

ANNUAL REPORT 2010/2011



ANNUAL REPORT & ACCOUNTS 2010/2011

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

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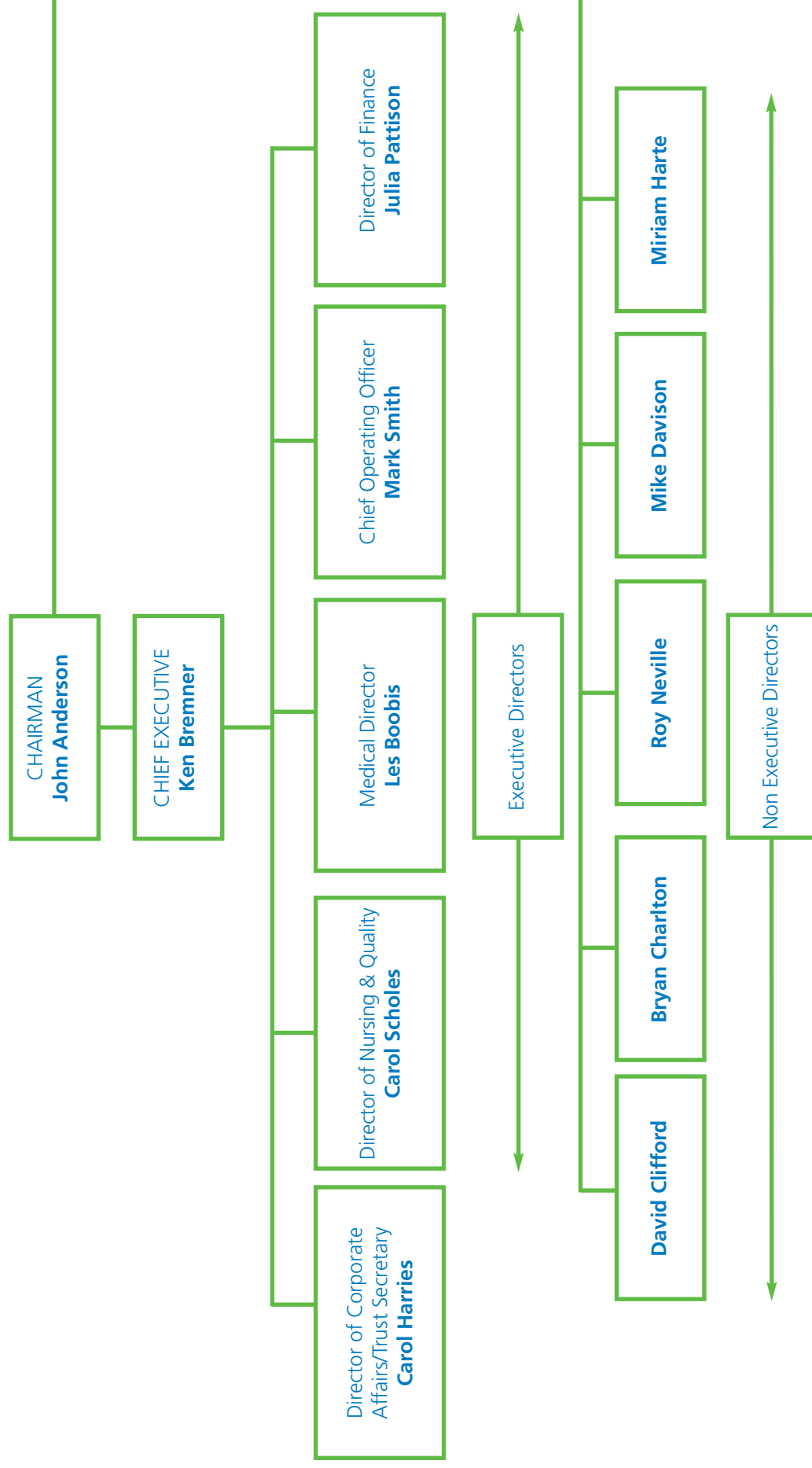
Year at a Glance

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Inpatients	53,698	55,749	56,093 ¹	57,778	59,565	57,735 ²
Daycases	40,324	44,012	45,942	51,749	53,246	56,010
Outpatients (Consultant led – New & Review)	264,957	289,127	301,009	314,757	314,562 ³	325,465
Nurse Led/Allied Health Professional/Midwife Activity	N/A	N/A	134,568 ⁴	147,216	157,944	159,526
A&E Attendances	106,603	102,382	101,285	101,292	112,676	115,388 ⁵
Patient Contacts in the Community	213,741	212,000	233,161	223,644	225,159	218,319 ⁶
Day Care Attendances	5,844	6,754	3,722	3,282	4,275 ⁷	4,454
Income	£221.65m	£241.22m	£254.52m	£270.24m	£285.64m	£293.94m
Surplus (Deficit)	(£4.547m)	£0.184m	£5.678m	£1.583m	£1.219m	£2.869m
Average Staff Employed (Headcount)	5,163	4,782	4,614	4,863	4,995	4,942

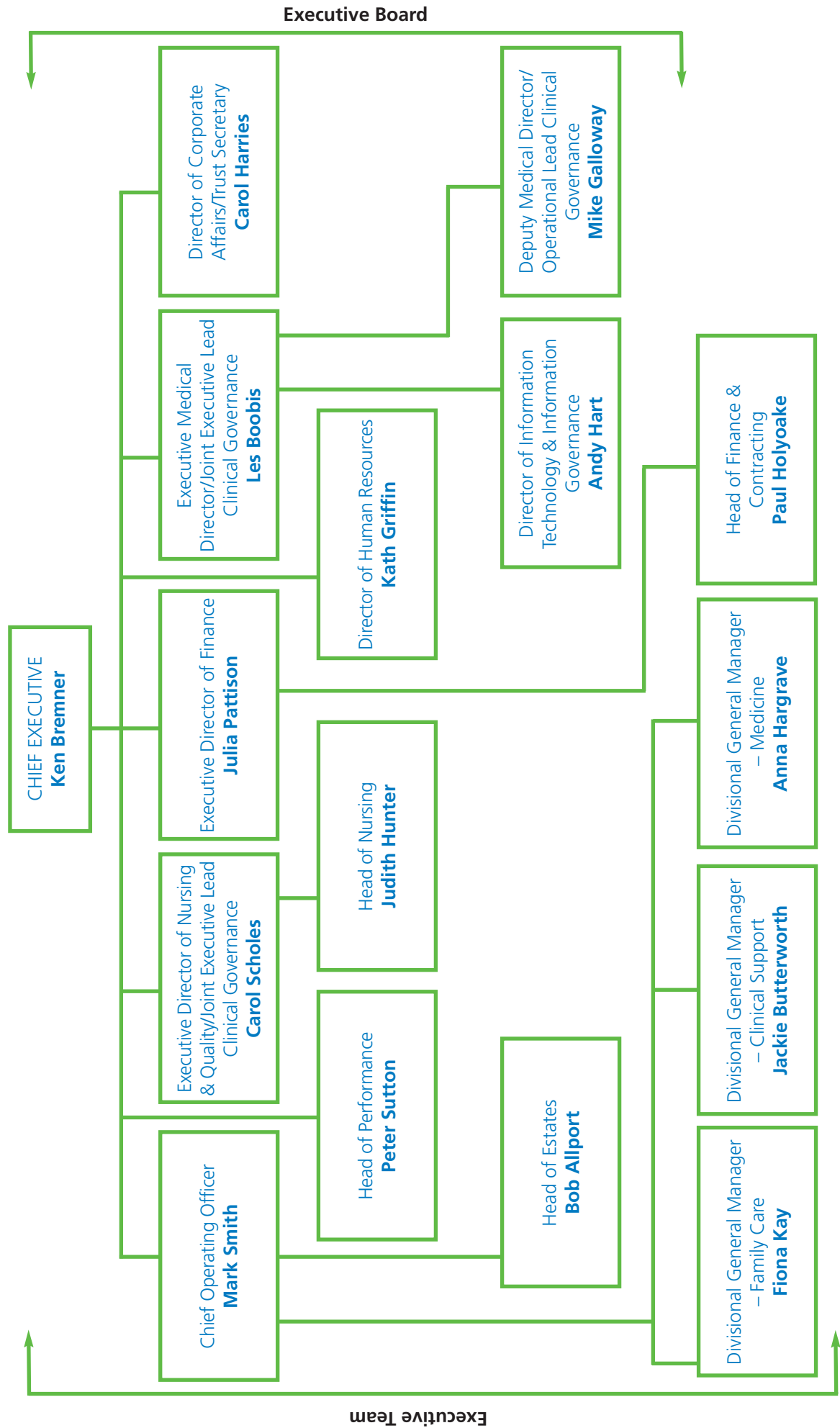
Notes:

- 1 The activity from this year has been identified as spells. Previous Annual Reports have shown the activity as Finished Consultant Episodes.
- 2 The reduction of inpatients is in line with the Trust's strategy of increasing the number of patients treated as a daycase.
- 3 The new to review ratio has changed with fewer review outpatient appointments for each new patient in line with national best practice.
- 4 This figure was captured from 2007/08 onwards to reflect the increasing number of patients seen by nurses/midwives and allied health professionals.
- 5 Attendances have risen this year despite the continued investment into primary care services and reflect increased activity over a busy and difficult winter period.
- 6 Following a data validation exercise some radiology activity is now reported as an internal issue rather than through direct access.
- 7 The increase reflects our continued drive to offer more treatments on a daycase basis to prevent patients from having an inpatient stay.

BOARD OF DIRECTORS 2010/11



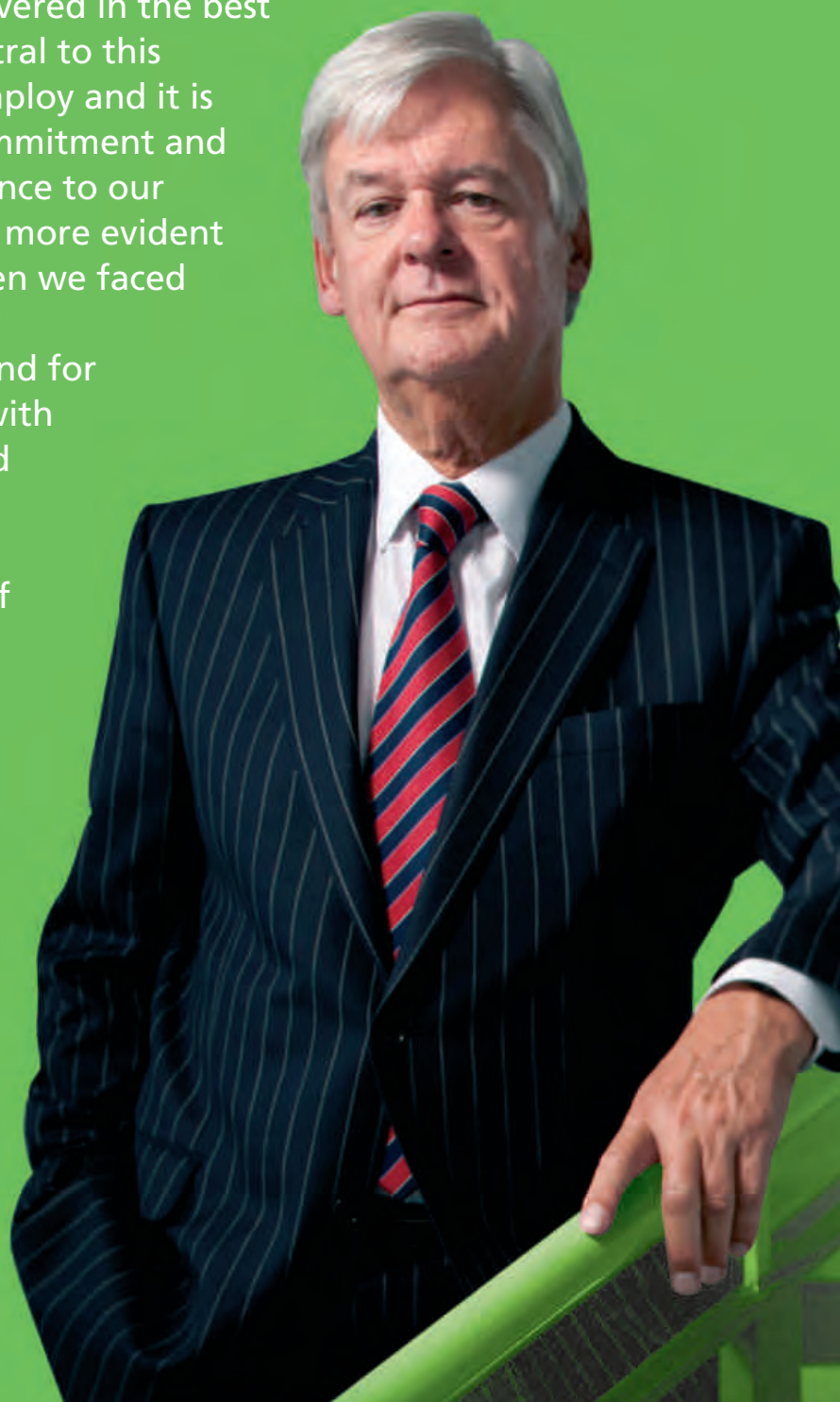
EXECUTIVE TEAM 2010/11



Chairman's Statement

Our Annual Report provides an account of what we have achieved in providing high quality healthcare over the last year to the patients and communities we serve. 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.

We strive at all times to improve the quality of the services we provide and ensure that they are delivered in the best possible way every time. Central to this approach are the staff we employ and it is their outstanding efforts, commitment and skills that make a real difference to our patients. This has never been more evident than over the last winter when we faced significant rises in emergency attendances, increased demand for admissions and for patients with either suspected or confirmed Swine Flu (H1N1), our Integrated Critical Care Unit was pushed to its limits. All of this during one of the worst winters ever, when staff struggled not only to get into work but also to get home – many 'camping' overnight in the hospital to make sure they could get on duty the next day. I would like to personally thank staff for their dedication and commitment and for a job well done.



The NHS is entering a significant period of change and as we move forward the one certainty that is very clear is that by the end of the financial year 2011/12 the NHS will look very different. I consider the coming months to be a time not only of challenges but of great opportunities to change the way we deliver services to ensure that patients receive high quality, responsive care. Sadly on occasion there have been times when the level of care that we have given to patients and their families has not been as good as it should have been and for that I apologise. It is important that we learn by our mistakes.

For the majority of the thousands of patients coming through our doors each week their experience is a positive one – but there is always room for improvement.

I was delighted this year when twelve of our existing governors stood for re-election in June 2010 and eleven were re-elected. I would like to thank those Governors who stood down, John Anderson and Barbara Blyth, for their dedication and commitment to the Trust during their period of office. Sadly, Tommy Hobson was unsuccessful in being re-elected but he is still a regular attender at our meetings in public and continues to play an active role within the Community Panel. I am pleased that we have not lost both his experience and enthusiasm in wanting to ensure that the views of patients and the public we serve are heard.

Our new Governors are beginning to find their feet and their voice and our meetings are never dull – the Trust has been extremely fortunate in their appointment as they genuinely want to see City Hospitals at the forefront of healthcare delivery.

Many thanks also to the Board of Directors and in particular the Non Executive Directors who give so much of their time in ensuring that we have robust systems in place to give assurance about the quality and safety of the services we provide.

A special thank you to our hospital volunteers whose numbers continue to grow. They provide a valuable service to both patients and staff and without them we would struggle. I am especially grateful to our volunteer groups who have this year donated in excess of £250,000 to the Trust which has been used to purchase equipment across a range of areas. I will shortly be joining volunteers in celebrating national volunteer week when I hope to be able to say thank you in person.

The coming year will undoubtedly be a challenging time but as I mentioned earlier there are real opportunities to rethink how we deliver care. Our staff will be a vital resource in identifying new ways of working and doing things differently which will benefit patients and reduce costs. City Hospitals has a strong track record of success and I am confident that with commitment, innovation and creativity we can continue to deliver top quality patient care.



JOHN N ANDERSON QA CBE
Chairman

Chief Executive's Statement

The start of 2010/11 brought us another new Government – this time a coalition – and another potential set of changes to healthcare set out in the White Paper. As I write this report 'a pause' has been called in the Bill's progress through Parliament as many commentators and critics are raising concerns about the overall direction and support for some of the proposals. Whilst all this 'politics' goes on around us – gleefully reported by the media – City Hospitals has continued to do what it does best – 'excellence in health, putting people first'.

Every year in this report I detail the increasing volumes, pressures, developments and changes that we have delivered. 2010/11 has been no different, and almost every element of our business has responded well. Our Clinical Directors, reviewing the year themselves a few weeks ago, commented on 2010/11 being a much better year.

Across almost all fronts I can see improvements and stronger performance. All national performance targets have been hit or exceeded and our finances have delivered a surplus of just over £2.8 m in line with our annual plan for the year. I want to particularly highlight three areas of outstanding performance. Firstly Infection Control. We all thought – including myself – that our targets for both MRSA and *C. Difficile* were at the outer limits of achievability, yet we have 'comfortably' exceeded expectations and without counting my chickens, I hope we can see further improvements in the year to come. The recruitment of Sharon Gordon from Newcastle (a move from the first division to the premier division in my eyes!) to lead our Infection Control Team will give us added impetus moving into 2011/12.



The second was in Accident & Emergency. Every year our team in A&E respond to increasing demand and challenging waiting times, yet they do so together as a team and this year have offered a quality service to over 115,000 patients. We have broken several arrival records this year, particularly with ambulances. In 2009/10 it was not unusual to see 500-550 ambulances arrive at A&E each week. This year that 'average' has risen to around 600 and on one occasion we had 720 – a 'world' record for us and way in excess of every other A&E department in the region. A personal thank you to every one of our A&E Team. I am also pleased with our Stroke Team's performance in 2010/11 – after the investment we made in our Community Stroke Team in 2009/10 and the new Stroke Unit we are now performing up with the best Stroke Units elsewhere and that will improve again in 2011/12. The team will receive national recognition from the Stroke Association in coming weeks for leading the 'most improved Community Stroke Team in the country' – an award that is thoroughly well deserved.

Recognising many of the successes of our staff is one of the highlights of my – and I hope their year too. Our 2010 Reward and Recognition Event was our biggest ever and expertly compered by Carol Harries who is fast becoming the Ruby Wax of City Hospitals!

Staff and volunteers never cease to amaze me – many lead such interesting and varied lives outside of City Hospitals and yet when they are here they give their all towards better patient care. We are now being helped by our volunteers to get real time feedback from patients about our care – which is a much better and more up to date tool than the onerous annual surveys. Nonetheless for me it was particularly pleasing to note that our 2010 staff survey has reported improvements in two key areas – firstly, more of our staff felt that patient care was the Trust's top priority this year and more staff would be happy for their own relatives to be treated here. These surveys – and there are lots of them – are not the be all and end all but they do offer some insight into what people think of City Hospitals.

Safety and quality are central to all we do here and they both remain the Trust's highest priorities – much more so than managing the money. Despite the very large numbers of patients we see and over 90% of them are satisfied/very satisfied with their care – we still do not consistently achieve high standards in every aspect of the business. Learning from incidents, be they about early warning scores/deteriorating patients/falls/ communication (particularly with those patients and families facing end of life situations) has got to improve further and the benefits of being part of the National Leading Improvement in Patient Safety programme in 2010/11 will help us further next year. On the back of our NHSLA assessment in 2010/11 we are in the process of now revamping – and I hope streamlining – all of our governance structures in CHS and that will allow transparency and accountability for the delivery of clinical standards and quality across the whole organisation. When we set our minds to it we can achieve some remarkable turnarounds. A year ago it was not unusual for local GPs to wait up to 30 days for x-ray reports on their patients. As a result of internal 'lean' work carried out this year by the department, coupled with further investment in staffing and equipment, this now stands at 2.2 days – a massive improvement.

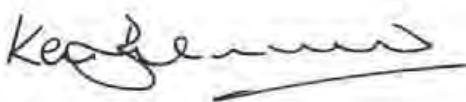
One of my biggest frustrations in 2010/11 has been the delay in opening our brand new state of the art hospital wing. We had hoped to have this open in time to cope with winter pressures but alas it took us until the end of the year to get it fully open. It is a fantastic development and our Stroke Service, Orthopaedics, Renal Medicine and of course ICCU now have facilities that we can be proud of. Many of our patients will benefit from this investment – almost £33m in total – for years to come. In parallel with this – and at long last some of you will say – we have been able to knock down the remaining parts of Kayll Road and open up much needed extra car parking facilities. When all our action is complete we will have over 1269 car park spaces on the Royal Hospital site – and we still pursue the potential for a multi-storey car park on site with help from Local Authority colleagues. Our ambitions for further site improvements do not stop here. Currently under consideration are a brand new A&E department, offsite diagnostic treatment centres and of course we have already started our push to introduce a major new version of our Meditech Hospital Information System which will take us most of 2011/12 to complete. If we do this right it will transform much of what we do in City Hospitals, and will give us accurate information that we can use to improve both the safety and quality of our care to patients. I know it will be worth the effort.

As usual the year saw many people come and go at City Hospitals and to those who have in particular retired I wish a very happy retirement – you all deserve it. I want to mention two in particular. Firstly, Sam Richmond (Consultant Neonatologist) who retired very recently, after over 20 years service to the hospital and its patients/children. A more dedicated and committed professional you will not find – he is one of a kind. Secondly, Carol Scholes who retired from City Hospitals in early March 2011 after 14 years as our Executive Director of Nursing and Quality. Carol is a unique individual, who devoted herself to City Hospitals and our patients. Her enthusiasm was infectious and no matter how hard things got Carol would never be downcast. She is a true professional and a very dear friend to me, we will all miss her enormously and after a tough last few years I hope that she enjoys some quality time from here onwards. Of course there are so many, many others to thank for their continued dedication to the job. I can't thank you

all but please, if you are reading this, be reassured that I really do appreciate what you do.

Our Chairman, John Anderson, has led us superbly again this year, aided by an excellent group of Non Executives who continue to put the hours in way in excess of what is really expected. Thank you also to the whole executive team who have delivered another year of strong performance in 2010/11 – unfortunately I am going to have to ask for even more in the year ahead but I know they all love a challenge! To Governors a big thank you also – you all continue to keep us focused on what really matters for patients, which is what we are here for after all.

So 2010/11 has been a good year for City Hospitals but we all know challenges lie ahead. I remain proud to lead the organisation and looking forward, my role is now focusing more and more on the future and the bigger picture and how I need to position City Hospitals not just to survive but to flourish and grow even bigger and better. With the talent we have, and now the infrastructure to match, being a world class organisation should be our aim. It certainly is mine.



KEN BREMNER
Chief Executive



Safety and quality
are central to all
we do here and
they both remain
the Trust's highest
priorities.







Operating and Financial Review

OFR: OPERATIONAL REPORTING

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 350,000 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)
- Ryhope General Hospital (on a limited basis)
- 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
- Hartlepool General Hospital
- South Tyneside General Hospital
- Queen Elizabeth Hospital, Gateshead
- Bishop Auckland General Hospital
- University Hospital of North Durham
- Shotley Bridge Hospital

The Trust has around 910 acute beds, an annual income of around £293.94m and fixed assets of £207.26m. It employs around 4940 people.

Staff Group	FTE	Headcount	%
Professional Scientific and Technical	152.42	172	3.48
Additional Clinical Services	794.44	918	18.57
Administrative and Clerical	906.83	1066	21.57
Allied Health Professionals	258.89	297	6.01
Estates and Ancillary	361.93	436	8.82
Healthcare Scientists	77.38	81	1.64
Medical and Dental	380.20	405	8.20
Nursing and Midwifery Registered	1,435.36	1560	31.57
Students	6.88	7	0.14
Staff Group Summary Total	4,374.33	4942	100%

Employed as at 31 March 2011

The Trust is organised into six main divisions and 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, Dietetics and Medical Photography)
- Pharmacy
- Radiology
- Medical Physics
- Pathology

Division of Family Care

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

Division of Medicine

- Emergency Medicine (including Accident and Emergency, Cardiac Centre and Acute Medical Unit)
- General Internal Medicine (including Respiratory Medicine, Nephrology, Gastroenterology, Clinical Haematology, Clinical Oncology, General Medicine)
- Rehabilitation and Elderly Medicine (including Care of the Elderly, Neurology, Neuro-Rehabilitation and Rheumatology)

Division of Surgery

- General Surgery
- Urology
- Head and Neck Surgery (including Ear, Nose and Throat, Oral and Maxillo Facial Surgery and Orthodontics)
- Ophthalmology
- Trauma and Orthopaedics
- Theatres (including ICCU, Anaesthetics, Critical Care and the Day Case Unit)

Division of Estates and Facilities

- Catering
- Domestic
- Estates
- Laundry and Linen
- Outpatients
- Portering and Security
- Theatre Sterile Supplies Unit – Sterile Services
- Transport

Department of Trust Headquarters

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

Staff Consultation and Involvement

We know that it is important for staff to be informed and involved with developments at the Trust.

We have a well established and effective Joint Consultative Group (JCG) with excellent management/staff side relationships. During the year the JCG has been involved in regular discussion and agreement surrounding key HR policies.

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

- the publication of Good4U, an employee Health and Wellbeing newsletter;
- a regular Chief Executive's bulletin;
- the weekly 'Grapevine' bulletin is published on CHS net, the Trust's intranet;
- well-established intranet and internet site giving information on key strategic issues and directorate/departmental news;
- a formal Team Brief system following Executive Board meetings to cascade key strategic messages across the Trust and more importantly to encourage feedback; and
- the Chief Executive holds a number of regular forums with Clinical Directors, senior managers, Consultants, key nursing staff and allied health professionals.

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 Board team 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 and service line positions 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;
- root cause analysis meetings with the Chief Executive and Medical Director 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;
- monthly meetings with Directorate Managers and representatives from Finance and Performance to identify trends and areas of concern in time to plan ahead and agree action plans; and
- involvement in performance forums external to the Trust to consider shared issues.

The following pages outline the activities undertaken within the Trust relating to Non-Financial Performance.

Details of Financial Performance may be found on page 106 of the Operating and Financial Review.

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 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;
- highest safety;
- shortest lead time;
- highest morale; and
- cost leadership.

Future Developments

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

- align organisational resources to deliver the vision;
- introduce and embed lean training and techniques throughout the organisation to deliver continuous improvements in quality;
- create and sustain a proactive “can do” culture where staff are empowered;
- encourage and foster innovation;
- have zero tolerance for waste;
- use quality improvement to deliver cost effectiveness;
- allocate resources to deliver organisational priorities;
- compete against tariff to deliver tariff minus 10%; and
- deliver a significant surplus to reinvest in healthcare services.

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 2010/11:

- the completion of the new ward block comprising 3 x 40 bed wards with enhanced patient bed space, more single rooms and a state of the art 18 single room Integrated Critical Care Unit;
- the demolition of Kayll Road Block providing additional car parking to increase our capacity by 340 spaces together with a new ring road, footpaths and landscaping;
- the installation of a Lithotripsy machine in the Urology Treatment Centre;



The new Integrated Critical Core Unit

- the replacement of two CT scanners to give faster and better imaging;
- the construction of the Chester Lodge Unit which provides new facilities for our Early Pregnancy Assessment Unit, Fertility Clinic, Family Planning Service, Clinical Psychology and Neurology administration;
- the development of a new Paediatric short stay Assessment Unit, located within Accident and Emergency;
- the provision of new toilets with disabled access in ward areas;
- the completion of the second phase of the fire alarm replacement programme; and
- the completion of the Macmillan Information Centre located on the main concourse providing drop-in facilities and complementary therapy rooms.

Work has also commenced on the following:

- the conversion of ward B25 to provide a new Urology Treatment Centre;
- the provision of a silver command control room in line with our plans for emergency preparedness;
- the development of a dedicated Bariatric Outpatient facility;
- the provision of a centralised Pre-Admission Assessment Clinic;
- the commencement of a programme to update and refurbish existing wards; and
- the start of design work for a total re-configuration of the Accident and Emergency Unit.

Strategic Priorities

The top five strategic priorities for the Trust are:

- Best quality
 - improving communication with patients, between staff and with external stakeholders
 - improving the clinical and physical environment
 - monitoring and responding to patient issues such as parking, pain control and food
 - rapid process improvement workshops to improve key performance issues

- Highest Safety
 - eliminating never events
 - improving control of infection effectiveness
 - reducing slips, trips and falls
 - improving standardised mortality and complication rates
- Shortest lead time
 - world class diagnostics and separation of elective and emergency streams
 - shorter pathways, fewer steps, faster diagnosis and most effective treatments
 - reduced length of stay and moving to ambulatory care pathways wherever appropriate
- Highest morale
 - improving the internal planning process to involve more staff
 - key corporate projects to reduce waste
 - improved openness and transparency in decision making
- Cost leadership
 - supporting financial viability by removing waste
 - clinically effective pathways avoiding admission or reducing length of stay whenever appropriate



The Trust is committed to ensuring that our environment is of a high quality in which patients can receive treatment and staff can work.



Future Performance

The Trust's future performance is based on a number of factors:

- financial viability and sustainability;
- our ability to offer good quality performance;
- our skill in competing with other healthcare providers;
- our capacity to manage demand; and
- the appropriate recruitment and skills level in our staff.

Going into 2011/12 our key concern will be the delivery of our vision against a backdrop of a difficult economic outlook, increased competition and a move to GP led commissioning.

Traditional organic growth of existing activity will not be a way forward in the current economic climate as PCTs are unlikely or unable to fund such growth. There is an expectation that this will continue into 2012/13 and 2013/14. A key area of concern is that PCTs are introducing significant primary care based demand management initiatives and it is not yet clear whether this might impact on the Trust or whether the initiatives will be effective. Primary Care Trust quality improvement plans (QIPP) are heavily focused on shifting activity out of secondary care, but this can only be achieved through the development capability and capacity in primary and community care.

Competition, especially for elective activity and activity that could be carried out in a community setting, is likely to increase significantly over the next three years and this may include:

- increased competition from private providers who only carry out high volumes of single operations such as hip replacements on low risk patients;
- a desire by GPs as both commissioners and providers of service to deliver services in the community;
- increased pressure from other acute trusts and primary care provider organisations trying to increase their market share.

The Commissioning for Quality and Innovation (CQUIN) agenda driving performance and income has the potential to reduce income and is increasingly linked to patient experience. The Trust is also facing a loss of income for any readmission of elective and emergency patients within thirty days of the original admission.

The future financial climate and the requirement to make efficiency savings will mean that our services need to be much more cost effective but importantly at the same time deliver a high quality experience and outcome for patients.

As evidenced by the five strategic priorities, the Trust is committed to:

- concentrating further on quality improvement to reduce waste;
- reducing defects to shorten pathways;
- improving efficiency and thereby delivering a faster and better patient experience and outcome;
- reducing costs; and
- improving staff morale.

A key driver underpinning our approach is our continuous quality improvement methodology, LEAN and Six Sigma. During 2010/11 the Trust has used this methodology to develop a number of areas:

- "Front of house" – to improve the emergency care pathways;
- Operating theatres – to better organise theatre preparation and storage rooms;
- Enhanced recovery – to improve patient outcomes and recovery following surgery;
- Releasing 'Time to Care' – helping ward teams to reorganise and redesign the way they manage and operate their wards;
- Radiology reporting – improving the timelines and reliability of radiology reporting to GPs.

The Trust recognises the many challenges that lie ahead and it will be important to look at innovative ways of delivering services and improving patient care and experience in the context of a difficult financial and changing political climate.

Year End Position

City Hospitals has reported a surplus position of £2.87m for the financial year 2010/11. The Trust delivered its cost improvement target, with £17.16m being delivered in year. The delivery of cost improvement targets was closely monitored in year by the Finance Committee.

For 2010/11, 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 2010/11 contract baselines predominantly based on the 2009/10 actual activity delivered with funding specifically relating to the maintenance of all of the relevant targets. In activity terms, the overall elective contract over-performed against this baseline by 2.5% whilst the non-elective contract under performed by 1.5% with income and expenditure consequences, particularly in the medical specialties.

The Trust performed well in both financial years and delivered a surplus position across both financial years, prior to technical revaluation adjustments.

Service Line Management

We are committed to the implementation of Service Line Management (SLM) enabling service lines to have autonomy to drive forward improvements in quality and productivity at specialty level. A number of directorates have been approved at Level 1 and will have an increased level of autonomy above that of normal directorates and have potential access to capital funding if key performance indicators are delivered at the end of their first year. It is expected that further applicants will follow during 2011/12.

