
City Hospitals Sunderland
NHS Foundation Trust
NHS
ANNUAL REPORT
2012/2013
excellence
responsible
morale
training
resources
quality
safety
experience
communication
standards
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serve
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dignity
training
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people

Annual Report & Accounts 2012/2013

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

Contents

City Hospitals Sunderland NHS
NHS Foundation Trust

chs *Excellence in Health, putting People first*

Year at a Glance

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Inpatients	56,093[1]	57,778	59,565	57,735	58,761	**58,698**
Daycases	45,942	51,749	53,246	56,010	61,922	**60,454**
Outpatients (Consultant led – New & Review)	301,009	314,757	314,562	325,465	334,496	**332,443**
Nurse Led/Allied Health Professional/Midwife Activity	134,568[2]	147,216	157,944	159,526	160,379	**157,662**
A&E Attendances	101,285	101,292	112,676	115,388	118,803	**125,477**
Patient Contacts in the Community	233,161	223,644	225,159	218,319	220,960	**239,172**
Day Care Attendances	3,722	3,282	4,275	4,454	6,421[3]	**6,427**
Income	£254.52m	£270.24m	£285.64m	£293.94m	£306.02m	**£309.55m**
Surplus (Deficit)	£5.678m	£1.583m	£1.219m	£2.869m	£3.78m	**£1.99m**
Average Staff Employed (Headcount)	4,614	4,863	4,995	4,942	4,973	**5,051**

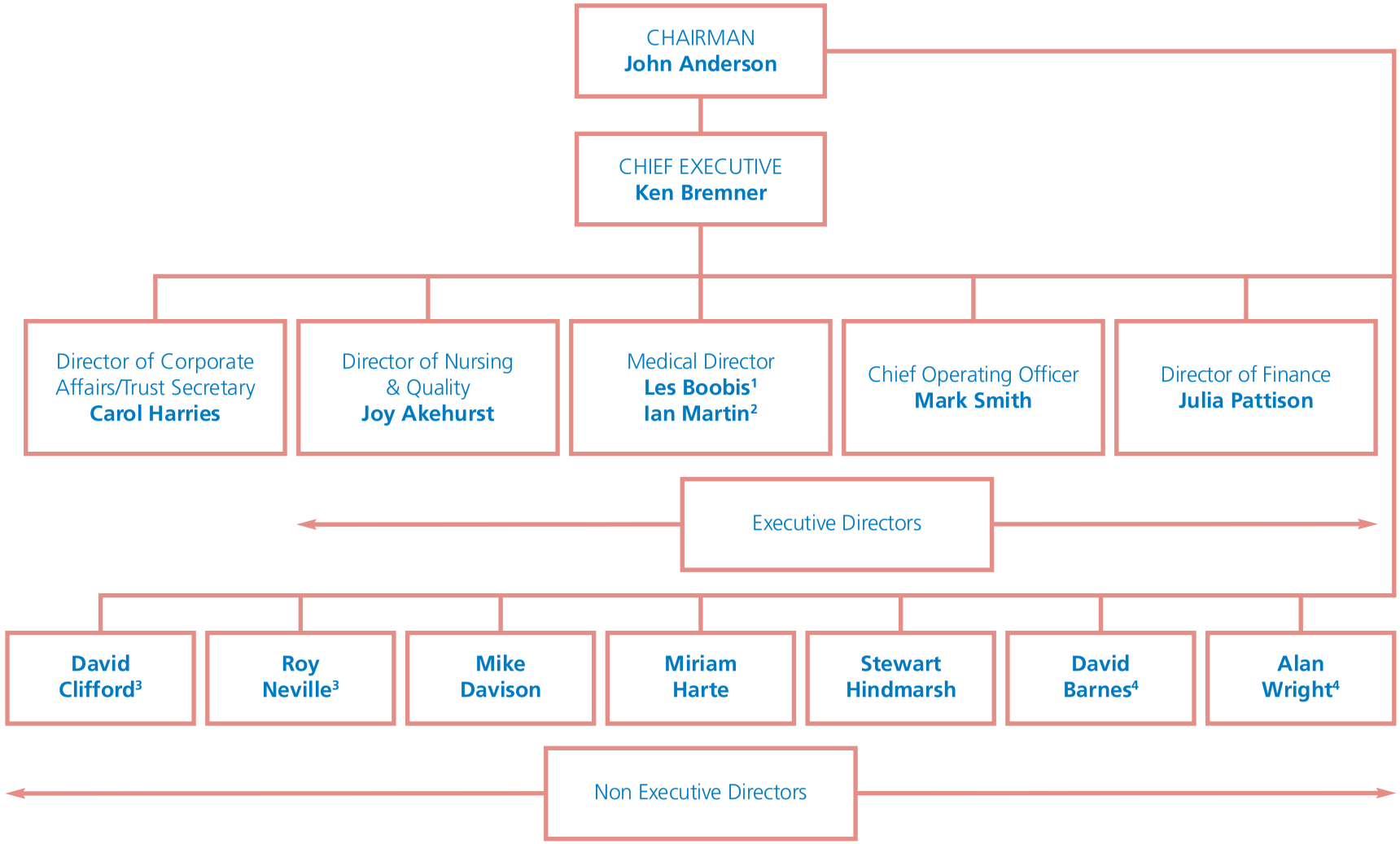
Notes:

[1] The activity from this year has been identified as spells. Previous Annual Reports have shown the activity as Finished Consultant Episodes.

[2] This figure was captured from 2007/08 onwards to reflect the increasing number of patients seen by nurses/midwives and allied health professionals.

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

Board of Directors 2012/13



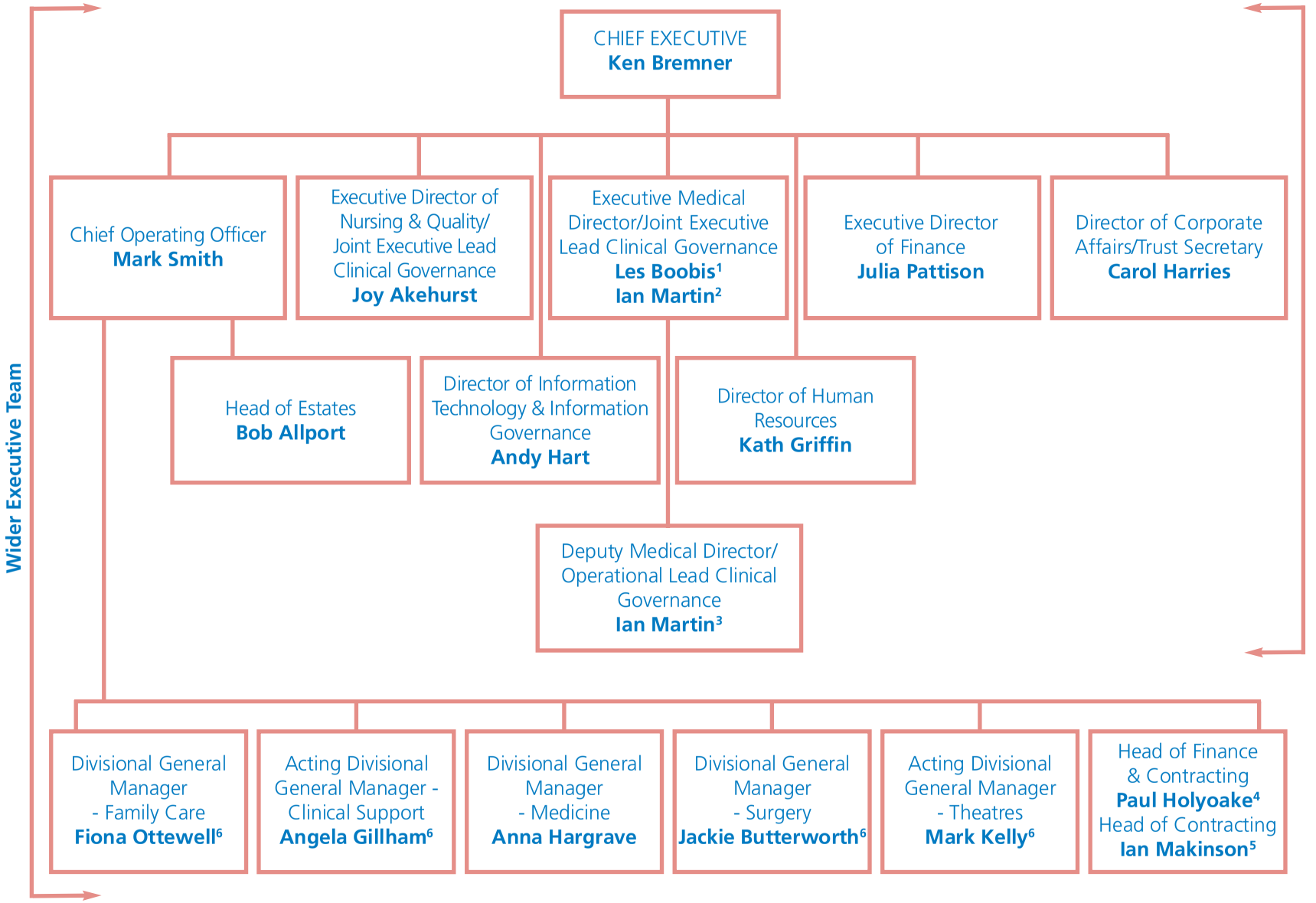
[1] Stood down 31 December 2012

[2] Appointed 1 January 2013

[3] Retired 30 September 2012

[4] Appointed 1 October 2012

Executive Committee/Team 2012/13



[1] Until 31 December 2012

[2] From 1 January 2013

[3] Until 31 December 2012 (position vacant from 01 January 2013)

[4] Until 2 December 2012

[5] From 14 January 2013 (this post became Head of Contracting only)

[6] From 1 July 2012

Chairman's Statement 2012/13

One of the main aims of an Annual Report is to describe what has and has not been achieved over the preceding twelve months. The report examines the progress we have made not only against national targets and how we have performed financially, but importantly to demonstrate how we are working to put patient safety and service quality at the forefront of everything we do.

As I thought about the last year I reflected that it had been a mixture of extreme highs and lows – as a nation we celebrated Her Majesty the Queen's Diamond Jubilee and that was no different for patients at City Hospitals, all of whom enjoyed the celebrations and special cakes that were issued to all wards. Every baby born on the official date of the Diamond Jubilee received a commemorative piece of glass as a lasting memento of a very special event. We quickly moved into the magic of the summer and the London Olympics – indeed I watched one of our Project Choice interns, Jessica Boyce carry the Olympic flame along Chester Road outside the Royal hospital on its journey to London - a wonderful experience for both her and her family.

Sadly however, the year ended with the national publication of the Francis Inquiry into Mid Staffordshire Hospitals NHS Foundation Trust in February 2013. Robert Francis QC wrote, "I want Mid Staffordshire to be not a byword for failure but a catalyst for change, and to create an NHS where everyone can be confident of safe, high quality compassionate care, and where best practice becomes common practice…. whatever the pressures of a busy, modern health service".

Important words and words that we in City Hospitals should not forget, if we are to truly deliver our vision of "Excellence in Health Putting People First". We must learn from the events at Mid Staffs – be open and honest with our patients and staff when things go wrong, but more importantly put things right and learn from our mistakes. For the vast majority of patients who come through our doors their experience is generally very positive but we must always improve and continue to strive for excellence in everything that we do particularly during the significant pressures that we have had and continue to face.

Our Governors, who are representatives of our patients and the public, are a driver to ensure that we respond to the challenges facing us and deliver the highest quality care. I must thank them for their continued commitment – our meetings are never dull and they contribute to the discussion and debate with both rigour and enthusiasm. They are passionate about improving the patient experience.

It is important to remember that they do not get paid yet they are involved in a number of committees and assessment processes that are undertaken in the Trust to provide assurance of our services. One such governor was Wendy Westmorland and it was with great sadness that Wendy sadly passed away after a short illness in November 2012. We were extremely fortunate in having her as a governor – she was a warm, generous and friendly person. However, she was not afraid to challenge the Board when she felt it necessary. She understood the role of a governor and had the balance right in terms of being supportive of the organisation, but also remembering the people she represented and their needs. Wendy will be greatly missed by everyone who knew her.

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

I wish to make special mention of David Clifford and Roy Neville, two of our Non Executive Directors who retired at the end of September 2012. David joined City Hospitals in 2002 becoming Vice Chair and Senior Independent Director in 2004. Roy was appointed in 2005 and became Chair of our Audit and Finance Committees. They both have been strong advocates and ambassadors both internally and externally for the organisation. Their challenge and comments at Committees and Board meetings

were not only accepted but appreciated by Non Executive and Executive Directors alike. Their style was always one of encouragement without reducing the value of the challenge. Their commitment to the people of Sunderland and more importantly to our patients and staff has been tireless.

I was delighted to welcome Alan Wright who joined in a "shadow" capacity in June 2012 and who, along with David Barnes, took up his substantive appointment in October 2012 as a Non Executive Director.

The year ahead will be a difficult one – we have a new NHS and the economic and financial constraints will not be any easier. One thing that I am certain of however is that with our Board of Directors and Council of Governors we are well equipped to face the challenges and opportunities ahead.

My last words however, must go to the staff of City Hospitals whose dedication, professionalism and commitment to the people of Sunderland is never in doubt – with their support we will truly deliver "Excellence in Health Putting People First".

JOHN N ANDERSON QA CBE
Chairman

Chief Executive's Statement 2012/13

Health matters. It touches upon almost every aspect of society through patients, staff, families and relatives and maintaining good health still remains, in my view, the cornerstone of a civilised society.

The importance of this has been amply demonstrated in many of the findings recently identified in the review of Mid Staffordshire NHS Foundation Trust, carried out by Robert Francis QC. That showed what happens when things go wrong – at all levels – in the NHS and reminds us of why health is so important. There will be much to learn as a result of Francis and even successful organisations like City Hospitals should reflect on the core themes and many of our staff have attended roadshows to hear and contribute their own views on the report. I will say more on this in next year's annual review.

But for now let me concentrate on 2012/13. The year got off to a great start with the official opening of our new ward block – the Jubilee Wing – carried out by HRH, the Duke of Kent. It was a fabulous occasion and he got a chance to meet some of our fantastic staff, patients and families. Our Royal connections didn't stop there, as I also got a chance to meet Her Majesty the Queen and Prince Philip when they visited Sunderland as part of the Queen's Jubilee celebrations. I hope it won't be too long before she comes to visit the hospital again!

Performance for the year has again been strong across nearly all measures and yet again I would like to highlight our A&E team, who despite yet another increase in demand managed to safely deliver both the Q4 and annual targets for 4 hour waits. Unlike most of our neighbours, we have only got one main A&E department (not forgetting the Eye Infirmary), so as a result all our pressures have to be managed through that one facility and that meant, particularly between December and March, major pressures being put on operational delivery mechanisms. We also had the additional 'bonus' of very significant amounts of diarrhoea and vomiting to deal with too – at one point up to 150 beds were affected leaving us with little flexibility and flow to help with our pressures. That we delivered against this backdrop was a fantastic achievement and I thank the whole team. The team also had the pleasure of an unannounced visit by the CQC at the busiest time of the year (and week!), and they confirmed that the service offered was completely in line with our registration requirements. All other performance targets, particularly those around 18 Weeks and Cancer, were delivered at a corporate level, although one or two specialty areas have still got more work to do. The one area that didn't achieve its target within year was *Clostridium Difficile* infection, which we exceeded by 16. It is difficult to pinpoint one reason for this as we do analyse every case to see if we can learn lessons to improve performance going forward, and we also had some external observations into practice which at least assured the Board that it was doing all it should to prevent infections in City Hospitals. Nonetheless it remains a key priority and one which I am personally committed to achieving if humanly possible.

Despite all this our quality indicators have generally speaking either been improving or have achieved the targets set. Our CQUIN (Commissioning for Quality and Innovation) schedules demonstrate well over 90% compliance and the Quality Risk Profile produced for us by the CQC shows no significant risks emerging. Thankfully if you are treated in our hospitals the chances of dying are significantly lower than expected in comparison to many of our peers. Our reporting of incidents also came under the spotlight this year, most particularly the fact that numbers being reported have been reducing in recent years and that could be indicative of a poor reporting culture. The Governance processes in the organisation have also been assessed externally this last year, giving the whole Board the reassurance that things are as they should be although we will strengthen these further in coming years. It was also nice to see (and some help too!) that we returned to a satisfactory CNST (Clinical Negligence Scheme for Trusts) score for our Maternity Service during 2012/13.

This year also saw the first key service change associated with our work under the banner of Accelerating the Bigger Picture. As of November all acute paediatric admissions South of Tyne are handled by City Hospitals, unless patients choose to

go to Newcastle Hospitals. This change has been a long time coming but now it's here I hope it will build further on an already excellent service and provide long term, safe, high quality services for children and their families for years to come. We also saw the final stages of our work to reorganise Stroke Services across South of Tyne, and we established the first weekend TIA (Transient Ischaemic Attack) clinic for those who need it. Pathology services will also be reorganised when they will begin the transition to Gateshead NHS Foundation Trust in early 2013/14 with a new service model expected to be available in 2014/15.These changes will be quickly followed by others – notably 24 hour Surgery, Breast Services, Medical Physics, Vascular Surgery, Trauma and Obstetrics and Radiology all starting in 2013/14. At some point soon a discussion needs to take place about organisational structures as continuing with three separate FTs will not be suitable longer term given the increasingly tough external quality and financial climate that will exist beyond the next comprehensive spending review period. I believe it is right that CHS should be a strong player in these discussions to further our aim to be a third centre across the North East.

It is also right that I acknowledge here that our decision to defer migration to the updated Hospital Patient System, Meditech V6 has had some impact on the organisation, particularly training and development. Unfortunately the risks in migrating when we were not completely happy with data integrity outweighed the impact on the staff and the wider organisation. The upside is that we have now had more time to put this right and hopefully when we do migrate in late May this year, it should be, from that perspective at least, smoother. It has also given us more time to complete staff training to an appropriate level and depth.

I have said nothing here about our financial performance in 2012/13. Suffice to say our financial plan was delivered – despite the many financial pressures – and an outturn surplus of £2m was a very satisfactory outcome. Julia Pattison, the Director of Finance will say more about this later in the report.

As ever though, it is staff that make the difference. I want to formally say a big thank you to all our Pathology staff, who will transfer their employment to Gateshead NHS Foundation Trust on 1 April 2013 as part of our Bigger Picture work. They have given fantastic service to our patients over the years and I know they will continue to do so in future years, albeit from a new organisation. During the year the Board took the decision, reluctantly, that the Laundry Service would no longer be provided in house, and Sunlight will now provide the service from early in 2013/14. Like Pathology, the staff – many of whom have given significant years service – will now no longer be employed by us, although a great number have already been found alternative posts elsewhere within CHS. My thanks go to them all for all they have done. On the other side we are just about to welcome the transfer to CHS of Medical Physics staff currently employed by Gateshead and South Tyneside NHS Foundation Trusts – and to them a very warm welcome.

I am saddened to report on the untimely death of two colleagues. Firstly, Sam Richmond, our first and perhaps most distinguished Neonatologist who died after a long battle with cancer in mid-March. He was an inspiration to many and will be sadly missed by us all.

Secondly, Wendy Westmorland, one of our most loyal and committed Governors whose death late in 2012 shocked us all. She was a first class lady and will be sorely missed by everyone at City Hospitals Sunderland.

