

ANNUAL REPORT 2015/2016



CONTENTS



**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
ANNUAL REPORT & ACCOUNTS 2015/2016**

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

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YEAR AT A GLANCE

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Inpatients	57,735	58,761	58,698	54,163	56,539	55,706
Day cases	56,010	61,922	60,454	62,978	65,223	71,527¹
Outpatients (Consultant led – New & Review)	325,465	334,496	332,443	330,965	344,014	373,429
Nurse Led/ Allied Health Professional/ Midwife Activity	159,526	160,379	157,662	113,736	112,815	116,613
A&E Attendances	115,388	118,803	125,477	127,226	136,513	144,001
Patient Contacts in the Community	218,319	220,960	239,172	230,251	248,753	242,736²
Income	£293.94m	£306.02m	£309.55m	£324.32m	£336.37m	£343.36m
Surplus (Deficit)	£2.869m	£3.78m	£1.99m	(£373k)	(£7,896k)	(£12,500k)
Average Staff Employed (Headcount)	4,942	4,973	5,051	4,923	5,119	5,140

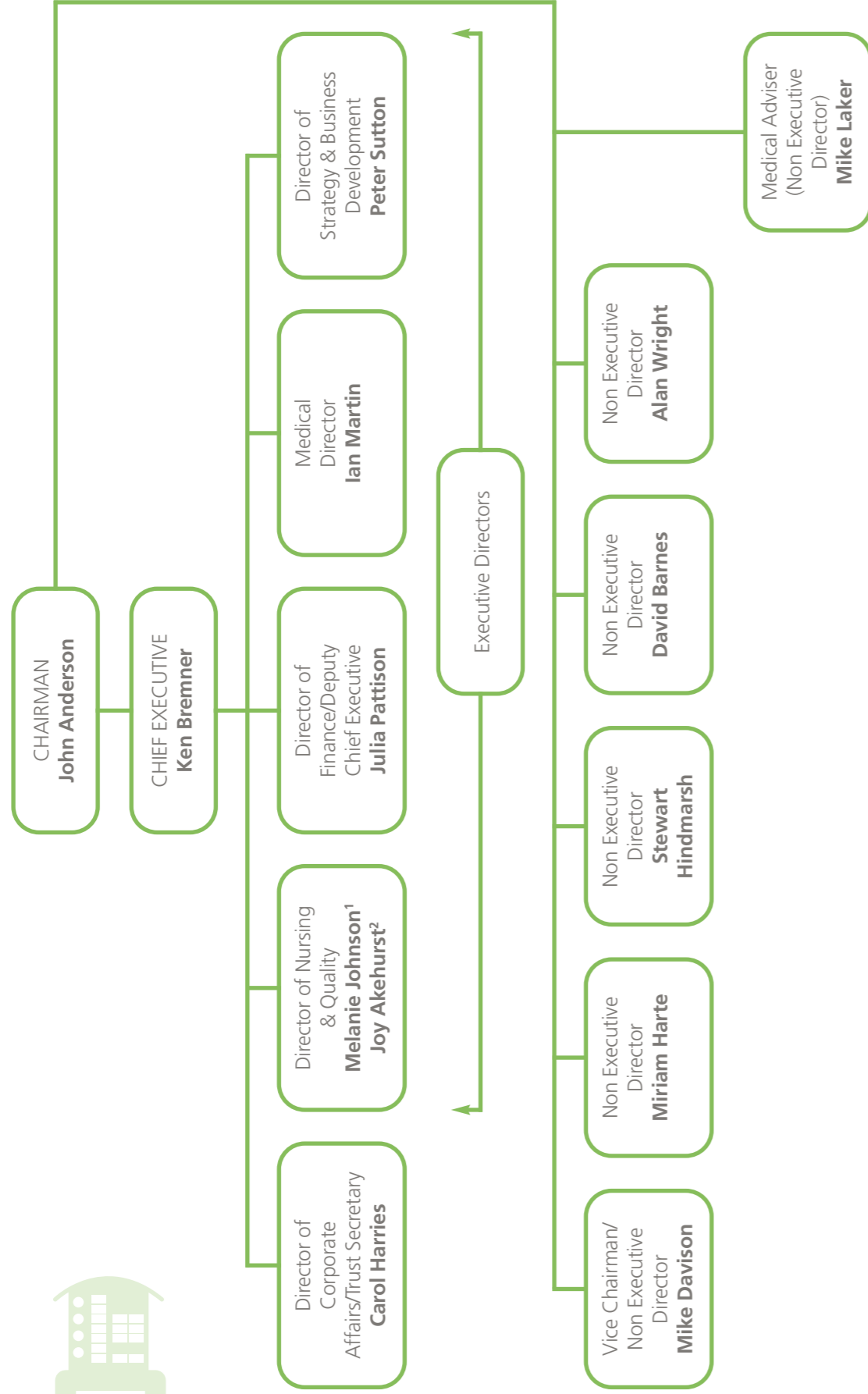
Notes:

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

² The reduction in activity reflects a change of service provider for community physiotherapy.

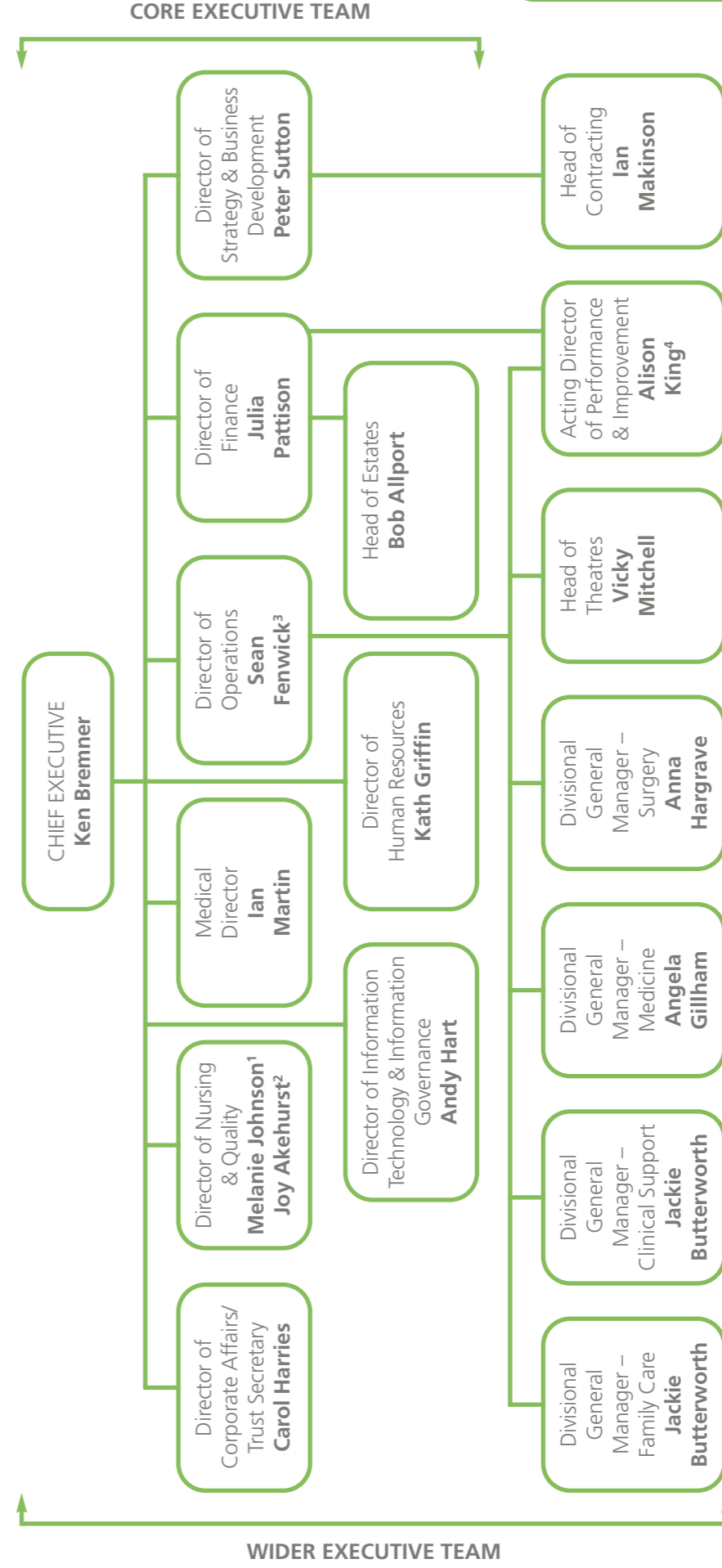


BOARD OF DIRECTORS 2015/16



¹ Appointed January 2016
² Retired September 2015

EXECUTIVE COMMITTEE/TEAM 2015/16



¹ Appointed January 2016
² Retired September 2015
³ Appointed August 2015
⁴ Appointed August 2015

CHAIRMAN'S STATEMENT



It is really hard to believe that another year is over – and there is no doubt that it has been a difficult and challenging year.

Early in 2015/16 we identified a significant financial deficit going forward and that coloured our thinking and actions throughout the year.

I, and the rest of the Board do not underestimate the impact that such a financial situation has on the organisation and particularly the staff who work in it, but we have to address the issues and sometimes that means making difficult decisions. However, thanks to the efforts of all our staff, the deficit, was significantly lower than originally forecast. I realise the hard work and decisions that have already been taken have been difficult but unfortunately 2016/17 will continue to be a challenging year with a requirement to make even more savings.

We are not alone in this regard. In 2015/16 the number of NHS Trusts in deficit increased from 50% to 75%. The important factor however, is that despite a backdrop of limited NHS budgets and ever increasing demands on our resources, we must constantly challenge ourselves to be 'fit for purpose', lean and efficient in all that we do.

Importantly, in a changing health and social care environment, our priority was, as always, to put patients at the centre of everything we do by providing high quality, safe and integrated care and, overall, our year end performance did reflect that ambition.

Going forward the Trust in cooperation with South Tyneside NHS Foundation Trust has committed to working more closely together to ensure that the local communities we serve will continue to receive high quality and sustainable hospital and community health services. Both Trusts will continue to function as statutory NHS Foundation Trusts, each accountable to its local communities through its Governors. I, together with my fellow Chair from South Tyneside NHS Foundation Trust, am delighted to have launched the alliance which builds on the increasingly close collaborative working arrangements for clinical services across Sunderland and South Tyneside. This further joint working is essential and presents a unique opportunity to enhance healthcare for our patients and local communities.

My thanks must go to our Governors who are representatives of our patients, the public and our staff and provide an invaluable link between the Trust, our members and the local communities we serve. The Governors have been involved in a number of committees and inspections and I thank them for their hard work and commitment – they receive no salary for their time but I have continued

to be impressed by their willingness to take on new challenges. They are nearly all up for re-election this year and they feel that they now understand the organisation and the wider NHS and are keen to continue in the role. I hope that many of them will put themselves forward for another term of office.

I am indebted to the Board of Directors and in particular the Non Executive Directors who provide constructive challenge to ensure that the Board is rigorous in its decision making and scrutiny but importantly that they are able to seek and gain assurance. They have a wealth of knowledge developed from experience in many different business and operational settings.

The Non Executive Directors visit many wards and department talking to patients about their experiences of the treatment they receive – how staff communicate with them, and how the hospital experience has improved. As I visit wards and department I seek from patients their views not only on how well we are doing but also about what we can do to improve.

I hope this report will demonstrate to our local community for whom we are ultimately accountable, that we continue to provide some of the best services anywhere and do so with an increasingly patient focused approach. I can guarantee that we are more critical of ourselves than anyone externally, and that we are rarely satisfied with the levels of care and service we provide; we continually strive to identify different and better ways of improving the patient experience.

There are occasions however, when we do not get things right for patients and for that we must be held accountable, but importantly acknowledge and learn from our mistakes, to make sure the same things do not happen again.

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

None of this would be possible without the dedication and hard work of our staff and I thank them for their continued support and commitment in giving our best because Sunderland deserves no less.

JOHN N ANDERSON QA CBE
Chairman



CHIEF EXECUTIVE'S STATEMENT



As I write this report we have just celebrated the 90th birthday of Her Majesty Queen Elizabeth, and by sheer chance I had only very recently been looking at some great photos of the then Princess Elizabeth visiting our Sunderland Eye Infirmary (SEI) on a visit in 1946. Looking at our hospitals then compared to now was amazing - nightingale wards, starched uniforms, properly folded bed sheets (with corners correctly tucked in!), and half empty car parks - it's far removed from the high tech world we live in today in 2016! I'm not usually one for nostalgia but on this occasion I found myself wishing some of those things still existed today... anyway the reason I was visiting the Eye Infirmary was to help celebrate its 180th birthday. The history of Eye Infirmary I'm told, dates back to the Napoleonic wars (specifically the Egyptian campaign of 1798) during which scores of British soldiers returned with a terrible eye condition known as 'Egyptian ophthalmia'. This resulted in the foundation of the UK's first eye hospital - Moorfields Eye Hospital in London (1805). This was followed swiftly by a number of eye infirmaries around the UK - all in port cities (Sunderland, Southampton, Bristol, Liverpool, Glasgow etc). So it is true to say that our very own SEI is a significant part of British medical history. As part of a year of birthday celebrations staff had put on a fabulous tea and cake afternoon and invited patients, friends and staff to attend. Whilst there, a lady approached me to let me know she was a Consultant at the Royal Victoria Infirmary (Newcastle) and regularly brought her father over here from Ponteland for his eye treatment and care - he clearly thought the service was fabulous - and so did she! That sort of comment from someone inside the service who should know - shows me that we are getting it right for patients and visitors, the vast majority getting an excellent service. Of course keeping that up, in the difficult current climate, is a key issue for me, the Board and all our staff.

However, for once this statement will focus on the opportunities that exist in coming years to improve that further. The performance of the Trust is quite rightly identified elsewhere in this report, but suffice to say that our performance against nationally set targets was strong. Only cancer (62 days) and A&E (4 hours) escaped us - and both of these have a plan to get back into shape in 2016/17.

I want to particularly mention A&E which despite record numbers of patients attending again (up 5.5% over the previous year), still showed an improvement in performance over last year and at a time when they moved into a new temporary home in mid-winter (whose idea was that??), whilst

their new department is being completed. Our recent improvements in controlling C. difficile infections continued and we achieved our year-end target of 34 or fewer cases (actually 30).

I must also say something about resources this year. All of you will know we were put under the spotlight by Monitor during 2015/16 due to an outturn deficit in 2014/15 and planned deficit for 2015/16 and we quite deliberately went public with this when the extent of it became known. At the time it did feel uncomfortable being singled out for this attention, but I think recent events have proved that it was only a matter of timing as virtually all acute hospitals are in deficit within a year of our position becoming known. But we have used that time well and not only posted results for 2015/16 showing a 49% improvement against plan (after exceptionals), but an improvement in our operational plan position of over 30%. This is good news indeed - and whilst we are not out of the woods yet (as 2016/17 will challenge once more but in a different dimension), we have the structures and people in place to really focus on delivery.

Many of our staff have excelled again this year in a variety of national, regional and local events and it would be too difficult to name them all here, but they know who they are! I will however mention three in particular. One of my favourite nights of the year is our Reward and Recognition Event, usually held in late October where we celebrate not only long service awards but specific categories of winners for those who have done something extraordinary. I don't have any say in who gets these awards (there is a separate staff/staff side committee who decide) but I do choose a recipient of my own Chief Executive's award. This year it went to Diane Gulliver from our stroke team - and a more deserving winner you'll be hard pushed to find! Well done Diane. Whilst at that event I usually bump into one or two others and this year even had my first selfie taken with staff from F65, who were clearly enjoying themselves!! And so was Ashleigh Judd - one of the nurses from the Cath Lab - who was a little unsteady on her feet (it was late!) and invited me to visit the lab. Despite the lateness of the hour she was clearly proud of her job, her department and all her colleagues and wanted me to know that!! I took Ashleigh up on her offer and visited the lab a few weeks later. The third person I want to highlight is Ashleigh Farrer, one of the ODP's from Theatres who I had the pleasure to meet and observe as part of our SMART week in Theatres. She was superb - holding the hand of one patient who was understandably nervous - remaining calm, polite and smiling regularly and even put me at ease.



All three - and many more - embody what we are about – excellence in health, putting people first.

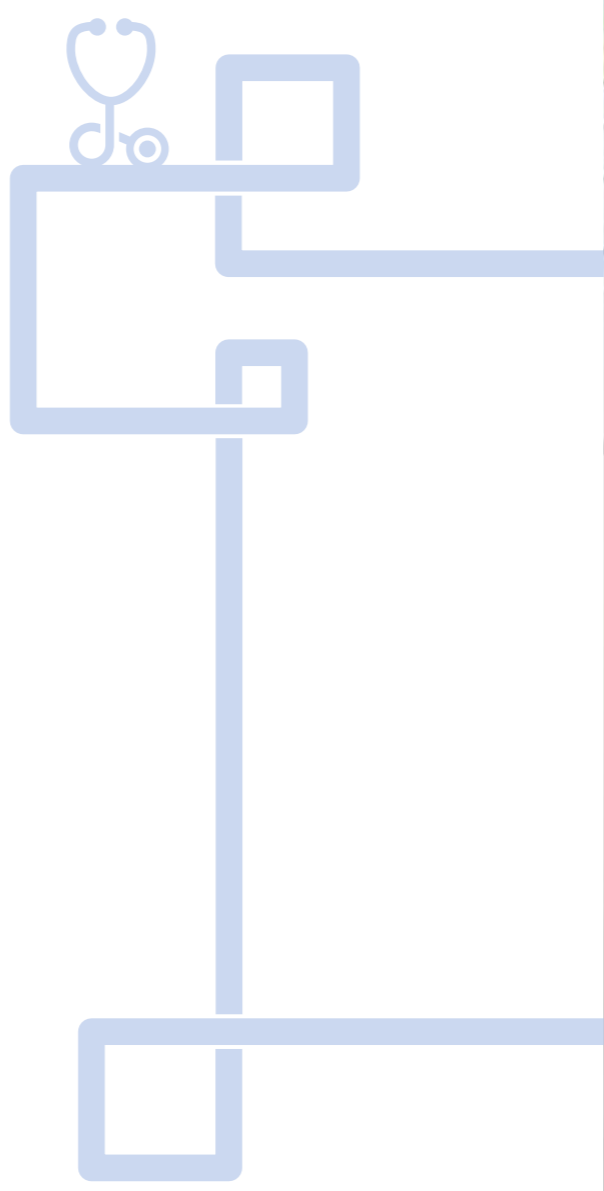
Of course there were some sad times too – Wilf Curry, one of our Governors died in August 2015 after a long illness – he will be sadly missed by all, and he was such a strong voice for quality, safety and care across CHS for so long. Some retirements too – Joy Akehurst, our Director of Nursing and Quality – now replaced by Melanie Johnson who arrived from Scotland and Bob Allport, our Head of Estates retired after seven years in that role, after replacing George Hood in 2009. To both, thank you and enjoy a long and well deserved retirement.

Talking of Bob, it is also right that I highlight how central he has been to our site/hospital development. This year has been dominated by two large capital schemes - the Emergency Department development and Endoscopy. We managed to complete the Endoscopy Unit in March 2016 and I really hope staff are enjoying their new home – which they helped design and commission. I hope they feel that they – and our patients – have got the unit they deserve and I think it’s fantastic – the envy of the North East! As for A&E, that is some way from being complete – I hope to write more about that next year in this report. Suffice to say we are halfway there and even the ‘temporary’ half in use looks great and really puts into perspective the excellent care staff delivered in the ‘old’ building. The final version when complete will be a showcase for a future major emergency centre – which all departments in the hospital will benefit from. Watch this space!

My last word this year reflects the future – and in particular our new ‘alliance’ with South Tyneside NHS Foundation Trust. Many of our staff have told me over the years that South Tyneside and ourselves should be more closely aligned. All of our services will be stronger and more sustainable if we get a common operating model agreed between us, that deals with the myriad of financial and other challenges that await us. By acting now we can do something about this, but leave it too long and our service quality and reputation will suffer. That’s not a good result for patients and not for the taxpayer either. So you will see an increasing level of streamlined collaboration (avoiding unnecessary competition) which I hope will be the start on the ‘path to excellence’. It will leave us with the clinical strength and depth in and out of hospital alike, to be confident, as best we can, about the future.

But for now – and back to City Hospitals – another challenging year is over and there is much to be pleased about. I want to personally thank our Chairman, John Anderson, who has led the Board so well and supported myself throughout. Also thanks to the rest of the Directors – Executive and Non Executive alike – who so diligently look after our governance and performance with skill, dedication and commitment. Lastly, but most importantly our staff who have pulled out all the stops again this year; keeping our patients safe and well cared for with skill, attention and a sense of humour. Without them there would be no City Hospitals.

KEN BREMNER
Chief Executive



STRATEGIC REPORT



A BRIEF PROFILE OF THE ORGANISATION

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

Through our membership base and the Council of Governors the Trust plays an active part in our local community and, as a Foundation Trust, is accountable to the communities we serve. We also recognise that collaborative working with our strategic partners on the transformation of healthcare systems are essential for future sustainability and continued quality improvement.

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

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

The Trust operates from:

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

and provides outreach services at:

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

The Trust has around 811 acute beds, an annual income of £343.36m and non-current assets of £222.42m. It employs 5,140 people.



KEY AIMS AND OBJECTIVES

The ethos of the Trust is based on:

Excellence in Health, putting People first

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

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

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

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

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

• BEST QUALITY

To deliver the best quality we will:

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

• HIGHEST SAFETY

To provide the highest level of safety we will:

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

• SHORTEST LEAD TIME

To ensure the fastest service for our patients we will:

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

• HIGHEST MORALE

To ensure the highest staff morale we will:

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

• COST LEADERSHIP

To provide the best value for money we will:

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

STRATEGIC OBJECTIVES

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

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

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

The Trust is also committed to ensuring that our environment is of a high quality in which patients can receive treatment and staff can work. This has led to the completion of the following schemes during 2015/16:

- the commissioning of the new pathology hot lab which as well as providing investment in the physical estate, includes a new state of the art analyser which ensures a speedy and efficient analysis of samples;
- the provision of a purpose designed new endoscopy unit with ultra-modern decontamination facilities. The unit has been built with additional capacity being available to meet our future demands. The new unit allows some procedures to be undertaken that previously would have meant the patient being moved to an operating theatre. This redesign ensures that patients are seen in an environment which meets best practice standards for patient flow, quality, experience and safety;

- phase one of our new Emergency Department opened in December 2015. This provides a bright and spacious paediatric department with dedicated facilities for young children and adolescents. The department also includes a short stay assessment unit; and
- a temporary adult Emergency Department has been created in what will become the new Integrated Assessment Unit. Although this is a temporary facility it provides significantly more space than the old department.

As well as the projects already completed during 2015/16, a number of new capital projects continue to be developed which include:

- the second phase of the Emergency Department incorporating adult emergency care, an integrated assessment unit and ambulatory care unit. This second phase is due to be completed by early Spring 2017; and
- refurbishment of the fluoroscopy unit within the radiology department.

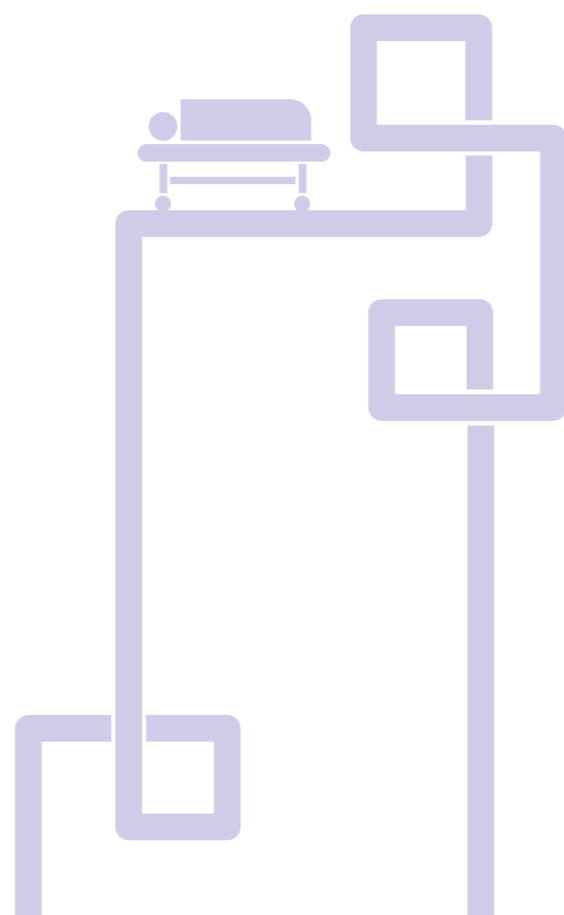
STRATEGIC DIRECTION

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

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

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

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





This direction of travel is in line with national strategies, particularly the development of 40-70 major emergency centres across England as outlined in the national review of urgent and emergency care conducted by Sir Bruce Keogh. The Trust currently provides a range of services for heart attacks, stroke, vascular, and critically ill children as detailed in the Keogh report and the national description is exactly aligned to the Trust's vision of the 3rd Centre.

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

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

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

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

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

CENTRE OF EXCELLENCE

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

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

SOUTH TYNESIDE AND SUNDERLAND HEALTHCARE GROUP

City Hospitals Sunderland and South Tyneside NHS Foundation Trust have formed an ambitious strategic alliance to work together to protect the future sustainability of hospital and community health services across Sunderland and South Tyneside. Looking ahead it is clear that delivering sustainable, financially viable, high quality health services for our local populations is essential for patients and taxpayers alike.

City Hospitals Sunderland has for some time been pursuing 3rd centre status and has continued to expand and grow a range of specialist services both locally and regionally. Increasingly its focus will be on leading and providing emergency surgical and complex acute services covering South of Tyne, with Sunderland Royal Hospital and Sunderland Eye Infirmary focusing on becoming hubs for more specialised complex, emergency and planned acute care.



In parallel, South Tyneside NHS Foundation Trust has been increasingly moving away from complex acute care and will in the future lead on out of hospital services (using the Vanguard Programme* as the key vehicle), rehabilitation, diagnostics and screening services. South Tyneside District Hospital will continue to provide a broad range of emergency and planned hospital services. The Trust will also be the lead provider of community services working closely with respective local authorities and primary care.

As a result both City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust now believe that significant transformation leading to greater integration of services is essential in delivering improved healthcare to both communities, and this needs to be delivered at speed and to scale. The Trusts will now formalise this arrangement through the establishment of a group function to ensure the delivery of this significant transformation, using specific input from both organisations together with some targeted external support.

Starting in 2016/17 and continuing into 2017/18 the Trusts will work together to review and where necessary transform the sustainability of clinical services. The first phase of work will cover Stroke, Trauma and Orthopaedics, Obstetrics and Gynaecology, Pharmacy and emergency surgical services. A full programme of reviews has been agreed for all clinical services and the relevant infrastructure has been identified in order to take the reviews forward.

THE WIDER HEALTH ECONOMY

The Trust's plans are fully supported by local commissioners and other key stakeholders, and have been discussed through various forums, including executive to executive sessions, and they fully support the Trust's direction of travel. Sunderland CCG has developed a 5-year strategy which describes their vision of achieving "Better Health for Sunderland" and which aims to transform care in and out of hospital through increased integration of services and more person centred care by:

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

Sunderland is one of a small number of health and social care communities across the country to have been awarded national 'Vanguard' status by NHS England, and as a consequence will be shaping the future of community health and social care delivery for services across the rest of England.

As part of the Vanguard programme three major transformation schemes were started during 2015/16 and will continue into 2016/17 and beyond. These include:

- Implementing a city-wide Recovery at Home service
 - This city-wide service provides both "step-up" and "step-down" health and social care enhanced by 24/7 working; a single point of contact; all core health and social care teams including the GP out of hours being based in the same building; assisted technology services and one single management arrangement.
 - Through Recovery at Home, those who need greater support while they are getting back to normal after a short term condition can also be provided with bed based care, meaning more intensive support can be offered in their own home, including residential or nursing care homes.
- Developing Community Integrated Teams
 - Five locality based community integrated teams have been established. The teams are wrapped around groups of GP practices providing an enhanced level of response to patients with complex needs both at home, in supported housing and including care homes identified through a risk stratification approach. 'Living Well' workers who are familiar with local voluntary and community resources are members of the teams and are able to connect patients to those resources.
- Establishing enhanced primary care at scale across the city.
 - This will be achieved through implementing collaborative General Practice arrangements, further developing local federations as representative bodies for the GP primary care community, and as providers of extended, standardised and proactive primary care. This will be supported by the development of a progressive and innovative primary care strategy for the City, ensuring the sustainability of General Practice as part of the whole system for years to come.

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

*The national Vanguard Programme was established in 2015/16 to provide a mechanism to allocate funding from the New Care Models team across a range of initiatives and to review progress on each of the projects.

CONTINUOUS IMPROVEMENT

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

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

During 2015/16 the Trust continued with a number of transformational programmes, including:

- Surgical and Theatres Efficiency Programme (STEP)
 - The programme aims to:
- improve theatre utilisation;
- increase admissions on the day of surgery; and
- support recovery following surgery.

Various projects were delivered in 2015/16 including improving patient flow and increasing capacity in the 'Day of Surgery Admissions' (DOSA) unit on C level theatres. As a result patients are no longer required to be admitted to hospital the day before surgery for certain procedures.

In November 2015 we held a 'SMART' week in Theatres which built on the principles of our 'Perfect Week' held earlier in March 2015. The focus of the week was on the 'optimum' operating list to improve theatre utilisation, reduce cancellations, improve best practice tariff, and improve on the day of admission rate for surgery. The outcomes from the work included a reduction in patient cancellations and increased theatre utilisation to over 90%. Work is ongoing to ensure effective scheduling processes are in place to sustain the improvements.

• Scheduling Programme

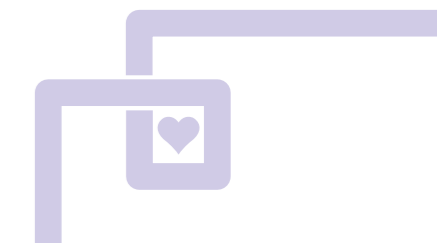
Work continued during 2015/16 on implementation of the projects included in the scheduling programme to improve efficiency and patient experience. The electronic process for triaging referral letters is now well embedded with improved patient safety as a result. Work has now commenced on transferring internal referrals electronically between our clinical departments and wards.

Improvements have been made to the colorectal patient pathway whereby patients had told us they did not need to come for a review appointment if they had already been informed of the outcome of investigations. A new process has been put in place whereby Consultants will set expectations with their patients at the first outpatient appointment so that, where appropriate, if test results are normal they will confirm this in writing and discharge the patient back to the GP (i.e. the patients will not be invited back for a review appointment to be told their results). This improves patient experience and reduces unnecessary visits to hospital.

The Outpatients Appointments service supports all of the main specialties in the Trust and covers administration of referrals, appointments and reception areas. During January 2016 the team carried out a focused piece of work on understanding the nature of calls coming through to the contact centre and ensuring appointments were rescheduled in a timely manner. The majority of calls received during the week were for patients to reschedule appointments and to check the date and time of their appointment. A project is underway to provide alternative ways for patients to cancel their appointment via a 'web form' and to improve information for patients about their appointments.

• Supporting Capital Projects through use of lean methodology

Our Kaizen Promotion Office (KPO) has supported our capital programme during 2015/16 through the use of lean tools and techniques to support patient flow. These include the Emergency department new build with support in the modelling of flow and process development to reduce patient waiting times and the Endoscopy new build which opened in March 2016. The team were part of a regional project to explore the use of lean techniques in designing buildings. An approach was used which took into account patient flow, process and volumes to determine the functionality and space requirements of the new building.



RISK MANAGEMENT

FINANCIAL RISKS

Key financial risks during 2015/16 included:

- managing the consequences of an investigation by the Foundation Trust external regulator Monitor around financial performance issues;
- delivering the challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- managing the new financial cap process for agency workers;
- delivering against the quality (CQUIN) targets as agreed with the commissioners; and
- minimising actions that would have resulted in the application of penalties.

NON-FINANCIAL RISKS

Non-financial risks for the year included:

- maintaining the relevant performance standards including the 18-week target for 95% of admitted patients in year across all specialties, the maximum 4 hour wait for A&E waits and the 62 day cancer targets. At the end of the year the Trust did not achieve the A&E target (93.57%) and declared non-compliance against the 62 day cancer target for urgent GP referrals at 83.10%;
- managing infection rate targets including the *C. difficile* position which again showed a slight improvement from the prior year at 30 cases by the end of the year; and
- maintaining the standards required by the Care Quality Commission to ensure compliance with licence requirements.

DIRECTORS' APPROACH TO RISK MANAGEMENT

Directors' Approach to Risk Management includes:

- a cost reduction plan to reduce the Trust's operating costs during 2015/16 to meet the efficiency target inherent in the national tariffs;
- working with Commissioners to plan service redesign and service capacity requirements including identifying all implications financial and non-financial; and
- managing the levels of actual activity and the costs associated in specialties with capacity constraints.

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

The Trust has processes for identifying, evaluating and managing the significant risks faced by the organisation. These processes cover all material controls, including financial, clinical, operational and compliance controls and risk management systems. These processes have been in place for the whole of 2015/16.

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. In March 2014 the Trust approved a Risk Management Strategy with the aim of robustly mitigating and managing risks whilst at the same time working closely with the NHSLA to better understand the drivers for the growth in referrals. During 2015/16, the Trust implemented a number of schemes funded by the NHSLA, targeting those areas at highest risk of claims within the Trust, predominantly in obstetrics.

The Board of Directors has approved an assurance framework that meets national guidance which is managed by the Governance Committee. The framework is subject to annual review and approval by the Board of Directors. The framework is based on the Trust's strategic objectives and contains an analysis of the principal risks to achieving those objectives. It is underpinned by the detailed risks and associated actions set out in the Trust's risk register. During 2015/16 the Trust introduced a summary of key risks which is included in the monthly Quality and Risk Assurance Report provided to the Board of Directors. This maintains visibility for the whole Board on an ongoing basis.

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

YEAR END POSITION

City Hospitals has reported an operational deficit position of £12.5m for the financial year 2015/16. The Trust delivered cost improvements of £13,919k by the year end. The delivery of Cost Improvement targets were closely monitored in year by the Board sub-committee, the Finance Committee.

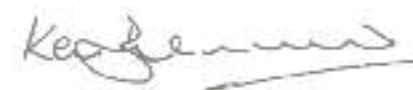
For 2015/16, the Trust signed legally binding contracts for its services provided to commissioners. These related to Payment by Results (PbR) activity and services subject to local prices where national tariffs had not been set.

The Trust's largest commissioners had set 2015/16 contract baselines predominantly based on the 2014/15 actual activity delivered with funding specifically relating to the maintenance of all of the relevant targets.

GOING CONCERN

The Trust expects to be discharged from the enforcement action that Monitor took in August 2015 due to the uncertain financial sustainability of the Trust. Whilst the Trust is forecasting a deficit of £2.2m and a cash outflow of £4.2m in 2016/17, the Trust expects to have sufficient cash to meet its liabilities as they fall due. These results are contingent upon the achievement of the Cost Improvement Plan (CIP) of £14m and receipt of Sustainability and Transformation Fund (STF) of £10.6m. As explained earlier, this STF is dependent upon the achievement of a number of conditions outlined in a formal agreement between NHS Improvement and the Board. There is no certainty over the achievement of the CIP nor the receipt of the STF, both of which could have a significant adverse impact upon the financial performance and cash flows of the Trust, and these matters indicate a material uncertainty.

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



K W BREMNER
Chief Executive

Date: 26 May 2016



PERFORMANCE ANALYSIS

NON FINANCIAL PERFORMANCE

PERFORMANCE AGAINST NATIONAL MEASURES

During 2015/16 the Trust has continued to achieve national standards across a number of key measures (as shown below) including waiting times for cancer and consultant-led treatment. The Trust has also exceeded the national quality standard for ensuring patients admitted to hospital are assessed for risk of developing a blood clot (VTE). Work has been ongoing to further reduce the number of hospital acquired healthcare infections year on year.

Some of these indicators are taken into consideration by Monitor, the regulator of Foundation Trusts, as part of their regular assessment of governance.

Patient experience continues to be a key area priority for the Trust and for 2015/16 we have achieved continued high levels of satisfaction with our services as measured via the 'Friends and Family Test'.

For some indicators the Trust was below the standard set for 2015/16. However, with the exception of cancer 62 days and the unplanned re-attendance rate in A&E, there has been an improvement (or reduction dependent upon the specific indicator) from the previous year which is extremely encouraging.

Indicator	Last Year 2014/15	Target 2015/16	2015/16	Variance	Year
National Indicators					
Referral to Treatment waits % completed admitted adjusted pathways seen within 18 weeks ^{1,2}	88.43%	N/A	83.20%	N/A	N/A
Referral to Treatment waits % completed non admitted pathways seen within 18 weeks ¹	98.33%	N/A	95.73%	N/A	N/A
Referral to Treatment waits % incomplete pathways waiting less than 18 weeks ¹	93.90%	92%	93.82%	1.82%	●
Diagnostic Test waiting times ¹	0.28%	1%	0.80%	-0.20%	●
A&E: Maximum waiting time of four hours from arrival to admission / transfer / discharge	92.11%	95%	93.57%	-1.43%	●
Ambulance Handover Delays % <30 minutes	94.47%	95%	96.77%	1.77%	●
Ambulance Handover Delays 30-60 minutes	814	0	405	405	●
Ambulance Handover Delays 60+ minutes	255	0	102	102	●
All Cancer Two Week Wait	94.84%	93%	94.41%	1.41%	●
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	98.07%	93%	100.00%	7.00%	●
All Cancer 62 day urgent referral to treatment wait	85.71%	85%	83.10%	-1.90%	●
62 day wait for first treatment following referral from an NHS Cancer Screening Service	83.87%	90%	82.61%	-7.39%	●



Indicator	Last Year 2014/15	Target 2015/16	2015/16	Variance	Year
31 day standard for cancer diagnosis to first definitive treatment	98.05%	96%	98.48%	2.48%	●
31 day standard for subsequent cancer treatments – surgery	98.86%	94%	99.47%	5.47%	●
31 day standard for subsequent cancer treatments – anti cancer drug regimens	100.00%	98%	99.88%	1.88%	●
Cancelled operations not rescheduled within 28 days	14	0	13	13	●
HCAI – MRSA Bacteraemia ³	3	0	3	3	●
HCAI – <i>Clostridium Difficile</i> ³	34	<=34	30	-4	●
VTE risk assessment for inpatient admissions	97.50%	90%	98.26%	8.26%	●
Friends & Family Test – Inpatient response rate ⁴	48.47%	30%	18.31%	-11.69%	●
Friends & Family Test – Inpatient % recommended	95.68%	N/A	97.45%	N/A	N/A
Friends & Family Test – A&E response rate ⁴	18.82%	20%	16.42%	-3.58%	●
Friends & Family Test – A&E % recommended	95.56%	N/A	96.74%	N/A	N/A
NHS Safety Thermometer – harm free care	93.33%	95%	93.54%	-1.46%	●
Duty of Candour	84	N/A	138	N/A	N/A
Local Indicators					
Discharge letters issued in 24 hours ⁴	66.20%	90%	82.02%	-7.98%	●
A&E attendance letters issued in 24 hours ⁴	87.46%	90%	92.87%	2.87%	●
A&E time to initial assessment (median) ⁴	12 mins	9 mins	8 mins	-1 mins	●
A&E time to initial assessment (95th percentile)	52 mins	15 mins	35 mins	20 mins	●
A&E time to treatment (median)	53 mins	60 mins	52 mins	-8 mins	●
A&E unplanned re-attendance rate	7.25%	5%	7.34%	2.34%	●
A&E left without being seen	1.61%	5%	1.94%	-3.06%	●

¹ Excludes non English commissioners as per NHS England published statistics.

² The national standards regarding admitted and non-admitted pathways were only applicable until September 2015, at which point data submissions for the admitted adjusted pathways ceased, therefore performance shown relates to the period from April 2015 to September 2015 only.

³ Cases apportioned to Acute Trust only. C. diff cases also exclude cases agreed at local appeals panels as not being genuine CDI or Trust apportioned cases.

⁴ Local target agreed with commissioners.

ACCIDENT AND EMERGENCY (A&E)

During 2015/16 the Trust has continued to receive an increasing number of patients through the A&E department with a 5.49 % increase compared to 2014/15. As a result we did not achieve the national standard of 95% of patients spending a maximum of 4 hours in the department. Despite the pressures, performance was around 1.5% better than the previous year and was above the national average. The Trust continues to work with our local commissioners and partners to improve access to urgent and emergency care services across Sunderland.

The Trust continues with the new Emergency Department build which will provide increased capacity and a high quality environment for patients. As part of the enabling measures for the new build, the emergency department moved into an interim location in December 2015. This provides an opportunity to embed new processes and ways of working in preparation for the completion of the new build in early 2018. We have implemented a number of initiatives throughout the year to improve waiting times in A&E such as:

- further development of ‘ambulatory care’ services for patients who may need further assessment and treatment but do not need to stay in hospital;
- further refinement of processes on inpatient wards to ensure timely consultant review and discharge where clinically appropriate; and
- ensuring patients are directed to the most appropriate healthcare professional and service for their needs, including Pallion Health Centre which deals with minor illness and injury and provides access to a GP.

Despite performance against the 4 hour standard, the Trust has continued to perform well against quality indicators such as timely assessment by a clinician, time to treatment from arrival and patients who have an un-planned re-attendance after their initial visit to A&E.

CANCER WAITING TIMES

The Trust has continued to achieve the national waiting time standards for the majority of cancer targets. The only standards not met were for patients treated after being referred from their GP and an NHS Screening Service. Performance relating to patients referred from a screening service related to a very small number of patients, and was as a result of increasing demand on services due to annual cancer awareness campaigns.

85% of patients referred from their GP for suspected cancer should receive treatment within 62 days and the Trust was marginally above this standard in 2014/15. Performance in 2015/16 however was slightly under target mainly due to pressures in the Urology service between July and October and the last months in the year. This does remain a risk for the Trust and other Trusts across the country, in light of continued increasing demand and complex diagnostics and treatment pathways.

Work has progressed throughout the year to improve cancer pathways and ensure patients receive timely treatment and communication about their care. Positive improvements have been made in response to the national patient cancer experience survey such as additional urology cancer nurse specialists, funded by Prostate Cancer UK, who have improved access to support for patients with cancer. During the year we have also established a Cancer Patient and Carer Group in order to promote patient and carer involvement in the development of cancer services within the Trust.

Reducing Healthcare Associated Infections (HCAIs) – *Clostridium Difficile* (C. diff)

The Trust continues to reduce the incidence of hospital acquired C. diff infection and we were again below the trajectory set for the year, as well as achieving a further reduction from the previous year.

We are heavily involved in local and regional HCAI prevention groups, which facilitate sharing of best practice and support our efforts to minimise the risk of infection for our patients. The Trust has been set a trajectory of 34 cases for 2016/17.

APPROACH TO MEASURING PERFORMANCE – WHAT AND HOW WE MEASURE

The Trust measures performance across a wide range of indicators including:

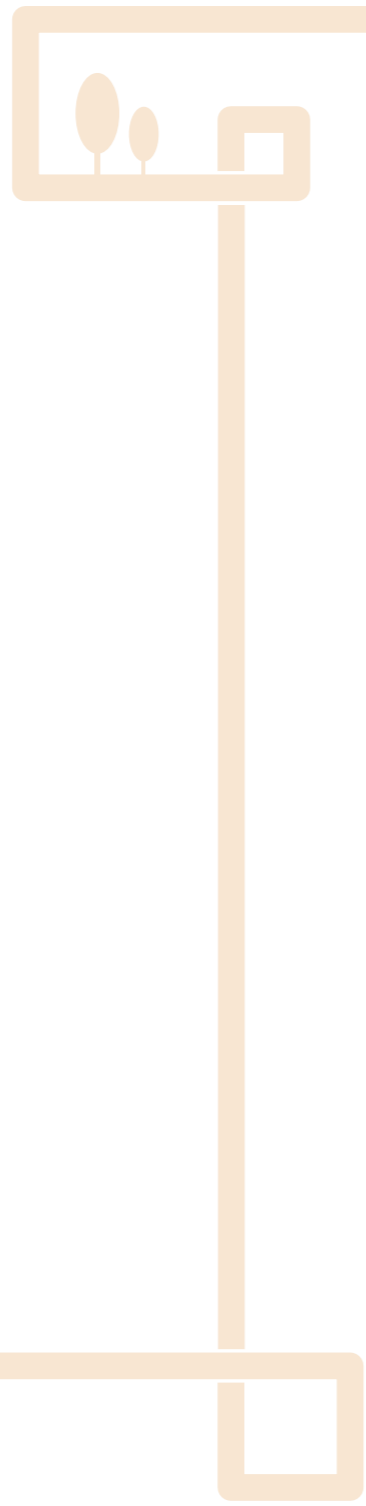
- national indicators, Operational Standards and Quality Requirements – these are set by Monitor, the regulator of Foundation Trusts and NHS England;
- local Quality Requirements – agreed with commissioners and included in our contract; and
- internal indicators – these are agreed as part of our annual planning process and KPI’s are developed to measure progress against delivery of our corporate objectives.



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

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

These are reviewed annually and reported through our governance structures to the Board.



FINANCIAL PERFORMANCE

OVERVIEW

At the end of 2014/15, the Trust was the subject of a formal investigation by Monitor with respect to the deteriorating financial position in that year and the reasons for the unplanned deficit. In August 2015, Monitor concluded that the Trust may be in breach of its licence and a series of actions were agreed. This resulted in a formal review of the governance and reporting arrangements for the monitoring of cost improvements in year. Additionally a 'Programme Management Office' (PMO) was established. The governance arrangements were strengthened by the establishment of a Programme Management Group reporting into the Finance Committee a formal sub-committee of the Board of Directors. The members of the PMO were drawn from existing experienced staff within the Trust and supported by external consultant expertise. Together they focused on ensuring delivery of existing cost improvement plans, developing new plans and supporting the production of a short term financial recovery plan.

Given the underlying financial challenges for the year, the Trust set a planned deficit target of £17.8m which included a £13m cost improvement target. At the end of the year, the Trust delivered a £12.5m operating deficit position which was ahead of plan by £5.3m, and also over delivered against the cost improvement target at £13.92m. Overall therefore, whilst the Trust ended the year in deficit, there was a marked improvement during the course of the year.

The Trust ended the year with a 'Financial Sustainability Risk Rating' of '2', in line with plan.

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

INCOME AND CONTRACTS OVERVIEW

The 2015/16 financial year was the third year of life for Clinical Commissioning Groups (CCGs) and NHS England. These new arrangements have continued to take time to bed in, with problems particularly associated with the intermediate support arrangements that CCGs are reliant upon. A number of patient pathways have been split between different commissioners increasing the risk that any single commissioner may choose not to continue with a given part of a service, putting at risk the whole service for some patients. The complexity of the system is now such that the number of commissioners has increased significantly and as a consequence system wide approaches are difficult to implement, with an increased focus on transactional engagement with commissioners. This has started to be recognised with a change in approach for 2016/17, focusing on a 'place' based approach.

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

Within this environment, the Trust and commissioners agreed activity levels predominantly based on 2014/15 actual activity plus anticipated additional growth requirements to achieve the necessary targets.

Before the start of the financial year a draft tariff had been published for consultation. The consultation resulted in NHS service providers rejecting the draft tariff. As a consequence there was a national requirement to consider alternative arrangements to allow for an efficiency factor. Neither proposal was particularly palatable for the organisation. However the Trust agreed to accept the 'Enhanced Tariff Offer' which introduced part of the draft proposals but not in full. In particular the draft rule concerning reduced funding for specialised 'pass through' drugs and devices costs was partially introduced, resulting in any over-performance on these areas only being funded at 70% of cost.

The overall national tariff assumed gross inflationary funding of 1.9% was offset by an assumed level of 3.5% cash releasing efficiency. As a result therefore, tariff prices reduced in net terms by 1.6%.

During the year, the Trust has struggled to achieve all performance targets, particularly in relation to RTT, cancer 62 day targets and A&E. In all cases, commissioners have been entitled to apply penalties for not achieving these standards. A great deal of work has been undertaken to work with commissioners to develop and share action plans to address the risks, but some CCGs had indicated that they would take a purely contractual view and apply penalties. The potential risk to the organisation was up to £1.8m. Nationally there was recognition that the application of penalties against acute Trusts was simply making the financial position of the acute hospital sector worse and not helping where it was most needed. As a consequence most commissioners chose to reinvest penalties in order to help the Trust focus attention on those areas at need. The net impact of applied penalties was £136k.

EXPENDITURE OVERVIEW

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

Agency staffing continued to be a pressure for the Trust but was lower than the previous financial year at £6.3m compared to £7.7m in 2014/15. Work had been undertaken to target high spending areas and identify alternative options such as locum recruitment or alternative means of providing a specific service. In addition, the introduction of agency 'caps' to provide a consistent approach across the country for in demand staff groups has helped stem what had been a steady price increase year on year.

The clinical negligence insurance costs again increased, with a total cost for the year of £11.78m, an increase of £3.1m, equating to a 36% increase on the previous year. This reflects the change of approach by the NHS Litigation Authority (NHSLA) over the last few years whereby premiums reflect a combination of the exposure of the Trust to some of the nationally recognised high risk specialties and its previous claims record. During the year the Trust worked closely with the NHSLA to look at opportunities to manage this risk and the result was a successful bid for funds to target those areas at highest risk of claims within the Trust, predominantly in obstetrics.

COST REDUCTION PLANS

Divisional Plans for cost reductions were agreed at the start of the 2015/16 financial year. Included in the Annual Plan was a target of £13million. By the end of the year, the Trust had delivered £13.92m, an over achievement of £919k. This was an excellent achievement particularly given the challenges during the financial year.

At the start of the financial year the Trust was under investigation from Monitor due to the difficult financial position of the Trust particularly in the prior financial year, but also forecast into 2015/16. The forecast for the year was a £17.8m deficit which included an assumption that £13m worth of cost reduction plans would be delivered.

To support the delivery of the cost reduction programme, a 'Programme Management Office' (PMO) was established. The governance arrangements were strengthened by the establishment of a Programme Management Group reporting into the Finance Committee. The members of the PMO were drawn from existing experienced staff within the Trust and supported by external consultant expertise. Together they focused on ensuring delivery of existing cost improvement plans, developing new plans and supporting the production of a short term financial recovery plan to cover the remainder of the 2015/16 financial year, as well as looking forward and planning for 2016/17. There was a strengthened process to identify if there was slippage against programmes or individual projects, and targeted effort to bring the plan back on line or identify alternative options. As a consequence by the end of the year, the overall cost reduction programme delivered more than the plan.

CAPITAL FUNDING

At the start of the year, the Trust had an outstanding balance on a number of Independent Trust Financing Facility (ITFF) loans of £46.9m. During the year the Trust received the balance of previously approved funding for the Emergency Department development and new funding of £11.3m to support a number of schemes within the capital programme for the year. These schemes included the development of a new Endoscopy Unit, which opened in March 2016. By the end of the financial year the balance outstanding was £60.1m.

Capital investment in 2015/16 was funded from internally generated funds, existing and new loans from ITFF plus funding received from the NHSLA to support improved risk management. Total capital investments included the Emergency Department build scheme which started in 2014/15 and will continue until the end of 2016/17, a new Pathology IT system, the endoscopy build scheme, NHSLA supported schemes and urgent medical equipment replacement.

CASH FLOW MANAGEMENT

The cash balances at the year-end were £14.18m, ahead of the plan of a negative £2.3million. NHS debtor balances were £6.5million, an improvement on the prior year position of £7.3m, reflecting a stabilisation of the commissioning system. A significant proportion of these balances have now been settled.

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

LOOKING FORWARD

The financial agenda remains challenging. Nationally a large proportion of acute organisations including Foundation Trusts were forecast to end the year in deficit; the last reported position as at the end of quarter 3 was that 95% of acute providers were in deficit. The finances of the NHS continue to be a challenge, with acute Trusts having the largest forecast deficits going into 2016/17.

Ahead of the start of the 2016/17 financial year, new national allocation formulas were released for the next 3 years, with indicative allocations for two further years beyond that. This put increased pressure on local CCGs who have seen at best a 'flat cash' position, but in real terms the allocations reflect a cut in funding. In addition to the allocation funding changes, additional funding has been provided for a 'Sustainability and Transformation Fund' (STF) of £1.8 billion across the NHS. In 2016/17, this is predominantly focused on sustainability, with the emphasis on patches or local 'places' being in system wide balance and financially sustainable. For future years, from 2017/18 the intention is that this funding will be used to support system wide transformation. As part of this process, individual 'Sustainability and Transformation Plan' (STP) patches are required to produce a transformation plan aligned to the '5 Year Forward View', by June 2016. Sunderland is within the wider Northumbria, Tyne & Wear STP. The expectation for the Trust therefore is that service planning and major pathway reform will be required across the hospital, community and social service sectors in order to deliver the efficiencies in services required and ensure the patch is in balance as a whole rather than as individual organisations. Closer working relationships with South Tyneside Foundation Trust will enable both partners to look at opportunities to reconfigure services to ensure that they are clinically safe and financially sustainable.

As part of this, the Trust has been notified that a share of the sustainability fund will be available to support the Trust financial position for 2016/17. There are conditions associated with the receipt of this funding linked to the delivery of a number of key performance indicators and achievement of a financial 'control total'.