Service Line Reporting

During 2010/11 Directorates received additional supporting information at an overall service line. This included a tangible contribution target as part of the financial metrics that Directorates and Service Lines have been measured against in year.

Preparations for a fully automated patient level costing system have culminated in the roll-out of the system at the start of the 2011/12 financial year and will enable service lines to focus on outlying costs when compared to income.



Regulatory Rating Performance

The Trust is required to submit performance information to the Foundation Trust regulatory body 'Monitor' on a quarterly basis. 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.

- Financial Performance – this is assessed over a range of metrics which include:
 - achievement of plan;
 - underlying performance;
 - income and expenditure performance; and
 - liquidity.

The rating measure is a sliding scale from 1 (poor performance) to 5 (good performance).

- Governance – this reflects the Trust's performance against a range of performance targets and the quality of governance at the Trust.

The rating scale is a traffic light system which ranges from red (poor) to green (good). In 2010/11 the rating system for governance changed slightly, with the introduction of an 'amber-green' category which reflects limited concerns.

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 2010/11 and the 2009/10 financial years is detailed in the tables below.

In relation to Governance for 2010/11, the Trust declared itself 'Amber-Green' in the annual plan, due to concerns over delivery of one particular indicator – cancer waits (62 days). This was reflected in the Quarter 1 performance, but since then improvements have been made and the Trust achieved its target from Quarter 2 onwards, resulting in the 'Green' risk rating for the Quarter 2 – Quarter 4 periods. The Quality Report provides further details in relation to cancer performance. In terms of financial reporting, the Trust had planned to deliver an overall surplus of £2m, giving an overall risk rating of 3. The Trust achieved at least a rating of 3 in each quarter, ending the year in line with plan, with an operating surplus of £2.13m.

	2010/11				
	Annual Plan	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Financial Risk Rating	3	4	3	3	3
Governance Risk Rating	Amber	Amber	Green	Green	Green
	Green	Green	Green	Green	Green

	2009/10				
	Annual Plan	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Financial Risk Rating	3	3	3	3	3
Governance Risk Rating	Amber	Green	Green	Green	Green

Risk Management

Financial Risks

Key financial risks during 2010/11 included:

- maintaining compliance in both the maternity and general risk standards and preparing for improvements;
- delivering the challenging cost improvement target on top of maintaining the achievements from prior years;
- taking account of a new version of the national tariff which resulted in a requirement to deliver an efficiency target of 3.5%;
- delivering against the quality (CQUIN) targets as agreed with the PCT;
- the delivery of additional activity within existing staffing and physical capacity resources;
- addressing the impact of the International Financial Reporting Standards (IFRS) on the capital assets of the Trust; and
- delivery of the new ward block scheme to time and within the remit of the original business case.

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 and the maximum 4 hour wait for 95 % of A&E patients;
- achieving the MRSA target of 8 cases for the full year; and
- maintaining the standards required by the Care Quality Commission to ensure compliance with registration requirements.

Directors' Approach to Risk Management

Directors' Approach to Risk Management includes:

- a Cost Improvement Plan to reduce the Trust's operating costs during 2010/11 to meet the efficiency target inherent in the national tariffs;
- the roll-out of Service Line Reporting focusing effort into those areas that will have the greatest financial impact;
- working with Commissioners to plan service redesign and service capacity requirements including identifying all implications financial and non-financial;
- managing the levels of actual activity and the associated costs 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 2010/11.

During 2010/11 the Board of Directors reviewed and revised the Risk Management Strategy with the objective of ensuring:

- identification of principal risks to the achievement of the Trust's objectives;
- evaluation of the nature and extent of the risks; and
- efficient, economical and effective management.

The National Health Service Litigation Authority (NHSLA) has in place schemes to encourage and support Trusts in effectively managing risks and claims.

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. The Trust has achieved level 3 compliance for maternity services, which ensures a 30% discount on the maternity scheme contributions for a period of 3 years. The Trust is preparing for assessment at level 2 for the general acute standards during 2011/12.

The Board of Directors has approved an assurance framework that meets national guidance which is managed by the Corporate 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 2010/11, the Trust extracted from the Assurance Framework and the overall risk register the 'Top Organisational Risks' and these will form the basis for regular feedback to the Board during 2011/12.

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 authorisation have been appropriately identified and addressed.

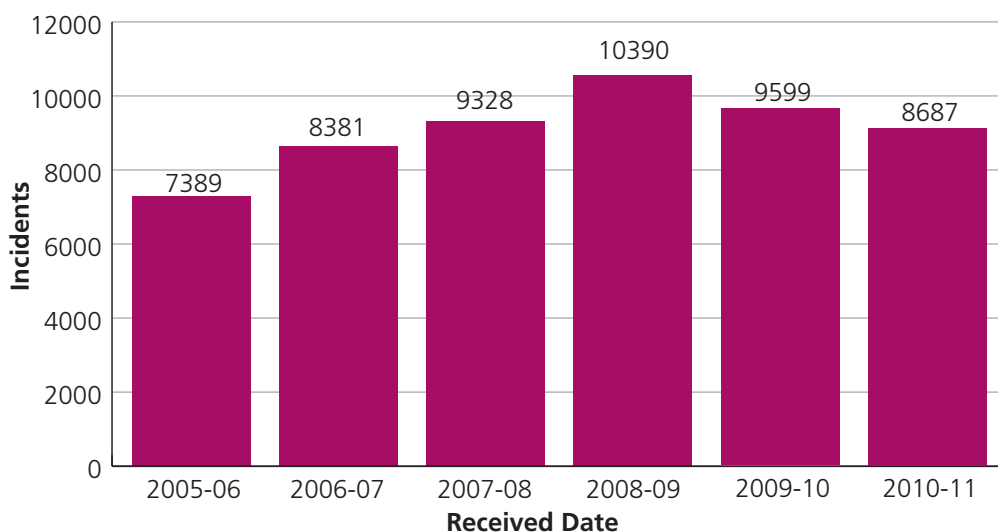
Incident Reporting

The Trust's Risk Management Strategy governs the reporting, analysis and investigation of all strategic, managerial, operational and financial risks within the organisation. It exemplifies the Trust's continued commitment to delivering improved patient, staff and public safety through performance-driven risk management, underpinned by an open, learning culture.

Incidents

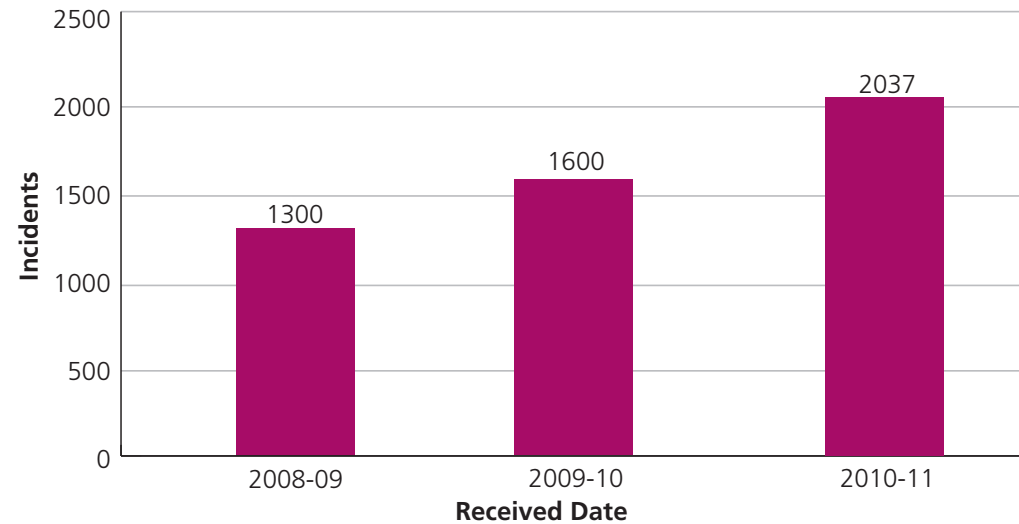
During 2010/11 a total of 8687 incidents involving City Hospitals Sunderland were logged on the Trust incident database – a decrease of 9.5% on the previous year. This reduction reflects the Trust's continued development of comprehensive electronic incident reporting which enables the improved classification of incidents which, whilst reported by City Hospitals staff, originated from other organisations, eg North East Ambulance Service, nursing homes and PCT services.

Reported Incidents



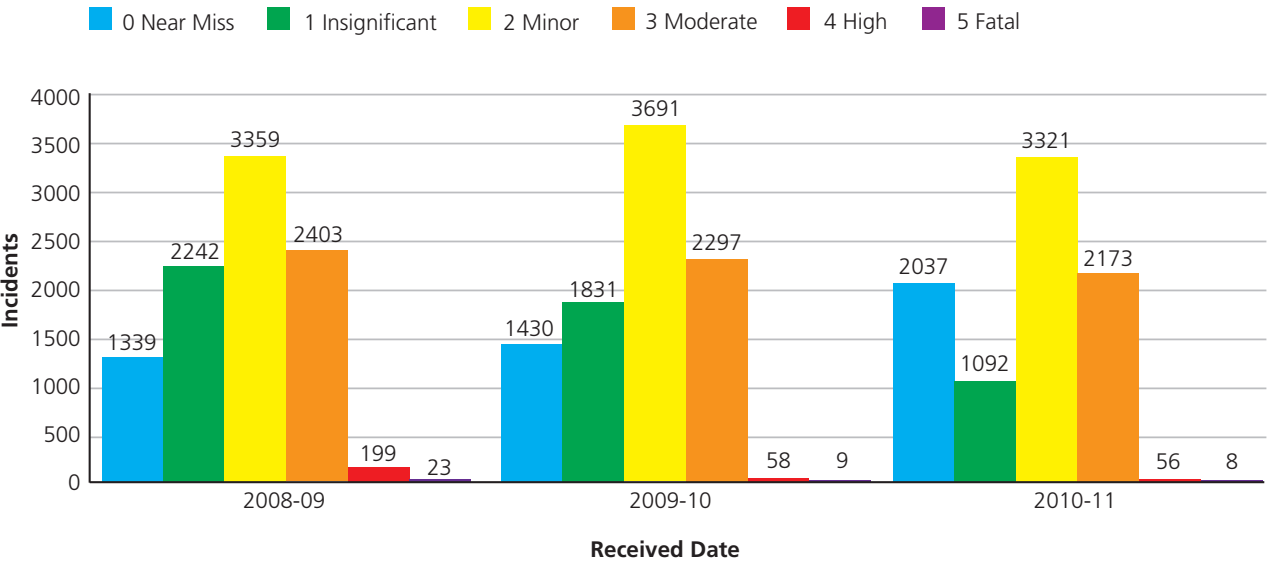
All incidents are given an impact grading and it is anticipated that as the Trust reporting system and safety culture reach maturity the level of reporting will plateau, but there will be a decrease in severity of the reported incidents and a corresponding increase in the number of “near misses” reported.

Near Miss Incidents



The graph below demonstrates a significant increase (42%) in the number of reported near miss incidents during 2010-11 when compared to 2009-10 and a decrease of actual impact in all other categories which is recognised to be indicative of a strong safety culture within an organisation.

Actual Impact



Service Improvements

During 2010/2011 a wide range of improvements have been implemented as a result of lessons learned via the incident reporting procedure.

These include:

- In response to a near miss incident which highlighted a potential risk of mismatching pieces of resuscitation equipment a decision was taken to standardise all resuscitation trolleys Trust wide thereby ensuring full compatibility. A mechanism of ongoing audit of all resuscitation trolleys is in place which ensures that immediate action is taken to rectify any irregularities.
- The reduction of the number of patient falls is a key objective of the Trust. Following identification of a trend in falls occurring where patients had been boarded to outlying wards a protocol has been developed which ensures that those patients who have been identified as being at high risk of falls, via the Trust falls risk assessment process, are not boarded to outlying wards where there may be less ability to directly observe the patient.
- Analysis of incident investigations has highlighted the importance of ensuring that all levels of staff are empowered and have the confidence to act in the patient's best interest and question medical decisions when necessary. Work is ongoing across the trust to continually reinforce with all staff groups that they are accountable for ensuring that their concerns are not only clearly communicated but also that they have been acted upon. The Trust standard observation chart has been designed to ensure that there is clear guidance as to how to escalate concerns with regard to a patient's Early Warning Score (EWS) and this is supported by comprehensive multi level training packages.
- A trend in incidents highlighted lack of clarity in documenting the risk and benefits of a procedure during the consent process. During 2010/11 the Consent Policy has been revised and appropriate practice reinforced via the junior doctor training programme with regard to the importance of being clear and precise when completing the risks and benefits sections of consent forms. This has resulted in a 35% reduction in incidents relating to consent issues.
- The management of patients with alcohol excess in the emergency setting is a complex one and in order to ensure that the needs of this client group are appropriately met and that staff are fully informed and aware of the range of issues to be considered a specialised training package has been designed and is now delivered both at induction and within the Acute Medical Unit (AMU) teaching programme. The aim of this exercise is to raise awareness of complications in managing patients with alcohol excess and ensure that appropriate risk minimisation strategies are employed at all times.
- It is essential that patients with a potential electrolyte imbalance receive an appropriate level of care irrespective of the time of day at which they present. In order to facilitate this action uniform handover documentation has been developed and a bleep system introduced across directorates to ensure a consistent out of hours process.
- In order to ensure the best possible care for patients with biopsy-proven malignant eyelid tumours a dedicated care pathway has been developed which ensures that this group of patients receive timely care direct from the specialist Oculoplastics team they being best placed to manage the complexities of care required whilst minimising any potential delays.
- The Trust recognises the importance of ensuring that lessons are learned following serious incidents and has introduced a mechanism of reflective sessions. This ensures that all staff involved in a serious incident are provided with protected time to discuss the investigation outcomes and necessary actions required to prevent any reoccurrence.

Information Governance

Information Governance contains the set of standards that the NHS must follow to make sure that it carries out its duty to maintain full and accurate records of the care provided and keep those records confidential, secure and accurate. It covers personal information, ie that relating to patients/service users and employees, and corporate information, eg financial and accounting records.

The Information Governance Toolkit is a performance tool produced by the Department of Health (DH). The IG Toolkit underwent a radical redesign during 2010/11, resulting in Version 8. This draws together the legal rules and central guidance, and presents them in one place as a set of Information Governance requirements. NHS organisations are required to carry out self-assessments of their compliance against each of the 44 IG requirements (Scoring 0, 1, 2 or 3), with a final submission being made on 31 March 2011.

To be classified as 'Satisfactory – Green', an NHS organisation is required to be Level 2 or above across all 44 IG requirements. City Hospitals Sunderland achieved this rating, the results confirming 0 requirements at Level 0, 0 at Level 1, 28 at Level 2, and 16 at Level 3. The total score for the 2010/11 submission was 80%.

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

Disappointingly however, there was one serious untoward incident during 2010/11 involving data loss (May 2010). The incident involved the loss of approximately 600 x-ray prints, containing the image of the patient's injury and also name, date of birth, hospital reference number, hospital name and date of x-ray examination. No address was included. Since personal data was involved, this incident was reported immediately to the Information Commissioners Office for consideration.

Appropriate remedial actions were urgently undertaken, and the Information Commissioners Office confirmed that they were satisfied that appropriate steps had been undertaken to minimise the risk of such an event in future. The Information Commissioner did not take any regulatory action.

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 new centralised servers which are a major part of the Trust's investment towards it's new fully integrated Electronic Patient Record.

Role of the Trust as a Local Employer

We aim to be a responsible and supportive employer in how we manage our organisation, look after our dedicated and skilled staff and encourage local residents to find work within the Trust. We want to ensure everyone who works for us feels valued and supported from their first day by providing a culture that encourages, develops, enables and motivates people at all levels

During the past year, the Trust has concluded its participation in the previous government's Future Jobs Fund Programme, offering 145 placements in different Trust departments to people in the area, thus providing the long term unemployed with job related work skills. Of the 108 who completed their 6 month placements, 65 secured temporary or permanent contracts with the Trust making City Hospitals one of the most successful employers involved in delivering this programme city wide.

We have also revised and extended our opportunities for local students and school pupils to undertake work tasters and visits within City Hospitals, to widen their understanding of NHS Careers and enable them to make informed choices about health related careers and job opportunities. The Trust also has a small number of apprentices training within its hospitals in line with the government's programme to expand apprenticeship opportunities, and offers short term unpaid placements to unemployed people seeking to develop job related skills.

The Trust's work in the field was recognised in 2010 with the award for best employer in the "Creating Futures" category at the Regional CLASS Awards, for its multi faceted work to tackle worklessness in local communities.

During 2010 we introduced a comprehensive, standardised monthly induction and mandatory training programme for all new staff joining the Trust. This includes essential training and information for new staff to ensure safe and efficient working practices and quality patient care. It has been introduced in line with the standards set by the NHS Litigation Authority.

As part of our ongoing commitment to make the Trust a better place to work, we have continued to implement activities and develop benefits centred on caring for the well-being of our staff. By doing so we aim to create a more contented workforce that is better able to meet our healthcare commitments to the community we serve.

Key features of our staff well-being programme in 2010 included:

- **Employee Care Scheme** – Provided by FirstAssist, this 24-hour service offers free independent, confidential support for staff, including legal and financial advice, debt management and bereavement counselling. As well as telephone counselling staff have the opportunity for face to face counselling sessions.
- **Cycling England Project** – We are working with cycling specialists and City of Sunderland to increase the facilities available for our cyclists, including offering staff a salary sacrifice scheme. Dependent upon the bike they choose staff are able to save in the region of 30 % less than the shop price. To date over 124 staff have joined the Scheme. The Trust was also one of four large Trusts in the North East to participate in the Cycling England NHS North East Demonstration Project which aims to increase the number of employee journeys to work by bicycle.
- **Employee Benefits Day** – Over 1000 staff attended the day in November 2010. This annual event promotes the benefits available to staff and involves a range of external companies and local colleges and some Trust departments such as Occupation Health, Physiotherapy, Dietetics and the staff fitness centre.
- **Reward and Recognition Event** – This took place in September 2010, celebrating the many and varied contributions our staff make to patient care. Award categories include Customer Service, Innovation, Partnership, Lean and Clinical Governance. The Chief Executive's personal award was presented to the Medical Records Department.



Brian Wood and Joe Calvert, two members of our Estates Team who service miles of drains across the Trust sites.

Staff Survey Results

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 2010 survey were published in March 2011 and overall, the report shows similar results to those from 2009 with only 39% of staff responding (323 respondents from a sample of 832), against a national response rate of 54%.

The key findings from the survey are outlined below:

2008/09 Response Rate		2009/10 Response Rate		2010/11 Response Rate		Trust Deterioration
Trust	National Average	Trust	National Average	Trust	National Average	Trust
45%	55%	45%	55%	39%	54%	6%

Top 4 Ranking Scores

Percentage of staff working extra hours:

Staff were asked whether in an average week they worked longer than the hours for which they were contracted. The Trust's score of 53% was in the lowest (best) 20% when compared with Trusts of a similar type.

2009/10 Response Rate		2010/11 Response Rate		Trust Improvement
Trust	National Average	Trust	National Average	
60%	65%	53%	66%	7%

Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month:

28% of staff at the Trust said that, in the previous month, they had witnessed at least one error, near miss or incident which could have hurt staff, patients or service users.

The Trust's score of 28% was in the lowest (best) 20% when compared with Trusts of a similar type.

2009/10 Response Rate		2010/11 Response Rate		Trust Improvement
Trust	National Average	Trust	National Average	
36%	37%	28%	37%	8%

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:

Staff were asked whether they had experienced harassment, bullying or abuse from colleagues or managers in the previous twelve months. The Trust's score of 11% was in the lowest (best) 20% when compared with Trusts of a similar type.

- Because of changes to the format of the survey questions this year, comparisons with the 2009 score are not possible.

Perceptions of effective action from employer towards violence and harassment:

Staff were asked questions about the extent to which they think their Trust takes effective action if staff are physically attacked, bullied, harassed or abused. Possible scores range from 1 to 5, with 1 representing the perception that the Trust does not take effective action, and 5 representing the perception that the Trust does take effective action.

The Trust's score of 3.75 was in the highest (best) 20% when compared with Trusts of a similar type.

2009/10 Response Rate		2010/11 Response Rate		Trust Improvement
Trust	National Average	Trust	National Average	
3.70	-	3.75	3.56	No significant change

Bottom 4 ranking scores

Percentage of staff feeling valued by their work colleagues:

Staff were asked if they agreed with at least three of the following four statements:

- that they are trusted to do their job;
- that their colleagues treat them with respect;
- that their colleagues seek their opinions;
- that they feel part of a team.

The Trust's score of 71% was in the lowest (worst) 20% when compared with Trusts of a similar type.

2009/10 Response Rate		2010/11 Response Rate		Trust Improvement
Trust	National Average	Trust	National Average	
74%	77%	71%	76%	3%

Staff motivation at work:

Staff were asked questions about the extent to which they look forward to going to work, and are enthusiastic and absorbed in their jobs. Possible scores range from 1 to 5, with 1 representing that staff were not enthusiastic and absorbed by their work, and 5 representing that staff were enthusiastic and absorbed by their work.

2009/10 Response Rate		2010/11 Response Rate		Trust Deterioration
Trust	National Average	Trust	National Average	
3.77	3.84	3.74	3.83	No significant change

Percentage of staff appraised in last 12 months:

Staff were asked whether they had received an appraisal, performance development review, Knowledge and Skills Framework (KSF) development review or other such review in the last 12 months.

2009/10 Response Rate		2010/11 Response Rate		Trust Deterioration
Trust	National Average	Trust	National Average	
69%	70%	66%	78%	3%

Percentage of staff receiving job-relevant training, learning or development in the last 12 months.

Staff were asked whether they had received training, learning or development in the last 12 months which had helped them perform their jobs better, stay up-to-date with their jobs or stay up-to-date with professional requirements.

The Trust's score of 75% was below (worse than) average when compared with Trusts of a similar type.

2009/10 Response Rate		2010/11 Response Rate		Trust Deterioration
Trust	National Average	Trust	National Average	
76%	78%	75%	78%	1%



The areas where the Trust has most improved since 2009 are:

- percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month;
- percentage of staff working extra hours;
- staff intention to leave their jobs; and
- impact of health and well-being on ability to perform work or daily activities.

Effective staff engagement is dependent on the extent to which staff feel the Trust values their work, which in itself is achieved by a number of separate actions.

Following discussion within the organisation, key areas have been identified to address during 2011/12.

- The extent to which staff feel valued by their work colleagues;
- Staff having an appraisal and personal development plan;
- Staff recommending the Trust as a place to work or receive treatment; and
- Having equality and diversity training.

The resulting action plan has been referenced to the four pledges to staff contained within the NHS Constitution.

The following actions will be a key focus of work:

- All line managers ensuring that staff:
 - have an annual appraisal;
 - get further feedback on their performance;
 - receive their monthly Team Brief; and
 - are being involved in decision-making
- All line managers ensuring that staff:
 - have clear job descriptions;
 - have clarity on where their job fits in the team/department;
 - have clear objectives
- Undertaking an appraisal audit of all non-medical staff/managers;
- Introducing a new appraisal policy which includes provision to remove automatic pay progression and commencement of performance management processes;
- Making explicit links between individual roles and patient care during the 2011 round of appraisals; and
- Continuing with service improvement initiatives that release staff time and/or improve efficiency and quality.



Quality Report

Part 1: Chief Executive's Statement

City Hospitals Sunderland NHS Foundation Trust is delighted to present its third Quality Report covering the year 2010/11.

Quality Reports assist the public, patients and others to understand:

- what the organisation has done well,
- where improvements in service quality are still required, and
- what the Trust priorities are for improvements in the coming year 2011 /12.

Last year was undoubtedly one of our most challenging; the economic downturn served to create a very difficult operational context. City Hospitals, like many other organisations in the NHS, had to cope with unprecedented and competing service demands whilst needing to protect and improve quality, all against a background of having to make necessary efficiencies and savings. Although at times it has been very difficult for staff struggling to balance these pressures, we believe that we have risen to the quality challenge.

That focus has meant, for example, continuing reductions in healthcare associated infections to our lowest ever level. We now have very robust systems in place for keeping the environment clean, tidy and safe, for prescribing the correct drugs and ensuring our staff adhere to strict hand washing. It is imperative that we ensure our patients are safe from infection, and I believe that everyone is playing their part in maintaining the highest standards of hygiene.

Our aim to both protect and improve quality is now firmly embedded in our corporate objectives and we are working hard to align our internal systems and practices to make quality, safety and the patient experience an integral part of our business. We will continue to be an organisation which aspires to be better, not simply to meet targets but to make care as effective and safe as possible, and in line with the best.

That commitment is enshrined in our new ward block and critical care facilities, which offer first class, ultra modern accommodation for our patients. I'm sure the inconveniences and delays of the new build suffered at the time have long passed and we can now be proud of this significant development. It sends a clear message that we want to provide only the very best and excellence in care for our local community.

Although the Quality Report highlights our many achievements, and rightly so, it does not avoid those areas where we know we need to improve. Our performance in the recent national inpatient survey is improving; patients are telling us that we are getting it right most of the time, but equally as important, they are letting us know where we get it wrong. There are still some issues that we know we still need to do better, and these are highlighted in the Quality Report as our continuing priorities.

With the Quality Report covering such a wide range of issues it is also important for everyone who reads this to have confidence in the accuracy of the information presented. I can confirm that to the best of my knowledge the information reported within this document is accurate.

In setting out the Quality Report we can't possibly cover everything; staff throughout the Trust continually work to improve care, and there are endless examples of excellent individual practice. The report however does provide a flavour of the quality experience at the Trust, which I hope inspires confidence in our services, and shows our genuine desire to improve.

"Although the Quality Report highlights our many achievements, it does not avoid those areas where we know we need to improve."



KEN BREMNER
Chief Executive

Date: 02 June 2011

Part 2: Priorities for Quality Improvement and Statements of Assurance from the Board

Our ambition is for “best quality and highest safety”. For our patients this means being a place where people want to come to receive care; for our staff it means being an organisation where people want to come and work.

Priorities for Quality Improvement – Review of Performance 2010/11

Priority 1: Patient Safety

To further reduce avoidable hospital acquired infection

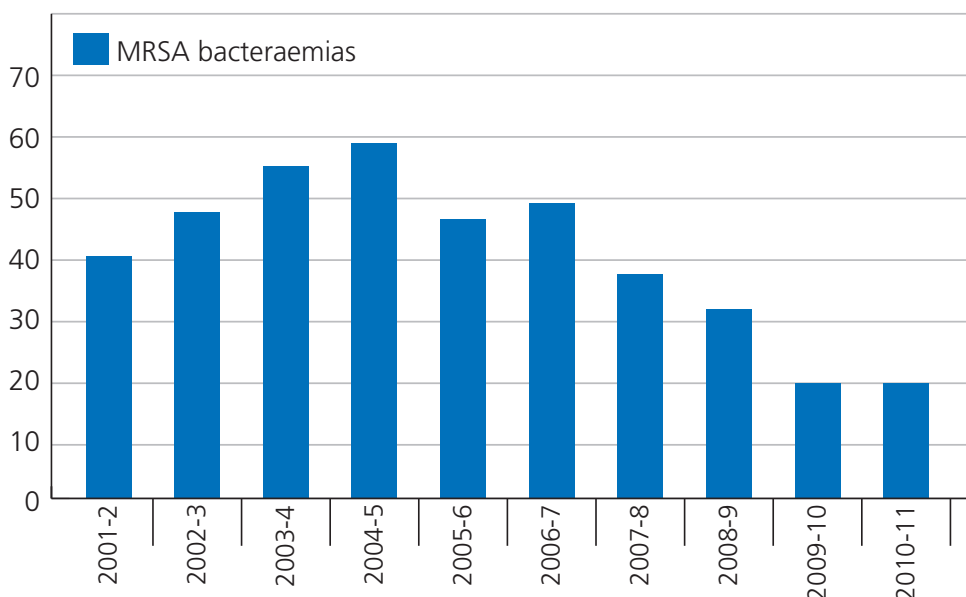
Health Care Associated Infections (HCAI) are infections that are neither present (nor incubating) when a patient enters hospital. About 9% of inpatients have a Health Care Associated Infection, however not all HCAs are preventable. Although we are delighted with the success in achieving our targets for MRSA and *C. difficile* for 2010/11 we will not be complacent and reducing our MRSA and *C. difficile* rates even further will continue to be a top priority for the organisation. The targets for 2011/12 are very challenging with 6 cases of post-48 hours MRSA and 44 cases of post-72 hours *C. difficile* infection.

How did we do?

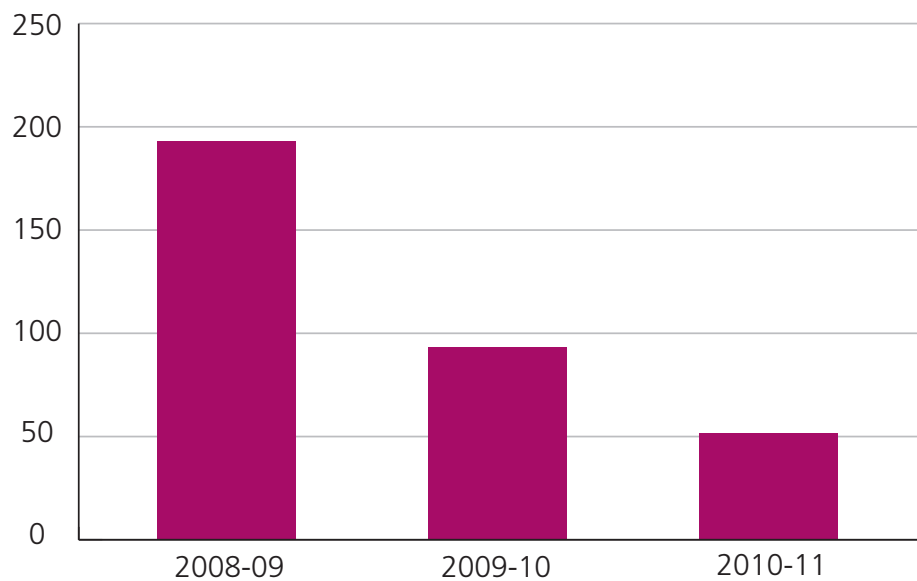
	2007/08 Actual	2008/09 Actual	2009/10 Actual	2010/11	% change	Achieved/ Not Achieved
MRSA bacteraemias	37	33	20	8*	60%	✓
<i>Clostridium difficile</i>	-	192	93	49	47%	✓

*the 8 cases represent all MRSA cases (both hospital and community acquired) for comparison purposes, of the 8 cases 3 were post-48 hours

MRSA bacteraemia 2001/02-2010/11



Hospital acquired *C.difficile* infection



Achievements

- Our self assessment against the Health and Social Care Act 2008 has identified no areas of non-compliance;
- Continuing success has been demonstrated for our Infection Prevention and Control Ward (F62, a 19 bedded ward with strict infection control measures in place) in managing patients with *C.difficile* infection and viral gastroenteritis. Additional effort to manage patients with MRSA on the ward as CDI cases dwindle is showing early signs of reduced MRSA transmission. Our *C.difficile* infection rates are consistently below the national average rate;
- Screening of all patients for MRSA continues;
- The web-based infection control dashboard is being launched this year and will allow more comprehensive and accessible information about Infection Prevention and Control performance throughout the Trust;
- We have appointed a Senior Infection Prevention and Control Nurse as Head of the Infection Prevention and Control Department;
- Levels of MRSA bacteraemia have now dropped to an all time low, with post 48 hour cases totalling only 3 in the last 12 months;
- Infection Prevention and Control e-learning capability has significantly increased.

Key areas of Improvement

- Continue to ensure the smooth running of the Infection Prevention and Control ward (F62), despite the bed pressures in the Trust;
- Additional enhanced cleaning of clinical areas where cases of CDI have arisen will be undertaken as well as a programme of environmental surveillance for *C.difficile* spores to help identify any hot spots;
- Methicillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemias will now be analysed in detail to try and provide lessons learned for the organisation;
- Mandatory reporting of MSSA bacteraemias and *E. coli* bacteraemias is occurring this year;
- Introduce a new real-time bed management system to better manage beds and track patients who are known to be an infection risk;
- Continue to develop and empower those staff undertaking Clinical and Hand Hygiene Champion roles in wards and clinical areas;
- Greater scrutiny of patients who die within 130 days with a diagnosis of *Clostridium difficile* infection;
- Extend surveillance activity to target multiple specialties within the Surgical Directorate.

