises) who are keen to work closely with CHS in research, development and testing of new devices etc.



Information on the use of the Commissioning for Quality and Innovation (CQUIN) framework

The Commissioning for Quality and Innovation (CQUIN) framework enables commissioners to reward excellence by linking a proportion of the hospital's income to the achievement of local quality improvement goals.

A proportion of City Hospitals Sunderland's income in 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between City Hospitals Sunderland and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at www.chsft.nhs.uk.

For 2014/15, approximately £6.41m of income (£6.69m in 2013/14) was conditional upon achieving quality improvement and innovation goals through the CQUIN framework. The Trust achieved the majority of these quality goals and has received a monetary total of £6.41m (100%) (£6.69m in 2013/14) for the associated payment in 2014/15 reflecting actual performance and action plans to work towards achievement of full implementation.

The full CQUIN scheme 2014/15 and where we have achieved our targets are highlighted below and opposite:

No	Description of Goal	Indicator	Priority	Achievement*
1a	Patient and Carer Experience	Friends and family test – staff	National	Full achievement
1b		Friends and family test – early implementation (of expansion of the patient programme)		Full achievement
1c		Friends and family test – increased or maintained overall response (AVE and inpatient combined)		Full achievement
1d		Friends and family test – increased rates in acute inpatients		Full achievement
1e		Local patient experience		Local
2a	To reduce harm	NHS Safety Thermometer – improvement. Reduction in the prevalence of pressure ulcers	National	Partial achievement or further work on-going
2b		VTE root cause analyses – percentage of root cause analyses carried out on cases of hospital associated thrombosis	Local	Partial achievement or further work on-going
3a	Dementia – Find, Assess, Investigate and Refer	i) % of all patients aged 75 and over who have been screened following admission to hospital, using the dementia screening question	National	Full achievement
		ii) % of all patients aged 75 and over, who have been screened as at risk of dementia, who have had a dementia risk assessment within 72 hours of admission to hospital, using the hospital dementia risk assessment tool		Full achievement
		iii) % of all patients aged 75 and over, identified as at risk of having dementia who are referred for specialist diagnosis		Full achievement
3b		Dementia – Clinical Leadership	National	Full achievement
3c		Dementia – Supporting Carers of People with Dementia	National	Full achievement
4	Emergency Department	To improve service within the emergency department particularly handovers	Local	Full achievement

No	Description of Goal	Indicator	Priority	Achievement*
5a	Improve communication	Implementation of electronic clinical correspondence to improve communication to GP practices (direct transfer of information between systems) within relevant CCGs	Local	Partial achievement or further work on-going
5b		Implementation of standard letters to GPs with distinct sections on: i) Diagnosis/procedures undertaken ii) Changes to medication iii) Actions for GP iv) Communication to go back to referring GP	Local	Full achievement
5c		Implementation of use of Treatment Plan summary for cancer patients using the Macmillan documentation, to communicate with GPs	Local	Full achievement
6	Improvement in appointment system	Implementation of an improvement plan to: i) reduce DNA rates ii) reduce the number of cancellations	Local	Partial achievement or further work on-going
7a	Effective management of long term conditions to improve patient outcomes and minimise readmissions	Diabetes i) Member of the Diabetes specialist Multi-Disciplinary Team to visit inpatient diabetic patients (emergency and elective) within 48 hours of admission for those admitted for >48 hours ii) Reduction in length of stay for all surgical patients with diabetes	Local	Full achievement
7b		Parkinson's Disease i) % of Parkinson's disease admissions seen by a Parkinson's disease team within 1 working day ii) % of inpatient Parkinson's disease patients who receive their medication within 1 hour of the window of agreed prescription time.	Local	Partial achievement or further work on-going
7c		Learning Disabilities (LD) Compliance with LD pathways i) % patients who had a completed risk assessment documented ii) Patients where LD pathway was used and relevant reasonable adjustments made.	Local	Partial achievement or further work on-going
8	Implementation of 7 day working	Consultant-led assessment within 14 hours for all patients admitted as an emergency	Local	Full achievement

* based on indicative position to be agreed with Sunderland Clinical Commissioning Group

Key

Full achievement
 Partial achievement or further work on-going
 Not achieved

Information relating to registration with the Care Quality Commission

City Hospitals Sunderland is required to register with the Care Quality Commission and its current registration status is **without conditions** for all services provided.

Activities that the Trust is registered to carry out	Status	Conditions apply
Assessment or medical treatment for persons detained under the Mental Health Act 1983	✓	No conditions apply
Diagnostic and screening procedures	✓	No conditions apply
Family planning	✓	No conditions apply
Maternity and midwifery services	✓	No conditions apply
Surgical procedures	✓	No conditions apply
Termination of pregnancies	✓	No conditions apply
Treatment of disease, disorder or injury	✓	No conditions apply

The Care Quality Commission has **not taken** enforcement action against City Hospitals Sunderland during 2014/15.

City Hospitals Sunderland **has not** participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Care Quality Commission – Inspection (Sept 2014)

City Hospitals Sunderland was however visited by the CQC on 16th – 19th September 2014 as part of their planned and announced inspection programme. The CQC visit included services at Sunderland Royal, the Eye Infirmary and an assessment was made against the key questions – are services safe, effective, caring, responsive and well led? The report was published in January 2015 and ratings received were:

- City Hospitals Sunderland (Overall Provider) Good
- Sunderland Royal Requires Improvement
- Sunderland Eye Infirmary Good

Church View General Practice (owned and run by the Trust) was also inspected at the same time as the acute services by the CQC's Primary Medical Services Directorate team. The findings of this inspection were reported separately, but before ratings were introduced for primary care locations. New rules mean that hospitals have to make arrangements to prominently display their CQC ratings on Trust websites as well as across premises, public entrances and waiting areas.

The inspection reports identified a number of improvements and these are included in an action plan which was agreed at a Quality Summit meeting and then submitted to the CQC. Externally the action plan will be monitored by the Sunderland Clinical Commissioning Group and internally by the Trust Governance Committee.

The Trust was already aware of some of the improvement areas identified by the CQC and action plans had already been put in place. These have been further refined following the inspection findings, for example, initiatives to improve waiting time in A/E, the recruitment of sufficient qualified nursing and medical staff in some areas, optimising patient flow and management, enhancing medication processes (particularly at weekends), reviewing and reducing mortality and ensuring that patient observation and monitoring charts for nutrition and hydration are fully and appropriately completed.

The CQC action plan forms part of the Assurance Programme which has been in place since April 2014 and provides an independent test of the organisation's compliance against regulatory and evidence based standards through a structured and responsive programme with four main streams of work plus emerging issues as required. One of the streams is a programme of visits to wards and departments to identify any issues relating to the care environment, staff knowledge and patient satisfaction.

Any issues are escalated to Ward, Directorate and Divisional teams for action and a follow up visit then takes place to check that these have been effective. The visits have identified some areas of very good practice and feedback from patient interviews during the visits has been overwhelmingly positive in that they feel cared for and safe with overall satisfaction about pain control and food quality.

CQC Intelligent Monitoring Report (IMR)

The CQC Intelligent Monitoring system is a composite system based around 150 indicators which can be a 'smoke signal', ie an early warning, to something that needs further review and investigation in the organisation. They include various patient experience, staff experience and statistical measures of performance. The indicators relate to the five key questions CQC ask of all services as to whether they are safe, effective, caring, responsive and well-led? Each Trust is then categorised into one of six summary bands, with band 1 representing highest risk and band 6 the lowest. These bands are assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk' or if there are known serious concerns eg Trusts in special measures, generally categorised as band 1.

There have been two IMR's published in 2014/15. Areas of risk or elevated risk highlighted in the report are reviewed by the Trust and incorporated into action plans where necessary. For example, mortality outlier reviews have been undertaken in conditions where death was higher than expected. The outcomes of each review are discussed at the Mortality Review Group and the Clinical Governance Steering Group and also presented to our local Commissioners.

Quality of data

Good quality information means better and safer patient care. To facilitate this, the departments of Clinical Coding and Data Quality have been brought closer together and new arrangements have been put in place to address data quality issues. This has led to greater emphasis being placed on tackling data quality issues at source with the development of targeted training and support programmes for both clinical and non-clinical teams. As a result, use of NHS number as the Patient's unique identifier has been embedded across the organisation and the proportion of valid General Medical Practice Codes has increased.

NHS Number and General Medical Practice Validity

City Hospitals Sunderland submitted records during 2014/15 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are then included in the latest published data. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS number was:		Which included the patient's valid General Medical Practice Code was:	
Percentage for admitted patient care	99.9%	Percentage for admitted patient care	100%
Percentage for outpatient care	100%	Percentage for outpatient care	100%
Percentage for accident and emergency care	99.2%	Percentage for accident and emergency care	99.8%

Information Governance Toolkit

The Information Governance toolkit is a mechanism whereby all NHS Trusts assess their compliance against national standards such as the Data Protection Act, Freedom of Information Act and other legislation which together with NHS guidance are designed to safeguard patient information and confidentiality.

Annual ratings of green (pass) or red (fail) are assigned to Trusts each year. The final submission of the Toolkit had to be made by the 31 March 2015.

City Hospitals Sunderland's Information Governance Assessment Report overall score for 2014/15 was 86% (maintaining last year's compliance score) and was graded Green (satisfactory). Church View Medical Centre's (managed by City Hospitals Sunderland) submission for 2014/15 was 89% and is also graded Green (satisfactory).

The table opposite shows progress with ratings when compared to the previous 2 years.

Requirement	2012/13 rating	2013/14 rating	2014/15 rating	Comparison
Information governance management	86%	100%	100%	↔
Corporate Information Assurance	77%	77%	77%	↔
Confidentiality and Data Protection assurance	75%	75%	75%	↔
Secondary use assurance	95%	95%	91%	Decreased
Information security assurance	82%	82%	82%	↔
Clinical information assurance	93%	93%	100%	Increased
All initiatives	84%	86%	86%	↔

↔ = same score

As in previous years, Sunderland Internal Audit Services has been engaged in the process and has audited the recommended toolkit submissions for City Hospitals Sunderland and Church View Medical Centre. Their reports gave both City Hospitals and Church View a rating of Good.

Clinical coding error rate

Clinical coding is the process by which patient diagnosis and treatment is translated into standard, recognised codes which reflect the activity that happens to patients. The accuracy of this coding is a fundamental indicator of the accuracy of patient records. The information is vital to the Trust as it supports:

- the delivery, planning and monitoring of patient care services,
- the planning and management of the Trust's services, and
- the collection of income

City Hospitals Sunderland was subject to the Payment by Results clinical coding audit by the Audit Commission during the reporting period and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Sample tested (number)	% diagnosis incorrect		% procedures incorrect	
	Primary	Secondary	Primary	Secondary
National area for audit HRG sub-chapter DZ – 100 cases (Thoracic Procedures and Disorders)	7.0%	3.5%	5.3%	27.8%
Local area for audit HRG sub-chapter LB – 100 cases (Urinary – Male Urology)	1.0%	2.5%	0.0%	6.4%

City Hospitals Sunderland will be taking the following actions to improve data quality:

The Trust has received an end of audit report which includes areas for action to increase the accuracy of clinical coding. These mainly focus on training issues around correct code assignment and the rules of when and when not to assign symptom codes in addition to definitive diagnosis. There is also a further issue about encouraging clinicians to record co-morbidities within patient notes to add greater depth to the coding.

It is important to state that the clinical coding error rate is derived from a sample of patient notes taken from selected service areas. The results should not be extrapolated further than the actual sample audited.

Part 2.3 Reporting against core indicators

The Quality Report includes a set of mandatory core quality indicators which uses a standardised format to enable comparison of hospital performance. The indicators are linked to the NHS Outcomes Framework, which provides an overarching plan for delivering improvements and good clinical outcomes across the NHS, and are based on five 'domains of care'. However, some of the indicators are not relevant to City Hospitals, for instance, ambulance response times.

For each indicator the value or score for at least the last two reporting periods are presented. In addition, a comparison is made against the national average and those Trusts with the highest and lowest scores.

Domain 1: Preventing people from dying prematurely

i) Summary hospital-level mortality indicator (SHMI)

The Summary Hospital-level Mortality Indicator (SHMI) is an indicator which reports on mortality at Trust level across the NHS in England using a standard methodology. The SHMI measure is based on national data, which calculates for each hospital how many deaths would be expected to occur if they were conforming to the national average. The measure takes into account factors such as differences in age, sex, diagnosis, type of admission and other diseases (co-morbidity). This figure is compared with the number of deaths that did occur in the hospital and the SHMI is the ratio between the two. If the same number of deaths occurred as expected the ratio will be one. A SHMI greater than one implies more deaths occurred than predicted by the measure.

Each SHMI score is accompanied by a banding decision as either:

- Band 1 – where the Trust's mortality rate is 'higher than expected'
- Band 2 – where the Trust's mortality rate is 'as expected'
- Band 3 – where the Trust's mortality rate is 'lower than expected'

This indicator is divided into two parts:

(a) SHMI values and banding for the reporting period

(b) Percentage (%) of patient deaths with palliative care coded at either diagnosis or specialty level for the reporting period

(a) SHMI values and banding

Indicator	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sept 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sept 14
City Hospital's SHMI	1.01	1.03	1.09	1.10	1.11	1.14	1.11
City Hospital's SHMI banding	Band 2	Band 2	Band 2	Band 2	Band 2	Band 1	Band 2
National average	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Highest SHMI value – national (high is worse)	1.16	1.15	1.18	1.17	1.19	1.19	1.19
Lowest SHMI value – national (low is better)	0.65	0.62	0.63	0.62	0.53	0.54	0.59

Data Source – Health & Social Care Information Centre

(b) Percentage (%) of patients whose treatment included palliative care

The coding of palliative care in a patient record has a potential impact on hospital mortality. The SHMI makes no adjustments for palliative care coding (unlike some other measures of mortality), so all patients who die are included, not just those expected to die.

Indicator	% of admissions with palliative care coding						
	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sept 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sept 14
	0.7	0.7	0.8	0.9	0.9	1.2	1.6
National average	1.16	1.13	1.23	1.27	1.32	1.34	1.35
Highest national	3.1	3.2	3.1	3.2	3.1	3.1	3.3
Lowest national	0	0	0	0	0	0	0

Indicator	% of admissions with palliative care coding						
	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sept 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sept 14
	11.0	10.8	11.2	11.8	11.9	17.9	26.3
National average	20.3	20.6	21.28	22.34	23.93	24.76	25.44
Highest national	44.0	44.1	44.9	46.9	48.5	49.0	49.4
Lowest national	0.1	0	0	1.3	0	0	0

Data Source – Health & Social Care Information Centre

City Hospitals Sunderland considers that this data is as described for the following reasons:

- the Trust has had a higher than average mortality rate for some time and this profile is reflected in most other acute Trusts in the North East. Our review of deaths show little evidence of systemic poor clinical management of patients and most deaths could not be avoided given the patients' condition and associated health problems. We continue to work closely with clinicians and the clinical coding team to ensure that coding better reflects the patient's overall condition and known co-morbidities. That is one of the reasons why our palliative care coding has increased during the year. This is crucial in making sure that the patients' risk profile is captured in the mortality calculation.

City Hospitals Sunderland has taken / intends to take the following actions to improve the indicator and percentage in a) and b), and so the quality of its services, by:

- consolidating and strengthening the peer review work of the Trust Mortality Panel and ensuring that a robust system of feedback from clinical areas is maintained;
- ensuring that directorates and specialties undertake routine mortality/morbidity review meetings and implement changes in practice, where necessary;
- improving aspects of clinical coding where data suggests our performance is below peer performance, ie depth of coding and palliative care coding;
- actively participating in the Regional Mortality Group and any associated streams of work, ie sepsis and community acquired pneumonia;
- working on quality improvements that might reasonably be expected to impact on mortality indicators. These include improving identification and management of deteriorating patients, screening and managing patients with sepsis, transformational work around the organisation of emergency admission services, prevention of falls and pressure ulcers, and reductions in infections and medication errors; and
- ensuring that information on SHMI is reported to and scrutinised by the Mortality Review Group, Governance Committee and Board of Directors when published.

Domain 2: Enhancing quality of life for people with long-term conditions

Indicators within this domain are not relevant to City Hospitals.

Domain 3: Helping people to recover from episodes of ill health or injury

i) Patient reported outcome measures (PROMS)

PROMS provide an important means of capturing the extent of the improvement in health following surgery as reported by patients. Trusts are required to report on relevant patient-reported outcome measures PROMs, which currently include four elective NHS procedures, hip or knee replacements, groin hernia surgery and varicose vein procedures.

PROMS are short, self-completed questionnaires. They measure the patient's health status or health related quality of life at a single point in time. The first questionnaire is given during the patient's preoperative assessment or on the day of admission. A second questionnaire is sent 3 months from the date of surgery for varicose vein and groin hernia procedures and 6 months following hip and knee surgery. Information about our PROMS performance across the four elective procedures is highlighted below:

PROMS measure (EQ-5D index) Patients reporting improvement following:	2012/13 Adjusted average health gain	2013/14 Adjusted average health gain	2014/15* Adjusted average health gain	National England average (2014/15)
Hip replacement	0.409	0.403	0.429	0.449
Knee replacement	0.319	0.322	0.356	0.319
Varicose vein procedures	0.094	0.078	0.063	0.102
Groin hernia procedures	0.084	0.067	0.048	0.084

Data source – Health & Social Care Information Centre – Dataset 18: PROMS

* Reporting period covering April 14 – Dec 14 (Published 14 May 2015)

The EQ-5D Index is derived from a profile of responses to five questions about health 'today', covering activity, anxiety/depression, discomfort, mobility and self care. A weighting system is applied to the responses in order to calculate the 'index' score. All five questions have to be answered in order to do this. The higher the index score the better the patient feels about his or her health, with one (1) being the best possible score.

City Hospitals Sunderland considers that this data is as described for the following reason:

- the PROMS data shows that patients are reporting improvements in their general health status following their operations at City Hospitals but this tends to be at levels lower than the England average. Where benchmarking data shows any outlier performance we investigate the reasons why and take action where it is needed.

City Hospitals Sunderland intends to take the following actions to improve these outcomes, and so the quality of its services, by:

- reviewing the preoperative patient recruitment process, in the knowledge that the Trust has slightly lower levels of patient participation than the national average;
- reviewing routine PROMS outcomes data and sharing the information with clinical teams so they can make target improvements where necessary;
- reporting PROMS data to the Clinical Governance Steering Group and report headline findings in the Quality, Risk & Assurance Report; and
- continuing to raise awareness among clinical staff and service managers on the benefits of PROMS information as a driver for improvement.

ii) Emergency readmissions to hospital within 28 days of discharge

Emergency readmission indicators help the NHS monitor success in avoiding (or reducing to a minimum) readmission following discharge from hospital. Not all emergency readmissions are likely to be part of the originally planned treatment and some may be avoidable. To prevent avoidable readmissions it may help to compare figures with and learn lessons from organisations with low readmission rates.

This indicator looks at the percentage of patients aged (i) 0 to 15 and (ii) 16 and over readmitted to hospital within 28 days of being discharged.

% of patients readmitted to hospital within 28 days of being discharged from hospital (Large acute or multi service)	City Hospitals Sunderland	National average	Highest national	Lowest national
2014/15				
0-15 years	6.2%	8.5%	14.8%	0.6%
16 and over	5.3%	6.4%	9.3%	2.9%
2013/14				
0-15 years	6.60			
16 and over	4.80			
2012/13				
0-15 years	5.17			
16 and over	5.70			

Source – In the absence of data from the Health & Social Care Information Centre, information has been provided by City Hospitals' Performance Department.

City Hospitals Sunderland considers that this data is as described for the following reason:

- The data is reported locally on the Trust's electronic performance monitoring system. Reducing readmissions remains a high priority for the Trust.

City Hospitals Sunderland intends to take the following actions to improve this data, and so the quality of its services, by:

- continuing to review readmission data to identify emergent trends, ie the rate rising in a particular specialty, for a particular procedure or for a particular consultant. Where a trend occurs, we will undertake an audit of practice to see if we could have done anything differently to prevent the readmission; and
- continuing to report our readmission performance to the Board of Directors and to discuss plans to reduce unnecessary readmissions at quarterly performance reviews with directorates.



Domain 4: Ensuring that people have a positive patient experience

i) Responsiveness to patients' personal needs

The measure is based on a composite score calculated on the average from five individual survey questions from the National Adult Inpatient Survey (Care Quality Commission). The results are shown in the table below; the higher the score out of 100 the better the patient experience.

Composite score	2011/12	2012/13	2013/14	2014/15
City Hospitals Sunderland	71.4	68.9	64.4	6.88*
National average	67.4	68.1	68.7	Not available
Highest national	85.0	84.4	84.2	Not available
Lowest national	56.5	57.4	54.4	Not available

Data source – National Adult Inpatient Survey 2014 (Care Quality Commission)

* In 2014/15 responses are now converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response.

City Hospitals Sunderland considers that this data is as described for the following reason:

- The Trust has a strong culture of quality, improvement and patient safety and a generally consistent record of positive patient feedback, across national and local surveys. However, we do recognise that we have previously achieved a series of more modest scores in key patient areas, for example, around choice of food, pain management and we are doing what we can as quickly as we can to address these issues.

City Hospitals Sunderland intends to take the following actions to improve this data, and so the quality of its services, by:

- continuing to use patient feedback to improve its services, and using the result of this national survey alongside our real time feedback programme to identify areas for improvements;
- setting up a network of clinical sub-groups (Nutrition Steering Group, Tissue Viability Group, Falls Management Group) to take forward and report on actions that are taken in response to patient feedback;
- reviewing the results of the 'Friends & Family Test' data in parallel with real time feedback information on a ward by ward basis; and
- providing high-level summaries about patient experience to the Patient, Carer and Public Experience Committee.

ii) Percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their family or friends

How members of staff rate the care of their local hospital is recognised as a meaningful indication of the quality of care and a helpful measure of improvement over time. One of the questions asked in the annual NHS Staff Survey includes the following statement: "If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust".

Indicator (Acute Trusts only)	2011	2012	2013	2014	National average	Highest national	Lowest national
"If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust"	59%	63%	59%	65%	65%	89%	38%

Source – NHS Staff Survey 2014 (Health & Social Care Information Centre)

* Percentage calculated by adding together the staff who agree and who strongly agree with this statement

City Hospitals Sunderland considers that this data is as described for the following reasons:

- The data published by the Information Centre is consistent with the staff survey results received by the Trust for the 2014 staff survey. The results of the annual staff survey are reported to the Board of Directors.

City Hospitals Sunderland intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Maximising staff participation in the Staff Friends and Family Test and using the additional information provided to make changes to the work environment for all staff; and
- Continuing to develop and monitor the Trust's action plan in response to the findings of the staff survey.

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

i) Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism

Venous Thromboembolism (VTE) assessment is a national patient safety initiative to reduce avoidable deaths from blood clots that may develop as a result of admission to hospital. When patients are assessed and treated appropriately, it can significantly reduce rates of mortality associated with this condition. The Government has advised healthcare professionals, that all adults (older than 18 years of age) who are admitted to hospital should have a risk assessment completed to identify those patients most at risk of developing a clot.

% of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE)					
2012/13	2013/14	2014/15			
		Q1	Q2	Q3	Q4
92.4%	95.35%	97.3%	97.6%	98%	97.54%
		National average			
		96%	96.1%	96%	Not available
		Highest national			
		100%	100%	100%	Not available
		Lowest national			
		87.2%	86.4%	81.0%	Not available

Data source – Health & Social Care Information Centre (H&SCIC) – Acute Trusts

City Hospitals Sunderland considers that this percentage is as described for the following reasons:

- Compliance with VTE assessments is reported monthly via the Corporate Dashboard. The above data is consistent with locally reported data and the Trust has consistently met the national 95% target during the year.

City Hospitals Sunderland intends to take the following actions to improve this percentage, and so the quality of its services, by:

- making further enhancements to the current VTE pathway to ensure that it is able to meet recently published NICE guidance;
- reviewing the data from the NHS Safety Thermometer as a further driver to the achievement of ever higher compliance rates; and
- undertaking an audit of practice to ensure that patients who are assessed as 'at risk' of developing a venous thromboembolism are prescribed appropriate anti-coagulation therapy in a timely and safe way.

ii) Rate of *Clostridium difficile* infection

Clostridium difficile is a bacterium (bug) that can be found in the bowel. It is found in healthy people and those who are unwell. About 3% of the population carries *Clostridium difficile* in their bowel without causing harm. There are millions of normal bacteria that live in the bowel which help keep *Clostridium difficile* under control. *Clostridium difficile* can become harmful when found in large numbers. When there is an imbalance of the normal bacteria of the bowel, *Clostridium difficile* may become present in large numbers. When this happens it produces toxins (like a poison) that affects the lining of the bowel and gives rise to symptoms such as mild to severe diarrhoea.

This measure looks at the rate per 100,000 bed days of cases of *C.difficile* infection reported within the Trust among patients aged 2 or over.

Rate per 100,000 bed days for specimens taken from patients aged 2 or over (Trust apportioned cases)				
	2011/12	2012/13	2013/14	2014/15*
City Hospitals	26.6	25.2	18.1	16.02
National average	22.2	17.3	14.7	Not available
Highest national	58.2	30.8	37.1	Not available
Lowest national	0.00	0.00	0.00	Not available

Data source – National Adult Inpatient Survey 2014 (Care Quality Commission)

*In 2014/15 responses are now converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response.

City Hospitals Sunderland considers that this percentage is as described for the following reasons:

- The Trust has continued to work hard to reduce the numbers of *C.difficile* infection. This improving trend has continued into the current year as described later in the report.