Local commissioners have been successful in receiving funding to support 'Vanguard' schemes, with Sunderland CCG targeting key work programmes at frail elderly services to enhance their quality of care and prevent admissions into hospital. Much of the preparatory work has been undertaken in 2015/16, with the expectation by commissioners that the impact will be seen in 2016/17. These measures will therefore be closely monitored by the local health community to understand their impact.

During 2015/16, the wider NTW patch was also successful in receiving approval for an Emergency and Urgent Care Vanguard scheme, looking at opportunities to standardise and improve processes across the wider patch, but also pilot new funding

models during 2016/17. For the Trust the timing is ideal due to the expected completion of the new Emergency Department build at the end of the financial year and consideration of the future of the Pallion facility for the provision of walk-in centre activity.

For 2016/17, the full impact of the NHS standard contract will apply. The 'Commissioning for Quality and Innovation' (CQUIN) payment scheme, has again been maintained at 2.5% of overall clinical income and gives an opportunity for the Trust to 'earn' additional funding by delivering a range of improved quality measures. Due to the nature of the financial challenges in the acute sector, the implementation of a proposed new tariff for the 2016/17 year was deferred in order to maintain a year of stability for Trusts.

As a principle the Trust has set budgets for 2016/17 based upon anticipated activity for the year. The national tariff assumes 2% cash releasing efficiency assumption for tariff services. After the impact of inflation funding at 3.1% the overall price paid by commissioners for patients seen and treated in hospital settings has increased by a net 1.1% compared with 2015/16. The additional funding is reflective of the need to fund nationally introduced changes relating to national insurance and pensions, which have resulted in new costs into the system of 3.3% against all pay costs.

FINANCIAL RISKS 2016/17

The key financial risks facing the organisation in 2016/17 are expected to be significant. The Trust ended the 2015/16 financial year in deficit and whilst this was better than planned nevertheless indicates that the Trust has an underlying gap between income and costs. The plan for the year starts with the closing deficit position adjusted for non-recurrent items and new costs, offset by the proposed sustainability funding of £10.6m and cost improvement plans (CIPs) of £15m. After taking account of these assumptions there remains a gap between the forecast position and the proposed control total. However the Board have submitted a plan for the year reflecting the achievement of the control total. Therefore, there are risks around this given the step up in CIP assumptions and the imperative of achieving the control total. The Board of Directors have acknowledged this risk and opportunities are being considered particularly in relation to the closer working arrangements with South Tyneside Foundation Trust.

In addition, during 2015/16, Lord Carter produced a report for each organisation identifying the financial opportunities that could be available on a Trust by Trust basis. The work was predominantly based upon reference cost data from 2014/15. A process of validation and review has commenced and it is envisaged that there will be benefits that come from this work that will help support the delivery of the £15m CIP.

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 e.g. when receipt or delivery of the goods or services is made.

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

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

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

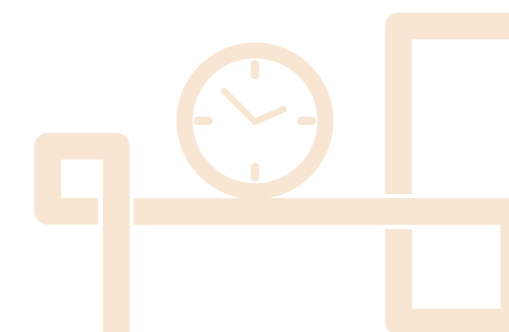
The NHS Foundation Trust receives cash each month based on the agreed level of contract activity and there are quarterly payments/deductions made to adjust for the actual income due under the tariff system. This means that in periods of significant variance against contracts there can be a significant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

RELATED PARTY TRANSACTIONS

The Trust has a system in place to identify all new related party transactions. As NHS Foundation Trusts and NHS Trusts have common control through the Secretary of State, there is an assumption that Government Departments and agencies of Government Departments are related parties. The Department of Health is regarded as a related party. During the 2015/16 financial year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent Department. In addition there are other transactions with other government bodies with the most material being the University of Newcastle for the funding of medical education.

NHS bodies are summarised as:

County Durham and Darlington NHS Foundation Trust
 Durham Dales, Easington and Sedgfield Clinical Commissioning Group
 Gateshead Health NHS Foundation Trust
 Gateshead/Newcastle Clinical Commissioning Group
 Hartlepool and Stockton Clinical Care Commissioning Group
 Health Education North East
 National Blood and Transplant Service
 NHS England
 NHS Litigation Authority
 North Durham Clinical Commissioning Group
 North East Ambulance Service NHS Foundation Trust
 Northumberland, Tyne and Wear NHS Foundation Trust
 Northumbria Healthcare Foundation Trust
 Prescription Pricing Authority
 South Tees Clinical Care Commissioning Group
 South Tyneside Clinical Commissioning Group
 South Tyneside NHS Foundation Trust
 Sunderland Clinical Commissioning Group
 The Newcastle Upon Tyne Hospitals NHS Foundation Trust



FINANCIAL PERFORMANCE

For the financial year 2015/16 key headline financial indicators are as follows:

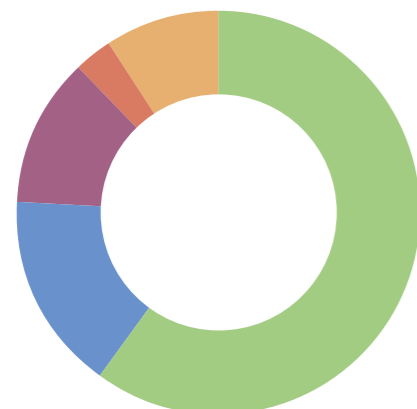
- The year ended with an operating deficit of £9.14m (after technical adjustments);
- The year ended with cash balances of £14.18m;
- Capital investment of £15.01m
- Private Patient Income of £402k

FINANCIAL HEADLINES

2015/16	£ Million
Operating Income	339.96
Impairment Reversal	3.40
Total Operating Income	343.36
Operating Expenses	345.76
Impairment Losses	0.04
Total Operating Expenses	345.80
Financing Costs – including Dividends paid	6.70
Deficit following Fixed Asset Revaluation	(9.14)
Capital Expenditure	15.01
Total Fixed Assets	222.42

All income totalled £343.36m. A breakdown of the key sources is shown below:

SOURCE OF INCOME 2015/16



- South of Tyne CCGs **60%**
- Durham CCGs **16%**
- NHS England **12%**
- Other income from activities **3%**
- General Income **9%**

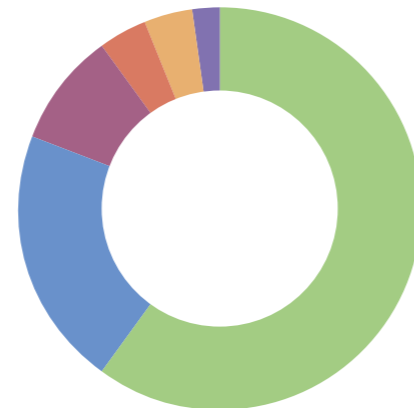
EXPENDITURE

Expenditure amounted to £345.80m, an increase of £7.9m or 2% on the prior year. of this increase, 40% (£3.1m) related to the increased cost of NHSLA insurance premiums in year.

The majority of expenditure (60%) related to staff costs at £207.7m.

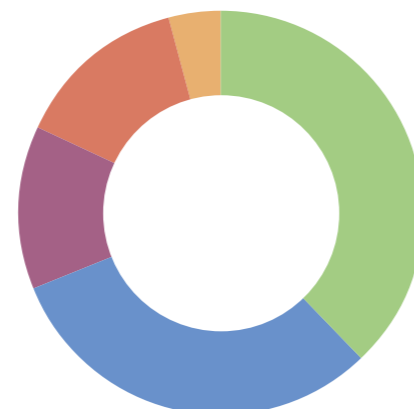
Full Details of Directors’ Remuneration are included in the Annual Report on page 167.

EXPENDITURE 2015/16



- Staff costs **60%**
- Clinical Support Services **21%**
- Other **9%**
- Premises Costs **4%**
- Services from other NHS organisations **4%**
- Depreciation **2%**

STAFF ANALYSIS 2015/16



- Nursing & Midwifery **38%**
- Medical & Dental **31%**
- Scientific, Therapeutic & Technical **13%**
- Admin & Clerical **14%**
- Other **4%**

PLANNED INVESTMENT ACTIVITY

Capital expenditure in 2015/16 totalled £15.01m with investment in premises, medical equipment and information technology.

	£ Million
Premises (including backlog maintenance, car parks, the Endoscopy Unit, and Emergency Department)	12.33
IT Systems	1.76
Medical Equipment	0.92

The value of the Trust’s fixed assets, both Tangible and Intangible, at the end of 2015/16 was £222.42m.

During the year additional funding was received from the ‘Independent Trust Financing Facility (ITFF)’ of £11.3m to support the capital programme in particular the Endoscopy scheme development. Given the financial challenges in year around cash commitments, equipment requirements were predominantly leased rather than purchased from capital budgets.

CHARITABLE FUNDS

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

For the financial year 2015/16 Foundation Trusts are required to consolidate their charitable funds into their main NHS accounts. The Audit Committee have considered this requirement and have confirmed that as the amounts are below the materiality limit it will not be consolidating the Charitable Funds accounts into the main NHS accounts.

As at 31st March 2016, the pre-audit value of funds held on trust amounted to £3.57m an increase of £0.11m over the final 2014/15 position (£3.46m).

The value of income received amounted to £0.58m (£0.78m final 2014/15) and the value of resources expended amounted to £0.49m (£0.62m final 2014/15). Capital purchases of equipment total £136k, (£162k final 2014/15), mainly for departments Ophthalmology (£67k) and Renal Dialysis (£50k).

The investment portfolio at 31 March 2016 stood at £2.05m (£1.66m final as at 31 March 2015), an increase of £0.39m. The main increase is due to a decision taken by the Charitable Funds Committee to release a further £0.55m from the surplus cash balances held, which was transferred to the Investment Manager (Rathbone), to increase investment holdings. During the year the FTSE fell by 628 points (9.2%) from 6803 to 6175.

GOING CONCERN

The Trust expects to be discharged from the enforcement action that Monitor took in August 2015 due to the uncertain financial sustainability of the Trust. Whilst the Trust is forecasting a deficit of £2.2m and a cash outflow of £4.2m in 2016/17, the Trust expects to have sufficient cash to meet its liabilities as they fall due. These results are contingent upon the achievement of the Cost Improvement Plan (CIP) of £14m and receipt of Sustainability and Transformation Fund (STF) of £10.6m. As explained earlier, this STF is dependent upon the achievement of a number of conditions outlined in a formal agreement between NHS Improvement and the Board. There is no certainty over the achievement of the CIP nor the receipt of the STF, both of which could have a significant adverse impact upon the financial performance and cash flows of the Trust, and these matters indicate a material uncertainty.

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

JULIA PATTISON
 Director of Finance/Deputy Chief Executive
 Date: 26 May 2016

INFORMATION GOVERNANCE

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

The four fundamental aims are:

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

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

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

In 2015/16 the Trust updated evidence against all requirements and achieved this 'Satisfactory – Green' rating, the results confirming 18 requirements showing evidence at Level 2, and 27 requirements at Level 3. The total percentage compliance for the 2015/16 submission was 86% (Consistent with the score from 2014/15).

The Trust owns Church View Medical Practice whose submission now forms part of the Trust's overall submission. As a GP practice there are only 13 requirements.

Church View Medical Practice also updated evidence against all requirements, and was assessed as 'Satisfactory – Green', achieving 4 requirements at Level 2 and 9 requirements at Level 3. The total percentage compliance for the 2015/16 submission was 89%, again consistent with that of 2014/15.

Work is continuing through 2016/17 to review and improve evidence to shift, where possible, from a level 2 into a level 3 performance in relevant areas.

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

The Trust reported two Information Governance breaches to the Information Commissioner's Office during 2015/16:

- In April 2015, Gateshead Health NHS Foundation Trust and City Hospitals Sunderland jointly reported the loss of 318 specimens from GP surgeries (pertaining to 184 patients) during transit to Gateshead Laboratory. All patients had further samples taken and were re-tested. The root cause analysis resulted in a revised service level agreement for transportation services between the two organisations, and improved procedures/audit trails for the collection of specimens from GPs through to delivery to Gateshead Laboratory.
- In July 2015, the Trust received notification that two batches of patient correspondence which were intended for two different GP practices had instead been delivered to two patients' home addresses. All letters were returned to City Hospitals Sunderland (18 letters in total), and were re-issued to the correct GP practices. In parallel, the root cause analysis resulted in those staff responsible for enveloping such letters being retrained. Further validation steps have also been introduced to mitigate risks in this area.

The Information Commissioner's Office confirmed that they were satisfied with both incidents that appropriate steps had been undertaken to minimise the risk of such an event in future. On this basis, the Information Commissioner did not take any regulatory action.



QUALITY REPORT



PART 1: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Welcome to our Quality Report for 2015/16. The Quality Report is one of the key ways that the Trust demonstrates that its services are safe, clinically effective, and that we are providing treatment in a caring and compassionate manner.

The Quality Report is an attempt to convey an honest, open and accurate assessment of the quality of care patients received during 2015/16. Whilst it is impossible to include information about every service the Trust provides in this type of document, it is nevertheless our hope that the report goes some way to reassure our patients and the public of our commitment to deliver safe, effective and high quality care.

The NHS has had another testing year and like many other organisations we have faced some challenging times. Increasing patient demand and expectations, national financial constraints and patients who are living longer with more complicated health needs mean that health services are under unprecedented pressure. We are constantly being asked to find new ways to change and adapt in order to meet these demands.

For some time now we have been looking at different ways of working to see how we can improve our services and become more efficient. This task will always have as its guiding principle the desire to protect quality and safety of care whilst ensuring that our patients have a positive experience. Those sentiments will be at the heart of our new alliance with South Tyneside NHS Foundation Trust which we announced recently and which will gather pace next year. Staff that I have spoken to are genuinely looking forward to the potential and strength it can give to both organisations.

Whilst needing to look to the future it is also important that we take stock and reflect on what has happened this year and once again, I am heartened to report the many success stories and achievements across the Trust.

We are beginning to see the development of a healthy, positive safety culture. This is a genuine sign that we are putting patients' interests first and continue to be open and transparent and willing to learn from our mistakes. We have made it a priority to encourage people to speak out if they think any activity is jeopardising patient safety. In the recently published league tables for all acute hospitals in the NHS on 'learning from mistakes league' we were ranked 43rd in the country and third in the North East – further evidence of how we try to constantly learn.

As you will be aware we joined the national Sign up to Safety Campaign in 2014, making our pledges to contribute to no avoidable harm over the next three years. We developed our Safety Improvement Plan, setting our quality goals for improvement, including falls and pressure ulcer prevention amongst others. We were delighted to be notified in March 2015 that our bid for additional funding for specific safety projects in maternity and the Emergency Department had been successful.

Last year, I mentioned that we took part in the 'Perfect Week' initiative designed to improve patient flow through the hospital. This was never meant to be a 'one-off' event and I'm delighted to see that we have continued to make progress in some key areas throughout the year. Our thanks go out to our external partners, whose support is necessary and welcome in working towards creating the "perfect health and social care system" for our patients.

Adopting the principles of the Perfect Week we also ran the SMART Week for those working in surgery and operating theatres. Once again, the aim was to work together to reduce delays and inefficiencies in the system for those requiring surgery. That too was a general success and the task now is to ensure that we sustain many of the improvements we made during that week so that it becomes the norm and the way we do things.

We have been able to achieve the majority of our Commissioning for Quality and Innovation (CQUIN) targets in 2015/16, which once again is an excellent achievement. The results of our patient satisfaction surveys show that we are meeting patient and public expectations most of the time. Participation in clinical audit is vital in ensuring that patients receive care that meets national standards. We do participate in numerous national clinical audits and the findings suggest that we are providing services that are safe and delivering care that is to a high standard. Where we find any variations in care then we will do our best to make changes to our practices.

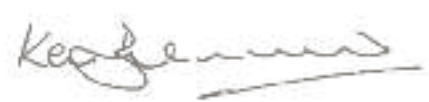
During 2015/16 we have seen our mortality performance fall more in line with national averages after previously being identified as above our peers. This is encouraging although we need to be mindful of the complexity and controversies surrounding mortality data and the conclusions we make. The Mortality Review Panel continues to review all patient deaths in hospital to help us understand where we need to make improvements. Next year, we are well positioned to play a full part in the pioneering national mortality case record review programme.

In terms of the building stock of the hospital I am delighted to report that the new Emergency Department for paediatrics is now open and fully operational albeit not in its final position and the adult facility is progressing extremely well. The scale of these developments in a busy, compressed environment that continues to run complex emergency services cannot be underestimated. However, what it does mean is that we have to work with and adapt to our temporary accommodation which I know on occasion is not what it will be this time next year. However, please bear with us during this important transition as we move confidently towards a new Emergency Department fit for the future. We also opened our new Endoscopy Unit in March 2016 with first class clinical facilities for patients requiring this diagnostic and treatment service.

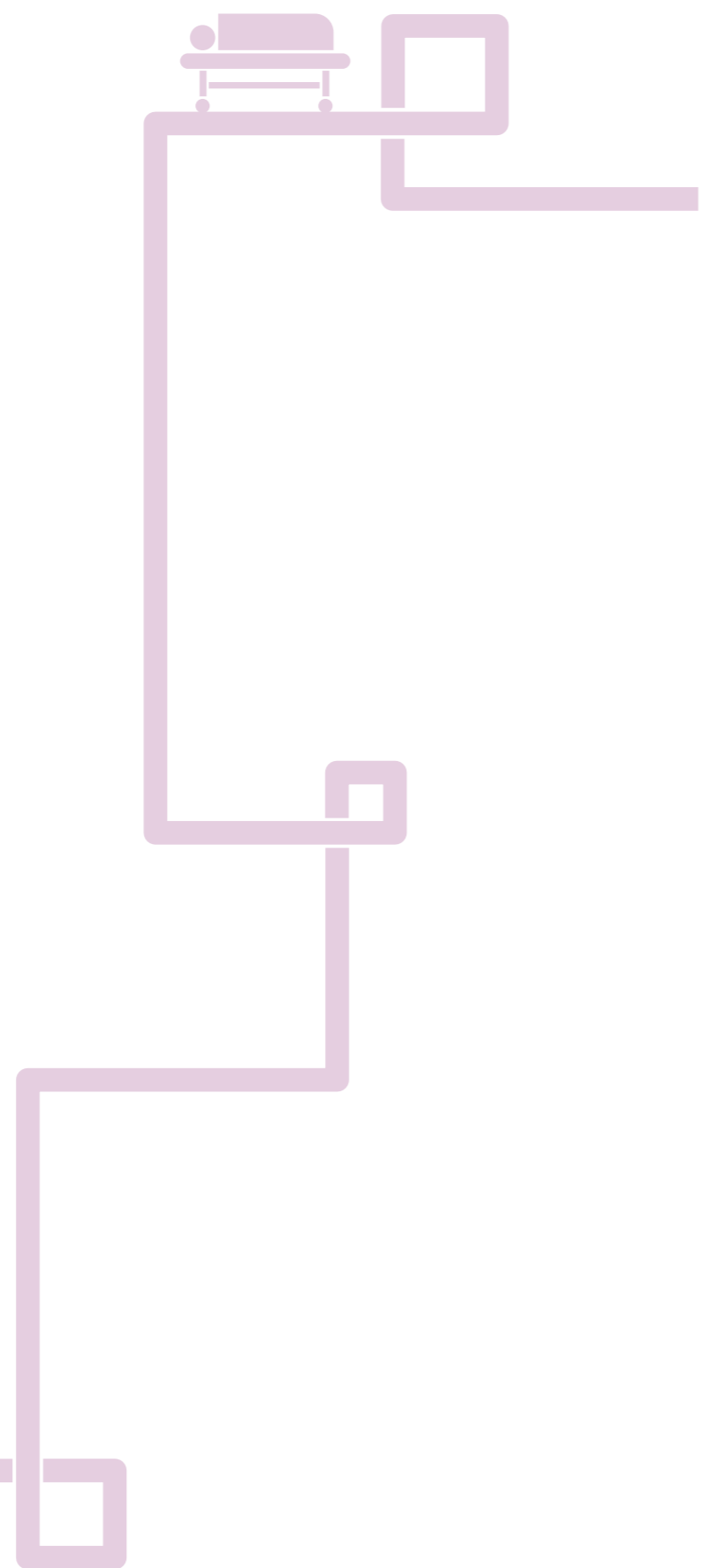
As mentioned earlier, next year will bring with it more opportunities to make the care we provide better and more efficient to meet the needs of local people. It will be undertaken though in a more challenging financial environment and the Trust will need to work closely with its partners to redesign the models of care so that we may continue to provide the highest standards in a more cost effective way.

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

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



KEN BREMNER
Chief Executive
Date: 26 May 2016



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

2.1 REVIEW OF QUALITY IMPROVEMENT PRIORITIES 2015/16

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

Each section summarises the priorities and objectives we set for 2015/16; this is followed by a detailed account of our progress and achievements.

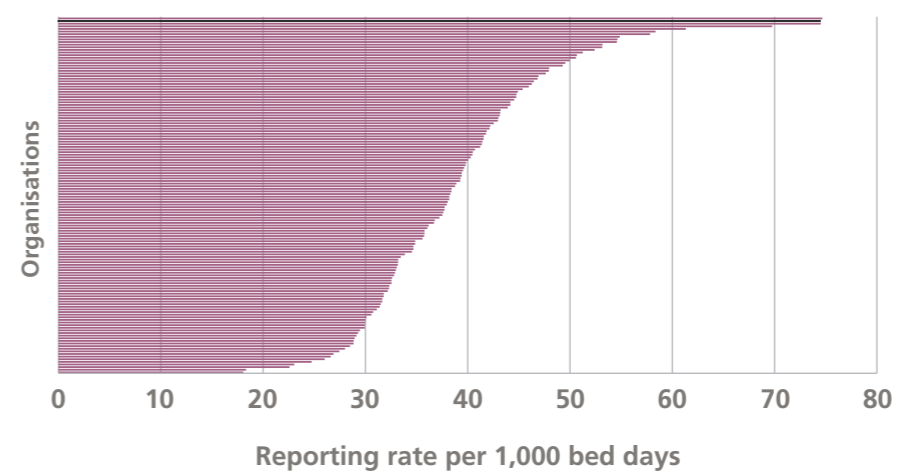
Patient Safety	<ol style="list-style-type: none"> 1. Increase the reporting of incidents and no-harm events by staff 2. Achieve 95% overall harm free care for all elements of the NHS Safety Thermometer
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1. INCREASE THE REPORTING OF INCIDENTS AND NO-HARM EVENTS BY STAFF

Research has shown that the more incidents that are reported the more information is available about any problems and consequently more action can be taken to make healthcare safer. An increase in incident and near miss reporting indicates a positive safety culture in which staff are able to anticipate safety issues before there is actual harm to patients. Trusts are required to report incidents to the National Reporting and Learning System (NRLS) when any patient could have been harmed or has suffered any level of harm. The reporting of incidents to a national central database helps protect patients from avoidable harm by increasing opportunities to learn from mistakes and to continuously improve the safety of patient care. The Trust has been encouraging and supporting staff in reporting incidents so that it can learn quickly and put actions in place to prevent patient harm.

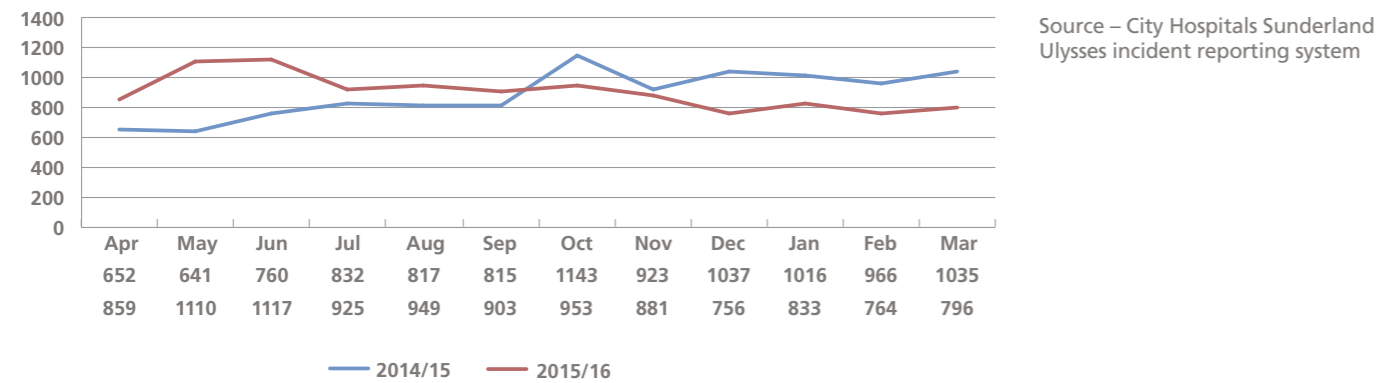
The comparative reporting rate summary shown below provides an overview of incidents reported by NHS organisations to the NRLS between 01 April 2015 and 30 September 2015 for acute (non-specialist) organisations. City Hospitals reported 7,547 incidents (rate of 74.52 per 1,000 bed days) during this period and was ranked second nationally (black bar on the chart) and comfortably within the top 25% of reporters. This is a significant improvement and achievement for the Trust in a national report covering 136 acute (non-specialist) organisations.

Position of City Hospitals Sunderland



Source – National Learning & Reporting System (report rate per 1,000 bed day) 1 April 2015 – 30 September 2015 (latest publication)

A near miss is an unplanned event that did not result in any injury, or damage to the patient, but had the potential to do so but was prevented from happening by the intervention/activities of staff, patients etc. This is sometimes referred to as a 'close call'. It is therefore very important for organisations to report this type of event so that measures can be put in place to prevent an actual incident from happening and causing some degree of harm. During 2015/16 the Trust's profile shows that staff are reporting large numbers of near miss events although they have dropped slightly in the second half of the year. This is due, in part, to reductions we have seen in data quality issues reported by staff because of improvements made within our electronic hospital information system. Furthermore, a reduction in incidents relating to the transfer of patients from the Emergency Department to our Integrated Admissions Unit has followed the introduction of our transfer team who have made positive changes to patient flow between the two areas.



During March 2016, a new national 'learning from mistakes league' was published where hospitals are ranked on their approach to openness and transparency. Information is sourced from the 2015 NHS staff survey and from the NRLS and includes scores based on the effectiveness of procedures for reporting errors, near misses and incidents and staff confidence in reporting unsafe clinical practice. City Hospitals Sunderland has been ranked nationally 43/230 and 3rd in the North East in the league table with a rating of a 'good' reporting culture which is a strong and creditable position. The League Table shows that 120 organisations were rated as outstanding or good, 78 had significant concerns and 32 had a poor reporting culture.

Count	Description	Category
18	Trusts were outstanding	Outstanding levels
102	Were good	Good
78	Gave cause for significant concern	Significant concerns
32	Had a poor reporting culture	Poor reporting culture

City Hospitals Sunderland NHS Foundation Trust

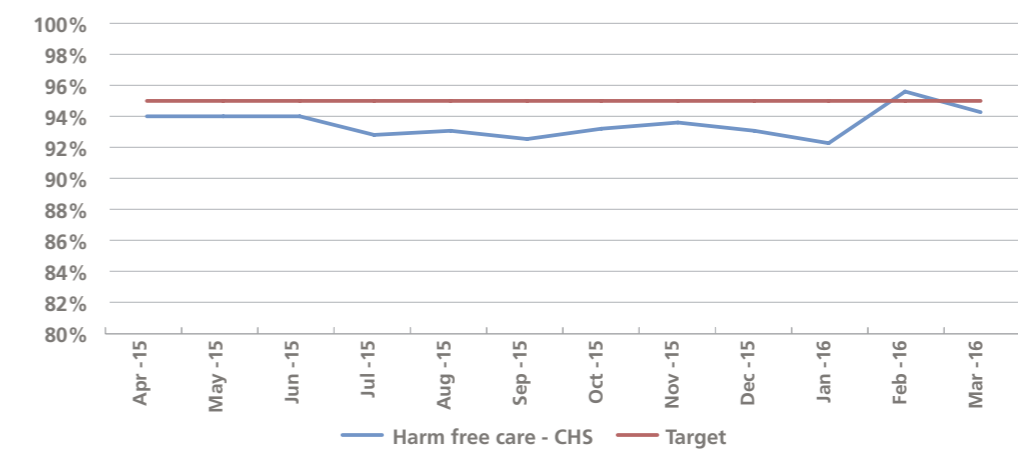
The Trust continued to promote its monthly 'Lessons Learnt' lunchtime seminars enabling staff to hear the experiences of those involved in investigating and learning from incidents.

2. ACHIEVE 95% OVERALL HARM FREE CARE FOR ALL ELEMENTS OF THE NHS SAFETY THERMOMETER

The NHS Safety Thermometer provides a 'temperature check' on patient harm and can be used alongside other measures of harm to assess progress in providing a care environment free of harm for patients. The Safety Thermometer measures the proportion of patients that are harm free from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism during a specific working day. The challenging target is to achieve 95% or above harm free care across the four measures of harm.

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Harm free care (%)	93.98	93.97	94.00	92.82	93.04	92.57	93.17	93.67	93.10	92.24	95.58	94.29

The results of the NHS Safety Thermometer survey for 2015/16 show performance slightly below the challenging target of 95%. In February 2016 we exceeded the target for the first time. However, the data still shows that more than 9 out of 10 patients receive harm free care at the Trust.



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

- Achieve 95% overall harm free care for all elements of the NHS Safety Thermometer. Harm free care is defined as absence of harm from: pressure ulcers (category II-IV, of any origin), falls, urine infection (in patients with a catheter) and new Venous Thromboembolism.

Clinical Effectiveness | 1. Review and monitoring of mortality

1. REVIEW AND MONITORING OF MORTALITY

- Targets:**
- a) National SHMI Indicator - to maintain Band 2 position during 2015/16.
 - b) Dr Foster HSMR measure - to have improved index compared to 2014/15.
 - c) CHKS RAMI measure - to have improved index compared to 2014/15.

Hospital mortality rates and how many people die in different hospitals, are not easy to compare. Simply knowing how many people died at each hospital would be misleading as hospitals see different numbers of patients and provide different services to patients with different levels of risk. For an individual hospital or Trust it is important to monitor a number of measures of mortality as collectively they can provide alerts about the quality of care provided in the organisation. However, although similar in approach, they differ in how they 'measure' mortality, i.e. which patients are included and which excluded in the calculation. Consequently each measure can produce slightly different results and may affect the eventual conclusion about mortality performance.

National mortality measures are risk adjusted which means that they try to take account of the patient's condition and the extent to which they are at risk of dying. They are calculated by estimating the risk of death for each patient with specific medical conditions and comparing the actual death rate in this group with the total estimated rate that can be expected from the predicted risks.

Mortality statistics are reported to the Board on a quarterly basis and include the main nationally defined measures; the summary hospital-level mortality indicator (SHMI) the hospital standardised mortality ratio (HSMR) and the risk adjusted mortality index (RAMI).

a) Summary Hospital-level Mortality Indicator (SHMI)

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

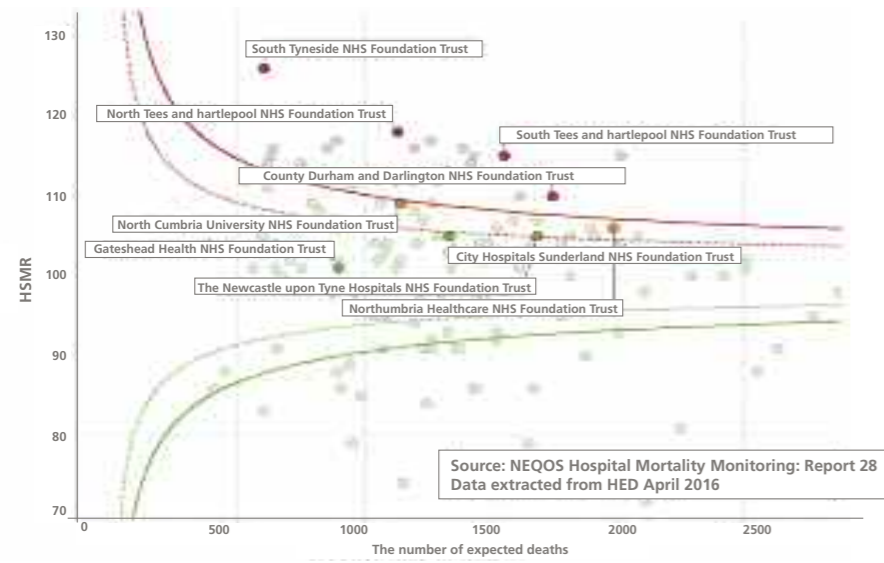
In order to avoid duplication, information about SHMI for 2015/16 is highlighted on page 76 - Part 2.3 Reporting against core indicators.

This section will therefore highlight progress with the other nationally recognised mortality measures.

b) Hospital Standardised Mortality Ratio (HSMR)

The HSMR is the Dr Foster mortality calculation based on a subset of diagnoses which give rise to 80% of in-hospital deaths. It compares the observed number of deaths for each hospital with the number expected from a statistical model which is more complex than that used for SHMI.

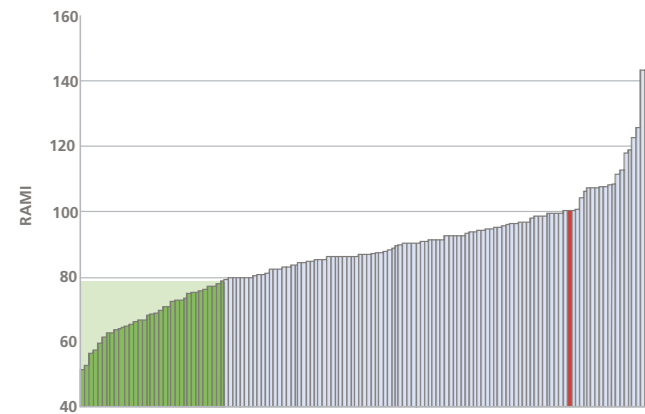
The funnel plot shows the HSMR for the full year period Jan to Dec 2015 (latest data available). City Hospitals is well placed within the 'curves' and the green status signifies strong performance using this measure, which has not always been the case in the past. This is a much better position than in 2014/15.



One of the key differences between the HSMR calculation and other mortality measures is the adjustment related to palliative care coding. Basically HSMR is sensitive to this coding whilst SHMI ignores it. Over the past two years, the Trust has worked very closely with clinicians to develop a better understanding of its application in cancer and non-cancer patients.

Source - Hospital Mortality Monitoring Report 28 (North East Quality Observatory System – April 2016)

c) Risk Adjusted Mortality Index (RAMI)



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

Using this measure, the chart shows a RAMI score of 100 meaning that the number of observed deaths in the Trust matched the expected number (red bar). However, a smaller proportion of Trusts had better RAMI scores with those in the green block in the top quartile.

Mortality Outlier Alert (Peripheral and visceral atherosclerosis)

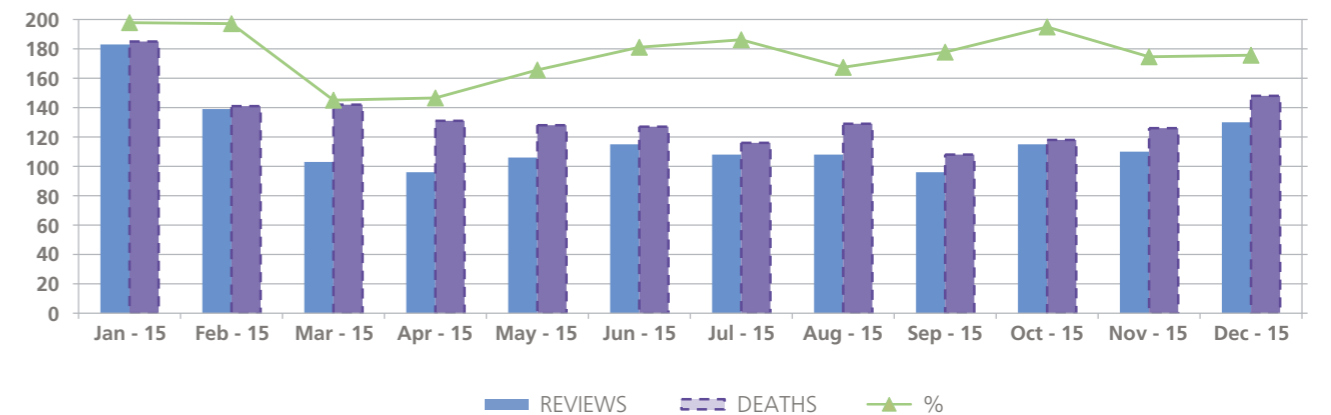
A mortality alert was issued by the Care Quality Commission in March 2015 for the vascular condition peripheral and visceral atherosclerosis (a condition leading to the formation of 'plaques' on the walls of blood vessels which can reduce blood flow to the organs it supplies). A full case note review of all the deaths highlighted in the period was undertaken by surgeons in the Trust with the outcomes presented to Clinical Governance Steering Group. The review concluded that there were no deaths that could have been prevented given the patient's condition and the presence of other complicating health issues. There were numerous examples of excellent clinical care, including appropriate escalation of care to more senior medical staff as the patient's condition deteriorated. Documentation was clear and appropriate around resuscitation discussions with the family and implementation of end-of-life supportive care. However, the review did highlight the need for more senior medical involvement in the completion of death certificates.

It was agreed to review mortality rates for this condition after 6 months and consider the outcomes from the Trust Mortality Review Panel. The Trust's HSMR following the alert period has now fallen caused by both a decrease in the number of actual deaths and an increase in predicted mortality. The increase in predicted mortality is probably due to more accurate coding of the patient's condition, i.e. recognition of co-morbidities. Information from the Mortality Review Panel shows that over 95% of deaths with the condition were 'definitely not preventable' using the national Hogan Preventability Scale and 85% of cases were judged to have had 'excellent' or 'good' quality of care using the Hogan Quality Scale. This provides important assurance for the Trust in the clinical management of these patients.

Mortality Review Panel

The Mortality Review Panel (MRP) is a weekly meeting of senior doctors and other clinical staff who critically review all in-hospital deaths. The meeting excludes consideration of child and maternal deaths as they already have their own statutory process. At the conclusion of each case review, the MRP provides a judgement on the preventability of death and whether there are improvements required in any clinical or organisational aspects of care. Some patient deaths are referred for specialty review and opinion regarding any failures or unexplained variability in care. Monthly reports on outcomes from the MRP are presented to Clinical Governance Steering Group and summarised for Governance Committee and the Board.

During 2015/16, the MRP has been able to consistently review a high proportion of in-hospital deaths which makes the Trust one of the most 'productive' review panels among hospitals in the regional mortality network. The chart below shows both the number of patient deaths and those that have been subject to review each month.



In July 2015 it was decided to strengthen the arrangements for feedback from specialty/departmental reviews. This is considered an important part of the review process in confirming (or otherwise challenging) the initial observations and judgements made by the Panel. The change has meant that every request for local review is now acted upon and the Panel receives a comprehensive response with a commitment to make changes, if required. The quality of the feedback received shows excellent clinical engagement and confidence in the whole mortality process. One of the developments for next year will be to introduce specialty / departmental mortality reports using the outcomes from the MRP process. These should be used to drive improvements through local clinical governance meetings.

What have we done during 2015/16?

- strengthened the governance arrangements, including specialty feedback, of the weekly review of in-hospital deaths so that common themes can be identified and lessons can be learnt to improve the quality and safety of our care;
- implemented quality improvements that might reasonably be expected to impact on mortality indicators. These include improving identification and management of deteriorating patients by implementing the electronic recording of early warning scores, identifying and managing patients with sepsis (which is part of CQUIN), improving the management of acute kidney injury and ongoing work to prevent injury from patient falls;
- participated in the Learning Disabilities Mortality Review pilot which was coordinated by North East and Cumbria Learning Disability Network. The aim is to identify factors which may have contributed to deaths of people with learning disabilities so that changes can be made to reduce the impact of these factors;
- commenced a regional project focusing on the care of patients with pneumonia (the largest group of deaths included in the SHMI in any acute hospital is patients with pneumonia) and sepsis. The outcomes data will enable the Trust to work on improving the diagnosis and treatment of these patients and may have an impact on their mortality profile. This project will continue during 2016/17;
- continued to participate fully in the Regional Mortality network and support the sharing of ideas and good practice;
- assessed our compliance with the new NHS Mortality Governance Guide and identified some changes that will enhance our mortality surveillance and reporting processes even more; and
- reviewed and improved our quarterly Mortality Report so that it aligns with the key themes identified within the national Mortality Governance Guide.

Patient Experience

1. Implement the priorities from the national 'Care of the Dying' Audit for Hospitals
2. Implement the Trust's Compassionate Care Strategy

1. IMPLEMENT THE PRIORITIES FROM THE NATIONAL 'CARE OF THE DYING' AUDIT FOR HOSPITALS

People are tending to live longer, often with a number of potentially life-shortening or debilitating conditions, and despite offering people the chance to die in the place of their choice a large proportion will continue to die in hospital. Around half of all deaths in England occur in hospitals. For this reason, a core responsibility of hospitals is to deliver high-quality care for patients in their final days of life and give appropriate support to their families, carers and those close to them.

The National Care of the Dying Audit for Hospitals (NCDHA) was set up to evaluate the level of care provided for patients who are dying. The process would allow clinical teams to reflect on current clinical practice, by measuring themselves against a 'national benchmark' of care during the last hours or days of life. The NCDHA results were published in 2014 and nationally the report found significant variations in care across hospitals in England. The audit showed that major improvements needed to be made to ensure better care for dying people, and better support for their families, carers, friends and those individuals important to them.

The Trust End of Life Steering Group has reviewed the findings for City Hospitals and responded with a local action plan to improve the care for dying patients and their relatives in the hospital setting.

Some of the developments and improvements that we have made during 2015/16 include:

- implementation of an interim arrangement for end of life documentation, within our electronic Meditech v6 clinical system. This replaces the Liverpool Care Pathway process;
- implementation of the new regional 'end of life document' has commenced and a full roll out is planned over 2016/17;
- introduced a new Trust-wide syringe driver prescription chart to ensure safer prescribing across the Trust. The plan is to roll this out as an electronic prescription in Meditech v6 over 2016/17;
- provision of extended training and education of staff in using the new documentation so that each patient's palliative care needs and wishes are clearly recorded and communicated;
- delivery of prognostication education for doctors – this helps doctors with estimating the timing of death so that patients can clarify their choices over future management of their illness and consider issues of 'preparation';
- communication and compassion module for nurses delivered by Sunderland University, using the Sage & Thyme model (this is a teaching package designed for all grades of staff on how to listen and respond to patients or carers who are distressed or concerned);
- use of '5 priorities' cards which act as an aide memoire for staff highlighting the priorities of care in the last few days of life;
- setting up a system for reviewing all complaints that highlight end of life care issues and those that are raised through the Help & Advice Service so that common themes can be identified and acted upon;
- working to provide quiet spaces within wards / departments appropriate to patient and family privacy and sensitive communication;
- putting plans in place to develop a quiet space / reflective garden adjacent to the chaplaincy utilising legacy monies which have been donated by a previous patient; and
- full participation in the 2015 National Care of the Dying in Hospital Audit.

The report from the second biennial national audit of care of the dying in hospitals in England was published in March 2016. The Trust End of Life Steering Group is reviewing the results for City Hospitals and will be presenting the findings at the Clinical Governance Steering Group. Action plans will be amended to include issues from the latest audit.

2. IMPLEMENT THE TRUST'S COMPASSIONATE CARE STRATEGY

The NHS has an unprecedented focus on quality following the failings of the Mid Staffordshire NHS Trust and the independent Inquiry by Robert Francis QC. In particular, the development of the national strategy Compassion in Care (6Cs – Compassion, Care, Commitment, Courage, Competence and Communication) and publication of subsequent national, regional and local implementation plans, has illustrated the priority given to this agenda and reinforced the message that 'compassionate care' is everybody's business in the NHS. The development of national initiatives such as the Friends and Family Test, the national complaints review (Clwyd and Hart, 2013) and the focus on the impact of staff morale on the quality of care, led the Trust to consider how best to raise the profile of compassionate care for patients and staff and how best to improve 'customer care'.

The development of a Compassionate Care - Customer Care Strategy for City Hospitals has provided the strategic direction to enable the Trust to support the delivery of its values and objectives. The strategy is aimed at all staff, including clinical and non-clinical, frontline and administrative staff. Its purpose is to make explicit the drive and commitment of the Trust to deliver high quality compassionate care/customer care. The successful delivery of the strategy has the potential to have a huge impact on delivering safe cost-effective care, enhancing patient and staff experience and driving the reputation of the Trust as a provider of high quality care. The strategy will continue to drive the culture change required to ensure patient and family/carer centred care is delivered in line with the Francis Inquiry recommendations.

The national strategy defines compassion as 'how care is given through relationships based on empathy, respect and dignity. It can also be described as intelligent kindness, and is central to how people perceive their care'. The Trust defines compassion in relation to the 6Cs enabling it to drive forward a number of actions which are meaningful for staff and patients.

This section outlines progress with our objectives to work together to show compassion to patients and to each other. Some of the initiatives and developments mentioned may be discussed in more detail elsewhere within the Quality Report:

City Hospitals Sunderland's objective in relation to "Compassion"

- assurance through the review of patient experience measures, such as the Friends and Family Test, complaints, staff survey and national patient surveys;
- embedding the theme of compassion and customer care through the Trust business planning and performance monitoring process (OGSM);

- developing a culture of staff engagement at local level e.g. through Ward Manager Forums, team brief meetings etc;
- recruitment of nursing and midwifery staff for values and attitudes linked to compassion;
- focusing on care of the older person with compassion and those with dementia (development of the Alexandra Unit for patients with dementia and delirium); and
- continued focus on developing end of life care in line with national policy.

City Hospitals Sunderland's objective in relation to "Care"

For City Hospitals the ambition was to make explicit the value of 'care' as part of our core business through the business planning process, and strategic developments. This is what we have achieved during 2015/16:

- further development of the 'Sunderland CARE Academy' which is a city-wide development involving key partners in care (the Trust, community services (South Tyneside Foundation Trust), mental health (Northumberland, Tyne and Wear NHS Foundation Trust), Sunderland Clinical Commissioning Group, Sunderland Council, Sunderland Carers Centre, Sunderland College, University of Sunderland, and the Foundation of Light which is the charitable arm of Sunderland Football Club, working with children and young people. The CARE Academy focus is on developing people, research and collaborative approaches to enhancing 'care' across the city. The hope is that with time it will attract care staff and resources to the city;
- a number of initiatives have developed over the past year with the support of the CARE Academy, including research projects/bids, Care Certificate development, a number of university accredited modules as part of continuing professional development, and the establishment of a pre-registration nursing programme as part of the new Sunderland School of Nursing;
- for the Trust, the ward quality dashboard is in place for monitoring at ward level a range of quality markers;
- compassionate and customer care has been built into a number of Trust training programmes e.g. Care certificate, Senior Nurse development programme (for ward and department managers); and
- roll out of "Intentional Rounding" – this is a systematic way of ensuring patients receive regular nursing care suited to their assessed needs. Patients feel more cared for as they 'know' when the nurse is coming to them. Following a number of pilots this process has been rolled out across inpatient wards.

City Hospitals Sunderland's objective in relation to "Commitment"

Through its values and high level objectives, City Hospitals has made a clear commitment to high quality, safe, compassionate care:

- continued working with the Carers Reference Group to ensure the views of carers are taken on board; and
- Trust commitment to compassionate care is built into the future revalidation process for nurses and is part of the Trust nursing and midwifery appraisal process. Revalidation for nurses and midwives goes live in 2016 and the Trust has implemented the systems to ensure that nurses and midwives are well prepared to revalidate through the development of an electronic CPD portfolio. This includes assessment and reflection on compassionate care.

City Hospitals Sunderland's objective in relation to "Courage"

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working. The commitment for the Trust is to ensure mechanisms are in place for staff to have the courage to raise concerns and to continue to drive an 'open' culture in which concerns are listened to, responded to and learned from:

- using existing structures/forums effectively e.g. continue walk rounds by the Chief Executive, Medical Director, Executive Director of Nursing and Quality; Senior Manager Forums, discussions with frontline staff, Council of Governors;
- ensuring there is feedback to staff/patients about concerns raised and actions taken e.g. in whistleblowing cases;
- maintaining the Duty of Candour and ensuring patients (and where appropriate relatives) are informed if something goes wrong and there is harm to a patient; and
- the Trust's Raising Concerns Policy has been updated to reflect the Freedom To Speak Up report (driven by Robert Francis QC).

City Hospitals Sunderland's objective in relation to "Competence"

One of the main aims of the Trust in delivering services for patients is to ensure that there are the right staff with the right competence to deliver the requirements of their roles. Some of the developments in this area for the Trust include:

- the nursing workforce assurance process and the methods to demonstrate compliance to national guidance has strengthened in the last 12 months. This will require further focus as national guidance changes. The implementation of NHS Professionals (an organisation that supplies temporary staff to the hospitals in the NHS) and the assurance systems associated with it has further strengthened the focus on quality of the nursing workforce;
- in relation to medical staffing, and the findings of the CQC regarding gaps, particularly in acute medicine, ongoing recruitment is in place. The Trust has complied with the guidance published by Monitor on agency staffing for medical staff; and
- mandatory training rates and appraisal rates are increasingly indicating engagement with training and development by staff.

City Hospitals Sunderland's objective in relation to "Communication"

Communication is the key to a good workplace with benefits for those in our care and staff alike. City Hospitals will articulate both internally and externally the engagement with the national compassionate care agenda and the focus on compassionate care/customer care through the Trust communication strategy:

- implementation of the Communications Strategy reflecting the compassionate care agenda with an internal communications (staff) and external communications (patient, public, commissioners, regulators) focus;
- formal opening of the Help and Advice Service (HAAS) at the Sunderland Royal Hospital, and strengthening of the complaints processes to give patients and carers interim feedback if there are delays in the response process; and
- aiming for improved scores on the Care Quality Commission national Adult In-Patient Survey for 'involving' patients and carers in their care.

Staff Experience

1. Improve the likelihood that staff would recommend the hospital to their family and friends
2. Ensure the appropriate number of medical staff, registered nurses and health care assistants on duty

1. IMPROVE THE LIKELIHOOD THAT STAFF WOULD RECOMMEND THE HOSPITAL TO THEIR FAMILY AND FRIENDS

Lessons learnt from the Mid Staffordshire (Francis) report highlighted that staff wellbeing can act as an early warning sign for the quality and safety of patient care. Evidence has shown that the extent to which staff would recommend their Trust as a place to work or receive treatment shows a high correlation with patient satisfaction. Therefore listening to the experiences of staff, as well as patients and their relatives, is important for improving the patient experience.

The Staff FFT consists of two questions through which organisations can take a ‘temperature check’ of how staff are feeling, by asking:

- how likely are you to recommend City Hospitals Sunderland to friends and family if they needed care or treatment?
- how likely are you to recommend City Hospitals Sunderland to friends and family as a place to work?

Participants respond to FFT using a response scale, ranging from “extremely unlikely” to “extremely likely”. In addition, the survey asks staff to provide comments on why they chose their answer to help the hospital to identify what it is getting right and where it can improve. Trust level results for each quarter are published nationally on NHS choices which allows for an element of benchmarking, but this should be interpreted with caution as Trusts do not apply the guidance in a consistent way, e.g. some Trusts survey only a sample of staff each quarter, and there is evidence of high scores with very low response rates.

Data for the two mandated questions is highlighted below:

Staff Friends & Family Test Question	Quarter 1		Quarter 2		Quarter 3*		Quarter 4	
	Trust score	National Average	Trust score	National Average	Trust score	National Average	Trust score	National Average
How likely would staff be to recommend their organisation to friends and family as a place to work (Number of staff responses)	71%	63%	69%	62%	N/A	N/A	69%	62%
How likely would staff be to recommend the Trust as a place for their friends and family to receive care and treatment (Number of staff responses)	81%	79%	81%	79%	N/A	N/A	82%	79%

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

2015/16	Average staff headcount	Responses	Rate	Quality Health Response rate
Quarter 1	5282	802	15%	12%
Quarter 2	5226	502	9.6%	7%
Quarter 3	*No survey is undertaken in Quarter 3 as it coincides with the annual NHS Staff Survey			
Quarter 4*	5099	553	10.8%	7%
Combined	15607	1857	11.8%	8.6%

Currently Trust level results are presented in the Quality, Risk & Assurance Report. The current methodology does not facilitate Directorate/staff group level results. Previous experience demonstrated that collation of results at a more detailed level was more expensive, time consuming, and of limited use in driving service improvement and that the national Staff Survey provides more tangible results on which to base any action plans.