Priority 2: Patient Experience

To improve patient experience and overall satisfaction

As a Trust we are committed to improving the quality of patient experience and it is therefore important that we listen to what patients and their families say about their treatment and care so that we can focus on where we need to improve. The Trust's aim was to improve its performance across a range of patient experience measures, including dignity and respect, pain management, choice of food and assisting patients to eat, cleanliness of rooms or wards and the overall rating of care.

How did we do?

Metric	Description	2009 Actual	Source	2010 Actual	Source	Improvement
Dignity & respect	"Did you feel you were treated with dignity and respect while you were in hospital?"	88	National IP Survey	90	National	✓ IP Survey
Choice of food and assisting patients to eat	"Were you offered a choice of food?"	75	National IP Survey	83	National IP Survey	✓
	"Did you get enough help from staff to eat your meals?"	68		73		✓
Pain management	"Do you think the hospital staff did everything they could to help control your pain?"	80	National IP Survey	79	National	✗ IP Survey
Cleanliness of rooms or wards	"How clean was the hospital room or ward that you were in?"	85	National IP Survey	88	National IP Survey	✓
	"How clean were the toilets and bathrooms that you used?"	83		85		✓
Overall rating of care	"Overall how would you rate the care you received" (% of patients who said 'Good' and above)	77	National IP Survey	80	National	✓ IP Survey

Key areas of Improvement

Food & Nutrition (Nutrition Steering Group)

- Public display of menus on all wards with the ward hostess checking that a menu is at each bedside prior to meal service. The menu is now featured as an integral part of the admission process;
- Ward staff now ensure that patients are given a menu to enable them to choose their meal. If the patients' choice of meal is not available, staff are asked to provide an explanation;
- Ward staff reminded to reinforce protected meal times; and
- Re-launch of information on each ward's catering related performance.

Cleanliness of Wards

- Regular programme of spot checks undertaken by Matrons to identify persistent, problematic areas and clear lines of communication for taking action;
- Ward areas undertaking Infection Control Environmental Audits.

Dignity & Respect

- Information about privacy and dignity to be included in new Bedside Information Folders;
- Staff made aware of the importance of maintaining privacy and dignity for patients when in hospital, particularly when involved in visiting other departments or moving through public areas.

Pain Management

The work of the City Hospitals' Pain Management Group has had mixed success in 2010/11. One of our improvement areas was to increase the percentage of patients who have a pain score documented on admission. The annual Hospital Wide Level of Care and Early Warning Score Point Prevalence Study 2010 revealed that 88% (n=574) of patients had a pain score documented on their observation chart. In 2009 only 48% (n=324) of patients had a pain score documented. Whilst there is room for improvement, this demonstrates substantial progress in recording what is now considered the "5th vital sign" (Chronic Pain Policy Coalition 2008).

However we have had less success in introducing measures to reduce the number of omitted and delayed analgesia. Given that the issue of pain management is still a concern to patients, the group will reflect and refocus on this area for 2011/12. We are confident that the national Essence of Care benchmarking tool on pain (due to be released in October 11) which highlights areas of best practice will help to regain our focus in tackling this issue.

Deteriorating Patient

Metric	2009/10 Baseline	2010/11	Monitoring Group	Source
Reducing the number of incidents and complaints relating to handover of care issues (where a patient is transferred from one consultant team to another).	Not* available	37	Deteriorating Patient Group	Incident reporting system

Progress

- Implementation of a revised clinical handover process for all patients being transferred from the Acute Medical Unit (AMU) to base wards,
- Clinical handover is included in the Leading Improvements in Patient Safety (LIPS) programme (under the broad objective of improving the management of the deteriorating patient).

* Not previously identified as a specific cause group within either the complaints or incident database – this has now been addressed in order that accurate figures will be available for future reports.

Improving the recording and recognition of, and response to, clinical observations (vital signs), particularly in patients whose condition is deteriorating.	48	48	Deteriorating Patient Group	Incident reporting system
This is monitored by the number of incidents reported and by the number of complaints received.	11	1	Deteriorating Patient Group	Complaints Database

Progress

- Rollout of critical skills training across the Trust;
- Establishment of quarterly lessons learned seminars;
- Outcomes of inquests and Root Cause Analysis (RCA) investigations provided to Clinical Governance Leads who are then tasked with ensuring that the lessons learned are shared and acted upon across their area of responsibility,
- Further review of the Trust observation (vital signs) chart.

Whilst the figures indicate that the number of incidents relating to this specific area have remained constant, there has been an increase in the percentage of incidents reported as 'near misses', 18.75% in 2009/10 to 22.9% during 2010/11. This indicates increased awareness and closer monitoring of the Early Warning Score (EWS) system used to identify deterioration in a patient's condition. This is supported by the significant decrease in the number of complaints raised with regard to this issue.

Specific cause group categories have now been established on the incident and complaints database to facilitate good data capture, which enables the Deteriorating Patient Group to monitor trends and themes.

A Trust study revealed that 95% (n=615) of patients' EWSs were recorded accurately. Previous studies showed 91% (2009) and 81% (2008) were recorded accurately (Source – Hospital Wide Level of Care and Early Warning Score Point Prevalence Study 2010).

Metric	2009/10 Baseline	2010/11	Monitoring Group	Source
Improving the methods of communicating treatment and clinical monitoring plans for patients.	Not available	8	Deteriorating Patient Group	Complaints Database

This is not a specific cause group within the incident database and is not a recognised sub section of incident reports as identified by the National Patient Safety Agency (NPSA) with such issues being logged under the generic cause group of communication. The complaints database cause groups have now been expanded to allow capture of this data to see if trends and themes emerge.

Communication and Record Keeping

Metric

Improving communication and supportive documentation for patients in relation to outpatient appointments.

Progress

- Reviewing and improving the content of appointment letters;
- Reducing patients cancellations and Did Not Attend (DNAs).

Metric

Improving the standards of clinical record keeping

Progress

- Awareness brief on the clinical record keeping policy for staff – "Top 10 Tips for Good Record Keeping",
- Undertaking record keeping audits as part of local clinical governance systems.

Priority 3: Clinical Effectiveness

To reduce the number of slips, trips and falls and associated harm

This challenging aim was to reduce the incidence of patient falls by 10% and reduce the number of incidents resulting in moderate, major and catastrophic injury.

How did we do?

Metric	Description	2008/09 Actual	2009/10 Actual	2010/11	Source
Hospital falls	Number of falls (including all slips and trips)	-	1825	1636	Incident system
	Number of falls (with associated injury*)	26	42	57	Incident system

* a patient sustaining a moderate, major and catastrophic injury (using NPSA definitions)

Key areas of Improvement

- There has been a 10.35% reduction in the number of falls reported (1825 to 1636);
- The patient Falls Risk Assessment tool is now accessible to clinical staff via the HISS system;
- An e-learning programme has been developed to assist staff training in the management of patients at risk of falling;
- Weekly monitoring of all patient falls has been established and this information is fed back to wards;
- The introduction of a Falls Co-Coordinator who works closely with ward staff to minimise risks for patients identified following assessment as having a high risk of falling.

Priorities for Quality Improvement in 2011/12

For 2011/12 we have agreed the following quality priorities for improving our services. We considered these priorities following extensive review and reflection on our current performance in these areas, through discussion with key clinical and management staff, as well as feedback from patients and the public. We have considered a range of external and internal data sources and monitoring mechanisms, which include the following:

- Care Quality Commission essential standards of quality and safety;
- Clinical Negligence Scheme for Trusts accreditation standards and reports;
- National and local surveys and patient feedback; and
- Analysis of complaints and incidents.

For each priority for improvement we have stated why we have decided to focus on that area and how progress will be monitored.

Category		Priority
Clinical Effectiveness	1.	Reduction in avoidable hospital acquired infection 1a - MRSA bacteraemia 1b - Clostridium <i>difficile</i> infections
Patient Experience	2.	Improvement of the patient experience and overall satisfaction in key areas 2a - Increase food scores on quality, choice and assistance 2b - Enhance the patients' perception of pain management
Patient Safety	3.	More effective management of the deteriorating patient to minimise avoidable harm 3a - Improve staff recording, recognition and response to deteriorating Early Warning Scores (EWS)
Patient Safety	4.	Reduction in the number of patient slips, trips and falls and their associated harm 4a - To reduce the 'crude' number of patient slips, trips and falls 4b - To reduce the number of incidents that result in major and catastrophic injury

Priority 1: To Further Reduce the Rates of Avoidable Hospital Acquired Infection

Over the past few years we have made significant achievements in reducing hospital acquired infections through the constant vigilance of staff who have made infection control their personal and team responsibility. The importance of hand hygiene is now fully understood by all staff and is visible through our "bare below the elbows" patient contacts, the presence of gel dispensers throughout wards and departments, and more widely with the general public through visible promotion of good hand hygiene practices.

Whilst we can all claim to have played a part in this success, our next biggest challenge is avoiding complacency; this is why we will continue to keep hospital acquired infection a top clinical priority. For 2011/12, the Trust has an even more challenging target of:

- not exceeding 6 post-48 hours MRSA bacteraemias and,
- not exceeding 44 post-72 hours cases of *C.difficile* infections.

How progress will be monitored	
Measured	<ul style="list-style-type: none"> • Number of reported and confirmed cases of MRSA bacteraemia (post-48 hours) and <i>C.difficile</i> (post-72 hours)
Monitored	<ul style="list-style-type: none"> • Director of Infection Prevention and Control • Winning Ways Implementation Group
Reported	<ul style="list-style-type: none"> • Corporate and specialty Service Line Reporting (SLR) clinical dashboards • Clinical Governance Steering Group • Board of Directors reports

Priority 2: To Improve Patient Experience and Overall Satisfaction in Key Areas

There are certain aspects of the patient experience that we know we need to improve. Despite our efforts last year our feedback from patients shows that we still have more to do. That is why improvements to the patient experience will remain a key priority for the Trust next year. Our corporate objectives reflect this goal and that expectation will also be included in local directorate and clinical team objectives; this ensures that we all have a responsibility to making improvements to the patient experience 'our business'.

In 2011/12 we will specifically focus on the rating and choice of hospital food, the management of patients' pain and various aspects of communication, particularly involving older people. This does not mean that other aspects of care are ignored, but we are determined to show improvement in these specific areas which matter so much to patients.

How progress will be monitored	
Measured	<ul style="list-style-type: none"> • National Patient Survey 2011 • Results from real-time patient feedback • Number of reported incidents and formal complaints
Monitored	<ul style="list-style-type: none"> • Monthly real-time feedback reports and cumulative scorecard • Patient & Public Involvement Steering Group
Reported	<ul style="list-style-type: none"> • Board of Governors • Executive Board / Board of Directors

Priority 3: To Improve the Management of the Deteriorating Patient

The health of a patient in hospital may unexpectedly get worse. This can happen at any stage of an illness but is more likely following an emergency admission to hospital, after surgery or after leaving critical care. Deterioration may lead to patients staying in hospital longer, not fully recovering or dying. Checking patients' vital signs (temperature, blood pressure, pulse and respiration rate) regularly can be used to establish a score which will give an early indication of deterioration; this is called the Early Warning Score (EWS). If the EWS shows signs that the patient's condition is becoming worse taking prompt action can help avoid serious problems.

Incidents reported by staff, local audit data and review of mortality cases have sometimes shown that patients vital signs were not always recorded in a timely manner and that, on occasion, the EWS were not acted upon in time to prevent further deterioration in a patient's condition. Given the impact this has on patient outcomes we have identified this as a priority area for improvement.

The Trust has restructured and revitalised its Deteriorating Patient Group to help the Trust focus on this priority. Improving the management of the deteriorating patient is also a key objective within the Leading Improvements in Patient Safety (LIPS) programme, which includes a range of initiatives to improve the recognition and response to those patients whose condition deteriorates.

How progress will be monitored	
Measured	<ul style="list-style-type: none"> • Global Trigger Tool review of mortality • Annual level of care report
Monitored	<ul style="list-style-type: none"> • Reported incidents of patient deterioration • Deteriorating Patient Group
Reported	<ul style="list-style-type: none"> • Clinical Governance Steering Group • Executive Board / Board of Directors

Priority 4: To Reduce the Number of Patient Slips, Trips and Falls and Harmful Falls

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 falls which contribute to a patient's death or those falls which result in harm, particularly fractures, as these can prolong hospital stay and may decrease the likelihood of return to previous levels of independence. In spite of our focus on falls prevention and management last year, and with a decrease in the total number of falls, we believe we can improve even further and also reduce the number of potentially harmful falls, ie those associated with fractures.

Reducing falls is also a part of our Commissioning for Quality and Innovation (CQUIN) agreement with NHS South of Tyne & Wear Primary Care Trust as well as a key component of our patient safety programme (Leading Improvements in Patient Safety – LIPS).

Our goal will be to reduce the incidence of falls by 10% and prevent the number of incidents that result in major or catastrophic injury.

How progress will be monitored	
Measured	<ul style="list-style-type: none"> • Incident reporting system
Monitored	<ul style="list-style-type: none"> • Quality Review (Monthly) meetings • Trust Falls Committee
Reported	<ul style="list-style-type: none"> • Reports to Clinical Governance Steering Group • Reports to Executive Board / Board of Directors

In addition to these quality priorities, after consultation with clinical teams, various internal quality committees and patient groups we have agreed to the following indicators for quality improvement in 2011/12:

Indicators for Quality Improvement in 2011/12

Patient Safety				
Metric	Description	Source	Rationale	Monitoring Group
Hospital mortality	To reduce mortality Risk Adjusted Mortality Index (RAMI) through a series of targeted interventions	Caspe Healthcare Knowledge System (CHKS)	<ul style="list-style-type: none"> High Hospital Standardised Mortality Ratio (HSMR) 'Worse than expected' mortality in Care Quality Commission (CQC) Quality & Risk Profile 	Clinical Governance Steering Group
Pressure Ulcers (Sores)	Reduce the number of grade 3 & 4 pressure ulcers	Internal (Safeguard system)	<ul style="list-style-type: none"> QIPP safe care work stream CQUIN goal 2011/12 	Tissue Viability Group – Nursing & Quality
Discharge arrangements	Improve the quality of discharge communication between the Trust and Primary Care	Internal	<ul style="list-style-type: none"> LINK feedback (2010) GP survey (2010) Issues raised by PCT 	Clinical Governance Steering Group
'Never Events'	Eliminate any occurrence	Internal systems, ie Safeguard, Pharmacy HISS module etc	<ul style="list-style-type: none"> Operating Framework 2011/12 Never Events list 2011/12 	Risk Management/ Clinical Governance

Clinical Effectiveness				
Metric	Description	Source	Rationale	Monitoring Group
Hospital readmissions	To reduce the number of avoidable readmissions relating to Chronic Obstructive Pulmonary Disease (COPD)	CHKS	<ul style="list-style-type: none"> Penalty schedule Payment by Results (PbR)/ new tariff system CQUIN goal 2011/12 (under long term conditions) 	Performance/ Information Services
Reporting Times for Radiology	Improve internal reporting times for X-rays and ultrasound scans	Internal (Data repository)	<ul style="list-style-type: none"> Radiology Clinical Governance Review 	Performance – Corporate dashboard
End of Life	Increase the number of patients on the Liverpool Care Pathway as a proportion of those expected to die	Internal	<ul style="list-style-type: none"> CQUIN 2011/12 goal 	End of Life Steering Group

Patient Experience				
Metric	Description	Source	Rationale	Monitoring Group
Eliminate mixed sex accommodation	Minimising use of same bathroom or shower area for patients of the opposite sex	Internal	<ul style="list-style-type: none"> DH commitment – linked to penalty schedule Include focus on Care of the Elderly (Governors/LINKs issue) 	Performance/ Nursing & Quality/ Facilities
Communication indicators	<p>Informed and involved in decisions about care and treatment</p> <p>Staff listen to concerns and answer questions</p> <p>Staff polite and professional</p> <p>Staff inform about medication side effects</p> <p>Given all the information needed for discharge home</p>	<p>National inpatient survey</p> <p>Real Time Feedback</p>	<ul style="list-style-type: none"> DH National inpatient survey Include focus on Care of the Elderly (Governors/LINKs issue) 	Patient and Public Involvement Committee
Overall satisfaction	“Overall how would you rate the care you received” (% of patients who said ‘Good’ and above)	NHS Patient Survey	<ul style="list-style-type: none"> DH National inpatient survey Include focus on Care of the Elderly (Governors / LINKs issue) 	Real Time Feedback/ Clinical Governance





Statements of Assurance from the Board

Information on the Review of Services

During 2010/11 City Hospitals Sunderland provided and/or sub-contracted 40 NHS services.

City Hospitals Sunderland has reviewed all the data available to them on the quality of care in 17 (42%) of these NHS services during 2010/11. This ensured the Trust completed the planned programme of Clinical Governance Reviews of all clinical directorates and specialties by November 2010 as part of a two-yearly cycle (the other 58% were completed in 2009/10).

This involved a comprehensive review of their clinical governance activities, for example:

- how they manage and mitigate risks;
- have they participated and learnt from clinical audit;
- do they act on the findings from complaints and surveys; and
- is national 'best practice' being followed.

The process has been invaluable in identifying quality issues that need to be addressed as well as showcasing good areas of practice. Another 'round' of Clinical Governance Reviews is planned for the next 2 years.

The income generated by the NHS services reviewed in 2010/11 represents approximately 49% per cent of the total income generated from the provision of NHS services by City Hospitals Sunderland for 2010/11.

Clinical Negligence Scheme for Trusts (CNST) General Level 1 Accreditation (September 2010)

The NHS Litigation Authority (NHS LA) conducts rigorous assessments of NHS organisations against a set of core Risk Management Standards. The standards and assessment process are designed to provide a structured framework to focus the organisation's risk management activities on delivering improvements in governance, patient care and the safety of patients, staff and visitors.

In September 2010, the Trust was assessed against the Level 2 risk management standards. Unfortunately we were unsuccessful in achieving the Level 2 standard but we did retain our Level 1 status.

Whilst everyone was disappointed with the outcome of the assessment, we have taken the opportunity to revise and update our governance arrangements (a key reason for not achieving Level 2) and we now believe that we have a much more rigorous process in place which will contribute to embedding risk management and patient safety into the organisation's culture and provide external assurance to the Trust Board, other inspecting bodies and stakeholders (including patients) that the Trust is doing the right things to minimise risk and harm to patients.

Our aim is to be ready for Level 2 assessment in 2012; the first opportunity we have for undertaking that level of assessment.

Accreditation Schemes

The NHS has an established system of accreditation schemes that ensure hospital services meet national standards of service delivery and quality. These schemes usually involve self-assessment and/or external audit which are confirmed by external peer review. The following highlights the outcomes of accreditation schemes undertaken this year by some of our clinical services:

- **Clinical Pathology Accreditation (UK) Ltd (CPA)** – This is nationally recognised as providing a set of minimum quality standards for pathology laboratories. All disciplines (Histopathology, Haematology, and Biochemistry), with the exception of Microbiology, retained accreditation. Microbiology achieved provisional accreditation on the condition of further evidence being made available within a set time frame.
- **Pharmacy Accreditation** – The manufacturing unit has a biennial inspection undertaken by the Medicines and Healthcare Products Regulatory Agency (last inspection was in October 2009) and also an external audit from the regional Quality Control Service (2010). No licences were withheld and the audits/assessments were all passed.
- **Human Fertilisation and Embryology Authority (HFEA) licence** – In April 2010, the Sunderland Fertility Centre moved from its location in the old Kayll Road block to a new, purpose built unit in Chester Lodge. Before the move had been completed, the new centre was inspected by a team from the Human Fertilisation and Embryology Authority (HFEA), which is the governing body of assisted conception units in the UK. The inspectors from the HFEA were impressed by the design and facilities of the Centre, and the Centre's licence was transferred to the new location. In December 2010, inspectors from the HFEA visited the Centre again for an interim inspection, aimed at ensuring compliance with the relevant laws and directions regulating assisted conception practices. The inspection report was discussed by the HFEA licensing committee and Sunderland Fertility Centre was granted continuation of its licence without attached conditions.

External Assessments/Visits

• **General Surgery:**

The Quality Assurance lead for the National Abdominal Aortic Aneurysm (AAA) screening programme has been tasked with visiting every unit planning to undertake repair of AAAs. Units are measured against 11 standards, each being graded 1-4:

- 1=standard not met,
- 2=partially met,
- 3=almost met,
- 4=fully met or exceeded.

City Hospitals achieved 4 out of 4 for ALL 11 standards. The assessor complimented the multidisciplinary team approach and aneurysm work up measures. The assessor went so far as to say that it was the most impressive set up she had seen so far.

• **Trauma & Orthopaedics (T&O):**

T&O underwent an inspection from the Human Tissue Authority in March 2011. The inspection focused on two main areas: the process, storage and patient arrangements for the use of human tissue in an ACI procedure (Autologous Chondrocyte Implantation) and the use of femoral heads. T&O successfully passed the inspection which confirmed that they had good policies and procedures in place for the storage and use of human tissue.

Cancer Peer Review

National Cancer Peer Review (NCPR) is a national quality assurance programme for NHS cancer services. The programme involves both self-assessments by cancer service teams and external reviews of teams conducted by professional peers, against nationally agreed "quality measures". During 2010/11 the following tumour sites within Cancer Services were assessed;

Tumour site	Compliance	Type of assessment
Breast	80.0%	Formal Peer Review visit
Head & Neck	95.5%	Self assessment (SA) with external verification (EV)
Thyroid	94.3% *	Self assessment (SA) with external verification (EV)
Colorectal	90.2%	Self assessment (SA) with external verification (EV)
Urology	95.9%	Self assessment (SA) with internal validation (IV)
Penile	76.2%	Self assessment (SA) with internal validation (IV)
Lung	87.1%	Self assessment (SA) with internal validation (IV)
Upper GI	81.8%	Self assessment (SA) with internal validation (IV)
Gynaecology	83.3%	Self assessment (SA) with internal validation (IV)

* Unconfirmed

Formal Peer Review (Breast Cancer)

Breast Cancer was the only area in 2010/11 to have a formal peer review visit. The areas of good practice highlighted by the external assessors included:

- Implementation of the Holistic Assessment Framework which is nationally recognised,
- Excellent team spirit despite challenging circumstances relating to staffing. Team remain positive and patient focused,
- Commended for the survivorship initiative which reflects the Cancer Reform Strategy recommendation,
- No immediate risks or serious concerns identified

Areas for improvement included:

- Both breast surgeons did not perform the minimum number of operative procedures in the reporting period,
- Further work to re-establish the 'one stop' clinic,
- Sentinel node biopsy should be expedited,
- Access to level 4 psychology support needs to be available.

Action plans have been issued to each multidisciplinary team and meetings commenced to advise on compliancy levels and requirements relating to the documentation.

NHS Maternity Services Survey

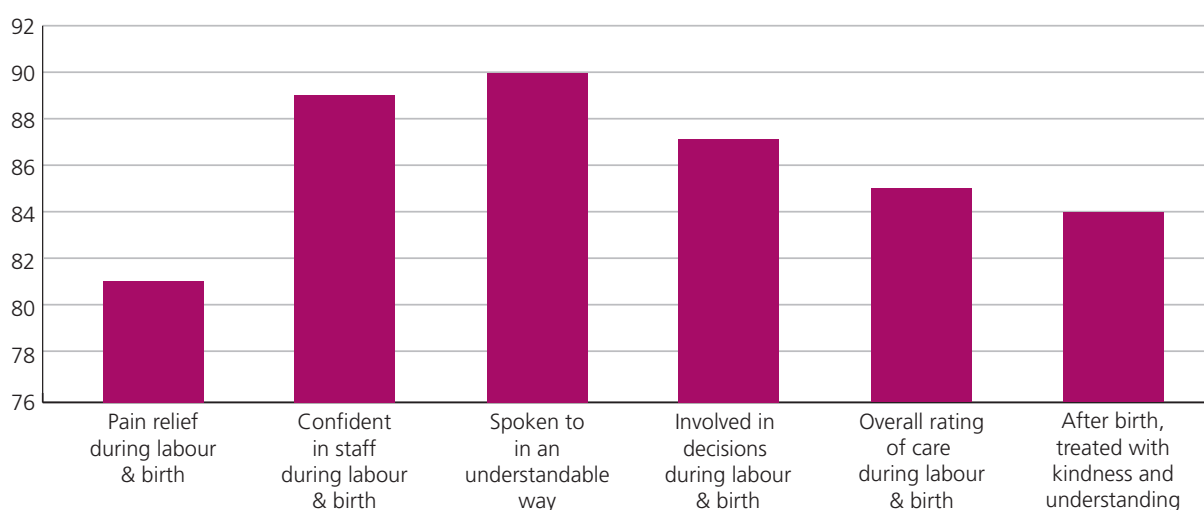
In 2010 City Hospitals took part in the national survey of maternity services which forms part of the national programme of NHS patient surveys. Women were asked to give their views on all aspects of their maternity care from the first time they saw a clinician, to care provided at home in the weeks following the birth of their baby.

City Hospitals performed very well compared with its peers and the findings show that mothers (and their partners) rate highly the quality of care provided by the Trust. The positive experiences of women extend across the three stages of care; antenatal care, labour and birth and postnatal care. Overall, City Hospitals was rated amongst the best 20% of acute Trusts in over half of the questions reported ("Green scores"). In fact the Trust achieved the highest number of green scores in the North East region.

Key findings from the Maternity Services Survey 2010 – comparison ratings (NHS choices)

Survey themes	How our score compares with other Trusts		
For questions about: - care during pregnancy (antenatal care)	WORSE	ABOUT THE SAME	BETTER
For questions about: - labour and birth	WORSE	ABOUT THE SAME	BETTER
For questions about: - staff during labour and birth	WORSE	ABOUT THE SAME	BETTER
For questions about: - care in hospital after the birth (postnatal care)	WORSE	ABOUT THE SAME	BETTER
For questions about: - feeding the baby during the first few days	WORSE	ABOUT THE SAME	BETTER

Key findings from the Maternity Services Survey 2010 – percentage (%) of women reporting



There were only two "red scores" reported in the survey, and these related to mothers being offered a home birth and the time mothers waited for stitches following an episiotomy or tear. An action plan has been developed to address these weaker areas which will be monitored by the Maternity Directorate in collaboration with the Maternity Services Liaison Group.

How did our patients think we did?

The hand written comments of the mothers have also been reviewed and they have substantiated the positive findings of the quantitative data.

"I would just like to say I had the best midwives during the pregnancy and while I was in labour. They made the whole experience magical and very comfortable and unforgettable; they deserve a big thank you. They were amazing and helped me and my boyfriend more than I could say"

"All my maternity care was excellent. The help and friendliness of staff at the hospital was exceptional"

"The support I received in Sunderland Royal Hospital was 2nd to none. The midwives, consultants and all staff were outstanding. Although i had a previous serious medical condition I at no time felt worried that I wasn't being cared for by competent staff."

“

They made the whole experience magical and very comfortable and unforgettable.

”



Dr Sam Richmond, Consultant Neonatologist on his last day prior to retirement with baby Hugo.

CHKS – Clinical Practice (Service) Benchmarking

Caspe Healthcare Knowledge System (CHKS) are an independent provider of healthcare information and intelligence which hospitals can use to review and improve their services. The system allows Trusts to benchmark or compare performance against other hospitals and to identify any areas of concern or of good practice. The system allows reviews of performance across all specialties and most services.

Within City Hospitals, the tools within the CHKS system are available to clinical and managerial staff and certain areas of quality, safety and effectiveness are routinely monitored including:

- Mortality
- Complication rates
- Length of stay
- Day case rates
- Readmission rates
- Outpatients ie Did Not Attend rates

The Boards receive detailed reports on any alerts raised at specialty level and a summary of areas where there are variations in performance. Actions are taken to resolve any performance issues.



Deepali Varma, Consultant Ophthalmologist who leads the Macular Degeneration Service.

GP Survey

During 2010, all GP Practices in South of Tyne and Wear and Durham were invited to take part in an online survey to find out from GPs and their practice staff what they thought about the Trust in relation to key areas such as quality and performance, staff attitudes, behaviours and communication. The findings of the survey would show the important issues the Trust needed to improve upon and also inform development of a new marketing strategy.

The survey rated specialties such as Ophthalmology and Head and Neck highly when compared to other Trusts and showed that GPs valued our range of surgical specialisms and access to computer results. However there are things we need to improve and challenges to address in order to improve how we work together.

Improving our communication and engagement

Firstly we needed to improve the levels of communication and engagement with GPs and their practices. In response the Trust publishes an online bulletin ("KeepinG Posted" – see screen shot below) every 6 weeks to keep GPs updated with developments and performance at the Trust. In addition we have established a PBC Clinical Forum, which will enable the Trust to build effective working relationships and facilitate discussions on service issues and developments. The Trust also re-launched its new public facing internet site at the end of the year, and includes a section specifically for GPs and their staff.

Challenges we need to address

The GP survey told us the things we need to address, and includes:

- Discharge communications,
- Clinic letters and outpatient booking process,
- Radiology reporting,
- Urology appointments,
- General nursing and patient care.

For some of these issues GPs have already helped with suggestions for improvements, eg timeliness

and quality of discharge communications.

For other areas, further work is required in order to clarify expectations and agree areas for improvement. That next stage of work has also involved the LEAN Improvement Team using tools and techniques to improve some of the important clinical processes between the hospital and primary care as highlighted overleaf.

Example – timeliness and reliability of radiology reporting

The timeliness and reliability of radiology reporting was highlighted as an issue in the online survey. The aim was to reduce reporting times for plain film x-rays to 2 working days and implement an electronic system for ordering and delivering reports.

Previously the reporting of plain film x-rays took on average 12 days from the image being taken to the signed report being available to the referring GP. Further delays were added in the production and sending of the paper report. Through the adoption of LEAN methodology, the radiology team have internally restructured the way in which the service is delivered. They held a 2 day Rapid Process Improvement Workshop (RPIW) to design an improved process in order to improve quality, tracking and lead times for reporting. Improvements in radiology reporting times have been achieved, currently at an average of 3 days and this has been shared with GPs and their teams.



National Cancer Patient Experience Survey

As part of the implementation of the National Cancer Reform Strategy, patients from across the country were asked to give their views on the cancer services they received from the time they were referred to hospital, had tests to find out what was wrong, and underwent treatment until the time their care was transferred back to their GP. The national cancer patient survey is designed to monitor progress on cancer care and to provide information for hospitals that can be used to drive local quality improvements.

The national response rate was 67%, a rate of return matched by City Hospitals, with 525 completed questionnaires, and detailed findings are summarised for each tumour group, ie breast, lung, prostate.

The table below shows a 'high level' overview of the spread of results for each major survey theme.

Survey themes	Benchmarking ratings		
Seeing your GP	1	3	
Diagnostic tests		4	
Finding out what was wrong with you		4	
Deciding the best treatment for you		4	
Clinical Nurse Specialist	2	1	2
Support for people with cancer		3	
Operations		4	
Hospital doctors		4	
Ward nurses		4	
Hospital care and treatment	1	5	
Information prior to leaving hospital and home support		2	2
Hospital care as a day patient / outpatient		5	2
Care from your general practice		2	
Your overall NHS care		2	1

The colour bars represent the range of scores across all Trusts that took part and is divided into, a red section (lowest scoring 20% of Trusts), a green section (highest scoring 20%) and an amber section (remaining 60%). The value in each 'bar' shows the number of questions in that category rather than a 'score', eg there were 4 questions related to 'Seeing your GP', 3 scored an amber rating and 1 a red rating. Out of 58 reported questions, three quarters occupied an amber section (74%), 14% red and 12% green.

The table below highlights the top 6 questions where we are getting better and those areas where we need to improve:

National Cancer Patient Experience Survey 2010		
87%	Q30. Staff gave complete explanation of what would be done	
	Q7. Staff gave complete explanation of purpose of tests	79%
92%	Q36. Patient thought doctors knew enough about how to treat their cancer	
	Q8. Staff explained completely what would be done during test	82%
85%	Q49. Given clear written information about post discharge	
	Q23. Get understandable answers to important questions all/ most of the time	88%
92%	Q56. Staff definitely did everything to control side effects of chemotherapy	
	Q45. Always given enough privacy when being examined or treated	81%
94%	Q61. Patient thought doctor spent about the right amount of time with them	
	Q46. Always given enough privacy when being examined	92%
88%	Q66. Given the right amount of information about condition and treatment	
	Q47. Hospital staff did everything to help control pain all of the time	81%

How did our patients think we did?

The cancer survey questionnaire included three sections where patients could make comments in their own words about the cancer care they had received. The comments were under the following headings:

Was there anything particularly good about your cancer care?