City Hospitals Sunderland intends to take the following actions to improve this rate, and so the quality of its services, by:

- Continuing with our initiatives to reduce *C.difficile* infection, monitoring of infection prevention practices, and continuing with our antimicrobial stewardship programme.

iii) Rate of patient safety incidents and percentage resulting in severe harm or death

Trust staff are encouraged to report incidents and near misses as part of a culture that puts a high priority on patient safety. Some incidents that occur in the NHS are defined as serious incidents and whilst generally uncommon, when they do occur, Trusts have a responsibility to ensure there are measures put in place to safeguard patients. Every serious incident that occurs in City Hospitals is thoroughly investigated. The aim is to learn why the incident occurred so that steps can be taken to reduce the risk of it happening again.

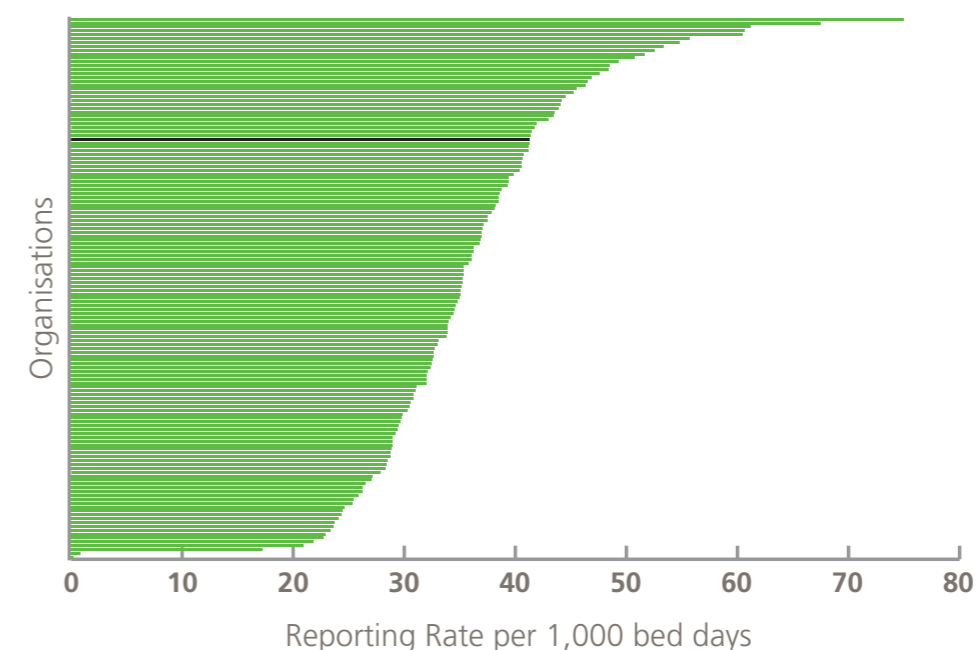
The table below shows the comparative reporting rate, per 1,000 bed days, for acute (non-specialist) NHS organisations. Cluster Groups have changed in the most recent data release (April-Sept 2014) as has the method used for benchmarking. Rates have, therefore, been re-calculated for the previous reporting period ie Oct 2013-Mar 2014. The reporting rate is better than the national average (higher value is better) and places the Trust in the top 25% of reporters. Organisations that report more incidents usually have a better and more effective safety culture.

CHS reporting*	Rate (%)	National average	Highest national	Lowest national
1 April 2014 – 30 September 2014	41.33	35.9	75.0	0.2
1 Oct 2013 – 31 March 2014	43.30	33.3	74.9	5.8

Source – Organisation Patient Safety Incident Reports (acute – non specialist) via Health & Social Care Information Centre

*Incidents reported per 1,000 bed days

The chart below shows the comparative reporting rate, per 1,000 bed days, for 140 acute (non-specialist) organisations. City Hospitals is well placed in the highest 25% of reports (denoted by the heavy black horizontal bar).



With regard to incidents reported that cause severe harm or death, these are lower than the national average (lower value is better) and once again the published rates illustrate the effectiveness of risk management systems across the organisation.

Incidents reported by degree of		City Hospitals Sunderland	National average	Highest national	Lowest national
1 April 2014 – 30 September 2014	Severe Harm	10 (0.25%)	0.4%	2.3%	0.0%
	Death	1 (0.0%)	0.1%	0.8%	0.0%
1 October 2013 – 31 March 2014	Severe Harm	14 (0.23%)	0.5%	2.97%	0.01%
	Death	3 (0.05%)	0.1%	0.31%	0.0%

Source – Organisation Patient Safety Incident Reports (acute – non specialist) via Health & Social Care Information Centre

*Incidents reported per 1,000 bed days

City Hospitals considers that this number and rate is as described for the following reasons:

- the Trust actively promotes the reporting of patient safety incidents. The Trust view a higher than average rate of incident reporting as a positive indicator of a good patient safety culture. The lower than national average percentage of patient safety incidents resulting in severe harm or death demonstrates that the patient safety and risk management processes in place are effective.

City Hospitals Sunderland intends to take/has taken the following actions to improve this number and rate, and so the quality of its services, by:

- continuing to develop our programme of patient safety and quality initiatives, ie local campaign to 'Keep calm and carry on reporting incidents' and frequent 'Lessons learnt' seminars accessible to all hospital staff.



PART 3: OTHER INFORMATION – REVIEW OF QUALITY 2014/15

Part 3 provides an opportunity for the Trust to report on progress against additional quality indicators. We agreed to measure, monitor and report on a limited number of indicators selected by the Board in consultation with key stakeholders. Some of the indicators are more difficult to provide a strict measure of performance than others, but nonetheless they are important aspects of improving overall quality for patients. Also some of these continue from last year given their scope, complexity and requirements for improvement.

In keeping with the format of the Quality Report, indicators will be presented under the heading of patient safety, clinical effectiveness and patient experience.

Later in this section, performance will be summarised against key national priorities.

Focusing on Patient Safety

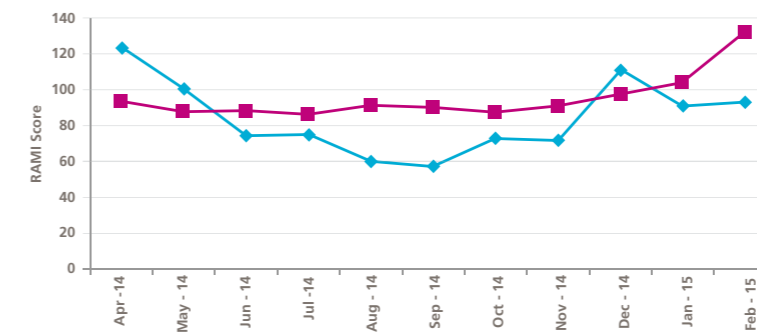
a) To reduce mortality rates

Information about the latest Summary Hospital-Level Mortality Indicator (SHMI) score has already been discussed in Part 2.3. This part covers two other recognised mortality measures;

Risk Adjusted Mortality Index measure (RAMI) – published by CHKS (part of the Capita Group)

The Risk Adjusted Mortality Index (RAMI) is the CHKS measure of mortality and like SHMI is the ratio of the observed number of deaths to the expected number of deaths. However, risk adjustment within RAMI excludes deaths after discharge, any death coded as palliative care (Z51.5) and zero length of stay emergencies.

RAMI April 2014 – March 2015



	Apr -14	May -14	Jun -14	Jul -14	Aug -14	Sep -14	Oct -14	Nov -14	Dec -14	Jan -15	Feb -15
Trust	123	100	74	75	60	57	73	71	111	91	93
Peer	93	88	88	86	91	90	87	91	97	104	132

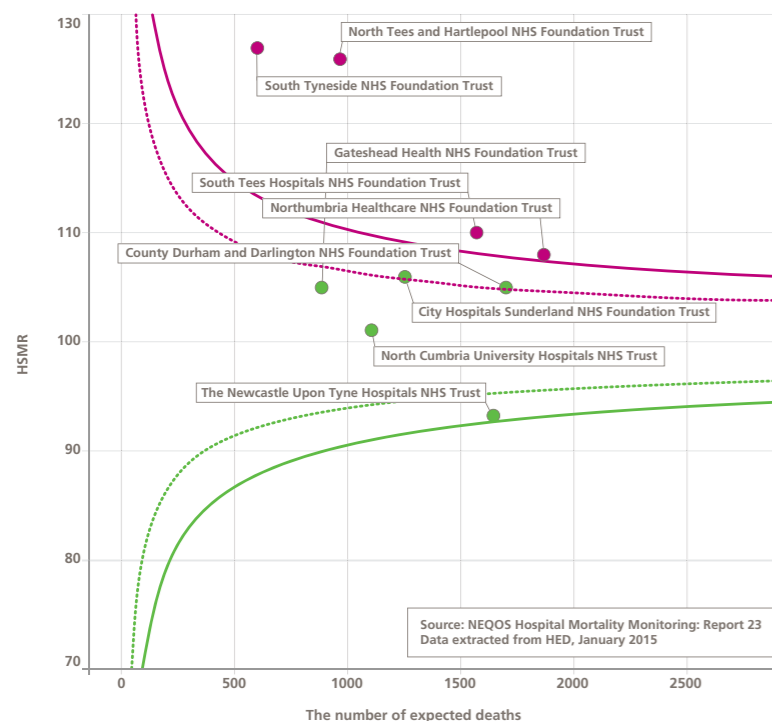
Note: March 2015 data is not available at the time of reporting

The trending chart above shows how the Trust index has changed throughout the year in comparison with peer Trusts. There is a noticeable increase in deaths coinciding with the traditional winter months, which is starting to fall, but generally our performance has been better than our peers for long periods in the year.

Hospital Standardised Mortality Ratio (HSMR) – published by Dr Foster

The HSMR is an alternative mortality calculation based on a subset of diagnoses which give rise to 80% of in-hospital deaths. As is common with other mortality measures, HSMRs must not be used in isolation, but rather should be considered together with a range of other indicators and performance data.

The table below shows the HSMR for October 2013 to September 2014. With this general measure, City Hospitals is not identified as an outlier. One of the key differences between the HSMR calculation and other mortality measures is the adjustment related to the coding of specialist palliative care. Basically HSMR is sensitive to this coding whilst SHMI ignores it. The pattern of palliative coding for City Hospitals has increased during the year through a better understanding of its application from clinicians working more closely with the clinical coding team.



Source: Hospital Mortality Monitoring Report 23. North East Quality Observatory System (February 2015)

Whilst City Hospitals does not routinely use the Dr Foster (Intelligence) system we have been notified via their mortality alert system of outlier positions in selected diagnostic groups. These are not formal mortality alerts and we are free to take whatever response and actions as we see fit but we have agreed as an organisation that for any notifications we would conduct a full clinical and coding review. Information from Dr Foster is also forwarded to the Care Quality Commission for them to undertake further analysis and they may decide to upgrade the alert to formal outlier status and request Trusts to provide further information.

During 2014/15 we received the following mortality alerts; formal outlier status by the Care Quality Commission is clearly noted;

- Bronchopneumonia (Formal CQC alert – March 2014);
- Urinary Tract infection (Risk identified in the CQC Intelligent Monitoring Report – March 2014);
- Pulmonary heart disease (Formal CQC alert – May 2014, which was preceded by a Dr Foster notification);
- Cerebrovascular disease (Risk identified in the CQC Intelligent Monitoring Report – July 2014); and
- Vascular conditions – peripheral and visceral atherosclerosis (Formal CQC alert – March 2015, which was preceded by a Dr Foster alert).

For all informal and formal alerts an independent clinical review panel was assigned to undertake a detailed case note review. Each review used the same structured report format. The review findings and recommendations have been presented internally to the Clinical Governance Steering Group and Mortality Review Group and externally with our Commissioners.

In the vast majority of cases there was no evidence of substandard clinical management of the patient. The judgements from those involved in the review were that most deaths were not preventable given the significant existing health problems of the patients and the presence of complex co-morbidities. However, the reviews did find the need for more senior medical involvement in completion of death certificates and improvements around some clinical coding practices. We have taken steps to address these areas with progress overseen by the Mortality Review Group.

In view of these outlier alerts, the Quality Review Group meeting in August 2014 was dedicated to discussions on mortality in the presence of Commissioners and key members of the NHS England Area Team. They wanted to engage in a 'conversation' with the Trust about its mortality performance and monitoring. The presentation by the Trust Medical Director was well received and the Area Team was highly complimentary about the Trust's approach in seeking to understand and learn the lessons from its mortality performance. Ongoing clinical dialogue with Sunderland Clinical Commissioning Group and subsequent regional work with peer Trusts was seen as a positive example of Commissioners and providers working together. There were no specific actions to take away from the meeting although there was agreement that mortality would be a core item at future Quality Review Group meetings.

During 2014 the Trust also introduced a new Trust-wide Mortality Review Panel (MRP) to review in-hospital deaths (excluding children and maternal deaths; they have their own statutory review processes) and assess specific aspects of clinical care and organisational management. The Panel meets every week and a core group of senior medical and nursing staff, including a senior clinical coder, provide a level of authority and consistency within the process.

The MRP use a standardised proforma to capture important information based on a regional template. As part of the process, the MRP may request a more detailed review and opinion of individual cases by specialty teams regarding any failures or unexplained variability in care. At the conclusion of each patient review, the Panel provides a judgement on the preventability of death and whether there are improvements required in any clinical or organisational aspects of care. A monthly report summarising key issues found and lessons learnt for the organisation is presented to the Clinical Governance Steering Group.

b) Preventing occurrence of any Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if health service providers have put appropriate preventative measures in place. The response to them is an important indicator not just of the quality of care provided at a Trust but also a barometer for organisational culture around openness, learning and patient safety. The Government has set out clear guidance for the reporting of and learning from Never Events when they happen. Any report of a Never Event is escalated via our serious incident process and subjected to root cause analysis investigation, so that learning is identified and shared appropriately.

Description of Goal	11/12	12/13	13/14	14/15
Preventing occurrence of any 'Never Events'	4	1	1	1

Source – Strategic Executive Information System

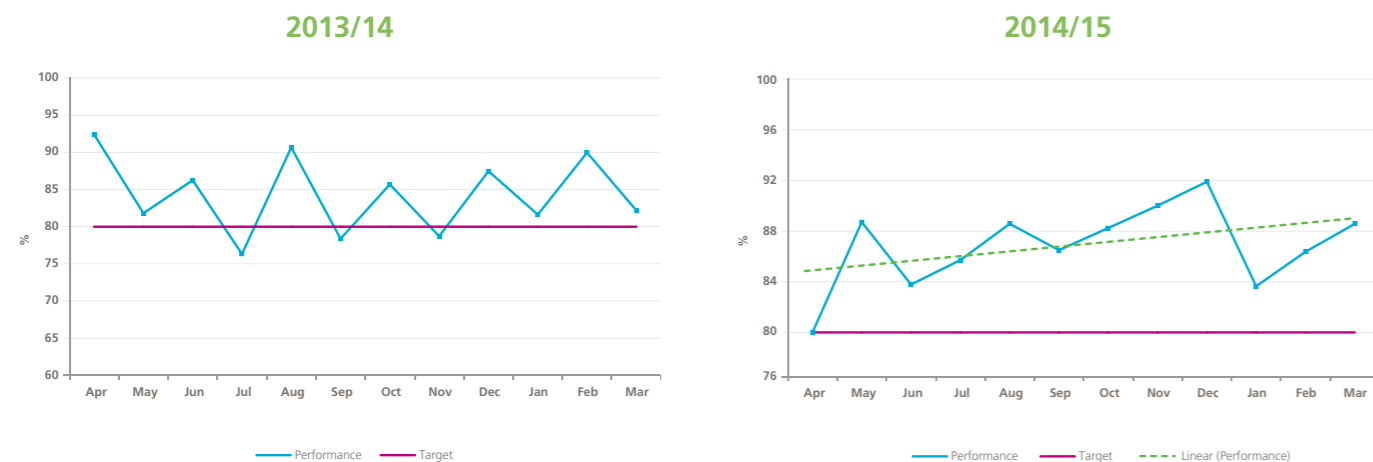
Unfortunately, during 2014/15 we had to report one Never Event. In February 2015, a patient was admitted for a dental abscess and had consented to undergo an incision and drainage procedure in theatre with the removal of all poor prognosis teeth. The risk of loss of multiple teeth was highlighted on the consent form, which was not completed by the operating surgeon. The patient had the surgical procedure and teeth were removed but one additional tooth (regarded as unhealthy) was extracted which was not originally planned.

The patient received an apology and explanation in line with the principles of Duty of Candour. The apology was accepted by the patient. A full root cause analysis was undertaken to review what had happened and to agree what actions should be put in place to prevent any reoccurrence. These actions included making sure the operating surgeon reviews the details of the consent form before carrying out the procedure and ensuring that operating staff participate in the WHO safer surgery checklist briefing.

c) Percentage of patients who have had a stroke who spend at least 90% of their time in hospital on a stroke unit (Target >= 80%)

Research and best practice guidance, for example from the National Stroke Strategy and NICE guidance recommends that all patients with suspected stroke are admitted directly to an acute stroke unit and spend the majority of time in that specialist unit. The national target requires at least 80% of stroke patients to spend 90% of their time on a dedicated stroke unit. The target recognises the importance of stroke patients receiving dedicated care as quickly as possible and how this can dramatically improve their recovery potential.

Percentage of patients who spent at least 90% of their time on the Stroke Unit



The initial assessment of the proportion of stroke patients that spent more than 90% of their time on the stroke unit has consistently been above target this year and compared to performance in 2013/14.

Focusing on Clinical Effectiveness

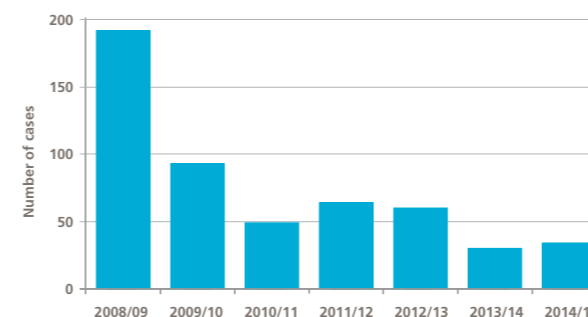
a) Reducing Healthcare Associated Infections (HCAI)

The Infection Prevention and Control Team have continued throughout the year to promote a zero tolerance for preventable infection.

This year's target set by the Department of Health remained zero for MRSA bacteraemia. This has proven a significant challenge to the organisation and we are disappointed that despite continued efforts with hand hygiene, asepsis and surveillance we have failed to achieve our target for a further year. We have reported four cases of healthcare associated bacteraemia this year, the same number which was reported in the previous year's performance. The Infection Prevention and Control Team continue to work closely with directorate teams to complete a detailed root cause analysis of each case of MRSA bacteraemia. Whilst individual lessons learnt have been identified and shared throughout the organisation to prevent re occurrence, a single cause for the increase this year has not been identified and there is no evidence of any systemic failure of control processes within the Trust. We are able to report that two of the four Trust apportioned cases were deemed avoidable.

The target for *Clostridium difficile* infection set by the Department of Health was 51. The Trust were committed to a further reduction of avoidable healthcare associated infection and agreed with Sunderland Clinical Commissioning Group (CCG) that we would set an internal target of 36. This was another challenging target and there has been a huge drive, informed by the lessons learnt from previous cases, to further prevent, reduce and control this organism. We have reported 42 cases externally and have agreed with Sunderland CCG following a number of detailed case reviews that 8 of these cases were either thought not to be genuine infection or were not infections developing in hospital. The total number of *Clostridium difficile* cases for City Hospitals for 2014/15 is 34.

The chart opposite shows the declining number of *Clostridium difficile* cases 2008/09 to 2014/15.



Whilst achieving the internal target set we continue to be frustrated by some recurring themes that have emerged from the panel review of *Clostridium difficile* cases, such as delays in the submission of samples for testing, delays in patients being isolated and delays in the commencement of patients stool chart. We continue to educate clinical staff on the importance of these practices for effective infection management. Whilst these issues are currently being addressed, we hope that in the coming year we may be able to move to a different approach for the investigation of patients with diarrhoea.

Achievements throughout the year include:

- the successful evaluation and extension of the isolation pod trial on our Infection Control ward;
- the purchase of a hydrogen peroxide unit to enable in-house decontamination of identified areas of the hospital following environmental contamination;
- the Infection Prevention and Control team successfully hosted its fourth annual study day which was well attended by all staff groups;
- completion of an extensive audit programme including a further year of continuous orthopaedic surveillance of hip and knee joints and the introduction of a pillow audit;
- expansion of the Infection Prevention and Control team incorporating a new tier of Infection Prevention and Control Nurses;
- continued close collaboration with clinical staff across all directorates to inform and deliver a robust strategy for management of outbreaks and serious infection;
- significant improvement in FIT test training (training on the use of specialist face masks) thus ensuring resilience in high risk areas against respiratory borne infection; and
- cascade of personal protective equipment training for the management of patients with suspected Ebola.

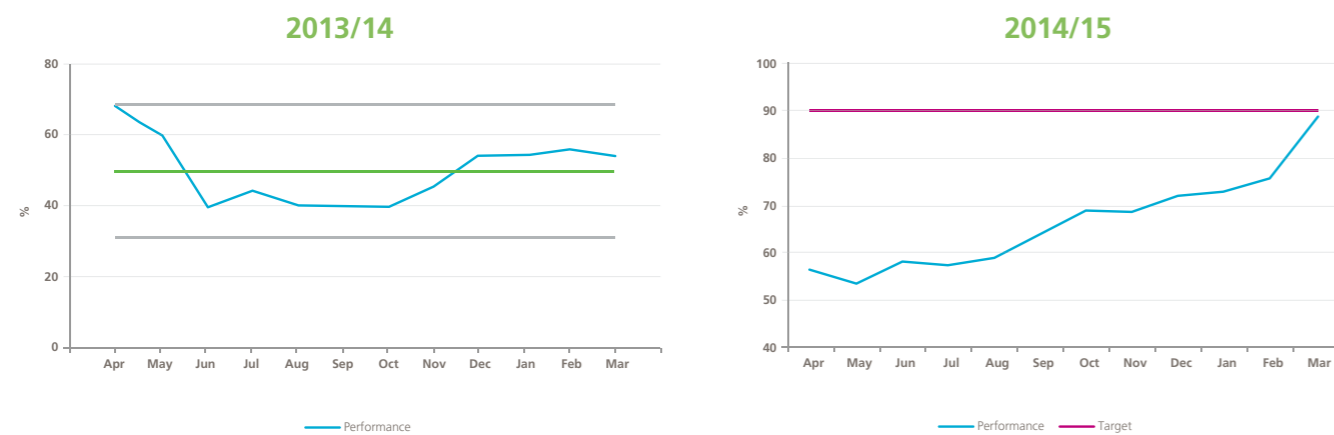
Key areas for further improvement next year include:

- the screening for patients who may have *Clostridium difficile* colonisation;
- additional analysis of antimicrobial prescribing to optimise prescribing practices;
- extension of the Trust surgical site surveillance procedures;
- increased presence of Infection Prevention and Control nursing staff on wards and departments; and
- the appropriate utilisation of side rooms for suitable patients.

b) Discharge Communications to Primary Care

The focus of this measure is to improve the quality and timeliness of discharge communications between the Trust and Primary Care. The aim is to achieve 90% of electronic discharge communications that are issued within 24 hours of patient discharge. The charts below show the comparison of performance between 2013/14 and 2014/15. There is an improving trajectory throughout 2014/15 but still short of the target threshold of 90%. At the current rate of improvement the Trust would not achieve the target until later in 2015.

Discharge communications issued within 24 hours



Further analysis shows that some Directorates, such as Paediatrics and Ophthalmology have already achieved the 90% target, with some others very close to achieving the threshold. However, the poorest performers are Trauma & Orthopaedics and Rehabilitation & Elderly Medicine, although both directorates have achieved their best performance during March 2015.

The Discharge Communications Project Group will continue to monitor the quality and performance of discharge communications as well as progression towards electronic transfer to GP'S. The Trust's IT project team successfully implemented direct electronic transfer of discharge letters in more than 75% of relevant GP practices in the region.

c) Clinical Outcomes (Surgeon-level data)

In line with the national priority for transparency of information about NHS services, in June 2013 the first set of outcomes and mortality rates for individual hospital consultants was published nationally based on data from national clinical audits and clinical registries. The data covered a range of operations and procedures and showed whether clinical outcomes for each consultant were within expected limits. In 2014, three new national clinical audits began publishing data. Those that published in 2013 have expanded the number of procedures and quality measures covered.