2. ENSURE THE APPROPRIATE NUMBER OF MEDICAL STAFF, REGISTERED NURSES AND HEALTH CARE ASSISTANTS ON DUTY

We recognise that the availability of the right staff, in the right place, delivering the right care has a direct impact on the quality of care for our patients. All hospitals are now required to publish information about the number of nursing and midwifery staff working on each shift on each ward. In line with national requirements the Trust also carries out six-monthly reviews of nurse staffing. Examples of our internal processes for achieving appropriate, safe staffing, as well as initiatives to improve staffing levels include:

- shift by shift staffing information continuing to be displayed on boards at the entrance of each ward and updated on a daily basis;
- our Matrons closely monitoring staffing levels across all wards each shift, meeting to discuss at least three times per day, and walking the patch to assess levels of complexity;
- each ward having an agreed staffing level “trigger” which results in implementation of the Nurse Staffing Escalation Plan. In addition any concerns about staffing levels are escalated by ward staff to the Duty Matron, who will undertake a risk assessment and take mitigating action, which may include moving staff from other areas;
- in some wards where it has proved difficult to achieve the Registered Nurse fill rate, we have compensated for this in the short term by utilising additional Health Care Assistants especially over winter;
- in view of the current Registered Nurse vacancy position (which mirrors the problems of recruiting registered nurses nationally), we undertook nurse recruitment from overseas to supplement our ongoing local recruitment programme. The first cohort of nurses will hopefully join the Trust in July 2016, with further cohorts planned for September and December (subject to certificates of sponsorship being issued);
- the annual ceiling total nursing agency spend for City Hospitals has been set at 3% of our total nursing staff spend. Historically, nursing and midwifery agency spend within the Trust has been minimal. Agency spend for the year to date remains at 0%; and
- in partnership with the University of Sunderland, the Trust now offers a 3 year full time degree programme leading to registration with the Nursing & Midwifery Council. This will enable the Trust to grow its own registered nursing workforce as the majority of students will have a “home base” when on placement at City Hospitals.

Staffing information along with patient safety and patient experience data continues to be reviewed by the Trust through the Governance Committee. The Committee receives assurance that there are robust systems in place for nursing and midwifery staffing, including processes to ensure that there is sufficient staffing capacity to provide high quality care on a day to day and shift by shift basis.



Priorities for quality improvement 2016/17

National guidance continues to state that we group our priorities and plans under the three main quality headings; patient safety, clinical effectiveness and patient experience. In choosing our priorities for the forthcoming year, we have reviewed and reflected upon our performance in 2015/16, which has included the following national and local information sources:

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

In setting our quality priorities 2016/17, we have actively involved, consulted and taken account of the views from key stakeholders including senior managers, (i.e. Corporate Management Team, Executive Committee), from a range of clinical professionals, (i.e. Clinical Governance Steering Group) and from patient and public representatives, (i.e. Council of Governors). The final list of quality priorities were agreed by the Board of Directors in March 2016.

Each of the quality priorities for 2016/17 and proposed indicators for improvement are described below and overleaf including how each will be measured, monitored and reported.

Quality Priorities 2016/17

The table below sets out how our priorities will be measured, monitored and reported during 2016/17. For each priority a group has been given responsibility to oversee the development of key actions and the setting of relevant targets to drive improvements. They will provide an important mechanism for regular monitoring, review and reporting to key named governance groups. A summary of progress on performance in each priority will be presented to the Governance Committee, which is a formal sub-committee of the Board of Directors.

Patient safety		Measured by	Monitored by	Reporting to
Priorities for improvement				
1	Reduce the number of hospital acquired pressure ulcers	Open & Honest data	Tissue Viability Group	Clinical Governance Steering Group
<p>Reason why we chose this priority</p> <p>Pressure ulcers can occur in people who are unwell and immobile, but in many cases they are preventable and can be avoided through essential care undertaken by frontline staff, patients and their carers. They are categorised from one to four according to the level of severity and can result in patients suffering pain, discomfort and reduced mobility, and may increase their risk of acquiring complications such as infection and prolonged stays in hospital.</p> <p>The Trust has prioritised this area of practice for a number of years and has achieved some success in reducing hospital acquired pressure ulcers and their progression to more disabling ulcers. During 2015/16 we have continued to work with clinical teams to improve assessment and planning interventions to reduce the risk of pressure damage in patients identified as being at risk. However, we feel that further improvements are needed and can be made and by highlighting pressure ulcers as an ongoing Trust quality priority it will retain and enhance their profile among all those who are involved in their prevention and management.</p>				

Patient safety		Measured by	Monitored by	Reporting to
Indicators for improvement				
1	Improve the completion, documentation and visibility of 'Do Not Attempt Cardio Pulmonary Resuscitation' orders across the organisation	Internal reporting and audit	Resuscitation Group	Clinical Governance Steering Group
<p>Reason why we chose this indicator</p> <p>Cardiopulmonary resuscitation (CPR) is a treatment that may be attempted on any individual in whom cardiac or respiratory function ceases. Such events are inevitable as part of dying and thus, theoretically, CPR could be used on every individual prior to death. It is therefore essential to identify patients for whom cardiopulmonary arrest represents the terminal event in their illness and for whom CPR will fail and/or is inappropriate. It is also essential to identify those patients who would not want CPR to be attempted in the event of cardiac arrest and who competently refuse this treatment option. Some competent patients may wish to make an advance directive about treatment (such as CPR) that they would not wish to receive in some future circumstances. Such directives must be respected as long as the decisions are informed, current, made without coercion from others and clearly apply to the current clinical circumstance.</p> <p>The Trust has explicit guidance for clinical staff for ensuring that patients who are not to be resuscitated in the event of a cardiopulmonary arrest are clearly identified and that the decision is documented and communicated to all staff directly involved with the patient's care. That decision should also involve and be communicated to the patient's family and carers. However, information from our internal review and analysis of incidents and the outcomes from the Trust mortality review process suggest that improvements are needed around the completion and visibility of do not attempt CPR orders in wards. Getting the process right for these decisions are critically important to prevent inappropriate, undignified, futile and/or unwanted attempts at CPR which may cause significant distress to patients and their families.</p>				
2	Improve the reporting and investigation of hospital associated VTE events	Internal reporting and audit	Venous Thromboembolism Group	Clinical Governance Steering Group
<p>Reason why we chose this indicator</p> <p>Venous Thromboembolism (VTE) or blood clots is a significant cause of mortality, long-term disability and chronic ill-health problems for patients, many of which are avoidable and its prevention is now a key priority for the NHS. More than half the cases of VTE are attributable to hospitalisation and a large proportion of these are potentially preventable. National guidance has made a number of recommendations on assessing and reducing the risk of VTE in patients admitted to hospital.</p> <p>The Government has set a target of 95% for all hospitals to have systems in place to ensure that all patients (with some exclusions) are risk assessed for VTE. Information for City Hospitals shows that we are currently achieving that target. Nonetheless some patients do still develop a VTE in hospital and for these patients it is important that we investigate why it happened and to identify if there are any lessons to be learnt so that it can help improve our assessment and preventative practices. The structured investigation is known as a 'root cause analysis' (RCA) and we intend to strengthen the process for undertaking RCA of every case of hospital associated VTE ensuring that the outcomes of the process are shared widely across the organisation.</p>				
3	Reduce the number of patient falls that result in serious harm	Internal incident reporting system	Falls Group	Clinical Governance Steering Group
<p>Reason why we chose this indicator</p> <p>We know that patients fall whilst they are in our care and a small number suffer harm as a consequence. This is the most common harm that is reported by NHS Trusts. We have identified this as a priority for a number of years and have reported many improvements and developments in our approach into how we assess and manage those patients most vulnerable to falling.</p> <p>We know that we require a wholesale cultural change to embed many of the elements of how we effectively prevent and manage falls, and this takes time. That is why the prevention of falls will remain a quality priority as well as being part of our high-profile safety improvement plan.</p>				

Clinical effectiveness		Measured by	Monitored by	Reporting to
Priorities for improvement				
1	Review Trust mortality and minimise avoidable deaths	Outcomes from the Mortality Review Panel	Mortality Review Group	Clinical Governance Steering Group
<p>Reason why we chose this priority</p> <p>The Trust has set up a Strategic Mortality Review Group and a weekly Mortality Review Panel (more details in section 3 of the report) to review the clinical and organisational care of all patients who have died in our care so that we can learn any lessons. Some deaths will be inevitable despite medical advances and excellence in care, but we will continue to review deaths in a structured way so that we can make improvements to our clinical processes where necessary.</p> <p>2016/17 will herald the introduction of the first ever national mortality case record review programme. The aim will be to implement a standardised way of reviewing the case records of adults who have died in acute hospitals. In addition it will contribute to our understanding and learning about problems in care that may have contributed to a patient's death. Our experiences and expertise in developing our local review process will stand us in good stead for the emerging national model. In addition we will continue to participate in the Learning Disability Mortality Review Programme to improve the standard and quality of care for people with learning disabilities.</p>				
Indicators for improvement				
1	Improve the process of fluid management and documentation	Local clinical audit	Nutrition Group	Clinical Governance Steering Group
<p>Reason why we chose this indicator</p> <p>Fluid balance is an essential tool in determining hydration status. Recording intake and output tends to be one of the key activities undertaken at the bedside and is used in conjunction with the recording of vital signs and certain laboratory reports to set required fluid intake levels. Accuracy in recording fluid intake and output is vital to the overall management of certain patient groups and facilitates the assessment and evaluation of the patient's condition. However, recordings on fluid balance charts are often being inadequately and inaccurately completed. In addition, data on fluid balance charts, even if accurately recorded, must be checked on a regular basis if trends which give cause for concern are to be identified early and escalated appropriately.</p> <p>The quality inspection in 2014 by the Care Quality Commission found that the standard of some of our fluid balance recordings could be improved. We identified this as a quality priority and last year we were able to show through assurance audits and staff observations that fluid balance charts were more complete and accurate. We want to continue to raise the profile of this important area of practice and have decided to retain this priority in 2016/17.</p>				
2	Improve the assessment and management of patients with sepsis	National Unify reporting system	Sepsis Group	Clinical Governance Steering Group
<p>Reason why we chose this indicator</p> <p>The care of patients with the serious infection 'sepsis' continues to be identified as a priority in the national quality scheme (CQUIN) for 2016/17. We know that poor initial assessment and delays in treatment can have an impact on harm and mortality. The aim of the scheme is to develop and implement protocols for screening for sepsis within emergency departments, medical and surgical admission units and in-patient wards. This includes adults and children where sepsis screening is deemed clinically appropriate. The focus is then to ensure that intravenous antibiotic treatment is initiated quickly in those with the most severe forms of sepsis. There are challenging national targets to achieve in both emergency and in-hospital ward areas for adults and children and we will work to further develop systems for ensuring that patients with sepsis presentations are appropriately assessed and given treatment in a timely way.</p>				

Clinical effectiveness		Measured by	Monitored by	Reporting to
Indicators for improvement				
3	Reduction in the number of avoidable (predictable) cardiac arrests	National Cardiac Arrest Audit	Deteriorating Patient Group / Resuscitation Group	Clinical Governance Steering Group
<p>Reason why we chose this indicator</p> <p>Hospitals are increasingly faced with the challenge of providing medical and surgical care to the very ill and an ageing population with multiple co-morbidities. Sometimes, the condition of these patients will deteriorate and it is important that staff recognise the sequence of events leading to this change and act to summon senior medical help quickly. The Trust uses the national early warning score system (NEWS) to help identify patients whose health may suddenly become worse. Incidents reported by staff and information from audit and review of mortality cases have sometimes shown that patient observations were not always recorded in a timely manner and that, on occasion, patients early warning scores were not acted upon in time to prevent further deterioration and cardiac arrest.</p> <p>Nationally it has been shown that two thirds of all cardiac arrests are predictable events. A recent review into deaths across England (National Confidential Enquiries into Patient Outcomes and Death – Time to Intervene?) showed there was often a failure to assess, recognise and respond adequately to those patients whose condition deteriorates. The report's main conclusions were that care should be focused on preventing cardiac arrests, through appropriate management of acutely ill people to maximise their chance of recovery.</p> <p>This priority will focus on improving Trust implementation of NEWS and management of the deteriorating patient through related clinical work streams, i.e. management of sepsis. One of the key markers of improvement will be the reduction of avoidable cardiac arrests from data provided through participation in the national cardiac arrest audit.</p>				

Patient Experience		Measured by	Monitored by	Reporting to
Priorities for improvement				
1	Improve the in-hospital management of patients with dementia and collaborate on integrated pathways	Local action plan	Dementia Group	Patient, Carer and Public Experience Committee
<p>Reason why we chose this priority</p> <p>An ageing population means increasing numbers of people with dementia in society. Evidence shows that a significant proportion of general hospital in-patients are people with dementia. What happens in general hospitals can have a profound and permanent effect on individuals with dementia and their families, not only in terms of their in-patient experience, but also their ongoing functioning, relationships, wellbeing, quality of life and the fundamental decisions that are made about their future.</p> <p>For someone who is frail, vulnerable or has dementia, who may be on the edge of his or her limits of coping at home in a familiar environment, who is seeing the same people and doing the same things each day, the effect of going into hospital can be overwhelming. In addition, the pace in acute hospitals places high demands on staff and, in these environments, their priority is monitoring and managing the acute needs of all the patients in the unit which can sometimes compromise the extended time often required for dementia patients.</p> <p>The National Audit of Dementia Care in General Hospitals assesses the extent to which hospitals providing acute inpatient services meet certain standards relating to care delivery for people admitted to hospital with dementia. In 2016 the audit begins its third round and will enable Trusts to review how they have progressed against the national standards since it first started in 2010. It is important for City Hospitals to acknowledge the specific care needs of patients with dementia and their families and that is why it will remain a priority for the organisation this year. The scope and pace of improvements will continue to be overseen by our Dementia Group.</p>				

Patient Experience		Measured by	Monitored by	Reporting to
Indicators for improvement				
1	Reducing cancellations of outpatient consultations	Internal performance data	Service Improvement / Performance	Operations Committee
<p>Reason why we chose this indicator</p> <p>This area of improvement was highlighted by our Council of Governors. Internal performance data shows that the Trust was cancelling a significant number of outpatient appointments. Patient feedback showed the widespread dissatisfaction this caused and the impact and reputation this would have on the Trust. This issue had already been acknowledged through another of the Trust's projects looking to reduce the impact on patients of cancellations which are of no clinical benefit. The Trust aims to reduce the number of outpatient cancellations by 10% during 2016/17.</p>				
2	Improve the timeliness of responses to patient complaints	Internal performance data	Directorates Help & Advice Service	Patient, Carer and Public Experience Committee
<p>Reason why we chose this indicator</p> <p>Patient complaints provide a valuable source of insight into problems within our hospital. They are sensitive to, and able to recognise, issues that may not always be identified through more formal monitoring, such as incident reporting systems and case note reviews. Thus, patient complaints can provide important additional information to hospitals on how to improve quality and patient safety.</p> <p>City Hospitals provides a comprehensive range of services for thousands of people every day and we know we get it right most of the time. But sometimes things do go wrong and when this happens and patients tell us about it, how we respond determines whether confidence and trust in the service has been restored. A key part of the complaints process is the timeliness of response to patients and their families. The Trust has experienced some difficulties, for certain patients, in providing a formal response within timescales and in informing them about the outcomes of investigations following their complaint. We know that delays cause frustrations and anger among families and therefore we need to improve our turnaround times for providing a full response, including a commitment to learning from mistakes.</p>				
3	Inpatients who rated their care at City Hospitals as excellent, very good or good (Inpatient Survey)	National Inpatient Survey	Patient Experience/Clinical Governance	Patient, Carer and Public Experience Committee
<p>Reason why we chose this indicator</p> <p>The survey of adult inpatients is now well established in the NHS and is widely emulated in other countries around the world. The aim of the survey is to understand more about the patient experience whilst in hospital and to identify areas where we can make further improvements. The Quality Report has previously shown where we have changed and improved services as a result of survey data. One of the concluding questions in the survey is about the patients overall rating of their stay in hospital. We want to increase the percentage of patients who rate their care at the Trust as excellent, very good or good so that we achieve one of the highest composite scores in the North East.</p>				

Staff Experience	Measured by	Monitored by	Reporting to	
Priorities for improvement				
1	Increase the number of staff participating in the Staff Friends & Family Test (FFT)	Staff Friends & Family Test scores	Nursing & Quality	Patient, Carer and Public Experience Committee
Reason why we chose this priority				
From April 2014 all staff have had the opportunity to feed back their views on working in City Hospitals at least once per year. The aim is to help promote a big cultural shift in the NHS where the experiences of staff are increasingly being sought, heard and are acted upon. We want to increase the number of staff who engage in the survey and furthermore we want to utilise any additional comments so that we can target our actions to improve the workplace and achieve a better work-life balance.				

PART 2.2 STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

REVIEW OF SERVICES

During 2015/16 City Hospitals Sunderland provided and/ or sub-contracted 40 relevant health services.

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

The income generated by the relevant health services reviewed in 2015/16 represents 100% of the total income generated from the provision of relevant health services by City Hospitals Sunderland for 2015/16.

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

The Board of Directors and the Executive Committee review the Service Report and dashboards monthly. There is a Quality Risk and Assurance Report presented monthly to the Board of Directors from the Governance Committee to provide further assurance from external sources such as the Care Quality Commission's Intelligent Monitoring Report, nationally reported mortality and outcomes data, information from our CHKS clinical benchmarking system, the results of national audits and external inspections, data from the NRLS, complaints, inquests and information from the Parliamentary and Health Service Ombudsman, the Trust Assurance Programme and patient experience data such as the Friends and Family Test and Real Time Feedback, etc. The Governance Committee therefore provides assurance upon the adequacy and effectiveness of risk management and integrated governance within the organisation.

Participation in Clinical Audit and the National Confidential Enquiries

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

Participation in relevant national clinical audits and national confidential enquiries (a form of national audit) is now required by the NHS England Standard Contract and Care Quality Commission guidance.

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

(<http://www.hqip.org.uk/national-clinical-audits-for-inclusion-in-quality-accounts/>)

During 2015/16, 39 national clinical audits and 4 national confidential enquiries covered relevant health services that City Hospitals Sunderland provides.

During that period City Hospitals Sunderland participated in 90% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.



The national clinical audits and national confidential enquiries that City Hospitals Sunderland was eligible to participate in during 2015/16 are as follows: (see table below and opposite).

The national clinical audits and national confidential enquiries that City Hospitals Sunderland participated in during 2015/16 are as follows: (see table below and opposite).

The national clinical audits and national confidential enquiries that City Hospitals Sunderland participated in, and for which data collection was completed during 2015/16, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits and National Confidential Enquiries 2015/16

National Clinical Audits	Eligible	Participation	Comment
Older People			
Falls and fragility fractures audit programme including:			
- National hip fracture database	✓	✓	437 cases (100%)
- Fracture liaison service database	✓	✓	Data collection only started in February 2016
- National inpatient falls audit	✓	✓	Compliant with study criteria. 30 clinical cases submitted (100%) and Organisational proforma
Sentinel stroke national audit programme (SSNAP)	✓	✓	Continuous data collection
Women and Children's Health			
Neonatal intensive and special care (NNAP)	✓	✓	345 cases
Paediatric asthma	✓	✓	Compliant with study criteria 42/48 cases (88%)
Paediatric diabetes	✓	✓	100% (submission in July 2016)
Paediatric intensive care (PICANeT)	N/A	N/A	
UK cystic fibrosis registry - paediatric	N/A	N/A	Regional Centre Royal Victoria Infirmary
Vital signs in children (CEM)	✓	✓	Compliant with study criteria. 50 clinical cases submitted (100%)
Acute Care			
Adult critical care (Case mix programme)	✓	✓	905 cases (100%)
Emergency use of oxygen	✓	✓	Compliant with study criteria. Ward data and Organisational proforma submitted
National complicated diverticulitis audit	✓	✓	Compliant with study criteria 3 month cohort
National emergency laparotomy audit	✓	✓	164 cases (100%)
National joint registry	✓	✓	958 cases (89%)
Procedural sedation (CEM)	✓	✓	Compliant with study criteria. 100 clinical cases submitted (100 %)
Severe trauma (Trauma audit and research network)	✓	✓	377/388 cases (97%)
VTE in patients with lower limb immobilisation (CEM) ¹	✓	✗	

National Clinical Audits	Eligible	Participation	Comment
Cancer			
Bowel cancer (NBOCAP)	✓	✓	Continuous data collection (180 cases, estimate > 90%)
Head and neck cancer (DAHNO)	✓	✓	Continuous data collection (122 cases, estimate > 90%)
Lung cancer (NLCA)	✓	✓	Continuous data collection (337 cases, estimate > 90%)
Oesophago-gastric cancer (NAOGC)	✓	✓	Continuous data collection (76 cases, estimate > 90%)
Prostate cancer	✓	✓	Continuous data collection (547 cases, estimate > 90%)
Long term conditions			
Chronic kidney disease in primary care ²	✗	✗	
Inflammatory bowel disease – IBD registry ³	✗	✗	
National chronic obstructive pulmonary disease audit programme - pulmonary rehabilitation	N/A	N/A	
National diabetes audit programme including:			
- Adult diabetes audit	✓	✓	Data to be submitted in July 2016 for 15/16 Snapshot audit (107 cases submitted) Data currently not available 100%
- National diabetes in patients audit	✓	✓	
- National foot care audit	✓	✓	
- National pregnancy in diabetes audit	✓	✓	
National ophthalmology audit - cataract ⁴	✓	✗	
Renal replacement therapy (Renal Registry)	✓	✓	601 cases
UK cystic fibrosis registry – adult	N/A	N/A	Regional centre Royal Victoria Infirmary
UK Parkinson's audit			
- Allied health professionals ⁵	✓	✗	Compliant with study criteria. 60 clinical cases submitted (100%)
- Elderly care and neurology	✓	✓	
Rheumatoid and early inflammatory arthritis	✓	✓	84 cases recruited at baseline

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

² Not able to participate due to Incompatible information systems

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

⁴ Currently not contributing data, issues with software compatibility

⁵ Not able to participate this year because of time constraints and staffing



National Clinical Audits	Eligible	Participation	Comment
Heart			
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	Continuous data collection
Adult cardiac surgery audit (adult)	N/A	N/A	
Cardiac rhythm management	✓	✓	256 cases (100%)
Congenital heart surgery (paediatric and adult cardiac surgery)	N/A	N/A	
Coronary angioplasty/national audit of PCI	✓	✓	638 cases (100%)
Heart failure	✓	✓	438 cases (65%)
National cardiac arrest audit	✓	✓	139 cases (no case requirement outlined by audit provider)
National vascular registry	✓	✓	201 cases (100%)
Pulmonary hypertension	N/A	N/A	
Mental health			
Prescribing observatory for mental health	N/A	N/A	
Blood and transplant			
National comparative audit of blood transfusion programme including: - Use of blood in haematology - Blood management in scheduled surgery	✓ ✓	✓ ✓	52 cases (100%) 23 cases (100%)
Other			
Elective surgery (National patient reported outcome programme)	✓	✓	1,638 eligible patients for all 4 elective procedures. Pre-operative questionnaires completed 891(54.4%)/ post-operative questionnaires returned 352 (54.1%) (period covered April to December 2015)
National audit of intermediate care	N/A	N/A	
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)			
NCEPOD Acute Pancreatitis	✓	✓	5 cases / 5 returned (100%)
NCEPOD Sepsis	✓	✓	5 cases / 5 returned (100%)
NCEPOD Gastrointestinal Haemorrhage	✓	✓	4 cases / 4 returned (100%)
NCEPOD Mental Health	✓	✓	5 cases / 5 returned (100%)

Source: Quality Accounts Resource 2010-2016 (Healthcare Quality Improvement Partnership)



Clinical Outcome Review Programmes (previously known as the National Confidential Enquiries)

The Clinical Outcome Review Programmes are designed to help assess the quality of healthcare by examining the way patients are treated in order to identify ways to improve the quality of care. The programmes aim to complement and contribute to the work of other agencies such as the Care Quality Commission, NICE and the Royal Colleges with the aim of supporting changes that can help improve the quality and safety of healthcare.

The review programmes include the following:

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

Child Health Outcome Review Programme

The Trust provides information to the national enquiries for all relevant topics to City Hospitals. The current focus within this programme is on chronic neurodisability and adolescent mental health (not relevant to City Hospitals).

National Confidential Enquiry into Patient Outcome and Death

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is concerned with maintaining and improving standards of medical and surgical care. During 2015/16 City Hospitals was eligible to enter data into 4 NCEPOD studies. The tables below provide a summary of our participation.

Cases included	Cases excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites participating	Organisational Q returned*
Acute Pancreatitis - refers to inflammation of the pancreas, an organ that lies in the abdomen, which produces digestive juices and certain hormones, including insulin							
5	0	5	0	5	0	1	1
Sepsis - is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs							
5	1	5	0	5	0	2	2
Gastrointestinal Haemorrhage – is all forms of bleeding in the gastrointestinal tract, from the mouth to the rectum							
4	1	4	1	4	1	1	1
Mental Health** – reviews the quality of mental health and physical health care provided to patients with a significant mental disorder who are admitted to a general hospital							
5	2	5	2	5	1	2	0

*Number of questionnaires/case notes returned including blank returns with a valid reason, questionnaires marked "not applicable", and case notes missing with a valid reason.

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



Confidential Maternal and Child Health Enquiries

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

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

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

National clinical audits

The reports of 13 national clinical audits were reviewed by the provider in 2015/16 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided. These were presented to Clinical Governance Steering Group although the reports of all national audits are reviewed through local clinical governance arrangements.

Audit title	Good outcomes / Actions taken
National Audit of rheumatoid and early arthritis	<ul style="list-style-type: none"> • results from the first clinical audit report for the Trust show a variable set of scores when assessing compliance against key quality standards; • the specialty has started a consultant led early arthritis clinic which will triage patients to increase the number of patients seen within 3 weeks of referral. This was planned prior to the audit results; and • the nurse led early arthritis clinic has been re-developed to carry out DMARD (disease modifying anti-rheumatic drugs) education sooner in an attempt to improve DAS (disease activity scores) and patient outcomes.
National audit of inpatient falls	<ul style="list-style-type: none"> • City Hospitals performed well in the audit when compared both nationally and regionally; • a main strength is having the patient falls risk assessment document embedded within Meditech V6 linked to preventative interventions; • the Trust has a Specialist Falls Nurse who is able to provide expert advice to ward staff caring for patients most at risk of falling; • the Trust has falls training as an integral part of the Health Care Assistant programme; and • the main areas for further improvement are with written communication on falls and revising our Trust Falls Policy to link to other relevant documents e.g. the Trust Delirium Policy.
Chronic Obstructive Pulmonary Disease (COPD) - exacerbations admitted to acute units	<ul style="list-style-type: none"> • the Trust achieved an aggregated score of 40 out of a possible 51 against national best practice standards for COPD management. This puts the Trust in the upper quartile of scores; • the audit highlights some improvements in the admissions processes and the availability of early / supported discharge services for patients going home; • mortality for this clinical group is in line with national trends; and • some of the current improvement work for the specialty is being focused on improved oxygen prescribing and the need to document ceilings of care (any limitations to the patient's care on a case by case basis).

Audit title	Good outcomes / Actions taken
National hip fracture database	<ul style="list-style-type: none"> • the aim of the database is to improve the delivery of care for patients having falls or sustaining hip fracture; • the Trust was in the top range of scores for timely admission of patients to a specialist orthopaedic ward, patients having their surgery on the day or day after admission and the patient's pressure ulcer status being documented; • no measures of standards were in the bottom range of scores; and • a previous report showed that the Trust had a re-operation rate of 3% versus the national rate of 1.5%. A local clinical audit was undertaken and changes in practice were made which included a change of antibiotics used in the cement fixative for the hip joint. The current report now shows we have a better re-operation rate of 0.8% compared to the national rate of 1.1%.
National Neonatal Audit (2015)	<ul style="list-style-type: none"> • the aim of the audit is to assess whether babies admitted to neonatal units receive consistent care against key national quality standards; and • the audit shows evidence of strong clinical and quality performance in areas such as the recording of neonatal temperature (high level of vigilance for hypothermia), use of antenatal steroids, retinopathy screening (a complication with the potential to cause visual loss or blindness), and consultation with parents.
National Emergency Laparotomy Audit (NELA) (high risk emergency surgery)	<ul style="list-style-type: none"> • first report from NELA about the care given to patients having emergency bowel surgery; • City Hospitals is one of the best performing Trusts in the region with the highest proportion of green ratings in the processes of care category; • some areas, such as increasing access to critical care for the highest risk patients and the availability of joint multidisciplinary meetings (between Surgeons, Intensivists and Anaesthetists), are already in place; • work is ongoing to review multidisciplinary care pathways that involve the Emergency Department and Radiology; and • further work is required to address other recommendations such as system wide improvements in sepsis assessment and management.

Local clinical audit

The reports of 159 local clinical audits were reviewed by the provider in 2015/16 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided.

Audit title	Good outcomes / Actions taken
Care of the Elderly Audit of Parkinson's Disease Medication	<ul style="list-style-type: none"> following an audit of Parkinson's patients and their medication regimes, for those patients who consented, a 'get it on time' wristband was introduced as a reminder to administer medications at the prescribed time. Following further audit, the wristbands may be rolled out to other wards with the relevant accompanying education strategies.
Obstetrics & Gynaecology Management of Decreased Fetal Movements	<ul style="list-style-type: none"> following an audit assessing the process of management and outcomes for women experiencing decreased fetal movements, documentation has been changed and is now completed electronically to enable a personalised plan to be put in place.
Ears, Nose & Throat (ENT) - Day case tonsillectomy	<ul style="list-style-type: none"> historically day case rates for tonsillectomy cases in the Trust were low and needed to be improved; following the implementation of a 'Tonsils super list', audit data shows; <ul style="list-style-type: none"> - day case rate increased from 40.9% to 100% for super list cases - reduction of average surgical time from 23.4 +/- 5.0 to 11.3 +/- 1.6 minutes The audit showed that Tonsillectomies can be streamlined to improve day case rates and efficient patient throughput.

Research and Innovation

City Hospitals Sunderland is committed to providing quality healthcare by ensuring that first class clinical services are seamlessly integrated with Research and Innovation in line with the Department of Health's 'Improving the Health and Wealth of the Nation' agenda. The Research and Innovation (R&I) department is very keen to promote research activity across the Trust as there is clear evidence that research active organisations have improved clinical outcomes overall compared to those that are not research active.

It has been another successful year for the R&I department delivering the National Institute for Health Research (NIHR) Portfolio. This is our main workload in that the majority of these trials are based in other centres in the UK or indeed abroad with an appointed Principal Investigator being the clinician at City Hospitals with overall responsibility for running the trial locally. We are now developing our own Chief Investigators, with City Hospitals being the trial centre for our own research. Mr David Steel is Chief Investigator for four studies, one of which is commercially sponsored. Obstetrics and Gynaecology have Chief Investigators and have successfully recruited to a still birth study and are currently working collaboratively with Anaesthetics recruiting into a further study. The Speech and Language Department is another active area where Dr Joanne Patterson has the role of Chief Investigator on some studies. All this requires successful application for external peer reviewed grant funding. The R&I department works closely with the University of Sunderland and other external bodies in developing our own joint research projects in order to secure external funding. We also continue to support student based research and several non-portfolio trials.

The number of patients receiving relevant health services provided or sub-contracted by City Hospitals Sunderland in 2015/16 that were recruited during that period to participate in research approved by a Research Ethics Committee was 1,725. The recruitment target set for the Trust in 2015/16 was 1,430 so that we exceeded this threshold by 295.

There are currently 246 research studies approved by the Health Research Authority (National Research Ethics Committee) registered at City Hospitals Sunderland, 18 of which are industry sponsored studies recruiting 118 participants of the total 1,725. The increase in the number of participants has enabled R&I to achieve number one of the NIHR High Level Objectives. We continue to meet the NIHR objective of approving 80% of studies within 30 days. We are closely performance managed by the NE&N Cumbria Local Clinical Research Network (LCRN) and our success in delivering the commercial portfolio to 'time and target' was rewarded with the allocation of additional Central Research Capability Funding monies for 2015/16.

City Hospitals Sunderland is a member of the North East North Cumbria (NENC) local clinical research network. There are six clinical delivery divisions, each encompassing the various specialties as follows:

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

Mr Kim Hinshaw is Clinical Research Lead for Division 3 and is a member of the NENC LCRN Executive. A number of our consultants are appointed to Specialty Lead roles within the Divisions: Mrs Deepali Varma is Specialty Lead for Ophthalmology, Dr Peter Carey is Specialty Lead for Diabetes, Dr David Coady is Deputy Specialty Lead for Musculoskeletal and Dr Yitka Graham is Specialty Lead for Health Services and Delivery Research. Mr Neil Jennings has recently been appointed into the role of Surgery (Endocrine and Upper GI) Sub Specialty lead to champion and enhance the surgery portfolio.

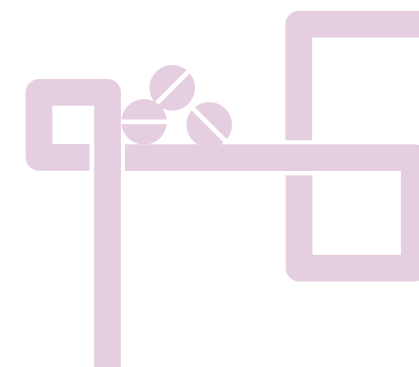
City Hospitals Sunderland has a balanced portfolio across specialties, with research in new clinical areas such as Trauma and Orthopaedics, currently recruiting into three studies. Two consultants, Dr Niall Mullen (Consultant Paediatrician Emergency Medicine) and Dr Madhuri Dasarathi (Consultant Paediatrician) were awarded NENC 'greenshoots' research sessions to help open up clinical research in their clinical areas. These build on the success of other consultants who received awards last year. The 'greenshoots' initiative has been rewarded with further research funding for 2016/17. Several colleagues across the Trust share the 14.70 research PA sessions awarded by the NENC LCRN.

The Research department has grown to incorporate Innovation. Charlotte Fox, Innovation Manager, commenced in post in June 2015 coinciding with the appointment of an Innovation Administrative Assistant. The department is in the process of developing a functional Trust-wide Research and Innovation Strategy.

The R&I department works closely and collaboratively with the North East North Cumbria Academic Health Sciences Network (NENC AHSN) and Innovations North to facilitate and manage new innovative ideas generated within the Trust. We have four 'Innovation Scouts' funded by the AHSN whose role it is to identify innovative ideas across all areas of CHS including; nursing and midwifery (Ms Helen Nesbitt, Practice Development Nurse), allied health professionals (Ms Ruth Rayner, SALT Head of Service), medical and dental (Dr Dave Bramley, Consultant in Emergency Department) and support services (Ms Claire Dodds, Hotel Services Manager).

The Trust has a strong research culture and the department continues to initiate a number of multi-disciplinary research seminars, also linking in with the University of Sunderland. The links between City Hospitals, the University of Sunderland and the NENC AHSN are well established. The Trust is developing several research projects in collaboration with the University especially in the areas of Bariatrics, Cardiology and Point of Care Testing.

The R&I department continues to develop further links with local industry (SMEs = Small & Medium-sized Enterprises) who are keen to work closely with the Trust in research, development and testing of new devices. Sunderland Eye Infirmary recently facilitated the Cleopatra trial which is trialling the novel Noctura 400 sleep mask developed by local company Polyphotonix Medical Ltd. The trial involves evaluating the clinical efficacy and safety of the mask for patients being treating for early diabetic macular oedema (condition in which there is an accumulation of fluid in the part of the retina that controls our most detailed vision abilities).





The photograph was taken at an event on the 20th May 2015, 'An insight into Ophthalmic Research'. The event was organised for patients by the Northeast and North Cumbria Clinical Research Network in conjunction with Sunderland Eye Infirmary to recognise patient participation and raise awareness towards Eye Research.

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

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

A proportion of City Hospitals Sunderland's income in 2015/16 was conditional upon achieving quality improvement and innovation goals agreed between City Hospitals Sunderland and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2015/16 and for the following 12 month period are available electronically at www.chsft.nhs.uk.

For 2015/16, approximately £6.32m of income (£6.41m in 2014/15) was conditional upon achieving quality improvement and innovation goals through the CQUIN framework. The Trust achieved the majority of these quality goals and has received a monetary total of £5.84m (92 %) (£6.41m in 2014/15) for the associated payment in 2015/16 relating to delivery of these schemes.

The full CQUIN scheme 2015/16 and where we have achieved our targets are highlighted below:

No	Clinical Topic	Indicator	Priority	Achievement*
1	Acute kidney infection (AKI)	The percentage of patients with AKI treated in an acute hospital whose discharge summary includes each of four key items: <ul style="list-style-type: none"> stage of AKI (a key aspect of AKI diagnosis) 	National	Full achievement
		<ul style="list-style-type: none"> evidence of medicines review having been undertaken (a key aspect of AKI treatment) 		Full achievement
		<ul style="list-style-type: none"> type of blood tests required on discharge; for monitoring (a key aspect of post discharge care) 		Full achievement
		<ul style="list-style-type: none"> frequency of blood tests required on discharge for monitoring (a key aspect of post discharge care) 		Full achievement

No	Clinical Topic	Indicator	Priority	Achievement*
2a	Sepsis	Number of patients presenting to emergency departments and other units who met the criteria of the local sepsis protocol	National	Partial achievement or further work on-going
2b		Number of patients who present with severe sepsis, Red Flag Sepsis or Septic Shock (as identified through case note review) who received intravenous antibiotics within 1 hour		Partial achievement or further work on-going
3a	Dementia	i) The proportion of patients aged 75 years and over to whom case finding is applied following an episode of emergency, unplanned care to either hospital or community services; ii) The proportion of those identified as potentially having dementia or delirium who are appropriately assessed	National	Full achievement
3b		To ensure that appropriate dementia training is available to staff through a locally determined training programme		Full achievement
3c		To ensure that carers of people with dementia and delirium feel adequately supported		Full achievement
4a	Acute / Urgent Care	Improving and Recording of Diagnosis in A&E	National	Full achievement
4b		To improve patient flow and an effective discharge process at City Hospitals		Full achievement
4c		To improve patient safety by undertaking medicine reconciliation within 24 hours of admission		Full achievement
4d		To improve patient flow and an effective discharge process at City Hospitals, focusing on increasing the number of planned discharge transport bookings		Full achievement
5	Patient Experience	To develop an annual programme of patient and carer experience and to show evidence of improvements and changes in practice	Local	Full achievement
6a	Improvements in Communication	Increase coverage of the use of the Macmillan Treatment Summary (a shared document used to improve communication between cancer patients and their GP services)	Local	Full achievement
6b		Adults – completion of risk assessments for patients with a learning disability and documented reasonable adjustments to their hospital care		Partial achievement or further work on-going
6c		Paediatrics – completion of risk assessments for patients with a learning disability and documented reasonable adjustments to their hospital care		Partial achievement or further work on-going
7	Liver Cirrhosis	Percentage of patients who complete the liver cirrhosis care bundle within 24 hours. This will ensure that early investigations are completed in a timely manner and appropriate treatments are given at the earliest opportunity	Local	Full achievement

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

Key
■ Full achievement
■ Partial achievement or further work on-going



Information relating to registration with the Care Quality Commission

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

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

The Care Quality Commission has not taken enforcement action against City Hospitals Sunderland during 2015/16.

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

Care Quality Commission Ratings

Following the Care Quality Commission inspection in September 2014 the Trust was rated as 'Good' overall. An action plan was agreed at the Quality Summit in January 2015 and has been implemented and monitored regularly as required.

City Hospitals Sunderland – overall ratings

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

Actions which have been taken to address the issues which required improvement include:

- improvements to the Patient Group Directives process;
- six monthly staffing reviews;
- monitoring of staffing levels and patient need reviewed at least three times daily;
- ongoing staff recruitment;
- nurse training developments;
- review of consultant job plans;
- perfect week implemented, Urgent Care Project Plan in place and monitored;
- pharmacy developments with increased ward support and medicines reconciliation;
- ongoing monitoring of patient care charts and “do not attempt cardiopulmonary resuscitation” orders;
- increased incident reporting and management training; and
- continued and improved mortality review process.

The majority of the actions have been completed. Staffing and Emergency Department performance in particular are long term challenges at both local and national level and remain ongoing priorities.

Following the inspection of Church View Medical Centre (which is owned by City Hospitals) in September 2015, the CQC gave the GP practice an overall rating of 'Good' with all the inspection elements also rated as 'Good'.

Church View Medical Centre - overall ratings

Overall rating for this service	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Good ●

The practice has addressed all of the issues identified during the previous inspection (September 2014) with the exception that they could not demonstrate on going quality improvement through completed clinical audit cycles. This has been reviewed and improved. The other two areas for action (to carry out a formal legionella risk assessment and to update the leaflet given to patients who wish to make a complaint) have also been addressed.

NHS Number and General Medical Practice Validity

City Hospitals Sunderland submitted records during 2015/16 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are then included in the latest published data and SUS dashboards. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS number was:		Which included the patient's valid General Medical Practice Code was:	
Percentage for admitted patient care	99.9%	Percentage for admitted patient care	99.9%
Percentage for outpatient care	100%	Percentage for outpatient care	100%
Percentage for accident and emergency care	99.6%	Percentage for accident and emergency care	99.9%

Quality of data

The following initiatives have been implemented in the last 12 months to ensure that we continue to exceed the nationally set targets for valid NHS Number and General Medical Practice codes:

- increased the frequency of trace routines for missing NHS Numbers (daily trace rather than weekly); and
- the launch of a proactive new report linked directly to the inbox of key Emergency Department staff contacts listing patients who have presented in the last 24 hours with a blank NHS Number or GP Practice Code. This will help improve the timeliness of discharge communications to their General Practitioner.

The next 12 months will see the development of the Trust's new data quality dashboard together with a series of focused ward and specialty level workshops. The aim is to ensure greater emphasis is placed on tackling data quality issues at source rather than further downstream.

Information Governance Toolkit

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

Annual ratings of green (pass) or red (fail) are assigned to Trusts each year. The final submission of the Toolkit was required to be made by the 31 March 2016.

City Hospitals Sunderland's Information Governance Assessment Report overall score for 2015/16 was 86% (maintaining the previous 2 year's compliance score) and was graded Green (satisfactory). Church View Medical Centre's (managed by City Hospitals Sunderland) submission for 2015/16 was 89% (maintaining last year's compliance score) and is also graded Green (satisfactory). The following table shows progress of City Hospitals Sunderland's Toolkit submission with ratings when compared to the previous 2 years.

Requirement	2013/14 rating	2014/15 rating	2015/16 rating	Comparison
Information governance management	100%	100%	100%	↔
Corporate Information Assurance	77%	77%	77%	↔
Confidentiality and Data Protection assurance	75%	75%	74%	Decreased
Secondary use assurance	95%	91%	95%	Increased
Information security assurance	82%	82%	82%	↔
Clinical information assurance	93%	100%	100%	↔
All initiatives	86%	86%	86%	↔

↔ = same score

As in previous years, Sunderland Internal Audit Services (SIAS) has been engaged in the process and has audited the toolkit submissions for City Hospitals and Church View Medical Centre. Their reports gave both City Hospitals Sunderland and Church View Medical Centre a rating of Good with no identified issues.

Clinical coding error rate

Ensuring that the clinical information recorded for our patients is complete, accurate and reflective of the care and treatment given, is important to the effective management of our clinical services and the recovery of income for the care we deliver. The Trust has a continuous programme of audit and training in place to ensure high standards of clinical coding are delivered.

City Hospitals Sunderland was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. However, an external audit by CHKS was undertaken as part of the annual assessment of the Information Governance Toolkit standards.

The auditors examined the coding accuracy of 200 finished consultant episodes (FCEs) from the period July to October 2015 which involved four specialties: General Surgery, Gynaecology, Ophthalmology and Paediatrics. The Trust's coding accuracy achieved information governance toolkit level 3 in all four coding indicators set by the Health and Social Care information Centre. This is the highest possible level of achievement. The table outlines these results.

	% diagnosis correct		% procedures correct	
	Primary	Secondary	Primary	Secondary
Information Governance Level 3 requirement	>=95.0%	>=90.0%	>=95.0%	>=90.0%
City Hospitals Sunderland	97.0%	98.2%	99.3%	95.2%

The number of spells changing payment was 1.0%, and would place the Trust in the best performing 25% of Trusts when compared to last year's national payment and tariff assurance framework.

In summarising the main findings from the review, CHKS commented that the quality of coding at the Trust is excellent. There were no specific issues or themes identified as a result of the audit. The source documentation was good, particularly Paediatrics and Ophthalmology. However, documentation for vascular surgery could be improved as secondary procedures were omitted from the coding due to unclear operation notes.

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

- The Trust has received an end of audit report which includes three 'medium' risk areas for action to increase the accuracy of clinical coding. These mainly focus on feedback to the coding team on all errors found in the review, ensuring that vascular operation notes are clear and legible and for clinicians to document causes of structure / stenosis of artery and peripheral vascular disease if known.

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

PART 2.3 REPORTING AGAINST CORE INDICATORS

In February 2012, the Department of Health and Monitor announced a new set of mandatory quality indicators for all Quality Reports. NHS Foundation Trusts are now required to report performance against these core indicators using data made available by the Health and Social Care Information Centre (HSCIC). For each indicator the value or score for at least the last two reporting periods are presented. In addition, a comparison is made against the national average and those Trusts with the highest and lowest scores, where the information is publicly available.

Domain 1: Preventing people from dying prematurely

Summary hospital-level mortality indicator (SHMI)

SHMI is a hospital-level indicator which measures whether mortality associated with a stay in hospital was in line with expectations. SHMI is the ratio of observed deaths in a Trust over a period of time, divided by the expected number given the characteristics of patients treated. A score above 1 indicates that a Trust has a higher than average mortality rate, whilst a score below 1 indicates a below average mortality rate, which is associated with good standards of care and positive outcomes. Each SHMI score reported is accompanied by a banding decision, either Band 1 (mortality rate is 'higher than expected'), Band 2 (mortality rate is 'as expected') or Band 3 (mortality rate is 'lower than expected').

This indicator is divided into two parts:

- (a) SHMI values and banding for the reporting period; and
- (b) percentage (%) of patient deaths with palliative care coded at either diagnosis or specialty level for the reporting period.

(a) SHMI values and banding

Indicator	Oct 13 – Sep 14	Jan 14 – Dec 14	Apr 14 – Mar 15	Jul 14 – Jun 15	Oct 14 – Sep 15
Month of release	Apr 15	Jul 15	Oct 15	Jan 16	Mar 16
City Hospital's SHMI	1.11	1.10	1.03	1.01	0.99
SHMI banding	Band 2	Band 2	Band 2	Band 2	Band 2
National average	1.00	1.00	1.00	1.00	1.00
Highest SHMI value – national (high is worse)	1.19	1.24	1.21	1.21	1.18
Lowest SHMI value – national (low is better)	0.59	0.66	0.67	0.66	0.65

Data Source – Health & Social Care Information Centre

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

The coding of palliative care in a patient record has a potential impact on hospital mortality. The SHMI however makes no adjustments for palliative care coding (unlike some other measures of mortality). This is because there is considerable variation between Trusts in the coding of palliative care. Therefore all patients who die are included in the SHMI measure, not just those expected to die.

Indicator	% of provider spells with palliative care coding (at diagnosis level)					% of deaths with palliative care coding				
	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15
Trust	1.6	1.8	1.9	1.8	1.7	26.3	30.6	33.1	30.6	25.1
National average	1.4	1.4	1.4	1.4	1.5	25.4	25.7	25.7	26.0	26.6
Highest national	3.3	3.2	3.3	3.3	3.6	49.4	48.3	50.9	52.9	53.5
Lowest national	0	0	0	0	0	0	0	0	0	0.2

Data Source – Health & Social Care Information Centre

City Hospitals Sunderland considers that this data is as described for the following reasons: The data sets are nationally mandated and internal data validation processes are in place prior to release. The Trust has approximately as many deaths as would be expected, given the range of services it delivers and the type of patients who are admitted to the hospital, although the latest information shows an even better position of fewer deaths than expected. The categorisation of the SHMI into Band 2 means that the mortality is within the expected range.

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

- the ongoing strategic work of the Mortality Review Group which monitors, reviews and challenges Trust mortality performance, including relevant factors such as the quality and depth of clinical coding;
- strengthening the governance of the Trust Mortality Review Panel process which has significantly improved the feedback from clinical areas undertaking departmental reviews. This is an important mechanism for highlighting areas for improvement as well as pointing out good clinical practices;
- improving aspects of clinical coding where data suggests our performance is below peer performance, i.e. recording of co-morbidities and the application of palliative care coding rules;
- actively participating in the Regional Mortality Group and any associated streams of work, for example, the Trust is now participating in the Regional Serious Infection Project (coordinated through the Academic Health Science Network for North East & North Cumbria) which aims to measure and monitor care bundles for sepsis and community acquired pneumonia. Both these conditions have a major impact on patient mortality;

- continuing to work on quality improvements that might reasonably be expected to impact on mortality indicators. These include improving identification and management of deteriorating patients, screening and managing patients with sepsis, transformational work around the organisation of emergency admission services, prevention of falls and pressure ulcers, and reductions in infections and medication errors; and
- ensuring that information on all mortality measures is reported to and scrutinised by the Mortality Review Group, Governance Committee and Board of Directors when published.

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

Indicators within this domain are not relevant to City Hospitals.

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

Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs) aim to measure improvement in health following certain elective (planned) operations. This information is derived from questionnaires completed by patients before and after their operation. The difference between the two sets of responses are analysed to determine the amount of 'health gain' that the surgery has delivered from the viewpoint of the patient. The greater the perceived health gain, the greater the associated PROM score.

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



Information about our PROMs performance across the four elective procedures is highlighted below.

PROMs measure (EQ-5D index) Patients reporting improvement following:	2012/13 Adjusted average health gain	2013/14 Adjusted average health gain	2014/15 Adjusted average health gain	2015/16 Adjusted average health gain	National England average 2015/16*
Hip replacement	0.409	0.403	0.394	0.429	0.449
Knee replacement	0.319	0.322	0.331	0.334	0.331
Varicose vein procedures	0.094	0.078	0.079	0.075	0.100
Groin hernia procedures	0.084	0.067	0.054	0.045	0.087

Data source – Health & Social Care Information Centre – Dataset 18: PROMS
 *Reporting period covering April 15-December 15 (Published 12 May 2016)

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

- the Trust follows nationally determined PROMs methodology and the administration of the process is undertaken internally by the Clinical Governance Department working with Quality Health as our external analytics provider. PROMs data shows that the Trust is performing in line with national averages and indicates that most patients are benefiting from these procedures.

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

- reviewing routine PROMs outcomes data and sharing the information with clinical teams so that they can target improvements where necessary;
- reporting and reviewing PROMs performance at the Clinical Governance Steering Group;
- investigating outlier PROMs performance to establish whether changes in the patient pathway are required; and
- exploring the potential to retrieve PROMs scores at individual consultant level as a mechanism to reflect and review surgeon’s performance.

During 2015, information from the Care Quality Commission highlighted unfavourable scores for one of the hip related PROMs indicators, i.e. the Oxford Hip Score (used to assess function and pain in patients undergoing total hip replacement). The results were shared with the Orthopaedic team and a number of actions were taken to improve practice, including revising patient analgesia, providing specific information to GPs about pain relief via discharge letters and improving attendance and information given to patients at the ‘Hip School’ sessions. Following these changes the Oxford Hip scores have shown a dramatic improvement meaning patients are self-reporting better management of their pain.

Emergency readmissions to hospital within 28 days of discharge

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

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



% of patients readmitted to hospital within 28 days of being discharged from hospital (Large acute or multi service)	City Hospitals	National average	Highest national	Lowest national
2015/16				
0-15 years	7.1%	9.2%	18.7%	0.3%
16 and over	5.8%	6.6%	9.6%	3.2%
2014/15				
0-15 years	6.2%	8.5%	14.8%	0.6%
16 and over	5.3%	6.4%	9.3%	2.9%

Source – This indicator on the Health & Social Care Information Centre Indicator Portal was last updated in December 2013 and the next update is not due to take place until August 2016. Therefore, in the absence of national data, information has been provided from CHKS.

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

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

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

- continuing to review readmission data to identify emergent trends, i.e. the rate rising in a particular specialty, for a particular procedure or for a particular consultant. Where a trend occurs, we will undertake an audit of practice to see if we could have done anything differently to prevent the readmission;
- using our CHKS clinical benchmarking system to drill down to patient level data so that individual cases can be reviewed in detail, if required; and
- discussing readmission activity data and plans to reduce unnecessary readmissions at quarterly performance reviews with relevant directorates.

Domain 4: Ensuring that people have a positive patient experience

i) Responsiveness to patients' personal needs

The measure is based on a composite score calculated on the average from five individual survey questions from the National Adult Inpatient Survey (Care Quality Commission). A high responsiveness rate suggests that a Trust is meeting the needs of its patients and acting effectively on their feedback.



The results are shown in the table below; the higher the score out of 100 the better the patient experience.

Composite score	2012/13	2013/14	2014/15*	2015/16**
City Hospitals Sunderland	68.9	64.4	6.88	6.82
National average	68.1	68.7	Not available	Not available
Highest national	84.4	84.2	Not available	Not available
Lowest national	57.4	54.4	Not available	Not available

Data source - National Adult Inpatient Survey 2015 (Care Quality Commission)
 * In 2014/15 responses were converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response.
 ** The Care Quality Commission has confirmed that the publication date for the 2015 Inpatient Survey will not be published until 8th June 2016.

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

- the Trust has a strong culture of quality and improvement and a good track record of receiving positive patient feedback, most of the time. Where we have not achieved certain standards in the eyes of our patients we will do what we can, as quickly as we can, to address these issues.