Our Chairman, John Anderson, has yet again led the Foundation Trust superbly and has been immensely supportive of me. This year we have bedded in three new Non-Executive Directors – Stewart Hindmarsh, Alan Wright and David Barnes – all of whom are already demonstrating the added value they bring to the organisation. To my fellow Executive Directors, thank you too for keeping us on target – no easy job in the current circumstances. I will also take the opportunity to say thanks to Les Boobis, who stepped down from his role as Medical Director at the end of December 2012. It's no easy job being a Medical Director, yet Les has carried out the role with great skill and commitment. We wish him well for the future and welcome Ian Martin, his successor, to the role. Carol Harries, as Trust Secretary/Director of Corporate Affairs has yet again risen to the task and handled many external and internal issues with tact, skill and much aplomb!

On a personal note I also wanted to mention Karen Straughair, Chief Executive of NHS South of Tyne and Wear – an organisation that now no longer exists with the new changes. Karen has consistently been an excellent leader of that organisation and developed a strong partnership with City Hospitals. She was a good friend to City Hospitals and to me personally – I wish her well for the future.

Looking ahead two things strike me. City Hospitals is a large well performing organisation but even we do not have the critical mass in every area to deliver the highest quality service we can. To get that mass we need to change and grow to compete with others around us who themselves are already bigger. The Board is committed to making this happen and some of our investments in technology (Meditech V6), facilities (Accident and Emergency rebuild, Vascular theatres for example) are a sign that we must control our destiny.

The second thing that strikes me, is not about the impact of another reorganisation with Clinical Commissioning Groups now taking the helm for 2013/14, which will bring its own risks, but about the need for greater focus on quality and standards. Francis has rammed that home to good effect. To me, if we get three things right then we should have nothing to fear. Firstly information – it's key to understanding what we do, and how well we do it. Secondly leadership – at all levels in the organisation and we will invest more to ensure we have got the 'right people' in these positions. Thirdly learning – not repeating mistakes, being open and putting things right where we have fallen below the high standards we and patients expect.

Why is all this important? It's important because health matters – it really does.

KEN BREMNER
Chief Executive


Chief Executive's Award

Jessica Boyce, one of the Trust's Project Choice interns, carrying the Olympic torch along Chester Road.

Operating and Financial Review

OFR: OPERATIONAL REPORTING

A brief profile of the organisation:

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

The Trust provides a wide range of hospital services to a local community of around 350,000 residents along with an increasing range of more specialised services provided to patients outside this area, in some cases to a population as great as 860,000.

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

The Trust operates from:

- Sunderland Royal Hospital (owned by the Trust)
- Sunderland Eye Infirmary (owned by the Trust)
- The Children's Centre, Durham Road (owned by the Trust)
- 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
- Hartlepool General Hospital
- South Tyneside General Hospital
- Queen Elizabeth Hospital, Gateshead
- Bishop Auckland General Hospital
- University Hospital of North Durham
- Shotley Bridge Hospital

The Trust has around 904 acute beds, an annual income of around £309.55m and non-current assets of £204.88m. It employs around 5,051 people.

Workforce Numbers

Staff Group	FTE	Headcount	%
Additional Professional Scientific and Technical	162.17	183	3.62
Additional Clinical Services	808.53	935	18.51
Administrative and Clerical	920.68	1,066	21.10
Allied Health Professionals	920.68	1,066	21.10
Estates and Ancillary	336.04	410	8.12
Healthcare Scientists	108.36	115	2.28
Medical and Dental	403.70	427	8.45
Nursing and Midwifery Registered	1,471.14	1,599	31.66
Students	5.00	5	0.10
Staff Group Summary Total	**4,488.61**	**5,051**	**100%**

Employed as at 31 March 2013

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, Dietetics and Medical Photography)
- Pharmacy
- Radiology
- Medical Physics
- Pathology

Division of Family Care

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

Division of Medicine

- Emergency Medicine (including 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)

Division of Surgery

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

Division of Theatres

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

Division of Estates and Facilities

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

Department of Trust Headquarters

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

Staff Consultation and Involvement

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

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

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

- Our quarterly 'Good4U' Health and Wellbeing newsletter;
- the Chief Executive's bulletin;
- the weekly 'Grapevine' bulletin published on CHS net, the Trust's intranet;
- our new intranet site giving staff the latest news on key Trust and/or NHS issues and local directorate/departmental news;
- formal monthly team briefings following Executive Team meetings to cascade key strategic messages across the Trust and more importantly to encourage feedback; and
- the Chief Executive holding a number of regular forums with Clinical Directors, senior managers, Consultants, key nursing staff and allied health professionals.

Monitoring and Managing Performance

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

- monthly reporting of financial performance to the Executive Committee and Board of Directors measured against areas such as:
  - income and expenditure performance
  - cost improvement programme
  - monitor risk rating metrics
  - balance sheet and working capital
  - cash and liquidity
- monthly reporting of cost improvement plan delivery by directorate to the Finance Committee, a formal sub committee of the Board of Directors;
- monthly reporting of activity, waiting list and key performance indicators;
- root cause analysis meetings with the Chief Executive and Medical Director to understand in detail the reasons for Healthcare Acquired Infections and Serious Untoward Incidents;
- detailed monthly reports for Divisional General Managers, Directorate Managers and Clinical Directors;
- monthly meetings with Directorate Managers and representatives from Finance and Performance to identify trends and areas of concern in time to plan ahead and agree action plans; and
- involvement in performance forums external to the Trust to consider shared issues.

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

Details of Financial Performance may be found on page 130 in the Operating and Financial Review.

Future Developments

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

- further develop and embed a culture of risk management and patient safety;
- develop service improvement methodology which puts patients and quality improvement at the centre of everything we do;
- deliver continuous improvements in quality particularly at ward/departmental level;
- develop and improve pathways of care and change practice to deliver clinically enhanced and cost effective patient care;
- have zero tolerance for waste;
- benchmark nationally against the top 10% performers for key quality, performance and financial measures;
- compete against tariff to deliver tariff minus 10%;
- deliver a significant surplus to reinvest in healthcare services; and
- continue to encourage a proactive "can do" culture where staff are empowered.

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 2012/13:

- the conversion of ward D45 (the old Integrated Critical Care Unit) into a new Chemotherapy/Infusion Treatment unit known as the Phoenix Centre;
- the completion of Phase 1 of the upgrade of our disabled and public toilets;
- the upgrade of eight of our older wards which has also included the installation of new fire alarms;
- the conversion of the former bank on the main concourse to provide new facilities for our Patient Advice and Liaison Service;
- the completion of the planning, design and public consultation process for the construction of a new multi-storey car park which at last successfully gained planning approval; and
- the investment of central hardware, networking and peripheral infrastructure for the significant upgrade to Meditech Version 6 – a new patient information system that will provide significant benefits to patient care over the current system in use in the Trust.

Work has also commenced on the following:

- the provision of a centralised Pre-Admission Assessment Clinic;
- the detailed design for a new Emergency Department;
- the addition of a second Cardiac Catheter Laboratory;
- the upgrading of the Endoscopy unit and the development of a central scope cleaning department;
- the upgrade of Speech and Language therapy and physiotherapy facilities at the Children's Centre site on Durham Road;
- the provision of a dedicated Bariatric Out-Patient Unit for a rapidly developing service;
- the enhancement of both reception and preparation areas in our Surgical Day Case Unit to improve the overall patient experience; and
- the development of an endovascular theatre being the first phase of developing a specialist vascular unit.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Strategic Priorities

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".

Our Strategy will be delivered through:

- effective clinical leadership to drive clinical input into the organisational strategy and managerial decision making processes;
- patient, partner and stakeholder engagement and responding to feedback to improve services and quality;
- our workforce being engaged in our clinical and quality strategy;
- building on our achievements in quality and being the preferred provider based on the quality of our services;
- as a minimum, ensuring compliance with all statutory requirements and the national quality indicators, including Care Quality Commission Essential Standards of Quality and Safety, NHSLA risk management standards and CQUIN;
- explicit service specific, quality outcome measures aligned to local business plans and the Trust's annual plan with robust mechanisms for monitoring performance;
- maintaining and improving our risk and safety culture, sharing and learning when things go wrong to reduce or eliminate incidents that result in harm to our patients (developing a risk aware and harm free culture);
- using the evidence base to develop and improve pathways of care and change practice to deliver clinically and cost - effective patient care;
- ensuring the proactive use of national, local and Trust benchmark data to drive clinical practice and quality improvements;
- developing and promoting a culture of research and development, innovation and technology;
- implementing the "Excellence in Health/ Energising for Excellence" – ward quality" accreditation programme;
- delivering our Clinical Audit Strategy; and
- implementing a new advanced Electronic Medical Record (EMR) with integral decision support for electronic prescribing, evidence based nursing care plans and best practice order set for disease management. This will allow us both to monitor and to demonstrate that we are consistently providing optimum and safe care for all our patients.

Future Performance

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

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

For 2013/14 our key concern will be the delivery of our vision against a backdrop of a continuing difficult economic outlook, increased competition and the new commissioning arrangements. The Sunderland Clinical Commissioning Group(CCG) has developed a "clear and credible" plan for 2012-2017 which describes their vision of achieving "better health for Sunderland" supported by three high level goals:

- to improve the health and wellbeing of all local people; enabling them to live longer, with a better quality of life and to reduce health inequalities across the locality;
- to improve the integration of services across Health and Social care; and
- to underpin all developments with more effective clinical decision making.

The CCGs are clearly new, developing organisations whose main driver so far has been reconciling the splits between commissioners such as CCGs, specialised commissioners and local authorities alongside the shift in funding due to the changes in resource allocation formulae which has moved funding away from some local CCGs.

The CCGs are clearly new, developing organisations whose main driver so far has been reconciling the splits between commissioners such as CCGs, specialised commissioners and local authorities alongside the shift in funding due to the changes in resource allocation formulae which has moved funding away from some local CCGs.

Previously commissioners have suggested demand management schemes that would reduce both the volume and income for the Trust. However, none of the schemes suggested have so far affected demand for both elective and non elective activity which has continued to rise year on year.

The new CCGs are concentrating on shifting activity from day cases to outpatient procedures thereby achieving the same volumes and outcomes but a lower cost.

For the Trust we will be looking to move towards more ambulatory care pathways, improving diagnostics and related support services/pathways to deliver faster diagnoses with resultant reductions in length of stay – but more importantly improving both the quality of treatment and the patient experience.

A key issue going forward will be for us to continue to develop close working relationships with CCGs in order to understand the proposed direction of travel and the potential impact of any changes to service delivery.

The 3 Foundation Trusts and commissioners across South of Tyne and Wear agreed to set out in one overarching document the future state that describes a configuration and pattern of sustainable services in terms of safety, quality and finance. Against a backdrop of increasing financial pressures across the NHS there has been agreement that having three primary acute hospitals offering broadly the same range of services is no longer a viable option.

For City Hospitals we will continue to focus on becoming the third specialist centre (or main hub) across the North East to develop more complex/specialised services for both elective and non elective care.

Our aim is to become one of approximately 50 acute Trusts in England that deliver an array of specialised services. Our focus as a Trauma Unit will be supplemented by our world class critical care unit and the development of more complex diagnostics including a full interventional radiology service. The development and integration of more complex colorectal, vascular and stroke services will start the beginning of a cardiovascular, renal and metabolic service designed to work alongside primary care.

Our local population continues to reflect the national trend of an ageing client base with more complex long-term conditions resulting in an increase in emergency care and acute hospital admissions. The levels of obesity and alcohol related conditions are rising and there is no indication that this will reduce over the next three years impacting on both elective and emergency admissions, and creating huge pressure on our services. These factors and an increasingly elderly population are likely to counteract any demand management schemes that local GPs and the CCG may put in place.

Work is scheduled to begin later in 2013 to provide a brand new Emergency Department and this, together with the internal work being undertaken to deliver a strategy for Safe and Sustainable Care, will radically improve the flow and experience of patients coming into and out of our hospital.

The Trust will continue to enhance and expand its Medical Education reputation through its role as the hub for the Wear based educational unit.

YEAR END POSITION

City Hospitals has reported a surplus position of £1.99m for the financial year 2012/13. The Trust delivered cost improvements of £12.87m during the year. The delivery of Cost Improvement targets were closely monitored in year by the Finance Committee, a Board sub-committee.

For 2012/13, 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 2012/13 contract baselines predominantly based on the 2011/12 actual activity delivered with funding specifically relating to the maintenance of all of the relevant targets. In financial terms, the overall elective contract under-performed by 0.6% whilst the non elective contract over performed by 7.4%. Both had operational and financial consequences with the elective consequences predominantly affecting surgical specialties and the non elective impact mainly being felt in the medical specialties.

Service Line Reporting

During 2012/13 Directorates received additional supporting information at an overall service line. This included an assessment at service line level of the profit and loss position. On a quarterly basis this information was discussed at the Finance Committee as one of the financial metrics that gave an assessment of the overarching health of a Division.

The full roll-out of the automated patient level costing system occurred during 2011/12. Clinical leaders are engaged in the validation process. In the latter part of the financial year the information was being used to support the developing Trust wide strategy. Further developments are expected during 2013/14.

Regulatory Rating Performance

The Trust is required to submit performance information to the Foundation Trust regulatory body 'Monitor' on a quarterly basis. At the start of each financial year, the Trust is required to submit an annual plan identifying the expected performance against financial targets and a range of national targets set by the Department of Health and other regulatory bodies. The financial performance is assessed over a range of metrics including liquidity and in year income and expenditure performance. For financial risk assessment, the rating scale is a sliding scale from 1 (poor performance) to 5 (good performance). For governance and quality risk the scale is a traffic light system which ranges from red (poor) to green (good).

The Trust submits actual performance information compared to the plan and Monitor assesses this performance in order to determine an overall rating for the Trust at the end of each quarter. The planned versus actual performance for the 2012/13 and the 2011/12 financial years is detailed in the tables opposite.

2012/13					
	Annual Plan	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Financial Risk Rating	3	3	3	3	3
Governance Risk Rating	Amber	Amber	Amber	Amber	Amber
	Red	Red	Green	Red	Green

2011/12					
	Annual Plan	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Financial Risk Rating	3	3	3	3	3
Governance Risk Rating	Amber	Amber	Amber	Amber	Amber
	Red	Red	Green	Green	Green

In relation to Governance for 2012/13, the Trust declared itself 'Amber-Red' in the annual plan, due to concerns over delivery of two targets being the *C-difficile* target and compliance with the NHSLA (CNST) standard for Maternity services. This was reflected in the Quarter 1 performance for NHSLA (CNST) but the *C-difficile* performance at that stage was more positive than anticipated. However, subsequently the Trust failed the *C-difficile* target for quarters two to four. In terms of financial reporting, the Trust had planned to deliver an overall surplus of £2m, giving an overall risk rating of 3. The Trust achieved a rating of 3 each quarter, ending the year in line with plan, with a surplus of £1.99m.

RISK MANAGEMENT

Financial Risks

Key financial risks during 2012/13 included:

- maintaining compliance in both the maternity and general risk standards and preparing for improvements;
- delivering the challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- taking account of the National Tariff which included a requirement to deliver an efficiency target of 4%;
- delivering against the quality (CQUIN) targets as agreed with the PCT;
- minimising actions that would have resulted in the application of penalties;
- the delivery of significant additional activity within existing staffing and physical capacity resources; and
- working through the consequences of implementing a new patient information system within the remit of the original business case.

Non-financial Risks

Non-financial risks for the year included:

- achieving and maintaining the relevant standards including the 18-week target for 95% of admitted patients in year across all specialties and the maximum 4 hour wait for A&E patients;
- achieving control of infection targets including MRSA target of 1 case for the full year ; and the *C-difficile* target of no more than 44 cases for the full year. Unfortunately the MRSA and the *C-difficile* targets were both exceeded with 6 and 60 cases respectively by the end of the year; and
- maintaining the standards required by the Care Quality Commission to maintain compliance with registration requirements.

Directors' Approach to Risk Management

Directors' Approach to Risk Management includes:

- a Cost Improvement Plan to reduce the Trust's operating costs during 2012/13 to meet the efficiency target inherent in the national tariffs;
- the continued roll-out of Service Line Reporting focusing effort into those areas that will have the greatest financial impact;
- working with Commissioners to plan service redesign and service capacity requirements including identifying all implications financial and non-financial; 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 2012/13.

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

One of the key milestones in the Trust's Risk Management Strategy is to achieve progressive compliance with national, general and maternity NHSLA risk management standards. During 2012/13 the Trust had been planning for the next assessment for NHSLA general standards. Anticipated changes to the process for assessment have meant the Trust has not sought reassessment against the general standards in year.

The Board of Directors has approved an assurance framework that meets national guidance and is managed by the Governance Committee. The framework which is subject to annual review 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 2012/13, the Trust further developed the Assurance Framework and the overall Risk Register and the on-going developments will be identified to the Board of Directors during 2013/14.

The Pathology laboratory analyses approximately 2500 blood samples per day.

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

Incident Reporting

The Trust's Risk Management Strategy provides a governance framework for the reporting, analysis and investigation of all strategic, operational, managerial and financial risks across the organisation. This strategy demonstrates the organisation's commitment to the delivery of sustainable improvements in patient, public and staff safety and is underpinned by an open learning culture. Staff are encouraged to report incidents and near misses so that the Trust can learn and improve. All serious incidents are reviewed by directors of the Trust, and root cause analyses are carried out to understand why the incident has occurred and action plans are put into place to try and ensure they do not happen again.

The Trust has a well established programme of Lessons Learnt seminars where any staff from right across the organisation can meet to discuss a particular incident, complaint, claim or inquest where learning has been identified. Using the 'patient story' concept, anonymised case studies are reviewed to identify what improvements have been made and the learning which can be shared across the organisation to mitigate against any further events.

Incidents

During 2012/13 a total of 10550 incidents involving the Trust have been reported via the Safeguard Incident Reporting System, an increase of 25.5% from the previous year. It is a sign of good 'safety awareness' in an organisation if staff report incidents as they occur so that similar incidents can be prevented in the future. The Trust has been actively encouraging higher levels of reporting particularly of near misses so that we can learn and ensure that there is ongoing quality improvement.

The Patient Safety and Risk Team have led several initiatives during the year to encourage staff to report incidents. These have included:

- the Keep Calm and Carry On Incident Reporting campaign;
- road shows to dispel the myths of incident reporting;
- directorate/team bespoke incident reporting sessions;
- the creation of a help-line to provide advice to staff;
- daily incident report reviews and telephone calls back to staff who submit incidents to thank them, and clarify issues; and
- publication of a newsletter with key messages.

The team have delivered a series of training sessions based on incidents, complaints, claims and inquests relating to patient care to assist staff learn lessons and identify sustainable solutions for improvement. During the year a total of 308 staff from a variety of disciplines attended these events.

Additional training was also provided to assist staff to report incidents using the electronic Safeguard Incident Reporting System. 193 members of staff have participated in the workshops including medical, nursing, Allied Health Professional, administrative and support staff. Sessions have also been provided to assist staff in preparing statements and attending coroner's court.

The top ten causes of incidents for the year are identified in the graph opposite where the main reasons from incident reports being submitted are patient slips, trips and falls (1811); patient care relating to their assessment, diagnostic investigations (910) and the development of pressure ulcers/tissue viability (866).

Further details relating to incidents and lessons learned are identified on pages 86 to 87 of the Quality Report.

Information Governance

Whilst a key focus of Information Governance is the use of information about service users, it applies to information and information processing in its broadest sense, and underpins both clinical and corporate governance. 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 performance tool produced by the Department of Health (DH) which draws together the legal rules and central guidance, and presents them in one place as a set of Information Governance requirements. The Trust is required to carry out a self-assessment of its compliance against each of the 44 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 44 requirements. The Trust achieved this rating, the results confirming 20 standards at Level 2 and 24 standards at Level 3.

The total percentage compliance for the 2012/13 submission was 84% (1% greater than 2011/12).