The data has been reviewed for relevant Trust consultants in each of the nominated clinical audits and registries. A high-level summary is highlighted below and outcomes are compared to those achieved in 2013/14, where applicable;

Specialty clinical audit or registry	Outcome 2013/14	Outcome 2014/15
Bariatric Surgery (surgery to treat obesity)	As expected	As expected
Interventional cardiology (heart disease treatments carried out via a thin tube placed in an artery)	As expected	As expected
Orthopaedic Surgery (surgery for conditions affecting bones and muscles)	As expected	As expected
Thyroid and Endocrine Surgery (surgery on the endocrine glands)	As expected	As expected
Urology Surgery (surgery on the kidneys, bladder and urinary tract)	As expected	As expected
Vascular Surgery (surgery on veins and arteries)	As expected	As expected
Colorectal surgery (surgery on the bowel)	As expected	As expected
Upper gastrointestinal surgery (surgery on the stomach and intestine)	As expected	As expected
Head and neck cancer surgery	As expected	As expected
Lung cancer	N/A	As expected
Urogynaecology (surgery on the pelvic floor)	N/A	Not published yet

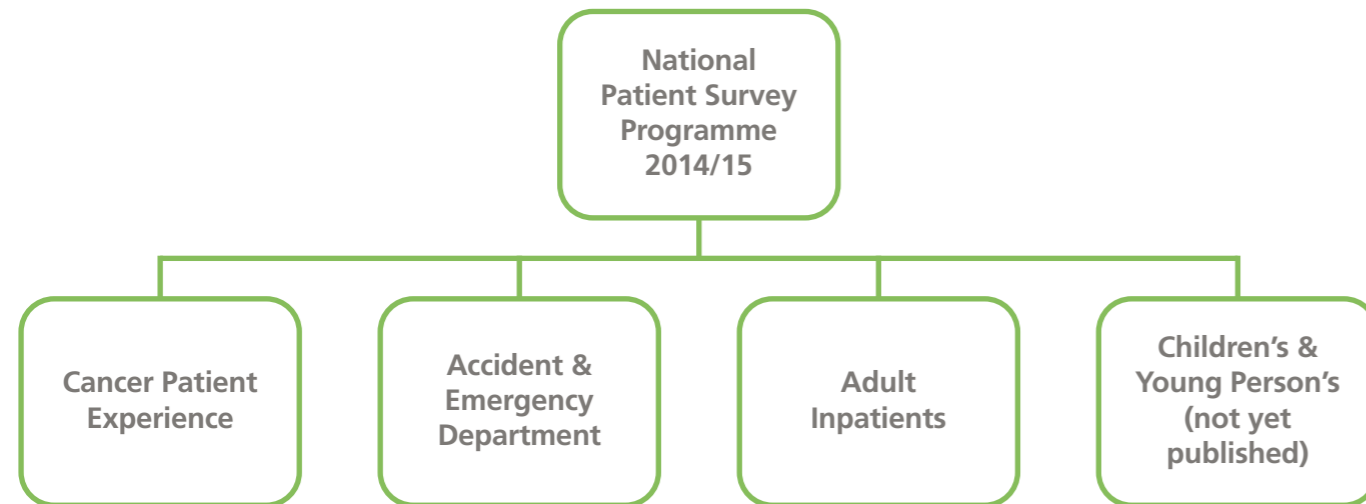
Note: Adult cardiac surgery (National Adult Cardiac Surgery) and Neurosurgery (Neurosurgery Audit Programme) – both not undertaken at City Hospitals

Once again, none of the surgeons in City Hospitals had outcomes outside the expected range given their associated risk adjustment and levels of activity. The report therefore provides robust and satisfactory assurance on the clinical performance of surgeons in these key areas.

Focusing on Patient Experience

a) Improve patient experience from participation in national patient surveys

During 2014/15, the Trust received reports from four national patient surveys which form part of an overarching programme of patient surveys. The surveys are designed to ensure that patient feedback is actively used to drive improvements in services and care. City Hospitals participated in the following national patient surveys and the findings of each are summarised below;



Adult Inpatient Survey 2014

We asked patients about their most recent hospital stay

The Adult Inpatient Survey gives patients the opportunity to give their views about their most recent stay in hospital. The questionnaire asks for feedback on a number of topics such as admission, contact with doctors and nurses, privacy and dignity, cleanliness, hospital food and discharge planning. The results are used to identify and drive improvements where it is felt necessary. Responses were received from 419 patients aged 16 and above who had stayed in hospital at least overnight, a response rate of 50% which was higher than the national average (47%).

We are very pleased with this year's results which show improvement and positive experiences in many areas. The organisation received a higher rating from patients concerning their overall experiences during their stay with us (up to 8.1 out of 10). The following summarises some of the key headlines and where we have improved our overall scores:

- All ten aggregated section scores are amber ('about the same') compared with other Trusts;
- In most of the sections there was a net increase in scores, ie care & treatment, operations and procedures and leaving hospital;
- More patients were given a choice of food and many rated their hospital food more positively than previous surveys;
- More patients felt that the staff did as much as they could to help control their pain;
- Patients felt more involved in decision-making, were told what to expect, had questions answered and were given appropriate support; and
- Patients had more confidence and trust in the nurses looking after them.

However, the survey did identify some issues that we need to improve on, such as reducing delays for medications or ambulances to arrive before discharge. We will look at these processes more closely to see how we can make the improvements required.

Cancer Patient Experience 2014

We asked patients about their experiences of our cancer services

The National Cancer Patient Experience Survey is an annual survey which asks cancer patients specific questions about their experience in hospital Trusts in England. The aim of the survey is to measure patient satisfaction and experience, and provide important information for Trusts to improve their cancer services. In the survey, which 438 patients completed, patients were asked to rate their whole experience – from seeing their GP and having diagnostic tests, through to the care and treatment they received in hospital, access to staff and the quality of information received during their hospital stay.

The results showed that eight out of ten cancer patients rated the care they received at City Hospitals as excellent or very good. The Trust scored among the top 20% of Trusts nationally in a number of areas including patients contact with their specialist nurse (82%), information given to them on financial support (61%), the control of side effects of their chemotherapy (86%) and their perception of emotional support received (78%). In some other areas, there are improvements needed regarding the provision of patient information, particularly around written information about their operation (69%) and information on what patients should do on discharge (81%).

Action plans have been developed with each of the cancer site multidisciplinary teams and these are being monitored by the Trust Cancer Steering Group.

Accident & Emergency Department 2014

We asked patients about their experiences of our Accident & Emergency Department

The results of the fifth Accident & Emergency Department Survey were published in December. Our response rate was much higher than the national average at 41% and 348 patients provided important feedback on their attendance at A&E in February 2014. The Trust received a rating of 'about the same' for each of the eight section themes. The survey shows a generally encouraging picture of patients' overall experience of A&E in what continues to be a very high profile and challenging area of our hospital. Some of the areas where we have improved our scoring compared to the last survey undertaken in 2012 include:

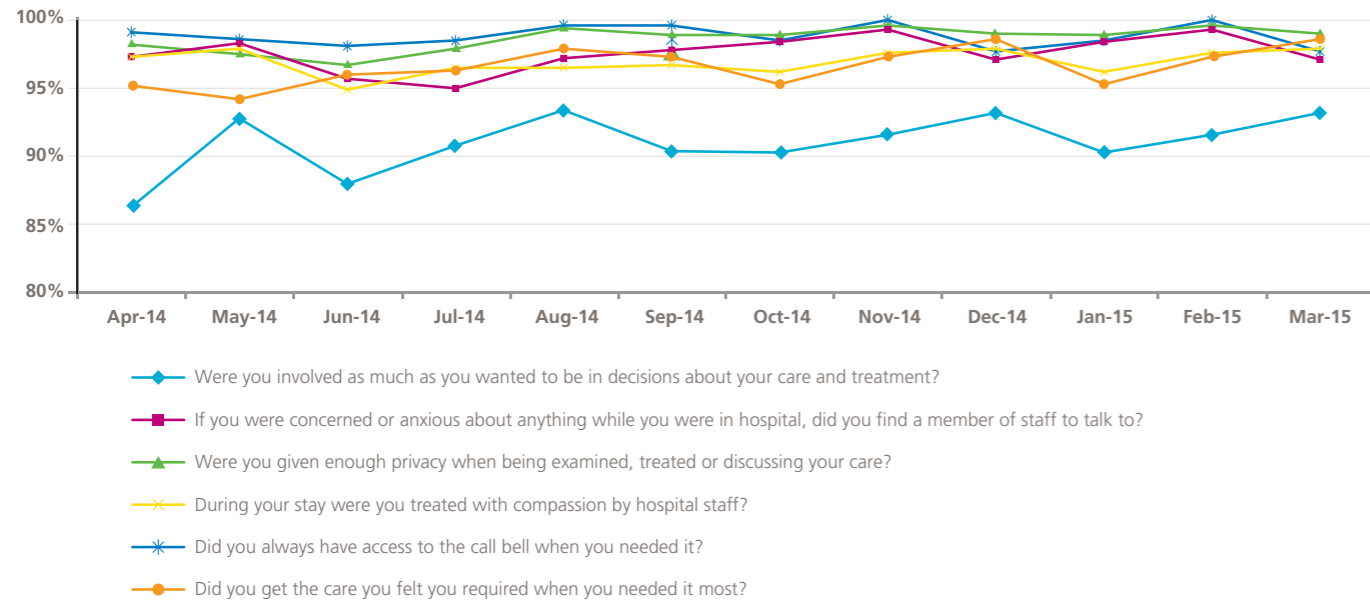
- privacy discussing the patient's condition;
- involvement in decisions about care and treatment;
- danger signals to look out for on discharge; and
- who to contact after leaving the department.

However, there are also areas where our scores have slipped back, such as waiting times in the department, provision of information about the patient's condition, explanation of medication side effects and the management of pain in the department. The Accident & Emergency Department team have reviewed the findings and are overseeing an action plan to address some of the findings.

b) Real Time Feedback

The Trust has been collecting real time feedback from patients since August 2010 and we now cover all in-patient wards, including maternity and childrens' areas. We are grateful to our volunteers, Trust Governors and the Community Panel who continue to visit the wards and help collect this important information. During 2014/15 we have received 3271 completed survey questionnaires (general in-patient wards only), and this has provided valuable insight into patients' experience that is shared with all participating wards. The expectation is that ward staff discuss and review the feedback and make changes to their practice where necessary. We introduced a new report format this year to make the information we share with wards simpler and more understandable.

As previously highlighted, information from real time feedback is now used in our new nationally published Open & Honest Care Reports, the first report of which was published in May 2014. A number of survey questions are extracted from our real time feedback. The table below shows a trend line for each of these questions between April 2014 – March 2015.



We also ask patients to add any free-text comments to their questionnaire and these are also shared with wards in their reports. To date, we have undertaken only limited analysis of this qualitative data but we have been experimenting with some new ways to present the information. One of the methods we have begun to use is known as "word or tag clouds" which are commonly used in visual design and infographics. These are visual representations of text data, typically used to depict keyword metadata (tags). Tags are usually single words, and the importance of each tag is shown with their font size or color.

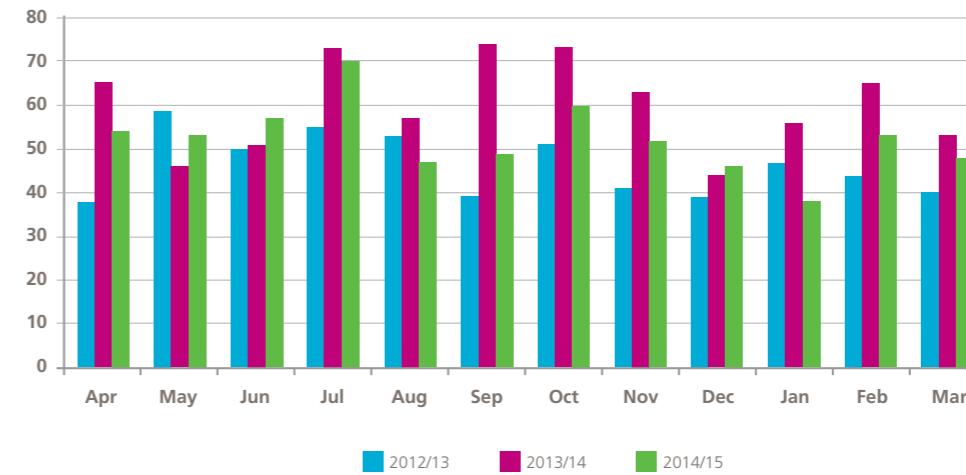
This format is useful for quickly perceiving the most prominent terms, the more frequent the word is used, the larger and bolder it is displayed. Word clouds can therefore identify trends and patterns that would otherwise be unclear, overlooked or difficult to see in a tabular format.

However, further work is required to differentiate between tag words that are stated in a positive or negative context. We have amended the questionnaire from the 1st April 2015 to help us capture this information easily and provide additional analysis for the Trust about what matters to patients.

c) Listening to patients – learning from their complaints

The Trust welcomes both positive and negative feedback from our patients as a contribution towards improving the services we deliver. To ensure that the Trust is learning from experience, a quarterly Complaints report is submitted to the Patient, Carer and Public Experience Committee regarding complaints activity. This also includes a patient story illustrating where the Trust has taken action following a complaint. The data is also included in the Trust Risk Aggregate report alongside other patient safety data. This is presented quarterly to the Clinical Governance Steering Group and Governance Committee. This enables the Trust to identify and monitor trends and themes, and highlight any organisational action to reduce the risk of recurrence.

From 1 April 2014 to 31 March 2015 the Trust received 627 formal complaints from patients or their representatives. This is a 13% decrease on the 721 received last year.



What changes have been made in response to patients (and their families) raising concerns?

An important part of our complaints work in the Trust is to understand what went wrong and, where possible, to take action to prevent reoccurrence. The following examples highlight where we have made changes to our service as a result of patient complaints.

Patients Said	Changes Made
Outpatient appointments were often re-scheduled causing confusion about which appointment is the correct one to attend.	We have been working with GP Practices and clinical teams to make it easier to identify the right service on 'Choose and Book' minimising the need to change appointments.
They would like to be more involved and informed in the planning of their discharge arrangements.	We have reviewed the discharge process and developed clear ward procedures to reduce variability and promote a more organised approach to discharge planning.
There was a lack of communication around planning to leave hospital.	We have reviewed our nursing assessment documentation to ensure key discharge planning information is captured and discussed with patients earlier in their stay. This will help nursing staff to facilitate discharge planning discussions with patients and their carers and family.
That their operation was cancelled on the day of planned surgery as a result of a radiographer not being available.	There is now a weekly meeting between Theatre and Radiology staff to schedule operations that need a radiographer present, to prevent or reduce short notice of cancellation of operations.
There was not enough written advice for those who had suffered a hip injury.	A hip injury advice leaflet has been developed and is now available for patients.
They were unhappy about some of the administrative elements of the Parking Eye System, citing information that had been sent to the wrong address.	Parking Eye now complete a rigorous address search prior to sending out important documents.

d) Patient Advice and Liaison Service (PALS)

PALS is a first stop service for patients, their families and carers who have a query or concern about the hospital or service. The team provides an impartial and confidential service and aims to help resolve issues by addressing them as quickly as possible. Where PALS is unable to help, the inquirer is directed to a more appropriate person or department. The majority of PALS contacts relate to requests for information about hospital processes or putting people in touch with the correct department or individual who can help them.

The service collates comments, suggestions and concerns made either directly to the service or by the patient experience feedback mechanisms available throughout the hospital. A report is prepared for the Patient Carer and Public Experience Committee on key themes for patient concerns.

During 2014 the Patient Advice and Liaison Service was co-located with the Complaints Office in new accommodation at the Sunderland Royal Hospital site. The office environment was refurbished to become customer facing and the service rebranded "Help and Advice Service". The Help and Advice Team, with support from volunteers aim to provide an easily accessible service which can provide support to resolve concerns and issues in a timely way and hopefully reduce the number of formal complaints.

During 2014/15 there were 1330 PALS contacts and 1721 compliments were received.



e) Carers

City Hospitals is committed to giving carers the recognition, involvement opportunities and support to help improve the experience of the many patients and carers who access our services.

Carer awareness training continues to be delivered on a number of education programmes within the organisation. Carer awareness is included as part of the Trust staff induction programme which is mandatory for all staff new to the organisation. All newly qualified staff nurses attend a preceptorship nurse programme and carers are involved in delivering a session to raise awareness of their unique role.

Junior medical staff training also includes an overview of the "Life of a Carer" and in 2014/15 the Carers' Centre co-ordinated carers to deliver the teaching session. This evaluated very well and more sessions have been planned for the future. Sunderland Carers' Centre staff now deliver training on the Health Care Assistant Development programme and in 2014 presented at the multi-disciplinary local healthcare conference "The Power of Pulling Together".

During the annual Carers' Week, the Trust promoted and supported a number of activities to highlight the carer role:

- A screen saver was available on all computers throughout the Trust highlighting Carers' Week;
- Staff from the Carers' Centre had a presentation stand in the main hospital concourse and at Chester Wing Outpatients during the week to promote their work;
- The Trust launched new updated carer leaflets;
- The Trust gave a pledge to support and involve carers in both care management and service planning decisions on the national Carers' website; and
- A new Carers' Emergency Card was promoted throughout the Trust.

f) Volunteers

Trust volunteers provide a valuable service that involves spending time, unpaid, to support Trust staff in delivering a quality service. Their role is to complement the work of paid staff and they are therefore not included in staffing numbers. All volunteers undergo a series of pre-employment checks and are subject to an interview. Following a review of volunteer services, we have approximately 50 volunteers registered in the Trust who undertake a variety of roles which include, signposting patients and the public, ward helpers, Help and Advice Service reception area, patient experience survey collection (real time feedback). In partnership with local colleges and universities, we now have regular term time voluntary support students.

g) Community Panel

The Community Panel comprise our lay group of volunteers who continue to play an important part in our commitment to patient and public involvement. The Panel provides a patient perspective and key insights in the development and implementation of quality improvement initiatives related to improving patient experience. It also actively contributes to the implementation of the Trust Patient Experience Improvement Plan.

We can report further examples of their activities in 2014/15 and some future plans for next year:

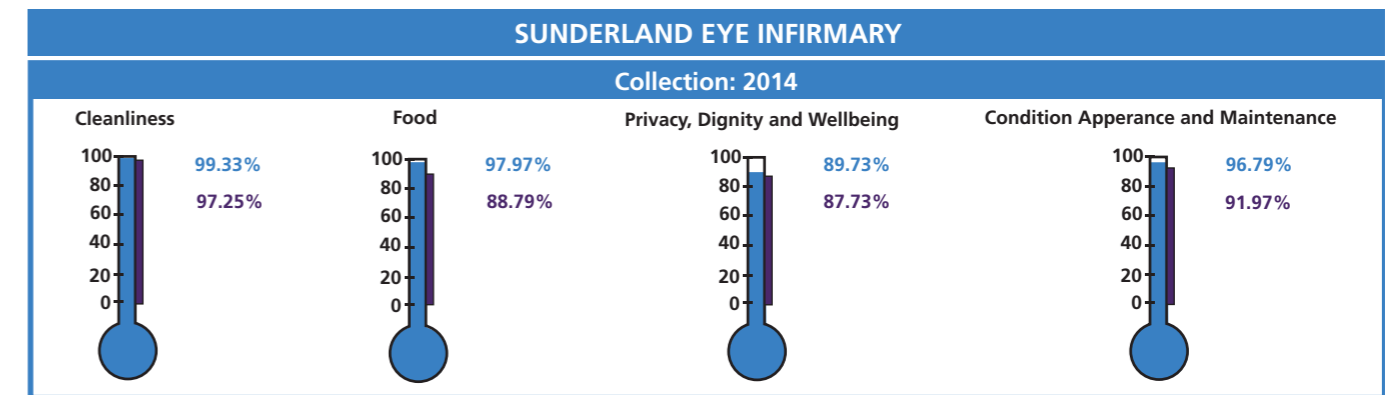
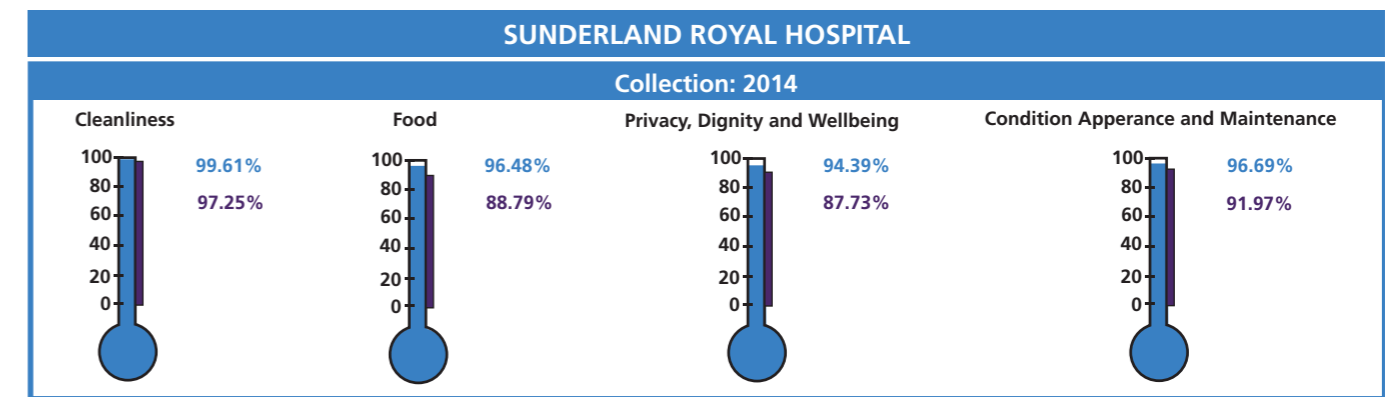
- monthly collection of real time feedback information from patients;
- participation in the Trust Infection Prevention and Control study days;
- involvement in capturing patient experience during the "Perfect week";
- working with the Continuous Improvement team to review 7-day working practices;
- participating in the Patient Leadership Development programme;
- part of the annual PLACE inspection team ensuring that the progress is objective, fair and accurate;
- active contributors to a number of Trust working groups and committees and reporting back to Community Panel meetings;
- undertaking a Trust wide audit of 'Open and Honest' boards; and
- future audits planned of the Named Nurse and patient's preferred name.

h) Patient-Led Assessment of the Care Environment (PLACE)

PLACE was the new system for assessing care environments introduced in April 2013. It involves local people being part of structured teams judging how well the care environment supports patients' privacy and dignity, food, cleanliness and general building maintenance. The assessment extends only to areas accessible to patients and the public (for example, wards, departments and common areas) and does not include staff areas, operating theatres, main kitchens or laboratories. The assessments take place every year, and results are reported publicly to help drive improvements in the care environment.

We were deeply disappointed and surprised with our scores in 2013/14 where we fell short of the national average and had the lowest performance in the Region. Our scores within the previous year's inspections had always reported the Trust as a high achiever. We reflected on the findings and took the necessary actions to help the Trust to be in a better position for the 2014 inspection.

We are therefore delighted to receive this year's scores which rate the Trust as one of the best performers in the region. These results also exceed all national averages. The tables below show the scoring for the Sunderland Royal and Eye Infirmary sites against the national averages:



Site Score National Average

It is generally felt that improvements and sustained high standards were evident in most areas. During the inspection it was acknowledged that many of the issues identified were temporary incidents, due to daily routine activity, with arrangements already in place to resolve. This was taken into consideration as part of the assessment. However, some general improvements were identified:

- Food Service issues were generally positive, and there was improvement in the availability of menus to patients with menus visible at every patient bedside. Some minor issues were observed in relation to preparation of tables, although ward staff offered sound reasons for this. Food Service issues have been shared with the Nutritional Steering Group and Catering Review panels. It is vital that work continues to establish the best available options to ensure patients are offered choice of meals & beverages;
- Significant improvement was evident regarding the amount of high level dust, although some was identified in areas such as above door frames. This continues to be addressed as part of the findings of the Domestic Contract review and will continue to be a key focus with the Domestic Contractor;
- Storage issues and misuse of storage areas was a noted improvement from last year, with stock levels appearing to be better controlled;
- Signage around the site both internally and externally, whilst improved from last year continues as an area requiring further updating;
- Secure storage for patients' personal possessions at the bedside was an area of non-compliance across some areas and consideration needs to be given to a Trust-wide approach to this. It was noted however that a central secure storage facility is available to patients;
- Within the PLACE assessment form there is a section on dementia friendly ward environments. These questions did not contribute to the hospitals score in the 2014 assessment programme but we expect at some stage they will be fully incorporated into PLACE. Gaps were identified across some ward environments in relation to dementia friendly requirements. This is already being actioned across the Trust.

The findings from the PLACE inspections have been taken forward in the form of an action plan with progress monitored by the Multi-Disciplinary "National Standards of Cleanliness Group" which is keen to drive forward specific improvements identified for individual wards and departments. Issues related to food and hydration are being addressed by the Trust Nutritional Steering Group.

i) Your Stay in Hospital Bedside Folder

Our Your Stay in Hospital bedside folder was introduced into the Trust in 2011. Its purpose was to provide core hospital service and ward information to patients and their family and friends. These replaced variable quality paper information booklets found in wards. The new guide format provides a glossy, professional source of information about coming into hospital.

During 2014 we have taken the opportunity to review and refresh the content and design of the folder so that it remains up to date and relevant to those who find it useful. The new folders were circulated to all wards earlier in the year and we have had excellent feedback on their new look format to date.

We also took the opportunity to review our range of bereavement booklets so that they too remained meaningful and contemporaneous.

j) Hello my name is... campaign

In February 2015, the Trust was delighted to support the national 'Hello my name is...' campaign and have encouraged as many staff as possible to commit to the principles of the campaign. This is in line with our Compassionate Care-Customer Care Strategy.

The 'Hello my name is...' campaign was launched by Dr Kate Granger, an elderly medicine registrar from Yorkshire, who became frustrated with the number of staff who failed to introduce themselves to her when she was an inpatient at her local hospital earlier on this year. Dr Granger made it her mission to get as many members of NHS staff pledging to introduce themselves in future to their patients. So the campaign is simple – encouraging all staff, regardless of role, to introduce themselves to the patients and visitors with whom they come into contact. Research has shown that patients appreciate basic personal touches, and a simple gesture such as telling somebody your name will go a long way to helping them feel better about being in hospital

The Trust joined forces with more than 80 NHS organisations that pledged to launch/boost their own 'Hello my name is...' campaign. Part of the launch involved building up a photo wall and staff were encourage to take a photograph of their "pledge" and send it to the Trust. A number of tweets were also sent from the Trust's @SunderlandRoyal and @SunderlandEye Twitter accounts.

hello my name is...



k) Improving quality using a Lean philosophy

Lean is an improvement approach used with increasing frequency in healthcare to improve flow and eliminate waste. Lean is basically about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change. With a focus on delivering our vision of 'Excellence in Health' we identify the waste or non-value adding activities in our systems and processes and do all that we can to remove them, freeing up more of our clinical and administrative time to do the things that matter to patients.

The Kaizen Promotion Office provides continuous improvement facilitation to a number of projects across the organisation using Lean methods. Some of the work we have done includes:

Clinic on the Day

Clinic on the Day is a process that ensures that our patients leave their outpatients clinics with the next steps of their care in place. Clinic letters are produced on the day of the clinic and patients can take a copy home with them if they wish. Patients get a choice of the date and time of their next appointment (if under 6 weeks), the date and time of any investigations or their upcoming surgery, where appropriate. Patients who require surgery can also attend their Pre-operative Assessment and Preparation (PREP) appointment before they leave the hospital.

As well as providing excellent service for patients all administrative tasks associated with the clinics are completed in real time. This has reduced paper processes, increased patient safety and contributed to financial savings. All specialties are in the process of adopting Clinic on the Day as established practice.