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

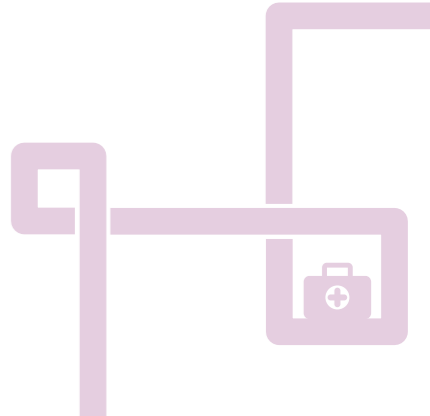
- demonstrating through changes in practice and our delivery of services that we have listened and acted on the patient feedback we receive. The result of this national survey will be used alongside our programme of local patient experience surveys, including Friends & Family and the Real Time Feedback to identify areas for improvements;
- sharing results of local patient feedback with existing groups, such as the Nutrition Steering Group, and the Falls Management Group and staff working in wards and departments to enable them to reflect and then act on the feedback; and
- inviting clinical teams to share with the Patient, Carer and Public Experience Committee how they intend to raise standards and the quality of services they are responsible for.

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

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

Indicator (Acute Trusts only)	2012	2013	2014	2015	National average	Highest national	Lowest national
"If a friend or relative needed I would be happy with the standard of care provided by this Trust"	63%	59%	65%	70%	70%	85%	46%

Source – NHS Staff Survey 2015 (Health & Social Care Information Centre)
 * Percentage calculated by adding together the staff who agree and who strongly agree with this statement



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

- the data published by the Information Centre is consistent with the staff survey results received by the Trust for the 2015 staff survey. The data has been sourced from the Health & Social Care Information Centre and compared to published survey results.

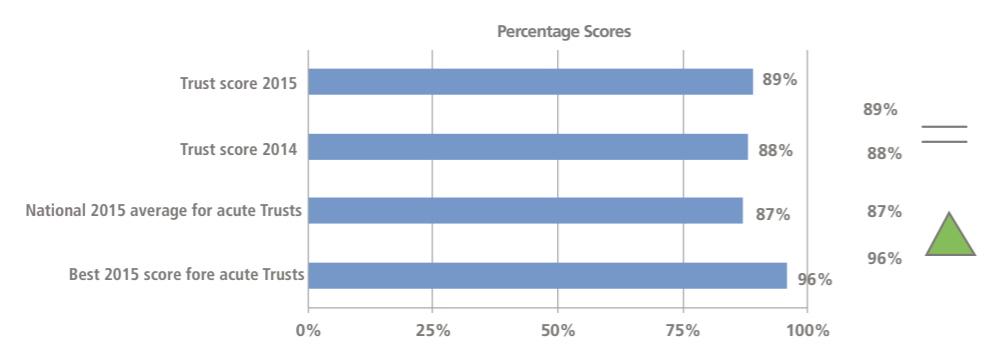
City Hospitals Sunderland intends to take the following actions to improve this percentage, and so the quality of its services, by:

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

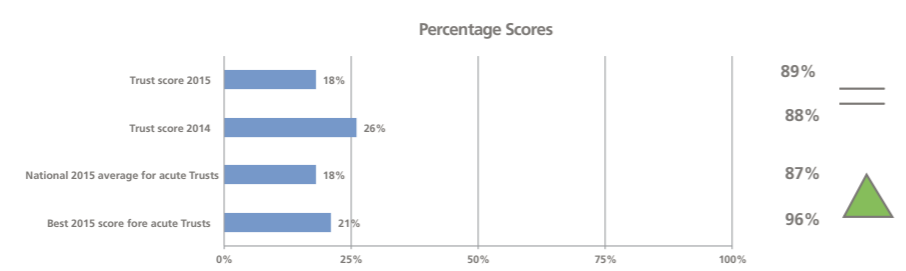
For the first time, Quality Reports now include results from two additional indicators from the NHS Staff Survey.

Indicator (Acute Trusts only)	2014	2015
KF21 – Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	88%	89%
KF26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	18%	21%

KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (the higher the score the better)



KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (the lower the score the better)

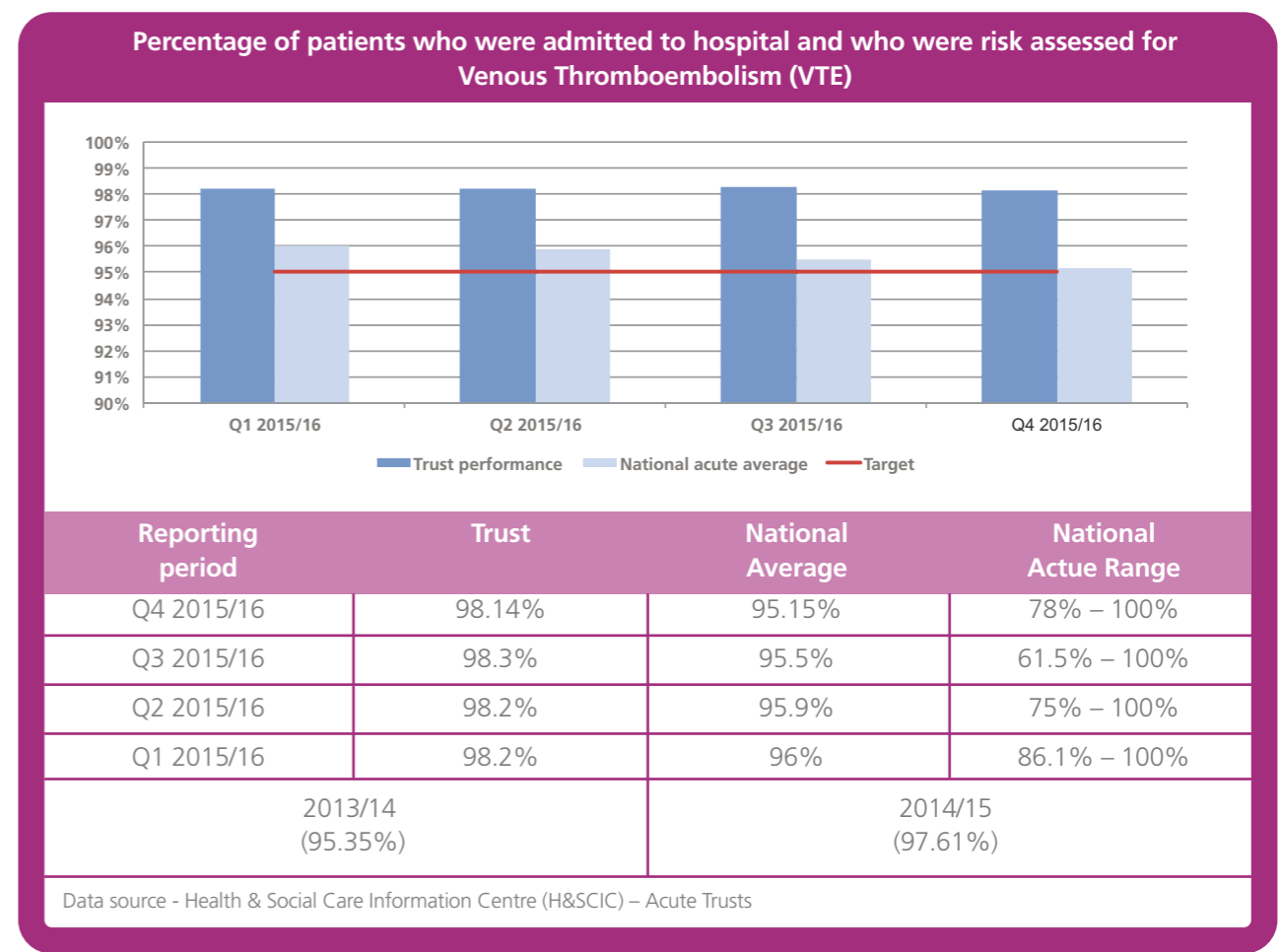


The Trust will be producing an action plan in response to the NHS Staff Survey and updates for staff will be available on the Trust Intranet.

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

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

VTEs, or blood clots, are a major cause of mortality, and timely assessment of a patient's risk of developing a blood clot can have a vital preventative effect. A high level of VTE risk assessments shows that a Trust is doing all it can to identify and address the factors that increase a patient's risk.



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

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

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

- reviewing how the Trust meets national clinical guidance with regard to venous thromboembolism so that we are confident that relevant patients are assessed appropriately and those deemed 'at risk' receive the required prevention and management treatment;
- undertaking an audit of practice to ensure that patients who are assessed as 'at risk' of developing venous thromboembolism are prescribed appropriate anti-coagulation therapy in a timely and safe way.





ii) Rate of *Clostridium difficile* infection

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

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

Rate per 100,000 bed days for specimens taken from patients aged 2 or over (Trust apportioned cases)				
	2012/13	2013/14	2014/15	2015/16
City Hospitals	25.2	18.1	18.5	16.31
National average	17.3	14.7	15.1	Not yet available
Highest national	30.8	37.1	62.2	Not yet available
Lowest national	0.00	0.00	0.00	Not yet available

Source – Health & Social Care Information Centre

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

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

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

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

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

All Trusts have a responsibility to ensure that there are measures put in place to report and learn from incidents and near misses. The table below shows the comparative reporting rate, per 1,000 bed days, for acute (non-specialist) NHS organisations for the most recent data period (April 2015 – September 2015 released on the 19th April 2016). The reporting rate is better than the national average (higher value is better) and places the Trust in the top 25% of reporters. Organisations that report more incidents usually have a better and more effective safety culture.

CHS reporting*	Rate (%)	National average	Highest national	Lowest national
1 April 2015 – 30 Sept 2015	74.52	39.30	74.67	18.07
1 Oct 2014 – 31 March 2015	72.79	37.15	82.21	3.57
1 April 2014 – 30 Sept 2014	41.33	35.9	75.0	0.2
1 Oct 2013 – 31 March 2014	43.30	33.3	74.9	5.8

Source – Organisation Patient Safety Incident Reports (acute – non specialist) via Health & Social Care Information Centre
 * Incidents reported per 1,000 bed days

Incidents reported by degree of		City Hospitals	National average	Highest national	Lowest national
1 April 15 – 30 September 15	Severe Harm	9 (0.1%)	0.4%	2.9%	0.0%
	Death	3 (0%)	0.1%	0.7%	0.0%
1 October 14 – 31 March 15	Severe Harm	4 (0%)	0.4%	5.2%	0.0%
	Death	0 (0%)	0.1%	1.1%	0.0%
1 April 14 – 30 September 14	Severe Harm	10 (0.25%)	0.4%	2.3%	0.0%
	Death	1 (0.0%)	0.1%	0.8%	0.0%
1 October 13 – 31 March 14	Severe Harm	14 (0.23%)	0.5%	2.97%	0.01%
	Death	3 (0.05%)	0.1%	0.31%	0.0%

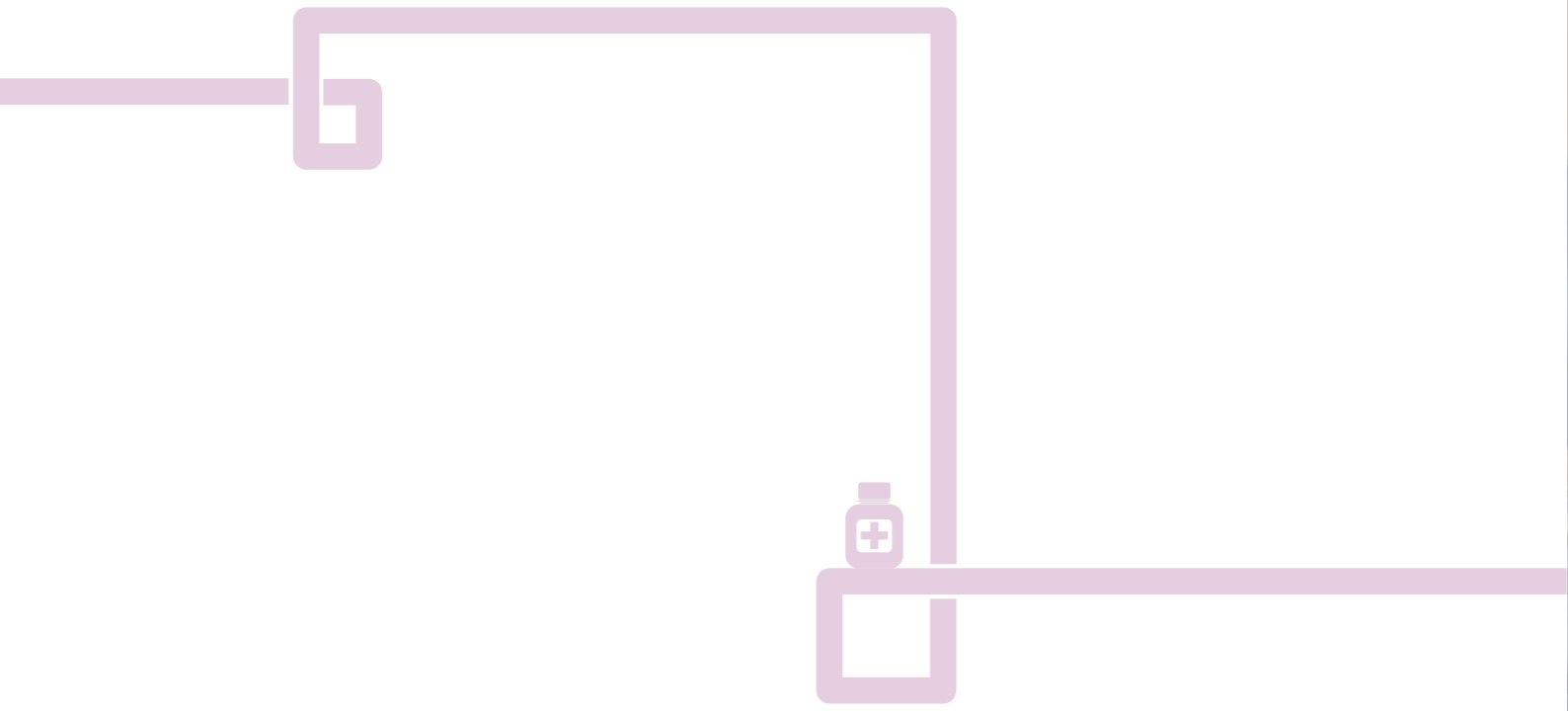
Source – Organisation Patient Safety Incident Reports (acute – non specialist) via Health & Social Care Information Centre

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

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

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

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



PART 3: OTHER INFORMATION – REVIEW OF QUALITY 2015/16

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

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

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

3.1 Indicators for Improvement

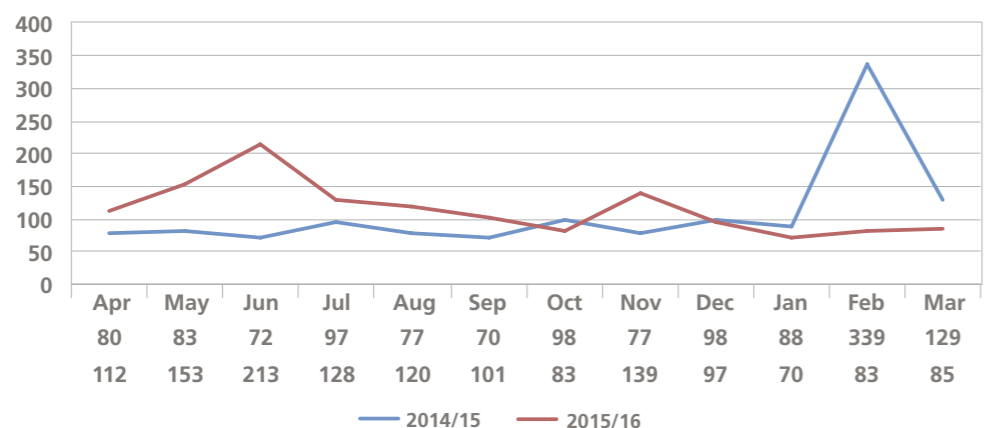
Indicators for improvement
Focusing on Patient Safety

- 1 Reduce the number of medication errors that could potentially harm patients
- 2 Reduce the incidence of hospital acquired pressure ulcers
- 3 Reduce patients falls that cause serious injury

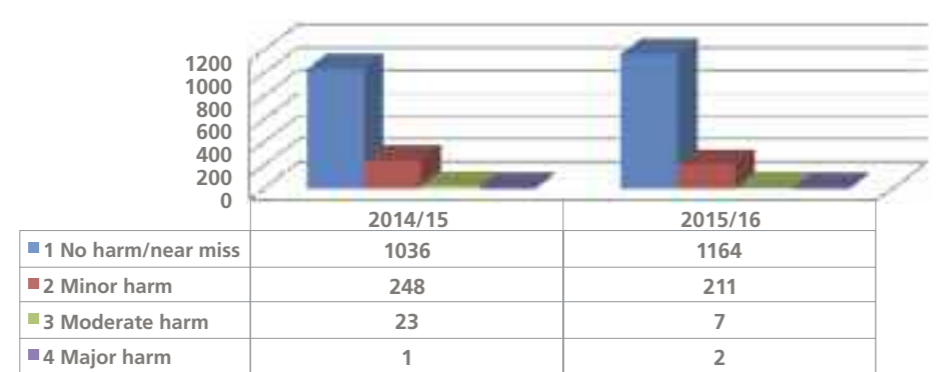
1 Reduce the number of medication errors that could potentially harm patients

During 2015/16 the total number of medication incidents reported (graded from no harm/ near miss to catastrophic) was 1384 compared to a total of 1308 in 2014/15. The peak of incidents in February 2015 (339) was due to the 'import' of no harm/near miss incidents following the electronic link created between Meditech V6 and the Safeguard (Ulysses) Incident Reporting system. This process enables ward pharmacists to promptly identify and correct any drug prescribing errors. The graph also shows the increase in the number of no harm/near miss incidents and a decrease in the number of minor and moderate incidents being reported in 2015/16.

Number of medication incidents reported



Number of medication incidents reported



In 2015/16 the Trust Medication Safety Group was established to oversee and address Trust-wide medication incidents. The group will ensure there is an effective system for recording medication incidents and near miss incidents, in particular, in relation to their severity, frequency and type. The group is accountable to the Trust's Clinical Governance Steering Group.

2 Reduce the incidence of hospital acquired pressure ulcers

The incidence of pressure ulcers is a good measure of the quality of care a patient receives. If the fundamental elements of care are in place, such as feeding and hydration, and if patients are assessed correctly and appropriate pressure relieving techniques are used, then pressure ulcers should be a rare occurrence.

The prevention of pressure ulcers developing in patients is a priority for the Trust and all in-patients undergo a thorough skin and pressure ulcer risk assessment on admission. We collect and publish data through the Open and Honest report and Safety Thermometer initiative and the tables opposite show the number of pressure ulcers for the more serious types (category 4 being the most serious requiring specialist treatment and management) for each month. For category 3 & 4 pressure ulcers, each case is examined carefully and the root cause established.

Hospital Acquired Pressure Ulcers (Incidence)												
	Apr 15	May 15	June 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Category 2	44	35	39	38	30	22	27	27	44	32	37	25
Category 3	3	3	0	4	1	0	0	0	0	5	1	0
Category 4	3	0	1	0	0	0	0	0	1	1	0	0
Total	50	38	40	42	31	22	27	27	45	38	38	25
Rate per 1,000 bed days	3.38	2.54	2.76	2.81	2.12	1.44	1.78	1.80	3.10	2.47	2.64	1.41

Source - Open & Honest Data

Hospital Acquired Pressure Ulcers (Prevalence)												
	Apr 15	May 15	June 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Category 2	11	8	5	7	1	5	8	7	10	20	10	1
Category 3	0	0	1	0	1	0	0	0	0	0	5	0
Category 4	2	0	0	1	1	0	0	0	1	0	0	5
Total	13	8	6	8	3	5	8	7	11	20	15	6
Harm Rate	2.01	1.21	0.97	1.17	0.51	0.77	1.30	1.08	1.65	2.93	2.21	0.90

Source - Safety Thermometer Data

The Tissue Viability Team continues to work with clinical staff to provide education, training, and expert advice and support. Their goal is to eliminate any avoidable pressure ulcers in our hospital or prevent deterioration to an existing ulcer.

Over the past year, the Trust Tissue Viability Team has been involved in a number of developments:

- revising the pressure ulcer risk assessment tool to aid the identification of patients who are at risk, enabling nursing staff to implement robust measures to prevent pressure damage;
- helping to increase the reporting of pressure ulcer incidents (via a prompt on the assessment tool) for staff to report patient harm;

- implementing a robust validation process to ensure accurate categorisation of the grading of the patient's pressure ulcer;
- involvement in the selection of our new in-patient beds to ensure that the mattresses optimise pressure relief for patients;
- consolidating the use of the Surface Skin Keep patients Moving Incontinence/Moisture and Nutrition/Hydration (SSKIN) bundle of care; and
- continuing to provide a rolling programme of staff education about tissue viability, patient skin assessment and pressure ulcer care and management.

City Hospitals has subscribed to the regional Pressure Ulcer Prevention Collaborative, which is a quality improvement initiative funded by the Academic Health Science Network of North East and North Cumbria. The primary aim of the initiative is to reduce the number of avoidable pressure ulcers across the healthcare system. The programme utilises the Institute for Healthcare Improvement collaborative model (IHI 2003) which is a proven intervention enabling teams to become part of an active learning community.

The Trust also participated in the international Stop Pressure Ulcer Day in November 2015.

3 Reduce patients falls that cause serious injury

Accidental falls are the most commonly reported patient safety incidents in NHS hospitals. More than 200,000 hospital falls are reported in English Trusts each year, though the actual figure is thought to be much higher. Falls can lead to injury including fractures and head injuries, impaired confidence, anxiety and poor rehabilitation, and are a frequent factor in patients needing long-term care. However, there is evidence that the risk of falling in hospital can be reduced and that these often simple interventions can be missed.

The Open & Honest and NHS Safety Thermometer data provides useful information to enable the Trust to identify if the measures we are taking are effective. This shows small fluctuations in numbers over the 12 month period. Due to the small numbers, it is difficult to ascertain distinguishable trends although there is some increase during the traditional winter months when the hospital experiences even more challenging times.

Falls with Harm (Incidence)

	Apr 15	May 15	June 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Moderate Harm	1	1	1	0	3	3	1	0	0	2	0	4
Severe Harm	0	0	0	0	0	0	0	0	0	0	0	0
Death	0	0	0	0	0	1	0	0	0	0	0	0
Total	1	1	1	0	3	4	1	0	0	2	0	4
Rate per 1,000 bed days	0.07	0.07	0.07	0.00	0.20	0.26	0.07	0.00	0.00	0.13	0.00	0.23

Source - Open & Honest Data

Falls with Harm (Prevalence)

	Apr 15	May 15	June 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Low Harm	4	1	1	2	0	2	0	0	4	1	1	2
Moderate Harm	0	0	0	0	0	0	0	0	1	0	1	1
Severe Harm	0	0	1	0	0	0	0	0	0	0	0	0
Death	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	1	2	2	0	2	0	0	5	1	2	3
Harm rate	0.62	0.15	0.32	0.29	0	0.31	0	0	0.75	0.15	0.29	0.45

Source - Safety Thermometer Data

The Hospital Falls Prevention Group has continued to promote the FallSAFE risk assessment tool enabling staff to identify high risk patients and take action to implement care plans to mitigate risk. Using data gathered from incident reports, investigations and the Safety Thermometer we have been able to target specific high risk areas to promote safety. Specific work has been undertaken to ensure staff are completing accurate patient's lying and standing blood pressure to identify risk. As part of Health Care Assistant training, practical instruction has been given to staff to ensure that they understand when and how to escalate patient level information to reduce harm from falls.

The Falls Prevention Group has developed an action plan to guide and drive improvements for the benefit of patients in the Trust. One of the novel developments this year was to produce a short film highlighting key components of the FallSAFE programme, i.e. risk assessment process, as an accessible educational tool for staff. We collaborated with a media student at the University of Sunderland to produce the video which is accessible via the YouTube platform. Some selected screenshots are highlighted below:

The Trust has also received the results from its participation in the **National Audit of Inpatients Falls 2015**. The data shows strong performance across the audit standards and interventions, particularly when compared with local peer Trusts. The Directorate is reviewing the data in detail and actions for improvement will be highlighted in an action plan and monitoring through the Trust Hospital Falls Prevention Group.

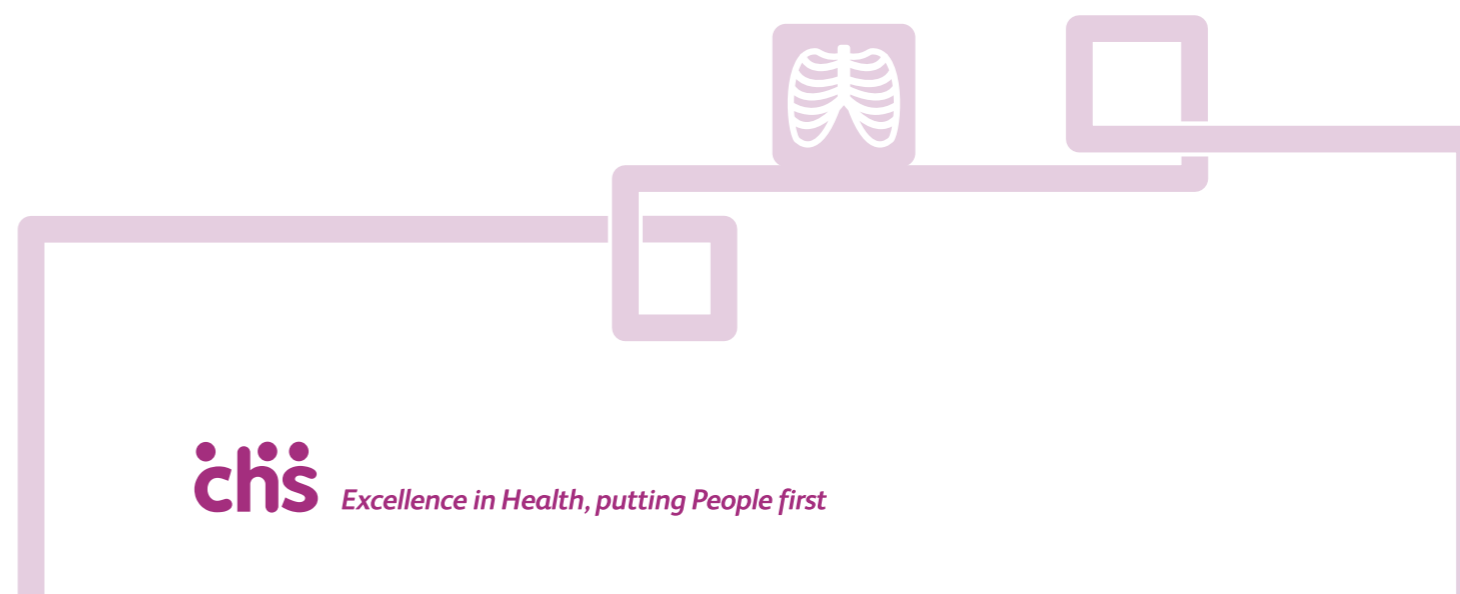
Within the national report the Trust's approach to falls prevention and management was showcased as an example of excellence in clinical practice. (see below).

City Hospitals Sunderland provides a falls and syncope service using tilt tests and other neurocardiovascular testing. We trained a specialist nurse in neurocardiovascular investigations and falls prevention 5 years ago. This nurse has embedded training of healthcare assistants in to measurement of postural blood pressure. She also visits high-risk ward areas and checks patient care plans and re-iterates the techniques for measuring postural blood pressure.

The Trust's Falls Reduction Group uses evidence from the NHS Safety Thermometer to take action, with a strong emphasis on supporting orthogeriatrics and working with wards that have a high numbers of patient falls. Following each group meeting, the service delivers a trust-wide 'headlines' email to ensure that clinical staff focus on the action plan to reduce falls. The focus has recently been on the measurement of postural BP, identification of high-risk medications and the introduction of 'safe slippers'.

A combination of staff training, ongoing ward-based support by credible expert, sharing important messages across disciplines and keeping falls rates at the centre of the hospital falls group, has driven sustained improvement in measuring lying and standing blood pressure and other falls interventions.

Dr Andy Davies, consultant physician and Mrs Judith Hunter MBE, head of nursing and patient safety.



Other Information - Sign Up to Safety Campaign

The national Sign Up to Safety Campaign was launched in June 2014. Its mission is to strengthen patient safety in the NHS and make it the safest healthcare system in the world. The campaign aims to reduce incidences of avoidable harm by 50% in its first three years, saving 6,000 lives as a result. City Hospitals Sunderland has been part of the national programme since the start and has pledged to reduce the number and severity of hospital acquired pressure ulcers, the number of serious patient falls and those medication errors that cause harm.

In addition, in March 2015 the Trust was delighted to be awarded £775,000 through the Sign Up to Safety Campaign to support three safety initiatives in Maternity and the Emergency Department. The details of these projects are highlighted below:

- a computerised system for the centralised monitoring of women in labour will be introduced into the hospital's labour ward. This will build on the excellent care already provided by our maternity service, by ensuring that the safest possible care is provided to women in labour, while still maintaining their privacy in their own individual room;
- the maternity service will also benefit from the introduction of additional high-tech support for women in the earlier stages of pregnancy. The funding will allow the Trust to purchase software which will further improve processes for the identification of high risk cases early in pregnancy, thus ensuring that mothers to be are given the best possible care throughout their pregnancy; and
- finally, the funding will allow our Emergency Department and our Radiology Service to improve reporting times for x-rays during evenings and weekends, meaning that fractures can be identified quickly and treated appropriately.

The Trust is grateful to the NHS Litigation Authority for its support with these initiatives. Those wishing to learn more about the national Sign Up to Safety Campaign can visit; www.signuptosafety.nhs.uk for more detail.

Duty of Candour

The Duty of Candour Regulation was introduced in November 2014. Trusts are required to behave in an open and clear way in relation to care and treatment provided to patients. As soon as reasonably possible after becoming aware that a safety incident has occurred which has caused moderate harm or above to a patient, hospital staff must inform either the patient or their carer/family. There are certain requirements under the Duty:

- the patient, carer or family must be told in person that a safety incident has happened and an apology given;
- the hospital must provide all the details of the incident as they are known at that time;
- the hospital must advise the patient/family/carer what further enquiries are going to be made and all of the above should be confirmed in writing;
- subject to the patient's/family/carer's wishes, a written summary of the findings and actions must be sent at the conclusion of the enquiries along with a written apology; and
- throughout the process the hospital must ensure that the patient/family/carer is appropriately supported.

Before the legislation came into force, the Trust had already started implementing steps to ensure that it had systems in place to capture all patient safety incidents resulting in moderate harm or above and processes in place for notification and support for patients/families/carers. The Patient Safety and Risk Team collate details of patient incidents of a moderate/serious nature where duty of candour applies via the Trust incident reporting system.

During 2015/16 the following incidents which require duty of candour have been reported;

	Q1	Q2	Q3	Q4
Incidents which require duty of candour	30	27	29	52

Patients involved in incidents where harm has occurred receive an apology from staff and are provided with a full and clear explanation. The Trust Rapid Review Group commission an investigation into each incident and following completion patients are invited to receive feedback via a face to face meeting and receive a copy of the investigation report.

Never Events

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

An updated list of never events is published by the Department of Health each year. This list includes a number of safety related incidents that should not occur if best practice guidance is followed. When a never event occurs it is essential to ensure that learning takes place to mitigate any risk of a similar event occurring again. This action goes hand in hand with working in partnership with the Clinical Commissioning Group and ensuring that the patient and/or family affected is kept fully informed and supported through the process, in line with Duty of Candour.

Description of Goal	12/13	13/14	14/15	15/16
Preventing occurrence of any 'Never Events'	1	1	1	3

Source - Strategic Executive Information System

Unfortunately, during 2015/16 we had to report three Never Events. A brief synopsis of each case is highlighted below and the key learning points for the Trust.

Patient 1 - In July 2015, a nasogastric tube was misplaced in the bronchus of a child. The child was examined by a Paediatrician with a respiratory subspecialty interest and suffered no harm. The parents were informed at the time of the incident and a full investigation took place. They were invited to discuss the findings from the investigation report. In response, we have reviewed the Trust nasogastric policy and updated nasogastric tube feed training for staff.

Patient 2 - In February 2016, a patient was admitted to the Integrated Critical Care Unit from the Emergency Department suffering septic shock (a life-threatening condition that happens when your blood pressure drops to a dangerously low level after an infection). The patient's condition deteriorated rapidly and required emergency intubation and ventilation. A central venous catheter (catheter line) was inserted into one of the large veins which is used to administer medication or fluids when a patient is unable to take them by mouth. Following insertion of the catheter it was then discovered through a check x-ray that the guide-wire had not been fully removed. The vascular surgeons immediately removed the guidewire without any complications and a further catheter was inserted.

The patient's family were informed of the incident and a full apology given. The Trust has reviewed the process for inserting central venous catheters and amended the electronic documentation to include the question and prompt 'Wire accounted for and disposed of – Yes / No'.

Patient 3 - In March 2016, a patient attended hospital for an elective optical urethrotomy for a urethral stricture (this procedure is done to open up a narrowing in the tube through which urine is discharged from the bladder). Following the procedure a catheter was inserted and reported to be draining well and the patient went home later in the same day. The patient returned a week later when the patient's wife stated that there was something inside the catheter and bag. A doctor examined the patient and noted that a guidewire (used to carry out the procedure) had been left inside the bladder. The guidewire was removed immediately by the doctor and the patient was given an apology at the time. The investigation as to what happened and the learning points are being implemented by the Trust.

Indicators for improvement

Focusing on Clinical Effectiveness

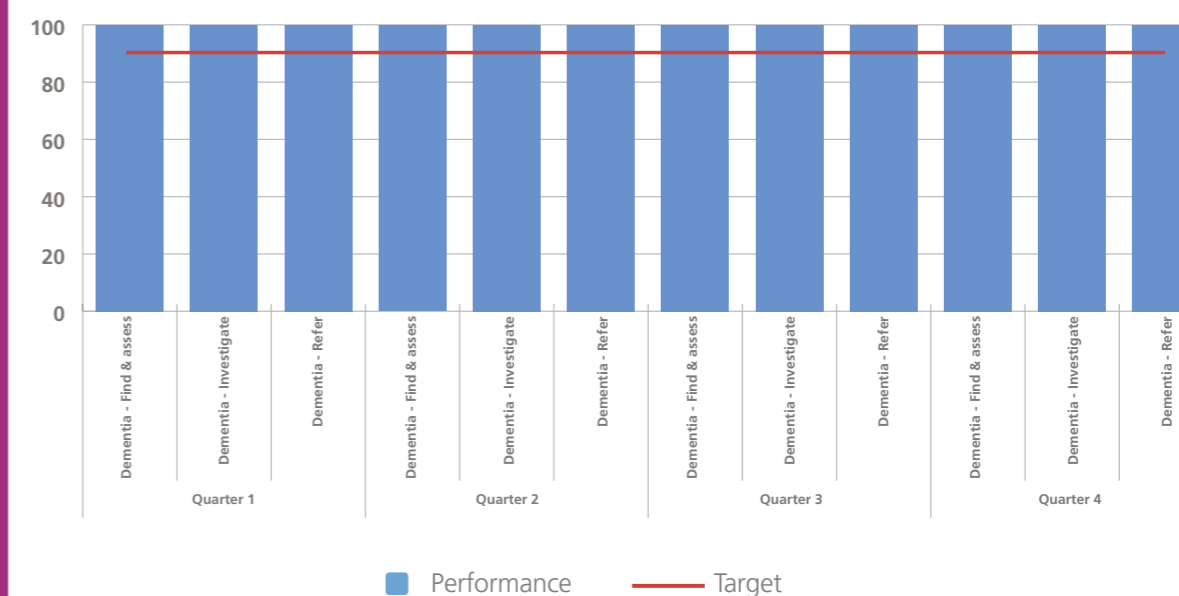
- 1 Patients assessed as 'at risk' of dementia – assessments, investigations and follow-up
- 2 Improve the care of the deteriorating patient: sepsis screening and improved fluid documentation
- 3 Increase the percentage of patients who have had a stroke who spend at least 90% of their time in hospital on a stroke unit

1 Patients assessed as 'at risk' of dementia – assessments, investigations and follow-up

The Department of Health introduced a Dementia CQUIN measure in April 2012 which required all hospitals to assess people aged 75 years and over, admitted acutely to hospital, for the possibility of dementia. Hospitals are required to achieve a compliance rate of 90% for all 3 stages of this initiative namely identification, assessment and investigation, and when appropriate to consider referral to memory services for more detailed assessment after they leave hospital. The Trust has achieved this target throughout 2015/16.

	Description	Performance	Target
Q1	Dementia - Find & assess	100%	90.0%
	Dementia - Investigate	100%	90.0%
	Dementia - Refer	100%	90.0%
Q2	Dementia - Find & assess	99.75%	90.0%
	Dementia - Investigate	100%	90.0%
	Dementia - Refer	100%	90.0%
Q3	Dementia - Find & assess	99.9%	90.0%
	Dementia - Investigate	100%	90.0%
	Dementia - Refer	100%	90.0%
Q4	Dementia - Find & assess	100%	90.0%
	Dementia - Investigate	100%	90.0%
	Dementia - Refer	100%	90.0%

Patients assessed as 'at risk' of dementia 2015/16



2 Improve the care of the deteriorating patient: a) completion of sepsis screening and b) improved fluid documentation (fluid balance charts)

Our ability to recognise, react and treat patients whose condition suddenly deteriorates is a key patient safety priority for us. Patients who come into hospital want to feel safe and cared for and comforted in the knowledge that they are in the best place for prompt and effective treatment if they do become very ill, very quickly.

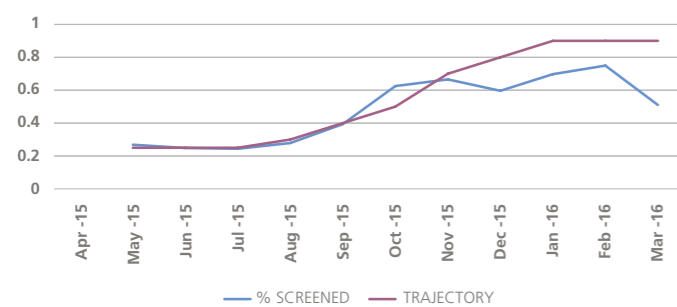
a) Sepsis Screening

Sepsis is one of the leading causes of death in hospital patients and severe sepsis has a significantly high mortality rate despite various campaigns and the availability of good evidence for treatment. The high death rate associated with sepsis is mainly due to poor identification and delayed interventions. Sepsis is now part of CQUIN and hospitals are expected to set up systems for screening patients for sepsis for whom it may be appropriate. The aim is to identify quickly those patients who have sepsis and require rapid medical intervention and treatment, including the administration of antibiotics within 1 hour.

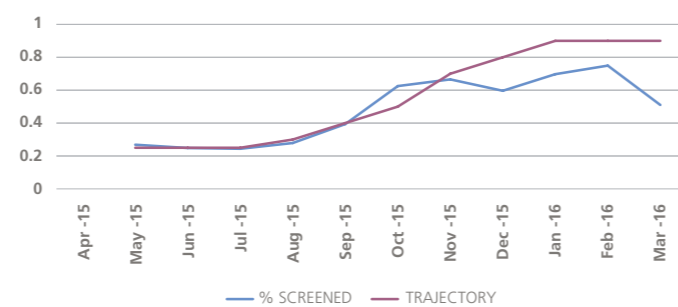
The initial requirement for screening was targeted at the Emergency Department. A local protocol embedded in Meditech V6 defined which patients required sepsis screening and those who were exempt. There are good clinical reasons why screening may not be necessary in some patient groups and for whom this screening assessment will not apply. A significant focus on staff training and education took place at the same time as agreeing incremental improvement targets with Commissioners that would enable the Trust to achieve the final target of 90% or above of eligible patients being screened by Q4 2015/16. Whilst we can show evidence of improvement in the percentage of eligible patients who were assessed for sepsis we were unable to reach the high threshold of compliance in the final quarter period. Similarly, we did improve on the percentage of patients receiving rapid antibiotics but fell short of the national 90% target.

The charts below show progress against trajectory during the year for the percentage of patients screened for sepsis.

% of patients screened for sepsis by month



% of patients screened for sepsis by quarter



NHS England has now released guidance on CQUIN for 2016/17. As expected sepsis remains a key clinical priority within the scheme and the screening process and rapid administration of antibiotics will now also apply to all inpatient wards. The Sepsis Group will continue to lead work on the timely identification and treatment of sepsis. This work will also take account of the recent NCEPOD 'Just Say Sepsis' report which has made a number of recommendations about the need for better screening and management of sepsis. In addition, the Trust is currently participating in a regional Serious Infection Project which involves auditing the extent to which the Trust meets best practice guidelines on sepsis by comparing performance against all local acute hospitals.

b) Fluid documentation (fluid balance chart)

Fluid balance monitoring is concerned with maintaining patients' fluid input and output, and is particularly important with critically ill patients. The outcomes from some patient complaints and incident investigations in addition to observations from the quality inspection visit by the Care Quality Commission, have shown that the standards and rigour of fluid balance recording and documentation in the Trust needed to be improved. In response, the Trust highlighted the need for improvement in recording practices among senior nurses and the network of wards and departments. We then undertook a series of fluid balance chart audits and repeat audits to measure improvement over time as part of the Trust Assurance Programme. All adult inpatient wards (with the exception of ICCU and Haygarth Ward at the Sunderland Eye Infirmary) were visited and samples of fluid balance charts were reviewed for the accuracy and completeness of recordings. The results have shown some improvement, particularly in relation to their completeness in 24 hours, the recording of intravenous fluids and the attention given to the balance box being completed.

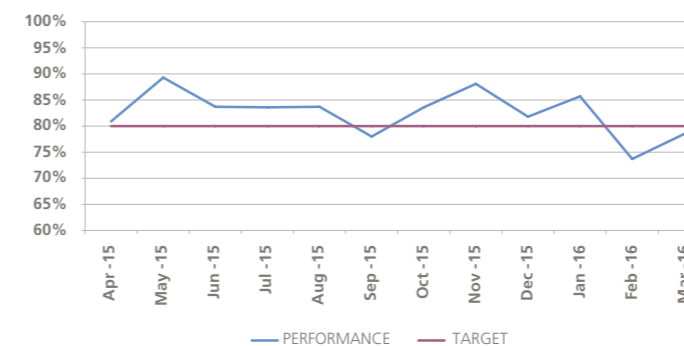
The latest audit results from January 2016 are highlighted below and show the direction of change to the previous audit from June 2015;

Elements of the fluid balance chart	Cases subject to audit = 92		Change from June 2015 +/-
	Yes	%	
Any special instructions written?	15	16.3	Not recorded in June 2015
Chart completed fully over 24 hours?	76	82.6	+20.5%
Drinking water available next to patient?	78	84.8	-12.0%
IV infusions given during time period?	23	25.0	Not recorded in June 2015
Was this recorded on fluid balance chart?	18	78.3	+28.3%
Output appears to be accurately recorded?	42	45.7	+5.7%
If no, is frequency recorded?	40	43.4	-25.3%
Balance box completed?	37	40.2	+29.7%
Fluid balance summary chart in place?	33	35.9	-5.2%
Does this cross check with fluid balance chart?	19	57.6	+1.2%

Whilst in general the audit showed improvement in most areas, there are still some exceptions and further prompting of nursing staff and corporate monitoring needs to continue.

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

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



The chart shows that the target of 80% or above has been achieved most of the time, with some 'dips' in performance noticeable around the traditionally busy winter months which coincide with increased patient demand and pressure in the service. Nevertheless, it shows that on a consistent basis the vast majority of patients who require a substantive stay in our stroke unit do benefit from that specialist care.



Other Information - Clinical Outcomes (Surgeon-level data)

Consultant Outcomes Publication (COP) is an NHS England initiative that aims to publish quality measures at the level of individual consultant doctors using data from national clinical audit and clinical registries (a database of information related to patients with a specific diagnosis). COP began with 10 national clinical audits in 2013, with three further audits/registries added in the following year. At the same time the number of procedures and quality measures used to assess senior doctors performance has expanded. The table below shows the audits/registries that reported consultant outcomes during 2015/16. Where data has been published, it has been reviewed for relevant Trust consultants.

Specialty clinical audit or registry	Outcome 2015/16
Bariatric Surgery Register (Surgery concerning the causes, prevention and treatment of obesity)	As expected
Adult Coronary Interventions (Treatment of heart disease with minimally invasive catheter based treatments)	As expected
National Joint Registry (Joint replacement surgery for conditions affecting the musculoskeletal system)	As expected
British Association of Endocrine and Thyroid Surgeons National Audit (Surgery on the endocrine glands to achieve a hormonal or anti-hormonal effect in the body)	As expected
British Association of Urological Surgeons Cancer Registry (Surgery relating to the urinary tracts)	As expected
National Vascular Registry (Surgery relating to the circulatory system)	As expected
National Bowel Cancer Audit Programme (Surgery relating to the last part of the digestive system)	As expected
National Head and Neck Cancer Audit (Surgery concerning the treatment of head and neck cancer)	Data not published yet

Note: City Hospitals does not undertake the following types of surgery and therefore does not contribute clinician data - Adult cardiac surgery (National Adult Cardiac Surgery), Neurosurgery (Neurosurgery Audit Programme), National Oesophago-Gastric Cancer Audit and the National Lung Cancer Audit

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

Reducing Healthcare Associated Infection

The Infection Prevention and Control Team (IPCT) have continued throughout this year to drive strategies which promote a zero tolerance for preventable infection. For a further year the target set by the Department of Health for 2015/16 remained zero for MRSA bacteraemia. This has proven to be a significant challenge for the organisation. Despite continued efforts with hand hygiene, asepsis and surveillance we have reported 3 cases of healthcare associated bacteraemia. Although this represents a failure to achieve our target, it is an improvement on the previous year's performance of 4 cases. Furthermore, of the 3 cases only 1 was felt to be avoidable, again a further improvement on the previous year's performance.

The IPCT continue to work closely with directorate teams to complete a detailed root cause analysis of each case of MRSA bacteraemia. Where lessons have needed to be learnt, these have been shared throughout the organisation, for example reminders about the need to complete fully IV device urinary catheter assessments.

The target for *Clostridium difficile* infection (CDI) set by the Department of Health was 34 Trust apportioned cases. This target was agreed with Sunderland Clinical Commissioning Group (CCG). The total number of positive toxin tests reported externally for City Hospitals for 2015/16 was 61. Following detailed examination of each case we have agreed, via the appeals process with Sunderland CCG that 31 of these were not genuine infection or infections developing in hospital. Therefore our final position was 30 against a target of 34 cases.

However, the Trust is frustrated in having to report the re-occurrence of some familiar themes during 2015/16, including:

- delays in the submission of samples for analysis;
- delays in isolation of some patients with suspected infection;
- failure to obtain a medical review prior to submission of patient samples; and
- delays in the commencement of important patient stool charts in wards.

These issues have been addressed via a number of strategies introduced throughout the year and will continue to inform the 2016/17 HCAI plan.

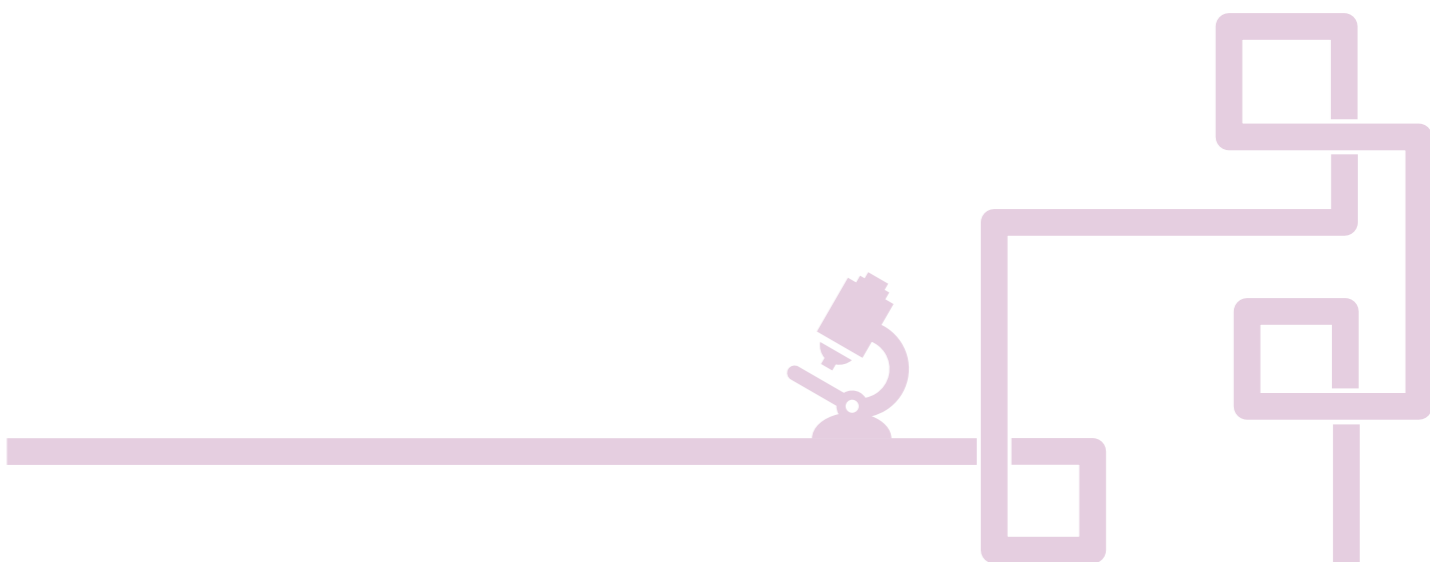
The IPCT can report a number of specific achievements during 2015/16 which include:

- the introduction of total room decontamination with hydrogen peroxide vapour;
- screening of high risk patients who may have *C. difficile* colonisation;
- increased analysis of antimicrobial prescribing;
- increased presence of IPCT staff as 'experts' on wards and departments;
- the launch of a new Bristol Stool Chart (visual guide for classifying stools); and
- the launch of an antimicrobial e-learning programme for healthcare staff.

Key areas for further improvement next year include:

- increasing the frequency of cleanliness audits for high risk areas;
- expanding the scope of cleanliness audits to include outpatient areas;
- enhanced surveillance and audit activity across the Trust;
- introduction of a peripheral cannula pack;
- launch of an aseptic technique e-learning programme; and
- development of a care pathway for the management of patients with diarrhoea.

The IPCT will remain committed to driving forward strategies which promote safe practice designed to reduce the risk of developing infection in the Trust. The IPCT will also continue close collaboration with clinical staff across all Directorates to inform and deliver a robust strategy for the management of outbreaks and serious infection.



Indicators for improvement Focusing on Patient Experience

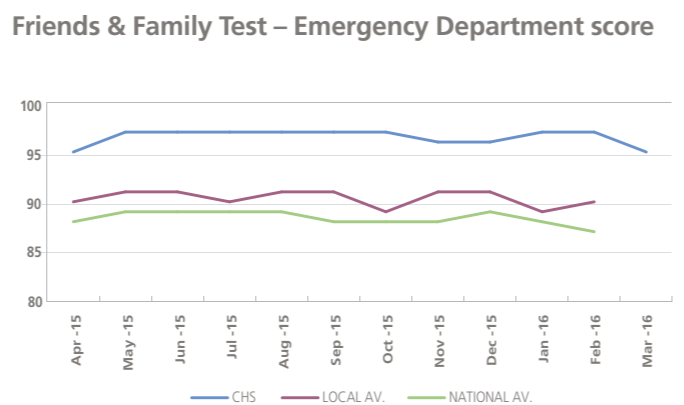
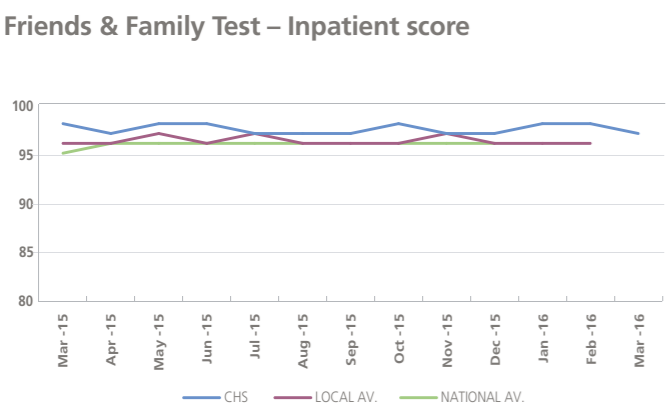
- 1 Extend the rollout of the Friends & Family Test and achieve the highest score in the North East
- 2 Improve patient experience scores for choice of food, management of pain, relative involvement in care and discharge planning
- 3 Improve the experience of support for carers of people with dementia

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

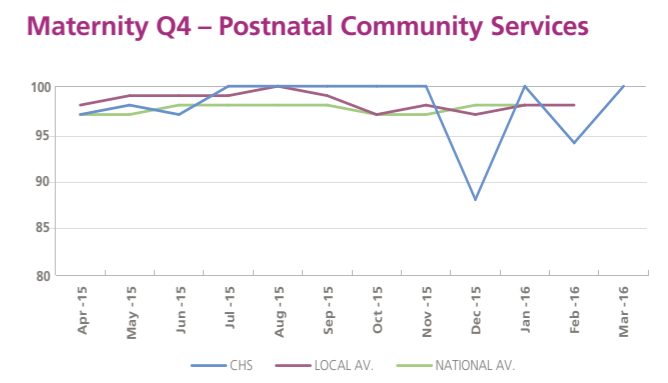
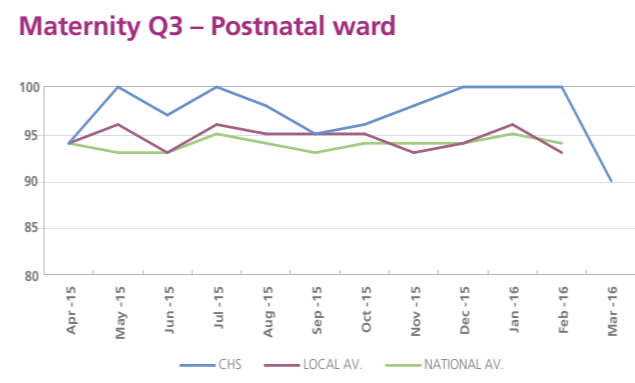
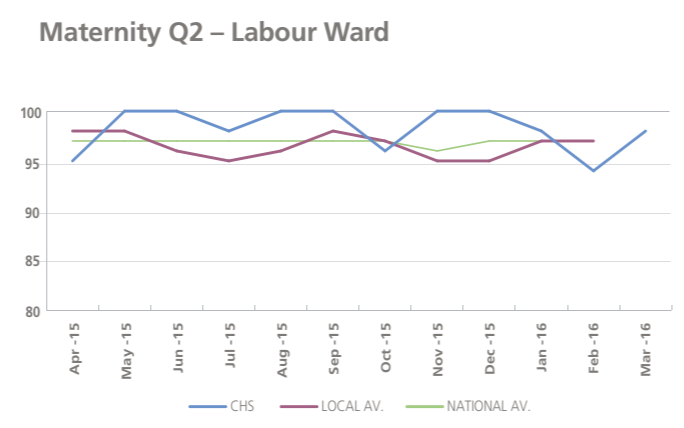
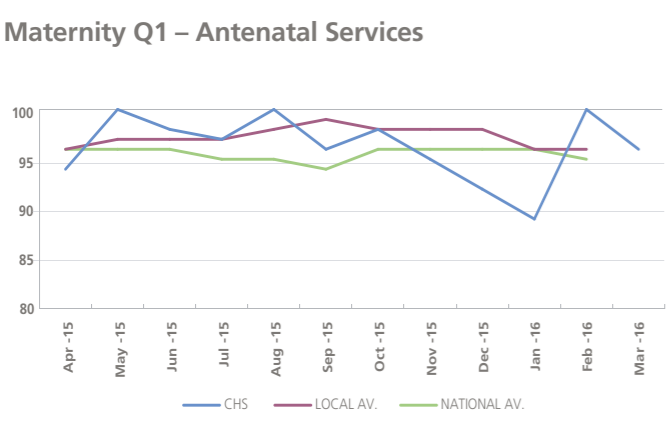
In 2014 NHS England issued guidance to further expand the scope of the Friends & Family Test to incorporate all NHS services. The extended roll out of the FFT gives every patient the opportunity to provide feedback on the services they have received, and enables the public to make better informed choices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

The FFT now includes all our in-patient wards, including children and maternity, out patients, day cases and our GP Practice, Church View Medical Practice.