The Trust owns Church View Medical Practice which previously submitted its returns through the Primary Care Trust. The submission is now part of the Trust's overall submission but as a GP practice there are only thirteen requirements.

Church View Medical Practice was assessed as 'satisfactory – Green' achieving 4 standards at Level 2 and 9 standards at Level 3. The total percentage compliance for the 2012/13 submissions was 88%.

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

The Trust had one Information Governance breach during 2012/13 which related to an unsolicited 3rd party telephone call at Church View Medical Practice. An action plan was submitted to the Information Commissioner and there was no regulatory action imposed on the Trust.

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.

Role of the Trust as a Local Employer

At City Hospitals Sunderland we pride ourselves on consistently providing quality healthcare to our community across the spectrum of services that we deliver. We recognise that our success depends on the commitment, creativity and professionalism of our staff and in ensuring that all staff understand their role in delivering quality patient care. The Trust aims where possible to encourage local residents to find work within the Trust.

The paid apprentice scheme is now well established across the Trust and the process is working effectively in terms of training and progressing individuals into approved vacancies. Since the first paid apprentice successfully completed their apprenticeship and moved into a vacancy in January 2012, a further eleven apprentices have moved into employment.

There are currently 14 apprentices on placement with the Trust who are on track to move into vacancies at the end of their year's apprenticeship.

At the annual Springboard awards this year Ryan Hunter was awarded "Apprentice of the Year" in November 2012. Ryan was nominated for the award by his colleagues in Cancer Services for showing a willingness to learn all aspects of the department workload – not just his own but "going out of his way" to find out about anything he does not understand.

As well as the apprenticeship scheme, the Government's Youth Contract Scheme aimed at unemployed 18-24 year olds has seen 6 of 7 trained Healthcare Assistants successfully complete the programme and 5 gain permanent employment. A further 8 week placement was offered to 37 individuals resulting in 12 participants successfully gaining employment with the Trust.

Two of our estates apprentices also won regional awards this year. The Northern and Yorkshire NHS Assessment Centre runs the estates apprenticeship programme for NHS organisations in the region.

Ryan Borthwick who is an apprentice electrical engineer won the prize for 3rd year best apprentice and Adam Graham, a medical engineer at the Trust won the prize of best apprentice overall for the whole four years of training.

These schemes are part of the Trust's ongoing commitment to provide work experience to young people in the City in order to train them for jobs within the organisation.

During the year the Trust reviewed its Human Resources Strategy which is designed to ensure continuous improvement in the quality of the performance, management and development of all our staff in line with the Trust's strategic objectives, central to which are our patients.

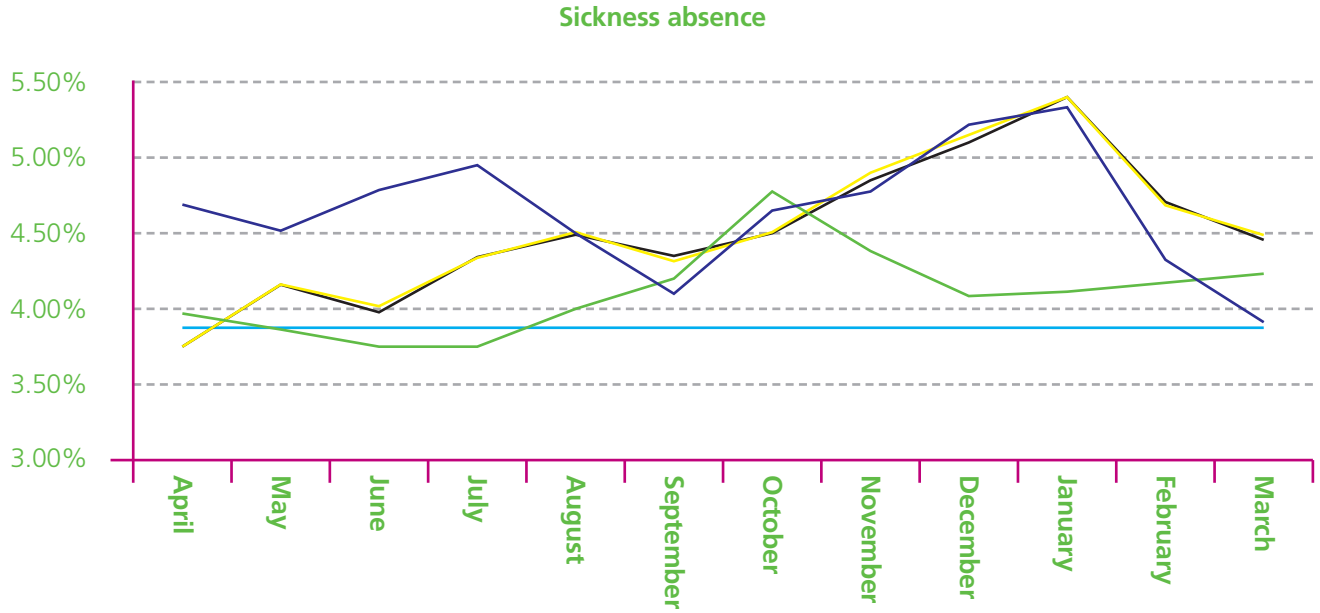
Working in partnership with Sunderland University we have developed two patient centred programmes:

- the 'Stroke Management' programme - developing the specialist knowledge of clinical staff both nurses and therapists working with stroke patients.
- 'Communication and Compassion' programme – focusing on the key role that communication plays in delivering care and dealing with patients and relatives. It develops new skills in areas such as breaking bad news, engaging with patients about their treatment plan, and building relationships with patients and their families.

Employee Health and Wellbeing

The Trust takes seriously its responsibility to manage employee absence appropriately – we work closely with local staff side representatives both individually and collectively through our Joint Consultative Group (JCG) on developing policies and procedures which reflect best practice, comply with national guidance, terms and conditions of service and legislative requirements.

Our Human Resources Department monitors and reports to the Board of Directors on levels of sickness absence on a quarterly basis through its workforce report and this has shown that the average level of sickness absence in 2012/13 was 4.5% which was an increase from 4.09% in 2011/12. The graph below shows the year to date sickness absence rates for the 2012/13 year, against a target of 3.89% and previous years' rates.



The Trust recognises that our employees play a vital role in our progress towards our vision of "Excellence in Health, Putting People First" – they have a direct impact on clinical outcomes and the experience of our patients. When our employees are well and satisfied, the experience of our patients improves. The Trust's Health and Wellbeing Strategy developed last year supports the Trust's overarching Human Resources Strategy, which sets out a commitment to become the best place to work. It acknowledges that the work and health and wellbeing of our employees are interlinked and will commit to promoting a culture where all our employees embrace well-being.

As part of this strategy we offer an extensive range of employee health and well being benefits including:

- a dedicated Occupational Health department offering health surveillance and access to fast track physiotherapy;
- an on site Health and Fitness Centre;
- provision of an Employee Assistance Programme – a confidential support service provided by First Assist;
- free eye screening and testing;
- provision of Childcare vouchers;
- the opportunity to access the Family Car and Cycle Schemes;
- an Employee Benefits Day; and
- an annual Reward and Recognition event recognising long service and celebrating the many and varied contributions our staff make to patient care.

The winners of this year's Recognition Awards were announced at the Trust's Annual Reward and Recognition event held at the Stadium of Light on 26 October 2012.

The awards recognised those staff and teams who go the extra mile in their every day work to put patients at the centre of everything they do. The winners in each category were:

- Customer Service Award - Individual
  Gillian Watson, Senior Dental Hygienist
- Customer Service Award - Team
  Diagnostic Cardiology Team (ECG)
- Patient Safety & Innovation Award
  The Heart Failure Team
- Partnership Award
  Sunderland Adaptive Snowsports
- Lean Working Award
  Fractured Neck of Femur RPIW Team
- Ward or Department of the Year Award
  The Discharge Lounge
- Outstanding Contribution
  Melanie Robertson, Nurse Consultant and Clinical Lead for Cancer Services
- Governors' Award
  Suzanne Donkin, Healthcare Assistant, Ward C33
- Chief Executive's Award
  Jim Robinson, Head of Design & Project Management

Staff Survey Results

The Trust participates in the NHS Annual Staff Survey conducted by the Care Quality Commission which seeks the views of staff on a wide range of issues. The results of the 2012 survey were published in March 2013. This year however, our response rate reduced to 43% of staff responding in comparison to a 56% response rate in 2011.

The key findings from the survey are summarised below:

2010/11 Response Rate		2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	Trust	National Average	
39%	54%	56%	54%	43%	49%	-13%

Top 4 Ranking Scores

Percentage of staff feeling pressure in the last three months to attend work when feeling unwell
(the lower the score the better)

The Trust's score of 24% was in the highest (best) 20% when compared with Trusts of a similar type.

2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	
27%	26%	24%	29%	-3%

Percentage of staff working extra hours
(the lower the score the better)

Staff were asked whether in an average week they worked longer hours than the hours for which they were contracted. The Trust's score of 63% was in the lowest (best) 20% when compared with Trusts of a similar type, although a deterioration from last year's score.

2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	
55%	65%	63%	70%	-8%

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

Staff were asked whether they had experienced harassment, bullying or abuse from colleagues or managers in the previous twelve months. The Trust's score of 19% was in the lowest (best) 20% when compared with Trusts of a similar type, although a deterioration from last year.

2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	
12%	16%	19%	24%	-7%

Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
(the lower the score the better)

2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	
27%	26%	24%	29%	-3%

Bottom 4 Ranking Scores

Percentage of staff having equality and diversity training in the last 12 months
(the lower the score the better)

The Trust's score of 42% was in the lowest (worst) 20% when compared with Trusts of a similar type, although an improvement from the previous year.

2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	
32%	48%	42%	55%	+10%

Percentage of staff experiencing physical violence from staff in the last 12 months
(the lower the score the better)

The Trust's score of 3% was in line with the national average.

2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	
n/a	n/a	3%	3%	-

Staff Motivation at work
(the lower the score the better)

Staff were asked about the extent to which they looked forward to going to work and were enthusiastic about, and absorbed in their jobs.

The Trusts score of 3.83 was in the lowest (worse) 20% when compared with Trusts of a similar type, although an improvement from the previous year.

2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	
3.73%	3.82%	3.83%	3.84%	+0.10%

Percentage of staff reporting good communication between senior management and staff
(the lower the score the better)

2011/12 Response Rate		2012/13 Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	
30%	26%	28%	27%	-2%

Largest local change since the 2011 survey

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

- Percentage of staff able to contribute towards improvements at work which was 71% compared to 57% in 2011;
- Percentage of staff appraised in the last 12 months was 86% compared to 69% in 2011;
- The job satisfaction score of staff was 3.63 (on a scale of 1-5) compared to 3.45 in 2011;
- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver was 83% compared to 76% in 2011; and
- Staff motivation at work was 3.83 (on a scale of 1-5) compared to 3.73 in 2011.

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

- Percentage of staff suffering work related stress was 35% compared to 26% in 2011;
- Percentage of staff working extra hours was 63% compared to 55% in 2011; and
- Percentage of staff receiving health and safety training in the last 12 months was 79% compared to 89% in 2011.

Following discussion within the organisation, key areas have been identified for attention during 2013/14:

- occupational health and safety;
- violence and harassment;
- engaging staff in decisions that affect them; and
- equality and diversity.

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

The following actions will be addressed during 2013/14.

- Reviewing health and safety training provision and attendance
  - identifying key themes/trends for action;
- Analysing reported incidents involving physical violence to staff by staff
  - identifying key actions to reduce incidence;
- Reviewing current communication systems and mediums
  - seeking feedback from staff/staff side colleagues
  - identifying key actions for improvement
- Developing and implementing refresher equality and diversity training for all staff; and
- Reviewing, analysing and publishing recruitment data for 2012 to demonstrate how the Trust provides equal opportunities for career progression or promotion.


PAEDIATRIC
CITY HOSPITAL SUNDERLAND
NHS

PART 1: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Welcome to our Quality Report for 2012/13. Once again our aim is to provide a balanced and honest account of how we did last year against the quality priorities we set ourselves. It also provides an opportunity to clearly set out what our plans are for the coming year.

In common with other NHS organisations, we have faced another challenging year in terms of needing to drive up quality and improvement but at the same time achieving efficiencies and savings in how we deliver our services. As the new structures align and interact in another reform of the NHS, we will also need to be in as strong a position as possible to continue to meet these demands for the benefit of the people who entrust us with their healthcare and support.

Against the background of the new context for healthcare, the publication of the recent Francis Report (Mid Staffordshire NHS Foundation Trust Public Inquiry), provided a sobering and stark reminder of what can happen when the NHS gets its priorities wrong and loses its focus on patients, care and compassion. The Government has responded to the Francis Report in which it has said that quality of patient care should now be "at the heart of the NHS" when it's fair to say that most people using the health and care system thought this had always been the case.

City Hospitals has not been waiting for the Francis Report to give us our focus and direction on quality, standards and improvement. Quality in its many facets is already part of the strategic aims of the Trust and our organisational goals, objectives and relationships are driven by the various dimensions of quality, such as patient safety, clinical effectiveness and patient experience. Of course, we will fully embrace many of the recommendations from Francis to put patients, care and compassion at the very centre of what we do and how we do it.

The Quality Report is an annual public statement on our achievements in delivering quality and raising standards of care. I am pleased to report that we have met many of the goals and commitments that we set ourselves last year and are on track to meet many others. However, I will not shy away from reporting those areas where we didn't quite meet the challenge. I am confident that we are making progress, and I believe that today we are a cleaner, safer and kinder hospital than we have ever been, but I know we still have more to do.

Highlights of the year

We have embarked on a huge clinically-led change programme called 'Safe and Sustainable Emergency Care' to reform our whole emergency care pathways, including discharge and links with supportive services in Primary care. It has not gone unnoticed that our levels of emergency activity have been unprecedented this year, as it has elsewhere across much of the NHS. The time is right to undertake major reform of our emergency care system. This will involve a rebuild and modernisation of our current Accident & Emergency Department and acute care wards, including medical and surgical assessment areas. Our ambition is to provide an acute hospital fit for the 21st century and we look forward to that vision taking shape.

During the year we had a number of external, rigorous reviews of our quality governance arrangements, and I'm pleased to report that overall the Trust's arrangements were found to be well established and provided appropriate assurance in respect of quality performance and risk.

In November 2012 we had our annual unannounced visit from the Care Quality Commission. The inspection team spoke with patients and their visitors about their experience of Accident & Emergency, our Admissions Units and selected wards. We are delighted that they found no concerns about patient care or standards, and our staff demonstrated excellent practice in many areas.

We have achieved the majority of our Commissioning for Quality and Innovation (CQUIN) targets in 2012/13, which is a significant success.

Our participation in national clinical audits goes from strength to strength and in the Sentinel Stroke Audit, our organisation score placed the Trust in the upper quartile for the first time and we were one of the highest performing Trusts in the North East.

During the year we also earned the prestigious CHKS Top 40 Hospital Award, recognising excellence in healthcare across key performance quality indicators. We also performed very well in the

national Dr Foster 'Good Hospital' Guide 2012, including lower than expected or as expected ratings for different measures of mortality.

Our results in the NHS staff survey (2012) were also very positive, including an increase (for the third year running) in the percentage of staff who would recommend the Trust to their family and friends. We anticipate similar endorsement of our hospital from patients who answer the Friends and Family Test from April 2013.

Finally, we achieved national praise and profile of our Bariatric Services and the specialist skills and excellence in care we provide for this particular group of patients and their families.

Sharing our disappointments

Whilst the Quality Report rightly highlights where we have done well, it also reminds us on what areas we need to improve. This year, we have fallen short of our very challenging MRSA and *C. difficile* targets and were not able to continue our year on year reduction despite the significant effort from all our staff. We can report that there has been no evidence of any widespread failure in our preventative or control practices.

The publication of the annual adult inpatient survey (2012) also revealed that patients are still not always being offered a choice of food or feel that their pain is being adequately managed. In both these areas we made improvements last year and we thought we had 'turned a corner'. However, the results provide a further reminder that we still have much more to do.

The year ahead

There is no doubt that there are further challenging times ahead for the NHS and our Trust is not immune to the need to reduce costs and become more efficient in the way we provide our services. Our ambition will be to continue to drive and focus on improving quality whilst adapting to the changing nature of healthcare.

Our success and achievements over the past year can be attributed to the hard work of all our staff, volunteers, governors and other partners and stakeholders.

This Quality Report cannot cover all the work of such a large, complex organisation but I hope it provides an informative overview of where we have done well and those areas where we need to do better.

To the best of my knowledge and belief, the information contained in this report is accurate.

KEN BREMNER
Chief Executive **Date: 29 May 2013**

PART 2A: PRIORITIES FOR QUALITY IMPROVEMENT

Quality Reports are both retrospective and forward looking. They look back on the previous year's information regarding quality of services, explaining both what we are doing well and where improvement is needed.

But, crucially, they also look forward, explaining what we have identified as our priorities for improvement over the coming financial year, and how we will achieve and measure them.

Review of Quality Performance 2012/13 – "Looking back"

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 progress that we are making.

The table below summarises the priorities and objectives we set for 2012/13; this is followed by a detailed account of our progress and achievements to date.

Quality improvement objective 1:

Clinical Effectiveness

Reduction in avoidable hospital acquired infection

1a MRSA bacteraemia

1b *Clostridium difficile* infection

1c MSSA bacteraemia

Quality improvement objective 2:

Patient Experience

Improvement of the patient experience and overall satisfaction in key areas

2a Increase food scores on quality, choice and assistance

2b Enhance the patients perception of pain management

Quality improvement objective 3:

Patient Safety

More effective management of the deteriorating patient to minimise avoidable harm

3a Improve staff recording, recognition and response to deteriorating Early Warning Scores (EWS)

Quality improvement objective 4:

Patient Safety

Reduction in the number of patient slips, trips and falls and their associated harm

4a To reduce the 'crude' number of patient slips, trips and falls

4b To reduce the number of incidents that result in major and catastrophic injury

Priority 1: Reduction in avoidable hospital acquired infection

The reduction of avoidable healthcare associated infection has remained high priority for the Infection Prevention and Control Team throughout this year. A national point prevalence study on healthcare associated infection (HCAI) conducted in 2011 estimated that 6.4 % of hospital patients in England have a HCAI. These are infections that are neither present nor incubating (the period between infection and the onset of the disease) when a patient enters hospital. City Hospitals Sunderland strategy for 2012/13 included zero tolerance for preventable infection.

For 2012/13, the Trust was set the challenging targets of:

- not exceeding 1 post-48 hours MRSA bacteraemia and,
- not exceeding 44 post-72 hours cases of *C. difficile* infections.

In addition we agreed to monitor the incidence of MSSA (Methicillin-resistant Staphylococcus aureus) bacteraemia, although there has been no national target set.

How did we do?