"I was treated with all care and respect at all of the hospitals I attended at for my cancer care the doctors and staff were all very good and treated me and my family very well. I have no complaints whatsoever. Thank you and very much for your care." (Patient with breast cancer)

"I always felt in good / safe hands with the consultants. Whenever I spoke to the specialists they put me at ease and always spoke to me positively but realistically." (Patient with gynaecological cancer)

"First class. From the first diagnosis of my lung cancer through my surgery and onward to the end of my chemotherapy, I received what could only be described as FIRST CLASS TREATMENT." (Patient with lung cancer)

“

Whenever I spoke to the specialists they put me at ease and always spoke to me positively but realistically.

”

Was there anything that could have been improved?

"A clearer more concise explanation of the side effects of drugs administered especially those administered during and after operation eg side effects of morphine."

(Patient with prostate cancer)

"Following my first appointment a biopsy was taken – this was unexpected it may be something that could be added to the letter that this may be a possibility so you are prepared and may wish to take someone with you."

(Patient with prostate cancer)

"There should be a better choice of menu and improved quality of food."

(Patient with breast cancer)

Any other comments

"Only thing lacking at Sunderland Royal Hospital is parking, have to leave home most times 2 hours early to get a space. Otherwise every department I have been to are spot on."

(Patient with breast cancer)

"Waiting area for patients and accompanying relation/friend is too small for the numbers involved." (Patient with haematological cancer)

“

The Trust welcomes both positive and negative feedback from our patients as a contribution towards improving the services we deliver.

”



Deborah Spraggon, Manager at the new Macmillan Information and Support Centre.

Internal Audit Review of Services

The role of internal audit is to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively. As part of their work programme 2010/11 Internal Audit reviewed a number of areas within the Trust:

- patient experience
- risk management
- clinical audit.

Patient Experience assessed the adequacy of the Trust's strategies for collating and monitoring patient experience information and using it to drive improvements in the quality of patient care. This was primarily done through a self-assessment checklist, developed by internal auditors and completed by key Trust staff. The checklist was subsequently reviewed and approved by the Patient and Public Involvement (PPI) Steering Group.

In terms of providing an assurance rating for the review, the following statement was recorded;

"On the basis of the work carried out, significant assurance can be given that there is a generally sound process for collecting and learning from information about patient experience. However, there are some areas, principally triangulating data and ensuring that action plans are developed and implemented, in which it could be strengthened."

Risk management reported that the Trust had effective arrangements in place:

"On the basis of the work carried out, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently"

The clinical audit review has been completed and we are waiting for the agreed and approved assurance rating from Internal Audit.

Health & Well-Being Scrutiny Committee – Malnutrition and Dehydration in Hospitals

In 2010 an external review was undertaken of malnutrition and dehydration by the Sunderland Health & Well-Being Scrutiny Committee. The topic was chosen following concerns raised nationally about the support and feeding of patients in hospital, particularly older people. The review was wide ranging and covered the management of the whole meals process as well as the identification and care of those patients vulnerable to malnutrition and dehydration.

The review found evidence of continuous service developments year on year and a commitment among all those involved in the meals service to improve the experience for patients. Committee members were encouraged when observing examples of good practice; however this did not happen on all wards and there was a small number of recurring messages from patients where further improvements can be made. In their feedback report the Committee identified a number of areas for improvement that we will be taking forward in 2011/12. These include:

- clearly defining responsibilities for making sure patients have their nutritional needs supported and their experience of mealtimes improved;
- ensuring rigorous monitoring and reporting to the Board on critical aspects of nutritional care, including adequate risk assessment of vulnerable patients (using the MUST tool) and appropriate management of the 'at risk' patient;
- using all available communication tools to raise the profile of good nutritional care, for example, newsletters, bulletin boards, and internet, similar to the 'Wash Your Hands' campaign;
- maximising patient choice of meals and reviewing how the menus are used, including alternative menu choices;
- further enhancing assistance to patients by potentially providing a red tray system to ensure a link between a patient needing assistance and an uneaten meal left on the plate.

The Trust will formally respond to this review and its recommendations in June 2011 when the review is presented to the Local Authority Cabinet.



Dr Mike Galloway, Deputy Medical Director and Operational Lead for Clinical Governance.

Information on Participation in Clinical Audits and National Confidential Enquiries

During 2010/11, 44 national clinical audits and 5 national confidential enquiries covered NHS services that City Hospitals Sunderland provides.

During that period the Trust participated in 68% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

Details are provided overleaf which identify the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit and Patient Outcome Programme 2010/11			
National Clinical Audits	Eligible for participation	Participation	Compliance
Peri and neonatal			
Perinatal mortality (CEMACH)	✓	✓	Continuous data collection.
Neonatal intensive and special care (NNAP)	✓	✓	Continuous data collection.
Elective procedures			
National joint registry	✓	✓	Continuous data collection.
National PROMs programme (elective surgery)	✓	✓	Continuous data collection.
Cardiothoracic transplantation (NHSBT UK Transplant Registry)	N/A	N/A	N/A
Liver transplantation (NHSBT UK Transplant Registry)	N/A	N/A	N/A
Coronary angioplasty (Adult cardiac intervention audit)	✓	✓	Continuous data collection.
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	✓	✓	Continuous data collection.
Carotid interventions audit	✓	✓	Continuous data collection.
Adult cardiac surgery audit	N/A	N/A	N/A
Children			
Paediatric pneumonia (BTS)*	✓	✗	No data submitted.
Paediatric asthma (BTS)	✓	✓	100% compliance 12 cases submitted.
Paediatric fever (College of Emergency Medicine)*	✓	✗	No data submitted.
National childhood epilepsy audit (RCPH) collection begins May 2011.	✓	✓	N/A Data
Paediatric intensive care (PICANet)	N/A	N/A	N/A
Paediatric cardiac surgery (NICOR Congenital heart disease audit)	N/A	N/A	N/A
National paediatric diabetes audit (RCPH)	✓	✓	Continuous data collection.

National Clinical Audit and Patient Outcome Programme 2010/11			
National Clinical Audits	Eligible for participation	Participation	Compliance
Acute care			
National cardiac arrest audit	✓	✓	Continuous data collection.
Adult critical care (Case mix programme)	✓	✓	Continuous data collection.
Vital signs in majors (College of Emergency Medicine)	✓	✓	100% compliance. 40 cases submitted.
Potential donor audit (NHS Blood Transfusion)	✓	✓	Continuous data collection.
Emergency use of oxygen (BTS) **	✓	✗	No data submitted.
Adult community acquired pneumonia (BTS) **	✓	✗	No data submitted.
Adult non invasive ventilation (NIV) (BTS) **	✓	✗	No data submitted.
Pleural procedures (BTS) **	✓	✗	No data submitted.
Cancer			
National lung cancer audit (LUCADA)	✓	✓	Continuous data collection.
Bowel cancer (NBOCAP)	✓	✓	Continuous data collection.
Head and neck cancer (DAHNO)	✓	✓	Continuous data collection.
Long-Term Conditions			
National diabetes audit (Adults)***	✓	✗	No data submitted.
National audit of heavy menstrual bleeding (RCOG)	✓	✓	Continuous data collection.
National pain audit	✓	✓	Continuous data collection from March 2011 for 3 months.
UK inflammatory bowel disease	✓	✓	100% compliance. Organisational data and 40 cases submitted.
National Parkinson's audit ****	✓	✗	No data submitted.
Chronic obstructive pulmonary disease (BTS)**	✓	✗	No data submitted.
Bronchiectasis (BTS) **	✓	✗	No data submitted.
Adult asthma (BTS) **	✓	✗	No data submitted.
Cardiovascular			
National audit of the management of familial hypercholesterolemia	✓	✓	100% compliance. Organisational data and 41 cases submitted.
Acute myocardial infarction (MINAP)	✓	✓	Continuous data collection.
Heart failure	✓	✓	Continuous data collection.
Pulmonary hypertension audit	N/A	N/A	Designated centres only.
Acute stroke (SINAP)	✓	✓	Continuous data collection.
National sentinel audit of stroke	✓	✓	100% compliance. Organisational data and 60 cases submitted.

National Clinical Audit and Patient Outcome Programme 2010/11			
National Clinical Audits	Eligible for participation	Participation	Compliance
Renal			
Renal replacement therapy (Renal Register)			Continuous data collection.
Renal transplantation (UK Transplant Register)	N/A	N/A	N/A
Renal colic (College of Emergency Medicine)	✓	N/A	Audit does not commence until 2012.
National Kidney Care (patient transport)	✓	✓	100% compliance with study requirements.
Trauma			
Hip fracture (National Hip Fracture Database)	✓	✓	Continuous data collection.
Severe trauma (Trauma Audit and Research Network)	✓	✓	Continuous data collection.
National falls and bone health audit	✓	✓	100% compliance. Organisational data and 60 cases submitted.
Psychological conditions			
National audit of psychological therapies	N/A	N/A	N/A
Prescribing in mental health services	N/A	N/A	N/A
National audit of schizophrenia	N/A	N/A	N/A
Blood transfusion			
National comparative audit of blood transfusion (O neg blood use)*****	✓	✗	No data submitted.
National comparative audit of blood transfusion (Platelet use)			100% compliance. 40 cases submitted.

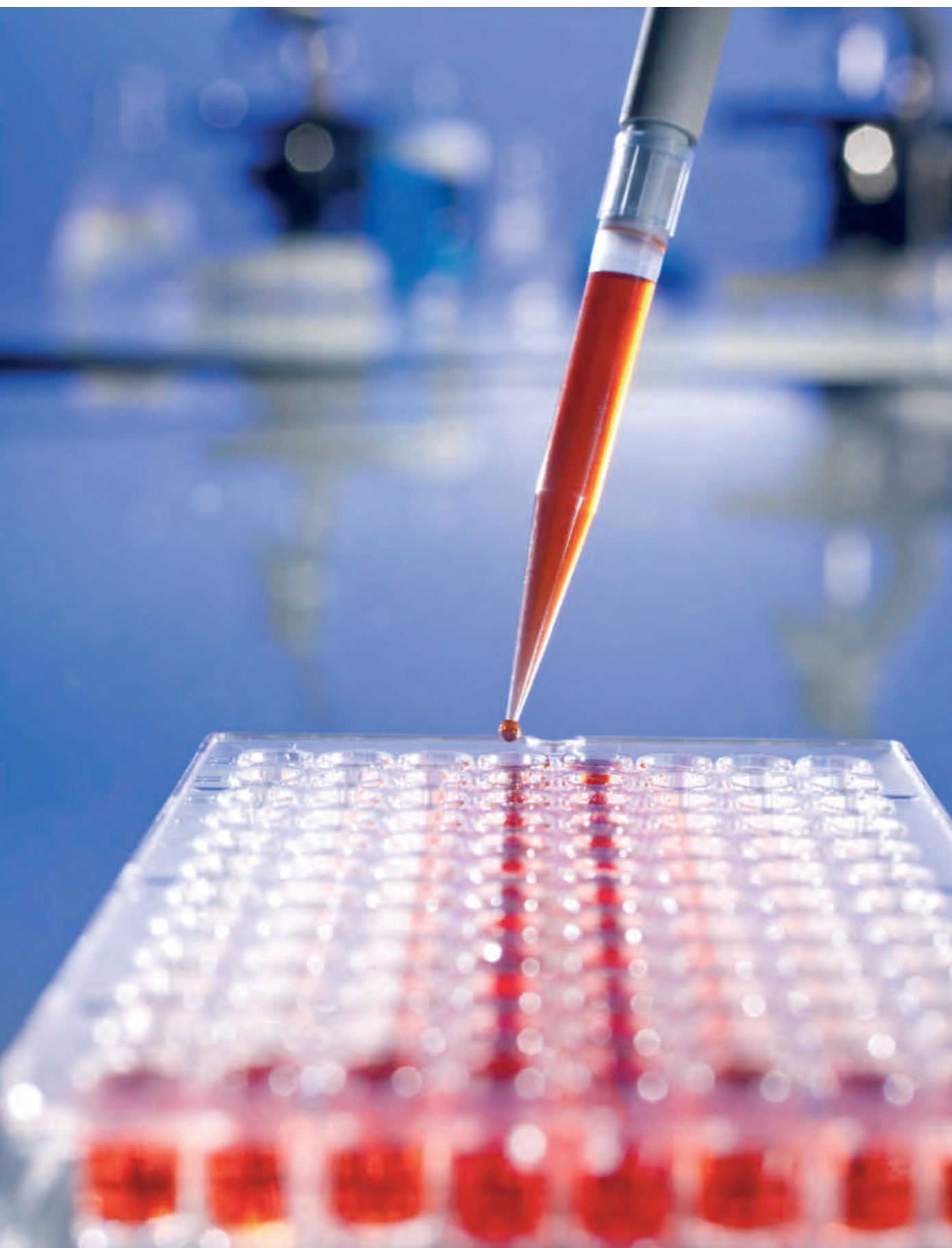
* No data submitted due to clinical pressures and lack of resource. If possible specialty intends to take part in the next round

** No data submitted due to intensity of workload within chest medicine and lack of resource

*** Specialty feels this audit is essentially for Primary Care. Metabolic Medicine currently takes part in the National Diabetes Inpatient Audit. If resources allow, the specialty will look to take part in the future.

**** Limited resources identified within the Trust by Regional Parkinson's Disease Society and so data collection undertaken by North Tees/Northumbria Hospitals. Trust to take part in future audit if possible

***** Failed to register to participate



In 2010/11 approximately 10,600 units of blood were used in the Trust.

National Confidential Enquiries Programme 2010/11			
Confidential Enquiry	Eligible for participation	Participation	Compliance
Peri-Operative Care (NCEPOD*)	✓	✓	100%
National Head Injury (NCEPOD/CEMACH**)	✓	✓	100%
Surgery in Children (NCEPOD)	✓	✓	100%
Cardiac Arrest Procedures (NCEPOD)	✓	✓	100%
Perinatal mortality (CEMACH)	✓	✓	100%
NCISH ***	N/A	N/A	N/A

* National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

** Confidential Enquiry into Maternal and Child Health (CEMACH)

*** National Confidential Inquiry into suicide and homicide by people with mental illness (NCISH)

The reports of 10 national clinical audits were reviewed by the provider in 2010/11 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided.

- **National Sentinel Audit of Stroke:** Stroke patients are now admitted to the new Stroke Unit which has 12 single rooms and six 4 bedded areas with en suite facilities. The unit has a dedicated Therapy Suite and a 24 hour, 7 day thrombolysis service which is supported by telemedicine. New consultant rotas have also been established to deliver the new service. Continued progress in staff education of stroke/transient ischaemic attack (TIA) assessment with 3 consultants and 2 specialist nurses now trained as trainers in order that all staff can now undergo training on site.
- **National Audit of Continence Care:** Following the results from the audit which highlighted the need for routine collection of continence assessment tools, an electronic assessment tool has been developed on the hospital's information support system (HISS) for use by all staff for all inpatient admissions.
- **National Hip Fracture Database:** Changes in practice include orthogeriatrician shared care and planned weekend cover, multidisciplinary mortality and morbidity meetings with the Care of the Elderly specialty and Anaesthetists. There are also planned changes to the trauma list to help facilitate early intervention.

- **Audit of Familial Hypercholesterolaemia (FH):**

Work is underway to develop regional guidelines for the management of FH through the Northern Region Lipid Specialists Clinical Advisory Group which is part of the Northern Region Cardiovascular Network. Longer term funding arrangements are being pursued for the cardiac Genetic Specialist Nurse to continue to undertake cascade testing of relatives of patients who have FH.

- **National Diabetes Inpatient Audit:**

Participation in the audit provided the impetus to join the national 'Think Glucose' campaign, the aim of which is to improve the quality and safety of care of patients with diabetes admitted to hospital. Insulin safety is being improved through enhanced staff education, patient self-administration and electronic prescribing of insulin linked with point of care technology.

Local Clinical Audit

The reports of 184 local clinical audits registered with the Clinical Governance department were reviewed by the provider in 2010/11 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided.

- **Stroke service:** Following an audit of antithrombotic medication, the Stroke Team has developed patient group directives whereby nursing staff are able to administer the first dose of aspirin after brain imaging has excluded haemorrhage.
- **Emergency Department:** The department established an alcohol audit which looked at alcohol related attendances in the department. Data from the audit provided evidence to support the implementation of a hospital alcohol team. The hospital team consists of a lead consultant, alcohol liaison specialist nurse, brief interventions team and youth worker for adolescents.
- **Neurology:** Reviewing the reasons for readmission of Parkinson's patients has led to a formally agreed set of criteria for earlier involvement of palliative care. This was shared with local GPs to enable patients to be added to the Community Palliative Care Register earlier in the course of their disease. Crucially, the criteria also include other long term neurological conditions such as MS and epilepsy in line with recommendations from the National Service Framework (NSF) for Long Term Conditions.
- **Care of the Elderly:** Following an audit of oxygen prescription, Matrons now undertake regular spot checks to ensure oxygen is correctly prescribed with a recommendation to the Oxygen Prescribing Group that the patient's target saturation levels are recorded on the Early Warning Score chart.
- **Podiatry (chiropody):** Communication between the wards and the podiatry department has improved greatly following an audit of pressure ulcers of the heels. Referrals for podiatry advice on the prevention and management of heel ulcers are now made much quicker and outcomes are improving. A number of educational sessions for staff have also been facilitated by podiatrists.

- **Physiotherapy:** Many patients are not aware of the potential benefits of their physiotherapy. Following a recent audit, letters which are sent out to patients now explain the potential outcomes of physiotherapy prior to their first appointment.
- **Neurology:** An audit of epilepsy patients who present at the clinic without a witness to their seizures has prompted an alteration to the appointment letters for this patient group. The letter will now include a request for their witness to accompany them to clinic.
- **Renal:** An audit of the increased patient flow from general nephrology clinics to low clearance clinics in renal medicine has prompted the development of a comprehensive education booklet for this type of patient. The booklet contains information on Erythropoietin (EPO), dialysis and other specific services and also contains all contact numbers the patient will need. An education room in the Renal Department is also under development to accommodate the patient's first contact with the low clearance service.

Information on Participation in Clinical Research

Recognising the importance of research in helping the NHS to improve both the quality of care and future health of the nation, City Hospitals Sunderland, in line with Department of Health strategy is committed to supporting high quality research. As such the department is working towards incorporating the aims of the National Institute for Health Research, Department of Health Research Service Support Units Framework, and recommendations of the recent Academy of Medical Sciences Review, which broadly includes widening access to research, increasing the rate and speed of recruitment, streamlining the approvals system, strengthening industry collaboration and improving integration in clinical care. The Trust has succeeded in engendering key working partnerships with Clinical Directors, Directorate General Managers, Finance, HR, Pharmacy, Nursing and Quality, Clinical Governance, and Support Departments, to ensure that a strong research culture is embedded throughout the Trust.

Participation in clinical research demonstrates the commitment of City Hospitals Sunderland in improving the quality of care we offer and in making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

The number of patients receiving NHS services provided or sub-contracted by City Hospitals Sunderland in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 740.

Commitment to Research as a Driver for Improving the Quality of Care and Patient Experience

There are currently 198 studies registered at City Hospitals Sunderland, of which 12 are commercial. City Hospitals Sunderland has developed a well-balanced portfolio across specialties. Our engagement with clinical research also demonstrates the commitment of City Hospitals Sunderland to testing and offering the latest medical treatments and techniques.

In aligning research priorities with research partners, regular formal communication has been established with the Topic Specific Networks including, Diabetes, Stroke, Cancer, Neurodegenerative Disorders and Primary Care Research Networks, Medicines for Children and Mental Health Research Networks together with the Comprehensive Local Research Network in the co-ordination of a research infrastructure which is fit for purpose and enables all staff to participate fully in the research process.

For the reporting period 2010/11, 35 papers resulting from our involvement in NIHR research have been published demonstrating our commitment to transparency and desire to improve patient outcomes and experience across the NHS.



Participation in clinical research demonstrates the commitment of City Hospitals Sunderland in improving the quality of care we offer.



Information on the Use of the Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of City Hospitals Sunderland income in 2010/11 was conditional on 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 NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2010/11 and for the following 12 month period are available online at:

http://www.monitornhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

For 2010/11, approximately £3.5m of income was attached to the delivery of quality improvements through the CQUIN framework. The Trust achieved the majority of the set goals and has received approximately 90% of CQUIN monies.

The full CQUIN scheme 2010/11 and where we have achieved our targets are highlighted below:

No.	Description of Goal	Indicator	Priority	Weighting	Achievement of target
1	Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	VTE Risk Assessment	Nationally mandated	10%	
2a	Improve responsiveness to personal needs of patients	Composite indicator on responsiveness to personal needs from the Adult Inpatient Survey	Nationally mandated	5%	
2b		Management of pain & hospital food	Local	5%	
3	Improve outcomes for patients who have had a stroke	Stroke bundle of care	Regional	15%	
4a	Improve maternity care and increase breastfeeding	Increase the proportion of women that initiate breastfeeding	Regional	2%	
4b		% referred to stop smoking services and receive intervention	Regional	1%	
4c		% of births that are Caesarean section delivery (PCT derived)	Regional	2%	
5a	Reduce damage as a result of preventable pressure ulcers	Hospital acquired pressure sores (\geq grade 2)	Regional	5%	
5b		Pressure ulcers that deteriorate	Regional	5%	
6a	Reduce harm caused by falls	% patients with risk assessment completed within 24 hours	Regional	0%	
6b		% of patients with high risk score that have documented care plan	Regional	5%	
7a	Improve End of Life Care	Proportion of eligible wards using the Liverpool Care Pathway (LCP)	Regional	1%	
7b		Number of patients on LCP as proportion of those expected to die	Regional	2%	
7c		Completeness of LCP documentation	Regional	2%	
8	Monitoring and implementation of the full quality schedule	Completion of agreed audits and implementation of related action plans	Local	10%	

No.	Description of Goal	Indicator	Priority	Weighting	Achievement of target
9	Implementation of newly designed pathways linked to reform priorities	Acutely ill/injured children – implementation of the Paediatric Short Stay Assessment Unit (PSSAU) and working towards an enhanced Children's Community Nursing Team	Local	5%	
10a	Accurate diagnosis and effective treatment of heart failure	% of Echocardiograms performed	Local	5%	
10b		% of drugs (ACE/ARB) prescribed or documented as a contraindication for the treatment of hypertension			
10c		% Beta blocker prescribed or documented as a contraindication			
10d		% Follow up arranged in heart failure service			
10e		% Heart failure bundle			
11	Cardiac rehabilitation	% patients accessing Cardiac rehabilitation – phase 3	Local	5%	
12a	Improve support to smokers to stop smoking	% smoking status is recorded	Local	2%	
12b		% of smokers referred to stop smoking service	Local	3%	
13	Improve safety of patient discharge	% of discharge summaries that include documentation of changes in medication and the reasons why	Local	5%	
14a	Improve access for patients	% of Choose and Book slot unavailability	Local	3%	
14b		Implement innovative ways of reducing Did Not Attend (DNA) rates. Payment linked to implementation of action plans but DNA rates will be monitored to assess impact.	local	2%	

Note:

- Red indicates more than two quarters, out of four not being achieved
- Amber indicates two quarters or less, out of four not being achieved

Information Relating to Registration with the Care Quality Commission and Periodic/Special Reviews

City Hospitals Sunderland NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without conditions.

Activities that the trust is registered to carry out	Status	Conditions applied
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 NHS Foundation Trust during 2010/2011.

The Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Information on the Quality of Data

The Trust submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- 99.8% for admitted patient care;
- 99.9% for out patient care; and
- 98.3% for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care;
- 100% for out patient care; and
- 100% for accident and emergency care.

Information Governance Toolkit Attainment Levels

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.

The final submission of the Toolkit had to be made by the 31 March 2011. City Hospitals Sunderland Information Governance Assessment Report overall score for 2010/11 was 80% and was graded green (satisfactory).

Clinical Coding Error Rate

City Hospitals Sunderland was not subject to the Payment by Results clinical coding audit by the Audit Commission during 2010/11. However as part of Information Governance Toolkit requirements the Trust had an external clinical coding audit, carried out by Connecting for Health registered auditors. The audit looked at 200 patient records across four specialties; Ophthalmology, General Surgery, Care of the Elderly and Paediatrics for discharges between 1st December – 31st December 2010.

The tables below show the percentage of correct coding, which highlights how accurate each case has been coded according to national data definitions;

Overall	Primary diagnosis	Secondary diagnosis	Primary procedure	Secondary procedure
City Hospitals Sunderland	96%	91%	99%	97%
IG 505 level 2 attainment requirement	90%	80%	90%	80%
IG 505 level 3 attainment requirement	95%	90%	95%	90%

Speciality level	Primary diagnosis	Secondary diagnosis	Primary procedure	Secondary procedure
Ophthalmology	92%	94%	100%	99%
General Surgery	96%	74%	100%	96%
Care of the Elderly	98%	97%	90%	91%
Paediatrics	98%	92%	100%	90%

There were 5 (2.5%) episode changes in the sample audited. The coding inaccuracy rate of 2.5% is much lower than the national 2009/10 average error rate of 11 % as identified in the Payments by Results Audit Data Assurance framework. Please note that the results should not be extrapolated further than the actual sample audited. The auditors described the overall findings as “excellent” and highlighted the following good practice areas:

- the Trust’s commitment to data quality through positively encouraging clinical coders to attain the national qualification,
- the importance of an approved clinical coding trainer on site,
- the “excellent presentation of their patient case notes”, and
- the good working relationship between the coding team and the clinicians.

A number of minor recommendations were also made to assist the Trust in the maintenance and further improvement of the quality of coded data.

The Trust Will be Taking the Following Actions to Improve Data Quality

Accident and Emergency

For Accident and Emergency the introduction of new quality standards and the importance of accurate data for Payment by Results require the Trust to focus on improving data quality within A&E. The new quality standards focus on:

- overall time in A&E
- time to initial assessment for patients arriving by ambulance
- time to treatment from arrival
- percentage of patients who left the department without being seen; and
- percentage of patients who re-attend A&E (unplanned) within 7 days of original attendance

The Trust's Data Quality department will work with the A&E team to improve the recording of key data to improve the accuracy of the indicators outlined above. This will include making the electronic dictionaries easier for staff to use and trialling a paperless system. These actions should be complete by the end of September 2012.

Small Systems

The Trust has recently expanded the Data Quality Policy to include departmental small systems (those areas that do not use the hospitals main system – HISS). A key area of work to be completed by the end of 2011/12 is to review the accuracy of the data held in these systems and set up a programme of checks and audits to improve the accuracy of data held within them if required.



There were over 115,000 attendances at our Accident and Emergency Department in 2010/11.

Part 3: Other Information – Review of Quality Performance in 2010/11

We continue to be a high performing Trust and have developed a wide range of initiatives to improve quality of care, safety and patient experience. In this part of the report we review and provide examples of how individual services and specialties are focused on driving up quality.

Patient safety measures	07/08	08/09	09/10	10/11	National average/ Peer Group
1. Patients with blood borne MRSA infection	37	33	20	3~	
	(22*)	(25*)	(20*)	(8*~)	N/A

Lower value indicates better performance

Data source – MRSA data reported to the Health Protection Agency – using standard national definitions

2. Patients with C- <i>difficile</i> infection (post 72 hours cases)	N/A	192 (270*)	93 (210*)	49 (98*)	N/A
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Lower value indicates better performance

Data source – C. *difficile* data reported to the Health Protection Agency – using standard national definitions

3. Clinical incidents reported per 100 admissions	N/A	2.89	5.2	N/A#	
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Organisations that report more incidents usually have a better and more effective safety culture

Data source – National Patient Safety Agency

* target for each year

~ target and actual performance relates to hospital acquired only, whereas previous targets and actuals were combined hospital and community acquired

format of report and data no longer available from the National Patient Safety Agency

Rationale – Patient Safety measures

Reducing infections, either MRSA or C.*Difficile* has a clear impact in terms of patient safety. Less infections mean less complications for patients and improves their chance of a full recovery. More detailed information on these two areas are highlighted in Part 1 of this report, but the Trust is pleased to report that significant reductions in infections were recorded in 2010/11.

Organisations that report more incidents usually have a better and more effective safety culture.

City Hospitals is committed to creating an open culture, where staff report incidents so learning can take place and where changes in practice to improve patient safety are implemented. It is unfortunate that the data is no longer available from the National Patient Safety Agency (NPSA), so the Trust cannot report how we have performed in this area during 2010/11.

Clinical effectiveness measures	07/08	08/09	09/10	10/11	National average/ Peer Group
4. Hospital Mortality Risk Adjusted Mortality Index (RAMI)	81	84	82	80**	Peer 75**

Lower value indicates better performance

Data source – CHKS 'Signpost' system (April 2010 – March 2011)

** updated version of RAMI (RAMI 2010) – each year the rate is re-based

5. Readmission rates (28 days)	6.0%	6.3%	6.5%	6.1%	6.3%
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Lower % indicates better performance

Data source – CHKS 'Signpost' system using 30-day re-admission standard national definition

6. Patients with fractured neck of femur operated on within 24 hours of admission	83%	83%	82.3%	83.3	N/A
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Higher % indicates better performance

Data source – internal Trust data (April 2010 – March 2011)

Rationale – Clinical Effectiveness measures

Reducing mortality is extremely ambitious given the range of factors involved. However, City Hospitals is committed to improving practice wherever possible in order to reduce the Trust's mortality index. This is explained further under Mortality within Section 3.

Readmissions (where a patient is readmitted to hospital following a recent discharge) will always take place for very good clinical reasons. However, reducing readmission rates to the lowest possible level ensures patients are getting the right treatment, both in and outside hospital after their initial discharge and it is pleasing to note that readmissions during 2010/11 reduced to 6.1%, significantly lower than our peer group, which reported 7.0%

When patients fracture their hip (fractured neck of femur) it is important they are operated on as quickly as possible as this has clear links to an improved outcome. The Trust is therefore determined to ensure that the majority of patients are operated on within 24 hours. For 2010/11 83.3% of patients were operated on within 24 hours, a slight improvement compared to the previous year.

Patient experience measures	2007	Best 20%	2008	Best 20%	2009	Best 20%	2010	Best 20%
7. Patients who felt they were treated with dignity and respect	88	90	89	90	88	90	90	90

Higher scores indicates better performance
Data source – Annual Inpatient Survey 2010

8. Patients involved as much as they wanted to be in decisions about their care	71	73	73	74	71	74	74	74
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Higher scores indicates better performance
Data source – Annual Inpatient Survey 2010

9. How patients rated their overall experience	77	80	77	81	77	81	80	81
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Higher scores indicates better performance
Data source – Annual Inpatient Survey 2010

Rationale – Patient Experience measures

All of the indicators highlighted above show the Trust is committed to improving the patient experience. Governors and other key stakeholders have told us the importance of treating patients with dignity and respect and for patients to be involved in decisions about their care. This is why along with the patients overall experience the Trust's aim was to be in the Top 20% of all Trusts, a target which was achieved for 2 out of the 3 areas listed above.



Our volunteers provide a valuable service to patients, staff and members of the public.

Focus on Quality and Improvement

The following examples show our performance in the three dimensions of quality; patient safety, clinical effectiveness and patient experience.

Quality Dimension 1 – Focusing on Patient Safety

Dr Foster Hospital Guide 2010

Dr Foster is an independent provider of comparative information on healthcare services. Their Good Hospital Guide, published in November 2010, is a public document open to scrutiny by government agencies, healthcare providers, patients and the media. It has a strong focus on safety and uses safety measure data derived from a number of sources (including Trusts themselves through self assessment) to show how a hospital is performing on a range of safety indicators, ie mortality, safe environment and avoiding harm, recovery from ill health or injury.

The Good Hospital Guide did identify that care provided by City Hospitals Sunderland is generally of a high standard in the mortality and patient safety areas that were reported. Our performance for the majority of the indicators was 'in line with expected'. In terms of notable performance, we achieved a low rating (a green, 'better than expected' score) for the safety indicators pulmonary embolism and post-operative respiratory failure.

However, the Good Hospital Guide did report that the overall Hospital Standardised Mortality Ratio (HSMR) was higher than expected (114). There are several ways in which HSMR can be calculated. City Hospitals uses another company called CHKS, which like Dr Foster provides information about a hospital's performance. It should be noted that CHKS uses an alternative mortality score called RAMI (Risk Adjusted Mortality Index). Using this method, hospital mortality at City Hospitals for the last year was below average. (See Mortality section later).