During 2015/16 the Trust is able to report that patient scores (as a measure of whether they would recommend the hospital to family and friends), consistently exceeded the national and local average, which is further improvement on those achieved last year. The score trend line for each month for both inpatients and the Emergency Department is highlighted below:



The Maternity Friends and Family Test also shows an encouraging set of results concerning women and their experiences at various stages of their pregnancy. The results for City Hospitals and comparison against national and local averages are shown below and opposite:



Patients are also given the opportunity to provide additional comments. These are sent to the relevant ward managers to share with staff and where appropriate action is taken for improvement. The majority of comments are overwhelmingly positive with only a small number negative but some of these do include constructive suggestions for change. Where comments involve named staff, these are fed back to those individuals and positive comments have been found to be very welcome and motivational. A small number of negative comments have also been used to review and address staff performance.

2 Improve patient experience scores for choice of food, management of pain, relative involvement in care and discharge planning

These important areas of patient care have been identified as our patient experience priorities in recent years and our survey data is beginning to show that we are improving. Measuring progress once again uses the results from the annual adult inpatient survey as well as data from our local real time feedback.

The Trust is committed to providing a choice of nutritional support and hydration to our patients. We believe that 'food is medicine' and this is why we have always considered the provision of patient meals/drinks such an important aspect of care. The Trust has a multi-disciplinary Nutrition Steering Group (NSG) which reviews patient feedback to ensure continuous improvement in the provision of quality food and drink. Over the past year the Nutrition Steering Group has taken a variety of steps to make improvements in the choice of food/drink. A selection of some of the improvements we have made include:

Question in the national inpatient survey	Score 2012	Score 2013	Score 2014	Score 2015
Were you offered a choice of food?	7.7	8.0	8.2	8.4

Source – internal Real Time Feedback 2015/16

The delivery of adequate and appropriate nutrition to hospital patients is a key issue for all staff, including caterers, nurses and dieticians. Intake of nutritious food is crucial for patients who are recovering from the effects of medical or surgical procedures. Patients who receive good nutrition may have shorter hospital stays, fewer post-operative complications and less need for drugs and other interventions.

What was the issue	What we did	Feedback and comments
Choice within the patient menu	The Catering Team and NSG regularly review the patient menu to ensure there is sufficient patient meal choice.	If the patient requires a specific type of food and it is reasonable for the team to supply this then every effort is made to ensure the patient receives a nutritional option of their choice.
Concerns about the source and dryness of our meat.	The Catering Team reviewed the provision of meat products for patients. Consequently the local supplier now provides meat that is cooked and carved on the premises, prior to meal service for patients.	The Catering Team has introduced a Thursday Carvery for staff in the Dining Room. This uses exactly the same products as the patients have and has proven to be extremely popular with staff across the organisation.
Questions from patients about product contents to allay fears of allergies.	The Trust issued information regarding the food products we use to ensure staff are able to access information to allay concerns about food products / allergies.	Internal audits have shown that staff have a good level of understanding of allergy awareness across the Trust.
There is insufficient choice for patients undergoing bariatric surgery.	The Catering Team, dietitians and nursing staff on the surgical ward caring for patients post-operatively have reviewed menu choices available for these types of patients.	The range of food now provides a choice post-operatively, meeting patient need during their recovery phase.

The Nutrition Steering Group has made a short film aimed at promoting information about the source, type and quality of food available for patients in City Hospitals. It is being used in sessions to assist with staff development.

In March 2016, we were participants in the international patient safety campaign promoting nutrition and hydration to optimise healthcare. We held a range of activities including a clinical pecha-kucha (rapid presentation format) which included slides about:

- eating and drinking and risk of aspiration;
- nutrition/hydration essential for skin integrity;
- nutrition support – what’s available to assist our patients?;
- food allergy awareness; and
- protected meal times.

During the week we also served afternoon tea for those patients who were in hospital. This was a fantastic opportunity for patients and their relatives to sit and enjoy a drink and a snack together at visiting time and was very well received.

Staff took the opportunity to talk to patients and their families about the impact eating and drinking had on optimising health and general patient wellbeing.

Question in the national inpatient survey	Score 2012	Score 2013	Score 2014	Score 2015
Were you involved as much as you wanted to be in decisions about your care and treatment?	7.2	7.0	7.5	7.4

Source – internal Real Time Feedback 2015/16

Patients need to feel listened to and involved in their own health, care and treatment. This means being involved in decisions and having choice and control over their care and interactions with health services. The amount of control an individual wishes, or is able to take, may vary according to their background and experience as well as their current circumstances.

Question in the national inpatient survey	Score 2012	Score 2013	Score 2014	Score 2015
Did you think the hospital staff did everything they could to help control your pain?	7.5	7.8	8.4	8.1

Source – internal Real Time Feedback 2015/16

The experience of pain is often complex and poorly understood. It is subjective and can sometimes be challenging for patients and healthcare staff to assess and manage effectively. The recent introduction of comfort rounds in the Trust has probably made the biggest contribution to patient perception in this area as highlighted in last year’s survey results.

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

The majority of people with dementia are cared for at home by a relative or friend and the average age of a family carer is between 60 and 65 years old. There are an estimated 670,000 primary carers (family and friends supporting someone who may otherwise not be able to manage on their own) of people with dementia in the UK. The current cost of dementia to local authorities and families is £23bn a year. Evidence shows that much of the care for dementia patients at home is delivered by unpaid carers, many of whom are under considerable strain and/or have health problems of their own.

For the second consecutive year, we carried out semi-structured interviews with carers of people with dementia and delirium who wished to tell us about their experiences. Carers had a number of very positive things to say about the hospital from the point of admission, through to care and treatment on the wards, general support and their involvement in discharge planning. They had admiration and high regard for staff whom they felt worked hard in providing good quality care in challenging circumstances. However some of the themes that continue to emerge for further improvement include:

- carers wanting to be more involved with their loved one's care;
- carers feeling more could be done to assess their needs as carers; and
- carers feeling they could be provided with more and better quality information about their loved one's problems and plans for the future, including better co-ordination of discharge arrangements.

The findings from the carer interviews are discussed with the specialist Dementia & Delirium Outreach Team who are committed to improving care in response to the reflections from carers. These actions are overseen by the Dementia Group.

Other Information - National Patient Surveys

We believe it is important that we listen and respond to the feedback that we receive from patients. This is collected in many different ways, including through the Friends and Family Test. Alongside this, and in conjunction with the Picker institute, the Trust takes part in a number of National Patient Surveys, some of which are mandatory and some of which we undertake voluntarily so that we can check what patients think about their experiences with us. They also allow us to see whether actions we have put in place in response to previous surveys are having the desired effect and improving our services.

National Inpatient Survey 2015

The annual survey of adult inpatients asks people to give their opinions on the care they received whilst in hospital, including information provided by staff, whether they were given enough privacy, the cleanliness of their wards, and their discharge arrangements. The Trust is awaiting the publication of the 2015 results from the Care Quality Commission.

National children's inpatient and day case survey 2014

This was the first national children's survey conducted by the Care Quality Commission and a landmark publication for the NHS in how it monitors and uses children's experiences of care. It represents the experiences of nearly 19,000 children and young people who received inpatient or day case care in 137 NHS acute trusts during August 2014. Children from the age of eight were given the opportunity to give their own feedback to help hospitals understand the quality of care they provide

In total, there were 53 questions which measured experience from the perspective of children, young people and their parents or carers. Three quarters (75%) of the questions were categorised as 'about the same' as other Trusts who took part in the survey with the remaining quarter (25%) achieving 'better than expected' ratings. There were no questions in the 'worse' category. This is the best performance in the region when compared with local Trusts. The child-friendly report below summaries where the Trust did better than other hospitals and where we were reported to be 'about the same'.

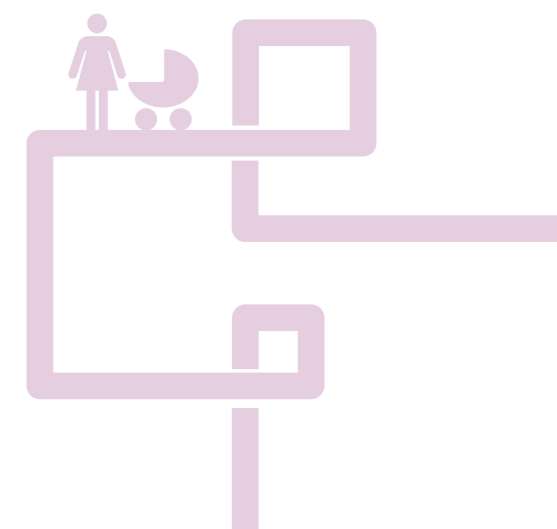
The infographic displays survey results categorized by patient feedback levels:

- Smiley Face (Positive):**
 - Staff were friendly and helpful.
 - Staff were kind and helpful.
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
- Neutral Face (About the same):**
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
- Frowny Face (Worse):**
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.
 - Staff were friendly and helpful.

67 patients aged between 8 and 13 said to want their own inpatient room.

National Survey of Women's Experiences of Maternity Services 2015

During 2015 we took part in the 4th national survey of women's experiences of maternity services. The survey involved 133 NHS acute Trusts in England and responses were received from more than 20,000 women, a response rate of 41% (for City Hospitals this was 42%). The women surveyed are asked questions surrounding the quality of care and information they received, ease of access to midwives plus personal choices such as type of birth, place of birth and overall wellbeing. The Trust received three benchmark reports covering the full maternity pathway, including antenatal care, labour and birth and postnatal care. Across the maternity pathway, there were 50 questions which measured experience from the perspective of women. Over three quarters (78%) of the questions were rated as 'about the same' as other Trusts who took part in the survey. A further fifth (20%) of the questions were rated 'better' than other Units and only one question (2%) rated as 'worse'. This was related to women's choice about where they could receive their antenatal check-ups.



City Hospitals Sunderland NHS Foundation Trust

Why we ran the survey
The Care Quality Commission (CQC) picked our hospital for the first time to give patients good care. We do this by asking patients what they think about the care they received. We want to know what patients think about the care they received so we can improve it. We want to know what patients think about the care they received so we can improve it.

Who filled out the survey?
The survey was run in over 13,000 children and young people (aged 8-12) who went to hospital in England in August 2014. In the survey we found how many young people from this hospital had told us about the care they received.

The results
We looked at information from what the survey told us about how many patients told us about the care they received. We found that 78% of patients told us they were happy with the care they received. We found that 20% of patients told us they were happy with the care they received. We found that 2% of patients told us they were not happy with the care they received.

Would you like to see more information?
You can find out more about the survey on our website.

THE CHILDREN & YOUNG PEOPLE'S SURVEY 2014

	City Hospitals	County Durham & Darlington	Gateshead	North Tees & Hartlepool	South Tees	South Tyneside	The Newcastle Hospitals Group
Expected range	Domain score*						
Antenatal Care							
The start of your care in pregnancy	4.6	-	5.8	5.8	5.1	5.1	6.2
Antenatal check-ups	6.6	-	7.3	6.6	7.1	7.1	7.3
During your pregnancy	9.0	-	8.8	8.8	9.1	8.7	8.9
Labour & Birth							
Labour & Birth	8.9	9.0	8.8	8.7	8.8	8.8	8.9
Staff during labour & birth	9.2	9.1	9.1	9.0	8.5	8.7	9.1
Care in hospital after the birth	8.5	7.9	7.3	8.0	7.7	7.8	8.0
Postnatal Care							
Feeding	8.2	-	7.5	8.1	7.7	7.5	8.2
Care at home after the birth	8.6	-	-	8.1	8.4	-	8.5

*Scores are out of 10 (orange – average, green – better than other trusts, red – worse than other trusts)

The results compare favorably with other local maternity services. City Hospitals achieved the highest percentage of 'better' scores in both labour (32% 6/19 questions) and postnatal (21% 4/19 questions) categories. However we were the only local Trust to have a 'worse' rating across the maternity pathway (highlighted above within antenatal care).

The Trust did 'better' than other hospitals in areas such as staffing and care in hospital after birth. So for example, women (and / or their partners) were rarely left alone at a time when they were worried; they were able to get help from staff within a reasonable time if they needed help; they felt involved enough in decision making and were treated with respect and dignity during labour and birth. In addition, women reported that their partners were able to stay with them as much as they wanted. Following birth and reflecting on their experiences of care at home the majority of women felt that they were given enough information to help with their recovery. In addition, they felt that they were given appropriate help and advice from a midwife or health visitor about their baby's general health, progress and feeding.

The results from the survey have been discussed at the Obstetrics Clinical Governance Group and actions agreed to improve performance across the full maternity pathway. Furthermore, additional free-text comments from women about their experiences have been shared with maternity staff highlighting what they have done particularly well and where they need to improve.

National cancer patient experience survey 2015

City Hospitals also took part in the fifth national cancer patient experience survey during 2015. The survey has been thoroughly reviewed and as a result around one-third of the questions are new or have been amended and a number of questions deleted altogether. We are awaiting the publication of the results so we can compare ourselves to the findings from last year to see where we have improved and where we need to do better. The results will be shared widely with our multidisciplinary cancer teams so that they can reflect on the quality of services they give to their patients and their families to help drive any improvements which are needed.

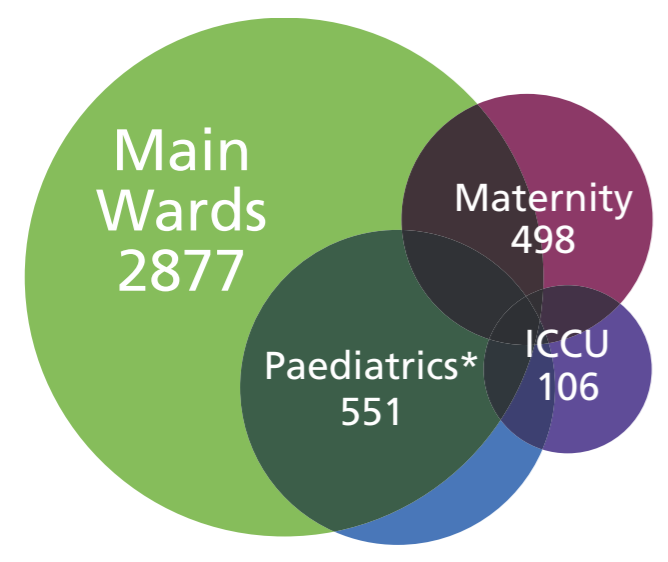
Real Time Feedback

The Trust has been collecting real time feedback from patients since August 2010 and we now cover all in-patient wards, including maternity and children's areas. We are grateful to our volunteers, Trust Governors and the Community Panel who continue to visit the wards and help collect this important information.

During 2015/16 we have received 4032 completed survey questionnaires (this includes all adult in-patient wards, paediatric wards, maternity and the Integrated Critical Care Unit), which have provided valuable insight into patients' experiences during their stay with us in City Hospitals. Ward staff continue to review their own feedback through individualised reports and make changes to their practice where they can.



WORD CLOUD - WHAT WAS GOOD ABOUT YOUR CARE?



*includes questionnaires from children (210) and parents (341)

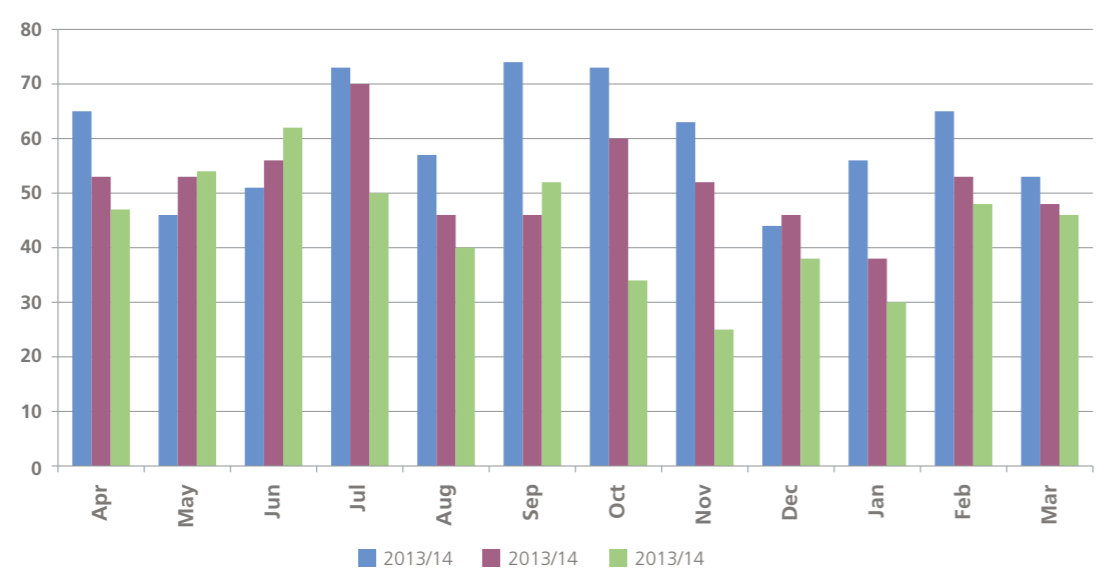
We also ask patients to add any free-text comments to their questionnaire and these are also shared with wards in their respective reports. We use this qualitative data to create "word" or "tag" clouds which are commonly used in visual design and infographics. The importance of each word is shown with their font size or color. The more frequent the word is used, the larger and bolder it is displayed. The illustration above shows the word cloud format for the question asked of patients about what they thought was good about their care. The word clouds are included in the quarterly Real Time Feedback Reports that are presented to the Patient, Carer and Public Experience Committee.

Listening to patients – learning from their complaints

The Trust welcomes both positive and negative feedback from our patients as a contribution towards improving the services we deliver. To ensure that the Trust is learning from experience, a monthly Complaints Report is submitted to the Patient, Carer and Public Experience Committee regarding complaints activity. A summary of the data is also included in the Quality, Risk & Assurance Report alongside other patient safety data.

From 1 April 2015 to 31 March 2016 the Trust received 532 formal complaints from patients or their representatives. This is a 15% decrease to the 627 received last year.

Comparison of complaints activity 2013/14 to 2015/16



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

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

Patients Said	Changes Made
There was concern about waiting for biopsy results, and that all of the information given by staff at the time of consultation couldn't be retained. There was no information leaflet given to explain the process.	We have worked with all our surgical specialties to ensure that patient information leaflets for all surgical procedures are available in both preparation and discharge areas.
That their child did not receive timely physiotherapy advice during an Orthopaedic clinic consultation.	We are developing new joint clinics (Orthopaedic Consultant and physiotherapist) to ensure that Paediatric patients receive the right care at the right time by the right professionals.
There was concern that healthcare staff were using electronic devices as torches to view oral problems (for example swollen tonsils).	We have ensured that all healthcare staff are aware that they must use the correct viewing equipment during oral examinations.
There was concern about the level of communication given to patients and families regarding their relative's care whilst in hospital, with particular reference to junior doctors.	An immediate review was undertaken in the clinical area with specific reference to communication skills for all team members. The escalation process for patient and relative concerns was reinforced and clinical supervision/reflective sessions undertaken with all staff involved.

Help and Advice Service

The City Hospitals Sunderland Help and Advice Service is an easily accessible service for families, providing support to resolve both informal and formal concerns in a timely way and hopefully reduce the number of complaints. The service incorporates the previous PALS and Complaints Service but also brings a new "customer care" approach to our patients and their families.

The service is open Monday to Friday between 8.00 am and 5.00 pm supported by volunteers who are able to assist the public with general enquiries, including signposting them to wards/departments, offering relevant information leaflets or escalating any concerns to the Help and Advice Service Assistants.

If a concern cannot be resolved by the Help and Advice Service Assistants or the wards or departments, then the situation will be managed as a formal complaint by the Help and Advice Service Co-ordinators.

During 2015/16 there were 1,775 contacts (informal concerns) with the Help and Advice Service and 2,043 compliments received.



CARERS

City Hospitals is committed to giving carers the recognition, involvement opportunities and support necessary to improve the experience of the many patients and carers who have access to our services. A carer is someone who, without payment, provides help and support to a friend, neighbour or relative who could not manage otherwise because of frailty, illness or disability. This may include helping with; washing, bathing and dressing, cooking and housework, shopping, medication and injections, emotional support and much more. The term "carer" should not be confused with that of "care worker" who is a paid employee usually, but not always, employed through the local authority or a private company.

The Carers' Charter continues to be displayed in all our wards and departments to help raise awareness and improve the experience of carers. This is further supported by a more detailed "Caring for Carers" algorithm. The key messages for staff are; to identify carers early, to involve carers in delivery and discussions about the patient's care (as appropriate) and to be able to signpost and provide information to carers about the Sunderland Carers' Centre.

Some of the carer related initiatives and activities that the Trust has been involved with during 2015/16 include:

- supporting the national John's Campaign – this is a campaign which seeks to increase the number of hospitals where carers of people with dementia are welcome to continue supporting the person they care for outside regular visiting hours and, in some instances, 24 hours a day if they wish to do so. City Hospitals was one of the first Trusts nationally to pledge support to deliver this campaign, and have in fact extended the offer to all carers;
- developing a new "Carers' Passport", a business card, which will be issued to carers allowing them to visit outside of normal visiting hours and be involved in delivery of care if they are able and wish to do so. We intend to implement the passport early in 2016/17. We will have posters displayed at ward entrances to raise awareness of the initiative.

Carers of adults with a learning disability told us of concerns they had for the person they cared who went outside in public places unaccompanied. They mentioned the "Sunderland Safe Place Scheme" which provides vulnerable adults with a safe place to visit if they are alone and feel worried, concerned, bullied or lost when outside.

The programme is currently being rolled out across the City of Sunderland, and City Hospitals has pledged to participate in the scheme. The reception areas within the Trust have been identified as "safe place" areas which will also display the scheme identity logo. Prior to implementation staff training will be provided by Sunderland People First who are a well-established self-advocacy group for people with learning disabilities in Sunderland.

Building on the success of previous years, the Trust once again highlighted the carer role during national Carers' Week, and supported a number of activities which included; having a screen saver on all computers throughout the Trust raising carer awareness, staff from the Carers' Centre manning enquiry and information stalls during the week and staff promotion of the Carers' Emergency Card.

The Trust also made an organisational pledge on the official Carers' Week website "to be committed to the development of good quality, flexible services to support patients and carers and involve carers in both care management and service planning decisions".

VOLUNTEERS

Volunteers play an important role within the hospital, complementing the work of staff and enabling us to enrich, improve and extend the range of services offered to patients and visitors. There are countless reasons why people volunteer. For many it is a chance to do something positive and to help others. For others they simply have time to spare that they wish to give to something that matters to them. Volunteering helps others, can be highly rewarding and can help develop new skills and confidence. It can be a stepping stone into employment or training, create opportunities to meet new people and make new friends as well as improve health and wellbeing. There are a wide variety of ways in which volunteers can help. Volunteers might want to spend some time helping patients or they might choose to help in other ways. We can usually help find a role to suit all interests, skills and levels of experience.

City Hospitals Sunderland actively encourages local people to volunteer their time and talents for the benefit of our patients, staff and visitors. We currently have 42 Trust volunteers along with 28 Macmillan cancer services volunteers.

Some of the roles undertaken by our current hospital-based volunteers include; helping vulnerable and frail patients on wards, collecting patient feedback, acting as 'hospital navigators' to make sure visitors can get to the right place in time and supporting the work within the Help and Advice Service.

If volunteers have an interest in a particular area, or want to gain more knowledge from specific departments and professionals, then we do our best to help.

COMMUNITY PANEL

The Community Panel have had a long-standing relationship with the Trust in providing a credible, representative patient and public forum for improving the patient experience in hospital. The Panel is chaired by the Head of Nursing and Patient Experience and meets bimonthly, undertakes a range of activities between meetings, and remains a sub-committee of the Patient Carer and Patient Experience Committee.

We can report further examples of their activities during 2015/16:

- monthly collection of real time feedback information from patients;
- development and pilot of a survey to support and evaluate the Trust 7 day working programme;

- a member of the Community Panel sits on the Trust Nutrition Steering group, and is regularly requested to undertake work on behalf of that group including meal monitoring/observations;
- members have supported the development of reminiscence materials which are used in caring for patients with dementia in the Alexandra Suite;
- members were involved in the development of the Trust-wide action plan to deliver the recommendations of the Savile Inquiry;
- undertaken a repeat wristband survey of 451 in-patients to identify if they were wearing a wrist band and if the information included in the wrist band was complete and legible;
- carried out a preferred name audit to assess whether patients were being addressed by their preferred name and if they knew who their named nurse was;
- five members of the Community Panel took part in the annual PLACE inspection teams ensuring that the process was objective, fair and accurate;
- one member of the Community Panel is trained in Human Rights and has supported the Trust Equality and Diversity Manager in a range of activities;
- one of the Panel members has been part of the regional multi-agency THINKsafe patient safety initiative since its inception. The role has involved helping define the scope of the project, developing evaluation criteria and THINKsafe materials and marketing the project, including giving a presentation at a launch event. The initiative was also shortlisted for a national patient experience award and the Panel member in question represented the project team at an awards ceremony in London;
- a three day regional Patient Leadership development programme was commissioned by NHS England to provide patients with a greater knowledge of what it means to be a patient leader and how this role could be shaped within local communities and NHS services. A member of the Community Panel attended the first programme which included an introduction to key skills, knowledge and qualities required to engage with and influence change and decision making at a local or regional level;
- ongoing active contributors to a number of Trust working groups and committees and reporting back to Community Panel meetings.



Dave Green, a longstanding member of the Community Panel was acknowledged at the annual Reward and Recognition Event which took place in October 2015. Dave has been a first class ambassador for promoting patient involvement in the Trust and has been a leading figure in the work of the Community Panel for many years. The special award, presented by Ken Bremner, Chief Executive City Hospitals Sunderland, recognised his overall contribution and service to the Trust.

PATIENT-LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE)

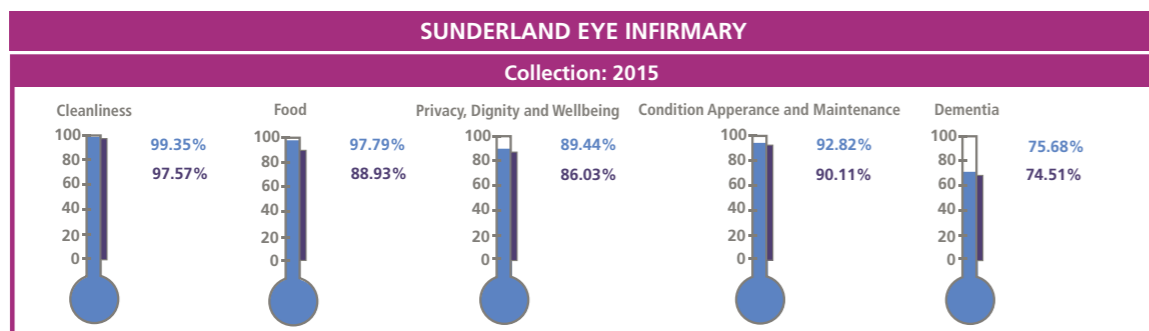
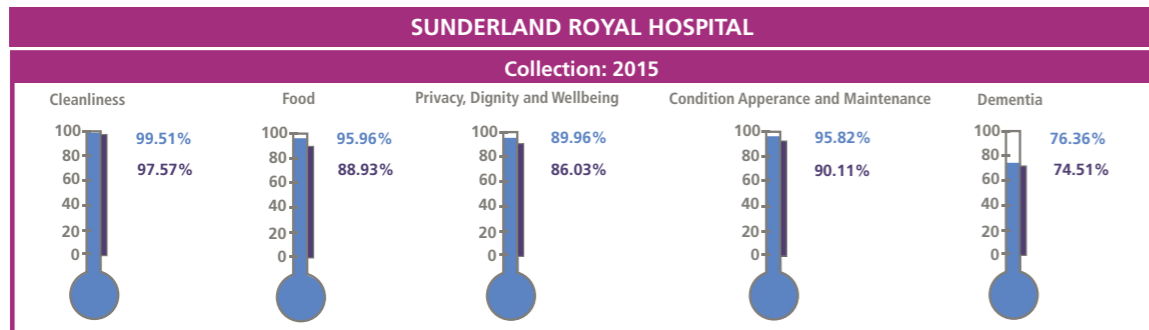
PLACE provides an annual snapshot to organisations of how their environment is seen by those using it, and provides insight into areas for improvement. It enables organisations to benchmark their performance nationally against a range of activities split between five domains (Cleanliness, Food and Hydration, Privacy and Dignity, Condition and Appearance of the premises and the environment for dementia patients). For the first time, the process included a mandatory assessment on the extent to which hospital environments support the care of patients with Dementia. The Dementia assessment is drawn from environmental assessments

produced by The King's Fund and Stirling University and includes a selection of criteria such as flooring, décor, signage, handrails and seating etc.

This year saw a number of changes to the questions and also the scoring in a number of sections across the inspection, with additional questions regarding hearing loops at reception desks and audio/visual appointment/consultation alert systems for outpatient areas. The Food domain saw four new questions added relating to the recommendations from the Hospital Food Standards Panel.

Once again the PLACE process benefited from the continued commitment of representatives from the Board of Governors, the Trust Community Panel and Sunderland Healthwatch. Some members of the inspection team had been involved in last year's inspections and the general feeling of those involved was that the standards at City Hospitals had improved from last year. Some issues were identified for improvement, as would be expected from a very busy working environment, however none of these presented any immediate impact on the quality of the patient experience. Indeed the majority of patients questioned during the inspection were full of praise for the care they were receiving.

The results for both the Sunderland Royal Hospital and Eye Infirmary site show continued strong performances with all five environmental domains achieving scores well above the national averages. Similarly when compared against our local Trusts we do particularly well. Naturally the new Dementia domain gives the organisation more scope for improvements and we will be focusing on what needs to be done over the coming months and beyond as it is clearly a longer term programme of work. The tables below show the scoring for the Sunderland Royal Hospital and Eye Infirmary sites against the national averages:



Source: Health and Social Care Information Centre



The assessments showed evidence of sustained improvements and high standards in most areas. It was acknowledged that many of the issues identified were temporary incidents, due to daily routine activity, with arrangements already in place to resolve them. This was taken into consideration as part of the assessment. There continue to be areas where improvements can be made and the most common findings are as follows:

- food service issues were generally positive, and there was improvement in the availability of menus to patients with menus visible at every patient bedside;
- there were some minor issues around patient areas not being fully readied for the meal service and unnecessary items having to be removed from the bedside table;
- significant improvement was evident regarding the amount of high level dust, although some was identified in areas such as above door frames. This continues to be addressed as part of the findings of the Domestic Contract review and will continue to be a key focus with the Domestic Contractor;
- signage around the site, both internally and externally, continues as an area requiring further updating;
- within the assessment form there is a section on Dementia-Friendly Ward Environments. This section was a scored domain this year and a number of areas of non-compliance were noted across most areas visited. Issues for consideration included flooring, signage and colour contrasts. These issues will be shared with the Nursing and Quality Team and Estates for consideration; and
- food service operational issues are shared with the Nutritional Steering Group and Catering Review panels.

IMPROVING QUALITY USING A LEAN PHILOSOPHY

Lean is an improvement approach used with increasing frequency in healthcare to improve flow and eliminate waste. Lean is basically about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change. With a focus on delivering our vision of 'Excellence in Health' we identify the waste or non-value adding activities in our systems and processes and do all that we can to remove them, freeing up more of our clinical and administrative time to do the things that matter to patients. The Kaizen Promotion Office provides continuous improvement facilitation to a number of projects across the organisation using Lean methods. Some of the work we have done includes:

Sustaining the Perfect Week

We mentioned in last year's Quality Report that the Trust was involved in a new initiative, called the 'Perfect Week' which focused on reducing delays and improving patient flow throughout the hospital, to enable us to deliver: **the Right Care in the Right Place at the Right Time.**

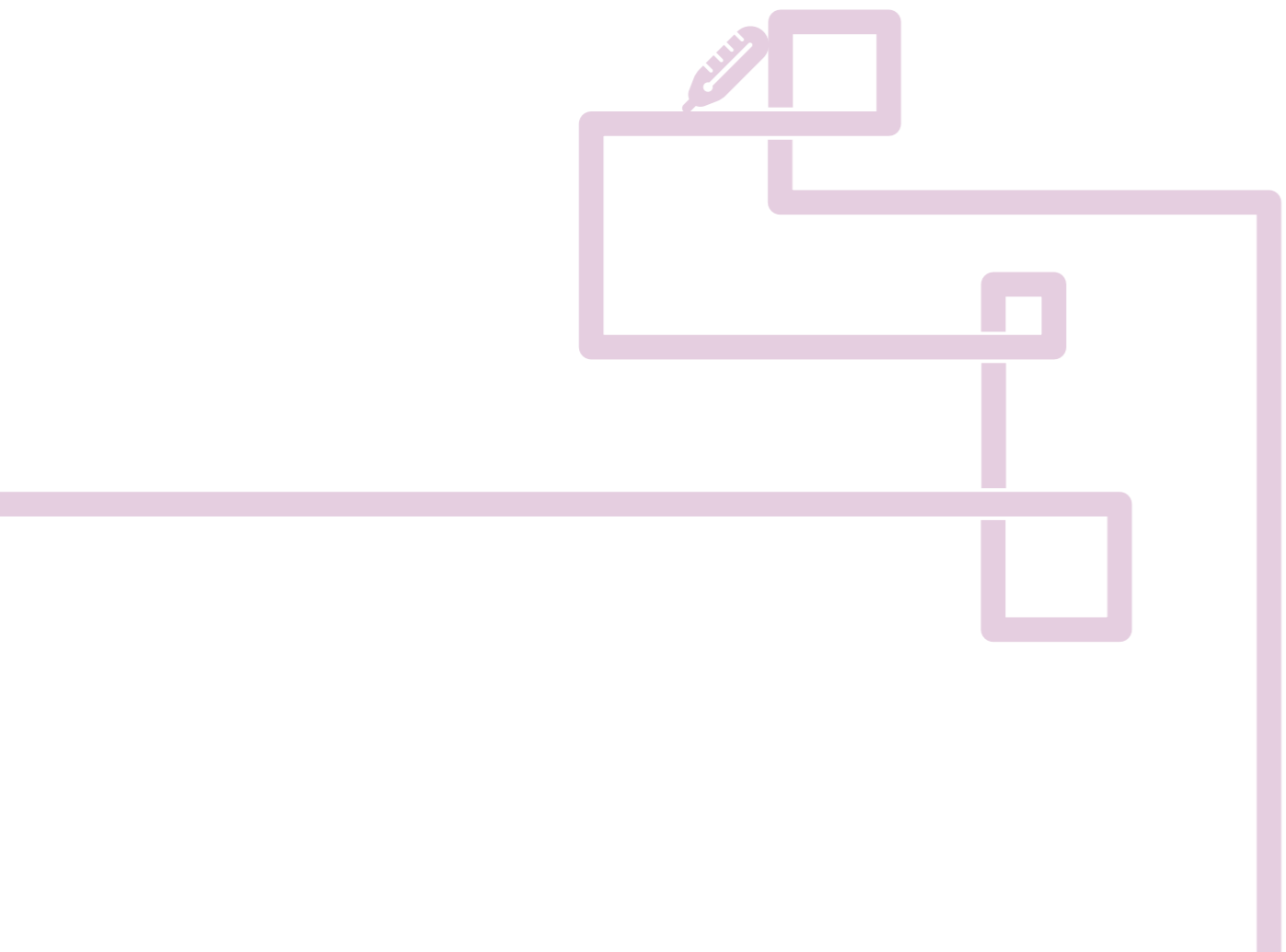
This essentially involved working with internal and external partners to:

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

Whilst the Perfect Week was heralded as an overwhelming success, the focus for this year has been to sustain, embed and build on the progress that was made and also to establish long term solutions to some of the more difficult issues raised. The table below summarises the four key areas and shows the respective initiatives and work streams that the Trust has been working on, in collaboration with internal and external partners, during the year:

<p>Site Escalation Strategy</p> <ul style="list-style-type: none"> • Early intervention • Whole organisation commitment and visibility • Proactive challenge • External links at Silver 	<p>City Wide</p> <ul style="list-style-type: none"> • Social work • Care homes • Access to IT systems • GP emergency referrals • City-wide escalation plan
<p>Internal Flow Issues</p> <ul style="list-style-type: none"> • Communication channels • Incorporate learning into 7 Day Working • Deliver SAFER bundles 	<p>Further Scoping</p> <ul style="list-style-type: none"> • Patient choice directive • Discharge processes and training • Audit of Monday discharges

This ongoing work is being facilitated by the continued commitment and support of all staff at City Hospitals and our external partners across the City.





Surgical Theatre SMART Week 9th -13th November 2015

Over the past years there have been many initiatives from the Surgical and Theatre Directorates to help improve overall surgical and operating theatre performance. Whilst many of these have resulted in positive clinical benefits, some others have failed to bring about any sustainable improvements. Inspired by the success of the Perfect Week initiative it was decided to hold a SMART week for those stakeholders involved in surgical and operating theatre care. The purpose of the week was to provide the optimal theatre day and to help identify and remove any barriers that would delay or stop theatre lists. Amongst other things, the aim was to improve theatre utilisation and reduce on the day patient cancellations. Similar to the arrangements for the Perfect Week a number of dedicated staff were assigned to collect information and data to help evaluate the success of the various initiatives that were being tested.

The SMART week was a huge success and we were able to report that:

- the Trust had the highest number of patients scheduled for theatre ever;
- theatre utilisation on average for the week was 90% against the previous norm of 82%;
- theatre cancellation rates were below 5% for the first time ever against a norm of 9.7%;
- day case surgery was a key area of focus and we managed to get 3 patients who had knee ligament operations home on the day of surgery who would normally stay overnight. The Day of Surgical Assessment (DOSA) team also adapted their practice to accept a patient who had had anaesthesia in the form of a spinal block which meant he went home that day and avoided an overnight stay; and
- there was noticeably less inappropriate and distressing patient movement prior to surgery.

The focus now will be to sustain the progress made during the SMART Week by identifying those improvements that need to be embedded in routine, daily practices.

New Endoscopy Unit

Our new Endoscopy unit received its first patient at the beginning of March 2016. Planning for the new Unit started back in 2013 and over the last three years we have undertaken a number of improvement events to help in its design and development. These have enabled us to test and build in Lean principles in order to enhance patient flow and experience throughout the process.

Our initial Lean workshop took place in October 2013 and used the Lean 3P (Production Preparation Process) methodology. The aim of this type of event is to develop a process or product that meets customer requirements in the "least-waste way". The interactive workshop used the imagination and experience of key stakeholders including patients, clinicians, nurses, estates and corporate staff. The team worked together to create and test potential designs and process layouts for the new unit. Life-size mock-ups of proposed designs were made and simulations of new working practices were tested.

The physical environment in which healthcare is delivered is an important dimension of quality of care. Using Lean thinking in the design of our new department has brought significant benefits in terms of workflow, patient experience, safety and effectiveness of care.

Referral to First Outpatient Appointment

The Referral to First Outpatient Appointment Project involves the electronic transfer of referral information and triaging of referral letters from GPs and Dentists, and internally from other consultants. The new system has resulted in a reduction in the time between receipt of the referral to triage, from days or weeks to hours. Patient safety has been improved by ensuring referral letters are not lost in transit and there is a clear audit trail to track referrals through the process. Patients requiring diagnostic tests on arrival at their appointment are now easily flagged at the triage stage, leading to an improved patient experience.

PART 3.2 PERFORMANCE AGAINST KEY NATIONAL PRIORITIES 2015/16

PERFORMANCE AGAINST NATIONAL MEASURES

During 2015/16 the Trust has continued to achieve national standards across a number of key measures (as shown below) including waiting times for cancer and consultant-led treatment. The Trust has also exceeded the national quality standard for ensuring patients admitted to hospital are assessed for risk of developing a blood clot (VTE). Work has been ongoing to further reduce the number of hospital acquired healthcare infections year on year.

Some of these indicators are taken into consideration by Monitor, the regulator of Foundation Trusts, as part of their regular assessment of governance.

Patient experience continues to be a key area priority for the Trust and for 2015/16 we have achieved continued high levels of satisfaction with our services as measured via the 'Friends and Family Test'.

For some indicators the Trust was below the standard set for 2015/16. However, with the exception of cancer 62 days and the unplanned re-attendance rate in A&E, there has been an improvement (or reduction dependent upon the specific indicator) from the previous year which is extremely encouraging.

Indicator	Last Year 2014/15	Target 2015/16	2015/16	Variance	Year
National Indicators					
Referral to Treatment waits % completed admitted adjusted pathways seen within 18 weeks ^{1,2}	88.43%	N/A	83.20%	N/A	N/A
Referral to Treatment waits % completed non admitted pathways seen within 18 weeks ¹	98.33%	N/A	95.73%	N/A	N/A
Referral to Treatment waits % incomplete pathways waiting less than 18 weeks ¹ ^(A)	93.90%	92%	93.82%	1.82%	●
Diagnostic Test waiting times ¹	0.28%	1%	0.80%	-0.20%	●
A&E: Maximum waiting time of four hours from arrival to admission / transfer / discharge ^(A)	92.11%	95%	93.57%	-1.43%	●
Ambulance Handover Delays % <30 minutes	94.47%	95%	96.77%	1.77%	●
Ambulance Handover Delays 30-60 minutes	814	0	405	405	●
Ambulance Handover Delays 60+ minutes	255	0	102	102	●
All Cancer Two Week Wait	94.84%	93%	94.41%	1.41%	●
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	98.07%	93%	100.00%	7.00%	●
All Cancer 62 day urgent referral to treatment wait	85.71%	85%	83.10%	-1.90%	●
62 day wait for first treatment following referral from an NHS Cancer Screening Service	83.87%	90%	82.61%	-7.39%	●
31 day standard for cancer diagnosis to first definitive treatment	98.05%	96%	98.48%	2.48%	●

Indicator	Last Year 2014/15	Target 2015/16	2015/16	Variance	Year
National Indicators					
31 day standard for subsequent cancer treatments - surgery	98.86%	94%	99.47%	5.47%	●
31 day standard for subsequent cancer treatments - anti cancer drug regimens	100.00%	98%	99.88%	1.88%	●
Cancelled operations not rescheduled within 28 days	14	0	13	13	●
HCAI - MRSA Bacteraemia ³	3	0	3	3	●
HCAI - Clostridium Difficile ³	34	<=34	30	-4	●
VTE risk assessment for inpatient admissions	97.50%	90%	98.26%	8.26%	●
Friends & Family Test - Inpatient response rate ⁴	48.47%	30%	18.31%	-11.69%	●
Friends & Family Test - Inpatient % recommended	95.68%	N/A	97.45%	N/A	N/A
Friends & Family Test - A&E response rate ⁴	18.82%	20%	16.42%	-3.58%	●
Friends & Family Test - A&E % recommended	95.56%	N/A	96.74%	N/A	N/A
NHS Safety Thermometer – harm free care	93.33%	95%	93.54%	-1.46%	●
Duty of Candour	84	N/A	138	N/A	N/A
Local Indicators					
Discharge letters issued in 24 hours ⁴	66.20%	90%	82.02%	-7.98%	●
A&E attendance letters issued in 24 hours ⁴	87.46%	90%	92.87%	2.87%	●
A&E time to initial assessment (median) ⁴	12 mins	9 mins	8 mins	-1 mins	●
A&E time to initial assessment (95th percentile)	52 mins	15 mins	35 mins	20 mins	●
A&E time to treatment (median)	53 mins	60 mins	52 mins	-8 mins	●
A&E unplanned re-attendance rate	7.25%	5%	7.34%	2.34%	●
A&E left without being seen	1.61%	5%	1.94%	-3.06%	●

^(A) Subject to limited assurance from external auditors

¹ Excludes non English commissioners as per NHS England published statistics

² The national standards regarding admitted and non-admitted pathways were only applicable until September 2015, at which point data submissions for the admitted adjusted pathways ceased, therefore performance shown relates to the period from April 2015 to September 2015 only.

³ Cases apportioned to Acute Trust only. C. diff cases also exclude cases agreed at local appeals panels as not being genuine CDI or Trust apportioned cases

⁴ Local target agreed with commissioners

REFERRAL TO TREATMENT (RTT) PATHWAYS [Ⓐ]

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

- The indicator is expressed as a percentage of incomplete RTT pathways waiting less than 18 weeks out of all patients on incomplete RTT pathways at the end of the period.
- The indicator is calculated as the arithmetic average derived from the monthly performance as reported to the Department of Health between April 2015 to March 2016.
- The clock start date is defined as the date that the referral is received by the Foundation Trust, meeting the criteria set out by the Department of Health guidance.
- The indicator includes only referrals for consultant-led services, which meets the definition of service whereby a consultant retains overall clinical responsibility for the service, team or treatment.

A&E WAITING TIMES –TOTAL TIME IN THE A&E DEPARTMENT [Ⓐ]

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

- The indicator is expressed as a percentage of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge.
- The indicator is calculated as the arithmetic average derived from the monthly performance as reported to the Department of Health between April 2015 to March 2016.
- The types of A&E services included are: type 1 A&E department (a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients), type 2 A&E department (a consultant led single specialty accident and emergency service with designated accommodation for the reception of patients) and type 3 A&E department (other types of A&E/Minor Injury Units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients, which can be doctor led or nurse led).

- The clock starts from the date and time that the patient arrives in A&E, or for ambulance arrivals, the arrival time is when hand over occurs or 15 minutes after the ambulance arrives at A&E, whichever is earlier.
- The clock stops when the patient leaves the department on admission, transfer from the hospital or discharge.

[Ⓐ] For more information on the Auditor's Limited Assurance report see page 126.

ACCIDENT AND EMERGENCY (A&E)

During 2015/16 the Trust has continued to receive an increasing number of patients through the A&E department with a 6% increase compared to 2014/15. As a result we did not achieve the national standard of 95% of patients spending a maximum of 4 hours in the department. Despite the pressures, performance was around 1.5% better than the previous year and was above the national average. The Trust continues to work with our local commissioners and partners to improve access to urgent and emergency care services across Sunderland.

The Trust continues with the new Emergency Department build which will provide increased capacity and a high quality environment for patients. As part of the enabling measures for the new build, the emergency department moved into an interim location in December 2015. This provides an opportunity to embed new processes and ways of working in preparation for the completion of the new build in early 2018. We have implemented a number of initiatives throughout the year to improve waiting times in A&E such as:

- further development of 'ambulatory care' services for patients who may need further assessment and treatment but do not need to stay in hospital;
- further refinement of processes on inpatient wards to ensure timely consultant review and discharge where clinically appropriate; and
- ensuring patients are directed to the most appropriate healthcare professional and service for their needs, including Pallion Urgent Care Centre which deals with minor illness and injury and provides access to a GP.

Despite performance against the 4 hour standard, the Trust has continued to perform well against quality indicators such as timely assessment by a clinician, time to treatment from arrival and patients who have an unplanned re-attendance after their initial visit to A&E.

CANCER WAITING TIMES

The Trust has continued to achieve the national waiting time standards for the majority of cancer targets. The only standards not met were for patients treated after being referred from their GP and an NHS Screening Service. Performance relating to patients referred from a screening service related to a very small number of patients, and was as a result of increasing demand on services due to annual cancer awareness campaigns.

85% of patients referred from their GP for suspected cancer should receive treatment within 62 days and the Trust was marginally above this standard in 2014/15. Performance in 2015/16 however was slightly under target mainly due to pressures in the Urology service between July and October and the last months in the year. This does remain a risk for the Trust and other Trusts across the country, in light of continued increasing demand and complex diagnostics and treatment pathways.

Work has progressed throughout the year to improve cancer pathways and ensure patients receive timely treatment and communication about their care. Positive improvements have been made in response to the national patient cancer experience survey such as additional urology cancer nurse specialists, funded by Prostate Cancer UK, who have improved access to support for patients with cancer. During the year we have also established a Cancer Patient and Carer Group in order to promote patient and carer involvement in the development of cancer services within the Trust.

REDUCING HEALTHCARE ASSOCIATED INFECTIONS (HCAIs) – CLOSTRIDIUM DIFFICILE (C. DIFF)

The Trust continues to reduce the incidence of hospital acquired *C. diff* infection and we were again below the trajectory set for the year, as well as achieving a further reduction from the previous year.

We are heavily involved in local and regional HCAI prevention groups, which facilitate sharing of best practice and support our efforts to minimise the risk of infection for our patients. The Trust has been set a trajectory of 34 cases for 2016/17.

APPROACH TO MEASURING PERFORMANCE – WHAT AND HOW WE MEASURE

The Trust measures performance across a wide range of indicators including:

- national indicators, Operational Standards and Quality Requirements – these are set by Monitor, the regulator of Foundation Trusts and NHS England;
- local Quality Requirements – agreed with commissioners and included in our contract; and
- internal indicators – these are agreed as part of our annual planning process and KPI's are developed to measure progress against delivery of our corporate objectives.

These are reviewed annually and reported through our governance structures to Board.

ANNEX ONE: STATEMENT FROM COORDINATING COMMISSIONERS: NHS SUNDERLAND CLINICAL COMMISSIONING GROUP (SCCG), NHS DURHAM DALES, EASINGTON AND SEDGFIELD CLINICAL COMMISSIONING GROUP (DDES CCG) AND NHS NORTH DURHAM CLINICAL COMMISSIONING GROUP (ND CCG)

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

The CCGs would like to thank the Trust for sharing the 2015/16 Quality Report and for the opportunity to comment upon it. We would like to acknowledge the openness and transparency in the work the Trust has achieved to date, in the delivery of the 2015/16 priorities and in the on-going delivery of the quality measures.

Throughout 2015/16 Quality Review Group (QRG) meetings with representation from the CCGs have taken place with CHSFT on a bi-monthly basis. These are a well-established mechanism to monitor the quality of the services provided by the Trust and aim to encourage continuous quality improvement. The QRG has remained sighted on the Trust's priorities throughout the year for improving the quality of its services for its patients, and have continued to provide robust challenge and scrutiny at the QRG meetings with the Trust.

SCCG, with representation from DDES and NDCCGs, has conducted a programme of clinical quality assurance visits to the Trust in 2015/16. Their purpose is to gain further insight and assurance into the quality of care and experience provided for patients. This has resulted in valuable partnership working with the Trust and given the CCGs the opportunity to make recommendations for suggested areas of improvement to services. A programme of CCG visits has been planned and agreed for 2016/17.

There are a number of areas where the Trust has made quality improvements in 2015/16 that have been important for patient care, for instance; the focus on implementation of the priorities from the National Care of the Dying Audit, implementation of the Trust Compassionate Care Strategy and the increasing involvement in national and local clinical audits, research and innovation.