Indicator	07/08	08/09	09/10	10/11	11/12	12/13	Achieved / Not achieved
MRSA bacteraemia	37	33	20	8	4*	6	✘
Clostridium difficile	-	192	93	49	64*	60**	✘
MSSA	-	-	-	-	-	21***	N/A

Data source - HPA Data Capture system and these are governed by standard national definitions

* The cases represent all cases (both hospital and community acquired)

** Three cases were removed following an appeal by the Trust and subsequent agreement with Commissioners.

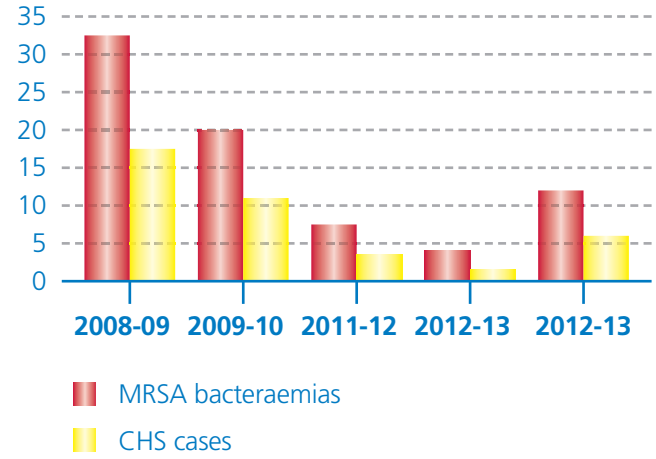
*** Hospital acquired cases in 2012/13

This year's target of 1 MRSA bacteraemia set by the Department of Health has proven a significant challenge to the organisation. We are disappointed that despite the increased efforts with hand hygiene, asepsis (protection against infection) and surveillance we were not able to continue our year on year reduction. We have reported 6 cases of healthcare associated bacteraemia this year and 6 community cases.

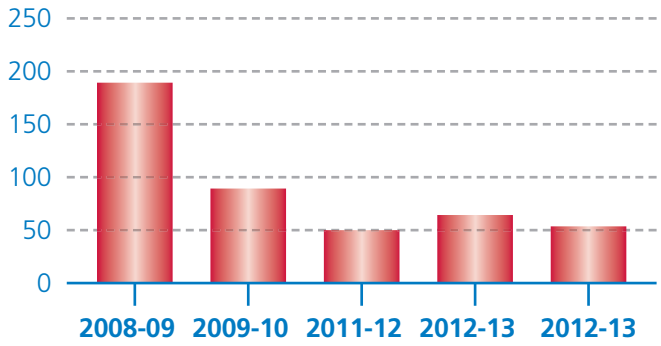
Detailed root cause analysis of each individual case of MRSA bacteraemia did not identify a single cause for the increase this year and there is no evidence of any systemic failure of control processes within the Trust. We are able to report that only 1 of the Trust apportioned cases was deemed avoidable. Lessons learnt from each case continue to be shared and have been incorporated into a detailed action plan which has been implemented and monitored throughout the year.

The target for *Clostridium difficile* infection was 44. This was a challenging target and there has been a huge drive, informed by the analysis of cases in 11/12 to further prevent, reduce and control this organism. Despite this, the number of cases reported for 2012/13 is 60. Whilst this is an improvement on the previous year's total it still causes concern within the organisation and maximum effort is being devoted to inform the strategy to reduce clostridium infection. No single cause has been identified for the failure to significantly reduce the number of cases and the Trust is taking very seriously actions required to address identified areas for improvement.

MRSA bacteraemia 2008 – 2013



Hospital acquired *C.difficile* infection



Achievements and initiatives during the year

- We have formed a *Clostridium difficile* multidisciplinary working party involving staff from areas where there has been Trust apportioned cases of *Clostridium difficile* to explore lessons learnt in detail and agree actions to prevent further cases,
- Deep dive exercises have been undertaken with members of the Trust's executive team to review and challenge current strategy for prevention and management of *Clostridium difficile*,
- The launch of the role of link staff/ ward managers to enhance compliance with antimicrobial (agents which kill micro-organisms) prescribing standards across in-patient areas,
- Daily stool and specimen surveillance to ensure prompt medical assessment and management of all patients with suspected infective diarrhoea,
- Circulation of a daily report across the organisation detailing any new cases of *Clostridium difficile*,
- Implementation of a targeted environmental screening programme in high risk areas, and additional cleaning of the hospital environment and equipment.

Other developments and activities throughout the year

- Monthly hand hygiene audits are now undertaken by peers replacing what was previously a self audit. This increases the objectivity and rigour of the audit process,
- A review of the Infection Control service provision has enabled on-site weekend cover during the period of winter bed pressures (Jan – March 2013),
- Completion of root cause analysis investigations for all Trust apportioned MSSA bacteraemia, identified to directorate action plans and dissemination of lessons learnt,
- Working in partnership with the community advisory panel to improve patient compliance with hand hygiene,
- The Infection Prevention and Control Team have established a robust system for continuous surgical site surveillance in trauma and orthopaedics,
- 120 staff participated in a one day Infection Prevention and Control study event held at the Sunderland Glass Centre,
- Continued close collaboration with clinical staff across all directorates to inform and deliver a robust strategy for management of outbreaks and serious infection.

Key areas for further improvement in 2013/14

- Plans to increase the availability of isolation facilities at Sunderland Royal Hospital,
- Review of Infection Prevention and Control education and training provision for hospital staff, patients and their carers,
- Development of a programme for enhanced deep cleaning of wards, which will include hydrogen peroxide fogging (a disinfection method used to eradicate or significantly reduce infection),
- Audit of decontamination of medical equipment,
- Screening programme for elderly care patients,
- Increased review and analysis of antimicrobial prescribing, to ensure there is not 'over-use' or misuse of antibiotics.

The infection Prevention and Control Team will continue to work closely with colleagues to reduce levels of healthcare associated infection throughout the Trust.

Priority 2a: Improvement of the patient experience: increase food scores on quality, choice and assistance

Last year the Trust focused on improving patients' rating and choice of hospital food. These areas had been categorised as 'red' in our annual national inpatient survey although there was some improvement in results reported last year. However in spite of these encouraging signs the Trust felt that these should remain one of our priorities.

Patient question	07	08	09	10	11*	12*
"Are you offered a good choice of food?"	79	77	75	83	8.1	7.7
"Did you get enough help from staff to eat your meals?"	71	68	68	73	7.7	6.7

Data source – national adult inpatient survey (Picker Institute)

* Survey report has changed; each Trust now receives a score out of 10 for each question

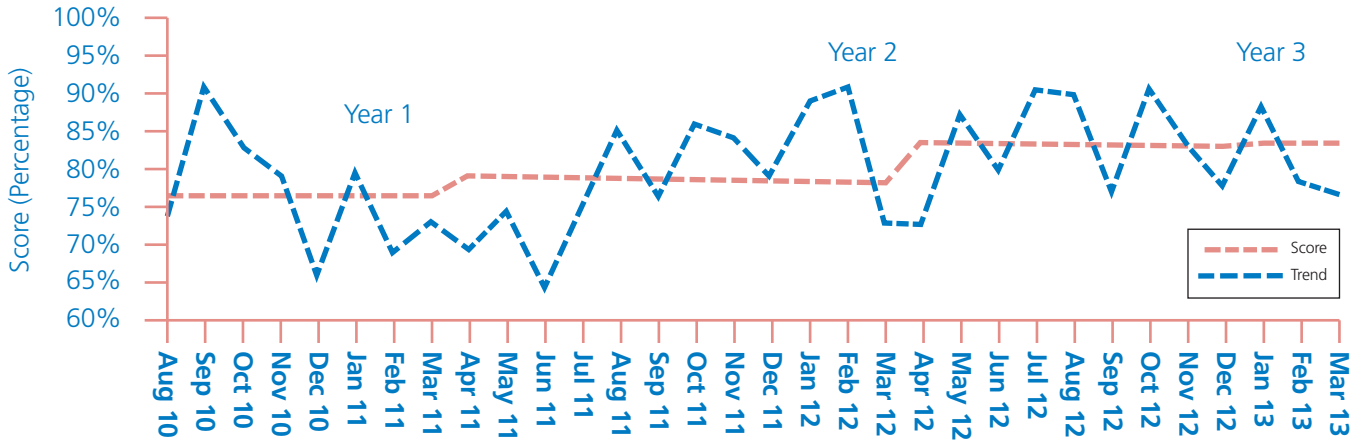
Unfortunately, the results from the national adult inpatient survey (2012) show that we have been unable to sustain our improvement from last year in this particular survey. However, the continuous monitoring of these questions in our real time feedback shows more encouraging results.

Real time feedback involves Trust volunteers asking a sample of patients who are ready for discharge for their views and comments about their hospital stay. This takes place on the majority of our wards each month and results are fed back to staff to enable them to make improvements in areas that matter to patients.

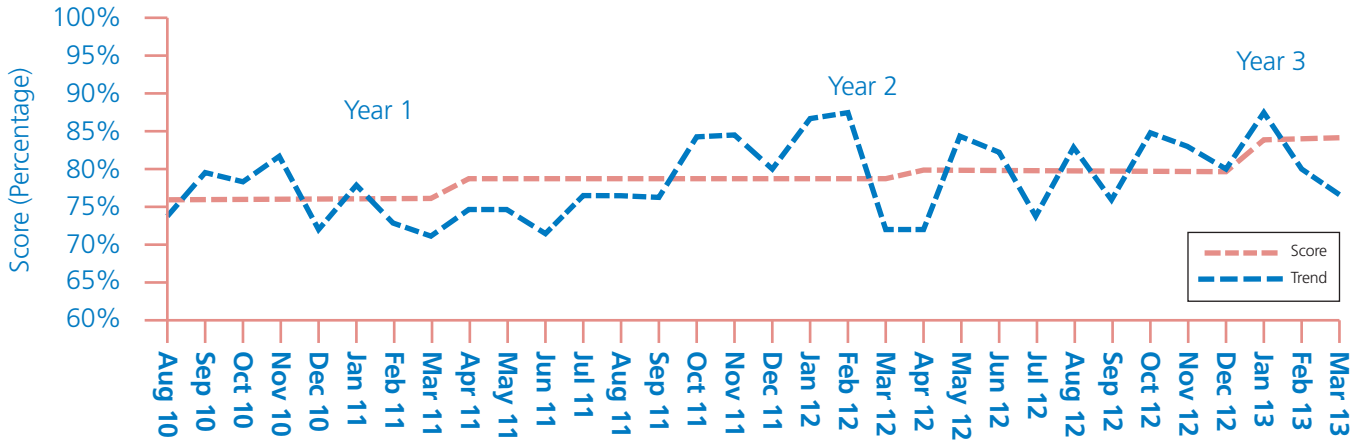
The charts overleaf show results from real time feedback that asks three specific questions about patients' experience of hospital food. Each chart plots an average score from all participating wards for each month, starting from August 2010 to the end of March 2013. In addition there is a line showing the trend over time. For questions related to the presentation and temperature of food (Question C11) and choice of food (Question C12) we are able to see year on year improvement in scores.

Hospital food (real time feedback August 2010 – March 2013)

Question C11 – Food presentation and temperature (from real time feedback questionnaire)

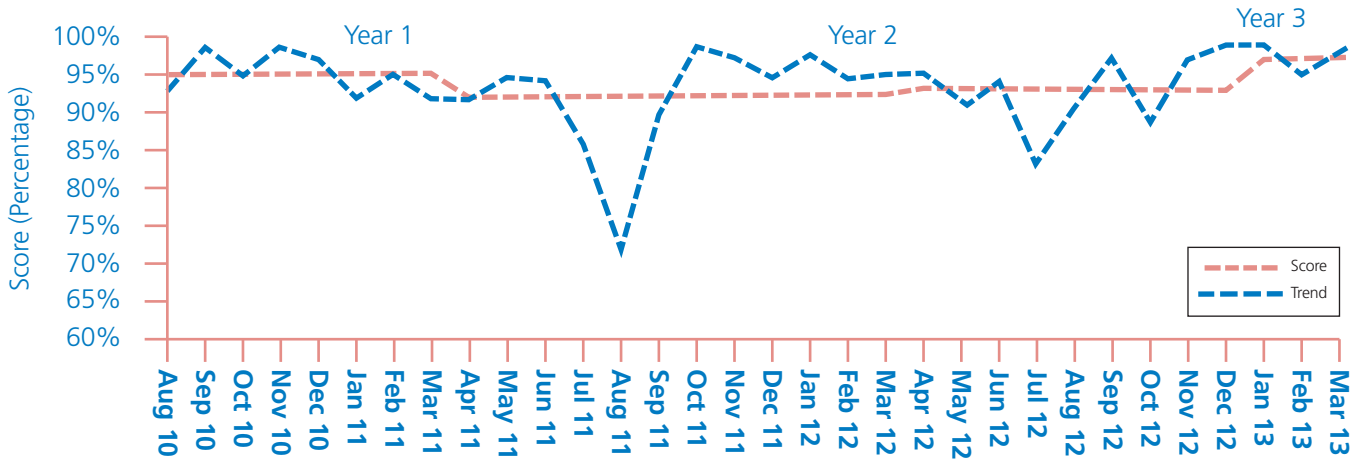


Question C12 – Choice of food (from real time feedback questionnaire)



However, the profile for giving patients assistance with their food (Question C13) shows more variation although the average scores are generally high with a 'spike' of improvement in the last quarter of 2012/13.

Question C13 – Help from staff regarding meals (from real time feedback questionnaire)



Other achievements or initiatives during the year

- Introduction of new 'Patient Menus'. Each inpatient now has their own patient menu sheet. The menu also includes more prominent information about the 'Lite Bite Menu' and the availability of alternative menus,
- Improved the meal delivery service, for example by undertaking service time training with the catering staff and assisting nursing staff,
- Making available appropriate implements for the serving of food, for example tongs, insulated jugs to keep soup / custard at the correct temperature, and
- The Trust has made huge progress in the provision of locally sourced food, ensuring patients have a choice of meals and the feedback we are receiving is beginning to show that patients are enjoying the hospital meals that are offered.

Nutrition and Hydration Week – 'A Taste of Patient Safety' (18th – 24th March 2013)

A series of events to reinforce and focus energy, activity and engagement on nutrition and hydration as an important part of patient care.

To coincide with National Patient Safety Week – A Taste of Patient Safety - the Trust organised a number of Catering Department Tours to enable staff to see the food preparation for patients and learn more about the food that is provided in hospital. Staff then had the opportunity to sample hospital food.

Priority 2b: Improvement of the patient experience: enhance the patient's perception of pain management

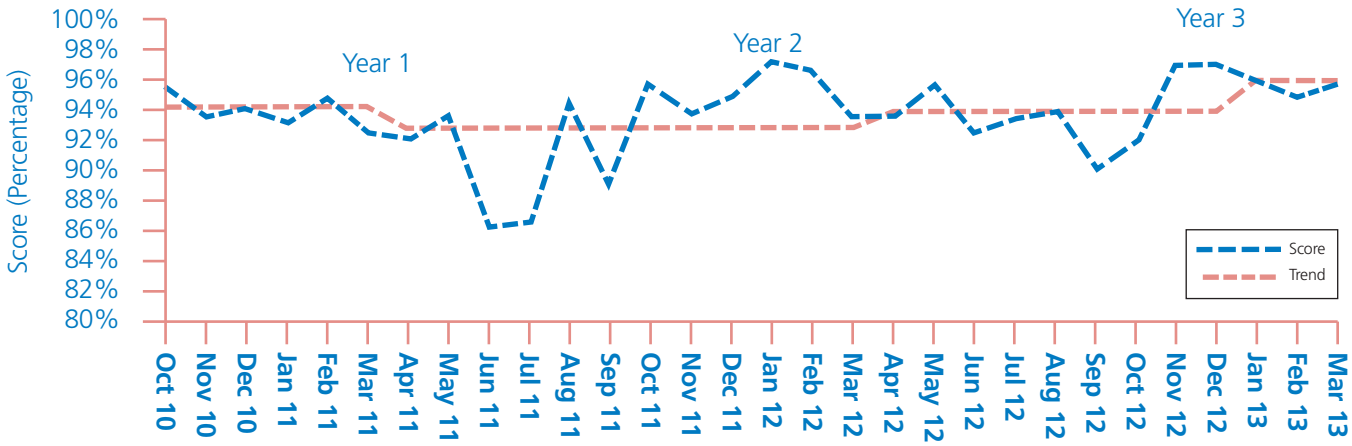
While everyone has experience of pain it is often complex and poorly understood. It is subjective and can sometimes be challenging for patients and healthcare professionals to assess and manage effectively. Patients have reported in our national inpatient surveys that they feel that their pain management could have been better. We responded and set up a multidisciplinary Pain Management Group to look at ways to improve the patient's experience of pain. In the 2011 national inpatient survey we achieved our highest score for 5 years for the question 'do you feel staff did everything they could to mange your pain' but we were still determined to do even better.

How did we do?

Indicator	07	08	09	10	11*	12*
"Do you feel staff do everything they can to manage your pain?"	80	79	80	79	8.1	7.5

The results of the national inpatient survey (2012) shows that we were not able to consolidate the improvement that we had made last year. This is disappointing given the significant work that has been undertaken in the Trust to improve pain assessment and management practices. However our real time feedback collection shows a more encouraging picture (see chart below) and we will continue to make pain one of our key clinical priorities.

Question C9 – How did staff manage patients' pain? (from real time feedback questionnaire)



Achievements or initiatives during the year

- The RADAR principles of pain management (Responsibility, Anticipation, Discussion, Assessment and Response), is now being rolled out to wards within the Division of Surgery. This is an evidence based framework used by the clinical team to improve the effective management of acute pain.
- Development of specific analgesia Patient Group Directions (PGDs) for admission areas,
- An Acute Pain Study Day took place in March 2012, and
- Routine pharmacy reports for missed doses of medication are presented and discussed at each Pain Management Group meeting.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Priority 3: More effective management of the deteriorating patient to minimise avoidable harm

Hospital staff are increasingly faced with the challenge of providing medical and surgical care to the very ill and an ageing population with multiple conditions. In the Trust, an early warning score system (EWS) is in place to help identify patients whose health may suddenly become worse. Incidents reported by staff, information from our local audits and reviews 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.

Indicator	08	09	10	11	12
Early Warning Score (EWS) was recorded accurately	81%	91%	95%	94%	92%
Patients with a documented monitoring plan	nm*	77%	93%	97%	94%
Patients had the minimum required frequency of observations / EWS in accordance with their level of care	nm	nm	nm	96%	94%
Monitoring plans were adhered to overnight	nm*	79%	72%	83%	78%

Data source - CHS Level of Care / Early Warning Score Point Prevalence Study

* nm – not measured because it wasn't part of the survey at the time

Achievements or initiatives during the year

- The Critical Care Outreach Team (CCOT) continue to play a key role in improving the management of the deteriorating patient by:
  - supporting the ward teams 24 hours a day, 7 days a week throughout the year, by offering a rapid response to wards when an early warning score trigger point is reached;
  - facilitating timely admissions to critical care and discharge back to the ward; and
  - supporting the education and skills training of staff;
- A robust, rolling programme of acute and critical care education for all staff groups;
- The Deteriorating Patient Group (DPG) continue to analyse all reported deteriorating patient incidents, to identify any themes and trends and ensure lessons are learned;
- The DPG are leading on the implementation of the National Early Warning Score (NEWS) within the Trust. This will also involve a radical re-design of the observation / EWS chart and the current acutely ill patient pathway. Plans are to pilot this by the end of the year and to roll out across the Trust during 2013. A Trust Policy currently being developed will facilitate implementation;
- Continuation of monthly cycles of matron audits of observations and EWS scores; and
- EWS results are reported at Directorate Clinical Governance meetings and monitored by the Trust wide Deteriorating Patient Group (DPG). Remedial action is taken in any poorly performing areas and reported to Clinical Governance Steering Group.

Priority 4: Reduction in the number of patient slips, trips and falls

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

During 2012/13 the national focus on patient falls has been enhanced with the mandatory collection of data on falls in hospital as part of the NHS Safety Thermometer. This is a survey tool that provides national benchmarking on key patient harms, which in addition to falls includes pressure sores, urinary tract infections and venous thromboembolism (VTE) or blood clots.

For 2012/13 the goal for the Trust was to reduce the number of falls among our in-patients and reduce the number of falls that result in moderate and major injury (using definitions from the National Patient Safety Agency - NPSA).

How did we do?