Referral to First Outpatient Appointment

Since December 2014 we have been working with Directorates to introduce electronic triage of GP referral letters, moving from a paper-based system. The new system has resulted in a reduction in the time between receipt of the referral to triage from days or weeks to hours. Patient safety is also improved by ensuring referral letters are not lost in transit and there is a clear audit trail to track referrals through the process. Patients requiring diagnostic tests on arrival at their appointment are now easily flagged at the triage stage, leading to an improved patient experience.

Perfect Week

From 18 to 25 March 2015, the Trust ran an exciting initiative which focused on reducing delays and improving patient flow throughout the hospital, in order to deliver: **the Right Care in the Right Place at the Right Time**

Our aims for the Week were to:

- Improve patient experience by minimising delays and reducing length of stay;
- Increase patient safety by reducing the number of boarders and ensuring we have capacity to provide high quality care in the most appropriate setting; and
- Improve staff experience by reducing bed pressure and releasing time for patient care.

Key features of the Perfect Week included assigning Ward Liaison Officers (WLO) to each ward to support the data collection and issue escalation processes, establishing bronze, silver and gold commanders to resolve escalated delays, and working closely with external organisations across Sunderland to bring system-wide improvements. The Week also provided an opportunity to test and embed the new discharge process developed in a recent rapid improvement workshop.

Feedback from the Perfect Week has been very positive, from patients, frontline staff, WLOs and external agencies. The Trust also delivered a significant improvement in performance, achieving the Emergency Department 4-hour target for five consecutive days and reducing bed occupancy.

The focus now will be to sustain the progress made during the Perfect Week by identifying those improvements that need to be embedded and working on long term solutions to the issues raised. This process will be facilitated by the continued commitment and support of all staff at City Hospitals and our external partners across the City.

Suspected Lung Cancer Escalation Pathway

A project to improve lead times from chest X-Ray to CT scan for patients with suspected lung cancer has received extremely positive patient feedback. One patient thought that the process was "amazingly fast". The patient attended a walk-in centre for a chest X-Ray at midday and by 2:30pm had received a phone call with an agreed scheduled appointment for a CT scan within 5 days. The reduction in delays for investigations have reduced patients' anxiety levels so that they now feel in control and supported.

Part 3.2 Performance against key national priorities 2014/15

Performance against National Measures

During 2014/15 the Trust has continued to achieve national operating standards across a number of key measures including cancer waiting times, non-admitted and incomplete waits from GP referrals to treatment, diagnostic waits and VTE risk assessments. The Trust has also achieved the *Clostridium Difficile* objective as well as key national Commissioning for Quality and Innovation (CQUIN) goals, which include the Friends and Family Test (FFT) and Dementia goals.

The NHS Planning Framework for 2014/15 to 2018/19 includes indicators that measure delivery of the NHS Constitution and almost all of these are also taken into consideration as part of Monitor's 'Risk Assessment Framework'. Monitor is the regulator of Foundation Trusts; it provides a risk rating of Foundation Trusts governance as a marker for safe, sustainable and high-quality care for patients. As of the 9th March 2015 Monitor has rated the Trust's governance as 'under review', which means that a concern has been identified but Monitor have not yet taken action.

Indicator	Last Year 2013/14	Target 2014/15	2014/15	Variance	Year
Quality (Safety, Effectiveness & Patient Safety)					
Referral to Treatment waits % completed admitted adjusted pathways seen within 18 weeks ¹	91.01%	90%	88.43%	-1.57%	●
Referral to Treatment waits % completed non admitted pathways seen within 18 weeks ¹	98.20%	95%	98.33%	3.33%	●
Referral to Treatment waits % incomplete pathways waiting less than 18 weeks ¹	93.75%	92%	93.90%	1.90%	●
Diagnostic Test waiting times	0.35%	1%	0.28%	-0.72%	●
A&E: Maximum waiting time of four hours from arrival to admission/transfer/discharge	94.52%	95%	92.11%	-2.89%	●
All Cancer Two Week Wait	94.28%	93%	94.84%	1.84%	●
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	93.33%	93%	98.07%	5.07%	●
All Cancer 62 day urgent referral to treatment wait	85.64%	85%	85.71%	0.71%	●
62 day wait for first treatment following referral from an NHS Cancer Screening Service	100.00%	90%	83.87%	-6.13%	●
31 day standard for cancer diagnosis to first definitive treatment	97.80%	96%	98.05%	2.05%	●
31 day standard for subsequent cancer treatments – surgery	99.55%	94%	98.86%	4.86%	●
31 day standard for subsequent cancer treatments – anti cancer drug regimens	100.00%	98%	100.00%	2.00%	●

Indicator	Last Year 2013/14	Target 2014/15	2014/15	Variance	Year
MSA breaches	0	0	0	0	●
HCAI – MRSA Bacteraemia ²	4	0	4	4	●
HCAI – <i>Clostridium Difficile</i> ²	36	<=51	34	-17	●
VTE risk assessment for inpatient admissions	95.36%	95%	97.50%	2.50%	●
Friends & Family Test – Inpatient response rate	34.82%	30%	48.47%	18.47%	●
Friends & Family Test – A&E response rate	14.23%	15%	18.82%	3.82%	●
Dementia – Find	99.15%	90%	99.91%	9.91%	●
Dementia – Assess & investigate	100.00%	90%	100.00%	10.00%	●
Dementia – Refer	99.77%	90%	100.00%	10.00%	●
Quality stroke care – people who have a stroke who spend at least 90% of their time in hospital on a stroke unit	84.81%	80%	86.61%	6.61%	●
Quality stroke care – people at high risk of stroke who experience a TIA are assessed and treated within 24 hours	76.28%	60%	81.47%	21.47%	●

¹ Excludes non English commissioners as per publications by NHS England (<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>)

² Cases apportioned to Acute Trust only, excluding *C. diff* cases agreed at local appeals panels as not being genuine CDI or Trust apportioned



Cancer 62 day urgent referral to treatment wait ^(A)

This indicator has been subject to limited assurance from our external auditors as mandated by Monitor. The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to below:

- the indicator is expressed as a percentage of patients receiving their first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer;
- an urgent GP referral is one which has a two week wait from the date that the referral is received to first being seen by a consultant;
- the indicator only includes GP referrals for suspected cancer (ie excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – Two week wait);
- the clock start date is defined as the date that the referral is received by the Trust; and
- the clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice. In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.

Incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period ^(A)

This indicator has also been subject to limited assurance from our external auditors as mandated by Monitor. The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to below:

- The indicator is expressed as a percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period;
- The indicator is calculated as the arithmetic average for the monthly reported performance indicators for April 2014 to March 2015;
- The clock start date is defined as the date that the referral is received by the Foundation Trust, meeting the criteria set out by the Department of Health guidance; and
- The indicator includes only referrals for consultant-led service, and meeting the definition of the service whereby a consultant retains overall clinical responsibility for the service, team or treatment.

Accident and Emergency (A&E)

During 2014/15 the Trust has continued to receive an increasing number of patients self-presenting through the A&E department in comparison to previous years, along with an equally high volume of Ambulance arrivals to that experienced in 2013/14. The Trust has subsequently struggled to achieve the national operational standard of 95% of patients spending a maximum of 4 hours in the Emergency department and unfortunately performance for 2014/15 was below target at 92.1%. The Trust has implemented a number of initiatives to improve performance throughout the year, including further enhancements of ambulatory care provision, joining the national ambulatory care network, reviewing our staffing model to support Acute Medicine, revising our model for see and manage / initial assessment to improve streaming and navigation, implementing our Emergency Care Intensive Support Team (ECIST) recovery plan, which is being performance managed by the system wide Urgent Care Board, as well as pursuing system resilience investment to support 7 day working and alternatives to emergency care. The Trust is currently in the process of building a new Emergency Department which should be ready in late 2016/early 2017.

A&E performance is a system wide issue and we continue to work with our commissioners and local / regional partners to improve the service for our patients, which has resulted in increased access to primary care, extending primary care hours and developing integrated community teams and intermediate care services in shadow form from April 2015.

Cancer Waiting Times

The Trust has continued to achieve the national operating standards for all cancer waiting time targets, with the exception of the 62 day wait for first treatment following a referral from an NHS Cancer Screening Service, whereby the Trust achieved 83.9% against a 90% target. However, there have been less than 3 breaches of this standard all year long but since this indicator is subject to relatively low volumes, with less than 16 patients referred in from screening programmes throughout the entire year, performance has consequently fallen below target. Work has progressed throughout the year to streamline cancer pathways within certain tumour groups and this has helped to improve waiting times for patients. This will be rolled out across all Tumour groups in 2015/16.

^(A) For more information on the Independent Auditors' Limited Assurance Report see page 140

Referral to Treatment (RTT)

RTT performance has been of significant concern and focus nationally over the past year. National performance against the admitted pathway standard dipped below the 90% target for the first time in February 2014 and has generally been below target ever since. National initiatives were launched this year with additional funding available to providers to reduce the number of patients waiting more than 18 weeks for treatment and create a sustainable position going forward. The Trust has participated in these initiatives and as a result the performance has deteriorated in recent months as a higher proportion of patients waiting over 18 weeks have been treated. The Trust has also experienced challenges with regard to capacity to treat patients within certain specialties, such as Orthopaedics that have also contributed towards failure of the national standard. As a result performance for the year was slightly below target at 89.0%.

Nevertheless, the Trust has been able to consistently achieve the national standards for non-admitted and incomplete RTT pathways.

Reducing Healthcare Associated Infections (HCAI's) – Clostridium Difficile objective

The Trust's *C. diff* objective for 2014/15 was to achieve 51 cases or less for the year. Not only has the Trust been able to achieve this goal but we have also been able to improve upon the number of *C. diff* cases achieved in 2013/14, which at 36 cases was a previous best position for the Trust. In 2014/15 the Trust achieved 34 cases in total. The Trust has been able to maintain relatively low environmental contamination levels throughout the year, for example via thorough cleaning processes and procedures on the wards, which has facilitated our continued improvement. The Trust is also heavily involved in local and regional HCAI groups, which demonstrates our commitment to minimising the risk of infection for our patients. The Trust has been set a trajectory of 34 cases for 2015/16 which is significantly lower than 2014/15 although it is equal to the actual number of cases for that year. Whilst any further reduction is challenging, efforts continue on reducing the risk of infection through reinforcement of good infection control and prevention practice.

Friends & Family Test

In 2014/15 the national CQUIN scheme for Foundation Trusts continued to include indicators to improve the response rates for patients completing the FFT surveys. The Trust has improved upon the response rates from 2013/14 and achieved the first CQUIN targets of 15% for patients attending A&E and 30% for patients admitted to hospital as an inpatient, at 18.5% and 48.1% respectively. Furthermore, the Trust has also achieved the increased CQUIN target for quarter 4, which required at least 20% of patients in A&E and 40% of inpatients to complete the FFT surveys. The results from these surveys also demonstrate that patient satisfaction is consistently higher at CHSFT in comparison to local and national benchmarking.



ANNEX ONE: STATEMENT FROM COORDINATING COMMISSIONERS: NHS SUNDERLAND CLINICAL COMMISSIONING GROUP, NHS DURHAM DALES, EASINGTON AND SEDGEFIELD (DDES) CLINICAL COMMISSIONING GROUP, NHS NORTH DURHAM CLINICAL COMMISSIONING GROUP, AND NHS ENGLAND.

Sunderland, DDES and North Durham Clinical Commissioning Groups (CCGs) aim to commission safe and effective services that provide a positive experience for patients and carers. Commissioners of health services have a duty to ensure that the services commissioned are of good quality. This responsibility is taken very seriously and considered to be an essential component of the commissioning function. NHS Sunderland CCG coordinates commissioning with City Hospitals Sunderland's other main commissioners.

Throughout 2014/15 monthly Quality Review Group (QRG) meetings, with representation from NHS Sunderland CCG and NHS Durham Dales, Easington and Sedgfield CCG (DDES) and NHS England have taken place with City Hospitals Sunderland NHS Foundation Trust (CHSFT). These are well established mechanisms to monitor the quality of the services provided and to encourage continuous quality improvement.

The CCGs recognise the work the Trust has achieved to date in the delivery of the 2014/15 priorities and in the on-going delivery of the quality measures. We would like to congratulate the Trust on the national awards achieved in 2014, including CHKS Top 5 Maternity Hospital, Facilities Manager of the Year, finalist in the Chief Nurse for England as well as the Compassion in Practice Award.

There a number of areas where the Trust has made quality improvements that have been important for patient care and to commissioners, for instance:

- The reduction in the number of falls with harm, being consistently below the national average;
- Achieving the target for VTE risk assessments and exceeding this in each quarter throughout 2014/15;
- Achieving and exceeding the case finding for people at risk of dementia, including assessment and referral;
- Improvements in the hospital environment for patients with dementia;
- The use of innovative methods to engage with carers of people with dementia and the resulting development of an action plan for service improvement;
- Engagement with patients leading to an increased number of patients feeling listened to and involved with their care, with feedback from patients and carers used to improve services, including positive feedback from the National Patient Survey;

- The Trust's focus on staff training, including the development of training to reflect the principles of compassionate care as well as the roll out of Deciding Right training;
- More than 80% of stroke patients spent more than 90% of their inpatient stay on a stroke unit;
- Support of the 'Hello, my name is...' campaign as part of the Compassionate Care Strategy.

The CCGs appreciate the challenge in reducing the incidence of hospital acquired pressure ulcers, and whilst it is disappointing that the Trust has seen an increase towards the end of the financial year, acknowledge the initiatives that the Trust has put in place and look forward to seeing the outcomes in 2015/16.

We note the initiative to improve the reporting of medication related incidents, which will identify 'near misses' and any themes which will ultimately reduce the number of medication errors. The CCGs congratulate the Trust on the reducing trend of diabetes drugs and insulin errors, which for 2 years has been below the England average. We would like to acknowledge the promotion of a safety culture in the Trust, including 'Sign up to Safety' and the month on month increase in the number of no harm/near miss incidents reported by staff across the Trust demonstrating organisational learning and sharing of lessons learned.

The CCGs would like to congratulate the Trust on their consistently high scores of the number of patients who would recommend the Trust as a place to receive treatment, acknowledging the challenges faced in the Accident and Emergency Department, particularly during Quarters 3 and 4. It is reassuring to note the percentage of patients who provide additional commentary and that the Trust shares these comments with teams as well as providing examples of improvements made as a result of patient feedback. Equally, we note the positive responses from the staff Friends and Family Test for Quarters 1 and 2 and look forward to the continuation of positive feedback.

We acknowledge the challenge in the subjective nature of patient's experience of pain and its management, and congratulate the Trust on positive work undertaken in assessing, evaluating and managing pain. The CCGs look forward to feedback during 2015/16 on consolidation of this work.

The CCGs congratulate the Trust on their transparency, with the publication of information in the public arena, including Safer Staffing data, Open and Honest Care reports and Surgeon Level Clinical Outcomes Data, as well as displaying key quality and safety information in public areas on Trust Wards. We are assured by the 6 monthly reviews of nurse staffing and resulting actions to address establishment despite the national shortage of registered nurses.

We note the information provided relating to CQC Inspection Visits and CQC Intelligent Monitoring Reports and acknowledge the Trust's openness, transparency and collaborative approach in sharing information and working with the CCGs.

The CCGs welcome the on-going positive work undertaken by the Trust to address analysis of nationally reported mortality figures, including the collaborative work with the CCG.

We would like to congratulate the Trust on being below the national trajectory for *Clostridium Difficile* and following agreement with the CCG, being below the Trust CCG internal target. It is disappointing that for a second year the Trust has not achieved the zero tolerance target for MRSA bacteraemia despite their best efforts. It is however, encouraging that the Trust is analysing themes arising from investigations and subsequent implementation of actions.

The CCGs appreciate the positive measures undertaken to improve the timeliness of discharge communications to primary care. We accept that whilst some areas are achieving the threshold there is still some work to do in others, and the CCGs look forward to updates on the progress of this initiative.

We would like to commend the Trust on its innovative engagement strategy to capture patients' feedback and the way that this is used to improve services. The CCGs acknowledge the reduction in complaints and the changes made as a result. We look forward to the outcomes of further initiatives in 2015/16.

The CCGs would like to congratulate the Trust on their improved performance in the PLACE audit and encourage the Trust to maintain standards to achieve a similarly high score in 2015.

We would like to acknowledge the Trust's use of LEAN methodology for improvement initiatives and look forward to the sustained improvements as a result of 'The Perfect Week'.

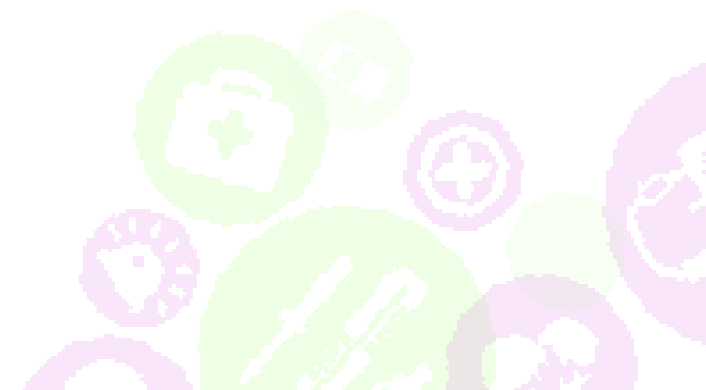
The CCGs recognise the challenges faced by the Trust in achieving performance against key national priorities such as the A&E 4 hour target and cancer waiting times. We appreciate the remedial measures put in place and look forward to sustained improvement in 2015/16.

As specialised commissioners, NHS England have worked productively with CHSFT over the past year on a number of services. We have been impressed, in particular by the development of neonatal services within the Trust. We look forward to working with the Trust in the upcoming year to ensure the quality and safety of specialised services are as high as they can be.

Sunderland, DDES and North Durham CCGs welcome the Trusts specific priorities for 2015/16 and consider that these are appropriate areas to target for continued improvements which link to the CCGs commissioning priorities. It is noted that a number of the priorities have been rolled over are stretched targets from the 2014/15 priorities, with the additional focus on implementation of the priorities from the National 'Care of the Dying' Audit, implementation of the Trust Compassionate Care Strategy, improving care of the deteriorating patient including sepsis screening and fluid management as well as increasing involvement in national audit work. The CCGs are assured that these priorities were developed in conjunction with key stakeholders, including staff and patients.

Much of the information contained within this Quality Report is routinely used as part of the quality monitoring process described above. As required by the NHS Quality Reports regulations NHS Sunderland CCG has taken reasonable steps to check the accuracy of this information and can confirm that it is believed to be correct.

Date: 19 May 2015



ANNEX TWO: STATEMENT FROM SUNDERLAND SCRUTINY COMMITTEE

Thank you for the opportunity to comment on your 2014/15 Quality Report which provides a good account of the performance achieved during the past year.

The role of Overview and Scrutiny requires the council, through its elected members, to reflect the voice of the service user to help improve services for everyone in the city of Sunderland.

During the last year, City Hospitals Sunderland was visited by the CQC (16th – 19th September 2014) which included an assessment against the key questions – are services safe, effective, caring, responsive and well led? The report was published in January 2015 and Scrutiny Members were very pleased to note that the overall rating for the Trust was good.

Scrutiny members were represented at a Quality Summit which agreed an action plan on a number of improvements and the full report and action plan were brought before the Scrutiny Committee in February 2015. Scrutiny Members took the opportunity to take detailed evidence on the inspection outcomes and the improvement plan through the formal scrutiny process.

The Scrutiny Committee was able to ask questions on the inspection findings, for example, initiatives to improve waiting time in A&E, the recruitment of sufficient nursing and medical staff, improving medication processes (particularly at weekends), reviewing mortality and ensuring that processes for nutrition and hydration are robust. Scrutiny members also asked about reported problems regarding urology care and will follow this up in the next year.

Sunderland Scrutiny Councillors wish to endorse the quality priorities for 2015/16 and proposed indicators for improvement as described in the Quality Report.

In delivering those ambitions, Scrutiny Councillors in Sunderland look forward to working with the Trust in the year ahead.

Date: 20 May 2015

ANNEX THREE: STATEMENT FROM HEALTHWATCH SUNDERLAND

Healthwatch Sunderland are pleased that the Quality Report acknowledges both the excellent work of the hospital but also that there is always room for improvement. From the Healthwatch Sunderland perspective we can only confirm from the experience of the last year how positively the Hospital has engaged with us. Any request for meetings has led to an immediate response, we have been given invitations to contact ward matrons directly with any concerns we have, we have taken part in Patient-led assessments of the care environment (PLACE inspections) and we have had concerns over the experience of one individual investigated fully with positive outcomes identified.

Our wish is to continue to develop this open and honest relationship during the coming year and we fully support the Hospital as it continually develops its services for the citizens of Sunderland.

Date: 26 May 2015



ANNEX FOUR: STATEMENT OF DIRECTORS' RESPONSIBILITIES FOR THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 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 2014 to May 2015;
 - papers relating to Quality reported to the Board over the period April 2014 to May 2015;
 - feedback from the commissioners dated 19 May;
 - feedback from the Sunderland Scrutiny Committee dated 20 May 2015;
 - feedback from Healthwatch Sunderland dated 26 May 2015;
 - feedback from Governors dated 31 March 2015;
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015;
 - 2014 national patient survey dated 21 May 2015;
 - 2014 national staff survey dated 24 February 2015;
 - the Head of Internal Audit's annual opinion over the Trust's control environment dated 21 May 2015; and
 - CQC intelligent monitoring reports published July 2014 and December 2014.
- 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 Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations published at www.monitor.gov.uk/annualreportingmanual) 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 that they have complied with the above requirements in preparing the Quality Report ([available at www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)).

By order of the Board



J N ANDERSON
Chairman

Date: 28 May 2015



K W BREMNER
Chief Executive

Date: 28 May 2015



Independent Auditors' Limited Assurance Report to the Council of Governors of City Hospitals Sunderland NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of City Hospitals Sunderland NHS Foundation Trust to perform an independent assurance engagement in respect of City Hospitals Sunderland NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the "Quality Report") and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance (the "specified indicators"), marked with the symbol **A** in the Quality Report, consist of the following national priority indicators as mandated by the Independent Regulator of NHS Foundation Trusts ("Monitor"):

Specified indicators	Specified indicators criteria (exact page number where criteria can be found)
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	Pages 132
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	Page 132

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2014/15" issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2014/15";
- the Quality Report is not consistent in all material respects with the sources specified below; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2014/15 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports 2014/15" and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the financial year April 2014 to March 2015;
- papers relating to quality reported to the Board over the period April 2014 to March 2015;
- Statement from Coordinating Commissioners: NHS Sunderland Clinical Commissioning Group, NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group, NHS North Durham Clinical Commissioning Group and NHS England received 19 May 2015;
- Annual Complaints Report 2014/15 dated April 2015;
- Care Quality Commission A&E patient survey dated 2 December 2014;
- 2014 National Staff Survey – Brief Summary of Results from City Hospitals Sunderland NHS Foundation Trust;
- Care Quality Commission Intelligent Monitoring Report, Report on City Hospitals Sunderland NHS Foundation Trust, July 2014;
- Care Quality Commission Intelligent Monitoring Report, Report on City Hospitals Sunderland NHS Foundation Trust, December 2014; and
- Annual Internal Audit Report 2014/15 dated May 2015.

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 City Hospitals Sunderland NHS Foundation Trust as a body, to assist the Council of Governors in reporting City Hospitals Sunderland 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 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and City Hospitals Sunderland NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 '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:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2014/15";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM, the "Detailed requirements for quality reports 2014/15" and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS entities.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by City Hospitals Sunderland NHS Foundation Trust.

Basis for Adverse Conclusion – Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

The maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers indicator requires patients to receive their first definitive treatment for cancer within 62 days of the urgent GP referral. For two patients out of a total of 44 tested, City Hospitals Sunderland NHS Foundation Trust was found to have breached this target but had reported treatment within 62 days. We also found that, in one other case, the waiting time for treatment had been understated but did not result in a breach.

Conclusion (including adverse opinion on maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers)

In our opinion, because of the significance of the matters described in the Basis for Adverse Conclusion paragraph, the maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers indicator has not been prepared in all material respects in accordance with the criteria.

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2015:

- the Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the “Detailed requirements for quality reports 2014/15”;
- the Quality Report is not consistent in all material respects with the documents specified above; and
- the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period indicator has not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the “Detailed guidance for external assurance on quality reports 2014/15”.

PricewaterhouseCoopers LLP

PricewaterhouseCoopers LLP
Newcastle upon Tyne
29 May 2015

The maintenance and integrity of the City Hospitals Sunderland NHS Foundation Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.



ARRANGEMENTS FOR MONITORING IMPROVEMENTS

Complaints Handling

City Hospitals Sunderland NHS Foundation Trust strives to provide the highest level of service to our patients. However, we recognise that there may be occasions when things go wrong and patients/relatives may not be entirely satisfied with the level of service they have received.

The Trust has an established complaints handling policy in line with the Department of Health's NHS and Social Care Complaints Regulations. This policy confirms that the Trust has a robust system in place to allow patients (or their nominated representative) the opportunity to have their concerns formally investigated and to receive a comprehensive written response from the Chief Executive.

The complaints handling policy is based on the principles of Good Complaints Handling published by the Parliamentary and Health Service Ombudsman. The key principles are as follows:

- getting it right;
- being customer focused;
- being open and accountable;
- acting fairly and proportionately;
- putting things right; and
- seeking continuous improvement.

Whilst the current regulations stipulate a maximum timescale of six months to respond to a complaint, we aim to respond to complaints within twenty five working days. However, where a complaint is deemed to be complex, the timescale can be negotiated to allow additional time so that a thorough and comprehensive investigation may be undertaken. We recognise that disappointingly we do not always achieve our local standards and for that reason we reviewed our process last year, the results of which were implemented across the organisation.