Patient Safety First

During the week 15th – 19th November 2010, which was designated 'Patient Safety Week' by the national Patients Safety First campaign, City Hospitals announced a series of initiatives to raise awareness locally about their commitment to patient safety. Some of the activities that took place included:

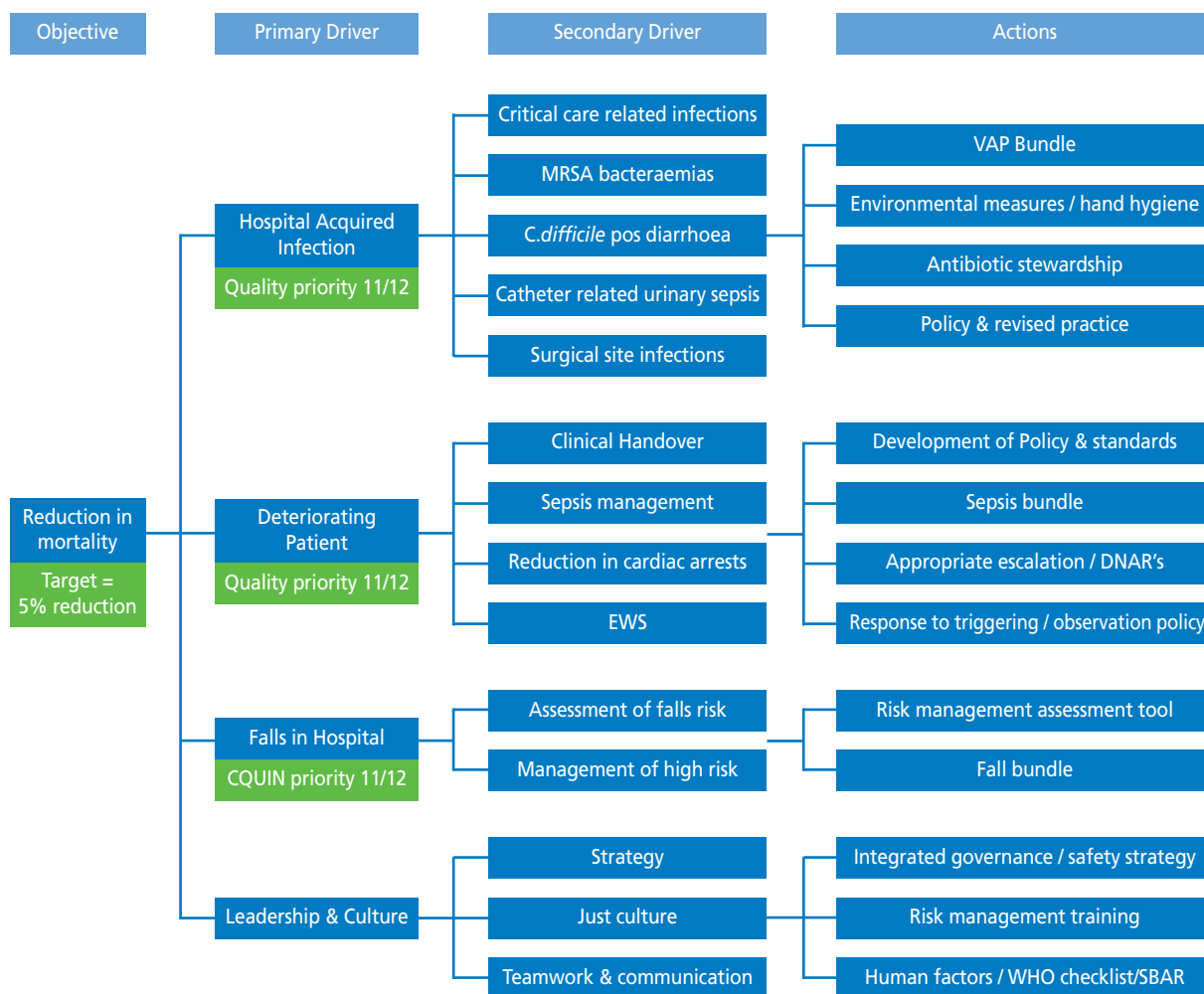
- A Hand Hygiene stall available to staff, patients and visitors in the main concourse foyer,
- A series of Patient Safety Clinical Audits which focused on key topics such as patient observation/early warning scores, fluid balance charts and pressure ulcers,
- A Patient Safety Resource display which was available in the library throughout the week.
- A drop-in patient safety incident reporting clinic for staff to help them understand the Trust's Incident Reporting process.

The Executive Team also undertook a series of leadership walkabouts with Matrons, to meet patients and staff and to discuss issues of patient safety across the Trust.

Leading Improvements in Patient Safety (LIPS)

In January 2011, the Trust completed the supervised parts of the national Leading Improvements in Patient Safety (LIPS) programme. The programme aims to help Trusts to develop plans for enhancing patient safety and to give staff the tools, skills and passion to drive improvements at every level of the organisation. Our overarching aim within the programme was to reduce mortality. The illustration below highlights the 'drivers' or key areas of improvement which we will build on in 2011/12.

Reduction in mortality 'driver' diagram



Clinical Alerts – Emergency Readmission Following Appendectomy

Information about the outcomes of services in NHS Trusts is monitored by the Care Quality Commission. If its collective data sources suggests a reason for review or further investigation for assurance purposes they alert the Trust.

In December 2010 the Trust was notified by the Care Quality Commission that analysis undertaken by them had indicated significantly high rates of emergency readmissions within 28 days of discharge following emergency admission for 'Appendectomy procedures aged under 70 without complications or co-morbidities'. Our investigation of records found no evidence of poor patient management but there were improvements needed in completion of discharge communication and around clinical coding.

The Care Quality Commission accepted our report and its findings and the alert is now closed.

Quality Dimension 2 – Focusing on Patient Experience

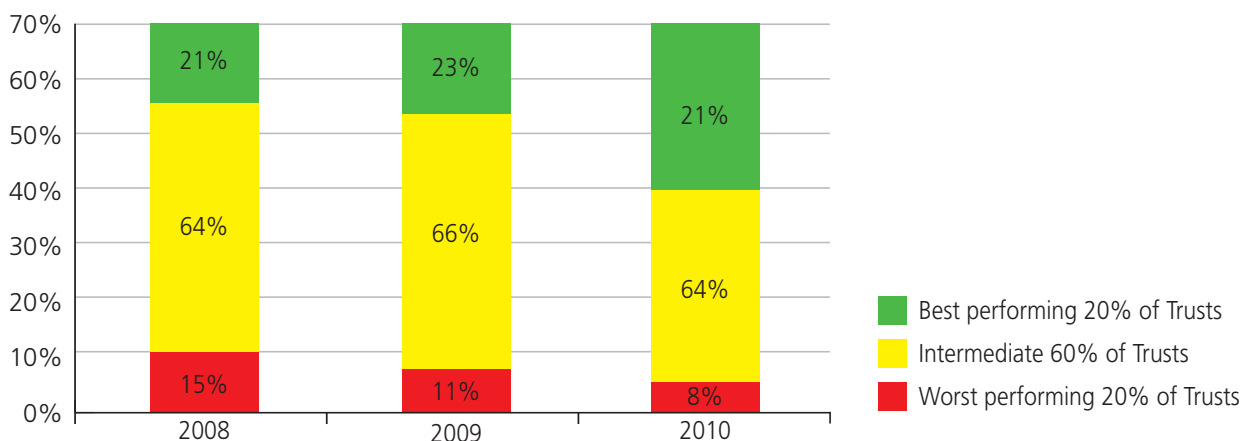
The NHS Inpatient Survey

As part of the Care Quality Commission's 8th inpatient survey published in April 2011, patients were asked to give their views on the service they received from City Hospitals Sunderland. It is one of the largest surveys of patient experience in hospital undertaken in the UK. The questionnaire covered a range of topics from hospital food, cleanliness, and levels of privacy to communication with staff, discharge planning and overall quality of care. Questionnaires were posted to 850 people, of which 429 were returned, giving a response rate of 51% (national rate was 50%).

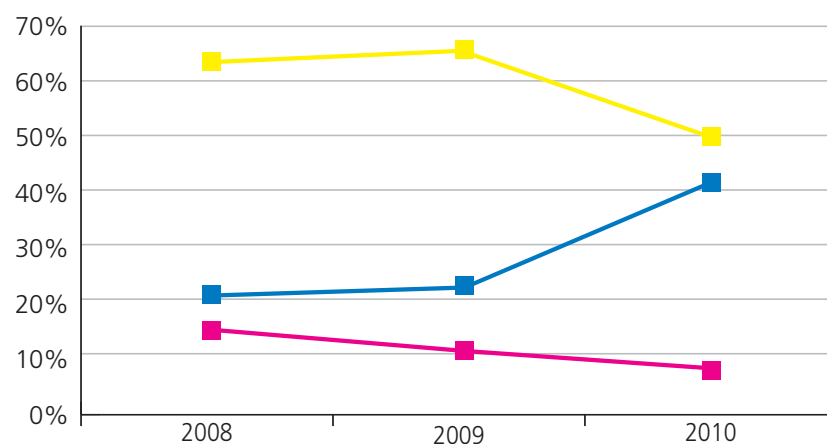
Did we do any better than last year?

Results from the 2010 survey show that patients are rating their hospital stay more highly than in previous years, with the number of red scores continuing to decline (15%, 11% & 8% over the last 3 years) and green scores (42%) almost doubling compared to last year (23%).

Distribution of category ratings for surveys 2008-2010



Trends of category ratings for surveys 2008-2010



Scores achieved in the green category (best performing 20% of Trusts)

Survey questions – comparison of 2009 and 2010 results		2009	2010	
Q3.	How much information about your condition did you get in the A&E Department?	83%	89%	✓
Q4.	Were you given enough privacy when being examined or treated in the A&E Department?	87%	91%	✓
Q5.	How long did you wait from arriving at A&E to be admitted to a bed on a ward?	71%	68%	✗
Q12.	Upon arrival, did you feel that you had to wait a long time to get to a bed on a ward?	81%	85%	✓
Q20.	Were you ever bothered by noise at night from other patients?	65%	67%	✓
Q21.	Were you ever bothered by noise at night from hospital staff?	83%	85%	✓
Q26.	Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?	99%	99%	No change
Q27.	Were hand-wash gels available for patients and visitors to use?	97%	98%	✓
Q32.	Did you have confidence and trust in the doctors treating you?	90%	92%	✓
Q34.	As far as you know, did doctors wash or clean their hands between touching patients?	86%	88%	✓
Q36.	Did you have confidence and trust in the nurses treating you?	86%	88%	✓
Q39.	As far as you know, did nurses wash or clean their hands between touching patients?	87%	90%	✓
Q40.	Did a member of staff say one thing and another say something different?	80%	81%	✓
Q41.	Were you involved as much as you wanted to be in decisions about your care?	71%	74%	✓
Q42.	How much information about your condition or treatment was given to you?	79%	82%	✓
Q56.	Did the anaesthetist explain how he or she would put you to sleep or control your pain?	94%	94%	No change
Q57.	Afterwards, did a member of staff explain how the operation or procedure had gone?	77%	81%	✓
Q60.	What was the main reason for the delay?	67%	75%	✓
Q61.	How long was the delay to discharge?	80%	86%	✓
Q63.	Did hospital staff explain the purpose of the medicines you were to take home?	86%	87%	✓
Q64.	Did a member of staff tell you about medication side effects to watch for?	51%	52%	✓
Q65.	Were you told how to take your medication in a way you could understand?	84%	89%	✓
Q66.	Were you given clear written information about your medicines?	79%	80%	✓
Q67.	Did a member of staff tell you about any danger signals you should watch for?	52%	59%	✓
Q72.	Did you feel you were treated with respect and dignity while you were in hospital?	88%	90%	✓
Q73.	How would you rate how well the doctors and nurses worked together?	79%	80%	✓
Q76.	Did you see any posters or leaflets explaining how to complain about the care you received?	79%	80%	✓

✓ Higher score than last year ✗ Lower score than last year No change – score same as last year

Scores achieved in the red category (Worst 20% of Trusts) – Where we still need to improve

Survey questions – comparison of 2009 and 2010 results		2009	2010	
Q11	Was your admission date changed by the hospital?	93%	90%	✗
Q19.	Did you ever use the same bathroom or shower area as patient of the opposite sex?	79%	75%	✗
Q29	Were you offered a choice of food?	75%	83%	✓
Q45	Were you given enough privacy when discussing your condition or treatment?	80%	79%	✗
Q48	Do you think the hospital staff did everything they could to help control your pain?	80%	79%	✗

✓ Higher score than last year ✗ Lower score than last year No change – score same as last year

These issues have been recognised as areas for improvement and actions are highlighted in Part 1 of this report within the Priority 2 section.



The new "Do not Disturb" tabards help prevent unnecessary interruptions and help to maintain patient safety.

Real Time Feedback

Our real time patient feedback system complements our participation in the national patient surveys and together they provide useful insights into the patient experience in hospital.

Real time feedback is a new way of finding out what patients think about their stay in hospital and involves patients completing a short questionnaire whilst still on the ward and ready for discharge. The system started in August 2010 and is unique in that it is driven by a network of lay groups, volunteers and governors. They visit the wards and invite patients to complete the questionnaire, offering help where needed. Since the start of the programme the Trust has received and analysed 1365 questionnaires as well as reporting an additional 301 patient comments (190 negative and 111 positive) from 26 participating wards.

What were patients happy about?

The 'best performing' questions were around patients having adequate storage facilities for belongings (average 98%), the cleanliness and tidiness of wards (97%), staff washing their hands (96%) and patients feeling safe during their stay (96%). The most positive patient comments received related to 'overall patient experience' (No=51) and the politeness and professionalism of hospital staff (37).

What do patients want us to improve?

The 'worst performing' questions concern choice of hospital food (average 77%) and explanation of medication side effects (75%), with negative comments reflecting issues concerning choice of food and the perception by patients of their lack of involvement in decisions about their care.

What improvements have we made?

Simply collecting feedback from patients by itself has no value. It needs to be used by clinical and management teams to identify aspects of their service that need to improve, so that the team can take appropriate action. The following examples highlight where staff and teams have acted on the findings of patient feedback:

- Introduction of 2.00pm 'ward rounds' where nursing staff visit each patient and relative to give an update on care;
- Use of daily 'POWWOW' patient discussion groups at 10am to talk about aspects of discharge;
- A qualified nurse now coordinates mealtimes and ensures that the food is presented well, hot, and that all patients are offered a choice. If there is nothing on the menu that patients like, they will be informed of alternatives;
- Meal trolleys are taken into bays so patients can view what meals are available;
- Matron monthly audits looking at aspects of the environment;
- A ward pharmacist now discusses medication with patients as a matter of routine;
- Increased frequency of checks by domestics to ensure that the toilets are clean at all times;
- Extending the involvement of volunteers, ie styling hair, giving manicures and sitting with and befriending patients.

Future improvements to the real time feedback collection

For 2011/12 we will continue to develop our real time feedback systems with the following plans:

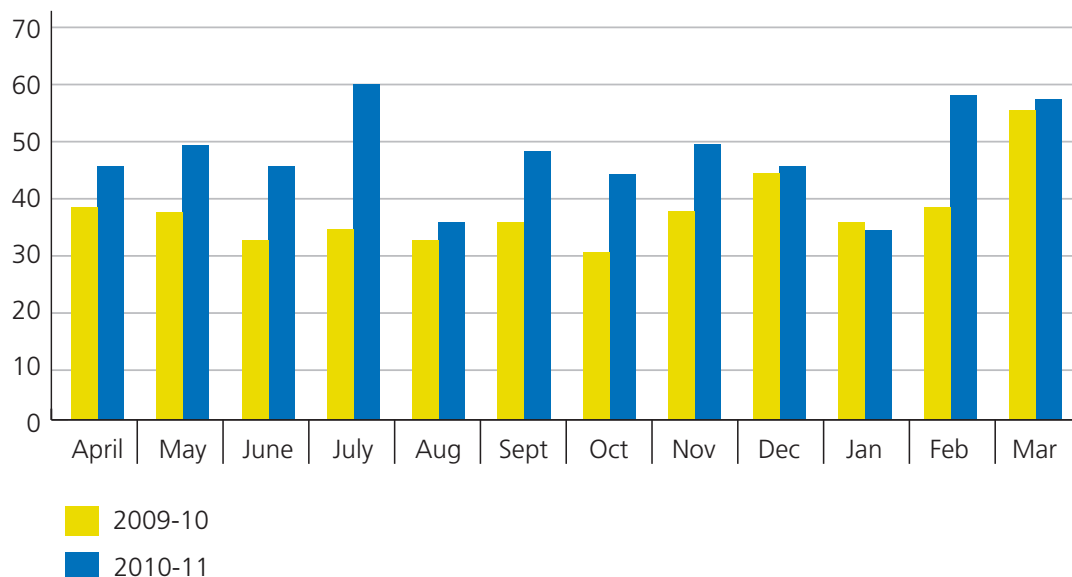
- To expand the pool of volunteers so that we can cover more wards and speak with more patients about their experiences;
- To expand the scope of patient feedback and include areas such as Maternity and children's wards. In addition we will look to consider some of the therapy outpatient clinics;
- To design a series of posters to show patients and the public that we have listened and to show what difference their personal experiences have made. These 'What We Have Done' posters will be placed in highly visible, high volume patient areas so that as many people as possible can see the changes that have been made. Where we are unable to make those changes, we will provide a reason why not;
- The outcomes will be linked to the re-launching of the 'Listening to Patients' comment boxes.

Listening to Patients – Learning from our complaints

The Trust has a well established complaints process in line with national guidance, which seeks to ensure that patients, carers and visitors concerns are fully and promptly investigated and acted upon, where necessary, to improve services and the patient experience.

During 2010/11 the Trust received 568 formal complaints from patients or their representatives. This represents a 27% increase compared to last year. The chart below shows the distribution of complaints received each month for the current and previous year.

Comparison of complaints activity 2009/10 and 2010/11



The chart below shows that the top corporate themed complaints were related to aspects of clinical care and treatment, attitude and behaviour of staff, and communication and environmental incidents.

Complaints activity by corporate theme 2010/11



■	Attitude and Behaviour	59
■	Clinical Treatment/Care	422
■	Communication	35
■	Environmental Incident	35
■	Non Clinical Care	2
■	Protocols/Procedures	13
■	Security Incident	3

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 recurrence. The following examples highlight where we have made changes to practice as a result of complaints:

- Introduction of bereavement cards to send to families of patients who have passed away on Care of the Elderly wards. The card offers condolences but also provides contact details if they have any unanswered questions;
- Introduction of self check-in kiosks in Chester Wing and Physiotherapy to speed up and simplify the booking in process for patients and avoid queuing at reception desks;
- Patients automatically receive a copy of clinic correspondence with GP, unless they express not to receive information;
- Improvements have been made to written communication in relation to outpatient appointments and cancellations. Further improvements planned in 2011/12 to standardise all outpatient letters;
- A dedicated pharmacist has been allocated to Acute Medical Unit (AMU) who controls and manages medications and discusses accordingly with patients;
- Renovation of the bathroom on the cardiology ward. The bath has been removed and replaced with a shower to allow easier access for patients;
- Provision of evening clinics in dietetics for those patients who have difficulty attending during working hours;
- Provision of privacy screens around the self check in kiosks within physiotherapy to protect patient confidentiality;
- Changes to guidelines within obstetrics in relation to patients requesting repeated analgesia in the ante natal period;
- Improved organisation of beds within Trauma and Orthopaedics to prevent patients being cancelled on the day of surgery where possible.

PEAT Inspections – Making Improvements to Ensure Our Hospitals are Safe and Clean

The annual Patient Environment Action Team (PEAT) inspection is a self assessment and inspection exercise which measures standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas). It is designed to ensure that improvements are made in the non-clinical aspects of a patient's experience. As in previous years, the PEAT inspection process has involved Trust governor representatives and members of our Community Panel, in addition to senior nursing, catering and facilities staff.

NHS Trusts are given scores from 1 (unacceptable) to 5 (excellent) for standards of privacy and dignity, environment and food within their buildings. The results of the 2010 assessment compared with those achieved in 2009 are highlighted overleaf:

	Privacy & Dignity		Food		Environment	
	2009	2010	2009	2010	2009	2010
Sunderland Royal Hospital	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent
Sunderland Eye Infirmary	Excellent	Excellent	Excellent	Excellent	Good	Excellent

Privacy & Dignity – Our Commitment to Same Sex Accommodation

The Trust is committed to respectful and dignified care and meeting the national standards for same sex accommodation. Same sex accommodation means that patients will not share a sleeping area, bathroom or toilet with a member of the opposite sex even though they may be on a ward that cares for both men and women.

At the end of 2010/2011, City Hospitals issued a compliance statement on these national standards and gave a commitment to eliminate mixed sex accommodation. We have undertaken a works programme to improve the patient environment to meet these standards. In addition we have revised our admissions and operational bed management policy to help us achieve the same sex standard. We continuously monitor the same sex standard via the Real Time Feedback system and report results each month directly to the Wards.

At the Standards of Care Event in June 2010 we presented the results of the 'Mixed Sex Wards Survey' undertaken by the Community Panel and restated the key message that it is not acceptable for patients of the opposite sex to share a sleeping area, bathroom or toilet on non-clinical grounds.

Reported Breaches of Same Sex Accommodation

Current performance against breaches of same sex demonstrates that where breaches have occurred, these have been clinically appropriate due to the patient being in a life threatening phase of their condition, ie first few hours of a stroke or a suspected heart attack. However, the Trust is not complacent and tougher rules around same sex accommodation are now in place for other areas, outside of the normal ward environment. Any breaches of these new standards will be reported throughout 2011/12.

Quality Dimension 3 – Focusing on Clinical Effectiveness

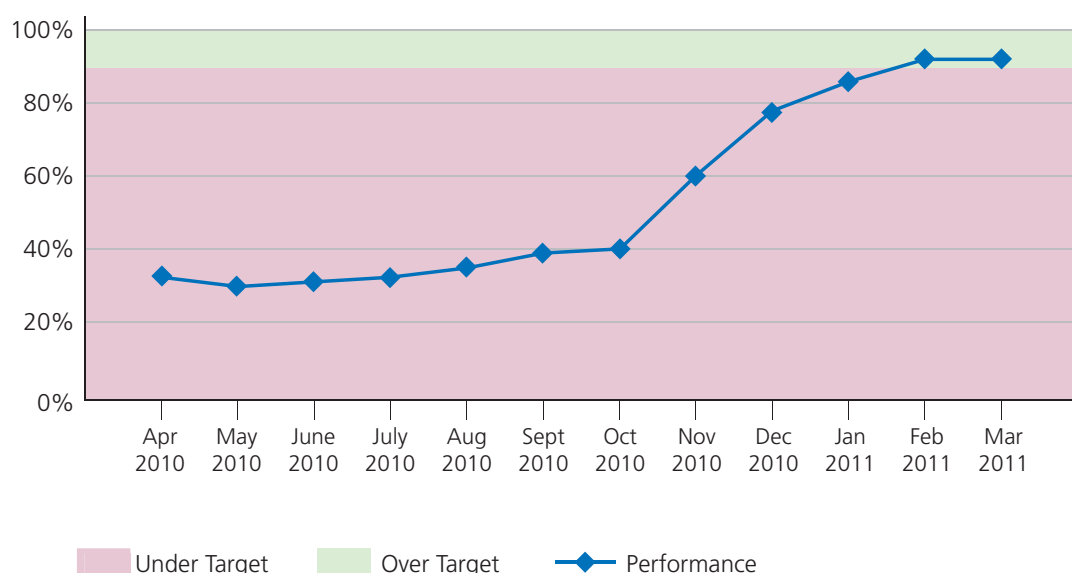
Venous Thromboembolism (VTE)

An estimated 25,000 people across the country die from preventable hospital acquired VTE every year. VTE refers to the formation of a thrombus (blood clot) within veins, which can occur anywhere in the body. The predominant sites are in the veins of the leg giving rise to deep vein thrombosis.

The risk of developing VTE depends on the condition and/or procedure for which the patient is admitted and other predisposing risks such as obesity. From 1 April 2010 a number of measures have been introduced across the NHS to help ensure a comprehensive National VTE Prevention Programme is in place for England. The programme includes measures to ensure that every adult patient has a documented VTE risk assessment on admission to hospital.

The Trust has been working on improving the percentage of VTE risk assessments throughout the year (the CQUIN target was 90% by the end of the year) and we were able to achieve the target during February 2011. This has been a huge challenge and required significant changes to be made to our admission processes and data capture systems. The progress made over the year is shown in the chart below.

% VTE Risk Assessments

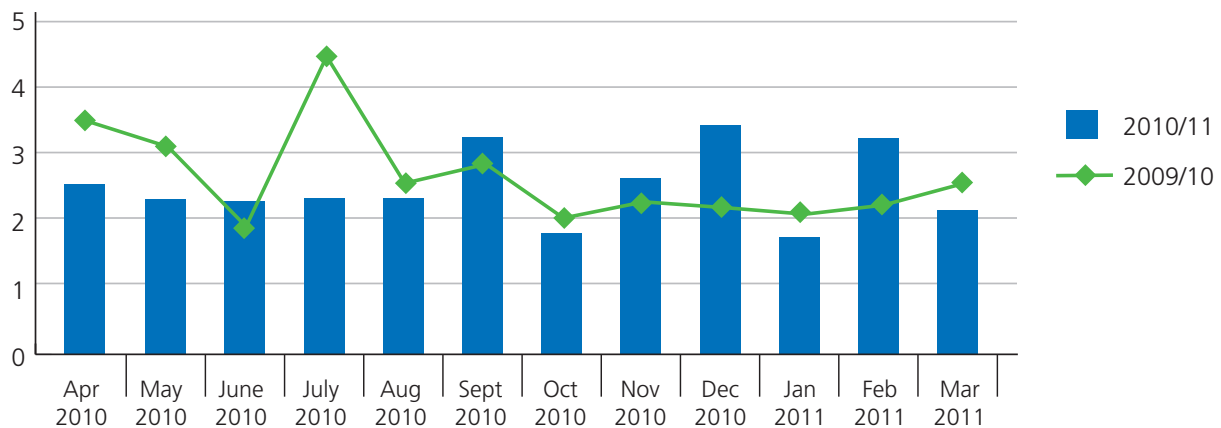


The prevention and management of VTE will again be part of the CQUIN scheme next year, and the target of 90% and above is expected to be achieved each month.

Pressure Ulcers – Reduction in the Incidence of Hospital Acquired Pressure Ulcers

Pressure ulcers represent a major burden for patients in terms of the impact on mobility and quality of life. As part of the Commissioning for Quality and Innovation (CQUIN) framework the Trust monitors the number of hospital acquired pressure ulcers graded 2 or more using the European Pressure Ulcer Advisory Panel (EPUAP) Classification System. The table overleaf illustrates the number of ulcers per 1000 bed days (against throughput).

Number of grade 2+ hospital acquired pressure ulcers per 1000 bed days (1/04/10 – 31/03/11)



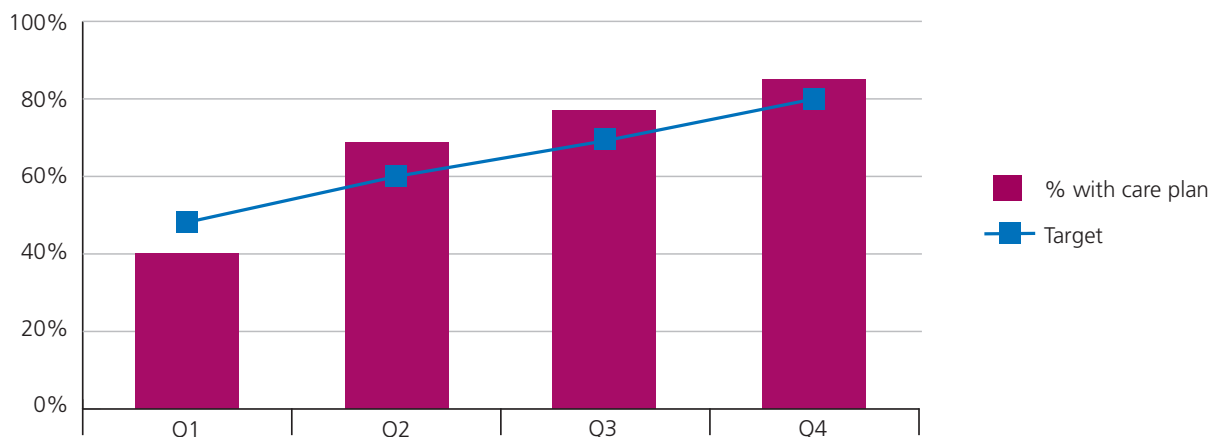
The picture of progress and reduction in hospital acquired pressure sores during the year has been mixed, but we have had some success, and we are confident that we can further improve practice in a number of areas. The Trust now has an action plan in place to improve the assessment and management of pressure ulcers, which is overseen by the multidisciplinary Tissue Viability Group. Some of the developments we are working on include:

- Revising the Trust Pressure Ulcer Prevention policy, which will establish clear standards, procedures and referral pathways for the prevention and treatment of pressure ulcers;
- Introduction of a pressure ulcer 'aide memoire' to help staff grade pressure ulcers; this will be launched at a Trust wide Tissue Viability event to be held in 2011;
- Reviewing the pressure ulcer care plan so that it reflects best practice;
- Preparing a business case for the funding of a tissue viability practitioner;
- Considering the potential of introducing a more flexible way of training staff using an e-learning educational package.

Falls Prevention and Management

Patient falls are common in hospital, particularly among the frail elderly. As part of the Commissioning for Quality and Innovation (CQUIN) framework's safety focus the Trust has been monitoring the number of patients who receive a Falls Risk Assessment and have a score of 15 or more (high risk of falling) to establish whether a care plan is put in place. The table below shows significant progress has been made.

% of adult inpatients with falls high risk score with care plan (1/04/10 – 31/03/11)



Improvements This Year

The Trust recently completed a region-wide audit of in-patient falls prevention (co-ordinated by Safer Care North East). We were able to respond positively to 39 of the 46 falls standards, and through the work of the Trust Falls Committee we intend to develop the following areas:

- Introduction of post-falls protocol in all wards areas,
- Improvements to the analysis and reporting of falls.

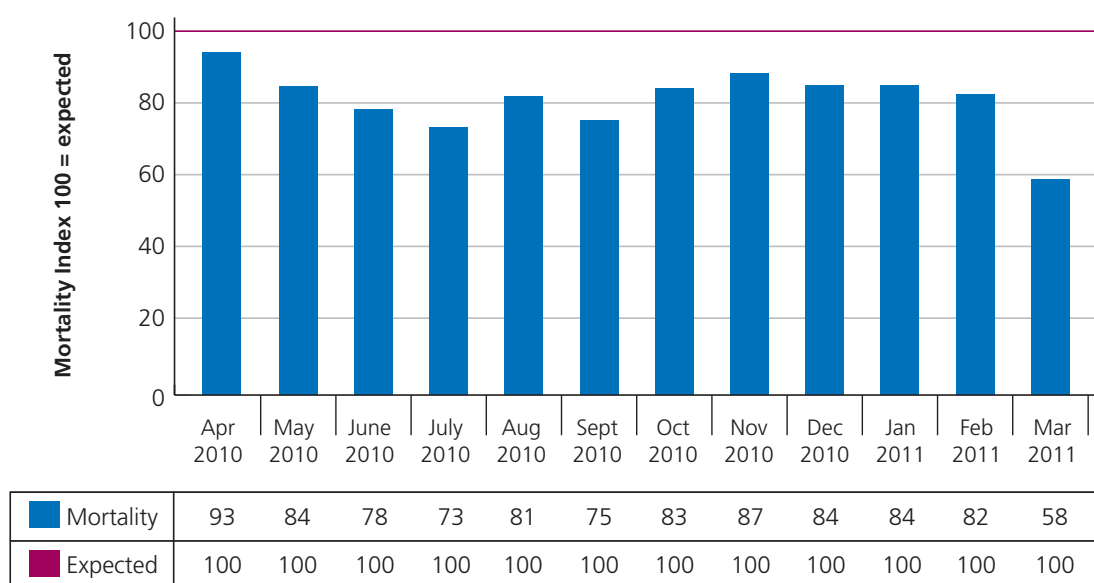
Mortality

Mortality rates are a key measure of a hospital's performance on clinical outcomes. The standard way of measuring mortality is using the Standardised Mortality Rate, or SMR. This is a measure that makes adjustments for how sick the patient is, the kind of treatment a hospital offers, the age of the patient and what their living conditions are like at home. For example a hospital treating generally healthy 25 year olds from a prosperous area and specialising in minor procedures, would be expected to have lower death rates than one performing complex operations on an ageing population in a socially deprived area.