Indicator	08/09	09/10	10/11	11/12	12/13
Number of falls (including slips and trips)	Not available	1825	1636	1645	1720
Number of falls (with associated major and catastrophic injury*)	26	42	54	35	36

Data source - CHS Level of Care / Early Warning Score Point Prevalence Study

* nm – not measured because it wasn't part of the survey at the time

Our falls prevention initiatives have failed to demonstrate any reduction in the number of falls this year although we did have some success in stabilising the position of those falls causing serious injury. The Trust multidisciplinary Falls Group has overseen a number of initiatives during the year to promote improvements in falls assessment and management practices.

- We have revised and updated the Trust Patient Falls Prevention Policy in line with national guidance and best practice,
- We have implemented a system of monthly monitoring of patient falls assessment documentation,
- Ward Sisters, Charge Nurses and Matrons are involved in regular quality assurance monitoring of falls prevention and management,
- We have raised awareness among staff to encourage the reporting of incidents to capture all slips, trips and falls data, and
- We have undertaken a pilot of non-slip slippers as a measure to prevent falls and introduced 'falling stars' which is a visual prompt to staff that a patient is at high risk of falling.

Forward Plan for 2013/14

- Reduce the number of patients sustaining a fracture of neck of femur or a head injury by 10%,
- Deliver harm free care by implementing the Royal College of Physicians Falls Safe Programme,
- Review the Trust's Bed Rail Policy in line with current best practice,
- Secure resources to assist in patient falls prevention,
- Learn lessons from incidents where patients have fallen, and
- Continue action on falls prevention and management overseen by the Hospital Based Falls Group and ensure engagement of key stakeholders.

Priorities for quality improvement 2013/14 – "Looking forward"

As in last year's Quality Report, we have grouped our priorities and plans under the three main quality headings; patient safety, clinical effectiveness and patient experience. In choosing our priorities, we have reviewed and reflected on our performance in 2012/13. This means that we will continue to focus on some areas that were identified last year, where we think more work can be done, as well as developing new themes from quality issues or feedback in 2012/13.

The review of quality performance during 2012/13 has taken account of the following areas;

- national planning and quality frameworks, i.e. NHS Outcomes Framework, Planning Framework (Everybody Counts), NHS Mandate, Commissioning for Quality and Innovation (CQUIN) scheme,
- national high level inquiries, i.e. Francis Inquiry (Mid Staffordshire NHS Foundation Trust),
- feedback from external reviews of Trust services, for example from the Care Quality Commission, Monitor, the Clinical Commissioning Group (CCG), and local Involvement Healthwatch,
- Trust strategic objectives and service development plans,
- patient safety issues from the Trust's incident reporting system,
- patient, carer and public feedback on Trust services, including Real Time Feedback,
- learning from complaints, the Patient Advice Liaison Service (PALS), incidents and quality reviews,
- patient surveys and patient satisfaction questionnaires,
- progress on last year's quality priorities and feedback on last year's Quality Report.

In setting our quality priorities for 2013/14, we have also involved, consulted and taken account of the views from senior managers (i.e. Corporate Management Team), a range of clinical professionals (i.e. Clinical Directorates and Clinical Governance Steering Group) and from patient and public representatives (i.e. Council of Governors).

Clinical Effectiveness

We will ensure that each patient receives the right care, according to best knowledge and practice, at the right time in the right place, with the best outcomes.

Priority 1: Enhance the quality of life of patients with long term conditions – Improve the in-hospital management of patients with Dementia

Dementia is one of the most important issues we face as the population ages. There are currently approximately 820,000 people with dementia living in the UK, including 16,000 people under the age of 65. This figure is set to rise to approximately two million by 2033.

Up to 70% of acute hospital beds are occupied by older people, approximately 40% of whom have dementia. However, patients who have dementia experience many more complications and stay longer in hospital than those without dementia. It is also estimated that 30% of people will die with dementia and many of these die in general hospital settings.

Improving the quality of care in general hospitals has been identified as a priority within the National Dementia Strategy. The first round of the national audit of dementia care in general hospitals (2011) has found wide variation between participating hospitals on a range of standards. The report for City Hospitals identified a number of areas for further improvement, some of which will be part of our priorities for 2013/14.

	Clinical effectiveness - Indicator	Measured by	Monitored by	Reported to
1	Patients assessed as 'at-risk' of dementia will have diagnostic assessments, investigations and appropriate follow-up	CQUIN internal data collection	Performance Team Dementia Group	Clinical Governance Steering Group (CGSG)
2	Reduce the number of falls and serious injury, particularly among those patients with dementia	Internal data collection	Performance Team Dementia Group	CGSG
3	Dementia patients are assessed on their risk of developing malnutrition and dehydration within 24 hours of admission (MUST score)	Meditech V6 Information system	Nutrition Steering Group	CGSG
4	Reduce length of stay of patients with dementia	Internal data collection	Performance Team Dementia Group	CGSG
5	Appropriate training of staff who care for patients with dementia	Internal data collection	Dementia Group	Patient, Carer and Public Experience Committee (PCPEC)
6	Ensure that carers of people with dementia feel supported	Carers Survey	Clinical Governance	PCPEC

Patient Experience

We want all our patients to have a positive experience of healthcare. All our patients and the people who care for them are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Priority 2: Ensure that we give compassionate care and patients have a positive hospital experience

Compassionate care matters to patients. It is the presence or absence of compassion that often defines the lasting and vivid impression families have about their overall experience of care. It is a highly complex concept with different interpretations and one that is sometimes easier to identify when it is missing then when it is there. The recent report on the Mid Staffordshire NHS Foundation Trust ('Francis Inquiry') provided a sobering account on where compassion in care was missing in day to day contact with patients and their families.

Whilst the context for health care and support is changing, most significantly with people living longer with multiple and complex needs and higher expectations of healthcare, the need to retain compassion in care is more important than ever.

Whilst in general our patients are telling us that we get it right most of the time, there are occasions when our doctors, nurses, and other healthcare staff have failed to show compassion in their relationships with patients and their families. We know that compassion is central to how people perceive their care and how they describe their experience to others.

During 2013/14 we will focus on strengthening our approach to compassionate care and our relationships with patients and their families so that we improve their overall experience of City Hospitals. We will do this by focusing on the following indicators for improvement.

	Patient experience - Indicator	Measured by	Monitored by	Reported to
1	Improve the likelihood that patients would recommend our services to their family and friends	Friends & Family Test – 'net promoter score'	Patient, Carer and Public Experience Committee (PCPEC)	PCPEC
2	Increase the proportion of patients who feel listened to and involved in their care	National Inpatient Survey Real time feedback	Head of Nursing & Patient Experience PCPEC	PCPEC
3	Enhance the patients perception of pain management, i.e. reduce number of delayed / omitted analgesics	National Inpatient Survey Real time feedback	Pain Management Group	PCPEC
4	Offer all patients a choice of food	National Inpatient Survey Real time feedback	Nutrition Steering Group	PCPEC
5	Ensure patient feedback is acted on	Internal data collection	Matrons	PCPEC
6	Improve end of life care through implementation of the 'Deciding Right' regional framework	CQUIN 2013/14 monitoring	End of Life Steering Group	PCPEC
7	Training of staff in compassionate care	Internal data collection	Director of Nursing & Quality	PCPEC

Patient Safety

The safety of patients is central to everything we want to achieve as a provider of healthcare. We are committed to improve the safety of our services and will focus on avoiding and preventing harm to patients from the care, treatment and support that is intended to help them. We will do this by conducting thorough risk assessments of patients and investigating and analysing when things go wrong, identifying and sharing learning and making improvements to prevent or reduce the risk of a recurrence.

Priority 3: Treating and caring for patients in a safe environment and promoting 'harm free' care

Patient safety is a priority at City Hospitals and our goal is to make our patients feel safe whilst they are in our care. Every member of our staff has a responsibility to;

- care for our patients in a safe and clean environment,
- perform their jobs competently,
- use safe and effective techniques and technologies, and
- ensure that patients are fully informed by providing them with information about their care and answering their questions.

Whilst safety is the responsibility of all staff, we also have a specific team dedicated to developing ways to enhance patient safety at all levels. The specific functions of this team are to work with frontline staff to implement projects to improve safety, measure when things go wrong and put actions in place to stop the same thing happening again and in addition to provide training on patient safety issues and best practice.

However, we recognise that sometimes things can go wrong during a hospital visit. We will continue to work to improve the safety of patients through the use of best practice, improved technology and increased patient involvement. We will continue to engage fully in national safety campaigns, e.g. Patient Safety First Programme as well as learning from our participation in the NHS Safety Thermometer and its ambition to reduce key patient harms, such as pressure sores, patient falls, urinary tract infection and the risk of blood clots.

We have set out some specific areas of work for 2013/14 to promote safety and harm-free care across all our clinical environments, including wards, departments and outpatient clinics.

	Patient safety - Indicator	Measured by	Monitored by	Reported to
1	Reduce the number and severity of hospital acquired pressure sores	NHS Safety Thermometer	Patient Safety and Risk Management Team	Clinical Governance Steering Group (CGSG)
2	Reduce the number of drug administration errors	Internal incident reporting system Annual Diabetes Inpatient Audit	Diabetes Management Group Patient Safety and Risk Management Team	CGSG
3	Increase the number of 'near miss' incidents reported by staff	Internal incident reporting system	Patient Safety and Risk Management Team	CGSG
4	Improve staff recording, recognition and response to deteriorating Early Warning Scores (EWS)	Monthly audits Annual Point Prevalence Survey	Deteriorating Patient Group	CGSG
5	Reduce the number of serious patient falls	Internal incident reporting system	Falls Group	CGSG
6	Maintain the Trust's position of having a low rate of mortality	National SHMI* indicator CHKS – RAMI**	Clinical Governance Team	CGSG

* SHMI – Summary Hospital Mortality Index

** CHKS – RAMI – Risk Adjusted Mortality Index

Les Boobis who stood down as Medical Director at the end of December 2012

Part 2B: STATEMENTS OF ASSURANCE FROM THE BOARD

Review of services

During 2012/13 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 48% of these relevant health services.

The income generated by the relevant NHS services reviewed in 2012/13 represents approximately 51% of the total income generated from the provision of relevant health services by City Hospitals Sunderland for 2012/13.

The information and data reviewed within each Clinical Governance Review covers the three dimensions of quality; patient safety, clinical effectiveness and patient experience, and includes for example:

- local risk management arrangements, including Risk Registers, review of clinical incidents and risks to improving patient safety,
- adherence to national and local infection control guidelines,
- participation in national and local clinical audits and changes made to practice,
- acting on the findings from complaints and patient surveys, including real time feedback,
- evidence that national 'best practice' is being followed, i.e. implementation of NICE guidelines,
- reviewing clinical outcome performance with peers and understanding the reasons for any variations in practice (using the CHKS benchmarking system).

Submission of a specialty Clinical Governance Review is in accord with a two-yearly cycle that is presented to the Clinical Governance Steering Group. This provides an important information review and assurance mechanism in summarising the overall clinical performance of our services, highlighting quality and safety issues and risks that need to be addressed, but also showcasing examples of good practice.

Accreditation schemes

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

- **Joint Advisory Group (JAG) on Gastro-Intestinal Endoscopy** – The JAG ensures the quality and safety of patient care by defining and maintaining the standards by which Endoscopy is practised in the UK. The global rating scale (GRS) is the national framework for which an endoscopy unit is assessed in terms of quality. Sunderland went through its 5 year revalidation visit in December 2012. The outcome of this comprehensive and rigorous assessment was that our re-accreditation has been deferred for 6 months with a further inspection visit arranged for July 2013. This outcome is not uncommon. The majority of units across the country inspected will have their re-accreditation deferred pending completion of certain JAG recommendations. An action plan has been developed to ensure that the unit meets the JAG recommendations when reassessed.

Participation in Clinical Audit and National Confidential Enquiries

The quality and safety of care is important to patients. They want to be assured that they receive care of the highest standard and that staff are professional and competent. Clinical audit is a powerful tool used to improve and assure the quality of patient care, by measuring and comparing current practice with known best practice. That is why the Trust engages fully in the national clinical audit programme and supports its clinical staff in undertaking local audits of their practice.

During 2012/13, there were 39 national clinical audits and 4 national confidential enquiries which covered relevant health services provided by City Hospitals Sunderland.

During 2012/13 City Hospitals Sunderland participated in 87% 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 participated in by City Hospitals Sunderland and for which data collection was completed during 2012/13, 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 2012/13

National Clinical Audits	Eligible	Participation	Comment
Older People			
Fractured neck of femur (College of Emergency Medicine)	✔	✔	Compliant with audit criteria. 50 cases submitted.
Carotid interventions audit (Royal College of Physicians)	✔	✔	Continuous data collection[1]
Hip fracture (National Hip Fracture Database)	✔	✔	Continuous data collection.
National Parkinson's audit (Parkinson's UK)[2]	✔	✘	No data submitted
Stroke national audit programme (SSNAP)	✔	✔	Organisational data submitted. Clinical data now continuous data collection.
National PROMs programme (NHS IC)	✔	✔	Continuous data collection.
National dementia audit (Royal College of Psychiatrists)	✔	✔	Compliant with audit criteria. Organisational audit and clinical audit involved 40 cases.
Women and Children's Health			
Paediatric pneumonia (BTS)	✔	✔	Submission ends March 2013. On target to complete
Paediatric asthma (BTS)	✔	✔	Compliant with audit criteria 39 cases submitted
Epilepsy 12 audit (RCHP)	✔	✔	Compliant with all audit criteria: Organisational audit, 30 cases submitted and patient experience questionnaire complete.
Paediatric intensive care (PICANeT)	N/A	N/A	
Neonatal intensive and special care (NNAP)	✔	✔	Continuous data collection.
Fever in children (College of Emergency Medicine)	✔	✔	Compliant with audit criteria. 50 cases submitted.
Heavy menstrual bleeding audit (RCOG)	✔	✔	Compliant with audit criteria

National Clinical Audits	Eligible	Participation	Comment
Acute Care			
National joint registry (National Joint Registry Centre)	✔	✔	Continuous data collection.
Adult critical care ICNARC	✔	✔	Continuous data collection.
Severe trauma (TARN)	✔	✔	Continuous data collection.
Renal colic	✔	✔	Compliant with study criteria. 50 cases.
Emergency use of oxygen (BTS)[3]	✔	✘	No data submitted
Adult community acquired pneumonia (BTS)	✔	✔	Compliant with audit criteria, data entry underway.
Adult non invasive ventilation (BTS)	✔	✔	Compliant with audit criteria, data entry underway.
Pleural procedures (BTS)	✔	✔	Compliant with audit criteria.
Cancer			
National lung cancer audit (NHS IC)	✔	✔	Continuous data collection
Bowel cancer (NHS IC)	✔	✔	Continuous data collection
Head and neck cancer (NHS IC)	✔	✔	Continuous data collection
National oesophago-gastric cancer (The Royal College of Surgeons)	✔	✔	Continuous data collection.
Long term conditions			
National paediatric diabetes audit (RCCHP)	✔	✔	Continuous data collection
National diabetes audit (Adults)	✔	✔	Continuous data collection
National pain audit	✔	✔	Compliant with audit criteria
Renal Registry (UK Renal Registry)	✔	✔	Continuous data collection
UK inflammatory bowel disease (RCP)	✔	✔	Compliant with 3 out of the 4 study elements
Bronchiectasis (BTS)[3]	✔	✘	No data submitted
Adult asthma (BTS)[3]	✔	✘	No data submitted
Heart			
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	✔	✔	Continuous data collection
Coronary angioplasty (NICOR)	✔	✔	Continuous data collection
Paediatric cardiac surgery (NICOR Congenital heart surgery)	N/A	N/A	
National cardiac arrest audit	✔	✔	Continuous data collection
Adult cardiac surgery audit (CABG and valvular surgery)	N/A	N/A	
Acute myocardial infarction (MINAP)	✔	✔	Continuous data collection
Heart failure	✔	✔	Continuous data collection
Pulmonary hypertension (NHS IC)	N/A	N/A	
Cardiac rhythm management audit (NICOR)	✔	✔	Continuous data collection

National Clinical Audits	Eligible	Participation	Comment
Mental health			
Psychological therapies (Royal College of Psychiatrists)	N/A	N/A	
Prescribing observatory for mental health services (Royal College of Psychiatrists)	N/A	N/A	
National audit of schizophrenia (Royal College of Psychiatrists)	N/A	N/A	
Blood and transplant			
Cardiothoracic transplantation (Royal College of Surgeons)	N/A	N/A	
Renal transplantation (NHSBT UK Transplant Registry)	N/A	N/A	
Comparative audit of blood transfusion	✔	✔	Compliant with audit criteria. Organisational, rate of sample rejection, error follow up.
Potential donor audit (NHSBT UK)	N/A	N/A	No data submitted
Other			
National health promotion in hospitals audit (NHPHA Clinical Effectiveness Unit)[4]	✔	✘	No data submitted

[1] The Trust is participating in the audit; data is collected on a continual basis rather than a sample of patients

[2] Not able to participate this year because of limited time and resources

[3] Not part of the Thoracic Medicine audit programme 2012/13

[4] Did not participate this year and the audit is not part of the national programme in 2013/14

National Confidential Enquiries 2012/13

National Confidential Enquiries are a form of national clinical audit which examine the way patients are treated in order to identify ways to improve the quality of care. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is concerned with maintaining and improving standards of medical and surgical care.

During 2012/13 City Hospitals was eligible to enter data into 4 NCEPOD studies. The tables below and opposite provide a summary of our participation.

Confidential Enquiry: **Subarachnoid haemorrhage (SAH)** - is a sudden leak of blood over the surface of the brain. The brain is covered by layers of membranes, one of which is called the arachnoid. An SAH occurs beneath this membrane.

Cases included	Cases excluded	Tertiary questionnaire returned*	Secondary questionnaire returned*	Case notes returned*	Sites participating	Organisational questionnaire returned*
6	1	0	6	6	1	0

Note - this study is still open and the figures have not been finalised

Confidential Enquiry: **Alcohol related liver disease** - is a range of conditions and associated symptoms that develop when the liver becomes damaged due to alcohol misuse.

Cases included	Clinical questionnaire returned*	Case notes returned*	Sites participating	Organisational questionnaire returned*
3	2	2	1	1

Confidential Enquiry: **Bariatric surgery** - promotes weight loss by changing the digestive system's anatomy, limiting the amount of food that can be eaten and digested.

6	6	6	1	1

Confidential Enquiry: **Cardiac arrest** - a condition in which the heart suddenly stops beating.

Cases included	Prospective forms returned	Questionnaires returned*	Case notes returned*	Sites participating	Organisational questionnaire returned*
8	8	8	8	2	2

* number of questionnaire / case note returns NCEPOD has accepted for included cases, including non returns with valid reasons

Our participation in other national confidential enquiries is highlighted below;

Enquiry title	Organisation	Participation	Status
Asthma deaths	National Review of Asthma Deaths (NRAD)	Yes - 100%	Complete
Child Health	MBBRACE – UK*	Yes - 100%	Continuous
Homicide and suicide	National Confidential Inquiry into Homicide and Suicide **(NCISH)**	Not applicable	

* Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBBRACE-UK) is the new organisation for national confidential enquiries in maternal, perinatal and infant care

National Clinical Audits

The reports of 15 national clinical audits were reviewed by the Trust in 2012/13 and City Hospitals Sunderland intends to take action in the following cases to improve the quality of healthcare provided.