The process involves triaging of complaints into three levels:

- red (complex/multiagency/specialty)
- amber
- green (complaints that could be dealt with over the phone)

The aim is that all complainants receive early contact by telephone to agree the issues, response time and response format. We do recognise however, that this does not always happen and work is ongoing to embed the new process.

The CQC inspection in 2014 recognised the work the Trust had been undertaking in relation to improving its complaints procedures particularly around the investigation process and timing of responses. The appointment of four new Quality and Risk facilitators during 2015/16 is expected to result in improved performance.

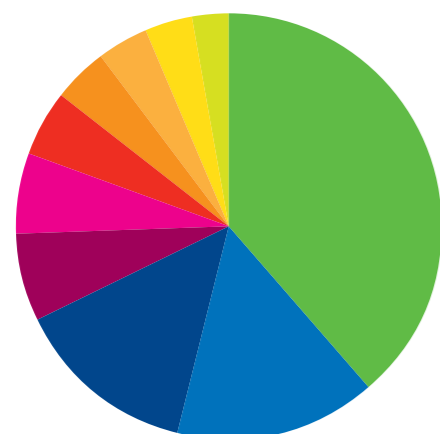
From 1 April 2014 to 31 March 2015 the Trust received 627 formal complaints from patients or their representatives, a decrease of 13% on the 721 received in 2013/14.

Categories of Complaints

Whilst most complaints have more than one theme, all are allocated a "primary theme". During 2014/15 the following primary themes were attributed to the 627 complaints received and investigated.

Primary theme	Total	%
Infection Control	1	<1
Transport	1	<1
Length of Time – Walk In Centre	1	<1
Consent	1	<1
Commercial Decisions of Trust (commissioning issue)	1	<1
Privacy and Dignity	2	<1
Advice/Support	2	<1
Policy and Procedures	3	<1
Environment	4	1
Aids & Appliances	4	1
Patient Discrimination	4	1
Medical Records	5	1
Patient Property & Expenses	5	1
Information Governance	9	1
Admission / Discharge / Transfer	17	3
Appointments Delay / Cancellation (Inpatient)	32	5
Estates / Support / Hotel Services	32	5
Attitude of Staff	48	8
Appointments Delay / Cancellation (Outpatient)	63	10
Communication	105	17
Aspects of Care	287	45
Total	627	

Aspects of care account for the highest number of complaints received, and there are 27 issues identified within this theme, the top 10 of which are detailed below:



- Medical Care **92**
- Nursing Care **36**
- Operation – adverse outcome **33**
- Diagnosis – missed **16**
- Failure to diagnose **14**
- Nursing Care – unhappy with standard **12**
- Failure to investigate **10**
- Diagnosis – wrong **9**
- Pain Relief **9**
- Medication Advice/Support **6**

It is a requirement that the Trust reports the number of complaints that are “well founded”. In 2014/15 we have attempted to make a judgement, following investigation, as to whether complaints were justified and of the complaints responded to have identified 105 complaints (17%) that were not upheld and 114 (18%) that were upheld or partially upheld. The remaining complaints are still under investigation. Going forward the timeliness of response will be a key area of focus so that patients and their relatives can, where possible, receive early resolution to the concerns that they have raised. We have recently appointed four Quality and Risk Facilitators whose primary role will be to coordinate complaint and incident investigations. They are due to take up post in the coming weeks.

Complaints Investigation

Formal complaints are allocated to an Investigating Officer within a Directorate, usually the directorate manager, who has responsibility for ensuring that a comprehensive investigation is undertaken. The directorate manager, in conjunction with his/her colleagues, is responsible for highlighting areas for improvement and ensuring appropriate action is taken.

The Chief Executive provides a formal written response to the complainant who is given the opportunity should they wish to contact the Investigating Officer to discuss any outstanding concerns. If the complainant remains dissatisfied following this conversation, they are offered the opportunity to attend a formal meeting with appropriate staff members to allow a more personal and open discussion in an attempt to provide further clarification and resolve any outstanding concerns.

Parliamentary and Health Service Ombudsman

Where complainants remain dissatisfied after conclusion of the meeting, and the Investigating Officer feels we have provided the complainant with as much information as possible then local resolution has been exhausted. In such cases, we would suggest the complainant contacts the Parliamentary and Health Service Ombudsman who may agree to undertake an independent review of their complaint.

During 2014/15, the Ombudsman requested information from the Trust in relation to 16 complaints, of which:

- 5 cases – closed without any further action identified by the Ombudsman;
- 2 cases – requests for information from the Trust but the actual complaints were not against the Trust
- 1 case – further resolution identified and case now closed
- 1 case – closed following decision not to investigate
- 6 cases – awaiting decision from the Ombudsman
- 1 case – awaiting final draft report – case has been partially upheld and identifies recommendations / action plan for the Trust

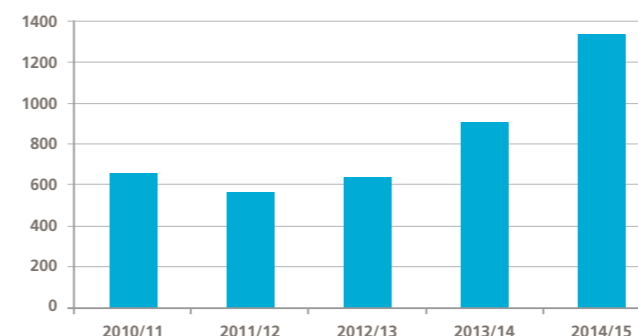
Learning from Complaints

The Trust welcomes both positive and negative feedback from our patients to help us towards improving the services we deliver. A monthly complaints report is submitted to the Patient Carer and Public Experience Committee, a formal sub committee of the Board which also includes a patient story. The complaints data is also included in the Trust’s risk aggregate report to triangulate with the patient safety data to identify and monitor trends and themes, and highlight any organisational action required to reduce the risk of recurrence.

A number of initiatives that have been introduced as a result of complaints have been highlighted on page 122.

Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) is available to provide advice, support and to signpost patients, relatives and/or carers on a wide range of issues. PALS is responsible for dealing with enquiries which can be resolved by liaising with staff to reach a quick and effective resolution. During 2014/15, PALS received 1330 contacts compared to 903 in 2013/14 which reflects a 47% increase.



We continue to encourage feedback either positive or negative so that we can ensure that when things go wrong, or are not as they should be, lessons can be learned.

It is also important to share what is working well and during 2014/15, 1721 formal compliments about care and treatment were received.



STAKEHOLDER RELATIONS

Significant Partnerships

The Trust has worked hard to develop strong and effective partnerships not only within the health and social care economy in Sunderland but also across NHS North East.

Within the South of Tyne and Wear (SOTW) area there has always been a strong track record of partnership working, clinical networks and a general willingness to engage with each other to help overcome the many challenges that arise when working within the NHS.

Building on this history of working together, each of the three Foundation Trusts, Gateshead Health Foundation Trust (GHFT), South Tyneside Foundation Trust (STFT) and City Hospitals Sunderland Foundation Trust (CHSFT) and local commissioners (PCTs/CCGs) agreed to work together on a much wider and bigger scale than previously attempted; this work is known as “The Bigger Picture”.

“The Bigger Picture” is fundamentally a collaborative process, with each of the 3 FTs across South of Tyne and Wear being equal partners, working towards a shared vision of how services may look in the future. The aim is to strengthen and improve the services offered to patients across Gateshead, South Tyneside and Sunderland by building on the different strengths of each partner; creating a system where residents across SOTW and beyond will have access to the best healthcare available.

Areas where significant changes have already been implemented or agreed by each Board include:

- Stroke services and the introduction of a 24/7 hyper acute stroke service;
- Paediatrics, where short stay assessment units were introduced in South Tyneside and Gateshead, with Sunderland becoming the main inpatient unit;
- Pathology, with the centralisation of the three services in a new, state of the art facility in Gateshead, serving all three communities; and
- Medical Physics, with City Hospitals Sunderland being the lead provider of this service for all three Trusts.

This work is challenging in a constantly changing external environment particularly in light of the Francis Report and other national network models; and has perhaps this year not progressed as quickly as we would have hoped.

We have developed strong relationships with our main commissioner, Sunderland Clinical Commissioning Group, who, like ourselves want to achieve better health for the people of Sunderland. Our challenge will be to do that by not only improving the integration of services across health and social care but also by underpinning any developments with more effective clinical decision making.

Partners within the Local Health Economy (LHE) have been successful in becoming one of the Vanguard sites looking to develop three new care models:

- developing community integrated teams;
- city wide recovery at home; and
- enhanced primary care at scale.

The vision of Sunderland CCG and partners is to transform out of hospital and in hospital care, and to help to enable self-care and sustainability. Staff from the Trust will work as part of a multi-disciplinary team focusing on developing more proactive, patient-centred care and prevention.

In addition the CCG is working with LHE partners to develop integrated care based around the concept of five locality hubs which should reduce inappropriate admissions as well as facilitating early discharge.

The Trust has continued to work closely with the City of Sunderland and is an active member of a number of city wide groups:

- Sunderland Partnership Board (chaired by Ken Bremner, Chief Executive of CHS);
- Sunderland Innovation and Improvement Group;
- Economic Leadership Board;
- Adult Partnership Board;
- Children’s Board;
- Local Safeguarding Children’s Board and associated sub committees;
- Safeguarding Adults Partnership Board and associated sub committees;
- Compact Delivery Group; and
- NHS Provider Forum (advisory committee of the Health and Wellbeing Board).

The Trust is a member of Durham County Council’s Health and Wellbeing Board and has been since its inception. We contributed to a recent peer review challenge which supports HWBs and Councils to implement their statutory responsibilities in health, by way of a systematic challenge through sector peers in order to improve local practice. The engagement of acute providers on the HWB was identified as an area of good practice.



BOARD OF DIRECTORS 2014/15

STATEMENT OF COMPLIANCE WITH THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

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

City Hospitals Sunderland NHS Foundation 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.

BOARD OF DIRECTORS 2014/15



John Anderson QA CBE, Chairman

Initial Appointment: October 2008
Reappointed: September 2011 (3 yrs)
Reappointed: September 2014 (3 yrs but renewable on an annual basis)

Mr Anderson sold his main business (Mill Garage Group) in 1993 and has since devoted his time to Public/Private Partnerships. He is Regional Chairman of Coutts & Co (Private Banking) RBS Group, Sun FM and Durham FM Radio. He is Executive Chairman of Milltech Training Ltd, a company that assists young people into work through apprenticeships. He is Chairman of the North East Business and Innovation Centre.

Committee Member: Board of Directors; General Purposes Committee.



David Barnes, Non Executive Director

Initial Appointment: January 2012 (9 mths) Shadow Appointment
Substantive Appointment: September 2012 (3 yrs)

Mr Barnes is a Chartered Accountant and is Non Executive Chairman of TTR Barnes Ltd based in Sunderland. He was a Trustee and Audit Chair of United Learning, a national group of schools and academies until his retirement on 31 March 2013. He was a Non Executive Director of Sunderland Teaching Primary Care Trust and also held its appointed Governor position to the Trust's Council of Governors until December 2011.

Committee Member: Board of Directors; General Purposes Committee; Finance Committee; Charitable Funds Committee; Audit Committee. Counter Fraud Champion, Security Champion



Mike Davison, Vice Chairman, Non Executive Director and Senior Independent Director

Initial Appointment: April 2007
Reappointed: April 2009 (18 mths)
Reappointed: September 2010 (2 yrs)
Reappointed: September 2012 (1 yr)
Reappointed: September 2013 (1 yr)
Reappointed: September 2014 (1 yr)

Mr Davison is a qualified Chartered Management Accountant and until his retirement at the end of March 2008 was Finance Director at the Port of Tyne Authority from 1995 and has recently been appointed as a Trustee of the Pension Scheme. He is a lay member of the Newcastle University Council and Chairman of the Audit Committee. He is also a Church Elder. Mr Davison was appointed Vice Chairman and Senior Independent Director in October 2012.

*Committee Member: Board of Directors; General Purposes Committee; Tendering Committee; Governance Committee; Policy Committee; Audit Committee; Remuneration Committee.
 Revalidation Champion.*



Stewart Hindmarsh, Non Executive Director

Initial Appointment: January 2012 (2 yrs and 9 mths)
Reappointed: September 2014 (3 yrs)

Mr Hindmarsh is Chairman and Managing Director of SHA Advertising and Marketing in Sunderland. He is also Chairman and Managing Director of The Cedars Nursery Ltd, Chairman and Managing Director of A and R Healthy Living and Music and Film, Chairman and Director of JG Windows, the music store and Managing Director of Cedar Grove Developments.

*Committee Member: Board of Directors; General Purposes Committee; Operations Committee; Human Resources Committee; Finance Committee; Remuneration Committee; Communication and Marketing Committee.
 Safeguarding Champion, Control of Infection Champion.*



Alan Wright, Non Executive Director

Initial Appointment: June 2012 Shadow Appointment
Substantive Appointment: September 2012 (3 yrs)

Mr Wright is chair of Soundswright Ltd which has built a national reputation for its work on media training and consultancy. He was previously Chief Executive of Durham County Cricket Club and a founder member of the Advisory Committee for England for Ofcom. He is Chairman of UK Regions and Nations for the leading children's charity the Lord's Taverners.

*Committee Member: Board of Directors; General Purposes Committee; Governance Committee, Patient, Carer and Public Experience Committee; Communication and Marketing Committee; Tendering Committee.
 Emergency Planning Champion.*



Miriam Harte, Non Executive Director

Initial Appointment: September 2007
Reappointed: September 2009 (2 yrs)
Reappointed: September 2011 (2 yrs)
Reappointed: September 2013 (1 yr)
Reappointed: September 2014 (1 yr)

Ms Harte studied law at University and is a qualified Chartered Accountant. She worked for 12 years for Proctor and Gamble and then moved to the Museum Sector. She was the Director of Bede's World, Jarrow (1998-2001) and then Beamish Museum (2001-2007) and now works as a Consultant on museum/heritage projects, including most recently the redevelopment of the National Glass Centre at the University of Sunderland. She is a Deputy Lieutenant of County Durham.

*Committee Member: Board of Directors; General Purposes Committee; Audit Committee; Tendering Committee; Patient, Carer and Public Experience Committee; Charitable Funds Committee; Remuneration Committee.
 Equality and Diversity Champion.*



Mike Laker, Medical Adviser (Non-Executive Director)

Initial Appointment: November 2014

Mr Laker was Medical Director at Newcastle Hospitals NHS Foundation Trust from 1998 until 2006. He was also an adviser in Patient Safety for the North East Strategic Health Authority until 2010. He was lead clinician in the Independent Case Note Reviews at the Mid-Staffordshire NHS Trust. He is currently a member of Newcastle University Audit Committee.

Committee Member: Board of Directors; General Purposes Committee.



Ken Bremner, Chief Executive

From February 2004

Mr Bremner is a qualified accountant and joined the Trust in 1988 becoming the Finance Director in 1994. He became Deputy Chief Executive in 1998 and Chief Executive in 2004. Mr Bremner is a member of the SAFC Foundation of Light Development Board and chairs the Sunderland Partnership Executive. He is also a Non Executive Director of the Academic Health Science Network for the North East and North Cumbria.

Committee Member: Board of Directors; General Purposes Committee; Remuneration Committee (for Executive Directors only); Finance Committee.



Julia Pattison, Director of Finance

From July 2008

Mrs Pattison is a qualified accountant and has worked in the NHS since 1989. She joined the Trust in May 2006 as Head of Finance and Contracting previously working as Head of Finance and Service Level Agreements at North of Tyne Commissioning Consortium. Mrs Pattison became Director of Finance in July 2008.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Tendering Committee; Finance Committee; Charitable Funds Committee.



Joy Akehurst, Director of Nursing and Quality

From July 2011

Mrs Akehurst is a registered nurse who has worked in the NHS since 1982 and joined the Trust in July 2011 from the post of Associate Director – Quality and Patient Safety, NHS South of Tyne and Wear.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Operations Committee; Patient and Public Involvement Committee.



Peter Sutton, Director of Strategy and Business Development

From September 2013

Mr Sutton has worked in the NHS since 1995. He joined the Trust in 1999 and previously held the post of Director of Service Transformation working on behalf of NHS South of Tyne and Wear, South Tyneside NHSFT, Gateshead NHSFT and City Hospitals Sunderland NHSFT. Mr Sutton became Director of Strategy and Business Development in September 2013.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Operations Committee, Communications and Marketing Committee.



Ian Martin, Medical Director

From January 2013

Mr Martin joined City Hospitals in 1993 as a Consultant Oral Maxillofacial surgeon and continues to combine this role with that of Medical Director. He has previously held the posts of Deputy Medical Director and Clinical Director for Head and Neck within the Trust. Mr Martin was Lead Clinical Co-ordinator for NCEPOD. He is President of the Federation of Surgical Specialty Associations and President of the European Association for Cranio Maxillofacial Surgery.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee



Carol Harries, Trust Secretary, Director of Corporate Affairs

From 1999

Mrs Harries has worked in the NHS since 1971 and joined the Trust in 1996 from the post of Unit General Manager at South Durham Healthcare Trust. Mrs Harries became Trust Secretary in 1999. She is a Trustee of Age Concern Sunderland.

Register of Interests

A Register of Interests for the Board of Directors is maintained by the Trust Secretary. The format of this register was agreed by the then Board of Governors in August 2004. The register is available for inspection by members of the public via application to the Trust Secretary.

Appointment of the Chairman and Non Executive Directors

It is for the Board of Governors at a general meeting to appoint or remove the Chairman and other Non Executive Directors. Removal of a Non Executive Director requires the approval of three-quarters of the members of the Council of Governors.

The Chairman, John Anderson, was appointed to the Trust on 1 October 2008 for an initial three year term. The Council of Governors extended Mr Anderson's appointment in September 2011 for a further three years. His appointment was extended for a further three years (renewable on an annual basis) in September 2014.

Mr David Barnes, Non Executive Director was appointed in a "shadow" capacity from 18 January 2012 and then took up the substantive appointment from 1 October 2012 for an initial period of 3 years.

Mr Mike Davison, Non Executive Director was appointed in April 2007 for an initial period of two years. Mr Davison was re-appointed in January 2009 for a further eighteen months until September 2010 and again for a further two years until September 2012 and an additional year until September 2013. Mr Davison was re-appointed for a further one year until September 2014 and a further year until September 2015. Mr Davison became Vice Chairman and Senior Independent Director in October 2012.

Ms Miriam Harte, Non Executive Director was appointed in September 2007 for a period of two years. Ms Harte was re-appointed in September 2009 for a further two years until September 2011 and again for a further two years until September 2013. Ms Harte was reappointed for a further one year term until September 2014 and a further one year term until September 2015.

Mr Stewart Hindmarsh, Non Executive Director was appointed in January 2012 for an initial period of two years and nine months. He was reappointed by the Council of Governors for a further three year period until September 2017.

Dr Mike Laker, Medical Adviser (Non Executive Director) was appointed in November 2014 for an initial period of one year. It is a non voting position to provide challenge and assurance alongside the Medical Director's role.

Mr Alan Wright, Non Executive Director was appointed in a 'shadow' capacity from June 2012 and then took up the substantive appointment from 1 October 2012 for an initial period of 3 years.

All appointments are made for a period of office in accordance with the terms and conditions of office decided by the Council of Governors. At its meeting in January 2009 Governors agreed that renewal dates would be adjusted for approval at future AGMs held in September to allow orderly succession.

The Board is at full strength and has a balance of skills and experience for the business of the Trust. The Board, excluding the Chairman, has a 50/50 split of Executive and Non Executive Directors.

The Non Executive Directors bring an independent judgement on issues of strategy, performance, risk, quality and people through their contribution at Board and workshop meetings.

The Board has concluded that each of the Non Executive Directors is independent in accordance with the criteria set out in the NHS Foundation Trust Code of Governance. At the time of his appointment, the Chairman, Mr John Anderson, was considered independent in accordance with the Code of Governance.

The Chairman and the Non Executive Directors meet regularly without the Executive Directors being present.

The roles of the Chairman and the Chief Executive are separate.

All Directors both Executive and Non Executive meet the "fit and proper" persons test as described in the provider licence.

Board Evaluation

Individual evaluation of both the Executive and Non Executive Directors was undertaken in 2014/15. As part of this process the Chairman undertook one-to-one sessions with the Non Executive Directors and Chief Executive.

The Chief Executive carried out formal appraisals of each of the Executive Directors. The Vice Chairman met all Non Executive Directors and the Lead Governor individually to review the Chairman's performance.

Following this evaluation, the Directors have concluded that the Board and its Committees operate effectively and also consider that each Director is contributing to the overall effectiveness and success of the Trust and demonstrates commitment to the role.

Board Purpose

The Board of Directors provides entrepreneurial leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. It determines the strategic direction of the Trust and reviews and monitors operating, financial and risk performance.

A formal schedule of matters reserved to the Board includes:

- approval of the Trust's Annual Plan;
- adoption of policies and standards on financial and non-financial risks;
- approval of significant transactions above defined limits; and
- the scope of delegations to Board Committees and the senior management of the Trust.

The Executive Committee of the Trust is responsible to the Board for:

- developing strategy;
- overall performance of the Trust, and managing the day to day business of the Trust

The matters reserved to the Council of Governors are:

- to appoint, or remove the Chairman and the other Non Executive Directors of the Trust;
- to decide the remuneration and allowances of the Chairman and Non Executive Directors;
- to appoint or remove the Trust's auditor;
- to be presented with the annual accounts and annual report;
- to approve an appointment by the Chairman and Non Executive Directors of the Chief Executive;
- to give the views of the Council of Governors to Directors for the purpose of preparing by the Directors, the Trust's Annual Plan;
- to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors;
- to represent the interests of the members of the Trust as a whole;
- to approve "significant transactions";
- to approve an application by the Trust to enter into a merger, acquisition, separation or dissolution;
- to decide whether the Trust's non-NHS work would significantly interfere with its principal purpose; and
- to approve amendments to the Trust's constitution.

Meetings of the Board of Directors

		Number of Meetings	Actual Attendance
Board of Directors			
John Anderson	Chairman	6	5
Joy Akehurst	Director of Nursing	6	6
David Barnes	Non Executive Director	6	6
Ken Bremner	Chief Executive	6	6
Mike Davison	Non Executive Director	6	5
Miriam Harte	Non Executive Director	6	5
Stewart Hindmarsh	Non Executive Director	6	6
Ian Martin	Medical Director	6	3
Julia Pattison	Finance Director	6	5
Peter Sutton	Director of Strategy & Business Development	6	6
Alan Wright	Non Executive Director	6	6
Mike Laker ¹	Medical Adviser (Non Executive Director)	3	3
General Purposes Committee			
John Anderson	Chairman	4	3
Joy Akehurst	Director of Nursing	4	2
David Barnes	Non Executive Director	4	4
Ken Bremner	Chief Executive	4	4
Mike Davison	Non Executive Director	4	3
Miriam Harte	Non Executive Director	4	2
Stewart Hindmarsh	Non Executive Director	4	2
Ian Martin	Medical Director	4	3
Julia Pattison	Finance Director	4	3
Peter Sutton	Director of Strategy & Business Development	4	3
Alan Wright	Non Executive Director	4	3
Mike Laker ¹	Medical Adviser (Non Executive Director)	1	0
Audit Committee			
David Barnes, Chair		4	4
Mike Davison		4	4
Miriam Harte		4	4
Charitable Funds Committee			
David Barnes, Chair		3	3
Miriam Harte		3	1
Julia Pattison		3	3
Communications and Marketing Committee			
Alan Wright, Chair		7	7
Stewart Hindmarsh		7	5
Peter Sutton		7	6

¹Appointed November 2014

		Number of Meetings	Actual Attendance
Finance Committee			
David Barnes, Chair		9	8
Ken Bremner		9	9
Stewart Hindmarsh		9	8
Julia Pattison		9	7
Governance Committee			
Mike Davison, Chair		11	10
Joy Akehurst		11	9
Ian Martin		11	9
Julia Pattison		11	9
Peter Sutton		11	11
Alan Wright		11	9
Operations Committee			
Stewart Hindmarsh, Chair		10	10
Joy Akehurst		10	5
Peter Sutton		10	7
Patient, Carer and Public Experience Committee			
Miriam Harte, Chair		11	9
Joy Akehurst		11	8
Alan Wright		11	10
Policy Committee			
Mike Davison, Chair		7	7
Joy Akehurst		7	4
Remuneration Committee			
Mike Davison, Chair		1	1
Miriam Harte		1	1
Stewart Hindmarsh		1	1
Ken Bremner (for Executive Directors only)		1	1
Tendering Committee			
Miriam Harte, Chair		5	4
Mike Davison		5	2
Julia Pattison		5	5



AUDIT

Audit Committee

The Audit Committee has reviewed and commented upon the internal and external audit plans and the Local Counter Fraud plan. With regard to internal audit and Local Counter Fraud Service (LCFS) reports it has reviewed their reports and updates on the basis of the report recommendations, and on a sample basis, the complete report.

The Committee has reviewed in detail the Annual Accounts of the organisation.

The external auditors of the Trust are PricewaterhouseCoopers LLP (PWC) and were appointed in February 2011 for a period of three years, with a possible extension for a further two years at an initial value of £44.9k per annum for the financial audits. The 2014/15 accounts represent the first year of the contract extension period. The Council of Governors agreed to extend the contract for the 2015/16 financial year at their meeting in March. During the 2015/16 financial year, there will be a re-tender of the contract for the audit work for the 2016/17 financial year.

The Audit Committee works with the Finance Committee to ensure overall probity around financial resources within the Trust. The Finance Committee includes some of the members of the Audit Committee. The chair of the Audit Committee, the Finance Committee and the Governance Committee have met periodically throughout the 2014/15 financial year to consider areas of joint work and ensure a common understanding and overview by Board members in the management of risk. The membership of the Audit Committee includes the chair of the Governance Committee which has strengthened the assurance process around risk management throughout the organisation.

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

- management override of control and fraud in revenue/expenditure recognition; and
- valuation of property, plant and equipment.