After the adjustments to take account of all of the above, the results (the SMR) are reported as a ratio so that a perfectly average hospital would have an SMR of 100. An SMR greater than 100 suggests a higher than average mortality rate and less than 100 a better than average rate. There are other ways of measuring mortality rates, including the HSMR method used by Dr Foster. They all work slightly differently which can be very confusing, so that the Department of Health has asked a group of experts to develop a single agreed measure that will be used across the NHS.

At City Hospitals we use the CHKS tool and a mortality score called RAMI (Risk Adjusted Mortality Index). Using this method the SMR throughout 2010/11 shows there was less deaths than expected (100 being what is expected). It is not uncommon for the RAMI score to differ from the Dr Foster method, for example scores reported on NHS Choices show overall Hospital Standardised Mortality Ratio (HSMR) for City Hospitals to be higher than expected. However both CHKS and Dr Foster make it clear that mortality ratios on their own should not be used as the only indicator of performance. They should be used in conjunction with other measures of comparisons. The majority of Trusts in the North East now use the CHKS method for monitoring hospital death rates. The table below shows the monthly RAMI score:

Monthly hospital standardised mortality using the CHKS RAMI score



Planned Improvements for 2011/12

- Development of a new Trust-wide mortality monitoring and review policy, which will promote a structured way of reviewing and reporting on deaths;
- Ensure directorates have regular mortality meetings to share the learning from reviews of deaths with colleagues;
- Introduce a summative mortality scorecard for reporting to the Boards;
- Continue the developmental work within the Leading Improvements in Patient Safety (LIPS) programme.

During 2010, we received information from the Care Quality Commission about our hospital mortality. In November 2010 they asked the Trust to provide information and assurance around higher than expected death rates for patients who had been admitted with hepato-biliary disease, pancreatic disease, digestive and musculoskeletal conditions.

A comprehensive review of patient case notes was undertaken by relevant senior medical consultants. The audit found that the majority of deaths were regarded as being predictable given the patient's presentation and the presence of serious co-morbidities. In the majority of cases we were able to confirm correct and timely investigations and appropriate treatment. This conclusion has been reported back to the Care Quality Commission.

Releasing Time to Care (the 'Productive Ward')

The Time to Care programme helps teams to reorganise and redesign the way they manage and operate the workplace. The programme offers a way of getting the right things to the right place, at the right time, in the right quantities, whilst minimising waste and being flexible and open to change. It adopts many efficiency and safety techniques from industry and is known as LEAN thinking.

Simply by getting better organised our staff have been able to achieve significant improvements by increasing the amount of time nursing teams are able to give directly to patients, which in turn improves quality of care. The key to success is that improvements are driven by staff themselves – those best placed to see where improvements and efficiencies can be found. The process has also helped to make savings in materials and reduce waste, as well as improve staff morale, by helping staff to make positive changes in the workplace and get the most out of their role.

The Time to Care programme commenced in City Hospitals in December 2008, and we now have 35 wards engaged in the programme. Some of the changes that have taken place include:

- Wards now look clean, tidy and uncluttered, giving a professional feel,
- Improvements to layout and stock control mean that everything is in its place and 'ready to go',
- Patient bed boards have been re-designed to include a standardised layout with space to list 'special instructions' for patients,
- Introduction of electronic shift handover to improve communication among nurses between shifts,
- Streamlining of the patient meals process so that meals are delivered to wards quickly and ensuring that sufficient nurses are available to support patients,
- Introduction of 'Do Not Disturb' tabards for staff undertaking the medicines round to prevent unnecessary interruptions and maintain patient safety.

Other examples of how the Trust is using LEAN design to improve quality and service efficiency include:

- **Participating in enhanced recovery** – The aim of the programme is to improve patient outcomes and speed up a patient's recovery after surgery.
It also focuses on making sure that patients are active participants in their own recovery process and receive care at the right time.
- **'Front of House' project** – LEAN methods were used to identify waste, non-value added steps and improvements within the Emergency Care pathways, ie Accident & Emergency and the acute admission units (Medicine & Surgery). Further work will continue in 2011 to re-design the Accident & Emergency Department to improve patient flow.
- **Operating Theatres** – Theatre preparation and storage rooms are now better organised with the correct stock and equipment, enabling theatre lists to run smoothly and reducing overruns.
- **Dementia Services** – local improvements include the holding of a lunch club for dementia patients, availability of 'therapeutic' reminiscence books and training in the use of the Mini Mental State Examination (30-point questionnaire test that is used to screen for cognitive impairment in dementia).

Making Improvements to Stroke Services

City Hospitals has been working hard to develop stroke services in line with the National Stroke Strategy. By changing the way we work, it has allowed us to develop better pathways for patients, more timely access to services and better quality of care for patients before and after discharge.

New Acute Stroke Unit (ASU)

The Acute Stroke Unit (ASU) has moved to a 40 bed facility in the new ward block on the Sunderland Royal site. The unit has dedicated and trained stroke nurses and therapy staff, who provide care and therapy within the ward area. This move will enable the Trust to achieve its objective of treating the majority of stroke patients on a dedicated acute stroke unit for most of their stay.

There is also an Acute Stroke Assessment Area (ASAA) within the Acute Medical Unit where the stroke team are pre-alerted by the North East Ambulance Service of any FAST positive patients (Act F.A.S.T is a national awareness campaign aimed to educate healthcare professionals and the public on the signs of stroke and that prompt emergency treatment can reduce the risk of death and disability). Patients are admitted directly to this area and assessed rapidly, to identify if the patient is suitable for thrombolysis treatment. The quicker this treatment is given the better the outcomes and recovery for patients. The existing thrombolysis service will be expanded and will be available 24 hours per day, 7 days a week.

In the ASAA patients are cared for by trained stroke nurses and receive therapy support from admission including swallowing assessment, mobility assessment and specialist nurse intervention, to ensure delivery of the highest possible quality of care. Following stabilisation, the patient is transferred directly to the ASU.

Rehabilitation

Once the acute phase of stroke care is complete, patients may undergo a period of rehabilitation in the ASU or discharged home with the Community Stroke Team for rehabilitation. The Community Stroke Rehabilitation Team (CSRT) was launched in September 2009 and stroke rehabilitation services are now more flexible, timely, and patient centred. The team offers high quality, domiciliary based rehabilitation and health promotion for patients who have recently suffered a stroke. The team has close links with hospital and community social services and patients are seen within 24 hours of referral (inpatients) and within 2 days of hospital discharge or community referral.

The service has resulted in the following benefits for patients:

- Seamless rehabilitation and nursing care following hospital discharge;
- Earlier hospital discharges;
- Improved outcomes for patients in communication, mobility, extended activities of daily living, return to work;
- Reduced risk of recurrence of cardiovascular disease,
- Timely and appropriate referrals to a vast range of services across outpatient therapies,
- Stroke Association services such as community integration and communication support, other voluntary sector organisations, carers' centre and exercise classes.

New Lithotripsy Service

The Urology Department at Sunderland Royal Hospital has introduced a new lithotripsy service based in the Urology Investigation Unit. The service offers convenient and effective treatment for kidney stones. Lithotripsy means 'breaking of stone'. It is the common term used for extra-corporeal shock wave lithotripsy (ESWL) which is a technique that uses shock waves to break up urinary stones within the kidney or ureter. Patients have previously had to travel to Newcastle for this procedure or undergo more invasive surgical procedures which are expensive to perform and result in an in-patient stay. Patients can now be treated in an out patient setting and go home a short while later. The procedure takes between 30 and 60 minutes to perform and no anaesthetic is required although pain relief and occasionally a sedative may be used if the patient experiences discomfort as the stone breaks.



By changing the way we work, it has allowed us to develop better pathways for patients...



Performance against key national priorities and patient targets

During 2010/11 the Trust delivered a number of significant performance improvements, all of which improved the quality of the service we provide to our patients. The Trust maintained its existing high levels of performance in a number of key areas such as inpatient and outpatient waiting times and further improved performance in a number of other areas such as cancer, stroke and healthcare acquired infections.

The table below highlights the key national priorities, with the majority taken from Monitor's compliance framework. Monitor, the regulator of Foundation Trusts produces a 'Governance' risk rating for each organisation and at the end of 2010/11, City Hospitals was rated 'Green', the highest rating possible.

Indicator	Last Year 2009/10	Target 2010/11	Actual 2010/11	Variance	Achieved
Quality/Safety Metrics					
Stroke Care – >=90% LOS on stroke unit*	60.04%	80.00%	82.66%	2.66%	●
Data quality on ethnic group	95.62%	90.00%	94.98%	4.98%	●
Maternity Data Quality	97.28%	90.00%	96.11%	6.11%	●
Delayed transfers of care	1.72%	<2.00%	1.76%	-0.24%	●
18 Week referral to treatment – admitted patients#	96.33%	90.00%	94.87%	4.87%	●
18 Week referral to treatment – non admitted patients#	99.11%	95.00%	98.50%	3.50%	●
Cancer waits – seen <=2 weeks from referral	93.76%	93.00%	93.39%	0.39%	●
Cancer waits – seen <= 2 weeks from referral for breast symptoms	97.22%	93.00%	96.74%	3.74%	●
Cancer – treated <=31 days	98.48%	96.00%	98.05%	2.05%	●
Cancer – subsequently treated <=31 days	98.85%	98.00%	99.11%	1.11%	●
Cancer – treated <=62 days from referral	84.73%	85.00%	86.49%	1.49%	●
Cancer – treated <=62 days from screening	91.67%	90.00%	95.24%	5.24%	●
A&E waits – admitted or discharged <4 hours	98.06%	95.00%	97.73%	2.73%	●
Cancelled operations – % total elective workload	0.53%	<=0.80%	0.47%	0.39%	●
MRSA screening	100%	100%	100%	0.00%	●
Incidence of BB MRSA	20	<8	3	-5	●
Incidence of C-DIFF	93	<98	49	-49	●

*Q4 performance, as target was to be achieved by the year end

March 2011 position

Cancer

At the end of 2009/10 the Trust narrowly missed achieving the government target of 85% for the 62 day target of referral to treatment. Improving this performance was a key priority for 2010/11 and it is pleasing to note for 2010/11 the Trust performance was 86.5%, above the required target, and more importantly meaning more patients got their required treatment quicker than in previous years.

All other cancer targets (2 week waits and 31 days from diagnosis to treatment) were achieved above the required standard for the year.

Accident & Emergency (A&E)

During 2010/11, the new coalition government and the Department of Health changed the targets in relation to A&E. The new expectation was for 95% of patients to be seen, discharged or admitted (if necessary) within 4 hours.

As anticipated the Trust experienced significant pressures from increased A&E attendances over the winter period and the Trust continues to receive more ambulances than any other A&E department in the region – around 600 per week. This places significant pressure on the department and the wider organisation and it is important we focus on this over the coming year to understand why Sunderland is different to the rest of the North East.

Working in collaboration with primary care the Trust ensured that 97.7% of patients were discharged or admitted within four hours of attending A&E or a local Urgent Care Centre during 2010/11. Looking ahead, a new expanded set of quality indicators for A&E are to be launched in 2011/12 and the Trust will work with our local partners to deliver these across the health community.

Stroke

Historically the Trust has struggled to achieve a number of the national stroke targets. However, 2010/11 saw a significant improvement in the quality of services we provide in this area. The team redesigned pathways to ensure patients were treated quicker and by the end of 2010/11 they achieved a number of objectives, including hitting

the target of 80% (83.5% during Jan-Mar 2011) of patients spending 90% of their time on the stroke unit, compared to 60% last year.

Inpatients and Daycases

An internal priority for the organisation during 2010/11 was to reduce length of stay (LOS) in particular for non-elective (emergency) patients. This has been achieved, and the Trust used approximately 4,500 less bed days when compared to 2009/10. During the same period, the Trust also reduced the percentage of patients who were readmitted within 30 days from 6.5% to 6.1%, giving reassurance that patients are not discharged too quickly. The rate of 6.1% also compares very favourably with our peer group (a group of similar sized hospitals, serving a similar population), which for 2010/11 reported 7% of patients being readmitted.

The Trust continues to improve on the % of elective patients treated as a daycase. In 2010/11, this was 79.4% compared to 77.5% in 2009/10 and is 5% more than our peer group.

In relation to cancelled operations only 0.5% of all patients had their operation cancelled on the day of surgery, significantly below the national average.

With respect to 18 weeks, the Trust once again achieved the required standard for both admitted and non-admitted patients.

Diagnostics

One of the organisations aims for 2010/11 was to reduce the time to taken to send a report back to a GP, once a patient had had their routine X-ray taken. The aim was to improve the service we offered to our patients and our GP colleagues. By the end of 2010/11 the Trust had significantly reduced the amount of time for a report to be produced, from 2 weeks to between 2-4 days and this position will be maintained in the future.

Control of Infection

The Trust achieved both national targets for MRSA and *C.difficile*. Further information on both these targets can be found within Part 1 of the Quality Report.



Doctors Nikhil Majmudar, Janice O'Connell and Richard O'Brien, Consultants in Rehabilitation and Elderly Medicine.

Statement from Lead Commissioner: Sunderland Teaching Primary Care Trust

NHS South of Tyne and Wear (serving Gateshead, South Tyneside and Sunderland PCTs) aims 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. NHS South of Tyne and Wear takes this responsibility very seriously and considers this to be an essential component of the commissioning function.

Throughout 2010/11 NHS South of Tyne and Wear had monthly quality and contract review meetings with City Hospitals Sunderland NHS Foundation Trust. The mechanisms in place with local foundation trusts to monitor the quality of the services provided and to encourage continuous quality improvement are well established. The purpose of the quality review meetings is to:

- monitor a broad range of quality indicators linked to patient safety, clinical effectiveness and patient experience
- review and discuss relevant trust reports eg Incident and Complaints reports
- review and discuss relevant external reports eg Care Quality Commission patient surveys
- monitor action plans arising from the above

In addition to the above a Non-Executive Director from Sunderland Teaching PCT takes part in infection control visits at City Hospitals Sunderland NHS Foundation Trust.

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

- timeliness of X-ray reporting to GPs,
- care of stroke patients,
- development of real-time feedback from patients using the community panel and trust volunteers,
- pressure ulcers,
- improvement work linked to food undertaken together with the local authority.

The Trust experienced significant pressures within the Accident and Emergency Department during the winter months and following a review has instigated a number of actions to manage the system better for next winter.

It is positive that the priorities for 2011/12 have been identified with Governors and LINKs and whilst they focus on strengthening the basics of healthcare there are also other improvement priorities for instance those with the 2011/12 CQUIN scheme.

Much of the information contained within this Quality Report is used as part of the quality monitoring process described above eg performance against locally agreed quality measures and achievement against CQUIN indicators. As required by the NHS Quality Reports' regulations NHS South of Tyne and Wear has taken reasonable steps to check the accuracy of this information and can confirm that it is believed to be correct.

Statement from Sunderland Local Involvement Network (LiNK)

Sunderland LiNK welcomes the opportunity to comment on City Hospitals Sunderland's Quality Account 2010-2011. The report provides a comprehensive picture of the Trust's performance against a number of national quality standards and is very transparent in detailing areas for improvement as well as highlighting its successes. We note the continued and significant improvement in hospital acquired infection since 2008 and the Trust's determined efforts to reduce infection further. We share the Trust's disappointment that our City Hospital only achieved General level 1 accreditation under the Clinical Negligence Scheme for Trusts (CNST). We too hope that the Trust can implement the necessary improvements and realise its aim of achieving Level 2 accreditation by 2012.

The Trust has identified a number of important priorities which include improved analysis of patient complaints and feedback. As the public voice for the access and usability of Health & Social Care services, Sunderland LiNK is very pleased that in setting this priority the Trust is fully recognising the significance of patient feedback.

During the 2010 – 2011 reporting period Sunderland LiNK collaborated with Sunderland City Council's Health & Wellbeing Review Committee's report into Malnutrition and Dehydration in Hospitals which took an extensive look at the current systems and surveyed almost 100 patients. In addition, LiNK undertook a number of additional surveys with patients in the hospital's outpatient clinics using 'Enter & View' volunteers to look at

waiting times and communication. The Trust Secretary and her team cooperated fully in supporting these elements of external scrutiny and we look forward to continued collaboration, in particular supporting and contributing to the Trust's priorities around patient feedback.

Michael McNulty

MICHAEL MCNULTY
Chair

Statement from Health and Well-Being Scrutiny Committee

Thank you for forwarding a copy of your draft Quality Report for 2010/11.

The Health and Well-Being Scrutiny Committee welcomes the opportunity to comment on this year's Quality Account although, as you will appreciate at this time of year the new scrutiny committee membership is not formalised until 18th May. Nevertheless, I have consulted informally with the incoming Chair and Vice-Chair and would make the following statement.

The Scrutiny Committee can confirm that the selected priorities for 2011/12 are in line with the preferences of the Committee. Following our review of malnutrition and dehydration in hospitals during 2010/11, the Scrutiny Committee particularly supports the improvement priority for a better patient experience in choice of food and assisting patients to eat.

The Committee notes however that, as with all the priorities identified, the achievement of improvements is to an extent reliant upon the realisation of dignity and respect for patients as underlying principles.

The Committee would emphasise that dignity and respect are not separate from the other improvement priorities but are fundamental to the care and treatment of patients. The published Quality Account should reflect that dignity and respect are key principles of the Human Rights Act. To ensure that the rights of individuals are upheld, the Trust may wish to consider a set of key principles of behaviour as a standard which could be incorporated into service planning, commissioning and delivery, processes, practices and professional education.

For example, the Committee notes the number of patient complaints during the year which are related to the attitude and behaviour of staff. An increased profile given to the importance of dignity and respect may be a useful contribution to addressing these patient concerns.

The Committee is pleased to note the continuing efforts to collect patient feedback, and perhaps more importantly, to use patient feedback to achieve continuous improvement. While recognising that the Trust is operating in an increasingly challenging operating environment it is encouraging to note that the Trust continues to view with importance the collection and use of patients' views.

The Scrutiny Committee notes the levels of performance achieved during 2010/11 and supports the ambition of the organisation to exceed, rather than just meet, targets and to be in line with the best.

Karen Brown

KAREN BROWN
Health Scrutiny Officer

Date: 17 May 2011

Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

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 foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- 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 2010 to June 2011
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - Feedback from the commissioners dated 20/05/2011
 - Feedback from the Health and Well-Being Scrutiny Committee dated 17/05/2011
 - Feedback from governors dated between 01/05/2011 – 20/05/2011
 - Feedback from LINKs dated 20/05/2011
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 04/05/2011
 - The national patient survey 21/04/2011
 - The national staff survey April 2011
 - CQC Quality Risk Profiles April 2011
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 05/05/2011
- 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-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

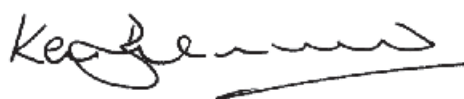
The directors confirm that to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



J N ANDERSON
Chairman

Date: 2 June 2011



K W BREMNER
Chief Executive

Date: 2 June 2011



Independent Auditor's Report to the Board of Governors of City Hospitals Sunderland NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Board of Governors of City Hospitals Sunderland NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of the content of City Hospitals Sunderland NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the "Quality Report").

Scope and subject matter

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

Respective responsibilities of the Directors and Auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ("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 content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

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

- Board minutes for the period April 2010 to June 2011
- Papers relating to quality reported to the Board over the period April 2010 to June 2011
- Feedback from the commissioners dated 20/05/2011
- Feedback from governors dated 20/05/2011
- Feedback from LINKS dated 20/05/2011
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Compliance Regulations 2009, dated 20/04/2011;
- The national patient survey 2010;
- The national staff survey 2010;
- The Head of Internal Audit's annual opinion over the Trust's controls environment dated April 2011; and
- CQC quality and risk profiles dated April 2011.

We considered the implications for our report if we became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Board of Governors of City Hospitals Sunderland NHS Foundation Trust as a body, to assist the Board 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 2011, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Governors as a body and 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 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Making enquiries of management;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents.

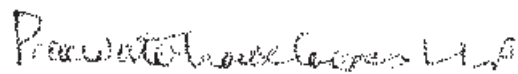
A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.



PricewaterhouseCoopers LLP
Chartered Accountants
London

Date: 6 June 2011



Kal Kaur, Ward Manager-Urology.

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
- 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.

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 report is submitted to the Clinical Governance Steering Group regarding complaints activity. This enables the group to identify and monitor trends and themes, and highlight any subsequent action to be taken within directorates to reduce the risk of recurrence.

From 1 April 2010 to 31 March 2011, the Trust received 568 formal complaints from patients or their representatives. This represents an increase of 27% from 2009/10.

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 taking appropriate action.

The Chief Executive provides a formal written response to the complainant who is given the opportunity 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.

Where complainants remain dissatisfied after conclusion of the meeting, and if 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.

Parliamentary and Health Service Ombudsman

During 2010/11, the Ombudsman requested information from the Trust in relation to 15 complaints, the outcome of which can be found below:

- **7 cases** – satisfied with the Trust's investigation and no further action necessary.
- **4 cases** – awaiting decision from Ombudsman.
- **3 cases** – Ombudsman suggested further local resolution.
- **1 case** – upheld.

In addition to the above, the Trust received notification of a further complaint which the Ombudsman upheld in relation to a complaint initially raised in 2008/09.

Learning Lessons from Complaints

- Training provided to staff in relation to the Early Warning Score of patients and the route of escalation.
- Increased frequency of undertaking audits of the resuscitation trolleys, ensuring the necessary equipment is readily available.
- Standardisation of the type of laryngoscope used across the Trust.
- Patients automatically receive a copy of clinic correspondence with GP, unless they express not to receive information.
- Improvements to the handover procedure for overnight monitoring of neurophysiology patients on base wards.
- Introduction of electronic nursing handover to ensure timely attention to patient dignity.
- Improvements to the administration procedures within neurology to ensure that patients pending results are monitored on a weekly basis.
- Changes to the appointment letter within neurophysiology to highlight the potential risk of skin sensitivity and providing contact details should this occur.
- Development of skin sensitivity checks for patients in neurophysiology.
- Introduction of documentation to be included at the patients bedside within Rehabilitation and

Elderly Medicine to allow nursing staff and relatives/visitors to communicate any specific concerns or requirements.

- Provision of leaflets from Marie Curie providing information to support relatives/carers in relation to patients commencing on the Liverpool Care Pathway.
- Non use of abbreviations in the prescribing of medicines, particularly around insulin.
- Introduction of bereavement cards to send to families of patients who have passed away on Care of the Elderly wards. The card offers condolences but also provides contact details if they have any unanswered questions.
- Incorporation of two dedicated goods/service lifts into the new ward block. The lifts in the main hospital will be prohibited to staff transporting trolleys. This will reduce damage and increase the availability of lifts for use by patients and visitors.
- Improved communication with patients by introducing a contact centre with one central number to simplify the appointments process and offer improved access for patients.
- Improvements have been made to written communication in relation to outpatient appointments and cancellations. Further improvements planned in 2011/12 to standardise all outpatient letters.
- Provision of patient information leaflet from the Miscarriage Association. This is to provide support to staff and patients in the management of patients experiencing miscarriage, particularly those patients who may transfer from the base ward to the delivery suite.
- Nursing staff in the Emergency Department are piloting 'team nursing' in the department and allocating staff to rooms to improve the patient experience. This is currently under review with a view to changing working practice on a permanent basis from 2011/12.
- Emergency Medicine have introduced regular observation audits and pain management audits, in order to improve the patient experience.
- Renovation of the bathroom on the cardiology ward. The bath has been removed and replaced with a shower to allow easier access for patients.
- Provision of evening clinics in dietetics for those patients who have difficulty attending during working hours.

- Changes to guidelines within obstetrics in relation to patients requesting repeated analgesia in the ante natal period.
- Shadowing of Critical Care Outreach Team by nursing staff to gain a better understanding of the deteriorating patient.
- Improved tracking systems within Trauma and Orthopaedics to ensure that patients waiting for diagnostics are monitored in a more timely manner.
- Improved organisation of beds within Trauma and Orthopaedics to prevent patients having their operation cancelled on the day of surgery where possible.

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 2010/11, PALS received 663 contacts, which reflects a 4.4% increase from 2009/10.

PALS collate and record feedback from the Listening to Patients Scheme, inviting patient feedback regarding their experience. Patients, relatives and visitors can complete a Listening to Patients card and post it in one of the various boxes situated around the Trust. The Trust received 21 Listening to Patients cards during 2010/11, which is a slight increase from 2009/10.

We continue to encourage feedback either positive or negative so that we can share what is working well and also ensure that when things go wrong or are not as they should be, lessons can be learned.

“

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OFR: Stakeholder Relations

Significant Partnerships

The Trust is committed to partnership working and continues to play an active role not only within the health and social care economy in Sunderland but also within NHS North East.

We continue to have strong working relationships with our main commissioner, Sunderland Teaching Primary Care Trust, particularly at a time when they prepare for the introduction of GP Consortia. The Trust is also developing relations with the recently elected Sunderland GP Commissioning Board as it develops its governance arrangements and strategy going forward.

In April 2010 Church View Medical Centre, a GP practice in Sunderland, became part of the Trust. The joint arrangement is one of sixteen Department of Health Integrated Care Pilots looking to integrate and co-ordinate the care for elderly patients to help prevent avoidable admissions, facilitate discharge, and help reduce readmissions.

Work also continues in collaboration with South Tyneside and Gateshead Foundation Trusts and NHS South of Tyne and Wear in taking forward the 'Bigger Picture' work, a strategic overview of care requirements across South of Tyne and Wear. Key areas of focus this year have been paediatric and pathology services looking particularly at the pattern of safe, sustainable and cost effective services which can be delivered for the wider population in the long term.

The Trust has a close working relationship with the City of Sunderland and is an active member of the following city wide groups:

- Local Strategic Partnership Board;
- Economic Leadership Board;
- Healthy City Delivery Partnership;
- Adult Partnership Board;
- Safeguarding Adults Partnership Board and associated sub committees;
- Children's Trust Board;
- Local Safeguarding Children's Board and associated sub committees;
- Corporate Consultation Group; and
- Compact Delivery Group.

In particular this year the Trust has contributed to the work of the Sunderland Partnership Board in its review of the partnership and its structures in light of the changing political landscape. A potential model has been discussed reflecting the three main priority groups of Health and Wellbeing, Safer Sunderland Partnership and the Economic Leadership Board. It is intended that a full refresh of the Sunderland Strategy and associated structures be undertaken by September 2011. The Sunderland Strategy is a key document through which partners in Sunderland collectively set out their vision and priorities for the City, of which the improvement of the health and wellbeing of the local population is a key element.



OFR: Finance

The Trust experienced a number of significant challenges during the year, especially over the winter months. There had been prior recognition that there was a need to increase the bed capacity to meet the ever growing demand predominantly associated with demographic pressures.

The planned opening of the new ward block scheme was delayed significantly during 2010/11, with occupation only starting in March 2011. This combined with a growth in A&E attendances by around 2.5 % meant that the Trust faced significant capacity pressures particularly during the latter part of the financial year.

The introduction of the new tariff for clinical contracts in 2009/10, based on Healthcare Resource Group (HRG) version 4 was further expanded in 2010/11 with additional national changes factored into the funding received by hospitals. The most significant element related to a 'marginal' rate being received for any emergency patients seen over and above the number of patients seen at the end of 2008/09. In practical terms this meant that the Trust expected that the loss of income would equate to approximately £2m and this was factored into the planning assumptions at the start of the year. Work continued in year with both the PCT and the Local Authority to address these pressures. As a result, at the end of the year the activity numbers had declined compared to prior years, resulting in a reduction in the impact of the marginal rate.

Within this environment, the Trust and commissioners agreed activity levels predominantly based on 2009/10 actual activity plus anticipated additional growth requirements to achieve the necessary targets. The national tariff assumed a gross inflationary funding of 3.5% offset by an assumed level of 3.5% cash releasing efficiency. As a result therefore, tariff prices remained unchanged for 2010/11. The Trust was therefore required to provide for all cost pressures such as pay awards and inflationary pressures, without any increase in funding. Therefore, in order to cover these costs, and cover potential risks around issues such as the marginal rate change, the Trust set a £14m target as part of the Annual Plan process.

As a result of the introduction of International Financial Reporting Standards (IFRS) in 2009/10 there has been a change in the presentation of capital transactions and an impact on the overall income and expenditure position as reflected in the Statement of Comprehensive Income.

The overall financial position shows a final position of £2,869k, of which £744k relates to a technical revaluation issue and £2,125k reflects the underlying operating surplus for the year.

The Trust had submitted and agreed a financial plan with Monitor (the regulatory body for Foundation Trusts) which showed a planned surplus of £2m for the year. The plan assumed no drawdown from the working capital facility with forecast cash balances of £12.97m as at the 31st March 2011. The plan was based on no over performance in clinical activity and upon successful delivery of cost reduction measures of £14m.

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

Looking Forward

The national financial agenda remains challenging, with a target for the NHS of £20bn savings over the next 4 years. The indications are that a considerable proportion of the efficiencies required to deliver the target will be required from hospitals, with increasing pressure on tariff funded services being applied. 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 required efficiencies.

The Trust has continued to work with colleagues across the South of Tyne community to assess and prepare for the impact of reduced funding through tariff prices and the expectations concerning a reduction in patient numbers highlighted in the Operating Framework for 2011/12. Plans have been developed to significantly reduce the cost base of the organisation in 2011/12, with further savings to be made in subsequent years.

For 2011/12, the full impact of the NHS standard contract will apply. The 'Commissioning for Quality and Innovation' (CQUIN) payment scheme has been held at 1.5% 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 therefore set budgets for 2011/12 based upon the underlying outturn position from 2010/11. The national tariff assumes a gross inflationary funding of 2.5% offset by an assumed level of 4.0% cash releasing efficiency so that the overall price paid by commissioners for patients seen and treated in hospital settings has reduced by a net 1.5% compared with 2010/11. In addition, in 2011/12 the contracting rules have been amended to include non payment for hospital readmissions within 30 days of discharge from the hospital. The Trust will be working closely with commissioners to assess the impact of this penalty and looking at ways of reducing any potential avoidable readmissions back into hospital.

The Trust has set a Cost Improvement Target of 6% of the cost base which will be delivered with Divisions each having an Executive Board and Clinical Director lead, ultimately feeding into the Finance Committee monitoring process to ensure delivery.

Overall the budget has been set at a surplus of £2m with a continued positive cash balance at the end of 2011/12.

Cost Improvement Programme Plans

Divisional Plans for cost improvements were agreed at the start of the 2010/11 financial year. Included in the Annual Plan was a target of £14m, although internal plans were set higher. The Trust delivered the external target, with good progress being made towards achieving the internal target. The overall achievement was £17.16m.

The Divisional Directors were responsible for the delivery of the targets and progress against plan was reported regularly to the Finance Sub-Committee which is led by Non-Executive Directors.

Surplus

The Organisation achieved a surplus of £2.87m for the year.

The cash position was ahead of plan at £18.57m at the year end against a target of £12.97m with no drawdown from the working capital facility.

Capital Funding and Prudential Borrowing Limit

The Trust had an allocated Prudential Borrowing Limit of £81.5m. At the start of the year, the Trust had an outstanding balance on a number of Foundation Trust Financing Facility (FTFF) loans of £30.2m. In year, the Trust received the final balance of the FTFF loan in support of the new ward block scheme so that final outstanding loans at the end of the financial year equate to £33.28m.

Capital investment in 2010/11 was funded from internally generated funds and the FTFF loan. Total capital investments included the new ward block development funded from the FTFF loan, the combined heat and power plant, (which will reduce expenditure on energy and our carbon footprint), a further phase of demolition of old buildings to create car parking, medical equipment replacement and IT investment. The Trust has also continued to invest in backlog maintenance for its buildings.

Cash Flow Management

The Trust has not utilised any of its agreed working capital facility during 2010/11 and has maintained the Public Sector Policy regarding payment of creditors during the year.

The cash balances at the year end were £18.57m, ahead of the plan of £12.97m predominantly due to the receipt of the FTFF loan ahead of incurring the cost of the new build scheme which had been delayed significantly during 2010/11.

Financial Risks 2011/12

The key financial risks facing the organisation relate to the successful delivery of the Cost Improvement Programme (CIP) and other cost reduction measures associated with improved efficiency and productivity with particular regard to the efficiency target inherent in the national tariffs and the targeted resource releasing initiatives from the PCT plans. With the roll-out of the SLR system, greater information will now be available to support Directorates in better understanding their costs and in matching them through to income to understand the risks.