The **National Diabetes Inpatient Audit** is the largest known audit of the care provided to hospital patients with diabetes. The results highlighted that we need to improve the review of patients by the diabetes and foot protection team, increase the level of patient involvement in their diabetes care planning and reduce drug prescription, and insulin errors. Actions taken and new developments include;

- working with the Regional Insulin Safety and Knowledge (RISK) group to develop a regional insulin prescription chart. This would ensure that insulin prescribing is standardised across the whole of the North East. The chart has several features designed to reduce the number of insulin prescribing errors. The chart also has sections for the management of hypo and hyperglycaemia (high blood sugar), a discharge checklist and is also designed to be used in conjunction with the insulin passport,
- we are revising our Diabetic Ketoacidosis protocol (potentially life-threatening complication in patients with diabetes) and currently working on a hyperglycaemia protocol which will offer advice on the management of patients who are have naso-gastric feeding or total parenteral nutrition (artificial feeding),
- we continue to work with our colleagues in anaesthetics to update and improve our perioperative guidelines for diabetes patients who require surgery,
- the Diabetes Steering Group reviews all insulin prescribing errors and diabetes management errors. A revised proposal is being developed to feed back to each individual team the outcomes of these discussions and we will subsequently look at the steps the teams involved have taken to address any issues that led to the incident. This should allow us to "close the loop" and ensure that errors do not continue, and
- we have introduced the 'insulin passport' which is a patient-held record which documents the patient's current insulin and enables a safety check for prescribing, dispensing and administration of insulin.

The **National Parkinson's Audit** assesses the extent to which Parkinson's disease practice matches up against published National Institute for Clinical Excellence (NICE) Clinical Guidelines. In general, City Hospitals are above average in most areas identified in the audit but there are some areas that require action;

- We will improve the information being given to patients on the side effects of dopamine agonist drug therapy and review on follow up. This needs to be adequately documented, and
- With regard to improving the engagement with ethnic minority groups we will endeavour to meet local community leaders to highlight Parkinson's disease and its symptoms and promote the service at City Hospitals.

The **National Heart Failure Audit** was established to monitor the care and treatment of patients admitted to hospital with heart failure. Heart failure is a serious condition caused by the heart failing to pump enough blood around the body at the right pressure. It usually occurs because the heart muscle has become too weak or stiff to work properly. The Trust has a Heart Failure Inpatient Service and we performed well in most areas of the audit, but we need to improve in some including;

- reducing even further the 30 day readmission rates for patients discharged with Heart Failure, and
- improving the collaboration with Cardiology to optimise inpatient management and follow-up in clinics and liaison services.

The **National Hip Fracture Database** was set up as a collaborative venture by the British Orthopaedic Association and the British Geriatrics Society to improve hip fracture care and secondary prevention. The Trust performs well across a number of outcomes but the audit did highlight some improvements needed around the prevention of pressure sores and clinical staff needing to look at ways to minimise delays in patients going to theatre. Some of the identified improvements include;

- reviewing theatre efficiency and utilisation to avoid delays in patients attending theatre,
- provision of air mattresses as a preventative measure for pressure sores, and
- reviewing of pre-fracture bone protection prescribing.

Local Clinical Audit

The reports of 142 local clinical audits registered with the Clinical Governance department were reviewed by the Trust in 2012/13 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided:

- an automated discharge checklist for completion for all paediatric patients admitted with wheeze or asthma regarding their ongoing asthma education (based on British Thoracic Society guidelines),
- an audit in Renal Services showed that peritoneal dialysis catheter placement was leading to early exit site infection. The Renal team have worked with their surgical colleagues and changed to 'buried' peritoneal dialysis catheters so that no exit site exists until just prior to using the catheter. This has reduced our early exit site infection rate,
- Orthopaedics undertook an audit of patient experience outcomes of the pre-operative hip school (which provides pre-operative information for patients who are being admitted for hip replacement). The findings were so positive that we have continued to provide this service and have now launched a pre-operative knee school,
- an audit looking at inappropriate readmission and length of stay in Parkinson's patients has resulted in several changes to practice, including routine contact with the Parkinson's Disease Nurse Specialist,
- Parkinson's medications are now kept as stock in emergency areas and appropriate ward areas to ensure quicker access. This helps to reduce the risk of mobility and disability problems caused by delayed or omitted medications,
- the Emergency Department has been working with the Renal Team to introduce a flowchart / protocol for the management of patients with acute kidney injury (rapid loss of kidney function), and
- previous audits have shown that some antimicrobial drug doses are inappropriately omitted during drug administration round, i.e. non-availability and supply of drugs. This was addressed through nursing education and careful remodelling of the non-administration codes on our Trust electronic patient record, to improve professional accountability for these decisions. A re-audit has shown significant and sustained improvement in reducing missed drug doses. (This particular audit also won the City Hospitals Sunderland Clinical Audit Award 2012).

Participation in Clinical Research

City Hospitals Sunderland recognises the importance of research in helping the NHS to improve both the quality of care and future health of the nation, and in line with Department of Health national strategy is committed to supporting high quality research. Research and development is an amalgamation of a complex group of stakeholders, predominantly led by the National Institute for Health Research (NIHR).The objectives of the NIHR include;

- increasing research activity and recruitment,
- strengthening industry collaboration by increasing the number of commercial studies on the NIHR portfolio and maximising industry contribution,
- efficient and effective set up and delivery of research studies, streamlining the approvals system, improving sign off times, recruitment to time and target and improving integration of research into clinical care, and
- maximising engagement, increasing the number of patients offered access to NIHR portfolio studies within each NHS Trust.

A strong research culture is embedded in the Trust with the Research and Development department forging key working partnerships with Clinical Directors, Directorate General Managers, HR, Finance, Information Governance, Pharmacy, Clinical Governance, Nursing and Quality and support departments. Effective liaison with departments and adoption of lean principles has lead to a reduction in NHS permission times for engagement in research.

Close working relationships with the Comprehensive Local Research Networks (CLRN) and the topic specific networks including Stroke, Diabetes, Cancer, Neurodegenerative Disorders and Primary Care Research Networks continue to strengthen collaborative working, serving to maximise recruitment within the Trust. The

expansion of the generic nursing research team has increased the amount of support available to researchers in the Trust and enables cross cover arrangements, increasing the choice of studies available to patients and maximising engagement.

Excellent collaboration between Trust research staff and the Cardiology clinical team was demonstrated with the Paradigm heart failure study. Target recruitment was exceeded by 50%, making City Hospitals Sunderland the joint 4th highest UK recruiting site.

City Hospitals Sunderland's commitment to improving the quality of care offered to patients is demonstrated by active participation in clinical research, thus widening the choice and scope of studies available to patients. City Hospitals Sunderland recruitment of patients into NIHR portfolio studies has consistently increased over the last five years. Recruitment into studies in City Hospitals Sunderland has increased from 1416 (March 2012) to 1732 (March 2013). This figure equates to 11% of the Northumberland Tyne and Wear Comprehensive Local Research Networks (NTW CLRN) total recruitment into NIHR portfolio studies for 2012/2013. It is an increase of 200 more patients than our estimated recruitment for the year 2012/13. This means that we were one of only two member organisations within NTW CLRN that offered an estimated increase in recruitment in 2012/13 compared to 2011/12, and the only one to recruit above that estimate.

The number of patients receiving relevant health services provided or sub-contracted by City Hospitals Sunderland in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 1732.

There are currently 242 research studies registered at City Hospitals Sunderland, of which 22 are commercial. City Hospitals Sunderland has a well balanced portfolio across specialties, with research in new clinical areas offering patients the opportunity to participate in trials using the latest techniques and medical treatments.

Information on the use of the CQUIN framework

The Commissioning for Quality and Innovation (CQUIN) payment 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 2012/13 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 2012/13 and for the following 12 month period are available online at www.monitor-nhsft.gov.uk.

For 2012/13, approximately £6.45m of income (£4.7m in 2011/12) was attached to the delivery of quality improvements through the CQUIN framework. The Trust achieved the majority of these quality goals and has received £6.39m (99%) of CQUIN monies as a result.

The full CQUIN scheme 2012/13 and where we have achieved our targets are highlighted below:

No	Description of Goal	Indicator	Priority	Achievement of target
1	Reducing harm from Venous Thromboembolism (VTE)			
1a		% of all adult inpatients who have had VTE risk assessment on admission to hospital, using the clinical criteria of the national tool	National	
1b		Proportion of patients assessed to be at increased risk of VTE who are offered VTE prophylaxis in accordance with NICE guidance Proportion of patients/carers who are offered verbal and written information on VTE prevention as part of the admission process		
1c		Proportion of all adult inpatients discharged then readmitted within 90 days for pulmonary embolism (PE)		
1d		Identification of patients readmitted with PE and completion of root cause analysis to identify learning and implement appropriate improvements		
2	Improve awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting			
2a		Dementia screening - % of all patients aged 75 and over who have been screened following admission to hospital, using the dementia screening questionnaire	National	
2b		Dementia risk assessment - % of all patients aged 75 and over, who have been screened as at risk of dementia, who have had a dementia risk assessment within 72 hours of admission to hospital, using the hospital dementia risk assessment tool		
2c		Referral for specialist diagnosis - % of all patients aged 75 and over, identified as at risk of having dementia who are referred for specialist diagnosis		
2d		Implementation of an improvement plan linked to national dementia audit outcomes (including the measurement of LOS for dementia patients compared with other patients)	Local	
3	Safety Thermometer			
		Use of the NHS safety thermometer	National	

No	Description of Goal	Indicator	Priority	Achievement of target
4	Improving patient experience			
4a		Composite measure "Improving responsiveness to personal needs of patients" from the adult inpatient survey	National	
4bi		Share a forward plan of patient experience work for 12/13	Local	
4bii		Plan to include real time feedback as well as other methods across a range of services		
4biii		Each quarter demonstrate where improvements have been made as a result of feedback from patients		
4c		Implementation of action plan following inpatient or outpatient survey results CHS - food		
5	Effective management of long term conditions (LTC) to improve patient outcomes and minimise readmissions			
5a		Stroke – bundle of 12 key quality indicators (from SINAP) that 'approximate' to the NICE quality standards	Local	
5b		% of patients receiving all 7 indicators from the heart failure bundle		
5c		% of Ward E54 cohort COPD patients with COPD Discharge Bundle		
6	Reduction in harm from pressure ulcers			
6a		Implementation of an improvement plan to further develop systems and processes to prevent and manage pressure damage	Local	
6b		Total number of grade 2 and above pre-hospital and hospital acquired pressure ulcers		
6c		Total number of (new or present) ulcers which deteriorate within admission		
7	Reduce harm from falls			
7a		% of patients over 65 attending A&E as a result of a fall/ and or blackout	Local	
7b		% of patients over 65 attending A&E as a result of a fall and a blackout who have 2 or more falls in the previous 12 months who have been referred Number of patients over 65 attending A&E as a result of a fall who have sustained a fracture on this presentation and referred		
7c		% of fallers aged 65 and over referred from A&E in whom an initial assessment has been completed within 4 weeks of receipt of referral % of fallers aged 65 and over referred from A&E who has been screened for osteoporosis and in whom a subsequent treatment decision had been made		

No	Description of Goal	Indicator	Priority	Achievement of target
8	To support mothers to initiate and continue breastfeeding			
8a		Implement improvements in monitoring breastfeeding rates with teams and individuals		
8b		Proportion of women that initiate breastfeeding following birth		
8c		Proportion of women who initiate breastfeeding following birth and continue until discharge from midwifery care		
9	To identify patients that drink alcohol and provide brief advice aimed at reducing alcohol consumption as appropriate			
9a		Proportion of patients attending pre-assessment who have alcohol status recorded	Local	
9b		Proportion of those patients reporting higher levels of alcohol who have received a brief intervention		
10	To improve the standard of end of life care for patients in an acute setting			
10a		Implementation of an improvement plan in one new area (Heart Failure ward B21) and continued measurement of standards for Renal Ward following improvement work in 11/12	Local	
11	To improve productivity, clinical effectiveness and patient experience through pathway reform			
11a		Planned care - Completion of implementation of enhanced recovery model of care in colorectal during Q1 and implementation of model in one new area in 12/13 (knee)	Local	
12	Improve communication			
12a		Implementation of discharge communication improvement plan	Local	
12b		Communication of results (MRI Q1/2 and gastroenterology Q3/4) • Identifying best practice/what's done elsewhere • Document improved system/process for communicating results • Implement in one clinical area • Evaluate from trust/patient/GP perspective (including benefits and resource implications) • Identify recommendations		
13	Improvements in appointments systems			
13a		Implementation of an improvement plan over 12/13 and 13/14 to: • Reduce Do Not Attend (DNA) rates • Reduce the number of cancellations • Improve the timeliness of review appointments • Reduce number of face to face appointments	Local	
14	Implementation of regional learning disabilities pathways			
14a		Implementation of regional learning disabilities pathways	Local	
15	High cost drugs audit			
15a		High cost drugs audit - randomly selected 10 patients (quarterly) care audited using NICE data collection tool	Local	
16	Trauma and Audit Research Network (TARN)			
16a		• % completeness of data submission • % achievement of standards	Local	

Information relating to registration with the Care Quality Commission

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

Activities that the Trust is registered to carry out	Status	Condition 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 (CQC) has not taken enforcement action against City Hospitals Sunderland NHS Foundation Trust during 2012/13.

City Hospitals Sunderland NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Care Quality Commission – Mental Health Act Monitoring Visit (Feb 2013)

In February 2013, the Care Quality Commission undertook a monitoring visit on our use of the Mental Health Act (1983). The visit reviewed whether our procedures and practices were appropriate and safe for patients whose rights are restricted under the Act. The assessment involved interviews with relatives, carers, advocates, staff and managers, and reviewed various hospital records and documents.

In its narrative report summarising the outcomes of the review the Care Quality Commission identified a number of improvements that the Trust must make to ensure that it is in full compliance with the Mental Health Act (1983) legal framework and its associated Code of Practice. Actions that we will take include developing more formal agreements for the provision of mental health services in City Hospitals, improving our documentation for capacity assessments etc, and providing information leaflets and posters advising patients of their rights under the Mental Health Act (1983).

Care Quality Commission – Review of Compliance (December 2012)

The Care Quality Commission carried out a routine unannounced review visit in November 2012, when CQC inspectors visited the accident and emergency department, the medical and surgical admission units and selected wards. The review focused on the pathway people took from accident and emergency to the initial admission areas and to the ward appropriate for their condition. They spoke with patients and their visitors about their experiences of the hospital and the service they had received. In addition, they also spoke with staff and observed how patients were cared for and how staff undertook their day to day duties. The review was supported by an expert-by-experience, a person who has personal experience of using or caring for someone who uses this type of care service.

In their report the CQC stated that City Hospitals was meeting **all the essential standards;** they found no concerns or requirement for further regulatory action or improvement plans. This is an excellent endorsement of the care provided by City Hospitals in ensuring that the essential standards of quality and safety are being met. The summary statements for each of the five standards reviewed are highlighted below.

Standards which were checked	Standards being met
Respecting and involving people who use services	✔
Care and welfare of people who use services	✔
Safeguarding people who use services from abuse	✔
Supporting workers	✔
Records	✔

CareQuality Commission **Inspection Report**

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Sunderland Royal Hospital

Sunderland Royal Hospital, Kayll Road, Sunderland, SR4 7TP — Tel: 01915656256

Date of Inspection: 13 November 2012 — Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

"People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care."

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

"People experienced care, treatment and support that met their needs and protected their rights"

Outcome 07: People should be protected from abuse and staff should respect their human rights

"People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening."

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

"People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard."

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

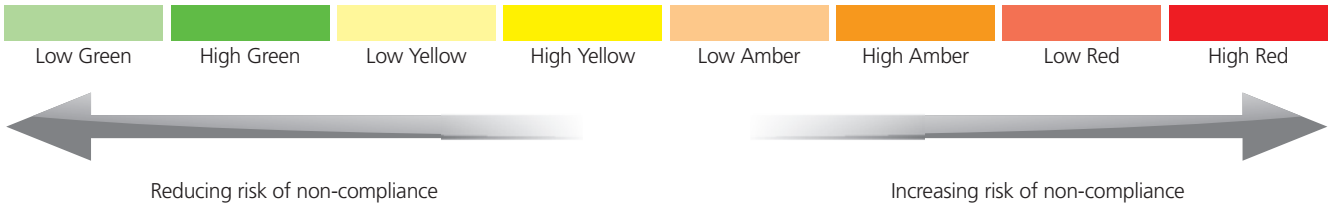
"Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept for the appropriate period of time and then destroyed securely."

Trust CQC Quality Risk Profile

The CQC provides a quality risk profile (QRP) for all NHS Trusts. The QRPs are updated on a regular basis and take into consideration all information, both internal and external, which is collected in relation to the relevant Trust. They are used to help monitor compliance against the CQC Essential Standards of Quality and Safety. More information on the essential standards and other CQC assessments can be found on the following link: www.cqc.org.uk

The Trust QRP ratings can be seen opposite as reported during 2012. There are **eight ratings** that can be assigned to Trusts. The highest possible (best) rating is low green and the lowest (worst) possible rating is high red. An additional two criteria for no data or insufficient data (in order to calculate a risk rating) are also used. City Hospitals has received no 'at risk' ratings from the Care Quality Commission during 2012/13, i.e. no ratings in the amber or red sections which would denote an increasing risk of non-compliance with the essential standards of quality and safety.

Outcome Description	Risk rating								
	May 2012	June 2012	July 2012	Sept 2012	Oct 2012	Nov 2012	Jan 2013	Feb 2013	March 2013
Respecting and involving people who use services	Low yellow	Low yellow	Low green	Low green	High green	High green	High green	Low yellow	High green
Consent to care and treatment	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	High green	High green	High green	High green
Care and welfare of people who use services	Low yellow	Low yellow	Low yellow	High green	High green	Low yellow	High green	High green	Low green
Meeting nutritional needs	Low yellow	Low yellow	High green	High green	High green	High green	High green	High green	High green
Cooperating with other providers		Low yellow	Low yellow	Low green	High green	Low green	Low green	Low green	High green
Safeguarding people who use services from abuse			High green	High green	High green	High green	Low green	Low green	Low green
Cleanliness and infection control	High green	High green	Low green	Low green	Low green	Low green	Low green	Low green	Low green
Management of medicines	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow
Safety and suitability of premises	Low yellow	Low yellow	High green	High green	High green	Low green	High green	High green	High green
Safety, availability and suitability of equipment	Low yellow	Low yellow	Low green	Low green	Low green	Low green	Low green	Low green	Low green
Requirements relating to workers	High green	High green	High green	Low green	High green	High green	High green	High green	Low yellow
Staffing	Low green	Low green	Low green	Low green	Low green	Low green	Low green	Low green	Low green
Supporting staff	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow
Assessing and monitoring the quality of service provision	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow
Complaints	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow	Low yellow
Records	Low green	Low green	Low green	Low green	Low green	Low green	Low green	Low green	Low green



Information on the quality of data

City Hospitals Sunderland submitted records during 2012/13 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data is shown in the table below:

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

The Trust will be taking the following actions to improve data quality:

Information Governance Toolkit

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

Annual ratings of green (pass) or red (fail) are assigned to Trusts each year. The final submission of the Toolkit had to be made by the 31 March 2013. City Hospitals Sunderland Information Governance Assessment Report overall score for 2012/13 was 84% and was graded Green (satisfactory). Church View Medical Centre's (managed by City Hospitals Sunderland) submission for 2012/13 was 88% and is also graded Green (satisfactory).

The following table shows progress with ratings when compared to the previous year.

Requirement	2011/12 rating	2012/13 rating	Comparison
Information governance management	86%	86%	⇔
Corporate Information Assurance	66%	77%	✔
Confidentiality and Data Protection assurance	75%	75%	⇔
Secondary use assurance	91%	95%	✔
Information security assurance	82%	82%	⇔
Clinical information assurance	93%	93%	⇔
All initiatives	83%	84%	✔

⇔ = same score

As in previous years, Sunderland Internal Audit Services (SIAS) has been engaged in the process and has audited the recommended toolkit submissions for both City Hospitals and Church View. SIAS have assessed that:

- appropriate governance arrangements are in place, and
- from the evidence, that the submitted IG Toolkit scores are a reasonable assessment of current performance.