The CCGs commend the success of the Trust in reporting increasing numbers of incidents; especially no harm/near miss events, as evidenced in the recent release of data from the National Reporting & Learning System (NRLS) in April 2016. The Trust is ranked second nationally for organisations who are also categorised as acute (non specialist) organisations. Nationally, it is well recognised that organisations who report more incidents usually have a better and more effective safety culture. This provides the CCGs with assurance of the Trust's focus on improving incident reporting, resulting in organisational learning and sharing of lessons learned.

Safety Thermometer; the Trust improved the level of patients receiving harm-free care in the months of February and March 2016. The CCGs would like to see this work sustained and it would be helpful to see an outline of the Trust's plan as to how they will maintain an increased level of above 95%, in the forthcoming year.

The CCGs are pleased to note that the mortality performance in 2015/16 is now in line with national averages. The update on the ongoing success of the mortality review panel is positive and we acknowledge the Trust's achievement on having the most "productive" review panels in the regional mortality network. The numerous ways in which the process has been strengthened in 2015/16 is noted with interest and we look forward to reviewing the improved quarterly mortality reports which will be aligned with the National Mortality Governance Guidance.

The CCGs acknowledge the Trust on their continued transparency, with the publication of information in the public arena, including safer staffing data, open and honest care reports, as well as displaying key quality and safety information in public areas on Trust wards. The continued involvement in the national "Sign Up to Safety Campaign" is endorsed by the CCGs, and we look forward to seeing the results of the 3 safety initiatives taking place in the Maternity Department and the Emergency Department.

The CCGs welcome the Trust's specific quality priorities for 2016/17 and consider that these are appropriate areas to target for continued improvements, which align to the CCGs commissioning priorities. We recognise the value of all of the priorities identified including a reduction in hospital acquired pressure ulcers and patient falls that result in serious harm. We look forward to improvements in sepsis management, use of the dementia integrated pathway and the

timeliness of responses to patient complaints. We are pleased to see that for each priority, a dedicated group will have responsibility for driving forward the changes.

The CCGs acknowledge the positive work going on in respect of Duty of Candour and are pleased to note the increased number of reported incidents in quarter 4. The Trust reported 3 never events in 2015/16; which is disappointing as these are serious, largely preventable patient safety incidents that should not occur if providers have appropriate preventative measures in place. However, we are pleased to see that following the Trust's root cause analysis investigations, prompt identification of learning has taken place and a review of the Trust's policies and training took place to prevent their recurrence.

The CCGs note the update on the actions taken to address the areas which required improvement, as identified in the Care Quality Commission (CQC) inspection visit report (January 2015) and acknowledge the Trust's collaborative approach in sharing the action plan and working with the CCGs. We note the long term challenges of staffing recruitment and Emergency Department performance and that these remain ongoing priorities. We also note positively the overall rating of "Good", with all the inspection elements also rated as "Good", for Church View Medical Centre, in the recent CQC report.

The CCGs would like to acknowledge the Trust's sustained high level performance in the 2015 Patient Led Assessment of the Care and Environment (PLACE) audit and look forward to seeing the planned improvements in the identified areas.

The CCGs look forward to seeing the benefits of the new endoscopy unit which was developed using lean principles and opened in March 2016 for patients requiring the diagnostic and treatment service in gastroenterology.

The CCGs recognise the additional work the Trust has put in to further expand the scope of Friends and Family Test, to incorporate all NHS services. The CCGs would like to congratulate the Trust on the high scores for patients who would recommend the Trust as a place to receive treatment and note that the Trust's results consistently exceeded the national and local average scores.

We would like to acknowledge that the Trust was below the national trajectory for Clostridium Difficile following the appeals process agreed with the CCG. It is disappointing that for a third year, the Trust has not achieved the zero tolerance target for MRSA bacteraemia. It is however, encouraging that the Trust is analysing themes arising from investigations and has identified key improvements for the coming year. The joint Health Care Associated Infection (HCAI) group will continue its positive contribution to this agenda and remain sighted on the issues.

The CCGs recognise the challenges faced by the Trust in achieving performance against key national priorities, such as patients spending a maximum of 4 hours in the Accident and Emergency department. We acknowledge that despite the pressures faced, the overall performance was 1.5% better than the previous year and was above the national average. We look forward to working with the Trust in seeking sustained improvement in 2016/17.

In the coming year, the CCGs will be interested in the direction of travel that the new health alliance formed between CHSFT and South Tyneside NHS Foundation Trust (STFT) will take and in working with the "South of Tyne Healthcare Group", to implement transformation whilst ensuring the goal of ensuring that quality and safety of care remain at the heart of the partnership.

Much of the information contained within this Quality Report is routinely used as part of the quality monitoring process as described above. As required by the NHS Quality Reports regulations, the CCGs have taken reasonable steps to check the accuracy of this information and can confirm that it is believed to be correct. To conclude, the CCGs remain committed to working closely with CHSFT, in an open and transparent way, to ensure that the care provided for patients and carers is maintained at the highest possible quality standard in the most cost effective way.



Ann Fox
Director of Nursing,
Quality and Safety
Sunderland CCG



Claire Bradford
Medical Director
Sunderland CCG

Date: 20 May 2016

ANNEX TWO: STATEMENT FROM SUNDERLAND SCRUTINY COMMITTEE

We are pleased for the opportunity to comment on your 2015/16 Quality Report which provides a good overall account of services and the performance achieved during the previous year. Scrutiny Councillors in Sunderland have a longstanding relationship with City Hospitals Sunderland NHS Foundation Trust over the years as a critical friend, both challenging issues and recognising good areas of practice.

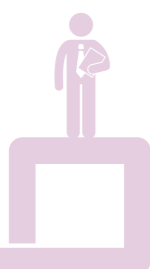
One of the issues looked at over the year was in relation to the provision of urology services in Sunderland. The Scrutiny Committee invited City Hospitals representatives to a specially convened meeting to address some of the performance issues around the urology service. Scrutiny Members were pleased to be informed at this meeting that there had been an increased internal focus with support for the department of Urology to address this range of performance issues and that the urology team had delivered significant improvements to its performance which were currently being sustained. The Quality Report does recognise that this remains an area of concern, not only locally but nationally, due to the increasing demand and complex diagnostics and treatment pathways and Members are pleased to note that the additional urology cancer nurse specialists have improved access to support for patients with cancer.

The suspension of breast cancer services in Sunderland was also an important issue that Scrutiny considered during 2015/16. The Scrutiny Committee held a number of meetings with colleagues from City Hospitals and the Clinical Commissioning Group around the future for breast cancer services in Sunderland. Scrutiny Councillors recognised the hard work that had been undertaken in developing a 'one-stop' shop service for breast cancer in Sunderland, and acknowledged the active engagement undertaken with the "Save our Service" group in the development of plans for the new service ensuring the needs of patients will be met. The Scrutiny Committee also highlighted issues around communications from the service provider to the service user and recommended that both City Hospitals and the CCG look to improve this for the benefit of patients undergoing their cancer journey.

The many challenges that face the NHS has also brought about the formation of a health alliance between Sunderland and South Tyneside NHS Foundation Trusts and we are pleased that discussions have commenced at an early stage with local scrutiny committees around the development and implications of the alliance. We look forward to an on-going dialogue as this develops and progresses over the coming years.

Sunderland City Council's Overview and Scrutiny Function are therefore happy to endorse the Quality Report for 2015/16 and look forward to our continued relationship with City Hospitals Sunderland NHS Foundation Trust.

Date: 20 May 2016



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

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2015 to March 2016;
 - papers relating to Quality reported to the Board over the period April 2015 to March 2016;
 - feedback from the commissioners dated 20 May 2016;
 - feedback from governors dated 24 March 2016;
 - feedback from Overview and Scrutiny Committee dated 20 May 2016
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 26 May 2016;
 - 2014 national patient survey published 21 May 2015;
 - 2015 national staff survey published 22 March 2016;
 - the head of internal audit's annual opinion over the trust's control environment dated 24 May 2016; and
 - CQC intelligent monitoring reports published 29 May 2015.
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report (available at www.monitor.gov.uk/annualreportingmanual)

By order of the Board

J N ANDERSON
Chairman
Date: 26 May 2016

K W BREMNER
Chief Executive
Date: 26 May 2016

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS OF CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST ON THE ANNUAL QUALITY REPORT

We have been engaged by the Council of Governors of City Hospitals Sunderland NHS Foundation Trust to perform an independent assurance engagement in respect of City Hospitals Sunderland NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the 'Quality Report') and specified performance indicators contained therein.

SCOPE AND SUBJECT MATTER

The indicators for the year ended 31 March 2016 subject to limited assurance (the "specified indicators") marked with the symbol ® in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

Specified Indicators	Specified indicators criteria (exact page number where criteria can be found)
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.	Annual Report page 118 – Referral to treatment (RTT) pathways
Percentage of patients with a total time in A&E of four hours or less from admission transfer or discharge.	Annual Report page 119 – A&E waiting times-total time in the A&E department

RESPECTIVE RESPONSIBILITIES OF THE DIRECTORS AND AUDITORS

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2015/16" 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 Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2015/16";
- The Quality Report is not consistent in all material respects with the sources specified opposite; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "2015/16 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports 2015/16; and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the financial year, April 2015 and up to March 2016;
- Papers relating to quality report reported to the Board over the period April 2015 up to March 2016;
- Feedback from the Commissioners dated 20 May 2016;
- Feedback from Governors dated 24 March 2016 as an extract of the Governors meeting minutes on that date;
- Feedback from Overview and Scrutiny Committee dated 20 May 2016;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2016;
- The Survey of adult inpatients 2014 - City Hospitals Sunderland NHS Foundation Trust;
- The 2015 national and local staff survey dated 23 March 2016;
- Care Quality Commission Intelligent Monitoring Reports dated May 2015; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2016.

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

OUR INDEPENDENCE AND QUALITY CONTROL

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

We apply International Standard on Quality Control (UK & Ireland) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

USE AND DISTRIBUTION OF THE REPORT

This report, including the conclusion, has been prepared solely for the Council of Governors of City Hospitals Sunderland NHS Foundation Trust as a body, to assist the Council of Governors in reporting City Hospitals Sunderland NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and City Hospitals Sunderland NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.



ASSURANCE WORK PERFORMED

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000 (Revised)'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2015/16";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

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

LIMITATIONS

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM the "Detailed requirements for quality reports 2015/16" and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by City Hospitals Sunderland NHS Foundation Trust.

BASIS FOR DISCLAIMER OF CONCLUSION – PERCENTAGE OF INCOMPLETE PATHWAYS WITHIN 18 WEEKS FOR PATIENTS ON INCOMPLETE PATHWAYS AT THE END OF THE REPORTING PERIOD


The Trust reports monthly to Monitor on the Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways indicator, based on the waiting time of each patient who has been referred to a consultant but whose treatment is yet to start. The 18 week indicator is calculated each month based on a snapshot of incomplete pathways and reported through the Unify2 portal. The data reported is subsequently updated for any identified data errors through a monthly validation process. However, the data is only corrected where a breach / non-breach error is identified. The Foundation Trust was therefore not able to provide final accurate and complete data to demonstrate the waiting period from referral to treatment reported across the year.

CONCLUSION (INCLUDING DISCLAIMER OF CONCLUSION ON THE INCOMPLETE PATHWAYS INDICATOR)

Because it is not possible to quantify the impact of later validation amendments to data, as described in the Basis for Disclaimer of Conclusion paragraph, we have not been able to form a conclusion on the Incomplete Pathways indicator.

Based on the results of our procedures, nothing else has come to our attention that causes us to believe that for the year ended 31 March 2016:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2015/16";
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the 'Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge' indicator has not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "Detailed guidance for external assurance on quality reports 2015/16".



PricewaterhouseCoopers LLP
Newcastle upon Tyne
26 May 2016

The maintenance and integrity of the City Hospitals Sunderland's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

ACCOUNTABILITY REPORT



DIRECTORS' REPORT

The Companies Act 2006 requires the company to set out in this report a fair review of the business of the Trust during the financial year ended 31 March 2016 including an analysis of the position of the Trust at the end of the financial year and a description of the principal risks and uncertainties facing the Trust.

BUSINESS REVIEW

The information which fulfils the business review requirements can be found in the following sections of the Annual Report which are incorporated into this report by reference:

- Chairman's statement on page 8
- Chief Executive's statement on page 10
- Board of Directors on pages 142 to 151
- Income disclosures on page 34
- Register of Interests on page 148

QUALITY GOVERNANCE

It is vitally important that the Board ensures that governance arrangements remain fit for purpose. Good governance is essential in addressing the challenges the Trust faces and the Board must ensure it has oversight of care quality, operational matters and finance. The Board achieves this through detailed discussion at its various formal subcommittees of the Board of Directors.

The Trust has an independent assurance function which reports directly to the Governance Committee.

Details of how the Board ensures arrangements are in place are identified within the:

- performance report;
- quality report;
- annual governance statement; and
- assurance report.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury. There has been no interest paid under the Late Payment of Commercial Debts (Interest) Act 1998.

The Trust can confirm that it has made no political donations during 2015/16.

The Trust has complied with all relevant guidance relating to the better payment practice code, calculation of management costs and declaration of the number and average pension liabilities for individuals who have retired early on ill health grounds during the year. The relevant declarations are detailed in the Annual Accounts.

In addition the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

So far as each Director is aware there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware. All Directors have taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

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

KEY CONSTRAINTS ON TRUST ACTIVITIES

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

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

ARRANGEMENTS FOR MONITORING IMPROVEMENTS

ASSURANCE PROGRAMME

The Assurance function within City Hospitals Sunderland provides an independent test of the organisation's compliance against regulatory and evidence based standards through a structured and responsive programme with four main streams of work plus emerging issues as required.

The four work streams group together the elements of the Assurance Framework and schedule projects against these for the coming year. The Assurance Programme is agreed by the Governance Committee and is updated in line with the revised Assurance Framework. It includes: Assurance visits, lessons learnt, clinical action plans, and corporate action plans.

- Assurance Visits

These are conducted by the Assurance Manager and Programme co-ordinator on a regular basis and involve a visit to a ward or department to talk to patients, question staff and perform an environmental check against an agreed proforma. Any issues which are identified during the visit and any positive feedback are discussed with the person in charge at the time of the visit and this is followed by a written report to the directorate team.

All wards and the majority of departments received an assurance visit in 2015/16 and most were revisited at least once to check that actions had been taken.

The visits have been effective in identifying:

- environmental issues;
- patient feedback on their care; and
- staff knowledge.

Common themes which have emerged have been incorporated and checked as part of the wider Assurance Programme.

The feedback from patients has been overwhelmingly positive in that they feel cared for and safe with overall satisfaction about staff communications, pain control and food quality.

Going forward, the tools will be revised with a reduced focus on environmental checks which are well covered by others. The staff and patient questions will also be refreshed to focus on other issues including the Care Quality Commission (CQC) standards.

- Lessons Learnt

This has been completed twice during the year and involved looking at a sample of complaints, claims and incident investigations to identify agreed actions and check if these have been completed as planned. This continues to be challenging and lessons learnt are not always clearly identified and even when they are, they are difficult to measure if it is some time after the event.

A key priority for 2016/17 will be the further development of identifying and checking that lessons have been learnt.

- Clinical action plans

A number of elements of patient care have been reviewed in collaboration with clinical staff. These have included:

- pressure area care;
- nasogastric tube insertion;
- early warning scores;
- fluid balance charts;
- MUST screening;
- care of the dying documentation;
- use of padded cannulae; and
- drug security.

Details of the outcomes of this assurance work is included within the Quality Report.

- Corporate Plans

Following the CQC inspection in September 2014 there has been ongoing monitoring of the subsequent action plan. All of the 'must do' and 'should do' recommendations have been actioned and largely completed with the exception of:

- the ongoing nurse and medical staffing;
- the A&E 4 hour target; and
- the final ratification of the medicines policy which contains the required approval process for the Patient Group Directives.

The recommendations relating to staffing and achievement of the A&E 4 hour target remain national and local issues which cannot be resolved by CHS in isolation. Considerable work has been undertaken but the national issues were discussed and accepted at the Quality Summit.

Monitor has updated its guidance for governance reviews in the "Well led framework for governance reviews: guidance for NHS Foundation Trusts". This makes more explicit the expectation that an external, independent review of governance against the well led framework should take place every three years.

A self-assessment process has been undertaken following a preliminary identification of required documents by Internal Audit. Following the self-assessment a scoping document has been produced which is currently out to tender and the external assessor will be appointed shortly.

The Assurance Programme has been effective in identifying areas where improvements are necessary and then checking the effectiveness of those improvements.

The Governance Committee, a formal sub-committee of the Board of Directors receives regular reports from the Assurance Manager.

COMPLAINTS HANDLING

City Hospitals Sunderland NHS Foundation Trust strives to provide the highest level of service to our patients. However, we recognise that there may be occasions when things go wrong and patients/relatives may not be entirely satisfied with the level of service they have received.

The Trust has an established complaints handling policy in line with the Department of Health's NHS and Social Care Complaints Regulations. This policy confirms that the Trust has a robust system in place to allow patients (or their nominated representative) the opportunity to have their concerns formally investigated and to receive a comprehensive written response from the Chief Executive.

The complaints handling policy is based on the principles of Good Complaints Handling published by the Parliamentary and Health Service Ombudsman. The key principles are as follows:

- getting it right;
- being customer focused;
- being open and accountable;
- acting fairly and proportionately;
- putting things right; and
- seeking continuous improvement.

Whilst the current regulations stipulate a maximum timescale of six months to respond to a complaint, the Trust aims to respond to complaints as soon as possible, and within timescales negotiated with individual complainants.

The process involves triaging of complaints into three levels:

- red (complex/multiagency/specialty)
- amber
- green (complaints that could be dealt with over the phone)

The aim is that all complainants receive early contact by telephone to agree the issues, response time and response format. We do recognise however, that this does not always happen and work is ongoing to embed the new process. If a complaint is complex, additional time can be negotiated to allow a thorough and comprehensive investigation to be undertaken.

A significant upgrade of the Trust's complaints management system (Ulysses Software System) was undertaken during 2015 and this went live in January 2016. The system will allow us to measure against individually negotiated response times.

From 1 April 2015 to 31 March 2016 the Trust received 532 formal complaints from patients or their representatives, a decrease of 15% on the 627 received in 2014/15.

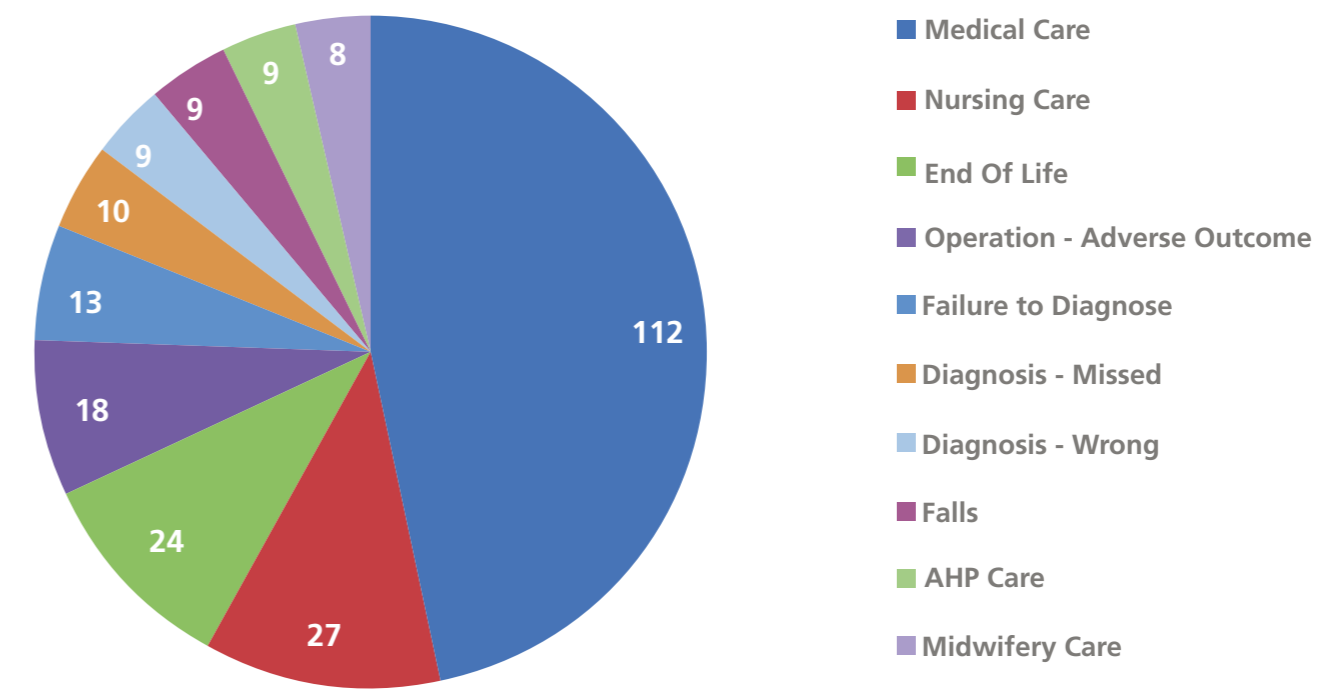
CATEGORIES OF COMPLAINTS

Whilst most complaints have more than one theme, all are allocated a "primary theme". During 2015/16 the following primary themes were attributed to the 532 complaints received and investigated:

Primary Theme	Total	%*
Consent	1	<1%
Transport	1	<1%
Environment	2	<1%
Patient Discrimination	2	<1%
End of Life	3	1%
Policy And Procedures	3	1%
Commercial Decisions of Trust	3	1%
Patient Property and Expenses	4	1%
Medical Records	4	1%
Privacy and Dignity	4	1%
Information Governance	8	2%
Appointments Delay/Cancelled (IP)	9	2%
Admission/Discharge/Transfer	22	4%
Estates/Support/Hotel Services	23	4%
Appointments Delay/cancelled (OP)	41	8%
Attitude of Staff	45	8%
Communication	77	14%
Aspects of Care	280	53%
Grand Total	532	

* percentages rounded to nearest whole number

Aspects of care account for the highest number of complaints and the top 10 issues identified within this theme are detailed below:



It is a requirement that the Trust reports the number of complaints that are "well founded". In 2015/16 we have attempted to make a judgement, following investigation, as to whether complaints were justified. Of the 391 complaints responded to:

- 110 (28%) were upheld;
- 105 (27%) were partially upheld;
- 127 (33%) were not upheld; and
- 49 (12%) still awaiting coding.

The remaining 141 complaints are still under investigation. A key focus of work during 2016/17 will be the timelines of response so that patients and their relatives can, where possible, receive early resolution to the concerns that they have raised.

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, a key role being carried out by our new Quality Risk facilitators. The Directorate Manager, in conjunction with his/her colleagues, is responsible for highlighting areas for improvement and ensuring appropriate action is taken.

The Chief Executive provides a formal written response to the complainant who is given the opportunity should they wish to contact the Investigating Officer to discuss any outstanding concerns. If the complainant remains dissatisfied following this conversation, they are offered the opportunity to attend a formal meeting with appropriate staff members to allow a more personal and open discussion in an attempt to provide further clarification and resolve any outstanding concerns.



PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

Where complainants remain dissatisfied after conclusion of the meeting, and the Investigating Officer feels we have provided the complainant with as much information as possible then local resolution has been exhausted. In such cases, we would suggest the complainant contacts the Parliamentary and Health Service Ombudsman who may agree to undertake an independent review of their complaint.

During 2015/16, the Ombudsman requested information from the Trust in relation to 23 complaints, of which:

- 4 cases – closed without any further action identified by the Ombudsman;
- 3 cases – partly upheld;
- 15 cases – awaiting decision from the Ombudsman; and
- 1 case – referred back to the Trust for local resolution.

One case has been carried over from 2014/15 still awaiting a decision from the Ombudsman.

LEARNING FROM COMPLAINTS

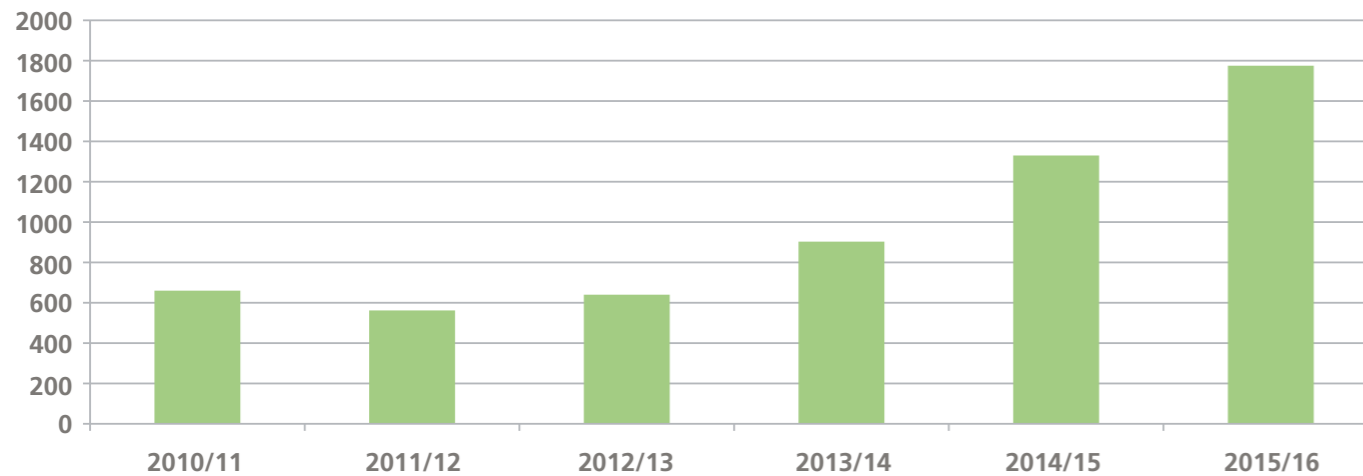
The Trust welcomes both positive and negative feedback from our patients to help us towards improving the services we deliver. A monthly complaints report is submitted to the Patient Carer and Public Experience Committee, a formal sub-committee of the Board, which also includes a patient story. The complaints data is also included in the Trust's risk aggregate report to triangulate with the patient safety data enabling it to identify and monitor trends and themes, and highlight any organisational action required to reduce the risk of recurrence.

A number of initiatives that have been introduced as a result of complaints have been highlighted on page 109.

HELP AND ADVICE SERVICE

The Help and Advice Service (HAAS) is available to provide advice, support and to signpost patients, relatives and/or carers on a wide range of issues. HAAS is responsible for dealing with enquiries which can be resolved by liaising with staff to reach a quick and effective resolution. During 2015/16, HAAS received 1775 contacts compared to 1330 in 2014/15 which reflects a 33.5% increase.

HAAS CONTACTS



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

It is also important to share what is working well and during 2015/16, 2,043 formal compliments about care and treatment were received.

CONSULTATION AND INVOLVEMENT

The Trust continues to develop the work of the Patient, Carer and Public Experience Committee, a formal sub-committee of the Board of Directors. The committee is chaired by one of the Non-Executive directors and has Governor, Community Panel and the Carer Centre representation. Its key responsibilities are to ensure that patient, carer and public involvement is integral to the Trust's overall strategy and to ensure that the Trust takes account of the NHS Constitution in its decisions and actions – in particular the rights and pledges to which patients, carers, the public and staff are entitled.

The committee also monitors the outcomes and resulting actions from national surveys such as the inpatient survey, maternity services survey, and the cancer patient experience survey. These provide valuable feedback by patients on how services are being delivered but more importantly how they can be improved.

The Trust's real time feedback system originally introduced in 2010 has continued to provide valuable information across a range of inpatient areas. The system includes the following:

- a core questionnaire of 19 questions, largely sourced from the national inpatient survey design (although some have been locally amended);
- a network of volunteers undertaking the collection of the feedback drawn from CHS volunteers, patient governors and members of the community panel;
- a minimum of 10 completed questionnaires per ward per month;
- individual reports being sent out promptly to all participating wards; and
- ward staff sharing the results of monthly feedback reports and acting on the findings where appropriate.

Part of the real time feedback process is to invite patients (their carers or visitors) to add any additional comments to their completed questionnaire. These free text comments are reported back to each individual ward to assist local action planning. Some of these comments also highlight other issues of importance to patients not included in the structured format of the questionnaire.

There have been no formal consultations undertaken by the Trust during 2015/16; we are however, working closely with colleagues in the NHS Sunderland Clinical Commissioning Group to ensure that local people are able to access the right service for their needs at the right time and in the right place.

In December 2014 the Trust made a decision with the full involvement of Sunderland Clinical Commissioning Group as our main commissioner to temporarily suspend the breast care service with immediate effect. The decision was made jointly for patient safety and quality reasons. Since that date Sunderland Clinical Commissioning Group has worked with ourselves and Gateshead NHS Foundation Trust to develop a 'one stop' breast care assessment service for patients from Sunderland.

In developing a service specification for high quality breast care services Sunderland Clinical Commissioning Group has carried out a comprehensive engagement exercise to inform the planning of a new service. A range of methods was undertaken involving patients and staff to ensure that the Clinical Commissioning Group understood 'what good looks like'. The information received was used to develop a specification in order to establish a high quality service based upon what was most important to patients.

The CCG and the Trust were invited to attend a number of Scrutiny Committees as were representatives from the "Save our Service" action group to update members on progress and to listen and comment on some of the concerns.

The Trust has worked closely with Sunderland Clinical Commissioning Group, Gateshead NHS Foundation Trust, and the "Save our Service" action group to achieve the best service possible in order to meet the expectations of local patients.

Meetings of the Board of Directors and the Council of Governors are all held in public and members of the public are very welcome to attend. The meetings are advertised in the local press and on the internet.

A number of regular attendees are mailed papers in advance of any meeting.

Governors and Directors are available at the end of every meeting to discuss any issues or concerns.

Communication and consultation with employees has been detailed previously in the staffing report.

SIGNIFICANT PARTNERSHIPS

The Trust has worked hard to develop strong and effective partnerships not only within the health and social care economy in Sunderland but also across NHS North East.

Within the South of Tyne and Wear area there has always been a strong track record of partnership working, clinical networks and a general willingness to engage with each other to help overcome the many challenges that arise when working within the NHS.

The Trust had embarked in recent years on a collaborative process with the three Foundation Trusts across South of Tyne and Wear in a programme known as "The Bigger Picture".

In December 2015 the NHS planning and guidance outlined a new approach to help ensure that health and care services were built around the needs of local populations. As a result we will now with colleagues from South Tyneside NHS Foundation Trust, South Tyneside and Sunderland Clinical Commissioning Groups and the two local authorities be developing a Sustainability and Transformation Plan (STP) across that geographical patch.

In forming the STP the following factors have taken into account:

- geography (including patient flow, travel links and how people use services);
- scale (the ability to generate solutions which will deliver sustainable, transformed health and care which is clinically and financially sound);
- fit with footprints of existing change programmes and relationships;
- the financial sustainability of organisations within the area; and
- leadership capacity and capability to support change.

Gateshead NHS Foundation Trust will now be part of a Gateshead/Newcastle STP footprint.

In parallel to the STP approach the Trust and South Tyneside NHS Foundation Trust have agreed to form and implement a health alliance, working together as a "South Tyneside and Sunderland Healthcare Group" to embark on an ambitious programme of reconfiguring services across South of Tyne and Sunderland in a way that delivers the best patient outcomes. This approach builds on previous collaboration to jointly provide a range of clinical services, (stroke and paediatrics for example), in a way in which the local communities get the best and safest healthcare using the resources and specialist skills available.

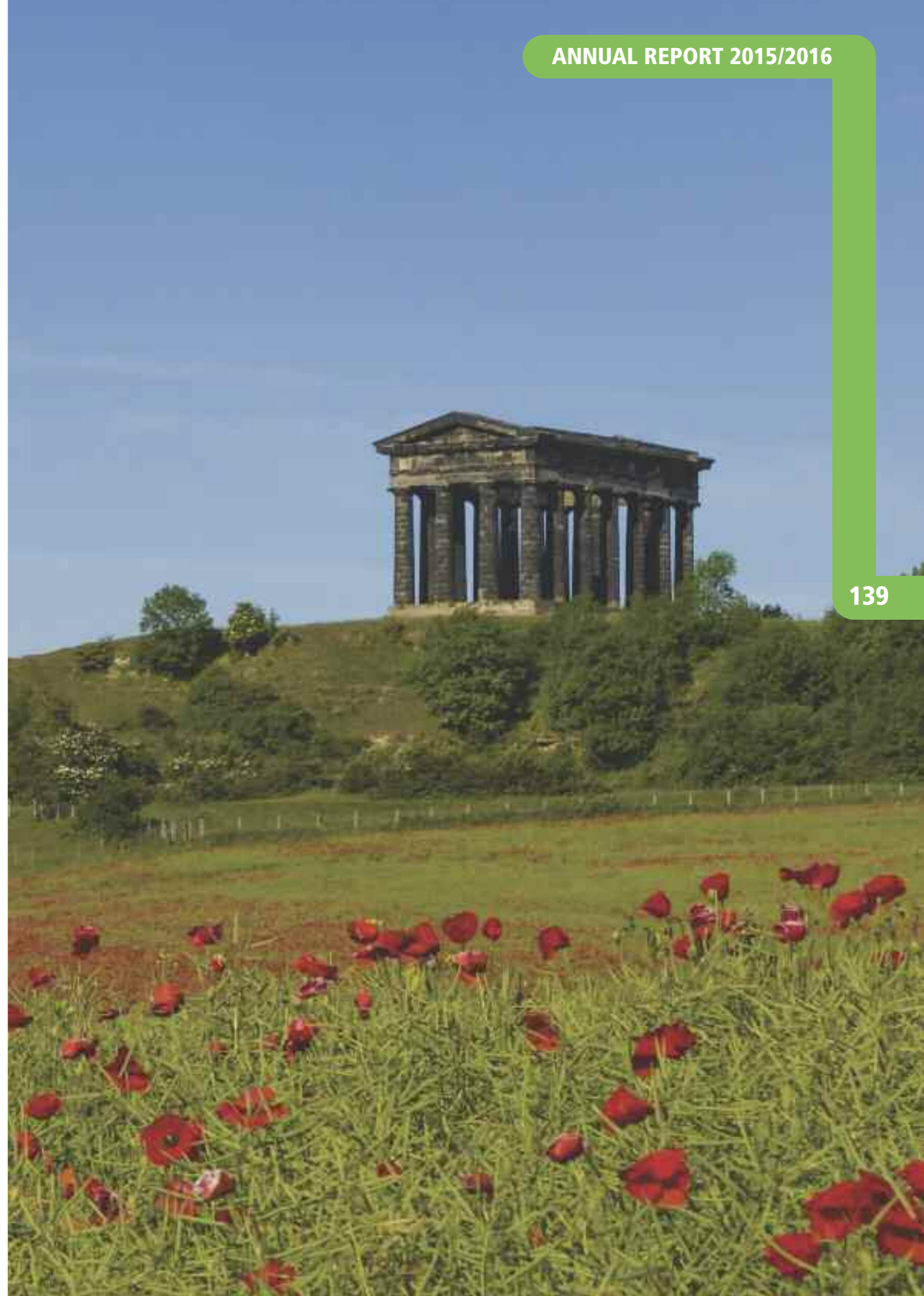
We continue to have a strong relationship with our main commissioner, Sunderland Clinical Commissioning Group, who like ourselves want to achieve better health for the people of Sunderland. Our challenge will be to do that by not only improving the integration of services across health and social care but also by underpinning any developments with more effective clinical decision making.

Partners in the local health economy were successful in becoming one of the national "Vanguard sites" and as a consequence the CCG has launched "All Together Better". This is a trailblazing partnership that brings together health and social care professionals with a range of local support. The aim is to improve the lives of people in Sunderland who need the most help and support to live independently – usually people with several complex conditions or who are too frail to look after themselves fully. The Trust is one of the organisations working in partnership to make sure that "All Together Better" is the best service it can be for local people.

The Trust has also continued to work closely with the City of Sunderland and is an active member of a number of city wide groups:

- Sunderland Partnership Board (chaired by Ken Bremner, Chief Executive of CHS);
- Sunderland Innovation and Improvement Group;
- Economic Leadership Board;
- Adult Partnership Board;
- Children's Board;
- Local Safeguarding Children's Board and associated sub committees;
- Safeguarding Adults Partnership Board and associated sub committees; and
- NHS Provider Forum (advisory committee of the Health and Wellbeing Board).

The Trust is a member of Durham County Council's Health and Wellbeing Board and has been since its inception. The Board promotes integrated working between commissioners and providers of health services and public health and social care services, with the main purpose of being the advancement of health and wellbeing of the people in County Durham.





REGULATORY RATING PERFORMANCE

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

The financial performance is assessed over a range of metrics including liquidity and in year income and expenditure performance. The financial system ranges from 1 to 4. For governance and quality risk the scale is a traffic light system which ranges from red (poor) to green (good). During the year Monitor revised the Risk Assessment Framework scoring approach which resulted in a new measure of 'Financial Sustainability Risk Rating' (FSRR) being introduced in shadow form in quarter 2 and going live in quarter 3, 2015.

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 2015/16 and the 2014/15 financial years is detailed in the tables below. The quarter 4 position detailed in the table is based on submitted information and is subject to confirmation by Monitor.

In relation to Governance for 2015/16, the Trust confirmed at the end of the year that it was unable to state 'confirmed' to the declaration: "The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards" due to non-achievement of two standards, being A&E and cancer 62 day wait for treatment from GP referral. During the year the Trust achieved all relevant targets except:

- A&E 4 hour target – in quarters 3 and 4; and
- cancer targets – for cancer 2 week wait in quarter 2 alone, and 62 day wait for treatment from urgent GP referral, in quarters 2, 3 and 4.

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

The A&E performance has been a challenging target all year and subject to close scrutiny within the Trust, as well as by Commissioners and Monitor. Latterly cancer targets have also been challenging and increasingly require significant input to mitigate the risks.

In terms of financial reporting, the Trust had planned to deliver an overall deficit of £17.8m with significant liquidity risks. The planned FSRR was a '1'. However due to the improving financial position and cashflow, the position by the end of the year was '2'.

2015/16					
	Annual Plan	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Continuity of service rating	1	2	2	N/A	N/A
Financial Sustainability Risk Rating	N/A	N/A	2	2	2
Governance Risk Rating	Amber	Red	Red	Red	Red

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

Notes:
 'Continuity of Service Rating' relates to financial performance, with a score of 4 being the best, 1 being the poorest.
 'Governance Risk Rating' relates to the number of indicators failed, with a score of 0 being the best position. During the 2015/16 year the Trust was automatically scored as 'Red' due to the investigation around the financial position, irrespective of the actual performance against the relevant targets. Actual performance was 0 in quarter 1, and '2' in each of the subsequent quarters. From quarter 3 2014/15 onwards, the Trust had been 'Under Review' due to concerns around the financial position. No rating has therefore been given.

BOARD OF DIRECTORS

STATEMENT OF COMPLIANCE WITH THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

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

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

BOARD OF DIRECTORS 2015/16



John Anderson QA CBE, Chairman

Initial Appointment: October 2008
Reappointed: September 2011 (3 yrs)
Reappointed: September 2014
 (3 yrs but renewable on an annual basis)

Mr Anderson sold his main business (Mill Garage Group) in 1993 and has since devoted his time to Public/Private Partnerships. He is Regional Chairman of Coutts & Co (Private Banking) RBS Group, Sun FM and Durham FM Radio. He is Executive Chairman of Milltech Training Ltd, a company that assists young people into work through apprenticeships. He is Chairman of the North East Business and Innovation Centre.

Committee Member: Board of Directors; General Purposes Committee.



David Barnes, Non Executive Director

Initial Appointment: January 2012 (9 mths) Shadow Appointment
Reappointed: September 2012 (3 yrs)
Reappointed: September 2015 (3 yrs)

Mr Barnes is a Chartered Accountant and is Non Executive Chairman of TTR Barnes Ltd based in Sunderland. He was a Trustee and Audit Chair of United Learning, a national group of schools and academies until his retirement on 31 March 2013. He was a Non Executive Director of Sunderland Teaching Primary Care Trust and also held its appointed Governor position to the Trust's Council of Governors until December 2011.

Committee Member: Board of Directors; General Purposes Committee; Finance Committee; Charitable Funds Committee; Audit Committee. Counter Fraud Champion, Security Champion



Mike Davison, Vice Chairman, Non Executive Director and Senior Independent Director

Initial Appointment:	April 2007
Reappointed:	April 2009 (18 mths)
Reappointed:	September 2010 (2 yrs)
Reappointed:	September 2012 (1 yr)
Reappointed:	September 2013 (1 yr)
Reappointed:	September 2014 (1 yr)
Reappointed:	September 2015 (1 yr)

Mr Davison is a qualified Chartered Management Accountant and until his retirement at the end of March 2008 was Finance Director at the Port of Tyne Authority from 1995 and has recently been appointed as a Trustee of the Pension Scheme. He is a lay member of the Newcastle University Council and Chairman of the Audit Committee. He is also a Church Elder. Mr Davison was appointed Vice Chairman and Senior Independent Director in October 2012.

Committee Member: Board of Directors; General Purposes Committee; Tendering Committee; Governance Committee; Policy Committee; Audit Committee; Remuneration Committee. Revalidation Champion.



Stewart Hindmarsh, Non Executive Director

Initial Appointment:	January 2012 (2 yrs and 9 mths)
Reappointed:	September 2014 (3 yrs)

Mr Hindmarsh is Chairman and Managing Director of SHA Advertising and Marketing in Sunderland. He is also Chairman and Managing Director of The Cedars Nursery Ltd, Chairman and Managing Director of A and R Healthy Living and Grainger CD, Chairman and Director of JG Windows, the music store and Managing Director of Cedar Grove Developments.

Committee Member: Board of Directors; General Purposes Committee; Operations Committee; Human Resources Committee; Finance Committee; Remuneration Committee; Communication and Marketing Committee. Safeguarding Champion, Control of Infection Champion.



Alan Wright, Non Executive Director

Initial Appointment:	June 2012 Shadow Appointment
Substantive Appointment:	September 2012 (3 yrs)
Reappointed:	September 2015 (3 yrs)

Mr Wright is chair of Soundwright Ltd which has built a national reputation for its work on media training and consultancy. He was previously Chief Executive of Durham County Cricket Club and a founder member of the Advisory Committee for England for Ofcom. He is Chairman of UK Regions and Nations for the leading children's charity the Lord's Taverners.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee, Patient, Carer and Public Experience Committee; Communication and Marketing Committee; Tendering Committee; Operations Committee. Emergency Planning Champion.



Miriam Harte, Non Executive Director

Initial Appointment:	September 2007
Reappointed:	September 2009 (2 yrs)
Reappointed:	September 2011 (2 yrs)
Reappointed:	September 2013 (1 yr)
Reappointed:	September 2014 (1 yr)
Reappointed:	September 2015 (1 yr)

Ms Harte studied law at University and is a qualified Chartered Accountant. She worked for 12 years for Procter and Gamble and then moved to the Museum Sector. She was the Director of Bede's World, Jarrow (1998-2001) and then Beamish Museum (2001-2007) and now works as a Consultant on museum/heritage projects, including the redevelopment of the National Glass Centre at the University of Sunderland. She is a Deputy Lieutenant of County Durham.

Committee Member: Board of Directors; General Purposes Committee; Audit Committee; Tendering Committee; Patient, Carer and Public Experience Committee; Charitable Funds Committee; Remuneration Committee. Equality and Diversity Champion.



Mike Laker, Medical Adviser (Non-Executive Director)

Initial Appointment:	November 2014
Reappointed:	November 2015 (1 yr)

Dr Laker was Medical Director at Newcastle Hospitals NHS Foundation Trust from 1998 until 2006. He was also an adviser in Patient Safety for the North East Strategic Health Authority until 2010. He was lead clinician in the Independent Case Note Reviews at the Mid-Staffordshire NHS Trust. He is currently a member of Newcastle University Audit Committee.

Committee Member: Board of Directors; General Purposes Committee.



Ken Bremner, Chief Executive

From February 2004

Mr Bremner is a qualified accountant and joined the Trust in 1988 becoming the Finance Director in 1994. He became Deputy Chief Executive in 1998 and Chief Executive in 2004. Mr Bremner is a member of the SAFC Foundation of Light Development Board and chairs the Sunderland Partnership Executive. He is also a Non Executive Director of the Academic Health Science Network for the North East and North Cumbria.

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



Julia Pattison, Director of Finance

From July 2008

Mrs Pattison is a qualified accountant and has worked in the NHS since 1989. She joined the Trust in May 2006 as Head of Finance and Contracting previously working as Head of Finance and Service Level Agreements at North of Tyne Commissioning Consortium. Mrs Pattison became Director of Finance in July 2008.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Tendering Committee; Finance Committee; Charitable Funds Committee.



Joy Akehurst, Director of Nursing and Quality

From July 2011 until September 2015

Mrs Akehurst is a registered nurse who has worked in the NHS since 1982 and joined the Trust in July 2011 from the post of Associate Director – Quality and Patient Safety, NHS South of Tyne and Wear. Mrs Akehurst retired at the end of September 2015.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Operations Committee; Patient and Public Involvement Committee.



Peter Sutton, Director of Strategy and Business Development

From September 2013

Mr Sutton has worked in the NHS since 1995. He joined the Trust in 1999 and previously held the post of Director of Service Transformation working on behalf of NHS South of Tyne and Wear, South Tyneside NHSFT, Gateshead NHSFT and City Hospitals Sunderland NHSFT. Mr Sutton became Director of Strategy and Business Development in September 2013.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Operations Committee, Communications and Marketing Committee; Finance Committee.



Melanie Johnson, Director of Nursing and Quality

From January 2016

Mrs Johnson is a registered nurse who has worked in the NHS since 1985 and joined the Trust in January 2016. She has held a variety of clinical and management posts in London, Leeds and was Director of Nursing in Newcastle and Edinburgh.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Operations Committee; Patient and Public Involvement 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 UK Sunderland.

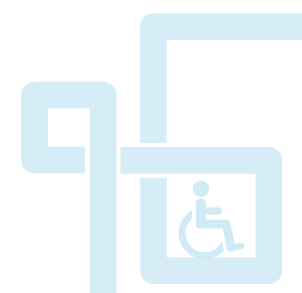


Ian Martin, Medical Director

From January 2013

Mr Martin joined City Hospitals in 1993 as a Consultant Oral Maxillofacial surgeon and continues to combine this role with that of Medical Director. He has previously held the posts of Deputy Medical Director and Clinical Director for Head and Neck within the Trust. Mr Martin was Lead Clinical Co-ordinator for NCEPOD. He is President of the Federation of Surgical Specialty Associations and President of the European Association for Cranio Maxillofacial Surgery.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee



REGISTER OF INTERESTS

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

APPOINTMENT OF THE CHAIRMAN AND NON EXECUTIVE DIRECTORS

It is for the Council of Governors at a general meeting to appoint or remove the Chairman and other Non Executive Directors. Removal of a Non Executive Director requires the approval of three-quarters of the members of the Council of Governors.

The Chairman, John Anderson, was appointed to the Trust on 1 October 2008 for an initial three year term. The Council of Governors extended Mr Anderson's appointment in September 2011 for a further three years. His appointment was extended for a further three years (renewable on an annual basis) in September 2014.

Mr David Barnes, Non Executive Director was appointed in a "shadow" capacity from 18 January 2012 and then took up the substantive appointment from 1 October 2012 for an initial period of 3 years. His appointment was extended for a further 3 years in September 2015.

Mr Mike Davison, Non Executive Director was appointed in April 2007 for an initial period of two years. Mr Davison was re-appointed in January 2009 for a further eighteen months until September 2010 and again for a further two years until September 2012 and an additional year until September 2013. Mr Davison was re-appointed for a further one year until September 2014 and a further year until September 2015. Mr Davison became Vice Chairman and Senior Independent Director in October 2012. Mr Davison was reappointed for a further one year until September 2016.

Ms Miriam Harte, Non Executive Director was appointed in September 2007 for a period of two years. Ms Harte was re-appointed in September 2009 for a further two years until September 2011 and again for a further two years until September 2013. Ms Harte was reappointed for a further one year term until September 2014 and a further one year term until September 2015. She was re-appointed for a further one year term until September 2016.

Mr Stewart Hindmarsh, Non Executive Director was appointed in January 2012 for an initial period of two years and nine months. He was reappointed by the Council of Governors for a further three year period until September 2017.

Dr Mike Laker, Medical Adviser (Non-Executive Director) was appointed in November 2014 for an initial period of one year. He was reappointed for a further year until November 2016. It is a non-voting position to provide challenge and assurance alongside the Medical Director's role.

Mr Alan Wright, Non-Executive Director was appointed in a 'shadow' capacity from June 2012 and then took up the substantive appointment from 1 October 2012 for an initial period of 3 years. He was reappointed by the Council of Governors for a further three year period until September 2018.

All appointments are made for a period of office in accordance with the terms and conditions of office decided by the Council of Governors. At its meeting in January 2009 Governors agreed that renewal dates would be adjusted for approval at future AGMs held in September to allow orderly succession.

The Board is at full strength and has a balance of skills and experience for the business of the Trust. The Board, excluding the Chairman, has a 50/50 split of Executive and Non Executive Directors.

The Non Executive Directors bring an independent judgement on issues of strategy, performance, risk, quality and people through their contribution at Board and workshop meetings.

The Board has concluded that each of the Non Executive Directors is independent in accordance with the criteria set out in the NHS Foundation Trust Code of Governance. At the time of his appointment, the Chairman, Mr John Anderson, was considered independent in accordance with the Code of Governance.

The Chairman and the Non Executive Directors meet regularly without the Executive Directors being present.

The roles of the Chairman and the Chief Executive are separate.

All Directors both Executive and Non Executive meet the "fit and proper" persons test as described in the provider licence.

BOARD EVALUATION

Individual evaluation of both the Executive and Non Executive Directors was undertaken in 2015/16. As part of this process the Chairman undertook one-to-one sessions with the Non Executive Directors and Chief Executive.

The Chief Executive carried out formal appraisals of each of the Executive Directors. The Vice Chairman met all Non Executive Directors and the Lead Governor individually to review the Chairman's performance.

Following this evaluation, the Directors have concluded that the Board and its Committees operate effectively and also consider that each Director is contributing to the overall effectiveness and success of the Trust and demonstrates commitment to the role.

BOARD PURPOSE

The Board of Directors provides entrepreneurial leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. It determines the strategic direction of the Trust and reviews and monitors operating, financial and risk performance.

A formal schedule of matters reserved to the Board includes:

- approval of the Trust's Annual Plan;
- adoption of policies and standards on financial and non-financial risks;
- approval of significant transactions above defined limits; and
- the scope of delegations to Board Committees and the senior management of the Trust.

The Executive Committee of the Trust is responsible to the Board for:

- developing strategy;
- overall performance of the Trust, and managing the day to day business of the Trust

The matters reserved to the Council of Governors are:

- to appoint, or remove the Chairman and the other Non Executive Directors of the Trust;
- to decide the remuneration and allowances of the Chairman and Non Executive Directors;
- to appoint or remove the Trust's auditor;
- to be presented with the annual accounts and annual report;
- to approve an appointment by the Chairman and Non Executive Directors of the Chief Executive;
- to give the views of the Council of Governors to Directors for the purpose of preparing by the Directors, the Trust's Annual Plan;
- to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors;
- to represent the interests of the members of the Trust as a whole;
- to approve "significant transactions";
- to approve an application by the Trust to enter into a merger, acquisition, separation or dissolution;
- to decide whether the Trust's non-NHS work would significantly interfere with its principal purpose; and
- to approve amendments to the Trust's constitution.

MEETINGS OF THE BOARD OF DIRECTORS

		Number of Meetings	Actual Attendance
Board of Directors			
John Anderson	Chairman	6	4
Joy Akehurst ¹	Director of Nursing & Quality	2	1
David Barnes	Non Executive Director	6	6
Ken Bremner	Chief Executive	6	6
Mike Davison	Non Executive Director	6	6
Miriam Harte	Non Executive Director	6	6
Stewart Hindmarsh	Non Executive Director	6	5
Melanie Johnson ²	Director of Nursing & Quality	2	1
Ian Martin	Medical Director	6	4
Julia Pattison	Finance Director	6	5
Peter Sutton	Director of Strategy & Business Development	6	5
Alan Wright	Non Executive Director	6	4
Mike Laker ¹	Medical Adviser (Non Executive Director)	6	4
General Purposes Committee			
John Anderson	Chairman	4	4
Joy Akehurst ¹	Director of Nursing & Quality	2	1
David Barnes	Non Executive Director	4	4
Ken Bremner	Chief Executive	4	4
Mike Davison	Non Executive Director	4	4
Miriam Harte	Non Executive Director	4	4
Stewart Hindmarsh	Non Executive Director	4	2
Melanie Johnson ²	Director of Nursing & Quality	1	1
Ian Martin	Medical Director	4	3
Julia Pattison	Finance Director	4	3
Peter Sutton	Director of Strategy & Business Development	4	4
Alan Wright	Non Executive Director	4	4
Mike Laker ¹	Medical Adviser (Non Executive Director)	4	3
Audit Committee			
David Barnes, Chair		6	6
Mike Davison		6	4
Miriam Harte		6	6
Charitable Funds Committee			
David Barnes, Chair		4	4
Miriam Harte		4	4
Julia Pattison		4	4
Communications and Marketing Committee			
Alan Wright, Chair		6	5
Stewart Hindmarsh		6	3
Peter Sutton		6	4

		Number of Meetings	Actual Attendance
Finance Committee			
David Barnes, Chair		12	12
Ken Bremner		12	11
Stewart Hindmarsh		12	10
Julia Pattison		12	11
Peter Sutton		4	4
Governance Committee			
Mike Davison, Chair		10	9
Joy Akehurst ¹		6	4
Melanie Johnson ²		3	3
Ian Martin		10	6
Julia Pattison		10	9
Peter Sutton ³		6	5
Alan Wright		10	9
Operations Committee			
Stewart Hindmarsh, Chair		12	11
Joy Akehurst ¹		5	0
Melanie Johnson ²		3	1
Peter Sutton		12	9
Alan Wright ⁴		2	2
Patient, Carer and Public Experience Committee			
Miriam Harte, Chair		11	9
Joy Akehurst ¹		11	8
Melanie Johnson ²		11	10
Alan Wright			
Policy Committee			
Mike Davison, Chair		10	8
Joy Akehurst ¹		4	2
Melanie Johnson ²		3	2
Remuneration Committee			
Mike Davison, Chair		3	3
Miriam Harte		3	2
Stewart Hindmarsh		3	3
Ken Bremner (for Executive Directors only)		1	1
Tendering Committee			
Miriam Harte, Chair		5	4
Mike Davison		5	2
Julia Pattison		5	5

¹ Retired September 2015² Appointed January 2016³ No longer a member from October 2015⁴ Joined this particular committee February 2016

AUDIT

AUDIT COMMITTEE

The Audit Committee has reviewed and commented upon the internal and external audit plans and the Local Counter Fraud plan. With regard to internal audit and Local Counter Fraud Service (LCFS) reports it has reviewed their reports and updates on the basis of the report recommendations, and on a sample basis, the complete report.