These have been considered through the presentation of the external audit plan and discussions with our external auditors, PricewaterhouseCoopers LLP.

The Audit Committee has reviewed the Annual Governance Statement and the Governance Committee, Audit Committee and Board of Directors has reviewed the Assurance Framework both of which are part of the framework for managing and mitigating risk for the organisation as a whole, on the basis of systems of internal control being put in place, but also regarding the identification of potential risks, so that action can be taken proactively to address them.

Charitable Funds Committee

The Committee has reviewed in detail the Charitable Accounts relating to funds held on Trust for the 2013/14 financial year. The Committee will consider the 2014/15 Charitable Funds accounts ahead of the formal submission to the Charities Commission.

External Audit

There were no non audit services purchased during 2014/15.

The Audit Committee reviews the independence of the external auditors and considers any material non audit services to ensure independence is maintained.

Fraud

The Trust has an active Internal Audit programme that includes counter fraud as a key element. It participates in national counter fraud initiatives/checks and employs counter fraud specialists to follow up any potential issues identified. A communications strategy has been developed to raise the profile of counter fraud as the responsibility of all staff.

Other Income

The accounts provide detailed disclosures in relation to "other income" where "other income" in the notes to the Accounts is significant. (Significant items are listed in Note 3 to the Accounts).

Audit Information

The directors confirm that so far as they are aware, there is no relevant audit information of which the Company's auditors are unaware and that each director has taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the Company's auditors are aware of that information.



STATEMENT

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

The National Health Service 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 Monitor.

Under the National Health Service Act 2006, Monitor has directed City Hospitals Sunderland NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of City Hospitals Sunderland 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 NHS Foundation Trust Annual Reporting Manual and in particular to:

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

The 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 above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

K W BREMNER
Chief Executive

Date: 28 May 2015



ANNUAL GOVERNANCE STATEMENT 2014/15

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of City Hospitals Sunderland NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in City Hospitals NHS Foundation Trust for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust is committed to a risk management strategy, which minimises risks to patients, staff, the public and other stakeholders through a common framework of internal control, based on an ongoing risk management process.

The strategy identifies the key principles, milestones and operational policies governing the management of all types of risk faced by the organisation. This strategy is subject to regular review.

The Audit Committee meets regularly and is well represented ensuring scrutiny, monitoring, discussion and input. The Finance Reports to the Board include reporting on internal Cost Improvement Programmes, which are examined in detail by the Finance Committee. Finance Reports are presented in a format consistent with those submitted to Monitor. The Governance Committee now leads the work of the Clinical Governance Steering Group and Corporate Governance Steering Group. The Board receives appropriate, timely information and reports from the Governance Committee enabling adequate and appropriate assessment of risk and management of performance.

As part of the on going process of review the Trust's top risks (previously adopted by the Board) were scrutinised to ensure that they properly reflected the risks which were identified in the departmental Risk Registers.

The Trust's risk management programme comprises:

- a single incident reporting process for all risks and hazards identified by systematic risk assessment, risk management review and adverse incidents reporting. This has recently been upgraded and improved with training provided to managers who use the system;
- common grading framework and risk register/risk action planning process applied to all types of risk across the organisation;
- comprehensive programme of multi-level risk management training for all new and existing staff;
- ongoing monitoring and review of both internal and external risk management performance indicators at all levels across the organisation; and
- a communication strategy which ensures appropriate levels of communication and consultation with both internal and external stakeholders.

The risk and control framework

The Trust's framework:

- identifies the principal objectives of the Trust and the principal risks to achieving them;
- sets out the controls to manage these risks;
- documents assurances about the effectiveness of the operation of the controls; and
- identifies to the Board where there are significant control weaknesses and/or lack of assurance.

These high level objectives and the principal risks to achieving them are underpinned by the detailed risks and associated actions set out in the Trust's risk register. Responsibility for the overall Framework lies with the Board of Directors. The Board uses the framework to ensure that the necessary planning and risk management processes are in place to provide assurance that all key risks to compliance with our licence requirements have been appropriately identified and addressed.

The use of a common grading structure for incidents and risks ensures that relative risks and priorities are assessed consistently across all directorates. No risk is treated as acceptable unless the existing situation complies with relevant guidance and legislation (eg Control of Infection, National Patient Safety Agency, Health & Safety, Standing Financial Instructions).

The establishment of a dedicated risk management team and programme of risk management training, including use of the intranet, ensures that the strategy is co-ordinated across the whole organisation and progress is reported effectively to the Board and its Governance and other relevant sub committees.

The Trust's assurance framework incorporates the need to achieve compliance with the Care Quality Commission's requirements. This is assessed in year by the Clinical Governance Steering Group, the Corporate Governance Steering Group and the Governance Committee reviewing in detail compliance against the relevant standards. As a result of a formal inspection this year by the CQC, the Trust received assurance around the quality of services provided with an overall rating of "good".

The assurance framework is based on the Trust's strategic objectives and an analysis of the principal risks to the Trust achieving those objectives. The key controls, which have been put in place to manage the risks have been documented and the sources of assurance for individual controls have been identified. The main sources of assurance are those relating to internal management controls, the work of internal audit, clinical audit and external audit, and external assessments by outside bodies such as the Care Quality Commission, the NHS Litigation Authority and the

Health and Safety Executive. The assurance framework is cross-referenced with the Board Risk Register.

The involvement of external stakeholders in the Trust's risk management programme is a key element of the Trust's Risk Management Strategy. This involves timely communication and consultation with external stakeholders in respect of all relevant issues as they arise.

This process applies in particular to the involvement of external stakeholders in patient safety and the need to co-ordinate how risks are managed across all agencies, including the National Patient Safety Agency, the Medicines and Healthcare Products Regulatory Agency, Local Authority Adult and Children's Services, the Coroner, the emergency services, representative patient groups and local commissioning groups.

The risk to data security is being managed and controlled through the monthly Information Governance Group, with quarterly updates to Corporate Governance Steering Group. The Information Governance Toolkit assessments are conducted as required, and an annual report is produced confirming the outcome in readiness for the submission by 31 March 2015. This report is presented to Executive Committee, Board of Directors and Council of Governors for approval. For the submission on 31 March 2015, all IG requirements were assessed at Level 2 and above (1 is not applicable, 18 at Level 2, and 26 at Level 3) which resulted in the Trust being classified as Satisfactory – Green, with a total score of 86%. Internal audit has independently substantiated this assessment. The Trust had no Information Governance breaches during 2014/15.

Key risks facing the Trust during 2014/15 included:

- management processes as a result of the upgraded patient information system (Meditech V6) including managing the impact on clinical activity information flows for contractual purposes;
- delivering the challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- managing the financial performance of the Trust;
- managing the impact of the increased staffing requirements associated with the Workforce Assurance process and the Safe and Sustainable Emergency Care service development;
- maintaining the relevant performance standards including the 18-week target for 95% of

admitted patients in year across all specialties and the maximum 4 hour wait for A&E waits and cancer targets;

- managing infection rate targets including MRSA and the *C.difficile* targets; and
- maintaining the standards required by the Care Quality Commission to maintain compliance with licence requirements.

The Trust has considered the requirements of FT condition 4 relating to governance arrangements and is required to comply with the requirements detailed within this condition, specifically relating to:

- the effectiveness of governance structures;
- the responsibilities of Directors and sub-committees;
- the reporting lines and accountabilities between the Board, its sub-committees and the Executive Team;
- the submission of timely and accurate information to assess risks to compliance with the Trust's licence; and
- the degree of rigour of oversight that the Board has over the Trust's performance.

The Board sub-committees include the Governance Committee, Audit Committee, Finance Committee, Patient, Carer and Public Experience Committee (PCPEC) and the Operations Committee. Each has a distinct role around governance or performance management and provides opportunities for Board members at Executive and Non-Executive level, to review in detail the key risks of the organisation and actions being taken to mitigate these risks. The PCPEC includes patient representative members to support better understanding of these risks from a clinical and patient perspective. Minutes from all Committees are presented to the Board during the year. The Board receives monthly information relating to progress on performance, finance and quality metrics, with actions to address any areas of concern.

A 'Quality Risk and Assurance Report' was developed during 2013/14 and is a standing monthly report at the Executive Committee and Board of Directors. This report is now the first formal item on the Board of Directors agenda recognising the importance placed on quality governance. The report focuses on clinical

effectiveness, patient experience, patient safety, risk management and assurance, drawing upon the work of relevant Committees and Groups including the Governance Committee, the Patient, Carer and Public Experience Committee and Clinical Governance Steering Group, and includes feedback from independent external benchmarking, audit, or other sources of information about the Trust's performance.

The Executive Committee and Board or Directors receive a monthly Performance report detailing the performance against national, local and CQUIN indicators. The report identifies areas of concern and the lead Director highlights action undertaken to manage the area of concern.

The Corporate Governance Statement is presented to the Board of Directors for formal sign-off each year. The Board considers the proposed submission and associated evidence ahead of submission to Monitor including work undertaken in year to improve compliance with relevant standards.

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

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

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

The Foundation 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.

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

The Trust's strategic planning and performance management arrangements ensure that all directorates are fully engaged in the continuous review of business objectives and performance.

The Trust uses an Objectives, Goals, Strategies and Measures (OGSM) framework as its strategic planning tool to provide a cascade process for the Trusts priorities and ensure optimal alignment of Trust resources to deliver its priorities.

Key elements of the Trust's arrangements for ensuring value for money in the delivery of its services are:

- an Annual OGSM planning process, which sets out priorities for the coming business year and reflects the requirements of and feedback from, our major Commissioners and stakeholders;
- performance management through regular reporting against the key deliverables set out in the Corporate, Directorate and departmental OGSM's and against national and local targets; and
- the achievement of efficiency savings through the Trust's cost improvement programmes with regular review by the Trust's Finance Committee.

Given the continuing financial pressures on the public sector, this year has been a particularly difficult one for all public sector organisations with the focus on reducing costs, coping with peaks in demand and improving the quality of patient care.

The focus on cost reduction has been led by the Finance Committee which ensures detailed scrutiny of Cost Improvement Programmes as well as gaining an in depth knowledge of the underlying financial position of the Trust.

The Executive Committee, the Board of Directors and Council of Governors are actively involved in the business planning and performance management processes established by the Trust and in maintaining strong links with stakeholders.

During 2014/15 the Trust has:

- embedded robotic surgery in Urology, providing a better outcome for appropriate patients;
- completed the building of a new Multi-Story Car Park to provide better access for patients;
- approved and started the Emergency Department new build scheme; and
- established a 'Back to Basics' financial recovery programme, seeking engagement across the organisation to address the financial challenges whilst maintaining safety.

Additional assurance in respect of the Trust's arrangements for ensuring economy, efficiency and effectiveness in the use of resources is provided to the Board of Directors through the conduct of regular reviews undertaken by Internal Audit and by external audit work undertaken in accordance with the Audit Code.

As part of reviewing the financial sustainability of the organisation, the Trust has considered the scale of the financial challenges facing the Trust over the next 12 month period. As a consequence there is material uncertainty that may cast significant doubt about the Trust's ability to continue as a going concern. This specifically relates to the impact on the cash position of the Trust in 2015/16. The Trust is seeking a loan to improve the cash position and support the committed capital developments. At the time of writing the Trust has not received confirmation that this has been approved.

Annual Quality Report

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

Over the past year, the Clinical Governance Steering Group has reviewed progress against a range of 'quality' issues on a regular basis. This group, the data previously reported, and external reports (eg national clinical audits, peer reviews etc) have shaped our clinical quality improvement plans. The group has also reviewed trends and themes in relation to incidents, complaints and litigation and used the data to inform quality improvement of services.

The Clinical Governance Steering Group as our key group for the monitoring of clinical quality provides reports to the Governance Committee which in turn is a formal sub committee of the Board. The Governance Committee receives these reports which provide assurance or highlight any risks to quality. The Corporate Governance Steering Group in parallel with the Clinical Governance Steering Group reports to the Governance Committee on any non-clinical risks or quality issues eg in facilities. In turn, risks to quality identified through these mechanisms, are escalated through to the Board.

Quality Report metrics are also regularly reported throughout the year to the Board of Directors and Executive Committee. These indicators are all reported (along with a number of other metrics) as part of the Trust's Performance Report.

Most of the data used for these metrics is extracted directly from the hospital's information system (Meditech). Where applicable the system has been designed to conform to national data standards so that when the data is extracted it is already in a format consistent with national requirements and coding standards. The data is coded according to the NHS Data Model and Dictionary, which means that any performance indicators based upon this data can be easily prescribed and that the Trust is able to provide data that is both consistent nationally, and fit for purpose.

Internally, standard operating procedures are used consistently by staff involved in the production of the Trust's performance against national, local and internal indicators. This ensures that the process meets the required quality standards and that everyone uses a consistent method to produce an output. Wherever possible, our processes are fully, or at least partially automated to make certain that the relevant criteria are used without fail. This also minimises the inherent risk of human error.

Data quality and completeness checks are built into processes to flag any erroneous data items or any other causes for concern, usually as part of the automated process. In addition, further quality assurance checks are performed on the final process outputs to confirm that the performance or activity levels are comparable with previous activity or expected positions. Where applicable, our performance against key indicators is also evaluated against available benchmarking data or peer group information to help understand at the earliest opportunity whether or not the Trust is likely to be an outlier, which in itself may prompt further investigation.

A rolling programme of data quality audits is in place in relation to Referral to Treatment Time indicators to ensure reporting is in line with national guidance and data quality issues are highlighted and acted upon. This is in addition to an annual training programme on waiting list and pathway management with key staff groups and regular data quality reports are already in place. We have acknowledged the issues flagged in the external assurance report, and in

relation to the cancer 62 day waiting time standard we will put the following actions in place during the forthcoming year:

- Implement data quality audits around cancer waiting time standards in our rolling programme of data assurance audits
- Implement further sample quality assurance checks at the final stage of the process before performance is reported

For most of the data, specific criteria and standards have to be used to calculate performance which is based on national data definitions where appropriate. To further ensure accuracy the report has been reviewed by two separate internal departments, Clinical Governance and Performance Management, both of which are satisfied with the accuracy of the information reported.

In summary, a substantial proportion of the data used as part of this Quality Report has been previously reported to Board of Directors, Clinical Governance Steering Group, and Executive Committee throughout 2014/15 and feedback from these forums has been used to set future priorities. These arrangements have ensured that a balanced view on quality can be provided through the Quality Report for 2014/15.

With respect to setting the priorities for 2015/16 a wide consultation exercise has been undertaken. Consultation has taken place with the Clinical Governance Steering Group, Executive Committee, Council of Governors, Board of Directors, and local commissioners to ensure that the Quality Report includes views from key stakeholders.

Review of effectiveness

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

The Board and its committees have a key role in maintaining and reviewing the effectiveness of the system of internal control.

The Executive Committee and Board of Directors have received regular reports on the development of the Trust's risk management framework, in particular through the work of the Governance Committee, Clinical Governance Steering Group and Corporate Governance Steering Group. The Governance Committee receives reports from the Clinical Governance Steering Group and Corporate Governance Steering Group and coordinates the implementation of action plans through the Trust's risk register mechanism.

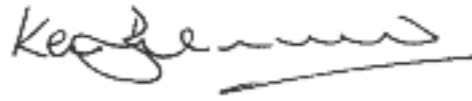
The Governance Committee has received regular reports on sources of external assurance including evidence from the CQC quality risk profile (QRP), national reviews and other independent evidence.

The Finance Committee have again played an important scrutiny role and helped to ensure that efficiency plans are delivered albeit at a lower level than plan.

The outcome of internal audit reviews has been considered throughout the year through regular reports to the Audit Committee. The Board of Directors receives and considers the minutes of the Audit Committee where necessary.

Conclusion

My review confirms that no significant internal control issues have been identified.



K W BREMNER
Chief Executive

Date: 28 May 2015



REMUNERATION REPORT

The Remuneration Committee for the Chief Executive and Executive Directors is chaired by the Vice Chairman of the Trust. Other members include two Non Executive Directors and the Chief Executive. The Remuneration Committee agrees the remuneration, allowances and other terms and conditions of office, ensuring Executive Directors are fairly rewarded for their individual and collective contribution to the organisation, having proper regard to the organisation's circumstances and performance and to the provisions of any national arrangements or guidance where appropriate. Membership of the Committee and attendance at the meetings is identified on page 159 of the report. The Chief Executive is not part of the deliberation in relation to his performance or remuneration but joins the committee after this has taken place. The Director of Human Resources attends in an advisory capacity.

In determining the remuneration levels a range of benchmarking evidence is used including:

- NHS-wide governance ie Pay and Contractual Arrangements for NHS Chief Executives and Directors;
- local comparisons from other Trusts (where information is shared);
- posts advertised; and
- salary survey for NHS Chief Executives and Executive Directors.

City Hospital's information is benchmarked against the salary for the relevant individuals and recommendations based thereon. To enable the Trust to recruit and retain staff of the highest calibre, salaries are normally linked to the upper quartile of the benchmarks.

The Chief Executive and Executive Directors are on permanent contracts with notice periods that range from 3-12 months.

Each Executive Director and the Chief Executive have annual performance plans against which they are assessed on a mid-year and then end-of-year basis. Whilst their salary is not strictly performance related, the Remuneration Committee will discuss performance when considering any changes to remuneration levels.

The Chairman appraises the performance of the Chief Executive on a mid-year and then end of year basis.

Senior Managers' remuneration and pension benefits are detailed in the tables on pages 174 to 179 Accounting policies for pensions and other retirement benefits are set out in note 1.4 to the accounts. No compensation for loss of office paid or receivable has been made under the terms of an approved Compensation Scheme. This is the only audited part of the remuneration report.

The key components of the remuneration package for senior managers include:

- salary and fees;
- all taxable benefits;
- annual performance based bonuses where applicable;

Some terms are specific to individual senior managers, which are assessed on a case by case basis such as:

- lease cars; and
- on-call arrangements.

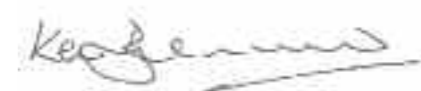
Salaries are determined in line with the Agenda for Change scheme. Notice periods are standard within the Trust depending on the level of the role:

Agenda for Change Band	Notice Period
Bands 1 – 4	1 month
Bands 5 – 7	2 months
Bands 8+	3 months

The Council of Governors decides on the remuneration and terms and conditions of the office of the Non-Executive Directors. The Council of Governors, in line with best practice and monitor guidance, will market test the pay levels and other terms and conditions.

The Chairman agrees objectives with each Non Executive Director and a formal appraisal is undertaken annually.

The Lead Governor and Senior Independent Director have a role in the assessment and appraisal of the Chairman on an annual basis.



K W BREMNER
Chief Executive

Date: 28 May 2015

Salary and Pension Entitlements of Senior Managers – Total Single Figure 2014/2015

	Salary (bands of £5,000)	Taxable Benefits (nearest £100) Note 1	Annual* Performance Related Bonus (bands of £5,000)	Long Term Performance Related Bonus (bands of £5,000)	All Pension Related Benefits (bands of £2,500) Note 2	Total Remuneration (bands of £5,000)
	£000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	210 – 215	11.0	5 – 10	0	0	230 – 235
MRS J PATTISON Director of Finance	145 – 150	7.0	5 – 10	0	55.5 – 57.5	210 – 215
MRS B J AKEHURST Director of Nursing	125 – 130	7.3	0	0	52.5 – 55.0	185 – 190
MR P SUTTON Director of Strategy & Business Development	125 – 130	7.0	0	0	60.0 – 62.5	190 – 195
MR I C MARTIN Medical Director	215 – 220	7.0	0	0	300.0 – 302.5**	525 – 530
MR J N ANDERSON Chairman	50 – 55	0	0	0	0	50 – 55
MS M HARTE Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR M DAVISON Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR D C BARNES Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR S HINDMARSH Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR G A WRIGHT Non Executive Director	15 – 20	0	0	0	0	15 – 20
DR M F LAKER Medical Adviser (Non Executive Director) (Commenced 27 November 2014)	0 – 5	0	0	0	0	0 – 5

*Relates to 2013/14

** There has been a significant increase in pension benefit as from the 1 April 2014 the Medical Director Executive Allowance is now classified as pensionable pay.

The only performance related elements of remuneration were awarded to the Chief Executive and Director of Finance and were set at a maximum of 5% of salary.

The performance targets and relevant weighting (where applicable) together with actual performance are identified in the table below:

Chief Executive

	Target %	Actual %
Deliver 5 national CQUIN targets agreed by CHS (5 @ 5% each) (Board Performance Report)	25	25
Ensure compliance with CQC unannounced inspection visit (letter of confirmation/website)	25	25
Maintain at least a level 3 continuity of service from Monitor for the year (Board report and Monitor confirmation)	20	20
Deliver the following performance measures		
– 4 hour target in A&E (annual)	5	0
– All relevant Cancer targets (annual)	5	5
– All RTT targets (annual)	5	5
– Infection control – <i>C. difficile</i> (annual) (Board performance report)	5	5
Ensure CHS overall mortality remains below 100 – using SHMI as measure (Board performance report)	5	5
Secure JAG accreditation (confirmatory letter from JAG)	5	5

The committee agreed to award 4.75% on the basis of objectives achieved as above.



Director of Finance

For the Director of Finance all objectives carry the same weight.

	Target	Actual
Negotiate 2013/14 clinical income contracts to ensure maximisation of income (signed contracts for 2013/14)	✓	✓
Deliver 2014/15 contracts with commissioners (signed contracts for 2014/15 agreed)	✓	✓
Implement the new Data Repository to ensure internal/external reporting requirements are met (all external requirements reporting met as key priority)	✓	✓
Rollout SLR fully across the organisation	✓	✗
Successfully upgrade Oracle R12 to ensure continuity of data flows (successful roll out)	✓	✓
Deliver a financial risk rating of no lower than 3 (as per Monitor feedback/website)	✓	✓
Deliver Monitor financial plan surplus	✓	✗
Implement approved 5 year strategy – deferred until 2014/15	–	–
Ensure delivery of Trust wide CIP programme (report to Finance Committee)	✓	✓
Deliver capital schemes within approved plan (in line with revised Monitor plan)	✓	✓

The committee agreed that two objectives were not met and one was deferred, and to award 3.75% for 2013/14.

Salary and Pension Entitlements of Senior Managers – Total Single Figure 2013/2014

	Salary (bands of £5,000)	Taxable Benefits (nearest £100) Note 1	Annual* Performance Related Bonus (bands of £5,000)	Long Term Performance Related Bonus (bands of £5,000)	All Pension Related Benefits (bands of £2,500) Note 2	Total Remuneration (bands of £5,000)
	£000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	220 – 225	11.0	0	0	85.0 – 87.5	320 – 325
MRS J PATTISON Director of Finance	145 – 150	7.0	0	0	32.5 – 35.0	185 – 190
MRS B J AKEHURST Director of Nursing	120 – 125	7.3	0	0	47.5 – 50.0	175 – 180
MR P SUTTON Director of Strategy & Business Development (Commenced September 1st 2013)	70 – 75	4.1	0	0	47.5 – 50.0	120 – 125
MR I C MARTIN Medical Director	70 – 75	4.1	0	0	27.5 – 30.0	250 – 255
DR M SMITH Chief Operating Officer (Left May 19th 2013)	15 – 20	0.9	0	0	10.0 – 12.5	30 – 35
MR J N ANDERSON Chairman	50 – 55	0	0	0	0	50 – 55
MS M HARTE Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR M DAVISON Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR D C BARNES Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR S HINDMARSH Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR G A WRIGHT Non Executive Director	10 – 15	0	0	0	0	10 – 15

Note 1 – Taxable Benefits relate to car allowances either paid to the employee or offset against the total cost of leasing the vehicle.

Note 2 – For defined benefit schemes, the amount included here is the annual increase (expressed in £2,500 bands) in pension entitlement determined in accordance with the 'HMRC' method. The HMRC method derives from s229 of the Finance Act 2004, but is modified for the purpose of this calculation by paragraph 10(1)(e) of schedule 8 of SI 2008/410 (as replaced by SI 2013/1981). In summary, this is as follows: Increase = ((20 x PE) + LSE) – ((20 x PB) + LSB)

Where: PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year. PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year; LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year; and LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

Directors Remuneration Review

	2014/2015	2013/2014
Band of Highest Paid Director's Total Remuneration (£ '000)	220 – 225	220 – 225
Median Total Remuneration (£)	22,556	22,634
Ratio	9.86	9.83

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. In this disclosure the median remuneration has been derived using the cumulative gross pay for all directly employed staff, including those staff employed on flexi-bank contracts and payments to other NHS bodies for staff that perform services for the Foundation Trust. The median remuneration calculation has not been adjusted to 'annualise' part year starters and leavers gross pay as it has been assumed that vacant posts have been recruited to. The banded remuneration of the highest paid director in the Foundation Trust in the financial year 2014/15 was £220k to £225k (2013/14, ££215k to £220k). This was 9.86 times (2013/14, 9.83) the median remuneration of the workforce, which was £22,556 (2013/14, £22,634). In 2014/15, 2 employees received remuneration in excess of the highest-paid director (2013/14, 2). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Pension Entitlements of Senior Managers – 2014/2015

	Real increase/ (decrease) in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2014	Real Increase in CETV	Employers Contribution to Stakeholder Pension
	(bands of £2,500)	(bands of £5,000)				
	£000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	(10.0) – (12.5)	325 – 330	1,647	1,611	(8)	0
MRS J PATTISON Director of Finance	7.5 – 10.0	185 – 190	792	711	62	0
MRS B J AKEHURST Director of Nursing	7.5 – 10.0	130 – 135	659	580	64	0
MR I C MARTIN Medical Director	50.0 – 52.5	300 – 310	1,700	1,335	329	0
MR P SUTTON Director of Strategy & Business Development	10.0 – 12.5	120 – 125	402	348	44	0

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2005-06 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

The Real Increase in Pension & Lump Sum and CETV for Mr Martin have shown a high value increase in the financial year, as a result of the Medical Director Executive Allowance becoming classified as pensionable pay from 1 April 2014.