The following assurance has been provided in the report from SIAS:

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

Clinical coding error rate (National PbR data assurance audit has not been published by Capita)

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

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

Sample reviewed (number)	% Primary diagnosis incorrect	% Secondary diagnosis incorrect	% Primary Procedures incorrect	% Secondary Procedures incorrect
Musculoskeletal disorders (50)	20.0	15.7	6.7	33.3
Thoracic procedures and disorders (50)	6.0	11.2	0.0	6.3
Female reproductive system procedures (50)	2.0	14.7	8.0	19.0

Accident & Emergency data (attendances tested)	% investigation codes incorrect	% treatment codes incorrect
75	82.5	61.5

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.

Accident and Emergency

The Trust's Data Quality department is working with the A&E team to improve the recording of key data items especially in the recording of ethnicity.

Small Systems

The Trust has recently expanded the Data Quality Policy to include departmental small systems (those areas that do not use the hospital's main system – HISS). A key area of work for 2012/13 has started with data quality staff and analysts reviewing the accuracy of the data held in these small systems. A programme of checks and audits is now being followed and the objective is to improve the accuracy of data held within them if required.

PART 2C: REVIEW OF NATIONAL CORE MANDATORY INDICATORS

For 2012/13, the Department of Health has asked Trusts to report on a mandatory set of core quality indicators which uses a standardised format to enable comparison of hospital performance. Not all the indicators are relevant to our Trust; some depend on the services which are provided.

The indicators are linked to the NHS Outcomes Framework, which provides an overarching plan for delivering improvements and good clinical outcomes across the NHS, and are based on five 'domains of care'. The indicators relevant to City Hospitals, aligned to the outcome domains, are shown below:

Outcome Framework domain		Indicator
Domain 1:	Preventing people from dying prematurely (SHMI)	Summary hospital-level mortality indicator
Domain 2:	Enhancing quality of life for people with long term conditions	No indicators relevant to City Hospitals
Domain 3:	Helping people to recover from episodes of ill health or injury	Patient reported outcome scores (PROMS)
		Emergency readmissions to hospital within 28 days of discharge
Domain 4:	Ensuring that people have a positive patient experience	Responsiveness to inpatients' personal needs
		Percentage of staff who would recommend the provider to friends or family needing care
Domain 5:	Treating and caring for people in a safe environment and protecting them from avoidable harm	Percentage of admitted patients risk assessed for VTE
		Rate of *Clostridium difficile*
		Rate of patient safety incidents and percentage resulting in severe harm or death

Domain 1: Preventing people from dying prematurely

This is about reducing premature mortality from some of the major causes of death, for example, heart disease, chest disease, liver problems and cancer.

1 Mortality - Summary hospital-level mortality indicator (SHMI)

Mortality rates are an important, but controversial, marker of the quality of care that a hospital delivers. The NHS now has a number of different ways to measure mortality, which can be confusing as each method uses slightly different approaches. However, each shares a common understanding of mortality as the measure, either a rate or ratio, of the actual number of deaths against the expected number of deaths. As a single indicator of quality, mortality is akin to a smoke alarm; it may signal something serious, but more often than not it will 'go off' for reasons unrelated to quality of care. But, like smoke alarms, hospital mortality figures should never be ignored.

In 2011 the new Summary Hospital-level Mortality Index (SHMI) was published by the NHS Information Centre. The indicator provides a common standard and transparent methodology for reporting mortality at Trust level. A Trust's SHMI value is the ratio between the actual number of patients who die following treatment and the number that would be expected to die, on the basis of average national figures given the characteristics of the patients treated.

The baseline SHMI value is 1. A Trust would only get a SHMI value of 1 if the number of patients who die following treatment was exactly the same as the number expected using the SHMI methodology. A score higher than 1 shows more deaths than expected and below 1 there will have been fewer deaths. Each SHMI score is also accompanied by a banding decision as either:

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

There have been seven publications of SHMI since the first release in October 2011.

a) SHMI values and banding (April 2010-September 2012)

Indicator	April 10-Mar 11	July 10-June 11	Oct 10-Sept 11	Jan 11-Dec 11	April 11-Mar 12	July 11-June 12	Oct 11 – Sept 12
City Hospitals' SHMI value	1.06	1.01	0.98	0.94	0.91	0.92	0.93
City Hospitals' SHMI banding	**Band 2**	**Band 2**	**Band 2**	**Band 2**	**Band 2**	**Band 2**	**Band 2**
National average	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Highest SHMI value – national							
(high is a worse position)	1.21	1.21	1.22	1.24	1.24	1.25	1.21
Lowest SHMI value – national							
(low is a better position)	0.67	0.67	0.67	0.69	0.71	0.71	0.68

Data Source – Health & Social Care Information Centre

The seven SHMI publications to date show that City Hospitals has a Band 2 'as expected' mortality rating; the majority of NHS Trusts are banded at this level. In the last five SHMI publications, to date, the actual number of deaths has been fewer than the expected number, i.e. any score less 1.0.

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

Palliative care is an approach that improves the quality of life of patients and their families facing lifethreatening illness. The coding of palliative care in a patient record has a potential impact on hospital mortality. The SHMI makes no adjustments for palliative care coding (unlike some other measures of mortality), so all patients who die are included, not just those expected to die.

Indicator	April 10-Mar 11	July 10-June 11	Oct 10-Sept 11	Jan 11-Dec 11	April 11-Mar 12	July 11-June 12	Oct 11 – Sept 12
% of patients admitted to the Trust whose treatment included palliative care	0.7	0.8	0.8	0.8	0.8	0.8	0.8
National average	0.9	0.8	0.9	0.9	1.02	1.05	1.07
Highest Trust score	2.91	3.0	3.2	3.2	3.3	3.3	3.2
Lowest Trust score	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% of patients admitted to the Trust whose deaths were included in SHMI and whose treatment included palliative care	11.1	12.5	13	13	13	11.9	11.5
National average	16.72	16.14	16.59	17.31	18.1	18.6	19.2
Highest SHMI value – nationa	38.95	40.1	41.6	41.7	44.2	46.3	43.3
Lowest SHMI value – national	0.11	0.1	0	0	0	0.3	0.2

Data Source – Health & Social Care Information Centre

The Dr Foster Hospital Guide (2012) 'Fit for the Future' also highlighted 'as expected' and 'lower than expected' Trust performance for four important measures of mortality; Hospital Standardised Mortality Ratio (HSMR), SHMI, deaths after surgery, and deaths in low-risk conditions.

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

- the data shows an improving picture of mortality using the SHMI methodology, in addition to other alternative measures of mortality, i.e. RAMI and HSMR, and
- the Trust is proactive in monitoring mortality and in investigating and explaining variations in mortality performance.

City Hospitals Sunderland intends to take the following actions to improve the indicator and percentage in a) and b), and consequently the quality of its services, by;

- ensuring that clinical directorates and specialties undertake routine mortality/morbidity review meetings and implement changes in practice, where necessary,
- strengthening and refining our monitoring of mortality (using CHKS information and analysis) and ensuring that any outlier performance or variation is properly investigated and reported, and
- developing a Trust wide mortality review and monitoring policy, which will provide a consistent framework for reflecting, sharing and acting on the findings of mortality review.

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

The focus is on helping people to recover as quickly and as fully as possible from ill health or injury, and can be seen as two complementary objectives: preventing conditions from becoming serious (wherever possible), and helping people to recover effectively.

2 PROMS - Patient reported outcome scores

PROMS provide an important means of capturing the extent of the improvement in health following surgery or ill health as reported by patients. Trusts are required to report on relevant patient-reported outcome measures PROMs, which currently include four elective NHS procedures, Hip or Knee replacements, Groin Hernia surgery and Varicose Vein procedures.

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

PROMS measure (EQ-5D index)	2011/12 Adjusted average health gain	2012/13* Adjusted average health gain	National average (2012/13)
Patients reporting an improvement following **hip replacement**	0.383	0.400	0.429
Patients reporting an improvement following **knee replacement**	0.307	0.261	0.312
Patients reporting an improvement following **varicose vein** procedures	0.070	0.055	0.089
Patients reporting an improvement following **groin hernia** procedures	0.081	0.095	0.874

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

* Reporting Period April 2012 – December 2012

City Hospitals Sunderland considers that these outcome scores are as described for the following reason;

- that our patients, in most cases, are self-reporting improvements in their general health following their treatment at the Trust.

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

- sharing and reflecting on the results of our PROMS participation with key members of the clinical team, and
- providing clinician-level data to enable comparison with peers and facilitate review of individual/team performance. This will be used to stimulate review and change within the patient pathway.

3 Emergency readmissions to hospital within 28 days of discharge

Whilst some emergency readmissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning and support for self-care.

% of patients readmitted to hospital within 28 days of being discharged from hospital	0-14 years	15 and over
2011/12	2.48%	1.80%
2012/13	5.17%	5.70%

Data Source: City Hospitals Performance department data

Note – Completed data not yet available from the Health & Social Care Information Centre

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

- Continuing to report our re-admission performance to the Board and discuss plans to reduce unnecessary re-admissions at quarterly performance reviews with Directorates; and
- Developing re-admissions avoidance schemes which include appropriate quality discharge arrangements as well as linking with community service providers to ensure appropriate onward care. This also includes services we have developed such as clinics provided by a community Geriatrician to prevent emergency admissions into hospital.

Domain 4: Ensuring that people have a positive patient experience

The views and experiences of patients and their interactions with our clinical and non-clinical staff matter. They can provide us with valuable information which we can use to drive improvements and create a better service.

4 Responsiveness to inpatients' personal needs

A composite score of 'responsiveness to the personal needs of patients' was set as part of our CQUIN scheme and is measured by aggregating the scores from five individual survey questions in the 2012 national adult inpatient survey. The results are shown in the table below; the higher the score out of 100, the better.

Composite score	2010/11	2011/12	2012/13
National average	67.3	67.4	68.1
City Hospitals Sunderland	68.3	71.4	68.9

Data source - Health & Social Care Information Centre / National Adult Inpatient Survey 2012

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

- The results in 2012/13 show again that our performance is better than the national average but we are disappointed that we were unable to exceed the improved composite score from last year despite a challenging year in terms of activity.

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

- Ensuring that these questions are reflected in the internal real time feedback questionnaire which provides a continuous mechanism of review to the annual survey. Any poorly performing wards will be held to account in terms of improving their performance. The process will be monitored by matrons, and
- Providing a quarterly update on performance linked to the real time feedback report presented to the Patient, Carer and Public Experience Committee.

5 Percentage of staff who would recommend the provider to friends or family needing care

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

Indicator	2010	2011	2012	National average
"If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust"*	57%	59%	63%	60%

Source – NHS Staff Survey 2012

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

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

- we have shown year on year improvement on the percentage of staff who would recommend the Trust to their family and friends if they required treatment and care, and
- the Trust has ensured that quality and improvement are part of our strategic aims, vision and aspirations. Our corporate objectives and operational planning with directorates and specialties incorporate our key delivery areas, such as 'best quality' and 'highest safety' as well as focusing on leadership and staff morale as precursors to providing high quality care.

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

- developing an action plan that sets out to strengthen our engagement with all levels of staff, to keep them informed and involved about what is happening in City Hospitals and making sure that staff understand that quality, care and compassion are our guiding principles in everything we do,
- providing information to staff via staff briefings and road shows about how the organisation intends to meet the challenges of the Francis Report and what opportunities there will be to further enhance quality across the organisation, and
- ensuring that front line staff influence and play an active part in the transformation and reform of our emergency care pathways and supporting services.

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

Patients should expect to be treated in a safe and clean environment and to be protected from avoidable harm. In recent years the NHS has made progress in developing a culture of patient safety which can involve many things: treating patients with dignity and respect, high quality clinical care, creating systems that prevent both error and harm, and learning from patient safety incidents, particularly events that should never happen, to prevent them from happening again.

6 Percentage of admitted patients risk assessed for VTE

An estimated 25,000 people in the UK die from preventable hospital-acquired venous thromboembolism (VTE) every year. VTE is a condition in which a blood clot (a thrombus) forms in a vein. It most commonly occurs in the deep veins of the legs; this is called deep vein thrombosis (DVT). The thrombus may dislodge from its site of origin to travel in the blood – a phenomenon called embolism.

Venous thrombosis often does not have symptoms; less frequently it causes pain and swelling in the leg. Part or all of the thrombus can come free and travel to the lung as a potentially fatal pulmonary embolism. Symptomatic venous thrombosis carries a considerable burden of morbidity, sometimes over a longer term because of chronic venous insufficiency (when your leg veins cannot pump enough blood back to your heart).

The risk of developing VTE depends on the condition and/or procedure for which the patient is admitted and on any predisposing risk factors (such as age, obesity and concomitant conditions).

Our CQUIN target for 2012/13 was that more than 90% of patients would receive a risk assessment for VTE.

% of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE)

2011/12				2012/13				
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	National average
91.5%	91.9%	92.9%	92.1%	91.2%	91.7%	92.3%	94.4%	Not available*
92.1%				92.4%				

Data source - Health & Social Care Information Centre (H&SCIC)

* Not available from the H&SCIC at the time of publication

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

- the whole VTE assessment and management pathway has been reviewed and revised to incorporate the requirements of national best practice guidance such as NICE and the recommendations of national bodies such as the All-Party Parliamentary Thrombosis Group,
- the risk assessment process now has an electronic platform and a mandatory ruling that the assessment must be undertaken, and
- the VTE Committee has overseen the implementation of the new VTE risk assessment pathway and regularly monitors ward compliance and acts on any areas of sub-optimal compliance.

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

- the whole VTE assessment and management pathway has been reviewed and revised to incorporate the requirements of national best practice guidance such as NICE and the recommendations of national bodies such as the All-Party Parliamentary Thrombosis Group,
- the risk assessment process now has an electronic platform and a mandatory ruling that the assessment must be undertaken, and
- the VTE Committee has overseen the implementation of the new VTE risk assessment pathway and regularly monitors ward compliance and acts on any areas of sub-optimal compliance.

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

- making further enhancements to the current VTE pathway to ensure that it is able to meet the more challenging national CQUIN target of more than 95% of patients being risk-assessed,
- reviewing and assessing our compliance with the new NICE Quality Standard 23 (Management of Venous Thromboembolic Disease).

7 Rate of *Clostridium difficile*

C. difficile can cause symptoms including mild to severe diarrhoea and sometimes severe inflammation of the bowel, but hospital-associated *C. difficile* can be preventable. 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.

At the time of publication, the full data set has not been made available from the Health and Social Care Information Centre. The Trust is therefore unable to compare performance with the national average and with those Trusts with the highest and lowest scores. However, we are able to report Trust performance using locally sourced information.

	April 11 – March 12	April 12 – March 13
Rate per 100,000 bed days of cases of *C. difficile* infection reported within the Trust among patients aged 2 or over	23.8%	24.30%

Data source – Calculation from City Hospitals' performance department.

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

- increasing the availability of isolation facilities within the Trust,
- reviewing Infection Prevention and Control education and training provision for hospital staff, patients and their carers,
- developing a programme for enhanced deep cleaning of wards, which will include hydrogen peroxide fogging (a disinfection method used to eradicate or significantly reduce infection),
- undertaking an audit of decontamination of medical equipment,
- introducing a screening programme for elderly care patients, and
- increasing the analysis of antimicrobial prescribing by clinicians.

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

An open reporting and learning culture is important to enable the NHS to identify trends in incidents and implement preventative action. The rate of reported patient safety incidents i.e. unintended or unexpected incidents which could have led, or did lead, to harm for patients, should increase at least in the short term as the reporting culture improves, whilst the numbers of incidents resulting in severe harm or death should reduce.

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 overleaf:

- patient safety incidents are any unintended or unexpected incidents which could have, or did, lead to harm for one or more patients receiving NHS-funded healthcare,
- an incident causing 'severe harm' may include; major injury leading to long-term incapacity/disability, an increase in length of stay by more than 15 days, and mismanagement of care with long term effects, and
- an incident which leads to unexpected death of a patient.

The table below shows the comparative reporting rate, per 100 admissions, for large acute NHS organisations. For the most current reporting period (April – September 2012), City Hospitals has a reporting rate of 5.1 incidents per 100 admissions, which is below the 6.2 national average. However, this is an improvement from the rate of 4.3 in the previous period (October 2011 - March 2012) which positioned the Trust in the lowest 25% of reporters (red section). Organisations that report more incidents usually have a better and more effective safety culture. This current rate now moves the organisation into the middle 50% of reporters (amber section) which reflects the work which has been done during the year to promote incident reporting among staff.

	CHS reporting rate*	National average
1 April 2010 – 30 September 2010	5.2	5.4
1 October 2010 – 31 March 2011	5.4	5.7
1 April 2011 – 30 September 2011	5.0	5.9
1 October 2011 – 31 March 2012	4.3	5.9
1 April 2012 – 30 September 2012	5.1	6.2

Data source - Health & Social Care Information Centre (H&SCIC)
* Not available from the H&SCIC at the time of publication

The table below shows incidents reported resulting in severe harm or death. The current rate of severe harm is similar to that in previous reporting periods although there has been an increase in incidents resulting in patient deaths compared to the last report (1 October 2011 – 31 March 2012).

Incidents reported by degree of	Severe harm	Death
1 April 2010 – 30 September 2010	47 (1.5%)	8 (0.3%)
1 October 2010 – 31 March 2011	57 (1.8%)	10 (0.3%)
1 April 2011 – September 2011	33 (1.1%)	8 (0.3%)
1 October 2011 – 31 March 2012	21 (0.8%)	2 (0.1%)
1 April 2012 – 30 September 2012	28 (0.9%)	10 (0.3%)
1 April 2012 – 31 March 2013*	72 (0.9%)	7 (0.1%)**
National rates (April – Sept 2012)***	0.6%	0.1%

Source – Organisation Patient Safety Incident Report (NHS Commissioning Board)
* Information from City Hospitals' 'Safeguard' System ** See note at top of next page *** All large acute organisations

When validating the data for the National Reporting & Learning System (NRLS) in advance of the close off date of 31st May which facilitates the production of the report for Oct 2012 – March 2013 it was recognised that whilst 20 deaths had initially been reported, on completion of the internal investigation and validation process only 5 of these incidents had either caused or contributed to death. The remaining incidents required their grading to be lowered. This prompted a revalidation of the April 2012 – Sept 2012 data which highlighted that of the 10 deaths initially reported 2 were found to have caused or contributed to death and the remainder required re-grading. Unfortunately as the NRLS database collection for this period had closed in February to facilitate production of the April 2012 – Sept 2012 report it has not been possible to correct the NRLS data for this period.

As a result of these findings a process to ensure monthly revalidation exercises take place has now been implemented in order to identify and re-grade incidents appropriately at the earliest possible opportunity.

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

- there has been an increase in incidents reported under the categories of severe harm and death as a consequence of changes in the Coroner's process. The organisation has reported deaths which have occurred as a recognised complication of treatment meeting requirements for transparency and openness with families. These patient deaths are part of the local Coroner's Inquest process, and
- we have traditionally had a culture of low reporting of incidents, in particular those categorised as 'near miss' or low degrees of harm.