The Committee has reviewed in detail the Annual Accounts of the organisation.

The external auditors of the Trust are PricewaterhouseCoopers (PWC) and were appointed in February 2011 for a period of three years, with a possible extension for a further two years at an initial value of £44.9k per annum for the financial audits. The 2015/16 accounts represent the final year of the contract extension period. The Council of Governors agreed to extend the contract for the 2015/16 financial year at their meeting in March 2015. A re-tender of the contract for the audit work for the 2016/17 financial year has commenced.

The Council of Governors have agreed with the Audit Committee the criteria for appointing a new external audit contract. A formal and fair procurement process has been established and it is expected that the contract will be awarded in June 2016.

The Audit Committee works with the Finance Committee to ensure overall probity around financial resources within the Trust. The Finance Committee includes some of the members of the Audit Committee. The chair of the Audit Committee, the Finance Committee and the Governance Committee have met periodically throughout the 2015/16 financial year to consider areas of joint work and ensure a common understanding and overview by Board members in the management of risk. The membership of the Audit Committee includes the chair of the Governance Committee which strengthens the assurance process around risk management throughout the organisation.

The Audit Committee has reviewed the Annual Governance Statement and the Governance Committee, Audit Committee and Board of Directors has reviewed the Assurance Framework both of which are part of the framework for managing and mitigating risk for the organisation as a whole, on the basis of systems of internal control being put in place, but also regarding the identification of potential risks, so that action can be taken proactively to address them.

CHARITABLE FUNDS COMMITTEE

The Committee has reviewed in detail the Charitable Accounts relating to funds held on Trust for the 2014/15 financial year. The Committee will consider the 2015/16 Charitable Funds accounts ahead of the formal submission to the Charities Commission.

EXTERNAL AUDIT

There were no non audit services purchased during 2015/16.

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

FRAUD

The Trust has an active Internal Audit programme that includes counter fraud as a key element. It participates in national counter fraud initiatives/ checks and employs counter fraud specialists to follow up any potential issues identified. A communications strategy has been developed to raise the profile of counter fraud as the responsibility of all staff.

OTHER INCOME

The accounts provide detailed disclosures in relation to "other income" where "other income" in the notes to the Accounts is significant. (Significant items are listed in Note 3 to the Accounts).

AUDIT INFORMATION

The directors confirm that so far as they are aware, there is no relevant audit information of which the Company's auditors are unaware and that each director has taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the Company's auditors are aware of that information.

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS ACCOUNTING OFFICER OF CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

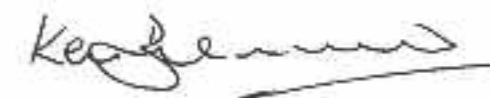
Under the National Health Service Act 2006, Monitor has directed City Hospitals Sunderland NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of City Hospitals Sunderland NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

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

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

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



K W BREMNER
Chief Executive

Date: 26 May 2016

ANNUAL GOVERNANCE STATEMENT



SCOPE OF RESPONSIBILITY

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

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of City Hospitals Sunderland NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in City Hospitals NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

CAPACITY TO HANDLE RISK

The Trust is committed to a risk management strategy, which minimises risks to patients, staff, the public and other stakeholders through a common framework of internal control, based on an ongoing risk management process.

The strategy identifies the key principles, milestones and operational policies governing the management of all types of risk faced by the organisation. This strategy is subject to regular review.

The Audit Committee meets regularly and is well represented ensuring scrutiny, monitoring, discussion and input. The Finance Committee reports to the Board and includes reporting on internal Cost Improvement Programmes, which are examined in detail by the Finance Committee. Finance Reports are presented in a format

consistent with those submitted to Monitor. The Governance Committee leads the work of the Clinical Governance Steering Group and Corporate Governance Steering Group. The Board receives appropriate, timely information and reports from the Governance Committee via a monthly 'Quality and Risk Assurance' (QRA) report enabling adequate and appropriate assessment of risk and management of performance.

As part of the ongoing process of review, the Trust's top risks (previously adopted by the Board) were scrutinised to ensure that they properly reflected the risks which were identified in the departmental Risk Registers. In summary they are now included in the monthly QRA report.

The Trust's risk management programme comprises:

- a single incident reporting process for all risks and hazards identified by systematic risk assessment, risk management review and adverse incidents reporting. The system has been upgraded and improved with training provided to managers who use the system;
- the system allows for real time assessment of all risks and mitigating actions;
- common grading framework and risk register/risk action planning process applied to all types of risk across the organisation;
- comprehensive programme of multi-level risk management training for all new and existing staff;
- ongoing monitoring and review of both internal and external risk management performance indicators at all levels across the organisation; and
- a communication strategy which ensures appropriate levels of communication and consultation with both internal and external stakeholders.

THE RISK AND CONTROL FRAMEWORK

The Trust's framework:

- identifies the principal objectives of the Trust and the principal risks to achieving them;
- sets out the controls to manage these risks;
- documents assurances about the effectiveness of the operation of the controls; and
- identifies to the Board where there are significant control weaknesses and/or lack of assurance.

These high level objectives and the principal risks to achieving them are underpinned by the detailed risks and associated actions set out in the Trust's risk register. Responsibility for the overall framework lies with the Board of Directors. The Board uses the framework to ensure that the necessary planning and risk management processes are in place to provide assurance that all key risks to compliance with licence requirements have been appropriately identified and addressed.

The use of a common grading structure for incidents and risks ensures that relative risks and priorities are assessed consistently across all directorates. No risk is treated as acceptable unless the existing situation complies with relevant guidance and legislation (e.g. 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 Governance Committee and other relevant sub committees.

The Trust's assurance framework incorporates the need to achieve compliance with the Care Quality Commission's requirements. This is assessed in year by the Clinical Governance Steering Group and the Corporate Governance Steering Group reviewing in detail compliance against the relevant standards.

The assurance framework is based on the Trust's strategic objectives and an analysis of the principal risks to the Trust achieving those objectives. The key controls, which have been put in place to manage the risks, have been documented and the sources of assurance for individual controls have been identified. The main sources of assurance are those relating to internal management controls, the work of internal audit, clinical audit and external audit, and external assessments by outside bodies such as the Care Quality Commission, the NHS Litigation Authority and the Health and Safety Executive.

The involvement of external stakeholders in the Trust's risk management programme is a key element of the Trust's Risk Management Strategy. This involves timely communication and consultation with external stakeholders in respect of all relevant issues as they arise.

This process applies in particular to the involvement of external stakeholders in patient safety and the need to co-ordinate how risks are managed across all agencies, including the National Patient Safety Agency, the Medicines and Healthcare Products Regulatory Agency, Local Authority Adult and Children's Services, the

Coroner, the emergency services, representative patient groups and local Clinical Commissioning Groups.

The risk to data security is being managed and controlled through the monthly Information Governance Group, with quarterly updates to Corporate Governance Steering Group. The Information Governance Toolkit assessments are conducted as required, and an annual report is produced confirming the outcome in readiness for the submission by 31 March. This report is presented to Executive Committee, Board of Directors and Council of Governors for approval. For the submission on 31st March 2016, all IG requirements were assessed at Level 2 or above (18 at level 2 and 27 at level 3) which resulted in the Trust being classified as Satisfactory – Green, with a total score of 86%. Internal audit has independently substantiated this assessment.

Key risks facing the Trust during 2015/16 included:

- managing the consequences of an investigation by the Foundation Trust external regulator Monitor around financial performance issues;
- delivering the challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- managing the new financial cap process for agency workers;
- maintaining the relevant performance standards including the 18-week target for 95% of admitted patients in year across all specialties, the maximum 4 hour wait for A&E waits and the 62 day cancer targets;
- managing infection rate targets including MRSA and the *C-Diff* targets; and
- maintaining the standards required by the Care Quality Commission to maintain compliance with licence requirements.

The Trust has considered the requirements of FT condition 4 relating to governance arrangements and is required to comply with the requirements detailed within this condition, specifically relating to:

- the effectiveness of governance structures;
- the responsibilities of Directors and sub-committees;
- the reporting lines and accountabilities between the Board, its sub-committees and the Executive Team;
- the submission of timely and accurate information to assess risks to compliance with the Trust's licence; and
- the degree of rigour of oversight that the Board has over the Trust's performance.

The Board sub-committees include the Governance Committee, Audit Committee, Finance Committee, Patient Carer Public Experience Committee (PCPEC) and Operations Committee. Each has a distinct role around governance or performance management and provides opportunities for Board members at Executive and Non-Executive level, to review in detail the key risks of the organisation and actions being taken to mitigate these risks. The PCPEC includes patient representative membership to support better understanding of these risks from a clinical and patient perspective. Minutes from all Committees are presented to the Board during the year. The Board receives monthly information relating to progress on performance, finance and quality metrics, with actions to address any areas of concern.

A 'Quality Risk and Assurance Report' was developed during 2013/14 and is a standing monthly report at the Executive Committee and Board of Directors. This report is the first formal item on the Board of Directors agenda recognising the importance placed on quality governance. The report focuses on clinical effectiveness, patient experience, patient safety, risk management and assurance, drawing upon the work of relevant Committees and Groups including the Governance Committee, the Patient, Carer and Public Experience Committee and Clinical Governance Steering Group, and includes feedback from independent external benchmarking, audit or other sources of information about the Trust's performance.

The Executive Committee and Board or Directors receive a monthly Performance report detailing the performance against national, local and CQUIN indicators. The report identifies areas of concern and the lead Director highlights action undertaken to manage the area of concern.

The Corporate Governance Statement is presented to the Board of Directors for formal sign-off each year. The Board considers the proposed submission and associated evidence ahead of submission to Monitor including work undertaken in year to improve compliance with relevant standards;

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission;

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with;

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

REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

The Trust's strategic planning and performance management arrangements ensure that all directorates are fully engaged in the continuous review of business objectives and performance.

The Trust uses an Objectives, Goals, Strategies and Measures (OGSM) framework as its strategic planning tool to provide a cascade process for the Trust's 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 stake holders;
- performance management through regular reporting against the key deliverables set out in the Corporate, Directorate and departmental OGSM's and against national and local targets; and
- the achievement of efficiency savings through the Trust's cost improvement programmes with regular review by the Trust's Finance Committee.

Given the continuing financial pressures on the public sector, this year has been a particularly difficult one for all public sector organisations with the focus on reducing costs, coping with peaks in demand and improving the quality of patient care.

The focus on cost reduction has been led by the Finance Committee which ensures detailed scrutiny of Cost Improvement Programmes as well as gaining an in depth knowledge of the underlying financial position of the Trust. This year the Trust introduced a 'Programme Management Group' to support the Finance Committee in its review of detailed programmes and individual projects.

The Executive Committee, the Board of Directors and Council of Governors are actively involved in the business planning and performance management processes established by the Trust as well as maintaining strong links with stakeholders.

During 2015/16 the Trust has:

- implemented an enhanced governance process to streamline the management and reporting of cost improvement plans;
- appointed a Programme Management Office (PMO) supported by external expertise to develop and manage the financial recovery programme;
- continued the building of the new Emergency Department scheme, opening phase 1 in year; and
- received a loan to support the capital programme.

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. In 2015/16, there is a qualification of the audit opinion in respect of the external auditors' responsibilities to report on these arrangements, as explained in the external audit opinion.

As part of reviewing the financial sustainability of the organisation, the Trust has considered the scale of the financial challenges facing the Trust over the next 12 month period. Sustainability funding will be received in 2016/17 linked to the achievement of a range of indicators including a financial control total. There is a risk around the achievement of a challenging cost improvement target and the 'stretched target' to achieve the control total which could impact on the receipt of funding from the Sustainability Fund and the subsequent financial position of the Trust. This is a national risk and the Board of Directors has recognised this within their planning assumptions for 2016/17.

ANNUAL QUALITY REPORT

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

Over the past year, the Clinical Governance Steering Group has reviewed progress against a range of 'quality' issues on a regular basis. This group, the data previously reported and external reports (eg national clinical audits, peer reviews etc) have shaped our clinical

quality improvement plans. The group has also reviewed trends and themes in relation to incidents, complaints and litigation and used the data to inform quality improvement of services.

The Clinical Governance Steering Group as our key group for the monitoring of clinical quality provides reports to the Governance Committee which in turn is a sub-committee of the Board. The Governance Committee receives these reports which provide assurance or highlight any risks to quality. The Corporate Governance Steering Group in parallel with the Clinical Governance Steering Group reports to the Governance Committee on any non-clinical risks or quality issues eg in facilities. In turn, risks to quality identified through these mechanisms, are escalated through to the Board.

Quality Report metrics are also regularly reported throughout the year to the Board of Directors and Executive Committee. These indicators are all reported (along with a number of other metrics) as part of the Trust's performance report.

Most of the data used for these metrics is extracted directly from the hospital's information system (Meditech). Where applicable, the system has been designed to conform to national data standards so that when the data is extracted it is already in a format consistent with national requirements and coding standards. The data is coded according to the NHS Data Model and Dictionary, which means that any performance indicators based upon this data can be easily prescribed and that the Trust is able to provide data that is both consistent nationally, and fit for purpose.

Internally, standard operating procedures are used consistently by staff involved in the production of the Trust's performance against national, local and internal indicators. This ensures that the process meets the required quality standards and that everyone uses a consistent method to produce an output. Wherever possible, our processes are fully, or at least partially automated to make certain that the relevant criteria are used without fail. It also minimises the inherent risk of human error.

Data quality and completeness checks are built into processes to flag any erroneous data items or any other causes for concern, usually as part of the automated process. In addition, further quality assurance checks are performed on the final process outputs to confirm that the performance or activity levels are comparable with previous activity or expected positions. Where applicable, our performance against key indicators is also evaluated against available benchmarking data or peer group information to help understand at the earliest opportunity whether or not the Trust is likely to be an outlier, which in itself may prompt further investigation.

A rolling programme of data quality audits is in place in relation to referral to treatment time indicators to ensure reporting is in line with national guidance and data quality issues are highlighted and acted upon. This is in addition to an annual training programme on waiting list and pathway management with key staff groups and regular data quality reports are already in place. Acknowledging prior year issues flagged in the external report and in relation to the cancer 62 day waiting time standard we have put the following actions in place during the year:

- implemented data quality audits around cancer waiting time standards in our rolling programme of data assurance audits; and
- implemented further sample quality assurance checks at the final stage of the process before performance is reported.

This year, the external audit has highlighted issues in the reporting of the indicator 'percentage of incomplete pathways within 18 weeks for patients on incomplete pathways', as explained on page 126, and management are putting in place arrangements to address this.

For most of the data, specific criteria and standards have to be used to calculate performance which is based on national data definitions where appropriate. To further ensure accuracy the report has been reviewed by two separate internal departments, Clinical Governance and Performance Management, both of which are satisfied with the accuracy of the information reported.

In summary, a substantial proportion of the data used as part of this Quality Report has been previously reported to Board of Directors, Clinical Governance Steering Group, and Executive Committee throughout 2015/16 and feedback from these forums has been used to set future priorities. These arrangements have ensured that a balanced view on quality can be provided through the Quality Report for 2015/16.

With respect to setting the priorities for 2016/17 a wide consultation exercise has been undertaken. Consultation has taken place with the Clinical Governance Steering Group, Executive Committee, Council of Governors, Board of Directors and local commissioners, to ensure that the Quality Report includes views from key stakeholders.

REVIEW OF EFFECTIVENESS

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

The Board and its committees have a key role in maintaining and reviewing the effectiveness of the system of internal control.

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

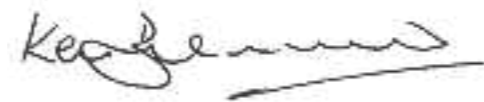
The Governance Committee has received regular reports on sources of external assurance including evidence from the CQC, national reviews and other independent evidence.

The Finance Committee have played an important scrutiny role and helped to ensure that efficiency plans are delivered at a higher level than plan.

The outcome of internal audit reviews has been considered throughout the year through regular reports to the Audit Committee. The Board of Directors receives and considers the minutes of the Audit Committee where necessary. The Head of Internal Audit provides a separate report to me as Accounting Officer of the work undertaken during the year.

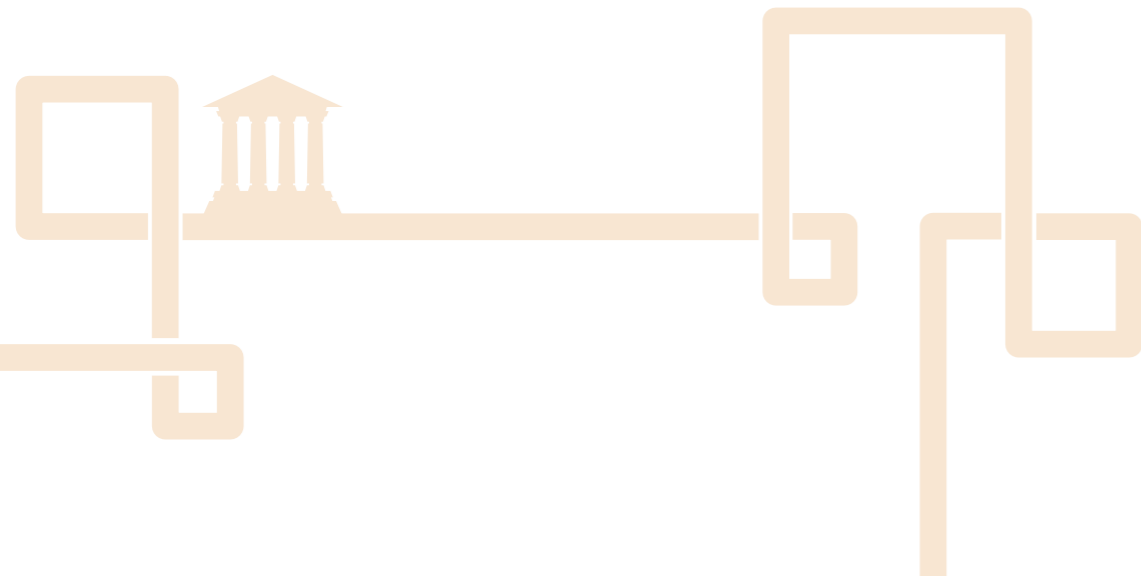
CONCLUSION

My review confirms that no significant internal control issues have been identified.



K W BREMNER
Chief Executive

Date: 26 May 2016



REMUNERATION REPORT

SCOPE OF RESPONSIBILITY

The Remuneration Committee for the Chief Executive and Executive Directors is chaired by the Vice Chairman of the Trust. Other members include two Non Executive Directors and the Chief Executive. The Remuneration Committee agrees the remuneration, allowances and other terms and conditions of office, ensuring Executive Directors are fairly rewarded for their individual and collective contribution to the organisation, having proper regard to the organisation's circumstances and performance and to the provisions of any national arrangements or guidance where appropriate. Membership of the Committee and attendance at the meetings is identified on page 151 of the report. The Chief Executive is not part of the deliberation in relation to his performance or remuneration but joins the committee after this has taken place. The Director of Human Resources attends in an advisory capacity.

In determining the remuneration levels a range of benchmarking evidence is used including:

- NHS-wide governance ie Pay and Contractual Arrangements for NHS Chief Executives and Directors;
- local comparisons from other Trusts (where information is shared);
- posts advertised; and
- salary survey for NHS Chief Executives and Executive Directors.

City Hospital's information is benchmarked against the salary for the relevant individuals and recommendations based thereon. To enable the Trust to recruit and retain staff of the highest calibre, salaries are normally linked to the upper quartile of the benchmarks.

There are three Directors whose salary is above the £142,500 threshold used in the Civil Service. These reflect:

- a clinical PA and a national clinical excellence award;
- an additional role/responsibility as Deputy Chief Executive as well as Director of Finance; and
- salaries being competitive compared to peers in similar sized Trusts.

The Chief Executive and Executive Directors are on permanent contracts with notice periods that range from 3-12 months.

Each Executive Director and the Chief Executive have annual performance plans against which they are assessed on a mid-year and then end-of-year basis. Whilst their salary is not strictly performance related, the Remuneration Committee will discuss performance when considering any changes to remuneration levels.

The Chairman appraises the performance of the Chief Executive on a mid-year and then end of year basis.

Senior Managers' remuneration and pension benefits are detailed in the tables on pages 167 to 172. Accounting policies for pensions and other retirement benefits are set out in note 1.4 to the accounts. No compensation for loss of office paid or receivable has been made under the terms of an approved Compensation Scheme. This is the only audited part of the remuneration report.

The key components of the remuneration package for senior managers include:

- salary and fees;
- all taxable benefits;
- annual performance based bonuses where applicable;

Some terms are specific to individual senior managers, which are assessed on a case by case basis such as:

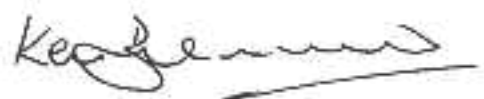
- lease cars; and
- on-call arrangements.

Salaries are determined in line with the Agenda for Change scheme. Notice periods are standard within the Trust depending on the level of the role:

Agenda for Change Band	Notice Period
Bands 1 – 4	1 month
Bands 5 – 7	2 months
Bands 8+	3 months

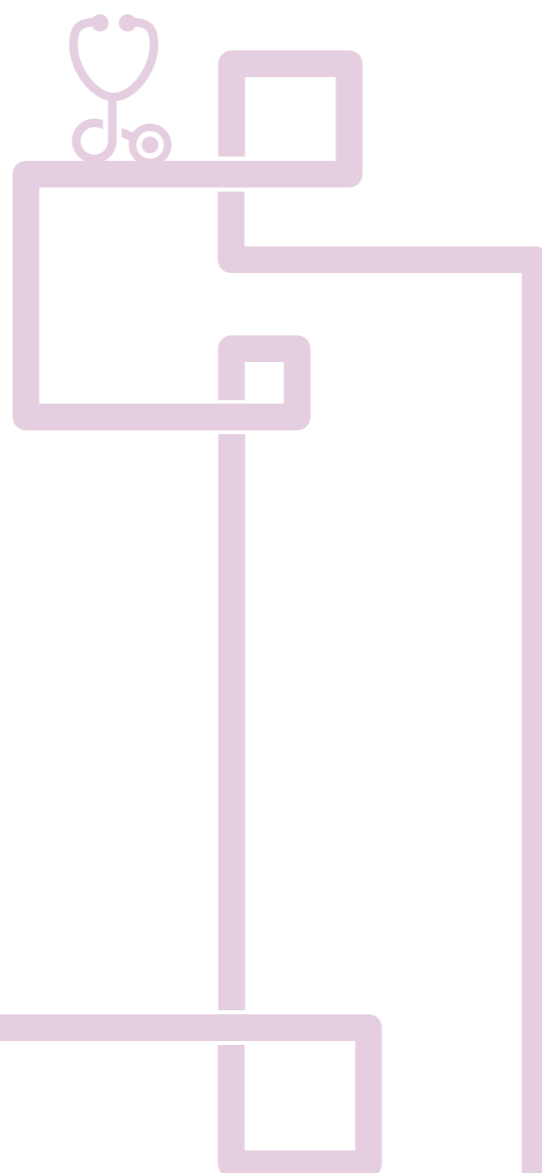
The Council of Governors decides on the remuneration and terms and conditions of the office of the Non-Executive Directors. The Council of Governors, in line with best practice and monitor guidance, will market test the pay levels and other terms and conditions.

The Chairman agrees objectives with each Non Executive Director and a formal appraisal is undertaken annually. The Lead Governor and Senior Independent Director have a role in the assessment and appraisal of the Chairman on an annual basis.



K W BREMNER
Chief Executive

Date: 26 May 2016



SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS – TOTAL SINGLE FIGURE 2015/2016

	Salary (bands of £5,000)	Taxable Benefits (nearest £100) Note 1	Annual* Performance Related Bonus (bands of £5,000)	Long Term Performance Related Bonus (bands of £5,000)	All Pension Related Benefits (bands of £2,500) Note 2	Total Remuneration (bands of £5,000)
	£000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	210 – 215	11.0	5 – 10	0	35.0 – 37.5	265 – 270
MRS J PATTISON Director of Finance	145 – 150	7.0	0 – 5	0	0	155 – 160
MRS B J AKEHURST Director of Nursing (left 30 September 2015)	60 – 65	3.6	0	0	7.5 – 10.0	75 – 80
MRS M JOHNSON Director of Nursing (commenced 11 January 2016)	25 – 30	1.6	0	0	0*	30 – 35
MR P SUTTON Director of Strategy & Business Development	125 – 130	7.0	0	0	0.0 – 2.5	135 – 140
MR I C MARTIN Medical Director	215 – 220	7.0	0	0	55.0 – 57.5	280 – 285
MR J N ANDERSON Chairman	50 – 55	0	0	0	0	50 – 55
MS M HARTE Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR M DAVISON Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR D C BARNES Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR S HINDMARSH Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR G A WRIGHT Non Executive Director	15 – 20	0	0	0	0	15 – 20
DR M F LAKER Medical Adviser (Non Executive Director)	10 – 15	0	0	0	0	10 – 15

* No pension benefits to be declared as at the time of the 'Greenbury Declaration' Mrs Johnson was not a member of the NHS (England & Wales) pension scheme and all prior pension benefits were transferred to NHS Scotland.

The only performance related elements of remuneration were awarded to the Chief Executive and Director of Finance and were set at a maximum of 5% of salary. The performance targets reflect the strategic objectives of the organisation.

The performance targets and relevant weighting (where applicable) together with actual performance are identified in the table below:

CHIEF EXECUTIVE

Objective	%	Achieved	Source of Info
> CQC Report – deliver at least a “Good” classification	60%		Confirmation from CQC (letter/website)
> Financial Performance – Hit year end COS rating of 3	20%	N/A	End of Year Accounts
– Revised plan	5%		
> Operational Performance As per year end Monitor declaration (Q4) – deliver at least a narrative outcome	15%		Monitor Q4 Declaration

The Committee agreed to award 4% on the basis of objectives achieved above.

DIRECTOR OF FINANCE

Objective	%	Achieved
Manage 2014/15 Clinical Income contracts to ensure maximisation of income	2.5%	
Deliver the 2015/16 contracting round, maximising organisational engagement to increase income opportunities	2.5%	
Revisit the budgeting processes for go live in 2015/16	5%	
Revisit the requirements of SLR and re-implement to enable utilisation for decision making purposes	5%	
Work with HR to deliver an improvement in pay management processes		
Deliver a financial risk rating no lower than 3	40%	N/A
Establish City Hospitals Independent Commercial Enterprises Limited (CHoICE)	5%	
Implement an approved 3-5 year Financial Strategy	Deferred into 2015/16	
Ensure delivery of the Trust wide CRP programme	10%	
Deliver capital schemes within approved plan	5%	
Oversee the implementation of ABP Pathology to ensure a smooth transition for the Trust	5%	
Review and implement a new Estates staffing structure to deliver the mandatory requirements required of the function	5%	
Review, tender (as applicable) and implement a number of Trust wide services	5%	
Review the requirements of the National Procurement Strategy and deliver the internal requirements for the Trust	Deferred into 2015/16	
Review opportunities to automate financial systems particularly relating to payment and ordering, with the aim of starting to implement during 2015/16	5%	
Deliver mandatory departmental requirements	5%	

The Committee agreed to award 2.38% on the basis of objectives achieved above.

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS – TOTAL SINGLE FIGURE 2014/2015 (AUDITED)

	Salary (bands of £5,000)	Taxable Benefits (nearest £100) Note 1	Annual* Performance Related Bonus (bands of £5,000)	Long Term Performance Related Bonus (bands of £5,000)	All Pension Related Benefits (bands of £2,500) Note 2	Total Remuneration (bands of £5,000)
	£000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	210 – 215	11.0	5 – 10	0	0	230 – 235
MRS J PATTISON Director of Finance	145 – 150	7.0	5 – 10	0	55.5 – 57.5	210 – 215
MRS B J AKEHURST Director of Nursing	125 – 130	7.3	0	0	52.5 – 55.0	185 – 190
MR P SUTTON Director of Strategy & Business Development	125 – 130	7.0	0	0	60.0 – 62.5	190 – 195
MR I C MARTIN Medical Director	215 – 220	7.0	0	0	300.0 – 302.5*	525 – 530
MR J N ANDERSON Chairman	50 – 55	0	0	0	0	50 – 55
MS M HARTE Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR M DAVISON Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR D C BARNES Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR S HINDMARSH Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR G A WRIGHT Non Executive Director	10 – 15	0	0	0	0	10 – 15
DR M F LAKER Medical Adviser (Non-Executive Director – Commenced 27 November 2014)	0 – 5	0	0	0	0	0 – 5

* There was a significant increase in pension benefit as from the 1 April 2014 the Medical Director Executive Allowance was reclassified as pensionable pay.

Note 1 – Taxable Benefits relate to car allowances either paid to the employee or offset against the total cost of leasing the vehicle.

Note 2 – For defined benefit schemes, the amount included here is the annual increase (expressed in £2,500 bands) in pension entitlement determined in accordance with the 'HMRC' method. The HMRC method derives from s229 of the Finance Act 2004, but is modified for the purpose of this calculation by paragraph 10(1)(e) of schedule 8 of SI 2008/410 (as replaced by SI 2013/1981). In summary, this is as follows:
Increase = ((20 x PE) + LSE) – ((20 x PB) + LSB)

Where:

PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year

PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year;

LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year; and

LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

DIRECTORS REMUNERATION REVIEW (AUDITED)

	2014/2015	2013/2014
Band of Highest Paid Director's Total Remuneration (£ '000)	220 – 225	220 – 225
Median Total Remuneration (£)	23,086	22,556
Ratio	9.64	9.86

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. In this disclosure the median remuneration has been derived using the cumulative gross pay for all directly employed staff, including those staff employed on flexi-bank contracts and payments to other NHS bodies for staff that perform services for the Foundation Trust. The median remuneration calculation has not been adjusted to 'annualise' part year starters and leavers gross pay as it has been assumed that vacant posts have been recruited to. The banded remuneration of the highest paid director in the Foundation Trust in the financial year 2015/16 was £220k to £225k (2014/15, £220k to £225k). This was 9.64 times (2014/15, 9.86) the median remuneration of the workforce, which was £23,086 (2014/15, £22,556). In 2014/15, 0 employees received remuneration in excess of the highest-paid director (2014/15, 2). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

DIRECTORS' AND GOVERNORS' EXPENSES

	2014/2015			2013/2014		
	Headcount	Number receiving expenses	£'00	Headcount	Number receiving expenses	£'00
Executive and Non-Executive Directors	13*	6	41	12	8	52
Governors	16	1	1	16	0	0

* Mrs BJ Akehurst retired September 2015 and Ms M Johnson was appointed January 2016.

Expenses claimed include mileage, parking fees and course and conference fees where they have been booked and paid for personally by the Director or Governor.

PENSION ENTITLEMENTS OF SENIOR MANAGERS – 2015/2016 (AUDITED)

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 2016	Cash Equivalent Transfer Value at 31 March 2016	Cash Equivalent Transfer Value at 31 March 2015	Real Increase in CETV	Employers Contribution to Stakeholder Pension
	(bands of £2,500) £000	(bands of £5,000) £000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	5.0 – 7.5	335.0 – 340.0	1,711	1,647	44	0
MRS J PATTISON Director of Finance	2.5 – 5.0	190.0 – 195.0	837	792	35	0
MRS B J AKEHURST Director of Nursing (left 30 September 2015)	0.0 – 2.5	130.0 – 135.0	0	659	0	0
MR I C MARTIN Medical Director	7.5 – 10.0	320.0 – 335.0	1,790	1,700	69	0
MR P SUTTON Director of Strategy & Business Development	2.5 – 5.0	120.0 – 125.0	427	402	20	0

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2005-06 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation (Consumer Price Index) and uses common market valuation factors for the start and end of the period.

The CETV calculation for 2015/2016 in respect of Mrs B.J. Akehurst is not applicable as the member retired during the financial year.

There is no pension disclosure for Mrs M. Johnson, Director of Nursing and Quality, as all previous membership was transferred to NHS Scotland.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.



COUNCIL OF GOVERNORS



COMPOSITION OF THE COUNCIL OF GOVERNORS

The Council of Governors of City Hospitals Sunderland NHS Foundation Trust comprises seven public Governors for Sunderland and two public Governors for the North East, two patient Governors and five staff Governors. It also includes a stakeholder representative from the City of Sunderland and the Council of Governors agreed that a further stakeholder representative would be sought from the Sunderland Clinical Commissioning Group. The Council of Governors is chaired by Mr J N Anderson, Chairman of the Trust.

Patients Constituency:
1 July 2013 – 30 June 2016




Tony Foster Alex Marshall

Public Constituency – North East:
1 July 2013 – 30 June 2016




Danny Cassidy Ruth Richardson

Public Constituency – Sunderland:
1 July 2013 – 30 June 2016






Rob Allchin Wilfred Curry¹ John Dean Margaret Dobson

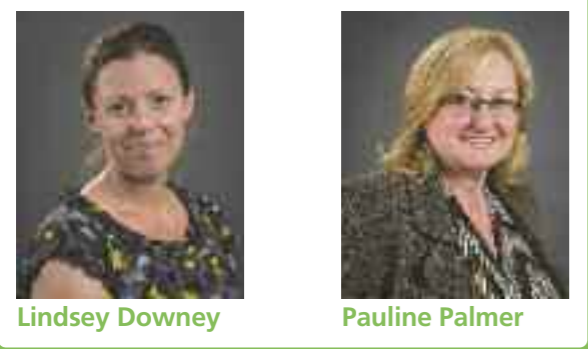




Michael McNulty (Lead Governor) Susan Pinder Pauline Taylor

¹ Sadly died August 2015

Staff Constituency – Clinical Class:
1 July 2013 – 30 June 2016



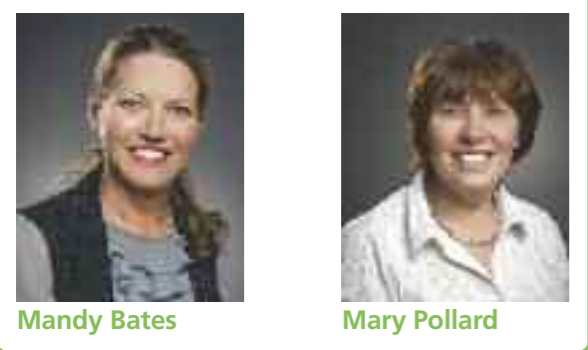
Lindsey Downey Pauline Palmer

Staff Constituency – Medical:
1 July 2013 – 30 June 2016

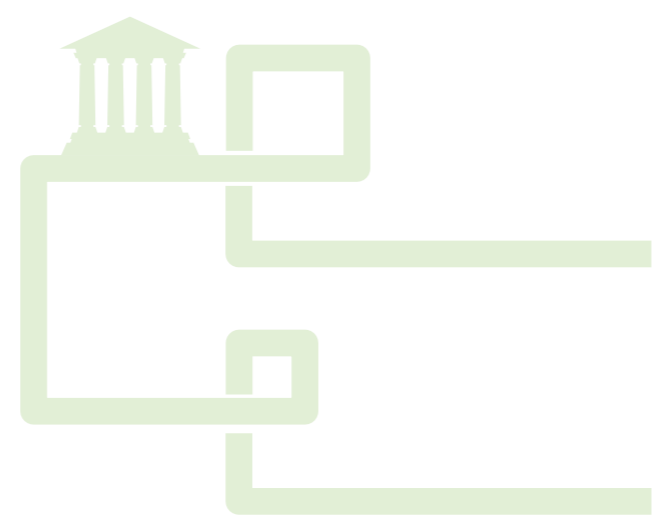


Shahid Junejo

Staff Constituency – Other:
1 July 2013 – 30 June 2016



Mandy Bates Mary Pollard



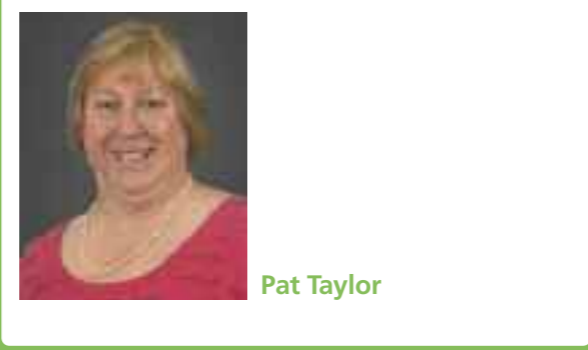
Appointed Governors:

City of Sunderland
1 July 2013 – 30 June 2016



Councillor Graeme Miller
(Cabinet Member with Portfolio for Health and Social Care)

Sunderland CCG
1 July 2013 – 30 June 2016



Pat Taylor

Details of the constituencies are given in the Membership section.

MEETINGS OF THE COUNCIL OF GOVERNORS 1 APRIL 2015 – 31 MARCH 2016

Governor	Constituencies	Meetings in Public	Actual Attendance
Tony Foster	Patient	5	5
Alex Marshall ¹	Patient	5	2
Robert Allchin	Public – Sunderland	5	3
Wilfred Curry ²	Public – Sunderland	5	0
John Dean	Public – Sunderland	5	2
Margaret Dobson	Public – Sunderland	5	3
Michael McNulty	Public – Sunderland	5	5
Susan Pinder	Public – Sunderland	5	5
Pauline Taylor	Public – Sunderland	5	5
Danny Cassidy	Public – North East	5	5
Ruth Richardson	Public – North East	5	3
Mandy Bates	Staff – Other	5	2
Mary Pollard	Staff – Other	5	4
Lindsey Downey	Staff – Clinical	5	4
Pauline Palmer	Staff – Clinical	5	5
Shahid Junejo	Staff – Medical & Dental	5	3
Clr Graeme Miller	Appointed – City of Sunderland	5	2
Pat Taylor ¹	Appointed – Sunderland CCG	5	5
John N Anderson	Chairman	5	4
Carol Harries	Trust Secretary	5	5

The following Directors have attended a number of Governor meetings:

Ken Bremner	Chief Executive
Joy Akehurst	Director
Melanie Johnson	Director
Ian Martin	Director
Julia Pattison	Director
Peter Sutton	Director
David Barnes	Non Executive Director
Mike Davison	Non Executive Director
Miriam Harte	Non Executive Director
Stewart Hindmarsh	Non Executive Director
Alan Wright	Non Executive Director

¹ Period of sickness absence
² Sadly died August 2015

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

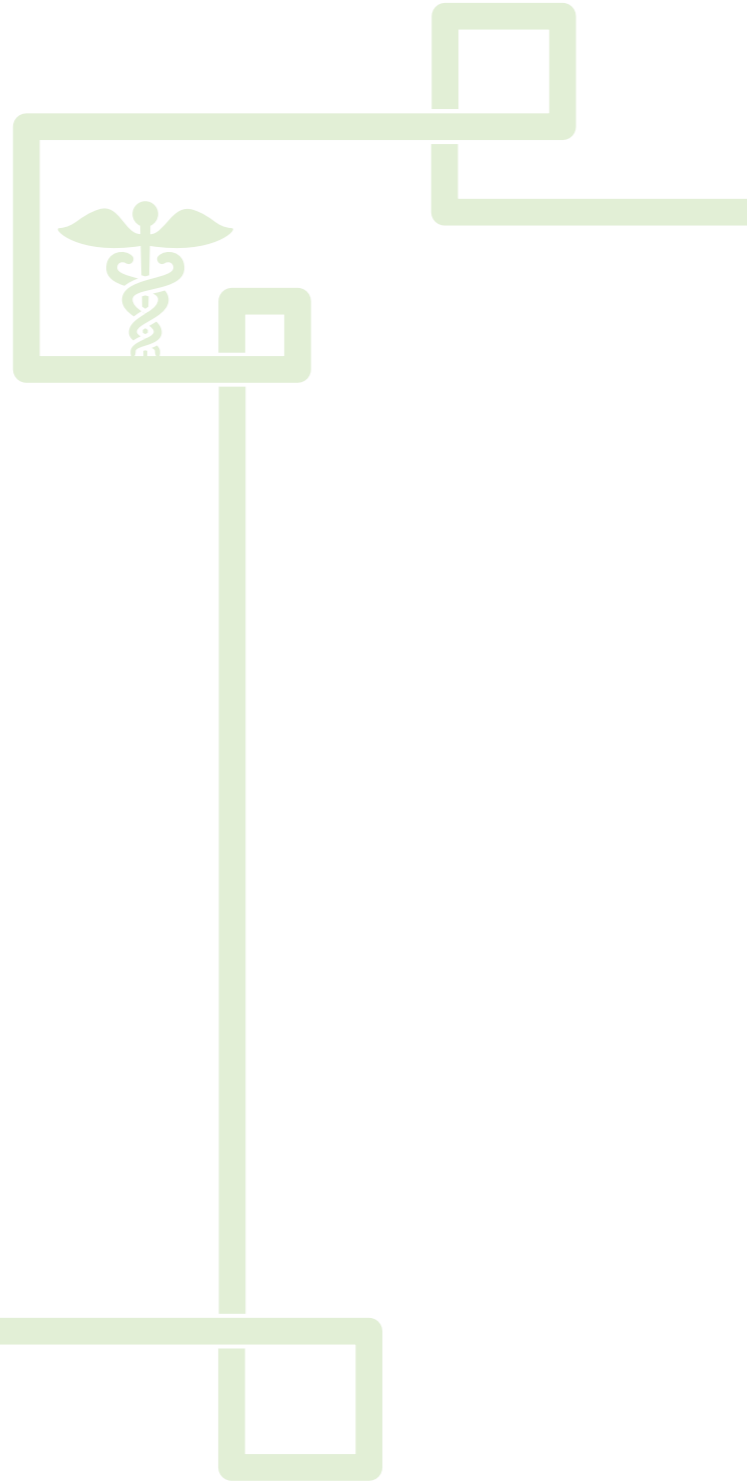
GOVERNOR INVOLVEMENT

Key areas where the Council of Governors have been involved during 2015/16 have included:

- input into our Annual Plan;
- involvement in our PLACE inspections;
- ensuring arrangements are in place for the 'day to day' control and management of charitable funds;
- assuring themselves of the Trust's overall approach to reducing the level of Hospital Acquired Infection;
- contributing to the Trust's approach to Clinical and Corporate Governance;
- assuring themselves of the Trust's approach to Information Governance;
- giving their views on the Trust's approach to Patient and Public Involvement;
- participating in the work of the Community Panel as identified on page 111;
- involvement in the city-wide Maternity Services Liaison Committee;
- involvement in the Trust's approach to Organ Donation;
- assuring themselves of the actions taken as a result of real time patient feedback;
- involvement in the Trust's approach to the deteriorating patient;
- involvement in the Trust's approach to Medical Revalidation; and
- Involvement in the Trust's approach to nutrition.

REGISTER OF INTERESTS

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



MEMBERSHIP



THE FOUNDATION MEMBERSHIP COMMUNITY

The Trust's Membership Community is made up of local residents, patients, carers and staff. Its Membership Community structure comprises four constituencies. Members may join the appropriate constituency depending on the eligibility criteria as outlined below. People who are eligible to become a member of the Community as a whole are:

- over 16;
- a member of City Hospitals Sunderland staff; or
- living in the electoral wards of Sunderland or the North East of England; or
- a registered patient of the Trust since 1 January 2003 (or carer of such patient).

PUBLIC CONSTITUENCIES

Any member of the public living in Sunderland or the North East electoral wards may become a member of the Public Constituency (Sunderland) or the Public Constituency (North East). Staff living in these areas will remain in the Staff Constituency. Members of the public living in these areas will remain in the Public Constituency in preference to the Patients' Constituency.

ASSESSMENT OF THE MEMBERSHIP

The membership figures for each of the constituencies and classes are given in the table below:

Class/Constituency	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Patients	3,677	4,029	4,312	4,508	4,687	4,889
Public – Sunderland ¹	4,533	4,639	4,824	5,019	5,031	4,952
Public – North East ²	1,020	1,231	1,240	1,151	1,253	1,342
Staff:						
Medical & Dental	299	305	320	330	334	338
Clinical	2,007	2,019	1,949	1,883	1,993	2,063
Other	2,264	2,191	2,337	2,224	2,159	2,155
Total	13,800	14,414	14,982	15,115	15,457	15,739

¹ Residents of the electoral wards of Sunderland Council.

² Residents of the electoral wards of the North East of England (excluding Sunderland).

PATIENTS' CONSTITUENCY

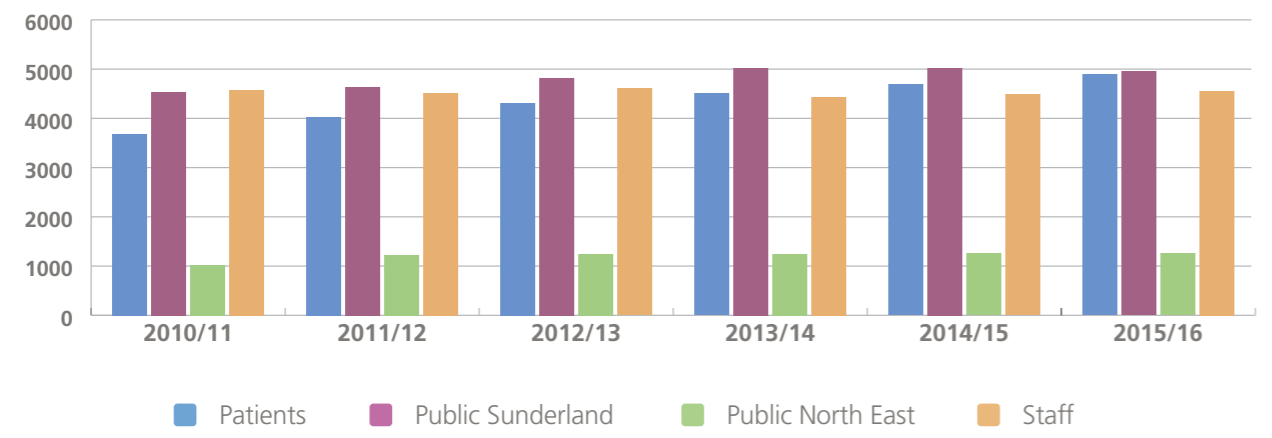
The Patients' Constituency consists of patients registered with the Trust on or after 1 January 2003 (or carer of such patient) who have been invited by the Trust to become a member of the patients' constituency and therefore become a member without an application being made unless he/she does not wish 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.

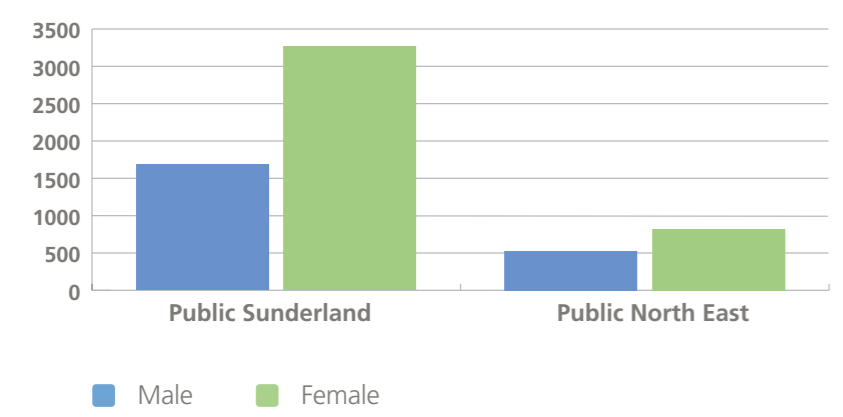


MEMBERSHIP GROWTH



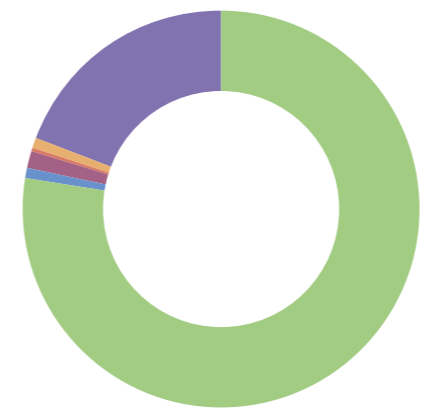
PUBLIC MEMBERSHIP

The following information illustrates the composition of the public members in terms of gender, age and ethnicity.

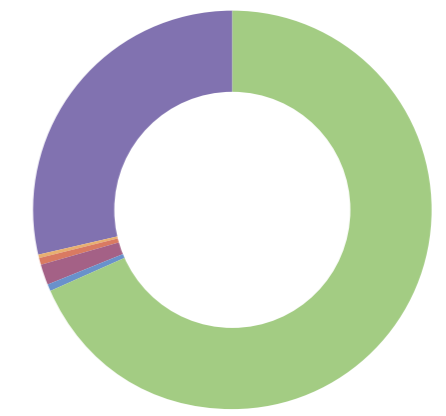


Age	Public Sunderland	Public North East	Patients
17-21	<5	<5	67
22+ years	3,039	1,078	4,558
Not stated	1,909	262	264

ETHNICITY – PUBLIC SUNDERLAND CONSTITUENCY ETHNICITY – PUBLIC NORTH EAST CONSTITUENCY

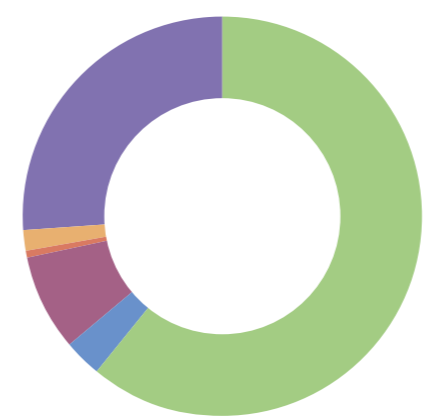


- White 77.77%
- Black 0.67%
- Asian 1.41%
- Mixed 0.26%
- Other 0.81%
- Unknown 19.08%



- White 68.55%
- Black 0.45%
- Asian 1.64%
- Mixed 0.52%
- Other 0.37%
- Unknown 28.47%

ETHNICITY – PATIENTS CONSTITUENCY



- White 61.03%
- Black 3.03%
- Asian 7.75%
- Mixed 0.59%
- Other 1.49%
- Unknown 26.11%

MEMBERSHIP STRATEGY SUMMARY

The Trust has an on-line membership database which has ensured that the database is more accurate. It also allows us to target individual age groups and geographical areas where membership is low by giving generic addresses so that we may write to households identifying the benefits of membership.

The Trust achieved its targets this year for recruiting new members in both the public and patient constituencies.

Mechanisms continue to exist for members of the public to join the Trust and these include:

- active recruitment of members by our Governors;
- membership forms located in GP surgeries, City Libraries, AgeUK and the Carers Centre;
- members of staff who leave the Trust are invited to become a public or patient member;
- electronic membership form on the Trust website; and
- a membership form is included with:
 - “Your Stay in Hospital” booklet
 - The Sunderland Partnership’s document, “Your Community.....Your say”.

ENSURING A REPRESENTATIVE MEMBERSHIP

The Trust has a local population of 340,000 with a relatively small, although increasing ethnic population (the Office of National Statistics identifies a population of 4.1%). Historically within the City engagement with the Health and Social Care Sector has been relatively poor although the development of the city-wide Compact is beginning to identify greater opportunities for engagement.

The city-wide Inclusive Communities Group is developing much more meaningful systems of engagement. Despite a number of initiatives however, we still continue to attract a relatively small number of new public members from BME groups.

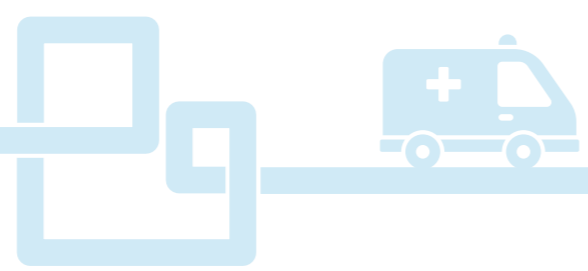
Generally our membership continues to broadly mirror the demographic of the City which has an ageing profile from which it has always been possible to attract members. Whilst we recognise that it is important to grow the membership and to encourage diversity the Trust believes it is more important to ensure that members feel engaged and involved thereby making a real difference within the overall governance arrangements of the Trust.