Substantial elements of the CIP plans are based on the implementation of 'Corporate Projects' looking to reduce the cost base by improved efficiency or reviewing the patient pathway, but at the same time improving patient quality and experience. In some cases this will result in a reduction in the facilities provided as they will no longer be required leading to financial risks should the costs associated with this reduction not be able to be removed.

Given the changing national environment linked to the proposed White Paper changes, there is a significant risk in respect of the overall Trust income. Close working with Commissioners is ongoing to mitigate this risk, but there are a number of changes within the Commissioning environment which will result in the need for the development of new relationships.

A further major future risk concerns the Trust receiving a number of equal pay claims and these have been included in the final accounts for 2010/11 as a contingent liability. At this stage, it is difficult to quantify the potential financial implications of these claims should they prove successful.

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.

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 HSBC and the Office of the Post Master General only. The Foundation Trust's net operating costs are incurred largely under annual service agreements with local primary care trusts, 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. To alleviate this issue the NHS Foundation Trust has maintained an £18,000,000 working capital facility with its current Bankers, which was not utilised in 2010/11.

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 material transactions have predominantly been undertaken with other NHS bodies and other Government Departments, predominantly being the University of Newcastle. NHS bodies are summarised as:

Department of Health

North East Strategic Health Authority

A number of Primary Care Trusts, including Sunderland, South Tyneside, Gateshead and County Durham

Northumberland, Tyne & Wear NHS Foundation Trust

County Durham and Darlington NHS Foundation Trust

Newcastle upon Tyne NHS Foundation Trust

North East Ambulance Service

National Blood Authority

Prescription Pricing Authority

NHS Litigation Authority

Financial Performance

For the financial year 2010/11 key headline financial indicators are as follows:

- The year ended with a surplus of £2.87m;
- The year ended with cash balances of £18.57m with no drawdown on the working capital facility;
- Capital investment of £20.4m; and
- Private Patient Income of £352k or 0.13% of turnover (well within our formal cap).

Financial Headlines

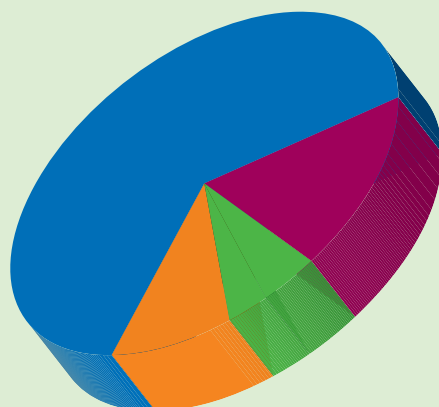
2010/11	£ Million
Operating Income	293.94
Operating Expenditure	285.35
Dividends paid	5.22
Surplus	2.87
Capital Expenditure	20.40
Total Fixed Assets	207.26

Note, the operating income figure detailed in the table above, excludes a technical adjustment of £744k.

All income totalled £294.68m, a breakdown of the key sources is shown overleaf:

Income Analysis in 2010/11

(2009/10 figures in brackets)



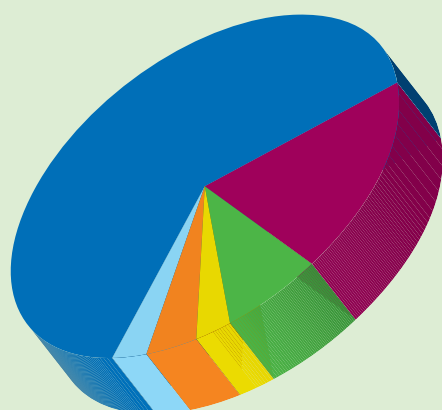
- South of Tyne PCTs 68% (68%)
- Durham PCTs 16% (16%)
- Other Income from activities 7% (6%)
- General Income 10% (11%)

Expenditure

Expenditure amounted to £285.35m. The majority of expenditure (66%) related to staff costs at £187.5m. Full details of Directors' Remuneration are included in the Annual Report on page 123.

Expenditure Analysis in 2010/11

(2009/10 figures in brackets)



- Staff Costs 66% (65%)
- Clinical Support Costs 18% (17%)
- Other 6% (7%)
- Premises 3% (3%)
- Services from Other NHS Organisations 4% (5%)
- Depreciation 3% (3%)

Staff Costs 2010/11

(2009/10 figures in brackets)



- Nursing & Midwifery 37.3% (37%)
- Medical & Dental 29% (29.4%)
- Scientific, Therapeutic & Technical 14% (14.4%)
- Administration & Clerical 13.2% (13.1%)
- Other 6.5% (6.1%)

Planned Investment Activity

Capital expenditure in 2010/11 totalled £20.4m with significant investment in premises, medical equipment and information technology.

	£ Million
New Ward Block scheme	13.94
Premises (Inc. Backlog Maintenance & Demolition enabling)	3.10
Medical Equipment	0.97
IT Systems	0.83
Radiology equipment	0.59
T&O Theatre Laminar Flow	0.35
Fire Alarms	0.25
Upgrade Food Regeneration Trolleys/Patient Beverage trolleys	0.20
Macular Degeneration	0.11
Miscellaneous Spend	0.06

The value of the Trust's fixed assets, both tangible and intangible, at the end of 2010/11 was £207.26m.

It is anticipated that, in 2011/12, capital investment will be funded via internally generated resources only.

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

Charitable Funds

The Board of Directors acts for the Corporate Trustee for all "Funds Held on Trust" and is 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. By the end of 2010/11 a 'Charitable Funds Committee' had been established to represent the Corporate Trustee in the day to day management of the funds.

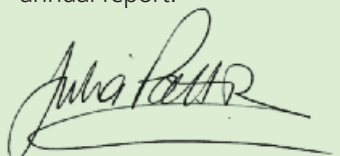
As at 31st March 2011, the pre-audit value of funds held on trust amounted to £ 3.05m, an increase of £0.50m over the final 2009/10 position (£2.55m).

The value of income received amounted to £1.33m (£0.56m final 2009/10) and the value of resources expended amounted to £0.84m (£0.65m final 2009/10). Within this, £10k was spent on research (£60k 2009/10). Capital purchases of equipment totalled £320k (£110k final 2009/10), for departments including Neonatology, Obstetrics & Gynaecology, Renal, Sunderland Eye Infirmary Medical Photography, Pathology, Radiology and Ophthalmology.

The Investment Portfolio at 31st March 2011 stood at £1.44m (£1.38m final position as at 31st March 2010), an increase of £60k. During the year the FTSE100 rose by 4% from 5,679 to 5,909.

Going Concern

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



JULIA PATTISON
Director of Finance



The Trust's Central Sterile Supplies Department processed approximately 1,051,682 items in 2010/11.

NHS Foundation Trust Code of Governance

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.

The Board of Directors has considered the Code of Governance and is compliant with the Code as evidenced in the following section of the Annual Report.

Board of Directors 2010/11



John Anderson QA CBE, Chairman

From 1 October 2008 for an initial period of three years.

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 and Chairman of the Urban Regeneration Company Sunderland (ARC).

Committee Member: Board of Directors; Remuneration Committee; Finance Committee.



Bryan Charlton, Non Executive Director

From February 1998. Re-appointed from June 2005 for three years which was extended by a further nine months until March 2009 and a further eighteen months until September 2010 and a further twelve months until September 2011 when he will retire.

Councillor Charlton has been an active Trade Unionist and Shop Steward since 1969. He has been a local councillor since 1987 and has held the post of Deputy Leader of Sunderland City Council. He is also a School Governor of Hylton Redhouse Comprehensive School.

Committee Member: Board of Directors; Remuneration Committee, Tendering Committee.



David Clifford OBE DL, Vice Chairman, Non Executive Director and Senior Independent Director

From November 2002. Re-appointed from November 2006 for three years which was extended by a further year in November 2009. He was re-appointed in September 2010 for a further year until September 2011.

Mr Clifford has 40 years experience in the region's ports and transport industries. He retired as Managing Director at the Port of Tyne Authority in 2002. He has previously been Chairman of South Tyneside Enterprise Partnership and of East Durham Groundwork Trust and is a member of other regional committees. He is a member of the Foundation Trust Financing Facility, a national committee. He is a Deputy Lieutenant of County Durham.

Committee Member: Board of Directors; Audit Committee; Remuneration Committee; Finance Committee; Operations Committee.



Mike Davison, Non Executive Director

From April 2007. Re-appointed from April 2009 until September 2010 which was extended for a further two years until September 2012.

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. He is an independent member of the Newcastle University Audit Committee and an independent adviser to the Church Society Finance Committee based in London. He is also a Church Elder.

Committee Member: Board of Directors; Tendering Committee; Corporate Governance Committee.



Miriam Harte, Non Executive Director

From September 2007 for two years. Re-appointed from September 2009 for a further two years.

Ms Harte is a qualified Chartered Accountant and also holds a law degree. She worked for 12 years for Proctor and Gamble and then moved to the Museum Sector. She was the Director of Bede's World (1998-2001) and then Beamish (2001-2007) and now works independently on museum/heritage projects, including most recently the Great North Museum. She is a Director of Audiences North East and is a Deputy Lieutenant of County Durham.

Committee Member: Board of Directors; Audit Committee; Tendering Committee; Patient and Public Involvement Committee; Charitable Funds Committee; Equality and Diversity Champion.



Roy Neville, Non Executive Director

From February 2005. Re-appointed in January 2009 until September 2011.

Mr Neville is a qualified Chartered Accountant and prior to his retirement was Managing Director of a Seaham-based family firm. He has previously held the posts of Chair of the Governors of Seaham Comprehensive School, Governor of Ropery Walk Junior and Infants School, Chair of Parkside Community Centre and Chair of the Seaham Initiative, a regeneration project.

Committee Member: Board of Directors; Audit Committee; Finance Committee; Charitable Funds Committee; Control of Infection Champion, Counter Fraud Champion.



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.

Committee Member: Board of Directors; Remuneration Committee (for Executive Directors only); Finance Committee.



Les Boobis, Medical Executive Director

From November 2004.

Mr Boobis joined City Hospitals in 1988 as a Consultant General and Vascular 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 General Surgery and Urology within the Trust. Mr Boobis is also a Senior Lecturer in Surgery at the University of Newcastle Upon Tyne and a visiting Professor of Sports Medicine at the University of Loughborough.

Committee Member: Board of Directors; Corporate Governance 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; Corporate Governance Committee; Tendering Committee; Finance Committee.



Carol Scholes, Director of Nursing and Quality, Divisional Director of Medicine

From July 1996.

Mrs Scholes has worked in the NHS since 1974 and joined the Trust in July 1996 from the post of Director of Nursing at East Yorkshire NHS Hospitals Trust. Mrs Scholes is a School Governor of Yarm School. Mrs Scholes retired in March 2011.

Committee Member: Board of Directors; Corporate Governance Committee.



Mark Smith, Chief Operating Officer

From December 2008.

Dr Smith joined the Trust on secondment in December 2008 and was appointed to the substantive post in December 2009. He previously worked as a GP in North Tyneside before joining the North East Strategic Health Authority in 2005 as Deputy Medical Director and Head of Commissioning.

Committee Member: Board of Directors; Corporate Governance Committee; Operations 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 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 Board of Governors.

The Chairman, John Anderson, was appointed to the Trust on 1 October 2008 for an initial three year term.

Mr Bryan Charlton, Non Executive Director was initially appointed to the NHS Foundation Trust at its creation in July 2004 for the unexpired period of his term of office. Mr Charlton was re-appointed in June 2005 for a further three years. The Board of Governors extended Mr Charlton's appointment in March 2008 for a further year and then for a further eighteen months in January 2009 until September 2010. His appointment was extended for a further twelve months until September 2011 when he will retire.

Mr David Clifford, Vice Chairman was initially appointed to the NHS Foundation Trust at its creation in July 2004 for the unexpired period of his term of office. Mr Clifford was re-appointed in November 2006 for a further three years and again in November 2009 for a further year and an additional year from September 2010 until September 2011. Mr Clifford became Vice Chairman in November 2006 and Senior Independent Director in March 2007.

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.

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.

Mr Roy Neville, Non Executive Director was appointed in February 2005 for a period of four years. Mr Neville was re-appointed in January 2009 until September 2011.

All appointments are made for a period of office in accordance with the terms and conditions of office decided by the Board 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 now at full strength and has a balance of skills and experience for the business of the Trust. The Board, excluding the Chairman, now 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.

Board Evaluation

Individual evaluation of both the Executive and Non Executive Directors was undertaken in 2010/11. 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 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 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 Board 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 Board 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, and
- to give the views of the Board of Governors to Directors for the purposes of preparing by the Directors, the Trust's Annual Plan.



The Board of Directors should ensure that the NHS Foundation Trust exercises its functions effectively, efficiently and economically.



Meetings of the Board of Directors

Board of Directors	Number of Meetings	Actual Attendance
John Anderson - Chairman	11	8
Ken Bremner - Chief Executive	11	11
Les Boobis - Medical Director	11	9
David Clifford - Non Executive Director	11	9
Bryan Charlton - Non Executive Director	11	10
Mike Davison - Non Executive Director	11	10
Miriam Harte - Non Executive Director	11	10
Roy Neville - Non Executive Director	11	10
Julia Pattison - Director of Finance	11	9
Carol Scholes ¹ - Director of Nursing	11	0
Mark Smith - Chief Operating Officer	11	9
Audit Committee	Number of Meetings	Actual Attendance
Roy Neville, Chair	5	4
David Clifford	5	5
Miriam Harte	5	3
Remuneration Committee	Number of Meetings	Actual Attendance
David Clifford, Chair	2	1
Bryan Charlton	2	2
Miriam Harte	2	2
Ken Bremner (for Executive Directors only)	2	1
Tendering Committee	Number of Meetings	Actual Attendance
Bryan Charlton, Chair	6	6
Mike Davison	6	2
Miriam Harte	6	6
Julia Pattison	6	6
Corporate Governance Committee	Number of Meetings	Actual Attendance
Mike Davison, Chair	8	6
Les Boobis ²	8	3
Julia Pattison	8	5
Carol Scholes ¹	8	0
Mark Smith	8	3
Finance Committee	Number of Meetings	Actual Attendance
Roy Neville, Chair	12	12
John Anderson	12	11
Ken Bremner	12	10
David Clifford	12	12
Julia Pattison	12	12

Note:

1 Mrs Scholes has been on sick leave through 2010/11.

2 Mr Boobis was only able to attend three meetings because of clinical commitments.



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 and the Charitable Accounts relating to funds held on Trust.

The Audit Committee works with the Finance Committee to ensure overall probity around financial resources within the Trust. The Finance Committee includes some members of the Audit Committee.

The Audit Committee has reviewed the Statement on Internal Control, which summarises the Trust's activities for the year in respect of key areas of risk. The Committee has endeavoured to gain satisfaction that systems of internal control are in place and potential risks can be identified so that necessary action can be taken to address them.

External Audit

During the year, the Trust purchased non audit services from the external auditors.

Non audit services purchased during 2010/11 included advice on pensions and tax training and assurance on the Quality Report, totalling £34,000.

The Audit Committee reviews the independence of the external auditors and considers any material non audit services to ensure that 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.

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. Membership of the Committee and attendance at the meetings is identified on page 119 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.
- Salary survey for NHS Chief Executives and Executive Directors.

City Hospitals' 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.

Senior Managers' remuneration and pension benefits are detailed in the tables on pages 123 and 124. 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.



K W BREMNER
Chief Executive

Date: 2 June 2011

Salary Entitlements of Senior Managers – 2010/2011

	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden Hello/ Compensation for loss of office
		£000	£000	£000
Mr K W Bremner ¹ Chief Executive	50	(215-220)		
Mrs J Pattison Director of Finance	44	(135-140)		
Mrs C Scholes Director of Nursing (Retired 2nd March 2011)	55	(55-60)		
Mr L H Boobis Medical Director	60	(100-105)	(90-95)	
Mr M Smith ² Director of Strategy & Service Development (until 31st July 2010) Chief Operating Officer (with effect from 1st August 2011)	48	(140-145)		
Mr J N Anderson Chairman	65	(50-55)		
Mr B Charlton Non Executive Director	66	(15-20)		
Mr R N Neville Non Executive Director	71	(15-20)		
Mr D Clifford Non Executive Director	70	(15-20)		
Ms M Harte Non Executive Director	50	(10-15)		
Mr M Davison Non Executive Director	64	(10-15)		

Plus lease cars (excluding Chairman & Non Executive Directors). Car allowances are between £7-11k per individual. Where car allowances are paid, this is included in the salary band above.

Pension Entitlements of Senior Managers – 2010/2011

Name and Title	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 2011	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real Increase/ (decrease) 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	(2.5) – 0.0	295.0 – 300.0	1,265	1,423	(157)	0
Mrs J Pattison Director of Finance	5.0 – 7.5	130.0 – 135.0	450	491	(41)	0
Mrs C S Scholes Director of Nursing	2.5 – 5.0	215.0 – 220.0	0	1,158	0	0
Mr L H Boobis Medical Director	2.5 – 5.0	360.0 – 365.0	0	2,278	0	0
Mr M Smith Director of Strategy & Service Development (until 31st July 2010) Chief Operating Officer (with effect from 1st August 2010)	20.0 – 22.5	135.0 – 140.0	549	534	15	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.

In his budget of 22 June 2010, the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) with the change expected from April 2011. As a result the Government Actuaries Department undertook a review of all transfer factors. The new CETV factors have been used in the calculation of the values for 2010/2011 and are lower than previous factors, so that the value of the CETVs for some members has fallen since 31 March 2010.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

CETVs in respect of Mrs C. Scholes and Mr L. H. Boobis have fallen to zero as both are now in receipt of their pension.

Independent Auditors' Statement to the Board of Governors of City Hospitals of Sunderland NHS Foundation Trust

We have examined the summary financial statement for the year ended 31 March 2011 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity, the related notes and the information in the Directors' Remuneration Report that is described as having been audited.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report and summary financial statement, in accordance with directions issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements and the Directors' Remuneration Report and its compliance with the relevant requirements of the directions issued by Monitor.

We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

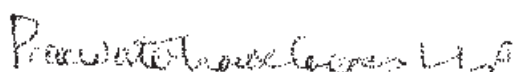
This statement, including the opinion, has been prepared for, and only for, the Board of Governors of City Hospitals Sunderland NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 (the Act) and for no other purpose. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements, the Directors' Report and the Directors' Remuneration Report.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements and the Directors' Remuneration Report of the NHS Foundation Trust for the year ended 31 March 2011 and complies with the relevant requirements of the directions issued by Monitor.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (6th June 2011) and the date of this statement.



PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
89 Sandyford Road
Newcastle upon Tyne
NE1 8HW

28th June 2011

Directors' Statement

The auditors have issued unqualified reports on the full annual financial statements; the part of the directors' remuneration report that is described as having been audited; and on the consistency of the directors' report with those annual financial statements.

The auditors report on the full annual financial statements contained no statement on any of the matters on which they are required, by the Audit Code for NHS Foundation Trusts, to report by exception.



The Trust's Community Stroke Rehabilitation Team recently received a national award from the Stroke Association.

Board of Governors 2010/11

Composition of the Board of Governors

The Board of Governors of the 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 stakeholder representatives from South of Tyne & Wear Primary Care Trust and the City of Sunderland. The Board of Governors is chaired by Mr J N Anderson, Chairman of the Trust.

In accordance with the recently published document, "Your Statutory Duties: A Reference Guide for NHSFT Governors", Mr Ian Tunnicliffe was elected by the Governors in January 2010 and subsequently following Governor elections in June 2010 to be Lead Governor.

Patients Constituency:

From 1 July 2010



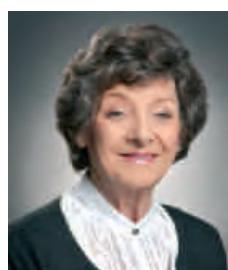
Duncan
Stephen



Alex
Marshall

Public Constituency North East:

From 1 July 2010



Yvonne
Johnson



Wendy
Westmorland

Public Constituency **Sunderland:** From 1 July 2010



Stephen Blenkinsop



Wilfred Curry



Sara Lake



Ivy Lemmon



Michael McNulty



Susan Pinder



Ian Tunnicliffe

Staff Constituency Clinical:

From 1 July 2010



Suzanne Cooper



David McNicholas

Staff Constituency Other:

From 1 July 2010



Mandy Bates



Mary Pollard

Staff Constituency Medical:

From 1 July 2010



Dr Shahid Junejo

Appointed Governor City of Sunderland:

From May 2010



Councillor Mel Speding
(Cabinet Member with Portfolio for
Health & Social Care)

Appointed Governor Sunderland Primary Care Trust: From March 2008



David Barnes
(Non Executive Director)

Meetings of the Board of Governors

Governor	Constituencies	Meetings in Public	Actual Attendance
John Anderson ¹	Public – Sunderland	1	0
Barbara Blythe ¹	Public – Sunderland	1	0
Alex Marshall ⁴	Patient	5	4
Duncan Stephen	Patient	6	5
Stephen Blenkinsop	Public – Sunderland	6	5
Wilfred Curry	Public – Sunderland	6	6
Thomas Hobson ²	Public – Sunderland	1	1
Sara Lake ⁴	Public – Sunderland	5	4
Ivy Lemmon ⁴	Public – Sunderland	5	5
Michael McNulty ⁴	Public – Sunderland	5	4
Susan Pinder ⁴	Public – Sunderland	5	5
Ian Tunnicliffe	Public – Sunderland	6	5
Yvonne Johnson	Public – North East	6	6
Wendy Westmorland	Public – North East	6	6
Mandy Bates	Staff – Other	6	5
Mary Pollard	Staff – Other	6	6
Suzanne Cooper	Staff – Clinical	6	5
Dave McNicholas	Staff – Clinical	6	6
Shahid Junejo ⁴	Staff – Medical & Dental	5	3
David Barnes	Appointed – South of Tyne & Wear PCT	6	4
Cllr Mel Speding ⁵	Appointed – City of Sunderland	5	4
Cllr Norma Wright ³	Appointed – City of Sunderland	1	1
John N Anderson	Chairman	6	5
Carol Harries	Trust Secretary	6	6
The following Directors have attended a number of Governor meetings:			
Ken Bremner	Chief Executive	6	
Les Boobis	Director	2	
Julia Pattison	Director	2	
Mark Smith	Director	2	
Bryan Charlton	Non Executive Director	1	
David Clifford	Non Executive Director	3	
Mike Davison	Non Executive Director	2	
Miriam Harte	Non Executive Director	2	
Roy Neville	Non Executive Director	2	

1 – Stood down during June 2010

2 – Unsuccessful at June 2010 Elections

3 – Stood down in May 2010 following appointment as Deputy Mayor of the City of Sunderland

4 – Appointed from 1 July 2010

5 – Appointed from May 2010

Throughout the year a number of joint workshops have also been held for both the Board of Directors and the Board of Governors so that Non Executive Directors in particular are able to understand the views of Governors and members.

Establishment of the Board of Governors

Elections for the Board of Governors were held in June 2010 when the existing terms of office came to an end.

Elections were held under the auspices of the Local Authority Elections Office. They have handled all our elections since becoming a Foundation Trust in 2004.

June 2010 Election Turnout

Public – Sunderland		
	Number of Candidates	12 (7 seats)
	Votes Cast	4,343
	Turnout	21.9%
Public – North East		
	Number of Candidates	4 (2 seats)
	Votes Cast	262
	Turnout	19.8%
Patient		
	Two seats which were uncontested	
Staff – Medical & Dental		
	Number of Candidates	2 (1 seat)
	Votes Cast	122
	Turnout	40.7%
Staff – Clinical		
	Number of Candidates	3 (2 seats)
	Votes Cast	487
	Turnout	17.8%
Staff – Other		
	Number of Candidates	4 (2 seats)
	Votes Cast	582
	Turnout	17.4%

Twelve of our existing governors stood for election and eleven were successful in being re-appointed for a further three year term.

The appointed governors were chosen to represent their organisations through agreement between the Trust and the nominating organisation also for a period of three years.

Details of the constituencies are given in the Membership section.

Governor Involvement

Key areas where the Board of Governors have been involved during 2010/11 have included:

- input into our Annual Plan;
- involvement in our Patient Environment Action Team inspections;
- the awarding of the external audit contract;
- assuring themselves of the Trust's overall approach to reduce the level of Hospital Acquired Infection;
- assuring themselves of the Trust's approach to eliminating mixed sex accommodation;
- assuring themselves of the Trust's approach during the pandemic flu outbreak;
- contributing to the Trust's approach to Clinical 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 137;
- involvement in the city-wide Maternity Services Liaison Committee;
- involvement in the Trust's approach to Organ Donation;
- involvement in the Cancer Peer Review assessment; and
- assuring themselves of the actions taken as a result of real time patient feedback.

Register of Interests

A Register of Interests for the Board of Governors is maintained by the Trust Secretary. The format of this register was agreed by the Board of Governors in August 2004. The register is available for inspection by members of the public via application to the Trust Secretary.



The Trust's Board of Governors.

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

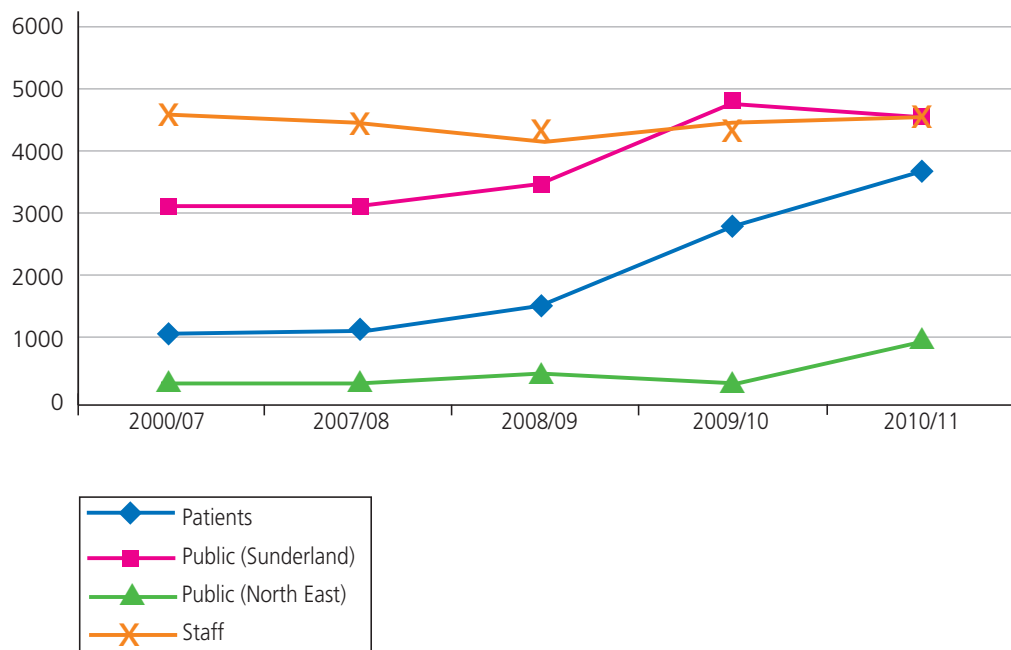
There are three classes within this constituency, namely Medical and Dental, Clinical and Other. Staff who are patients and live outside Sunderland and the North East will remain in the Staff Constituency. Staff who have worked for the Trust for 12 months automatically become members of the Staff Constituency 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 chart below:

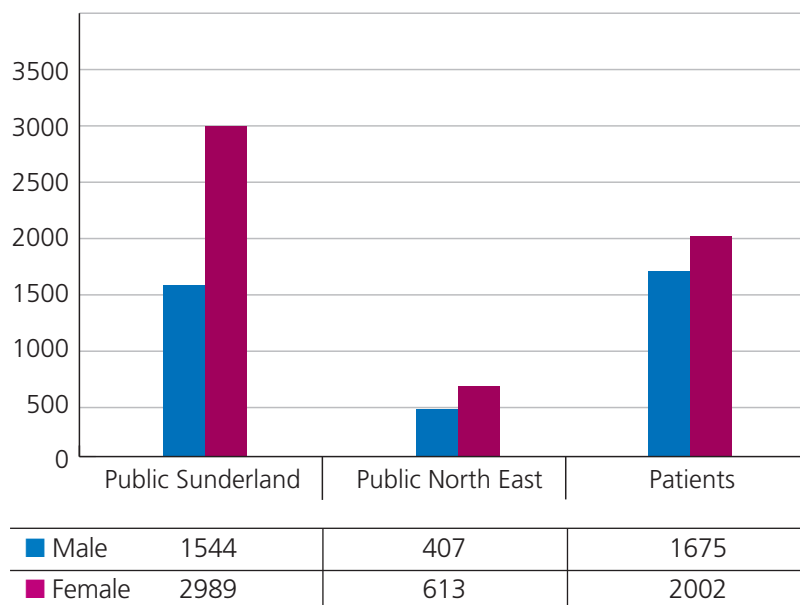
Constituency/ Class	Membership 2006/07	Membership 2007/08	Membership 2008/09	Membership 2009/10	Membership 2010/11
Patients	1099	1091	1585	2810	3677
Public ¹ (Sunderland)	3042	3058	3502	4778	4533
Public ² (North East)	329	346	545	310	1020
Staff -					
• Medical and Dental	355	343	321	300	299
• Clinical	1874	1820	1714	1946	2007
• Other	2397	2220	2101	2223	2264
Total	9096	8878	9768	12367	13800

Membership Growth

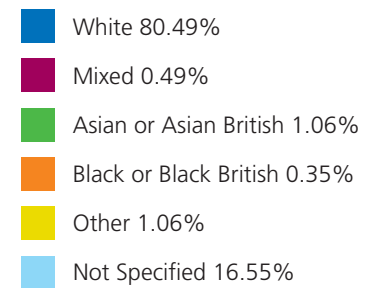
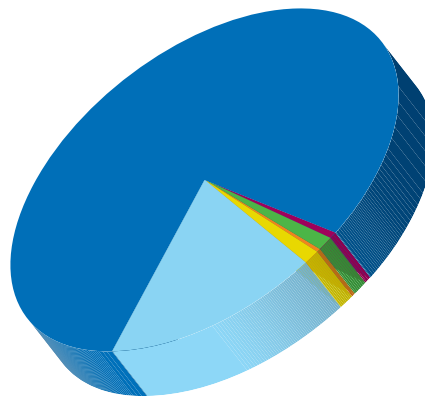


Public Membership

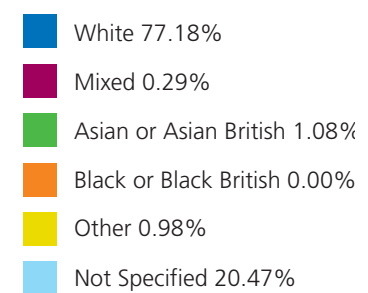
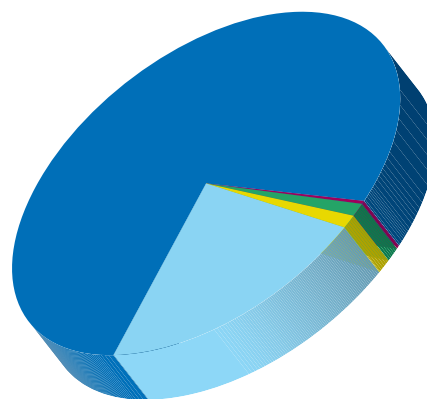
The following information illustrates the composition of the 4778 public Sunderland members, the 310 public North East members and the 2819 patient members as at 31 March 2010.