COUNCIL OF GOVERNORS



Composition of the Council of Governors

The Council of Governors of City Hospitals Sunderland NHS Foundation Trust comprises seven public Governors for Sunderland and two public Governors for the North East, two patient Governors and five staff Governors. It also includes a stakeholder representative from the City of Sunderland and the Council of Governors agreed that a further stakeholder representative would be sought from the Sunderland Clinical Commissioning Group. The Council of Governors is chaired by Mr J N Anderson, Chairman of the Trust.

Patients Constituency:

1 July 2013 – 30 June 2016



Tony Foster



Alex Marshall

Public Constituency – North East:

1 July 2013 – 30 June 2016



Danny Cassidy



Ruth Richardson

Public Constituency – Sunderland:

1 July 2013 – 30 June 2016



Rob Allchin



Wilfred Curry



John Dean



Margaret Dobson



Michael McNulty
(Lead Governor)



Susan Pinder



Pauline Taylor

Staff Constituency – Clinical Class:

1 July 2013 – 30 June 2016



Lindsey Downey



Pauline Palmer

Staff Constituency – Medical:

1 July 2013 – 30 June 2016



Shahid Junejo

Staff Constituency – Other:

1 July 2013 – 30 June 2016



Mandy Bates



Mary Pollard

Appointed Governors: City of Sunderland

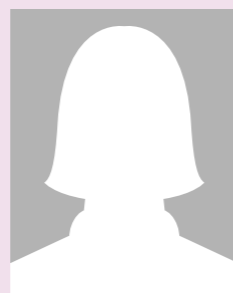
1 July 2013 – 30 June 2016



Councillor Graeme Miller
(Cabinet Member with Portfolio for Health and Social Care)

Sunderland Clinical Commissioning Group

1 July 2013 – 30 June 2016



Pat Taylor

Details of the constituencies are given in the Membership section.

Meetings of the Council of Governors 1 April 2014 – 31 March 2015

Governor	Constituencies	Meetings in Public	Actual Attendance
Tony Foster	Patient	5	4
Alex Marshall	Patient	5	5
Robert Allchin	Public – Sunderland	5	4
Wilfred Curry	Public – Sunderland	5	4
John Dean	Public – Sunderland	5	4
Margaret Dobson	Public – Sunderland	5	5
Michael McNulty	Public – Sunderland	5	5
Susan Pinder	Public – Sunderland	5	4
Pauline Taylor	Public – Sunderland	5	4
Danny Cassidy	Public – North East	5	5
Ruth Richardson	Public – North East	5	4
Mandy Bates	Staff – Other	5	4
Mary Pollard	Staff – Other	5	4
Lindsey Downey	Staff – Clinical	5	4
Pauline Palmer	Staff – Clinical	5	4
Shahid Junejo	Staff – Medical & Dental	5	4
Clr Graeme Miller	Appointed – City of Sunderland	5	3
Pat Taylor ¹	Appointed – Sunderland CCG	4	3
John N Anderson	Chairman	5	4
Carol Harries	Trust Secretary	5	4

The following Directors have attended a number of Governor meetings:

Ken Bremner	Chief Executive
Joy Akehurst	Director
Julia Pattison	Director
Peter Sutton	Director
David Barnes	Non Executive Director
Mike Davison	Non Executive Director
Miriam Harte	Non Executive Director
Stewart Hindmarsh	Non Executive Director
Alan Wright	Non Executive Director

¹ Appointed June 2014

Throughout the year a number of joint workshops have also been held for both the Board of Directors and the Council of Governors so that Non Executive Directors in particular are able to understand the views of Governors and members.

Governor Involvement

Key areas where the Council of Governors have been involved during 2014/15 have included:

- input into our Annual Plan;
- involvement in our PLACE inspections;
- ensuring arrangements are in place for the 'day to day' control and management of charitable funds;
- assuring themselves of the Trust's overall approach to reducing the level of Hospital Acquired Infection;
- contributing to the Trust's approach to Clinical and Corporate Governance;
- assuring themselves of the Trust's approach to Information Governance;
- giving their views on the Trust's approach to Patient and Public Involvement;
- participating in the work of the Community Panel as identified on page 124.
- involvement in the city-wide Maternity Services Liaison Committee;
- involvement in the Trust's approach to Organ Donation;
- assuring themselves of the actions taken as a result of real time patient feedback;
- involvement in the Trust's approach to the Deteriorating patient; and
- involvement in the Trust's approach to Medical Revalidation.

Register of Interests

A Register of Interests for the Council of Governors is maintained by the Trust Secretary. The format of this register was agreed by the Council of Governors in August 2004. The register is available for inspection by members of the public via application to the Trust Secretary.



MEMBERSHIP

The Foundation Membership Community

The Trust's Membership Community is made up of local residents, patients, carers and staff. Its Membership Community structure comprises four constituencies. Members may join the appropriate constituency depending on the eligibility criteria as outlined below. People who are eligible to become a member of the Community as a whole are:

- over 16;
- a member of City Hospitals Sunderland staff; or
- living in the electoral wards of Sunderland or the North East of England; or
- a registered patient of the Trust since 1 January 2003 (or carer of such patient).

Public Constituencies

Any member of the public living in Sunderland or the North East electoral wards may become a member of the Public Constituency (Sunderland) or the Public Constituency (North East). Staff living in these areas will remain in the Staff Constituency. Members of the public living in these areas will remain in the Public Constituency in preference to the Patients' Constituency.

Patients' Constituency

The Patients' Constituency consists of patients registered with the Trust on or after 1 January 2003 (or carer of such patient) who have been invited by the Trust to become a member of the patients' constituency and therefore become a member without an application being made unless he/she does not wish to do so. Staff who are patients and live outside Sunderland and the North East will remain in the staff constituency.

Staff Constituency

There are three classes within this constituency, namely Medical and Dental, Clinical and Other. Staff who are patients and live outside Sunderland and the North East will remain in the Staff Constituency. Staff who have worked for the Trust for 12 months automatically become members of the Staff Constituency with the provision that they may choose to opt out. Members of the Staff Constituency can also include workers who are not directly employed by the Trust but who exercise functions for the purpose of the Trust. These members need to opt in. Staff are removed from the Staff Constituency when they leave the Trust but are invited to transfer their membership to another constituency provided they meet the eligibility criteria.

Assessment of the Membership

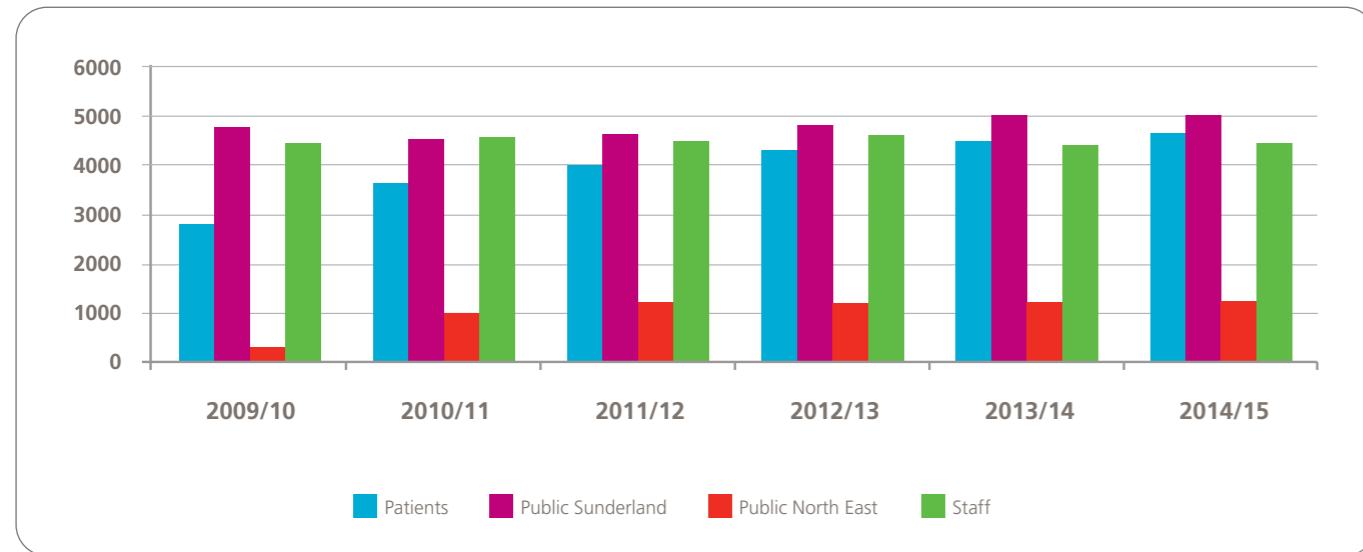
The membership figures for each of the constituencies and classes are given in the table below:

Class/Constituency	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Patients	2,810	3,677	4,029	4,312	4,508	4,687
Public – Sunderland ¹	4,778	4,533	4,639	4,824	5,019	5,031
Public – North East ²	310	1,020	1,231	1,240	1,151	1,253
Staff:						
Medical & Dental	300	299	305	320	330	334
Clinical	1,946	2,007	2,019	1,949	1,883	1,993
Other	2,223	2,264	2,191	2,337	2,224	2,159
Total	12,367	13,800	14,414	14,982	15,115	15,457

¹ Residents of the electoral wards of Sunderland Council.

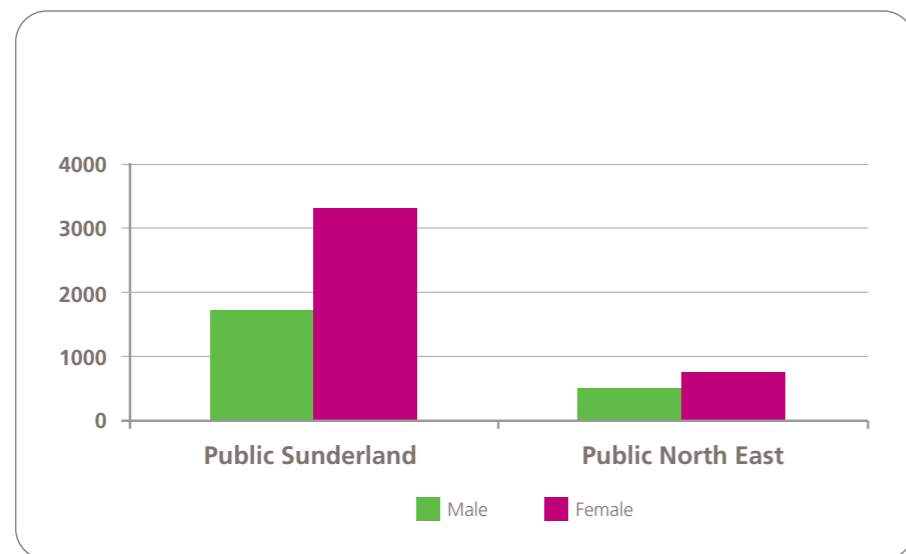
² Residents of the electoral wards of the North East of England (excluding Sunderland).

Membership Growth

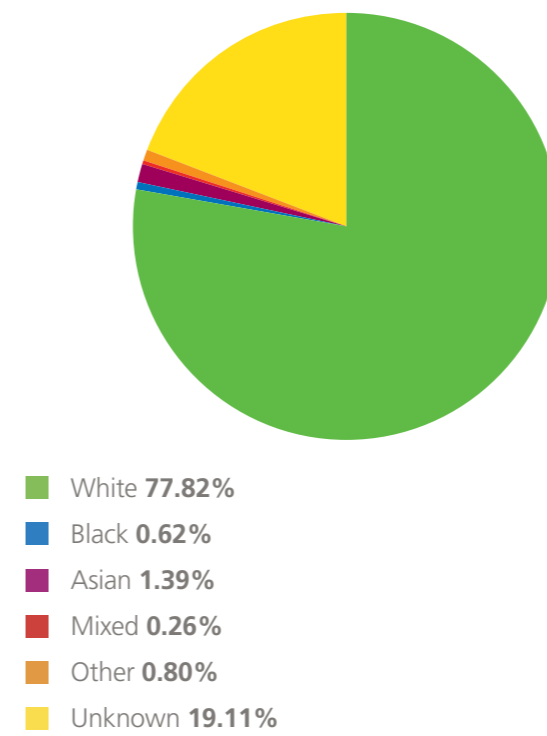


Public Membership

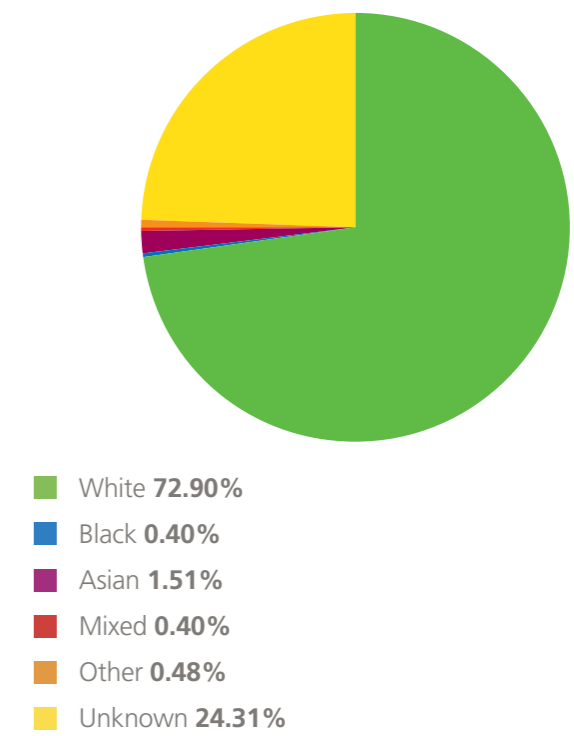
The following information illustrates the composition of the public members in terms of gender, ethnicity and age.



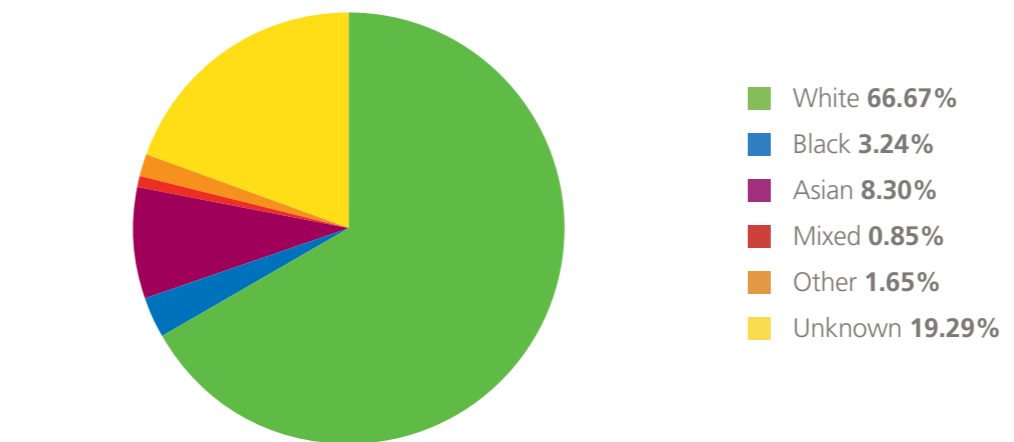
Ethnicity – Public Sunderland Constituency



Ethnicity – Public North East Constituency



Ethnicity – Patients Constituency



Age	Public Sunderland	Public North East	Patients
17-21	11	14	82
22+ years	3,075	1,000	4,093
Not stated	1,945	239	512

Membership Strategy Summary

The Trust has an on-line membership database which has ensured that the database is more accurate. It also allows us to target individual age groups and geographical areas where membership is low by giving generic addresses so that we may write to households identifying the benefits of membership.

The Trust achieved its targets this year for recruiting new members in both the public and patient constituencies.

Mechanisms continue to exist for members of the public to join the Trust and these include:

- active recruitment of members by our Governors;
- membership forms located in GP surgeries, City Libraries, AgeUK and the Carers Centre;
- members of staff who leave the Trust are invited to become a public or patient member;
- electronic membership form on the Trust website; and
- a membership form is included with:
 - Clinical Governance patient surveys
 - “Your Stay in Hospital” booklet
 - The Sunderland Partnership’s document, “Your Community.....Your say”.

Ensuring a Representative Membership

The Trust has a local population of 340,000 with a relatively small, although increasing ethnic population (the Office of National Statistics identifies a population of 4.1%). Historically within the City engagement with the Health and Social Care Sector has been relatively poor although the development of the city-wide Compact is beginning to identify greater opportunities for engagement.

The city-wide Inclusive Communities Group is developing much more meaningful systems of engagement. Despite a number of initiatives however, we still continue to attract a relatively small number of new public members from BME groups.

Generally our membership continues to broadly mirror the demographic of the City which has an ageing profile from which it has always been possible to attract members. Whilst we recognise that it is important to grow the membership and to encourage diversity the Trust believes it is more important to ensure that members feel engaged and involved thereby making a real difference within the overall governance arrangements of the Trust.

Communicating with the Membership

If members of the public or patients wish to contact a Governor or Director they can do so in a number of ways:

- at the end of meetings held in public;
- by contacting the Trust Secretary at the address on the back of this report;
- by writing to Governors at the following freepost address:

City Hospitals Sunderland NHS Foundation Trust
FREEPOST NAT 21669
Sunderland
SR4 7BR

- by accessing the Corporate Affairs inbox address – corporate.affairs@chsft.nhs.uk



Lynzee McShea, Senior Clinical Scientist (Audiology), winner of a number of awards in 2014/15



PUBLIC INTEREST DISCLOSURES

Consultation and Involvement

The Trust continues to develop the work of the Patient, Carer and Public Experience Committee, a formal sub committee of the Board of Directors. The committee is chaired by one of the Non-Executive directors and has Governor, Community Panel and the Carer Centre representation. Its key responsibilities are to ensure that patient, carer and public involvement is integral to the Trust's overall strategy and to ensure that the Trust takes account of the NHS Constitution in its decisions and actions – in particular the rights and pledges to which patients, carers, the public and staff are entitled.

The committee also monitors the outcomes and resulting actions from national surveys such as the inpatient survey, maternity services survey, and the cancer patient experience survey. These provide valuable feedback by patients on how services are being delivered but more importantly how they can be improved.

The real time feedback system has continued to provide valuable information for adult inpatient areas. The methodology was reviewed and a number of changes implemented which included:

- a review of the survey questions;
- purchase of software to provide more timely analysis and feedback of results;
- recruitment and training of volunteers and governors to survey patients; and
- piloting of a "critical friend" model, where a named volunteer is allocated to a specific ward to regularly undertake the process and provide immediate feedback to ward staff.

A new report was introduced this year to make the information we share with wards simpler and more understandable. Patients can also add any free text comments to their questionnaire and these are also shared with wards in their reports.

There have been no formal consultations undertaken by the Trust during 2014/15; we are however, working closely with colleagues in the NHS Sunderland Clinical Commissioning Group to ensure that local people are able to access the right service for their needs at the right time and in the right place.

Whilst the Trust has made considerable progress in how it delivers services, clearly there is still more work to do which will continue to form a key part of our agenda going forward.

Meetings of the Board of Directors and the Council of Governors are all held in public and members of the public are very welcome to attend. The meetings are advertised in the local press and on the internet.

A number of regular attendees are mailed papers in advance of any meeting.

Governors and Directors are available at the end of every meeting to discuss any issues or concerns.

Communication and consultation with employees has been detailed previously in background information.

Equality and Diversity

The Trust is committed to a policy of equality of opportunity not only in our employment and personnel practices for which we are all responsible, but also in all our services. To ensure that this commitment is put into practice we adopt positive measures which seek to remove barriers to equal opportunity and to eliminate unfair and unlawful direct or indirect discrimination.

The Trust continues to support the Government's "two ticks" disability symbol to demonstrate our commitment to ensuring that people with disabilities have full and fair consideration for all vacancies. If employees become disabled during employment we will endeavour to adjust their workplace environment whenever possible to allow them to maximise their potential, and to return to work.

In 2012 the Trust developed its Equality Strategy for 2012-2016 in response to the requirements of the Equality Act 2010. The Trust has made a commitment to valuing diversity and achieving equality and recognises that any modern organisation has to reflect all the communities and people it serves.

Our Equality Strategy confirms our commitment to valuing diversity and achieving equality and recognises that in so doing this can only drive improvement, strengthen the accountability of services being used, and ensure a workplace free from discrimination. We are committed to ensuring progress is made against our objectives and that we report regularly and openly in line with the specific duties of the Equality Act 2010.

We set ourselves a number of key actions going forward and continue to work in partnership with both staff and members of our local community.

- Ensuring appropriate access to services for Black, Asian Minority Ethnic (BAME) Communities

Our BAME Community led focus group continues to help raise awareness and drive and support change.

The action plan has been further developed in particular this year looking at patient pathways to address issues raised.

This year the group has been actively involved in the review of our interpretation service.

Any concerns flagged by the group which affect other public sector organisations are raised at the Inclusive Communities Group, a formal committee of the Local Authority.

- Access to services for people with a disability

The Trust works closely with Sunderland People First and the Multi Purpose Centre in Washington to ensure that patients with a learning disability are treated with respect and dignity at any attendance or throughout their stay.

The forum held a conference earlier in the year to raise awareness in staff of some of the difficulties and problems encountered by patients.

The Trust has developed a disability group to help raise awareness of patients and staff with a physical, sensory or learning disability. Key areas of action have included:

- Involvement in our PLACE inspections;
- undertaking a further accessibility audit across the Trust;
- mystery shopper exercise; and
- reviewing and improving communication tools. This has involved the Trust supporting a local company with the development of a translation tool for use in ward areas. "Talking Point" has been rolled out across the organisation. In addition following concerns with our interpreter provider, the Trust undertook a tendering exercise and appointed Everyday Language Solutions, a Middlesbrough based company. The new service commenced on 1 December 2014 and they have been able to provide a 100% fill rate across a range of languages that were requested.

We recognise the challenges facing us but will continue to build on the networks that have been established to ensure that everyone has the opportunity to be involved in shaping and influencing the decisions and services that affect them and the patients we serve.

The Trust was one of only six health organisations to have been involved in a 'Human Rights in Healthcare' initiative. Members of our Human Rights Group have been trained by the British Institute of Human Rights (BIHR) and have helped to raise awareness throughout the organisation. The questions used in the pilot audit tool developed last year have now been incorporated into our Real Time Feedback questionnaires.

The BIHR held one of seven national events in the Trust during November 2014 because of the work we had undertaken. The sessions gave practical advice to frontline staff to help them to understand their role in protecting the dignity and human rights of patients.

In order to deliver our vision, we must ensure that our staff are also treated fairly and with respect and dignity throughout the organisation. The Trust is committed to creating a working environment in which dignity at work is paramount, where bullying and harassment are unacceptable and where staff have the confidence to raise concerns, safe in the knowledge that they will be dealt with appropriately and fairly.

Our Staff Dignity at Work Advisers provide an independent service to listen to and support employees in the workplace. They will discuss issues in confidence and signpost staff towards the help that is available.

Unacceptable behaviour has no place in our organisation and the Trust expects managers and staff at all levels to uphold the principles of dignity and respect at work and standards of behaviour that ensure both a better working environment and a safe and fair organisation for patients to come and be treated.

Occupational Health

During the year our Occupational Health and Wellbeing Department continued to make improvements to the quality and range of services provided to staff.

From October 2014 onwards, the department has been hosting regular Health Trainer clinics. Health Trainers provide one-to-one support to staff and develop an individual personal health plan so that they can improve their overall health and wellbeing by a number of initiatives, eg by losing weight, giving up smoking, taking regular exercise and coping strategies to reduce stress.

Staff members aged 40-70 are also able to access a free NHS Health Check.

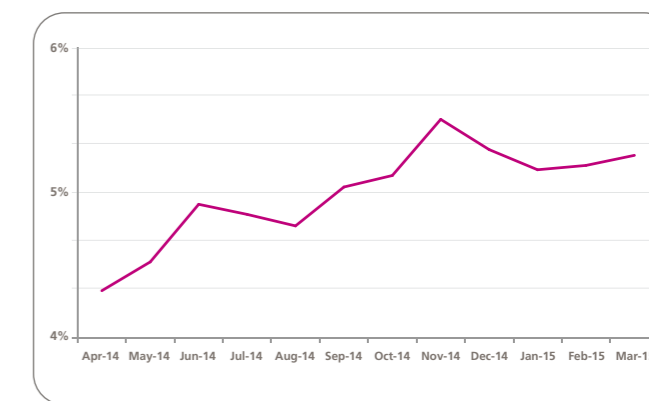
The Occupational Health Physiotherapy team has been working closely with staff and managers to address a range of work related musculoskeletal issues including advising on footwear, reviewing moving and handling techniques, equipment, and training. The service has seen 1,064 members of staff during the year.

The Trust also participated in the national "Work Out at Work" day in June 2014. A national Chartered Society of Physiotherapy event it included a yoga class and postural exercises for office based staff. The physiotherapists also visited wards and departments offering postural advice to staff and developed a range of interactive/self-help resources which are available on the Trust's intranet.

These initiatives support directorates in managing sickness absence. Our target during 2014/15 was to reduce sickness absence to 4%. Disappointingly during the latter half of the year sickness absence increased resulting in a yearly average of 5%.

We have however, developed a sickness absence strategy which includes a number of high impact actions designed to identify and address the underlying causes and hopefully improve attendance.

Absence % (FTE)



The 2014/15 flu vaccination programme only achieved a disappointing 55.8% uptake – not helped by the adverse publicity regarding the effectiveness of the vaccine.

2014/15 was a relatively mild winter with no major flu outbreak either locally or nationally – it is difficult to know whether the NHS would have coped under a different scenario. Our occupational health staff and teams of ward based vaccinators will need to reflect on the lessons learned to ensure a more sustained take up for this coming winter.

Security

The Trust's Security team continues to provide a wide range of services to patients, visitors and staff over 24 hours, seven days a week. The central security control room is the heartbeat of our CCTV operation, with a digital multi screen facility to enable the team to monitor activity across most areas within the hospital and around the hospital grounds.