COMMUNICATING WITH THE MEMBERSHIP

If members of the public or patients wish to contact a Governor or Director they can do so in a number of ways:

- at the end of meetings held in public;
- by contacting the Trust Secretary at the address on the back of this report;
- by writing to Governors at the following freepost address:

City Hospitals Sunderland NHS Foundation Trust
FREEPOST NAT 21669
Sunderland
SR4 7BR
- by emailing corporate.affairs@chsft.nhs.uk



STAFFING REPORT



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

DIVISION OF CLINICAL SUPPORT

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

DIVISION OF FAMILY CARE

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

DIVISION OF MEDICINE

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

DIVISION OF SURGERY

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

DIVISION OF THEATRES

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

DIVISION OF ESTATES AND FACILITIES

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

DIVISION OF TRUST HEADQUARTERS

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

WORKFORCE NUMBERS

Staff Group	FT/Temp*	FTE		FT/Temp*	Headcount	
		Permanent	Total		Permanent	Total
Add Prof Scientific and Technic	0.80	183.62	184.42	1.00	206.00	207.00
Additional Clinical Services	66.95	798.74	865.68	76.00	931.00	1007.00
Administrative and Clerical	50.36	867.35	917.71	60.00	1016.00	1076.00
Allied Health Professionals	15.93	291.75	307.68	17.00	342.00	359.00
Estates and Ancillary	23.13	250.88	274.01	28.00	283.00	311.00
Healthcare Scientists	1.60	72.51	74.11	2.00	76.00	78.00
Medical and Dental	120.74	275.11	395.84	139.00	293.00	432.00
Nursing and Midwifery Registered	29.22	1478.86	1508.08	39.00	1630.00	1669.00
Students	1.00	0.00	1.00	1.00	0.00	1.00
Grand Total	309.73	4218.81	4528.53	363.00	4777.00	5140.00

* Fixed term/temporary

Staff Group – Female	FTE	Headcount	Headcount %
Additional Professional Scientific and Technical	134.69	153	2.98
Additional Clinical Services	757.38	891	17.33
Administrative and Clerical	769.04	922	17.94
Allied Health Professionals	256.40	304	5.91
Estates and Ancillary	75.39	101	1.96
Healthcare Scientists	38.91	42	0.82
Medical and Dental	135.20	152	2.96
Nursing and Midwifery Registered	1,386.71	1,540	29.96
Students	1.00	1	0.02
Staff Group Summary Total	3,554.72	4,106	79.88

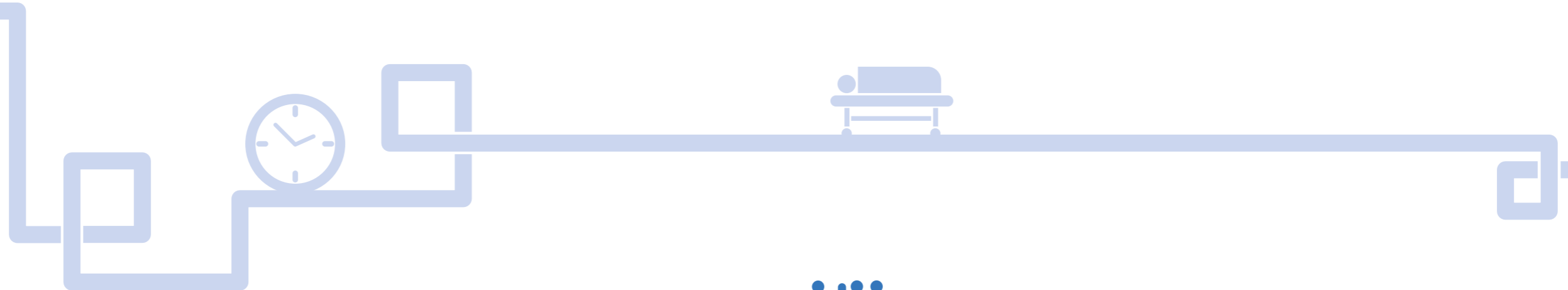
Employed as at 31 March 2016

Staff Group – Male	FTE	Headcount	Headcount %
Additional Professional Scientific and Technical	49.73	54	1.05
Additional Clinical Services	108.30	116	2.26
Administrative and Clerical	148.67	154	3.00
Allied Health Professionals	51.28	55	1.07
Estates and Ancillary	198.63	210	4.08
Healthcare Scientists	35.20	36	0.70
Medical and Dental	260.64	280	5.45
Nursing and Midwifery Registered	121.37	129	2.51
Students	0.00	0	0.00
Staff Group Summary Total	973.82	1,034	20.12

Employed as at 31 March 2016

Headcount	Male	Female
All Employees	1,034	4,106
Directors (including CEO)	8	3
Senior Managers*	4	7

*The above figure is taken in accordance with occupation code guidance – include as senior managers those staff at executive level and also includes those who report directly to the members of the executive team.



STAFF ENGAGEMENT AND INVOLVEMENT

We know the importance of staff being kept informed and involved in developments at the Trust. We are committed to engaging with all staff to achieve a common awareness of issues and matters affecting the organisation and involving employees in decision making as appropriate.

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

Formal mechanisms to ensure staff are informed and involved include:

- new starter induction;
- staff newsletters;
- the weekly 'Grapevine' bulletin published on CHSnet, the Trust's intranet;
- regularly updated intranet and internet sites, providing information on a range of subjects including Trust policies, procedures and guidelines, and giving staff the latest news on key Trust and/or NHS issues and local directorate/departmental news;
- formal monthly team briefings following Executive Committee meetings to cascade key strategic messages including regular updates on finance, performance and quality issues across the Trust and more importantly to encourage feedback;
- the Chief Executive holding a number of regular forums with clinical directors, senior managers, consultants, key nursing staff and allied health professionals;
- clinicians contributing to policy and clinical practice guidelines by actively engaging in various national and local clinical networks across a range of specialties;
- patient safety walkabouts;
- a number of road shows to brief on key issues such as financial matters; and
- regular visits by Board members to wards and departments.

We have undertaken a great deal of work this year in order to achieve a common awareness on the part of all staff of the financial and economic factors affecting the Trust's performance, including staff engagement events/roadshows and special briefings. Employee engagement remains absolutely critical for us and this has been demonstrated over the year through the Trust's financial recovery programme and Programme Management Office which has put staff at the heart of decision making and service improvements.

ROLE OF THE TRUST AS A LOCAL EMPLOYER

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

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

During 2015/16 the Trust has taken forward work to help to create a future workforce to care effectively for the patients to whom we provide services. We have worked closely with Sunderland College, the University of Sunderland and local schools. This work has included:

- establishing an annual Sunderland Health Careers Event, where pupils are given an insight into the different roles and opportunities within care, and importantly the training routes available to achieve such roles. Pupils are also able to follow 'patients' through the services, talking to different professionals involved in their care, and seeing some of the equipment and technology that is used;
- providing a vocational input into the education programmes of health related students at Sunderland College. Some students have undertaken volunteer duties on wards to gain a better understanding of how care is provided in a hospital setting;
- continuing to provide high quality work experience placements across a range of departments and professions to sixth form and college students who intend to apply for professional training programmes at university;
- providing paid part time opportunities for adult, access to nursing students, enhancing their skill base in preparation for university applications;
- supporting Sunderland University graduates through funded internships with a particular focus on graduates wishing to gain healthcare experience; and
- continuing to host some students with learning disabilities in placements, to develop their work related skills and to help them to move towards employment, either within the Trust or with other employers.

We have continued to work with local agencies to train people for roles within the Government's Work Programme. This provides support, work experience and training for up to two years to help individuals find and stay in work.

During 2015/16, 13 apprentices completed their programmes across a range of areas including care,

sterile services and information technology. Ten of these apprentices have subsequently moved into permanent positions within the organisation – eight as healthcare assistants and two in administrative roles.

A further 78 members of our existing staff have enrolled on apprenticeship frameworks which include health and social care, business administration and team leading.

The Sunderland Care Academy has continued to develop – it is a 'virtual' academy and a collaboration of local partner organisations focused on 'care'. It includes members from health, higher education, the voluntary sector and social care. The Trust has been providing Care Certificate training which is the government's minimum training standard for care support workers and ensures consistent training using specialist staff so that new recruits have a better awareness of issues such as dementia, mental health and safeguarding. This training has also been delivered to staff from nursing homes and GP surgeries. In addition staff from these organisations have been trained in areas such as infection control and phlebotomy ensuring the same high standards are achieved enabling patients and service users across the city to receive consistent high quality care.

We and Sunderland Clinical Commissioning Group have developed a certificate level programme for support workers which will enable such staff to gain the necessary entry level qualifications leading to a degree programme in a profession and possible progression to becoming, if they wish to do so registered nurses.

The Trust has struggled during 2015/16 to recruit to registered nursing vacancies and as a consequence we have over recruited to health care assistant posts. A significant development however, has been the success of Sunderland University in gaining validation from the Nursing and Midwifery Council (NMC), to run a pre-registration adult nurse programme. This will be a three year full time BSc (Hons) degree programme with placements being provided in the Trust and the CARE academy partner organisations.

The programme will commence with the first cohort of 25 students in May 2016. Twenty students will be placed at City Hospitals and the remaining five at South Tyneside NHS Foundation Trust. As part of their degree programmes they will also spend time in GP practices across the city and with the Mental Health Trust, Northumbria, Tyne and Wear NHS Foundation Trust. It is hoped that after the first year there will be two cohorts of 30 students per year, 20 at City Hospitals and 10 at South Tyneside NHS FT – locally trained nurses working in their local hospital.

The Trust is committed to a policy of equality of opportunity not only in our employment and personnel practices for which we are all responsible, but also in all our services. To ensure that this commitment is put into practice we adopt positive measures which seek to remove barriers to equal opportunity and to eliminate unfair and unlawful direct or indirect discrimination.

The Trust continues to support the Government's "two ticks" disability symbol to demonstrate our commitment to ensuring that people with disabilities have full and fair consideration for all vacancies. If employees become disabled during employment we will endeavour to adjust their workplace environment whenever possible to allow them to maximise their potential, and to return to work. We also support those disabled employees in terms of access to training, career development and to ensure that they are not discriminated against in relation to career progression.

All policies within the Trust are subject to an Equality Impact assessment which ensures that as an organisation we do not disadvantage minority groups because of gender, race, religion/beliefs, age, sexuality and disability. If a policy is found to be high impact it must be taken through a full Impact process and be evidenced with appropriate information, which must be collated both for quantitative and qualitative results.

EXIT PACKAGES

During 2015/16 a total of 20 exit packages were agreed which all reflected contractual payments in lieu of notice. The total amount paid was £44k.

CONSULTANCY

During 2015/16, the Trust incurred £876k in consultancy fees. The largest single element related to a payment to Deloitte to support the Trust in the delivery of a short term financial recovery programme. This was approved by Monitor as part of the new consultancy approval process.

EMPLOYEE HEALTH AND WELLBEING

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

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

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

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

- access to local primary care mental health services supporting staff with moderate to severe mental health concerns;
- mediation to help staff to deal with difficult workplace issues, incidents and/or conflict;
- preventive interventions eg stress risk assessments;
- coaching and guidance for managers concerning psychological and practical support for staff, including workforce adjustments;
- training and communication about workplace stress and handling conflict;
- staff benefits, including salary sacrifice schemes;
- a staff fitness centre providing a range of classes and activities; and
- the launch of a new Employee Assistance Programme provided by Care First in January 2016. This service provides telephone and face to face counselling, stress awareness training, a range of health and wellbeing resources, and legal and financial advice.

We also last year recognised those staff who had demonstrated dedication, innovation and commitment to excellent patient care at our annual Reward and Recognition event held at the Stadium of Light in October 2015. We celebrated the work of individual members of staff and teams, which highlighted the very best that City Hospitals has to offer.

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



Category	Winner
Customer Service Award – Individual	Lynne Lister, Healthcare Assistant, Children's Centre
Customer Service Award – Team	Renal Satellite Unit
Service Improvement & Innovation Award - Team	Cath Lab Primary PCI Team
Service Improvement & Innovation Award - Individual	Olive Williams, Choose & Book Manager
Care and Compassion Award	Gillian Campbell, Midwife
Partnership Award	Sunderland Autism Outreach Team
Leadership Award	Lesley Dobson, Urology Matron
Ward or Department of the Year Award	Paediatric Directorate
Outstanding Contribution Award	Pauline Ritchie, Medical Records Manager, Sunderland Eye Infirmary
Council of Governors' Award	Louise Davison, Oncology Specialist Nurse
Chief Executive's Award	Diane Gulliver, Stroke Specialist Nurse
Special Recognition Award	Dave Green, Community Panel Member

STAFF ENGAGEMENT

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

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

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

During 2015/16, 62.2% of staff had an appraisal recorded in the Electronic Staff Record (ESR) system. An effective appraisal is a vital expression of staff engagement and helps equip our staff to do their job well.

The table below shows how the Trust compared with other acute Trusts on an overall indicator of staff engagement as identified within the NHS National Staff Survey.

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

2014 Response Rate		2015 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.73	3.74	3.84	3.79	+0.11

STAFF SURVEY RESULTS

The Trust values the hard work of our staff and their dedication to providing safe and high quality healthcare services to our local population. We are committed to supporting and developing our staff as a key strategic priority.

During the year we undertake regular checks to try and measure both staff experience and wellbeing by the use of the quarterly staff Friends and Family Test, which complements the annual NHS National Staff Survey conducted by the Care Quality Commission. We invite our staff to respond to both surveys to enable us to gain the best insight into staff experience.

The results of the 2015 survey were published in February 2016. This year our response rate was 31% of staff responding which is in the lowest 20% of acute Trusts in England.

The key findings from the survey are summarised below:

2013/14 Overall Response Rate		2014/15 Overall Response Rate		2015/16 Overall Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	Trust	National Average	
45%	49%	39%	45%	31%	41%	-8%

TOP 4 RANKING SCORES

These scores highlight the four key findings for which the Trust compares most favourably with other acute Trusts in England.

Percentage of staff feeling pressure in the last three months to attend work when feeling unwell (the lower the score the better)

2014/15 Response Rate		2015/16 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
20%	26%	46%	59%	-26%

Percentage of staff satisfied with the opportunities for flexible working patterns

2014/15 Response Rate		2015/16 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
n/a	n/a	57%	49%	n/a

Percentage of staff experiencing physical violence from staff in the last 12 months (the lower the score the better)

2014/15 Response Rate		2015/16 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
2%	3%	0%	2%	+2%

Percentage of staff working extra hours (the lower the score the better)

2014/15 Response Rate		2015/16 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
66%	71%	63%	72%	+3%

BOTTOM 4 RANKING SCORES

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

Percentage of staff/colleagues reporting most recent experiences of violence (the higher the score the better)

2014/15 Response Rate		2015/16 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
n/a	n/a	50%	53%	n/a

Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse (the higher the score the better)

2014/15 Response Rate		2015/16 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
n/a	n/a	34%	37%	n/a

Percentage of staff appraised in the last 12 months (the higher the score the better)

2014/15 Response Rate		2015/16 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
90%	85%	84%	86%	-6%

Staff motivation at work (the higher the score the better)

2014/15 Response Rate		2015/16 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.79	3.86	3.94	3.94	+0.15

KEY CHANGES SINCE THE 2014 SURVEY

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

- percentage of staff reporting good communication between senior management and staff had increased to 36% compared to 28% in 2014; and
- staff motivation at work (the extent to which staff look forward to going to work, and are enthusiastic about and absorbed in their job) had improved to 3.94 compared to 3.79 in 2014.

The key findings where staff experience compared least favourably with other acute Trusts were:

- percentage of staff/colleagues reporting most recent experience of violence was 50% compared to 53% for the sector;
- percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse was 34% compared to 37% for the sector;
- percentage of staff appraised in the last 12 months was 84% compared to 86% for the sector; and
- percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month was 31% the same as the national average – this was however an improvement from 32% in 2014.

WORKFORCE RACE EQUALITY STANDARD

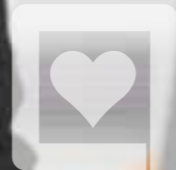
All NHS organisations are required to demonstrate through the Workforce Race Equality Standard (WRES) how they are addressing race equality issues in a range of staffing areas. Together with the Equality Delivery System (EDS) they form part of the mandatory requirements in the 2015/16 standard NHS contract, which came into effect on 1 April 2015.

Overall there are nine indicators that make up the WRES – these comprise workforce indicators (1-4), staff survey indicators (5-8), and an indicator focused on Board representation.

Where the respondent group in the staff survey is 2 or more, the standard compares the responses from white and BME staff for each survey question.

	White	BME
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	25%	29%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	20%	27%
Percentage believing that the Trust provides equal opportunities for career progression or promotion	89%	75%
In the last 12 months have you personally experienced discrimination at work from managers, team members/other colleagues?	7%	21%





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

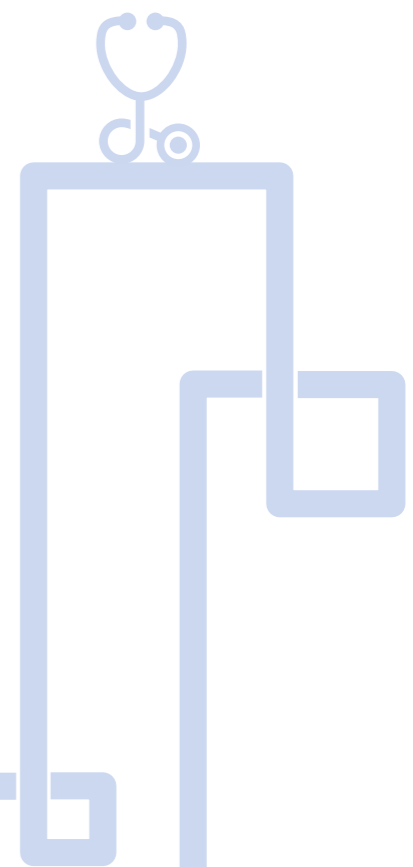
- violence and harassment;
- personal development;
- ensuring staff receive patient feedback; and
- workforce race equality standards.

The resulting actions were identified:

- to improve awareness of the need to report incidents of violence, harassment, bullying and abuse and to ensure that staff know how to do this and who they can speak to/contact for advice and support;
- to check and audit the coverage of appraisals particularly amongst hard to reach groups and to take steps to increase coverage and to monitor the provision of appraisals;
- to assess the way in which appraisals are conducted to ensure staff feel their work is valued and improve their usefulness in identifying training, learning and development needs;
- to ensure that patient experience data both positive and negative is regularly shared with staff to enable improvements to be made; and
- to ensure that key areas of focus in relation to WRES include:
 - equity within our recruitment process;
 - protocols for identifying and addressing bullying, harassment and discrimination concerns being reviewed; and
 - a range of communication opportunities being developed for hearing from BME staff and sharing learning.

K W BREMNER
Chief Executive

Date: 26 May 2016



OCCUPATIONAL HEALTH

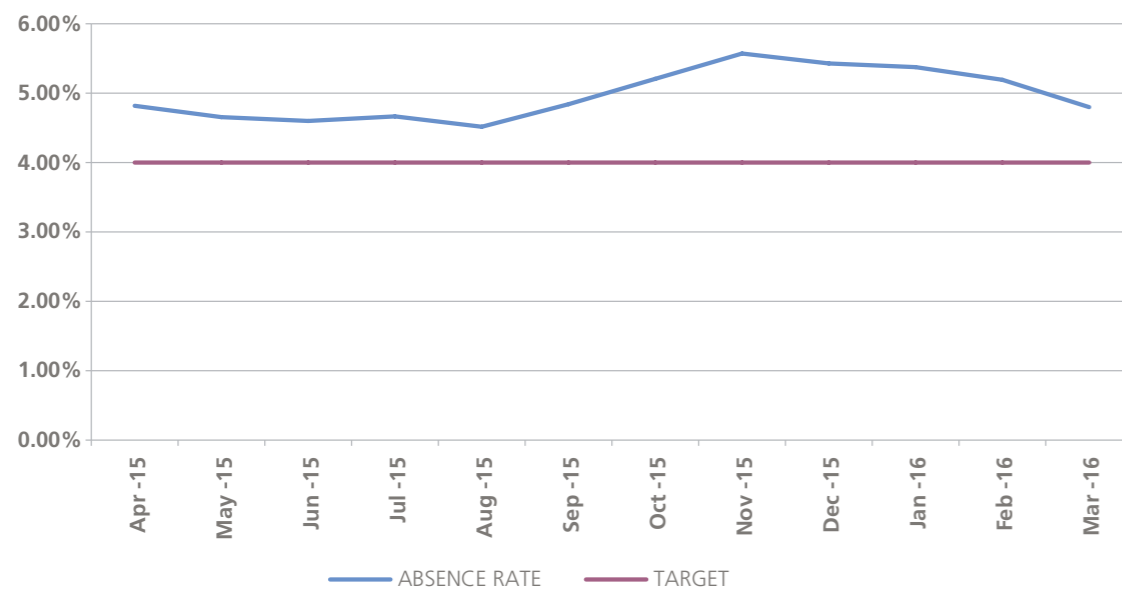
During 2015/16 our occupational health and wellbeing department continued to make improvements to the quality and range of services provided to staff. We are committed to being a model of best practice in the support we offer our staff to help them stay fit and well. A healthy and motivated workforce is integral to delivering our vision of 'Excellence in Health' both for our staff and for our patients.

A new programme of moving and handling training was introduced in 2015 which has increased compliance rates and received excellent feedback from staff. Specific training programmes have been developed and delivered in areas where there are special moving and handling needs such as the sterile services department where a 'body mapping' exercise was completed. As a result of the training, musculoskeletal related absences and incidents have reduced and following this success it is now being undertaken with portering staff.

The Trust also participated in the national "work out at work" day in June 2015. A national Chartered Society of Physiotherapy event, a number of mini workplace assessments were undertaken across the Trust. Our physiotherapists visited wards and departments offering postural advice to staff and a wide range of interactive/self-help resources are available on the Trust's intranet.

Musculoskeletal absence is one of the top three reasons for sickness absence in the Trust and these and other initiatives support departments in managing sickness absence.

Our sickness absence target during 2015/16 was a rate of 4%, averaged over the previous 12 months. Disappointingly during the latter half of the year sickness absence increased to 5.4% by December 2015, although this reduced to 4.8% by March 2016.



We are disappointed not to have achieved our absence target and recognise the impact this has on delivering patient care. We have invested in additional resources to support managers in better managing sickness as well as our health and wellbeing initiatives previously outlined.

The table below estimates calculated from statistics published by the Health and Social Care Information Centre (HSCIC), using data drawn for January 2015 to December 2015 from the Electronic Staff Record (ESR) national data warehouse.

The Department of Health considers the resulting figures to be a reasonable proxy for financial year equivalents.

Average FTE	Adjusted FTE sick days	FTE – days available	FTE – days recorded sickness absence	Average annual sick days per FTE
4,538	50,805	1,656,400	82,418	11.2

We will continue with our efforts to support staff to maintain and improve their health and wellbeing and ultimately attendance levels.

The 2015/16 flu vaccination programme saw an improvement of 14.8% on uptake in 2014/15 following an improved overall vaccination rate of 70.6%.

Our occupational health staff and teams of ward based vaccinators did a sterling job and hopefully we can build on that success even further as we move towards winter.

SECURITY

Our security team continue to cover the site 24 hours a day, 365 days a year to support the security and safety of all who work, or visit our hospitals and to protect the infrastructure of all our healthcare facilities.

The security team were this year, provided with a state of the art modern security control room with over 50 external and 200 internal cameras to help early identification of any potential incidents that may occur across our hospital sites. The system is a valuable tool in enabling the team to detect and make early interventions to minimise the impact of any security related incident around the site or within our many wards and departments.

Our Emergency Department has for some years had a local police presence on site overnight every weekend. As part of phase one of the new Emergency Department we have installed a highly effective communication system known as "Vocera", which enables the security team, police and hospital staff to communicate instantly across the department at any time and particularly in the event of any untoward occurrence.

We are fully engaged with the national NHS Protect security standards. These standards are monitored each month by our multi-disciplinary security group, who closely analyse the effectiveness of our security team, and the security equipment we have at our disposal. All security related incidents are recorded, both through the CHS formal incident reporting process and via the security log. These are also fully tested each month by the security group in order to learn any lessons and implement changes for the continued development of security across all of our sites.

We are also committed to engaging with all staff in continually raising their awareness of security risks and the steps they can take to minimise such risks. The security team make regular patrols of the hospital sites and work areas to raise awareness. They also work in partnership with many staff groups including nursing, social services and police, dealing with security related incidents, ranging

from theft and verbal and physical violence to missing patients.

We recognise that despite a robust security infrastructure, incidents do occur, and during 2015/16 we have called for police assistance in excess of 460 occasions. Whilst most of the incidents are minor, we are now seeing an increase in prosecutions, particularly where the incident has involved violence towards our staff. The Trust's security group always seeks feedback from these prosecutions, but importantly, offers as much support as possible to victims of crime during these difficult and stressful situations.

The security team continues to be provided with regular specialist training and support from our Local Security Management Specialist, as well as the security group and local police.

HEALTH AND SAFETY

The effective management of health and safety remains a key priority within the Trust. Health and safety initiatives within the Trust continue to focus on key health and safety risk areas:

- sharps;
- asbestos management;
- manual handling; and
- training.

The action plan includes:

- a review and update of the Trust's general policy on the management of Health and Safety at Work including the Trust's workplace, health, safety and welfare and work equipment arrangements;
- progressing the implementation of the management of latex with patients utilising the Meditech system as part of the patient admission process;
- the review of training particularly in relation to the use of safer sharps, risk assessor training; and
- setting up a programme of support and debriefing sessions for those staff who are the victims of violent incidents involving patients with dementia/delirium.

The Health and Safety Executive has indicated that for the purposes of analysing the levels of stress in hospitals, the output from the national staff survey can be used as a substitute for undertaking a separate survey. The results of two specific questions from the survey are summarised overleaf which show a relatively stable/positive score and little deviation between City Hospitals Sunderland and other acute Trusts.

% of staff satisfied or very satisfied with the following aspects of their job	2015	2014	National average
The support I get from my immediate manager	68%	66%	66%
The support I get from my work colleagues	80%	79%	80%

FIRE SAFETY

The fire safety legislation for NHS Trusts is contained in the Regulatory Reform (Fire Safety Order) 2005 and detailed in the appropriate Hospital Technical Memorandum (HTM) which covers all aspects of healthcare fire safety.

Trusts must be able to demonstrate that fire safety is properly managed and this remains a constant dynamic challenge in an environment which is in a permanent state of change.

We have during 2015/16 achieved a 90% uptake of fire safety training and undertaken 22 fire drills across the organisation confirming a good understanding of procedures.

We continue to work in close partnership with Tyne and Wear Fire and Rescue Service (TWFRS) to reduce our false alarm fire call activations as well as mitigating the risk of a real fire.

Acute healthcare premises are considered to be a high risk due to the 'sleeping' risks and the difficulty of evacuating patients.

During 2016/17 we will be reviewing our Fire Safety Strategy and in particular the secondary response of available staff to assist in the evacuation of a ward or other patient area in the event of a fire.

SUSTAINABILITY/CLIMATE CHANGE

Sustainable development is widely recognised, as ensuring the needs of the present are met without compromising the needs of future generations. It encompasses not only environmental but social and economic factors considering long term implications and taking a cradle to grave approach.

The Kyoto protocol was developed in response to the threat of climate change (of which a major contributor is human activity, particularly the burning of fossil fuels) and legally obliges the UK and other member states to reduce greenhouse gas emissions by 80% by 2050. Subsequent UK only targets introduced by the Climate Change Act 2008 alongside guidance from the Sustainable Development Unit for the NHS.

The Trust produced a Carbon Reduction Strategy in 2009, to facilitate attainment and sets out how carbon reduction would be measured, monitored and reported. The strategy is updated regularly to reflect changes in legislation. Within this is a Sustainable Development Management Plan documenting the actions required to deliver a sustained reduction in emissions which focuses on the following ten key areas:

- Energy and Carbon Management
- Procurement and Food
- Travel and Transport
- Waste
- Water
- Designing the Built Environment
- Organisational and Workforce Development
- Partnerships and Networks
- Governance
- Finance

CARBON FOOTPRINT

The latest NHS England carbon footprint published by the Sustainable Development Unit in 2016 is estimated at 22.8 million tonnes of carbon dioxide equivalent (MtCO2e) and includes emissions from four main areas:

- Energy use – 18%
- Travel – 13%
- Procurement of Goods and Services – 57% and
- Commissioned Services – 11%

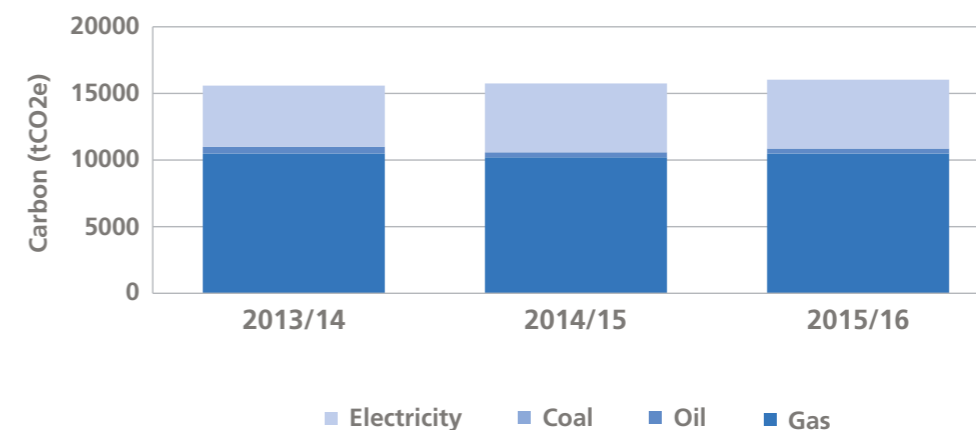
The Trust's carbon footprint has been calculated based on measured energy data and by using the accepted split between these four activities.

The Trust has successfully met the 2015 NHS target of a 10% reduction and should face no difficulties in achieving future targets if the current trend of reduction continues. The next self-imposed milestone set for the Trust is to reduce our emissions, based on a 2007 baseline, by 26% by 2020. This is in conjunction with a new 34% reduction target based on the 1990 emissions baseline for NHS England.

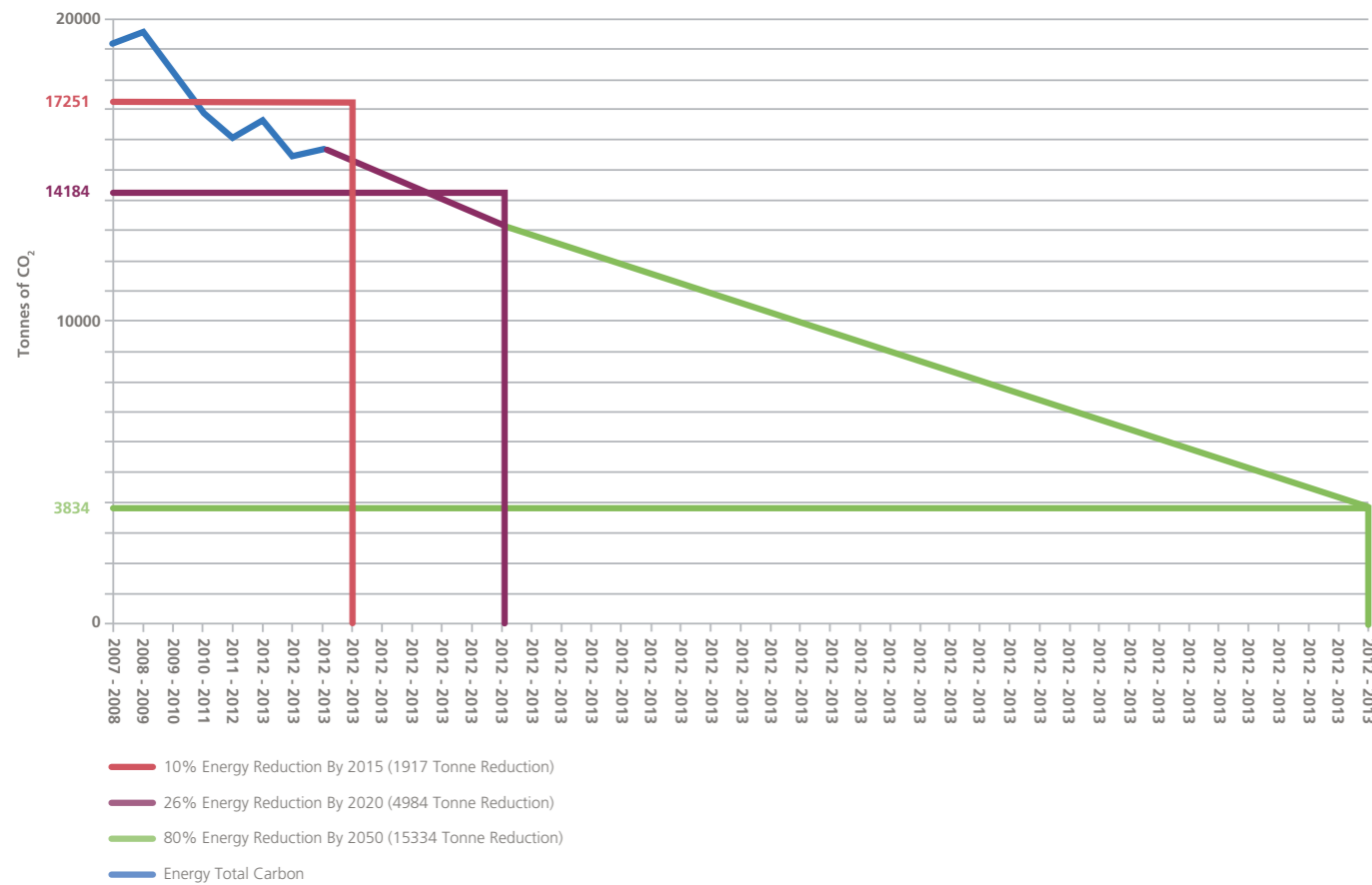
The following graph represents direct energy carbon (which is the basis of the carbon footprint) from data for Sunderland Royal Hospital, Sunderland Eye Infirmary and the Children's Centre.

Resource		2013/14	2014/15	2015/16
Gas	Use (kWh)	49,472,726	48,659,454	50,003,399
	tCO2e	10,495	10,209	10,491
Oil	Use (kWh)	1,596,830	1,165,824	543,076
	tCO2e	510	373	174
Coal	Use (kWh)	0	0	0
	tCO2e	0	0	0
Electricity	Use (kWh)	8,182,683	8,342,212	8,987,515
	tCO2e	4,582	5,167	5,167
Green Electricity	Use (kWh)	0	0	0
	tCO2e	0	0	0
Total Energy CO2e		15,587	15,749	15,832
Total Energy Spend		£2,720,367	£2,468,917	£2,878,324

CARBON EMISSIONS - ENERGY USE



CITY HOSPITALS SUNDERLAND ENERGY CARBON 2007 – 2050



These tables represent the Trust’s consumption of finite resources. It represents the direct carbon emissions due to the combustion of gas and oil and the indirect carbon emissions due to the use of grid electricity. The Trust also uses electricity from its own combined heat and power unit which this year produced 7270142kWh of electricity, saving 4180 tonnes of carbon compared to consuming grid supply electricity.

As in previous years, energy usage has decreased overall. Comparing last year’s overall energy consumption to this year’s, energy usage has fallen again from 67,322 MWh to 66,804 MWh. Energy consumption has fallen from 0.547 to 0.541 MWh/m². Overall gas usage has increased slightly by 2.7% however electricity usage has fallen by 7.1%. We have generated 44.7% of our total electricity this year and have purchased the remainder from a certified climate change levy exempt source. This generated electricity is less than the previous year and represents the lower availability of the plant due to maintenance and breakdowns.

The success of overall energy reduction has unfortunately not resulted in a carbon reduction this year. Due to the lower availability of our combined heat and power unit, we have had to use more grid electricity which has a detrimental effect on our emissions. Despite grid electricity having a lower carbon value, the fact that we have had to use more than planned, has affected the overall performance in carbon terms. Also, this year has statistically been a colder year. However, our gas usage does not show this in the expected proportions and would have been significantly higher had we not carried out our energy saving programme of projects. After re-aligning all previous figures to the new emission factors supplied by the Sustainable Development Unit, we have increased our energy carbon from 15749 to 15832 tonnes, a slight increase of 0.05% from last year.

In the past year CHS has undertaken the following carbon saving projects:

- an intensive housekeeping exercise targeting all areas within the hospital to ensure effective environmental controls;
- complete recalibration of temperature sensors, enabling accurate measurement of heating levels in all clinical and non-clinical areas;
- checking of timetables to make sure heating and cooling match occupancy times;
- continued replacement of obsolete plant controls;
- a reduction in occupied temperatures where appropriate;
- initiation of a rolling programme of comprehensive energy audits including the publication of energy communication bites on the Trust’s intranet;
- completion and rollout of extended PC management, providing an efficient usage and shutdown service to include clinical areas; and
- further installation of Automated Meter Readings (AMR) at the Sunderland Royal Hospital site, Sunderland Eye Infirmary site and the Children’s Centre site complete with software analysis system.

SHORT AND LONG TERM GOALS

Short term goals (within the next year) for sustainability within the trust are set to include;

- formulation of a sustainability group to target and identify better methods of carbon measurement, establishing the Trust’s own Key Performance Indicator’s for effective measurement of success;
- mobilisation of stakeholders to look at more efficient ways of recording and reporting carbon for scope 3 emissions (those emissions not directly controlled by CHS i.e. from contractors and suppliers); and
- choosing and educating staff leaders from all departments to promote and deliver sustainability initiatives within the workplace.

Long term goals (over the coming 5 years) for sustainability within the Trust are set to include:

- Validation of environmental management with recognised British standards;
- Greater engagement with stakeholders to promote and participate in the Good Corporate Citizen scheme; and
- Establishment of an ongoing rolling programme of detailed energy audits and implementation of recommended improvements to actively engage staff in recognising and achieving carbon goals.

EUROPEAN EMISSION TRADING SYSTEM (EUETS)

The Trust is legally bound to report carbon emissions from fossil fuel usage in the form of participation in the EUETS. The Trust must meet specified targets within the system to avoid penalties and to prove that carbon is being managed effectively.

Last year the Trust recorded a decrease in emissions regarding the scheme and this year has submitted a marginally lower total of 8645 tonnes of carbon in comparison to 8683 tonnes in 2014. This is despite 2015/16 being a statistically colder year.

WATER

This year has seen an increase in water usage. Following a reduction in water last year, there has been an overall rise in the use of water on the Sunderland Royal Site, particularly in the last 3 months. This can be partially explained due to the commissioning and opening of 2 large schemes, the first phase of our Emergency Department and our new Endoscopy Unit, the latter being water intensive regarding its cleaning processes. Both departments were still functioning whilst commissioning was taking place creating an additional use of water for a prolonged period. However, work still needs to be done to ensure that water levels are reduced post scheme and the Trust returns to better water consumption performance this year.

Water		2013/14	2014/15	2015/16
Mains	m ³	202,151	195,406	207,168
	tCO ₂ e	184	178	189
Water & Sewage Spend		£457,098	£448,617	£460,484

WASTE

Waste segregation continues to improve within all waste streams allowing recycling to improve steadily and an increasing proportion of municipal waste to be diverted from unsustainable landfill.

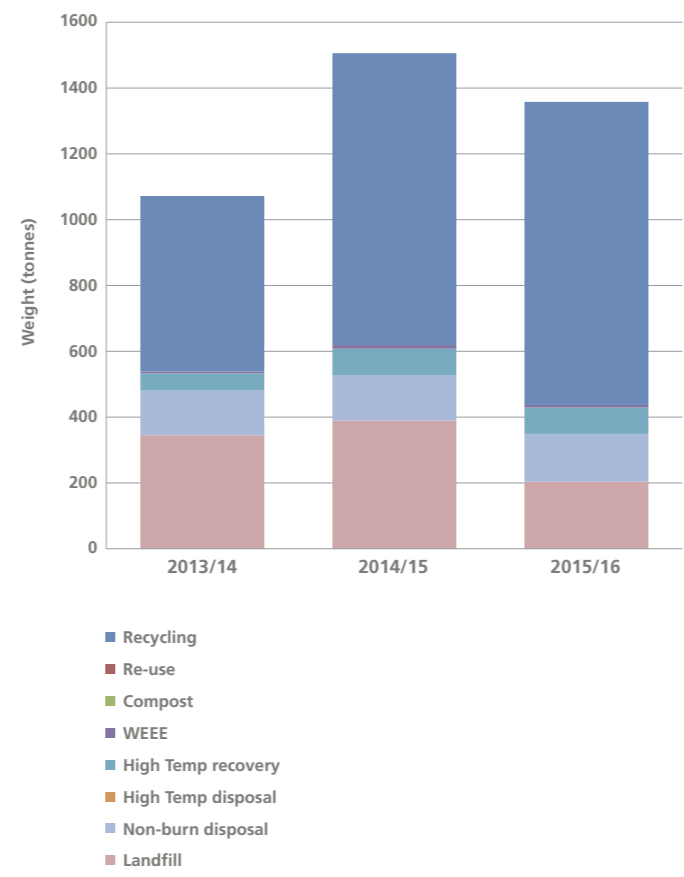
The Trust's total mixed recycling rate now stands at 98% (61% recycling on site and a further 37% off site at the contractor's facility). The remaining 2% is also diverted from landfill and sent to an "energy from waste" plant in Teesside. Recycling has also been boosted by the introduction of an equipment/furniture reuse system which enables equipment to be redistributed throughout the organisation rather than buying new, saving on carbon and cost.

Confidential waste (after shredding) is recycled as is non clinical glass and cardboard alongside the majority of Waste Electronic and Electrical Equipment (WEEE) waste.

Offensive waste is segregated successfully from the infectious clinical waste stream and is also sent to the "energy from waste" plant in line with Environmental Agency best practice guidelines generating both environmental and financial savings.

A comprehensive programme of waste audits, including sharps, covering every department in the Trust continues and a yearly pre-acceptance audit is sent to the waste contractors. This ensures compliance with legislation and provides advice, education and improved staff awareness of safe waste practices and sustainability.

WASTE BREAKDOWN



Resource		2013/14	2014/15	2015/16
Recycling	(tonnes)	533.00	887.00	921.00
	tCO2e	11.19	18.63	19.34
Re-use	(tonnes)	0.00	0.00	0.00
	tCO2e	0.00	0.00	0.00
Compost	(tonnes)	0.00	0.00	0.00
	tCO2e	0.00	0.00	0.00
WEEE	(tonnes)	6.00	11.00	8.00
	tCO2e	0.13	0.23	0.17
High Temp recovery	(tonnes)	52.00	80.00	227.00
	tCO2e	1.09	1.68	4.77
High Temp disposal	(tonnes)	0.00	0.00	0.00
	tCO2e	0.00	0.00	0.00
Non-burn disposal	(tonnes)	136.00	138.00	145.00
	tCO2e	2.86	2.90	3.05
Landfill	(tonnes)	345.00	390.00	204.00
	tCO2e	84.32	95.32	49.86
Total Waste (tonnes)		1072.00	1506.00	1505.00
% Recycled or Re-used		50%	59%	61%
Total Waste tCO2e		99.59	118.76	77.18

TRAVEL

Green travel has long been a priority for the Trust with the car share and cycle scheme running successfully for many years. The Trust continues to collaborate with Sustrans and the 'Wear Moving' campaign to promote and support an improved and sustainable approach to a healthier lifestyle by encouraging staff to walk to and from work, cycle use, public transport and car share where feasible.

Home working and the use of webinars are on the increase and serve to promote lower levels of non-essential travel and discounted bus fares are available with Go North east and Nexus Transport.

Facilities are available on site to encourage the use of electric vehicles with a total of 18 charging points now available. These points have provided 3481 charging sessions using 15352 kWh of electricity which has saved approximately 14 tonnes of carbon as opposed to the miles being driven in a normal diesel car.

PROCUREMENT

The largest section in the NHS carbon footprint is procurement and is at present the area where most work needs to be done. Although environmental and sustainability considerations should be key to any purchasing decisions made, the principle of whole life cycle procurement for all supplies should eventually be adopted. City Hospitals Procurement Department and the National Procurement Organisations and their suppliers, who work on our behalf, have a major part to play in embedding carbon improvement measures into all City Hospitals Sunderland contracts and procurement processes.

SUMMARY

Energy usage this year has reduced overall but again conflicts with the rise in carbon emissions. This is mainly due to the reduction in self-generated electricity from our combined heat and power unit which has had reduced availability compared to last year. This can be attributed to the installation of more efficient lighting and control in high usage areas and also the extended use of PC power management which now covers clinical areas which previously had been uncontrolled. The slight increase in overall gas usage has been attributed to the year being statistically colder than the previous year and the commissioning of new schemes for our new Emergency and Endoscopy Departments. However, the increase is less than it would have been, had significant work had not been carried out to re-align occupancy times and temperature set points. Finally, water usage has increased this year partly due to metering issues and also again the commissioning of new schemes. Chlorination and testing of services within these schemes has contributed to this year's increase.

Sustainability continues to be a priority for City Hospitals Sunderland and we are constantly implementing new initiatives to achieve energy and carbon savings. Moving forward, it is a priority to further improve our own health care environment and meet the strict targets which have been imposed upon the NHS as a whole. We actively encourage staff at all levels to contribute positively and take responsibility for their part in improving the environment and sustainability credentials of the Trust.

FRAUD

The Trust has an active internal audit programme that includes counter fraud as a key element. It participates in national counter fraud initiatives/checks and employs counter fraud specialists to raise awareness and follow up any potential issues identified. One of our Non Executive Directors has also been appointed as "Counter Fraud Champion".

GLOSSARY

A

AHSN	Academic Health Sciences Network
AKI	Acute Kidney Infection

B

BAME	Black asian minority ethnic
BMI	Body mass index
BMS	Building management system
BPT	Best practice tariff

C

CCA	Climate Change Agreement
CCG	Clinical Commissioning Group
CDI	Clostridium difficile infection
CEM	Centre for Evaluation and Monitoring
CETV	Cash equivalent transfer value
CGSG	Clinical Governance Steering Group
CHKS	Caspe Healthcare Knowledge System
CHR-UK	Child health reviews – UK
CHP	Combined heat and power
CIP	Cost Improvement Programme
Clinical PA	A programmed activity (session) providing direct clinical care
CLRN	Comprehensive Local Research Network
CMACE	Confidential Maternal and Child Health Enquiries
COP	Consultant Outcomes Publication
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuous Professional Development
CPI	Consumer prices index
CPR	Cardio Pulmonary Resuscitation
CQUIN	Commissioning for Quality and Innovation
CQC	Care Quality Commission
CRC	Carbon reduction commitment

CRCEES	Carbon Reduction Commitment Energy Efficient Scheme
CT	Computerised tomography

D

DAHNO	Data for Head and Neck Oncology
DAS	Disease Activity Scores
DDES	Durham, Dales, Easington and Sedgfield
DDOT	Dementia and Delirium Outreach Team
DH	Department of Health
DMARD	Disease Modifying Anti-Rheumatic Drugs
DNA	Did not attend
DOSA	Day of Surgery Admission
DVT	Deep vein thrombosis

E

ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EDS	Equality Delivery System
ENT	Ear, Nose and Throat
EUETS	European Emissions Trading System
EQ-5D Index	Standardised instrument for use as a measure of health outcome

F

Fall Safe	A quality improvement programme using an evidence based care bundle to reduce inpatient falls
FCE	Finished Consultant Episode
FFT	Friends and Family Test
Fluoroscopy	An imaging technique that uses x-rays to obtain real-time moving images so that the body part and its motion can be seen in detail
FT ARM	Foundation Trust Annual Reporting Manual

FTE	Full time equivalent
FTSE 100	Share Index of the 100 most highly capitalised UK companies listed on the London Stock Exchange

G

GBS	Government Banking Service
GI	Gastrointestinal
GP	General Practitioner

H

HAAS	Help and Advice Service
HCA	Healthcare Assistant
HCAI	Health Care Associated Infection
HES	Hospital episode statistics
HMRC	Her Majesty's Revenue and Customs
Hogan Quality Scale	A scale used to judge the preventability of death
HSCIC	Health and Social Care Information Centre
HSMR	Hospital standardised mortality ratio
HRG	Healthcare Resource Group
HQIP	Healthcare Quality Improvement Partnership
HTM	Hospital Technical Memorandum

I

IBD	Inflammatory Bowel Disease
ICAEW	Institute of Chartered Accountants in England and Wales
ICCU	Integrated Critical Care Unit
IFRS	International financing reporting standards
IG	Information governance
IMR	Intelligent monitoring report
IPCT	Infection Prevention and Control Team

ISAE	International Auditing and Assurance Engagements
ITFF	Independent Trust Financing Facility
IV	Internal validation

J

JAG	Joint Advisory Group on Gastrointestinal Endoscopy
JCG	Joint Consultative Group
John's Campaign	An organisation which focuses on the right of people with dementia to be supported by their carers in hospital

K

Kaizen	Philosophy of ongoing improvement
KPI	Key Performance Indicators

L

LCFS	Local Counter Fraud Service
LCRN	Local Clinical Research Network
LD	Learning disabilities
LDRP	Labour, delivery, recovery, postnatal
LED	Light emitting diode
LOS	Length of stay

M

MBBRACE-UK	Mothers and Babies Reducing Risk through Audits and Confidential Enquiries
MDT	Multi disciplinary team
MHRA	Medicines and Healthcare Products Regulatory Agency
MIU	Minor Injury Unit
MINAP	Myocardial Ischaemia National Audit Project
MRI	Magnetic resonance imaging
MRP	Mortality Review Panel

MRSA	Methicillin-resistant staphylococcus aureus
MSA	Mixed sex accommodation
MSCP	Multi storey car park
MSSA	Methicillin sensitive staphylococcus aureus
MUST	Malnutrition universal screening tool
MWH	Milliwatt hour

N

NAOGC	National Audit of Oesophago-Gastric Cancer
NASH	National Audit of Seizure Management
NBOCAP	National Bowel Cancer Audit Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Inquiry into Suicide and Homicide by people with Mental Illness
NCDHAH	National Care of the Dying Audit for Hospitals
NCPR	National Cancer Peer Review
NDCCG	North Durham Clinical Commissioning Group
NEAS	North East Ambulance Service
NELA	National Emergency Laparotomy Audit
NENC	North East North Cumbria
NEPHO	North East Public Health Observatory
NEWS	National Early Warning Score
NHSLA	National Health Service Litigation Authority
NICE	National Institute of Clinical Excellence
NIHR	National Institute of Health Research
NLCA	National Lung Cancer Audit
NMC	Nursing and Midwifery Council
NNAP	National Neonatal Audit Programme
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NSG	Nutrition Steering Group
NVQ	National vocational qualification

O

OGSM	Objectives, goals, strategies and measures
OMFS	Oral Maxillo Facial Surgery

P

PALS	Patient Advice and Liaison Service
PbR	Payment by results
PCI	Primary coronary intervention
PCPEC	Patient, Carer and Public Experience Committee
PDC	Public dividend Capital
PE	Pulmonary embolism
Pecha Kucha	A format where you show 20 images, each for 20 seconds. The images advance automatically and you talk along the images
PICA Net	Paediatric Intensive Care Audit Network
PLACE	Patient Led Assessment of the Care Environment
PMO	Programme Management Office
PR	Peer review
PROMs	Patient reported outcome measures

Q

QIPP	Quality, innovation and improvement
QRA	Quality, Risk and Assurance Report
QRG	Quality Review Group
QRP	Quality risk profile

R

RAMI	Risk adjusted mortality index
RCA	Root cause analysis
RCPCH	Royal College of Paediatrics and Child Health
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
R & I	Research and Innovation
RMG	Regional Mortality Group
RMSO	Regional Maternity Survey Office
RPIW	Rapid process improvement workshop
RRG	Rapid Review Group
RRO	Regulatory reform order
RTT	Referral to treatment

S

SA	Self assessment
SAFC	Sunderland Association Football Club
Safeguard (Ulysses)	Incident reporting system
Safety Thermometer	National benchmarking tool for measuring improvement in the reduction of 'harm' to patients
SCAPE	Superannuation Contributions Adjusted for Past Experience
SCCG	Sunderland Clinical Commissioning Group
SDU	Sustainable Development Unit
SEQOHS	Safe Effective Quality Occupational Health Standards
SIAS	Sunderland Internal Audit Services
SHMI	Summary hospital level mortality Index
SINAP	Stroke Improvement National Audit Programme
SLR	Service line reporting
SMART Week	A joint opportunity for theatres and surgical specialities to test various initiatives against key outcome measures over a period of a week
SMEs	Small and Medium Sized Enterprises
SSNAP	Stroke Services National Audit Programme

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

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SSKIN	Surface, skin inspection, keep, incontinence, nutrition
STEIS	Strategic Executive Information System
STEP	Surgical and Theatres Efficiency Programme
STF	Sustainability and Transformation Fund
SUS	Secondary Uses Service

T

TIA	Transient ischaemic attack
T&O	Trauma & Orthopaedics
TWFRS	Tyne and Wear Fire and Rescue Service

U

UKCIP	United Kingdom Climate Impacts Programme
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V

VTE	Venous thromboembolism
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W

WHO	World Health Organisation
WLO	Ward Liaison Offer
WiC	Walk-in Centre
WARPit	Waste Action Reuse Portal
WEE	Waste Electronic and Electrical Equipment
WRES	Workforce Race Equality Standard



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