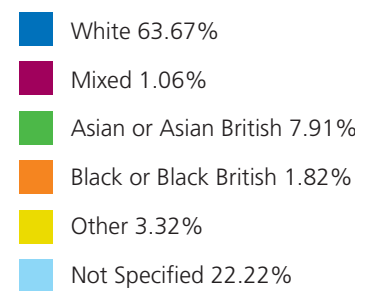
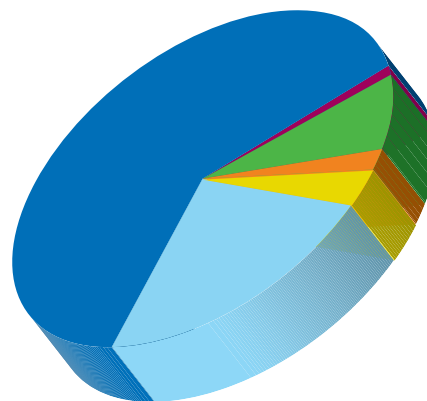
Ethnicity: Public Sunderland



Ethnicity: Public North East



Ethnicity: Patients



Age Profile

Age	Public Sunderland	Public North East	Patients
0 to 16 years	2	2	6
17 – 21 years	90	27	185
22+ years	2328	729	3374
Not stated	2113	262	112
Total	4533	1020	3677

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;
- Electronic membership form on the Trust website; and
- A membership form is included with:
 - Clinical Governance patient surveys
 - "Your Stay in Hospital" booklet

Ensuring a Representative Membership

The Trust has a local population of 350,000 with a relatively small ethnic population (The Office of National Statistics identifies a population of 2.25%). 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 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

Public Interest Disclosures

Other Patient/Public Involvement

Community Panel

The Community Panel continues to play a vital and visible part in the Trust's commitment to patient and public involvement. During 2010/11 their work has involved:

- Contributing to the success of implementing the Trust real time patient feedback system; their primary role is visiting wards to support patients to complete their questionnaire;
- For the 7th year running helping with the Patient Environment Action Team (PEAT) inspection and contributing an important impartial view to the process;
- One of the panel members participating in the National Institute of Health Research (NIHR) Programme: Improving Patient Safety through the Involvement of Patients. This is a 3 year study which explores important ways in which patients can help improve the safety of their care. The research team, including a member of the Community Panel, will be presenting progress to date at the National Patient Safety Congress 2011 to be held in Birmingham;
- Ongoing, active contributions to a number of Trust working groups and committees, for example, the Nutritional Steering Group, Essence of Care Environment Group, National Cleanliness Group and the Patient & Public Involvement Steering Group. Panel members add an important lay, objective voice to the work of these groups;
- Giving a keynote speech at the Standards of Care event in June 2010 on how the standard of ensuring single sex accommodation had been met by the organisation. The presentation also included the views and feedback from patients;

- Undertaking a series of key visits, including the new robotic pharmacy dispensing system, and commenting on privacy and dignity issues within the Mortuary;
- Carrying out a repeat survey of patient wristbands (May 2010) and checking that key information items are included on the wristband label; and
- Completing a survey of patients views about the format of their outpatient clinic letters, as part of the Corporate Outpatients Project (January 2011). In total 261 out-patients attending clinics at Monkwearmouth Hospital, Washington Galleries and the Chester Wing at Sunderland Royal Hospital were interviewed using an agreed questionnaire. The outcomes of the interviews will be used to improve and streamline the content of future appointment letters.

In 2012 the Community Panel will enter its 10th year; in preparation for that milestone it was agreed to undertake a review of the role of the Panel and to reflect on how it should evolve for the future. The review included interviews with current and past Community Panel members as well as a range of Trust staff, particularly those who have worked closely with the panel. The findings are currently being discussed with the Panel and a new model of the Community Panel will be re-launched later in the year.



The outcomes of the interviews will be used to improve and streamline the content of future appointment letters.



Rheumatology Patient Conference

At the end of March 2010, the Rheumatology Department at Sunderland Royal Hospital hosted a Conference for patients from across the region. The conference attracted 150 people and was organised by Dr David Coady, Consultant Rheumatologist and his team. The day was a mix of lectures, discussion and patients talking about their experiences of living with the condition. There were also information stands and involvement of groups such as the National Rheumatoid Arthritis Society.

The evaluation of the day was very positive with the majority of patients rating speakers and content highly. Positive patients' comments about the events included:

- "Really enjoyed the event. I would like to say a big 'thank you' to Dr Coady and everyone involved";
- "Excellent. Very informative and nice to meet other people in the same boat and talk to the different specialists. Thank you";
- "The whole event has been very helpful and has helped me to understand some questions I had about my condition. A very interesting day overall"
- "Excellent event, facilities, food and organisation. Excellent chairman. Some speakers were a little technical for all patients";
- "Very relevant and important for patients to gain knowledge from events like this. All hospitals in the North East should combine/co-operate to make this event open to all in the future. We need a uniform education programme for all patients newly diagnosed and also long term sufferers, (who often feel excluded from education programmes). Well done, a useful informative and encouraging day for all patients. Thank you".

The next Patient Conference will take place in early 2012. In the meantime the Rheumatology Team has established a Patient Advisory Group which is currently developing a 'vision' for the Rheumatology Department, suggestions for a patient newsletter and a plan to develop an internet web page.

Consultation and Involvement

The Trust continues to develop the work of the Patient and Public Involvement Steering Group which is chaired by one of our Non Executive Directors and also has Governor representation. The Steering Group provides an overarching framework and approach to involvement and also ensures that the Trust upholds the pledges outlined within the NHS Constitution.

A key area of work during 2010/11 has been the development of our real time patient feedback system details of which are outlined on pages 80 and 81 of the report. Work has also been undertaken jointly with the Carers Centre in Sunderland to refresh our Carers Strategy and improve our involvement with carers.

The Trust continues to work closely with the Health and Wellbeing Review Committee of the City of Sunderland and ensures attendance at all meetings developing a positive relationship with the Committee and alerting to them any significant issues. The Committee this year chose the malnutrition and dehydration of patients in hospital as its main topic of review following release of a national document on the subject by AGE UK. Key areas for improvement identified by the committee are outlined on page 58.

The Health and Well Being Review Committee commissioned the Local Improvement Network (LiNK) to survey a number of patients on their experience of hospital food, assistance to eat and the supply of drinks etc. The LiNK worked closely with the Trust to develop the questionnaire and were given complete access to speak to as many patients as they needed.

The LiNK has also exercised its "Enter and View" powers following concerns raised by some patients over outpatient appointments in a particular specialty. The LiNK may enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

Following a number of visits the LiNK produced a report which was shared with the specialty to enable improvements to be made. The Director of Corporate Affairs continues to attend the core group meeting of the LiNK to respond to issues and highlight particular issues. The Trust will also

be participating in an event organised by the local authority to inform and develop the establishment of the local Healthwatch, the new independent consumer champion for health and social care which will replace LINK.

Members of the public are welcome to attend Governor meetings held in public and a number of regular attendees are mailed papers in advance of any meeting.

The meetings are advertised in the local press and on the intranet. Directors and Governors are available at the end of every meeting to discuss issues or concerns.

Communication and Consultation with employees has been detailed previously in background information.

Equality and Diversity

We are committed to a policy of equality of opportunity not only in our employment and personnel practices for which we are 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.

Our key priority is to ensure that equality and human rights are embedded into everyday practice so that we may achieve high quality health care for all. Our approach to meeting and monitoring our commitment to equality and diversity and compliance with the equality legislation is incorporated into our Single Equality Scheme – the scheme, as legally required, is easily accessible on the intranet and is accompanied by examples of Equality Impact Assessment (EIA) reports.

This year saw the introduction of the Equality Act 2010 which brought together all equality legislation under one umbrella – Race, Gender and Disability, Sexual Orientation, Age and Religion/Belief. Work is currently ongoing to ensure that our actions within the Single Equality Scheme are further developed and also identifying further areas we need to take forward in producing our new Equality Strategy of 2011.

We are currently piloting our Equality and Human Rights audit tool which has been developed in partnership with the Royal College of Nursing. The tool aims to support staff in identifying best practice standards for achieving dignity and equality in healthcare. A formal evaluation of the tool will be undertaken.

We continue to work in partnership with the learning disability community within the City to specifically identify issues for people who access healthcare services at our hospitals.

As a result we have developed a patient forum for people with a learning disability and they have been very active during the year. They have undertaken a 'mystery shopping' exercise using the Help Card, a questionnaire to staff in relation to reasonable adjustments and a carers' survey.

The forum will feed back their findings to staff at a conference during learning disabilities awareness week in June 2011.

Our work/life experience scheme for students with profound physical and learning disabilities has continued to expand and develop. Over 350 young people with learning disabilities have had access to real life work experience either in NHS Trusts or public sector organisations. The scheme has been developed further this year following funding from the Learning Skills Council to create an internship programme of three 10 week modules; 4 days a week in placement with one day a week in education. Targeted at students who have the potential to move to employment the programme supports students to prepare them to join the labour market. Currently twelve students are benefiting from the programme with the second cohort coming into the organisation in September 2011.

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.

Occupational Health

This year the Occupational Health team has run a number of workshops to increase the awareness of the services it has to offer which were well received by those attending.

The 'Why Weight to be Fit?' programme reached its conclusion with 122 employees participating in the scheme. The 8 week weight management programme which included specialist dietetic advice and support plus free exercise sessions was aimed at staff with a Body Mass Index of more than 30.

The Occupational Health Physiotherapy Service celebrated its tenth anniversary in 2010. The service treats all musculoskeletal disorders for staff and was featured in the Boorman report, which was commissioned by the Government to review the health and wellbeing of NHS staff.

With the help of ward based vaccinators the department played a key role in delivering this year's influenza vaccination programme. For the second year running, the Trust was one of the top performing NHS Trusts in the region in terms of vaccinating healthcare workers – 2,192 employees were vaccinated, around 55% of Trust staff who qualified to receive the vaccine under the Department of Health guidelines. The new ward based vaccinator initiative proved very successful, with these staff providing 31% of the vaccines given.

Occupational Health play a key role in supporting staff and managers through the Trust's attendance policy. The Trust's sickness rate for 2010/11 was 4.76% against a target of 4.32%, although this is a reduction compared to the 2009/10 rate of 4.8%.

Employee Eyecare provision also changed this year with all staff being given the opportunity to have a free eye test during working hours at an on site mobile clinic. A trial in November – December 2010 enabled 527 employees to take advantage of the service.

Health and Safety

The Trust has an active Health and Safety group with representatives from a wide range of hospital departments drawn from both staff side and managers. The group meets monthly to facilitate the management of Health and Safety and to ensure actions are in place to reduce the number of operational health and safety risks.

A series of annual milestones are agreed and monitored to ensure that progress is measured on a year on year basis. Key areas of activity include:

- the management of violence and aggression;
- manual handling;
- sharps and needlestick injuries;
- slips, trips and falls;
- the overall management of risk based on the Health and Safety Executive's "Successful Health and Safety Management" guidance document; and
- stress.

Fire Safety

The Trust's strategy for the management of fire safety is influenced by the Regulatory Reform (Fire Safety) Order 2005 (RRO) and the Health Technical Memorandum fire safety guidance documents.

The local Fire Authority has completed another full audit of our fire risk assessments for the main Sunderland Royal Hospital site which supports the findings of our own risk assessment.

We continue to see higher levels of compliance with fire training through dedicated sessions and fire drills. Disappointingly however, the number of false alarms has remained high this year largely due to work being carried out by building contractors currently on site. It is hoped that when the building work is completed we will be able to reduce the number of false alarms as wards are upgraded when they are vacated or moved into the new wing.

Security

Our biggest challenge this year has been the management of the car parking with the ongoing work on the New Ward Block and other enhancements to the site infrastructure. Our team of sixteen security officers have been on hand to offer help and support with parking but have also had to impose infringement penalties on those who persistently flout the Traffic Management policy. There has been an increase in the number of cameras and areas supported by our CCTV system, allowing coverage of the new ward block and the new car park.

The security team continue to provide 24/7 cover with support, advice and assistance available to both public and staff. The team are frequently required to assist staff in potentially aggressive or violent situations and are trained in Control and Restraint techniques. Northumbria Police also assist when required.

The Trust has recently set up a drop-in clinic in the hospital chapel staffed by Northumbria Police one afternoon a month to allow staff and public to ask advice about any concerns whether at home or at work



Alan Prudhoe and Colin Boyd, two members of our Security Team who provide valuable 24/7 cover.

Sustainability/Climate Change

Sustainable development is essentially ensuring that we meet the needs of the present without compromising the needs of future generations.

It encompasses social, environmental and economic goals and must consider the long term implications of the decisions we make.

It is widely acknowledged that human activity, in particular the burning of fossil fuels, is a major contributor to climate change, arguably the largest threat to global health at the present time. As the largest organisation in the United Kingdom, the NHS is very well placed to set an example in reducing the carbon footprint.

The NHS emits around 18million tonnes of CO² annually (energy – 22%, transport – 18%, and procurement – 60%). Monitoring, measuring and reporting is an important step in becoming a low carbon organisation by challenging and changing behaviours. NHS Trusts are required to have a carbon strategy and to measure and report on carbon arising from the whole health care process.

City Hospitals adheres to the legally binding Kyoto protocol and the Climate Change Act 2008 alongside NHS and government guidance including "Saving Carbon, Improving Health". In August 2009 the Trust developed its Carbon Strategy demonstrating our commitment to the health of the environment, our employees and the community we serve whilst also promoting performance transparency.

The Sustainability Management Plan incorporated into the Carbon Strategy and Climate Change Plan 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, monitor and build on the success of our new combined heat and power unit on a whole life cycle cost basis and ensure appropriate behaviours are encouraged in individuals as well as across the whole 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 the organisation;
- **Fairtrade** – 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 and food, and reviewing our approach to single use items against decontamination options. The Trust has a robust approach to recycling, and paper, cardboard, wood, metal, oils, fluorescent tubes, batteries, waste electrical goods and confidential waste are all recycled. Trials for recycling plastics, aluminium cans and glass are all ongoing.

- **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 changes, 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 staff to take action in their workplace to reduce carbon. Staff will be supported by promoting increased awareness, encouraging low carbon travel, facilitating home working and ensuring sustainable development is included in every job description.
- **Partnerships and Networks** – the Trust will continue to consolidate partnership working and in particular contribute to the city wide sustainable development approach overseen by the Local Strategic Partnership Board.
- **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.
- **Finance** – the Trust will ensure that appropriate investment is made to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime.

Working in partnership will be essential to deliver relevant incentives, economies and training to support the shift in culture for the local economy.

Carbon Reduction Schemes

Carbon Reduction Commitment (CRC)

The Carbon Reduction Commitment Energy Efficiency Scheme (CRC) is a mandatory carbon emissions reporting and pricing scheme to cover organisations using more than 6,000 MWh per year of half hourly metered electricity.

The CRC came into force in 2010 and aims to cut carbon emissions not covered by other pieces of legislation. The Trust is required to report our carbon emissions annually and the first report is due in July 2011.

European Emissions Trading Systems (EUETS)

The CRC complements the EUETS (European Emissions Trading System) which commenced in 2005 and is the largest multi country and multidisciplinary greenhouse gas trading system in the world. It is one of the policies introduced across the EU to help meet carbon reduction targets under the Kyoto protocol, which includes an 8% reduction in CO₂ on 1990 levels by 2012.

City Hospitals is currently in Phase II of the scheme which runs from 2008 – 2012 and successfully completed the verification process for last year running from 1 January 2010 – 31 December 2010.

Energy Conservation

The Trust has employed a number of measures to reduce our carbon footprint and save energy within the trust. Schemes that have been commissioned and completed in 2010/11 include development of the new Energy Centre (desteaming of the site to low pressure hot water and new 1.6MW CHP plant), Introduction of Nightwatchman (which turns off computing equipment and monitors) and lighting schemes with automatic controls in corridor areas of Sunderland Royal Hospital. Building Management System controllers have also been upgraded to latest generation.

Waste Minimisation

As part of our Sustainable Development Management Plan and Carbon Reduction Strategy, recycling initiatives are actively being promoted. As from February 2011 the Trust has a new organisational contract with a local waste management company and a co mingled recycling pilot is set to trial in the summer.

Utilities

- **Water** – Usage has risen due to an increase in business and patient throughput, increased building activity on site and the Clean Hands Initiative.
- **Electricity** – There has been a slight increase in the electricity used, but when compared to the increase in Trust business activity based on turnover, the rise is insignificant. The electricity cost however, has dropped due to the increase in combined heat and power plant capacity.
- **Gas** – The development of the Trust's new Energy Centre which comprises three low pressure hot water boilers and the Combined Heat and Power plant has had a major impact on efficiency and subsequent reduction in gas usage.

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".

Targets for Carbon Reduction Strategy and Climate Change Plan

In line with the Climate Change Act 2008, the NHS is required to reduce its carbon emissions by 10% by 2015. The target for 2050 is a reduction of 80%.

The Sustainable Development Unit suggests carbon reduction targets for the following by 2015;

- Energy (an increase in energy from renewables by 10% from 2007 by 2015);
- Buildings (a reduction of 10% from 2007 baseline by 2015);
- Waste (an increase in recycling by 20% by 2015 from 2007 levels and a reduction in both clinical waste and domestic waste of 10%);
- Water (a reduction in water usage including borehole water of 10% by 2015); and
- Travel (a carbon reduction from NHS travel of 20% by 2015).

Directors' Report

The Companies Act 1995 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 2011 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 4
- Chief Executive's Statement on page 6
- Operating and Financial Review on pages 11 to 111
- Public Interest Disclosures on pages 137 to 144

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.

This section together with the sections of the Annual Report incorporated by reference constitutes the Director's report that has been drawn up and presented in accordance with the guidance in the Foundation Trust Annual Reporting Manual (FT ARM).



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, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator NHS Foundation Trusts ("Monitor").

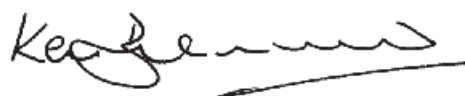
Under the National Health Service Act 2006, Monitor has directed the City Hospitals Sunderland NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accrual basis and must give a 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; 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: 2 June 2011

Statement on Internal Control 2010/11

1. Scope of Responsibility

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

2. The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an 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 Sunderland NHS Foundation Trust for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

3. 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 Sub Committee. Finance Reports are presented in a format consistent with those submitted to Monitor. The Board receives appropriate, timely information and reports from the Clinical Governance Steering Group and Corporate Governance Committee enabling adequate and appropriate assessment of risk and management of performance.

During the year a review was undertaken of the Trust's top ten risks to allow the Board to focus on those key areas. Following this work the Board risk reporting structures will be reviewed to create a clear pathway of risk assessment from Ward to Board.

The Trust's risk management programme comprises:

- Single incident reporting process for all risks and hazards identified by systematic risk assessment, risk management review and adverse incidents reporting.
- 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.
- A communication strategy which ensures appropriate levels of communication and consultation with both internal and external stakeholders.

4. 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
- Identifies to the Board where there are significant control weaknesses and/or lack of assurance.

The framework covers the key business areas identified in the Trust's forward plan with the principal objectives divided into seven categories.

- Workforce, Education and Training
- Finance
- Clinical Governance
- Corporate Governance
- Access and Service Delivery and Development
- Performance
- Partnership

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 authorisation 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 and 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 risk sub committees.

The Trust's assurance framework incorporates the need to achieve compliance with the Care Quality Commission's requirements.

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, Monitor, 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 Services, the Coroner, the emergency services, representative patient groups and local GPs as they form commissioning groups.

During the year the Corporate Governance Committee has been undertaking a process to consider the top organisational risks and the process by which the Board of Directors will receive assurance that these risks are being managed appropriately. This review culminated in recommendations to the Board on a revised Committee structure which is intended to increase clarity on the main risks faced by the Board and how they are being managed currently and into future years.



Cleanliness will always be a high priority for the Trust.

The risk to data security is being managed and controlled through the monthly Information Governance Sub Group, with quarterly updates to Corporate Governance Committee.

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. This report is presented to Executive Board, Board of Directors and Board of Governors for approval. For the submission on 31 March 2011, all IG requirements were assessed at Level 2 and above (1 is not applicable, 26 at Level 2, and 18 at Level 3) which resulted in the Trust being classified as Satisfactory – Green, with a total score of 80%. Internal audit has independently substantiated this score.

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

5. Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust'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 OGSMs and against national and local targets.
- The achievement of efficiency savings through the Trust's cost improvement programmes with regular review by the Trust's Finance Sub Committee.

The worldwide recession has seen a challenge to all areas of public expenditure this year. Our focus has been on delivering the best standards of patient care and safety while managing the resources available as effectively as possible. We have again worked closely with our colleagues at the PCTs and SHA to ensure that our proposals are in line with the resource likely to be available in future years.

During 2010/11 a new Finance Committee was created to undertake a detailed scrutiny of Cost Improvement Programmes as well as gaining an in depth knowledge of the underlying financial position of the Trust. Financial information by service line was reported monthly to the Finance Committee. In addition to the scrutiny provided by the Finance Committee the cost improvement programmes were monitored on a monthly basis by the Corporate Management Team, extended to include Clinical Directors, chaired by myself as Chief Executive.

Service line reports were produced for the whole of the year and Patient Level Costing was developed further.

The Executive Board, the Board of Directors and Board 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 2010/11 the Trust has:

- Completed a four ward extension to the hospital allowing the Trust to rationalise some of its services to a single site. The extension includes a new world class Integrated Critical Care Unit as well as allowing us to improve the care of stroke patients.
- Following a review of Diagnostics, the Trust replaced its two CT scanners and to increase capacity, hired a further mobile CT scanner as well as a mobile MRI scanner. As a result diagnostic waiting times have reduced considerably.
- Increased the resources of the lean team and embedded the lean process into the operational management of the Trust .

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.

6. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. 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.

With respect to setting the priorities for 2011/12 a wide consultation exercise was undertaken. Consultation has taken place with the Clinical Governance Steering Group, Board of Governors, Executive Board, local commissioners, Sunderland LINK and the Health and Wellbeing Scrutiny Committee to ensure that the Quality Report includes views from key stakeholders

Over the past year, the Clinical Governance Steering Group has analysed trends and themes in relation to incidents, complaints and litigation and has reviewed progress against a range of 'quality' issues on a regular basis. This group's discussions, the data previously reported and the relevant findings have helped shape the suggested areas for improvement and ensured that the Quality Report provides a balanced view.

Where possible, a number of the Quality Report metrics are reported throughout the year to the Board of Directors. These indicators are all reported internally (along with a number of other metrics) as part of the Trust's Corporate Dashboard. Most of the data used for these metrics is extracted directly from the hospital's information system (HISS). Where applicable, HISS fields have 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 is 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. Data samples are checked for accuracy as a matter of course, to ensure that the processes remain accurate and complete, particularly when implementing new indicators.

In summary, a substantial proportion of the data used has been previously reported to Board of Directors, Clinical Governance Steering Group and Executive Board throughout 2010/11 and feedback from these forums has been used to set future priorities.

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.

7. 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 and the executive managers within the NHS foundation trust who

have responsibility for the development and maintenance of the internal control framework, and 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, the Corporate Governance Committee and the Clinical Governance Steering Group, 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.

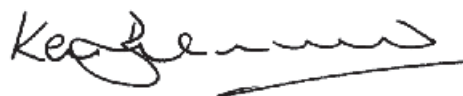
The Executive Board and Board of Directors have received regular reports on the development of the Trust's risk management framework, in particular through the work of the Corporate Governance Committee and Clinical Governance Steering Group. The Corporate Governance Committee receives the minutes of the Clinical Governance Steering Group and coordinates the implementation of action plans through the Trust's risk register mechanism.

The Finance Sub Committee have played an important scrutiny role and helped to ensure that efficiency plans are delivered.

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.

8. Conclusion

My review confirms that City Hospitals Sunderland NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.



K W BREMNER
Chief Executive

Date: 2 June 2011

Summarised Financial Statements

The summarised financial statements are in IFRS format for the first time and in the full financial statements we are required to present comparatives for the Statement of Financial Position as at 1st April 2008. These comparatives are not shown in these summarised statements but are available in the full version.

(A full copy of the annual accounts is available upon request)

Statement of Comprehensive Income for the Year Ended 31 March 2011

	2010/11	2009/10
	£000	£000
OPERATING INCOME	294,687	285,639
OPERATING EXPENSES	(285,350)	(281,305)
OPERATING SURPLUS	9,337	4,334
FINANCE INCOME	120	84
FINANCE EXPENSE	(1,372)	(553)
PUBLIC DIVIDEND CAPITAL DIVIDENDS PAYABLE	(5,216)	(5,499)
NET FINANCE COSTS	(6,468)	(5,968)
SURPLUS/(DEFICIT) FOR THE YEAR	2,869*	(1,634)**
OTHER COMPREHENSIVE INCOME:		
REVALUATION AND IMPAIRMENT GAINS/(LOSSES)	2,942	(16,912)
INCREASE IN THE DONATED ASSET RESERVE DUE TO RECEIPT OF DONATED ASSETS	332	131
REDUCTION IN THE DONATED ASSET RESERVE IN RESPECT OF DEPRECIATION	(274)	(305)
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR	5,869	(18,720)

* Includes the impact of a revaluation gain of £744k in year

** Impact of a revaluation loss of £2,853k in year

Statement of Financial Position as at 31 March 2011

	31 March 2011	31 March 2010
	£000	£000
NON CURRENT ASSETS	207,258	190,885
CURRENT ASSETS		
INVENTORIES	3,592	3,140
TRADE AND OTHER RECEIVABLES	5,834	10,182
CASH AND CASH EQUIVALENTS	18,571	17,149
TOTAL CURRENT ASSETS	27,997	30,471
CURRENT LIABILITIES	(27,573)	(23,163)
TOTAL ASSETS LESS CURRENT LIABILITIES	207,682	198,193
NON CURRENT LIABILITIES	(37,153)	(33,029)
TOTAL ASSETS EMPLOYED	170,529	165,164
FINANCED BY:		
TAXPAYERS' EQUITY		
PUBLIC DIVIDEND CAPITAL	98,681	99,158
REVALUATION RESERVE	71,388	68,473
DONATED ASSET RESERVE	1,742	1,684
INCOME AND EXPENDITURE RESERVE	(1,282)	(4,151)
TOTAL TAXPAYERS' EQUITY	170,529	165,164

The financial statements were approved by the Board on 01 June 2011 and signed on its behalf by:



K W BREMNER
Chief Executive

Date: 2 June 2011

Statement of Changes in Taxpayers' Equity

	TOTAL	PDC	REVALUATION RESERVE	DONATED ASSET RESERVE	INCOME & EXPENDITURE RESERVE
	£000	£000	£000	£000	£000
1 APRIL 2010	165,164	99,158	68,473	1,684	(4,151)
RETAINED SURPLUS FOR THE YEAR	2,869	0	0	0	2,869
REVALUATION GAINS	2,942	0	2,915	27	0
INCREASE IN DONATED ASSET RESERVE DUE TO RECEIPT OF DONATED ASSETS	332	0	0	332	0
REDUCTION IN DONATED ASSET RESERVE IN RESPECT OF DEPRECIATION	(301)	0	0	(301)	0
OTHER RESERVE MOVEMENTS – PDC ADJUSTMENT	(477)	(477)	0	0	0
31 MARCH 2011	170,529	98,681	71,388	1,742	(1,282)

Statement of Cashflows for the Year Ended 31 March 2011

	2010/11 £000	2009/10 £000
CASHFLOWS FROM OPERATING ACTIVITIES		
OPERATING SURPLUS FROM CONTINUING OPERATIONS	9,337	4,334
NON CASH INCOME AND EXPENSE:		
DEPRECIATION & AMORTISATION	7,614	7,136
IMPAIRMENTS	0	2,853
TRANSFER FROM DONATED ASSET RESERVE	(274)	(305)
DECREASE/(INCREASE) IN TRADE & OTHER RECEIVABLES	4,170	(3,674)
(INCREASE)/DECREASE IN INVENTORIES	(452)	645
INCREASE/(DECREASE) IN TRADE & OTHER PAYABLES	5,086	(556)
INCREASE/(DECREASE) IN PROVISIONS	267	(38)
TAX RECEIVED	0	15
OTHER MOVEMENTS IN OPERATING CASH FLOWS	(1,221)	0
NET CASH INFLOWS FROM OPERATING ACTIVITIES	24,527	10,410
NET CASH OUTFLOW FROM INVESTING ACTIVITIES	(20,700)	(24,476)
NET CASH INFLOWS (OUTFLOWS) BEFORE FINANCING	3,827	(14,066)
CASHFLOWS FROM FINANCING ACTIVITIES		
LOANS RECEIVED	3,490	24,510
LOANS REPAYED	(430)	(430)
INTEREST RECEIVED	(1,105)	(256)
PDC DIVIDEND PAID	(4,692)	(6,040)
CASHFLOWS FROM OTHER FINANCING ACTIVITIES	332	131
NET CASH INFLOWS / (OUTFLOWS) FROM FINANCING ACTIVITIES	(2,405)	17,915
INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	1,422	3,849
CASH AND CASH EQUIVALENTS AT 1 APRIL	17,149	13,300
CASH AND CASH EQUIVALENTS AT 31 MARCH	18,571	17,149

Glossary

AAA	Abdominal Aortic Aneurysm	ESWL	Extra-corporeal Shock Wave Lithotripsy
ACE	Angiotensin-Converting Enzyme inhibitor	EUETS	European Emissions Trading System
ACI	Autologus Chondrocyte Implantation	EWS	Early Warning System
AMU	Acute Medical Unit	F.A.S.T.	Face Arms Speech Time
ARB	Angiotensin Receptor Blockers	FH	Familial Hypercholesterolaemia
ASAA	Acute Stroke Assessment Unit	FT ARM	Foundation Trust Annual Reporting Manual
ASU	Acute Stroke Unit	FTFF	Foundation Trust Financing Facility
BTS	British Thoracic Society	FTSE 100	Share Index of the 100 most highly capitalised UK companies listed on the London Stock Exchange
CDI	Clostridium <i>difficile</i> infections	HCAI	Health Care Associated Infection
CEMACH	Confidential Enquiry into Maternal and Child Health	HFEA	Human Fertilisation and Embryology Authority
CETV	Cash Equivalent Transfer Value	HISS	Hospital Information Support System
CHKS	Caspe Healthcare Knowledge System	HSMR	Hospital Standardised Mortality Ratio
CHP	Combined Heat and Power	HRG	Healthcare Resource Group
CIP	Cost Improvement Programme	ICCU	Integrated Critical Care Unit
CPA	Clinical Pathology Accreditation	IFRS	International Financing Reporting Standards
CPI	Consumer Prices Index	IG	Information Governance
CQUIN	Commissioning for Quality and Innovation	IV	Internal Validation
CQC	Care Quality Commission	JCG	Joint Consultative Group
CRC	Carbon Reduction Commitment	LCP	Liverpool Care Pathway
CSRT	Community Stroke Rehabilitation Team	LINK	Local Improvement Network
DAHNO	Data for Head and Neck Oncology	LIPS	Leading Improvements in Patient Safety
DNA	Did not Attend	LUCADA	Lung Cancer Data
E.Coli	Escherichia coli	MHRA	Medicines and Healthcare Products Regulatory Agency
EIA	Equality Impact Assessment		
EPO	Erythropoietin		
EPUAP	European Pressure Ulcer Advisory Panel		

Glossary

MINAP	Myocardial Ischaemia National Audit Project	PSSAU	Paediatric Short Stay Assessment Unit
MRSA	Methicillin-resistant Staphylococcus Aureus	QIPP	Quality, Innovation and Improvement
MSSA	Methicillin Sensitive Staphylococcus Aureus	RAMI	Risk Adjusted Mortality Index
NBOCAP	National Bowel Cancer Audit Project	RCA	Root Cause Analysis
NCEPOD	National Confidential Enquiry into Patient Outcome and Death	RCOG	Royal College of Gynaecologists
NCISH	National Confidential Inquiry into Suicide and Homicide by people with Mental Illness	RCPCH	Royal College of Paediatrics and Child Health
NHSBT	NHS Blood Transfusion	RPIW	Rapid Process Improvement Workshop
NHSLA	National Health Service Litigation Authority	SA	Self Assessment
NIHR	National Institute of Health Research	SHA	Strategic Health Authority
NIV	Non Invasive Ventilation	SINAP	Stroke Improvement National Audit Programme
NNAP	National Neonatal Audit Programme	Six Sigma	A business management strategy developed by Motorola
NPSA	National Patient Safety Agency	SLM	Service Line Management
NSF	National Service Framework	SLR	Service Line Reporting
OGSM	Objectives, Goals, Strategies and Measures	TIA	Transient Ischaemic Attack
PALS	Patient Advice and Liaison Service	T&O	Trauma & Orthopaedics
PbR	Payment by Results	VSGBI	Vascular Society of Great Britain and Ireland
PEAT	Patient Environment Action Team	VTE	Venous - thromboembolism
PICANet	Paediatric Intensive Care Audit Network		
POWWOW	A meeting of all Practitioners involved in a patient's care		
PPI	Patient and Public Involvement		
PROMS	Patient Reported Outcome Measures		

If you would like a full copy of the Annual Accounts, please contact:

Mrs C Harries

Director of Corporate Affairs

City Hospitals Sunderland NHS Foundation Trust

Sunderland Royal Hospital

Kayll Road

Sunderland

SR4 7TP

Alternatively, email: corporate.affairs@chsft.nhs.uk

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@chsft.nhs.uk

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City Hospitals Sunderland 
NHS Foundation Trust