Our multidisciplinary security group continues to meet on a monthly basis, to identify and reduce risk and monitor the Trust's Security Policy.

New national security standards along with an annual assurance process is now active and the security group have embraced these standards, to support the organisation's aim of sustaining a safe working environment, and a secure place for patients to stay.

The Trust's security team deals with many security related incidents every month, ranging from thefts to verbal and physical violence, many of which now end with prosecutions and local police involvement. We do take any type of security incident seriously with each case fully investigated with the support of our Northumbria police colleagues. We encourage all staff to report any incident as this helps in our efforts to create as secure an environment as possible for all who use and visit City Hospitals Sunderland.

During 2014/15 we have initiated a formal agreement with Northumbria Police that all assaults against staff should not be disposed of via a simple caution, unless this is agreed by the victim and the Trust. Therefore most cases of intentional or reckless physical assault against staff, will be tried in a court of law.

Our security arrangements have inevitably been tested on several occasions over the year and we continue to make changes to improve on these, both by way of risk assessments and post incident investigation. The following is a summary of activity during 2014/15.

Police Assistance sought	443
Incidents in A&E	594
Reported Security breaches	2
New National Security Alerts received	13
Physical Assaults	120
Non-physical Assaults	316
Number of criminal incidents reported	59

Health and Safety

The effective management of health and safety remains a key priority within the Trust. Health and Safety initiatives within the Trust continue to focus on the key health and safety risk areas:

- sharps;
- violence to staff;
- slips, trips and falls; and
- manual handling.

The Trust has set a series of 13 strategic health and safety objectives supported by time bound action plans, monitored on a monthly basis by the Health and Safety group which has strong representation and support from both staff side trade union appointed safety representatives, Trust managers and specialist advisers.

The action plan includes:

- a detailed review of the overall management of health and safety including the risk assessment process;
- the programmed replacement of latex gloves with a safer nitrile alternative; and
- the gradual replacement of sharps with safer alternatives to help reduce the number of sharps injuries to staff.

Fire Safety

The fire safety legislation for NHS Trusts is contained in the Regulatory Reform (Fire Safety Order) 2005 and detailed in the Health Technical Memorandum fire safety guidance documents.

Trusts must be able to demonstrate that fire safety is properly managed and this remains a constant dynamic challenge in an environment which is in a permanent state of change. We are however, able to report good levels of staff compliance with fire safety training and continued good progress with regard to the number of false alarms. We continue to work closely with the Fire Brigade to ensure that our fire risk assessments facilitate and support actions which deal with any identified significant fire risks.

The Fire Brigade industrial action in recent months has required the Trust to put in additional contingency arrangements during strike action which has included an enhanced security, safety and engineering presence on site to respond to any fire situation.

Sustainability/Climate Change

Sustainable development is widely recognised as ensuring the needs of the present are met without compromising the needs of future generations. It encompasses not only environmental but social and economic factors considering the long term implications and taking a cradle to grave approach.

The Kyoto protocol was developed in response to the threat of climate change (of which a major contributor is human activity, particularly the burning of fossil fuels) and legally obliges the UK and other member states to reduce greenhouse gas emissions by 80% by 2050. Subsequent UK only targets introduced by the Climate Change Act 2008 alongside guidance from the Sustainable Development Unit for the NHS, detailed an interim target of a 10% reduction in carbon by 2015 from a 2007 baseline to help meet the 2050 target for the UK.

The Trust developed a Carbon Reduction Strategy in 2009, which sets out how carbon reduction would be measured, monitored and reported and is updated to reflect further changes in legislation. The strategy also identifies a Sustainable Development Management Plan documenting the actions required to deliver a sustained reduction in emissions which focuses on the following ten key areas:

- **energy and carbon management** – the Trust will review its energy and carbon management at board level, develop better use of renewable energy where feasible, measure and monitor on a whole life cycle cost basis and ensure appropriate behaviours are encouraged in individuals as well as across the organisation;
- **procurement and food** – the Trust will consider minimising wastage at the buying stage, work in partnership with suppliers and in particular local suppliers to lower the carbon impact of all aspects of procurement, make decisions based on whole life cycle costs and promote sustainable food throughout its organisation; the Trust continues to use Fairtrade products wherever possible;
- **travel and transport** – we will routinely and systematically review the need for staff, patients and visitors to travel by car, consistently monitor business mileage, provide incentives for low carbon transport and promote care closer to home, telemedicine and home working opportunities;

- **waste** – we will endeavour to efficiently monitor report and set achievable targets on the management of domestic and clinical waste including minimising the creation of waste in medicines, food and information technology (IT) and review our approach to single item usage versus decontamination options;
- **water** – the Trust will ensure efficient use of water by measuring and monitoring its usage by incorporating waste saving schemes into building developments, by quick operational responses to leaks, by using water efficient technologies and by avoiding the routine purchasing of bottled water;
- **designing the built environment** – the Trust will aim to address sustainability and low carbon usage in every aspect of the design process and operations. This includes resilience to the effects of climate change, energy management strategies and a broader approach to sustainability including transport, service delivery and community engagement;
- **organisational and workforce development** – we will encourage and enable all members of the NHS workforce to take action in their workplace to reduce carbon. Staff will be supported by promoting increased awareness, conducting behavioural change programmes, facilitating home working, encouraging low carbon travel, the use of ICT and ensuring that sustainable development is included in every job description;
- **partnerships and networks** – the Trust will consolidate partnership working and make use of its leverage within local frameworks including Local Area Agreements and Local Strategic Partnerships;
- **governance** – the Trust will adhere to the Good Corporate Citizenship Assessment Model and produce a board approved Sustainable Development Management Action Plan, whilst also setting interim targets to meet the provisions of the Climate Change Act 2008. This should be set as 10% of the 2007 levels by 2015 as a minimum. City Hospitals Sunderland is also aware that carbon reduction and sustainable development are corporate responsibilities and should be core to each Trust's performance and governance mechanisms; and
- **finance** – the Trust will ensure appropriate investment to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime.

Carbon Footprint

The latest NHS England carbon footprint published by the Sustainable Development Unit in 2012 is estimated at 25 Million tonnes of carbon dioxide equivalent (MtCO2e) and includes emissions from four main areas:

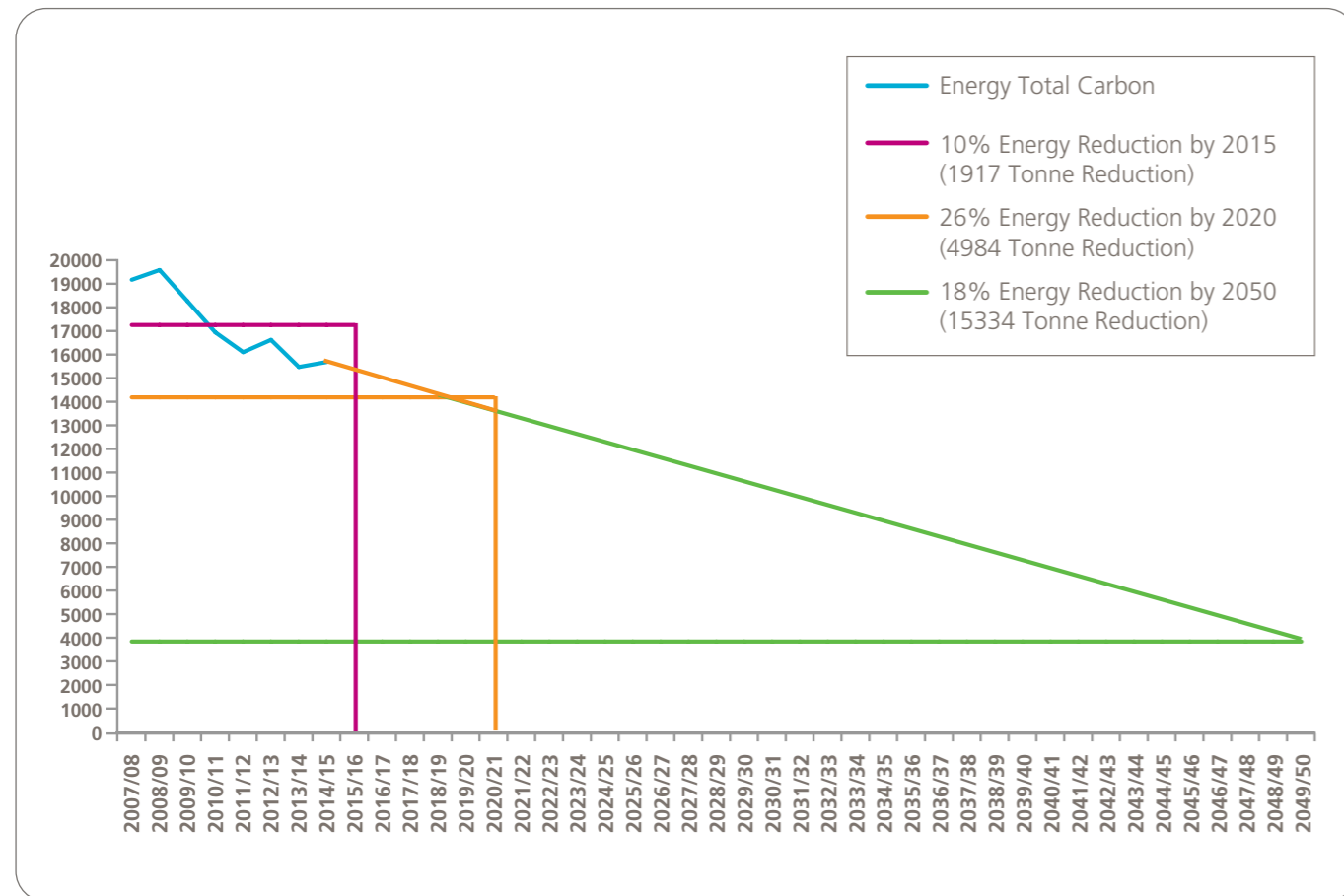
- energy use – 17%;
- travel – 13%;
- procurement of goods and services – 61%; and
- commissioned services – 9%.

The Trust's carbon footprint has been calculated based on measured energy data and by using the accepted split between these four activities.

The Trust has successfully met the 2015, NHS target of a 10% reduction (well ahead of time) and should face no difficulties in achieving future targets if the current trend of reduction continues.

The following graph represents direct energy carbon (which is the basis of the carbon footprint) from data for Sunderland Royal Hospital, Sunderland Eye Infirmary and the Children's Centre.

Energy Carbon 2007-2050



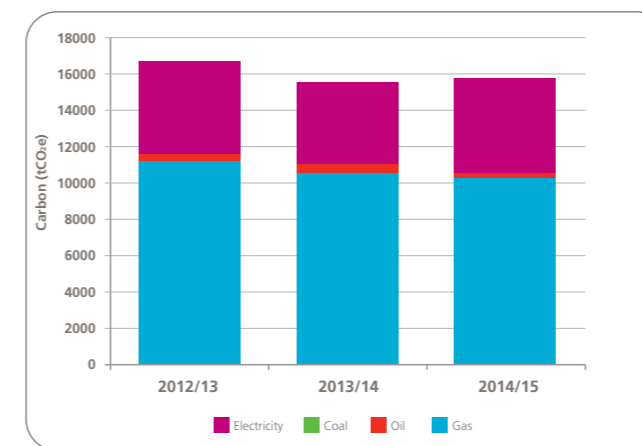
As seen in previous years, energy usage has decreased overall. Comparing last year's overall energy consumption to this year's, energy usage has fallen from 68,275 to 67,322 MWh. Energy consumption has fallen from 0.555 to 0.547 MWh/m2. Overall gas usage has reduced by 3.3% however electricity usage has increased by 1.1%. We have generated 52.3% of our total electricity this year and have purchased the remainder from a certified climate change levy exempt source. Sustainability in energy procurement remains a priority for the Trust to reinforce its commitment to reducing the impact of environmental change through a responsible energy strategy.

The success of overall energy reduction has unfortunately not resulted in a carbon reduction this year. The mandatory carbon emission factor for electricity has risen sharply this year indicating a higher dependence on higher carbon fuels to generate electricity. The mechanism of our reporting standards dictates that we use this figure for our carbon reporting which in turn has increased our energy carbon from 15471 to 15682 tonnes, an increase of 1.3% from last year.

Sizeable carbon savings in energy have been, and continue to be achieved including the recent introduction of LED lighting and controls and upgrades of boiler controls. This year planned initiatives include:

- installation of waste to water technology (to convert food waste to grey waste);
- an increased focus on energy awareness via a programme of energy audits and campaigns in conjunction with the Carbon Trust;
- realignment of Building Management System; and
- the retrofit of air conditioning individual unit controls.

Carbon Emissions – Energy Use



Carbon Reduction Commitment Energy Efficiency Scheme (CRCEES)

Due to the Trust's participation in the European Emissions Trading Scheme (EUETS), we have now ceased to participate in the CRCEES. However, we will continue to monitor our performance in relation to this scheme but will not be required to report or purchase carbon credits.

European Emission Trading System (EUETS)

Last year the Trust recorded an increase in emissions regarding this scheme but this year has submitted a total of 8683 tonnes in comparison to 9677 tonnes in 2013. This represents a decrease of 10.3%. This is attributable to a reduction in gas usage but also in the reduction of oil usage from last year, which was unusually high due to technical problems with our combustion plant which have now been resolved.

Water

Following a significant reduction in water usage last year, mainly due to the closure of our on-site laundry, we have again recorded a further reduction in water usage, comparable to the non-laundry related drop seen last year. The reduction is 10468 cubic metres on last year's consumption, a further reduction of 5.1%.

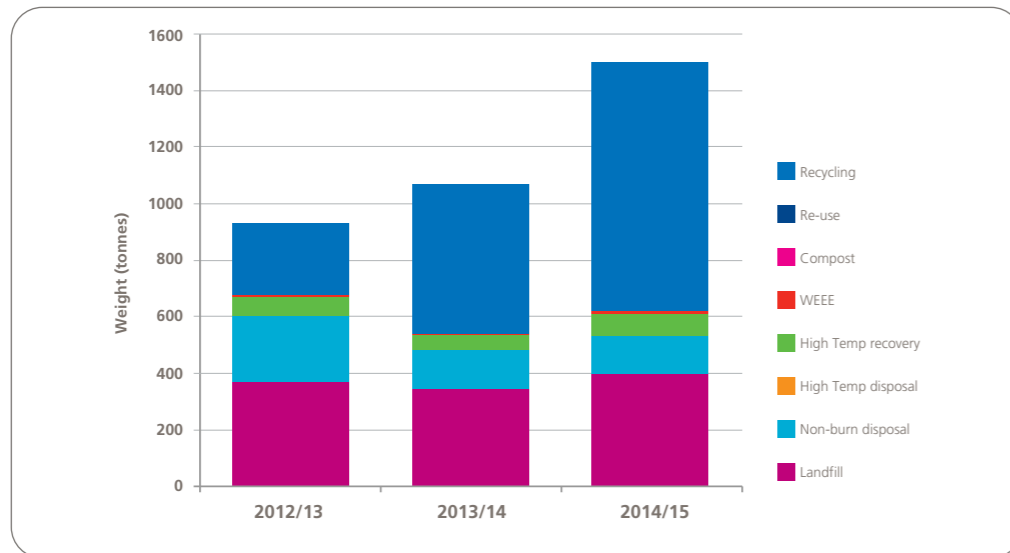
Water		2012/13	2013/14	2014/15
Mains	m ³	254552	202151	195406
	tCO ₂ e	232	184	178
Water & Sewage Spend		£541,850	£457,098	£448,617

Waste

The Trust continues to implement actions from the Sustainable Development Management Plan and following the extension of the domestic contract with our current waste disposal provider, to improve waste segregation and introduce suitable facilities to support improved waste recycling. Dry mixed recycling has continued to steadily improve since its introduction three years ago, consistently reducing the volume of municipal waste.

We are also continuing to increase the segregation of 'offensive waste' from the infectious clinical waste stream to achieve not only a higher degree of compliance with legislation but also to generate financial and environmental savings.

Waste Breakdown



Recycling has also been enhanced by the introduction of an equipment/furniture reuse system called WARPit which is an online peer to peer redistribution network. WARPit enables equipment to be redistributed throughout the organisation rather than buying new, saving on carbon and cost. The estimated savings during 2014/15 are £9,052 and CO₂ savings of 4558kg.

Travel

Alongside the well-established green travel car share and park and ride scheme, an additional six electric car charging points have been recently installed in the multi-storey car park bringing the total on the Sunderland Royal, Eye Infirmary and Children's Centre sites to 18.

The Trust has also signed up to 'Sustrans in the Wear Moving' initiative to encourage and support a more sustainable approach to healthier lifestyles, with a particular focus on healthier travel to and from work by increasing the use of sustainable transport for commuting. The initiative encourages staff to walk, cycle, use public transport and to car share. We have held a number of Dr Cycle day events where free servicing has proven to be very popular and we continue to provide more secure cycle storage in our efforts to encourage more staff to cycle to work.

Procurement

The largest section in the NHS carbon footprint is procurement and is at present the area where most work needs to be done. Environmental considerations and sustainability should be key to any purchasing decisions made with the principle of whole life cycle costing being adopted. City Hospitals Procurement Department and the national Procurement Organisations and their suppliers, who work on our behalf, have a major part to play in embedding carbon improvement measures into all City Hospitals Sunderland contracts and procurement processes.

At present, a range of initiatives are in operation to assist us in meeting our carbon reduction targets. These include a reduction of pharmaceutical waste by the recycling of drugs wherever possible and installation of a robot to improve dispensing and inventory control and a review of the procurement of medical equipment. This involves reviewing life cycle costs, undertaking collaborative opportunities and the sharing of resources.

Summary

City Hospitals has again reduced energy usage in its estate. We have again seen reductions in gas and water, building on the success of previous years. The reduction in gas usage has been attributed to increased monitoring and house-keeping of the Trusts building management system and also unseasonably mild weather. Our controls on water have been achieved by better management of flushing regimes and also the installation of new public toilets which have integrated many water saving features into a much used resource. However, electricity usage has increased but this is inevitable in today's modern healthcare system. More and more PC's and technological systems have had an adverse effect on usage but this remains a challenge to us as a Trust to improve the usage and control of such equipment to help reverse this year's increase.

City Hospitals have recognised the value of a robust carbon strategy and that will be carried on throughout next year with further initiatives and schemes being planned to help reduce energy usage and carbon output by a combination of education and technology.

Achieving energy and carbon savings is a priority within City Hospitals to reinforce our commitment to being a good corporate citizen and a sustainable organisation. We actively encourage staff at all levels to contribute positively and take responsibility for their part in improving the environment and sustainability credentials of the Trust.

Fraud

The Trust has an active internal audit programme that includes counter fraud as a key element. It participates in national counter fraud initiatives/checks and employs counter fraud specialists to raise awareness and follow up any potential issues identified. One of our Non Executive Directors has also been appointed as "Counter Fraud Champion".



DIRECTORS' REPORT

The Companies Act 2006 requires the company to set out in this report a fair review of the business of the Trust during the financial year ended 31 March 2015 including an analysis of the position of the Trust at the end of the financial year and a description of the principal risks and uncertainties facing the Trust.

Business Review

The information which fulfils the business review requirements can be found in the following sections of the Annual Report which are incorporated into this report by reference:

- Chairman's statement on page 8.
- Chief Executive's statement on page 10.
- Strategic Report on pages 14 to 43.
- Public Interest Disclosures on pages 192 to 201.

The Trust has complied with all relevant guidance relating to the better payment practice code, calculation of management costs and declaration of the number and average pension liabilities for individuals who have retired early on ill health grounds during the year. The relevant declarations are detailed in the Annual Accounts.

In addition the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

This section together with the sections of the Annual Report incorporated by reference constitutes the Directors' report that has been drawn up and presented in accordance with the guidance in the Foundation Trust Annual Reporting Manual (FT ARM).

GLOSSARY

A

AHSN Academic Health Sciences Network

ANS Association of Neurophysiological Scientists

B

BAME Black Asian minority ethnic

BCF Better Care Fund

BHIR British Institute of Human Rights

BMI Body mass index

BMS Building Management System

BPT Best practice tariff

BSCN British Society of Clinical Neurophysiology

C

CCA Climate Change Agreement

CCG Clinical Commissioning Group

CDI *Clostridium difficile* infection

CETV Cash equivalent transfer value

CGSG Clinical Governance Steering Group

CHKS Caspe Healthcare Knowledge System

CHR-UK Child health reviews – UK

CHP Combined heat and power

CLRN Comprehensive Local Research Network

CMACE Confidential Maternal and Child Health Enquiries

COPD Chronic obstructive pulmonary disease

CQUIN Commissioning for Quality and Innovation

CQC Care Quality Commission

CRC Carbon reduction commitment

CRCEEF Carbon reduction commitment energy efficient scheme

CRP Cost Reduction Programme

CT Computerised Tomography

D

DAHNO Data for Head and Neck Oncology

DDES Durham, Dales, Easington and Sedgfield

DDOT Dementia and Delirium Outreach Team

DNA Did not attend

DOSA Day of surgery admission

DVT Deep vein thrombosis

E

ECIST Emergency Care Intensive Support Team

ED Emergency Department

ENT Ear, Nose and Throat

EUETS European Emissions Trading System

F

FFT Friends and Family Test

FT ARM Foundation Trust Annual Reporting Manual

FTE Full time equivalent

FTFF Foundation Trust Financing Facility

FTSE 100 Share Index of the 100 most highly capitalised UK companies listed on the London Stock Exchange

G

GBS Government Banking Service

GI Gastrointestinal

H

HAAS Help and Advice Service

HCA Healthcare Assistant

HCAI Health care associated infection

HES Hospital episode statistics

HMRC Her Majesty's Revenue and Customs

HSCIC Health and Social Care Information Centre

HSMR Hospital standardised mortality ratio

HRG Healthcare Resource Group

HQIP Healthcare Quality Improvement Partnership

I

ICAEW Institute of Chartered Accountants in England and Wales

ICCU Integrated Critical Care Unit

IFRS International financing reporting standards

IG Information governance

IMR Intelligent monitoring report

ISAE International Auditing and Assurance Engagements

IV Internal validation

J

JAG Joint Advisory Group on Gastrointestinal Endoscopy

JCG Joint Consultative Group

K

Kaizen Philosophy of ongoing improvement

L

LCFS Local Counter Fraud Service

LCRN Local Clinical Research Network

LD Learning disabilities

LDRP Labour, delivery, recovery, postnatal

LED Light emitting diode

LOS Length of stay

M

MBBRACE -UK Mothers and Babies Reducing Risk through Audits and Confidential Enquiries

MDT Multi disciplinary team

MHRA Medicines and Healthcare Products Regulatory Agency

MINAP Myocardial Ischaemia National Audit Project

MRI Magnetic resonance imaging

MRSA Methicillin-resistant staphylococcus aureus

MSA Mixed sex accommodation

MSCP Multi storey car park

MSSA Methicillin sensitive staphylococcus aureus

MUST Malnutrition universal screening tool

MWH Milliwatt hour

N

NAOGC National Audit of Oesophago-Gastric Cancer

NASH National Audit of Seizure Management

NBOCAP National Bowel Cancer Audit Programme

NCEPOD National Confidential Enquiry into Patient Outcome and Death

NCISH National Confidential Inquiry into Suicide and Homicide by people with Mental

Illness

NCPR National Cancer Peer Review

NEAS North East Ambulance Service

NENC North East North Cumbria

NEPHO North East Public Health Observatory

NHSLA National Health Service Litigation Authority

NICE National Institute of Clinical Excellence

NIHR National Institute of Health Research

NLCA National Lung Cancer Audit

NNAP National Neonatal Audit Programme

NPSA National Patient Safety Agency

NRLS National Reporting and Learning System

NSG Nutrition Steering Group

NVQ National vocational qualification

O

OGSM Objectives, goals, strategies and measures

OMFS Oral Maxillo Facial Surgery

GLOSSARY

P

PALS	Patient Advice and Liaison Service
PbR	Payment by results
PCI	Primary coronary intervention
PCPEC	Patient, Carer and Public Experience Committee
PDC	Public dividend capital
PE	Pulmonary embolism
PICA Net	Paediatric Intensive Care Audit Network
PLACE	Patient Led Assessment of the Care Environment
PMO	Programme Management Office
PR	Peer review
PROMS	Patient reported outcome measures

Q

QIPP	Quality, innovation and improvement
QRG	Quality Review Group
QRP	Quality risk profile

R

RAMI	Risk adjusted mortality index
RCA	Root cause analysis
RCPCH	Royal College of Paediatrics and Child Health
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
RPIW	Rapid process improvement workshop
RRO	Regulatory reform order
RTT	Referral to treatment

S

SA	Self assessment
SAFC	Sunderland Association Football Club
Safety Thermometer	National benchmarking tool for measuring improvement in the reduction of 'harm' to patients
SDU	Sustainable Development Unit
SEQOHS	Safe Effective Quality Occupational Health Standards
SIAS	Sunderland Internal Audit Services
SHMI	Summary hospital level mortality index
SINAP	Stroke Improvement National Audit Programme
SLR	Service line reporting
SSNAP	Stroke Services National Audit Programme
SSKIN	Surface, skin inspection, keep, incontinence, nutrition
STEIS	Strategic Executive Information System
SUS	Secondary Uses Service
T	
TIA	Transient ischaemic attack
T&O	Trauma & Orthopaedics
U	
UKCIP	United Kingdom Climate Impacts Programme
V	
VTE	Venous thromboembolism
W	
WHO	World Health Organisation
WLO	Ward Liaison Offer
WARPit	Waste Action Reuse Portal

If you would like a full copy of the Annual Accounts, please contact:

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If you require this information in a different format please contact:

- **The Trust Secretary in writing at the address overleaf**
- **Telephone 0191 565 6256 ext 49110**
- **The Corporate Affairs inbox: Corporate.affairs@chs.northy.nhs.uk**



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