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:

- **simplifying and making more accessible to staff the Safeguard Incident Reporting Form, which is on the Trust's intranet,**
- **launching a Trust-wide campaign to 'Keep calm and carry on reporting incidents',**
- **identifying low reporting staff groups and targeting them as part of the above campaign, e.g. non-clinical staff,**
- **explaining the feasibility of sending an automated response to the incident reporter thanking them for reporting the incident,**
- **introducing screen shots on the Trust intranet advertising the importance of incident reporting, and**
- **holding training in directorates on incident reporting and risk management.**


DOCTOR

PART 3: REVIEW OF QUALITY PERFORMANCE 2012/13

Part 3 of this Quality Report provides an opportunity for the Trust to report on progress against the quality priorities that were agreed last year.

Where possible, we have provided additional sources of (external) data to provide members of the public with as much information as possible.

Part 3A	Describes Trust performance against a set of local quality indicators
Part 3B	Highlights additional information about our quality performance
Part 3C	Summarises performance against key national priorities 2012/13
Annex One	Contains statements from our key stakeholders
Annex Two	Contains statements of directors' responsibilities in respect of the Quality Report

PART 3A: Trust performance against a set of local quality indicators

During 2012/13 we agreed to measure, monitor and report a limited number of key indicators selected by the Board in consultation with key stakeholders, in each of the dimensions of quality; patient safety, clinical effectiveness and patient experience. Some of these indicators have now been included in the core list of mandatory indicators **(see Section 2C)** where performance has already been highlighted.

a) Discharge communications to Primary Care

The focus of the measure was to improve the quality and timeliness of discharge communication between the Trust and Primary Care (GPs and their healthcare teams). This formed part of the CQUIN improvement goal 'Improve Communication' for 2012/13.

Completed on eDischarge (%)

Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
83.18	85.44	84.79	83.67	84.22	75.73	76.51	88.42	90.67	89.48	89.59	88.59

Completed within 24 hours* (%)

66.26	67.48	67.58	68.26	74.03	64.94	63.42	60.93	66.21	63.73	68.02	64.96

Data source – Figures derived using local specifications

*It has been recently identified that there are data reporting issues which may affect the Trust's performance for the proportion of discharge summaries issued in 24 hours. This is currently being investigated so this information should be viewed with caution.

- Part of the requirements for CQUIN was to produce and complete an improvement plan, which would document how the Trust was expected to improve the proportion of discharge summaries issued within 24 hours, the quality of content and progression towards electronic distribution of discharge summaries.
- Regular and detailed reporting has been introduced to monitor discharge communication performance at specialty and ward level in order to reduce variation within the Trust and help to identify areas with the greatest scope for improvement in terms of both utilisation of the eDischarge system and timeliness of completions. This is discussed regularly at monthly Performance and Contracting meetings with Commissioners as well as at quarterly review meetings. It has also been supplemented by daily reporting to highlight to the relevant Directorates any discharge communications that have not yet been completed for patients discharged the previous day.
- Discharge communications quality and performance is now led by the Trust's Clinical Directors.

b) Never events

The underlying principle for the introduction of never events is to ensure that organisations report and learn from serious incidents and strengthen their systems for prevention in the future.

Description of Goal	09/10	10/11	11/12	12/13
Preventing occurrence of any 'Never Events'	Not available	Not available	4	1

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented, e.g. wrong site surgery, mis-placement of naso-gastric tube, retained instruments / swabs post –surgery, wrong route administration of chemotherapy etc (National Patient Safety Agency definition)

An incident report was submitted in March 2013 identifying that a patient had attended theatre for a planned operative procedure. Following the surgery, we were unable to account for a small fragment of the probe that was used as part of the surgical procedure. It was initially thought that this was attached in some way to the tissue sample that was removed for laboratory analysis; however it appears that the fragment had been unintentionally left within the patient. The incident is currently being fully investigated using the root cause analysis process, and any corrective actions identified will be taken immediately.

c) Readmission of patients with chronic chest problems

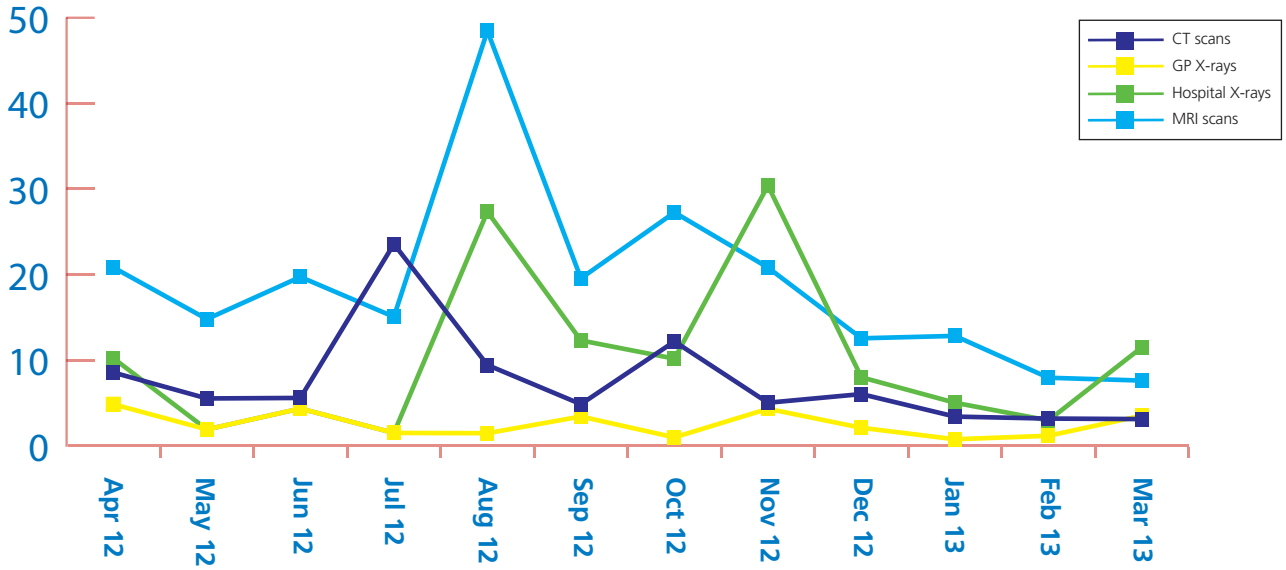
Patients with chronic chest complaints account for a significant percentage of admissions to hospital; the evidence suggests that some of these patients could be avoided and more appropriately managed in the community and at home.

	Indicator	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
To reduce the number of COPD readmissions	28 days	18.85%	23.32%	23.87%	25.68%	22.40%	25.1%
	30 days	19.11%	23.96%	25.11%	26.77%	21.06%	24.4%

COPD Readmission data based on HRG codes: D39/ D40 – COPD or Bronchitis, with and without complications, readmissions at 30 and 28 days.

d) Reporting times for radiology

The timeliness and reliability of radiology reporting was highlighted as a priority area of improvement for the Trust. The aim was to reduce reporting times for hospital x-rays and scans and implement an electronic system for ordering and delivering of reports. Through the adoption of LEAN methodology, the radiology team have internally restructured the way in which the service is delivered.



Description of Goal	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
Improve internal reporting times for x-ray and ultrasound scans – (exam to report average in days)												
CT Scans	8.5	5.5	5.5	23.5	9.4	4.8	12.1	5.0	6.0	3.3	3.1	3.1
GP X-rays	4.8	1.8	4.3	1.4	1.4	3.4	0.9	4.3	2.0	0.7	1.1	3.5
Hospital X-rays	10.2	9.5	12.9	23.6	27.3	12.2	10.1	30.3	7.9	5.0	2.9	11.5
MRI Scans	20.8	14.7	19.7	15.0	48.4	19.5	27.2	20.8	12.	12.8	7.9	7.6

Data source – Figures derived using local specifications

- The number of referrals for all exam types has been significantly higher than last year and has generally been increasing throughout the year to date. Despite this, recent performance has shown that exam to reporting times are at their best position across the year to date.
- Reporting times have been distorted throughout the year by a backlog of reports that have been identified by the implementation of the new Radiology information system. The backlog mainly consists of exams taken on multiple body parts for a given patient, which will have already been reported on in a full report that has been assigned to a single scan, although the other related exams remain outstanding because their status simply has not been updated to 'reported'. If this is identified at a later date the actual date of report completion cannot be entered retrospectively in HISS, so that these figures do in fact contain inaccuracies that result in longer exam to report times than the true position.

- Two new consultants started during the summer, which combined with the induction and training on the new Voice Recognition technology has had a positive impact upon performance.
- Reporting is also completed via offsite reporting teams in order to help the department reduce the backlog and meet the current demand. The Directorate is close to launching a semi automated tool to send offsite images for reporting.

e) End of life care

The Liverpool Care Pathway (LCP) is an integrated care pathway that is used at the bedside to improve standards of care for patients who are dying and in the last hours and days of life. The LCP is now being rolled out not only to those in hospice care but also in other healthcare settings. Against the background of ongoing national controversies and some criticism of the pathway and the links with the CQUIN payment framework, the pathway will continue be used in City Hospitals to ensure a planned and appropriate plan of care for those at the end of life. The End of Life Steering Group will continue to oversee the implementation and evaluation of the pathway.

Description of Goal	2012/11	2011/12	2012/13
3. Increase the number of patients on the Liverpool Care Pathway as a proportion of those expected to die	62.96%	75.97%	70.23%

Data source – Figures derived using local specifications based on a quarterly sample audit

Achievements during 2012/13:

- the 'Death Matters' clinical symposium was held in September 2012, led by the Specialist Palliative Care Team to raise the profile of Palliative and End of Life Care within the Trust. The symposium attracted 123 staff members with external speakers, breakout sessions and poster presentations. Several relatives of patients were involved in presenting at the symposium. Another event is being planned for October 2013,
- plans are in place to develop an information leaflet to provide advice to patients on Opioids (palliative care painkillers), and
- during 2013 the End of Life Steering Group will support the implementation of the 'Deciding Right' programme. This is a North East wide initiative - the first in the UK - to integrate the principles of making advance care decisions for all ages. It brings together advance care planning, the Mental Capacity Act, cardiopulmonary resuscitation decisions and emergency healthcare plans. This is being rolled out and used from 1st April 2013.

f) Improving the patient experience

In setting out our indicators for 2012/13 under the theme of patient experience, we agreed to monitor the following areas from our participation in the annual inpatient survey;

Metric	Description of Goal	07	08	09	10	11*	12*
1. Overall satisfaction	Increase the % of patients who reported "Overall how would you rate the care you received" (% of patients who said 'Good' and above)	77	77	77	80	8.0	7.8**
2. Privacy & dignity	Maintain or improve patient experience of privacy & dignity (Inpatients only)	88	89	88	90	9.0	8.8
3. Medication Side effects	Staff informed patients about medication side effects	47	53	51	52	5.6	5.3

Data source – Adult inpatient survey (2012)

* Inpatient Survey report changed; each Trust now receives a score out of 10 for each question

** The question asked in the 2012 survey is slightly different and has been reworded to the one that was used in the previous year.

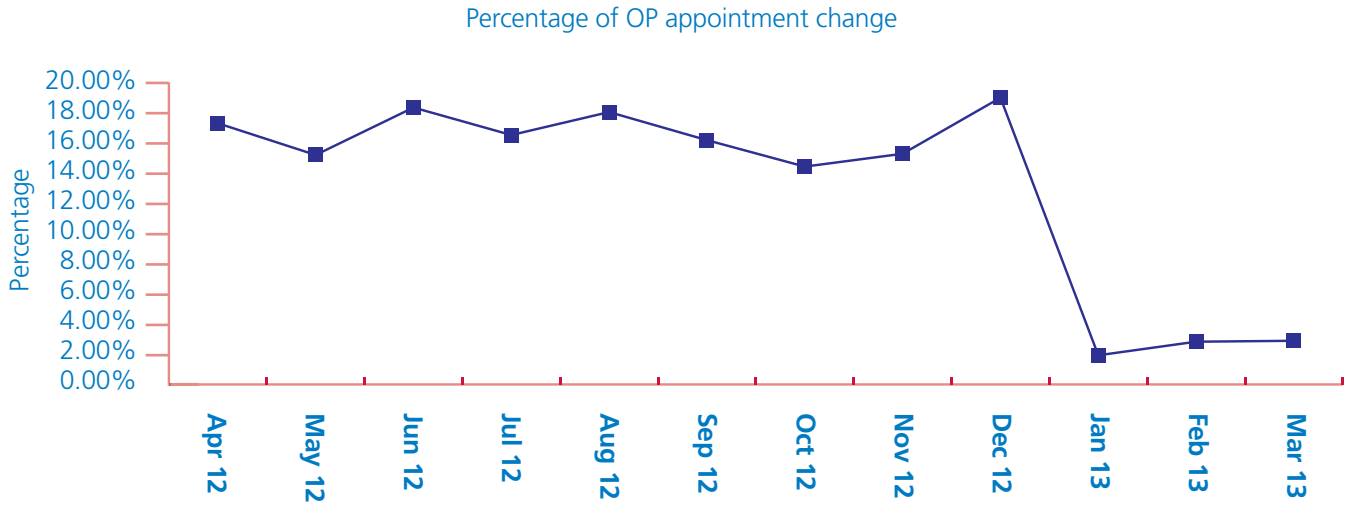
g) Outpatient Appointments Cancelled/Changed by the Hospital

Patients reported that the hospital frequently changed their outpatient appointment. The score from the National Outpatient Survey (2011) gave the Trust a 'red' category rating and performance within the worst 20% of Trusts. The Trust hoped to reduce the percentage of appointment changes in 2012/13. This formed part of the CQUIN improvement goal 'Improvements in Appointment Systems' for 2012/13.

Indicator - % Outpatient Appointment Changes

Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
17.29	15.19	18.33	16.51	18.03	16.17	14.42	15.27	18.98	1.93	2.83	2.89

Data source – Figures derived using local specifications



- Part of the requirements for CQUIN was to produce and complete an improvement plan, which would document how the Trust was expected to improve the proportion of cancelled appointments, along with reducing 'did not attend' (DNA) rates, improving the timeliness of review appointments and reducing face to face appointments. This is incorporated as part of the Trust's Corporate Outpatient project,
- The improvement plan was focused on capacity and demand analysis at specialty level and aimed to target areas that performed significantly worse than the norm within the Trust. This also included a detailed analysis of cancelled clinics and in particular those cancelled at short notice in order to fully understand why this was occurring. This will also tie in with the launch of the Trust's new patient administration system and the improvements that will bring in terms of being able to plan and coordinate the patients pathway through the required hospital services, and
- Performance has been improved recently due to collaborative working between the Department of Performance and Improvement, individual Directorates and the Outpatients Department. These improvements help the Trust to monitor appointment changes as experienced by patients more accurately and include the initiative to change to only sending out appointment letters 5 weeks prior to a patient's appointment taking place.

PART 3B: ADDITIONAL INFORMATION ABOUT OUR QUALITY IMPROVEMENTS

Focusing on safety

a) Dr Foster Good Hospital Guide 2012

City Hospitals Sunderland has been rated as one of the top performing Trusts in the country by Dr Foster Intelligence (a provider of healthcare information solutions) in their 2012 Hospital Guide. The guide, an independent assessment of NHS hospitals, is based on patient data provided by hospitals and benchmarks the performance of every NHS hospital in England.

In previous Hospital Guides, the focus has been on reporting a broad range of quality measures. However this year's guide has also included efficiency metrics in order to provide a more comprehensive view of care.

We are delighted that the Dr Foster report shows that the Trust is one of the top 40 hospitals in the country and the best in the North East for 3 out of the 4 mortality death rate measures (and in the top 50 nationally for the 4th measure). We are committed to providing the highest levels of safety for our patients and that is reflected in the report. We are also pleased that in addition to low mortality the Dr Foster report also recognises the strong Trust performance on efficiency indicators such as readmissions, outpatient attendance rates, excess bed days, long stay surgical patients cancelled operations etc. The Trust is also the top performing hospital in the North East on the combined efficiency/mortality measure.

b) CHKS 40Top Hospitals Award

The Trust has received national recognition for its performance and achievements in healthcare quality and improvement through the CHKS 40Top Hospitals Award. The 40Top Hospitals Award is given to the 40 top-performing CHKS client Trusts and the rankings are based on key measures of quality, including clinical effectiveness, patient experience and quality of care. All NHS Acute Trusts are entered into the survey, which is run every year by CHKS, another independent provider of healthcare intelligence services. The accolade means that for the second year in a row the Trust has been recognised for its performance in key areas that are crucial to delivering good patient care.

c) Safe Surgery Week

The national bodies, Patient Safety First and the Clinical Board for Surgical Safety, hosted a Safer Surgery Week during September 2012. The purpose of the week was to enable staff to focus on the importance of safer surgery for patients. A series of local events for staff was organised to support aspects of safety in surgery and showcase good practice to members of the Executive Team.

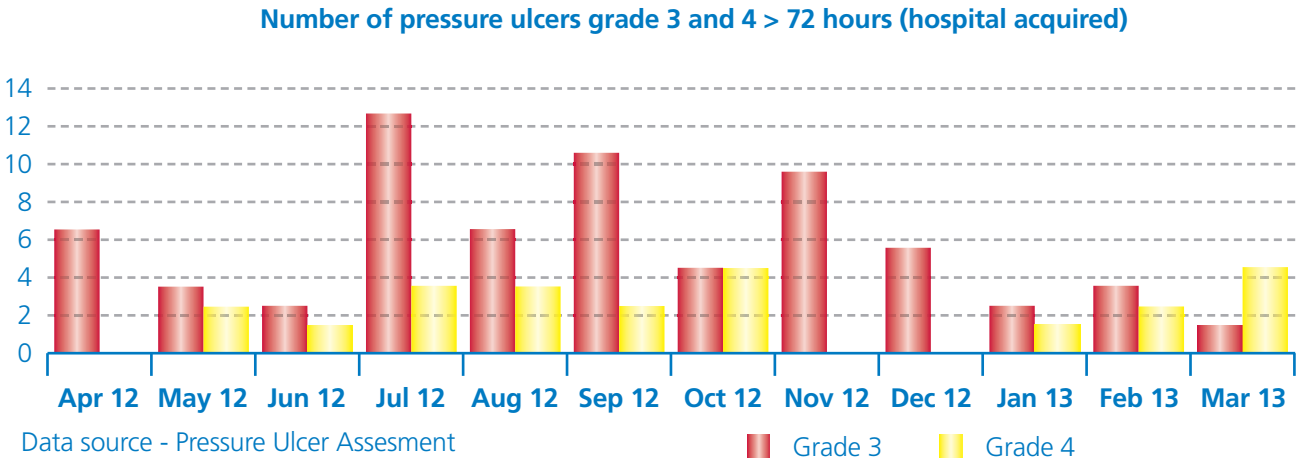
During the week members of the Executive Team visited wards and departments to see 'in action' how clinical staff were delivering safer surgery for patients. This included visits by Directors to the Block Room in D Level Theatre, Ward D43, Sunderland Eye Infirmary and Ward D46. They all provided very positive feedback on their respective visits to clinical areas and enjoyed the opportunity to meet with patients and staff.

Focusing on clinical effectiveness

a) Pressure ulcers – reducing the incidence of hospital acquired pressure ulcers

Pressure ulcers are a significant burden on the NHS and have a detrimental effect on patients' health and wellbeing. They are considered to be a proxy measure of the quality and safety of care patients receive and thereby the standard of clinical care. Pressure ulcers are more likely to occur in patients who are malnourished, elderly and obese and those with underlying medical conditions. As an organisation we are committed to reducing harm to our patients from pressure damage. Our efforts are focused on preventing them from happening, although some patients may already have pressure ulcers when they are admitted.

The table below shows our performance over the year, i.e. the number of grade 3 and 4 hospital acquired pressure ulcers reported in 2012/13.



Year	Grade 3	Grade 4	Total
2011/12	53	22	75
2011/13	63	22	85

Performance on the NHS Safety Thermometer

For the period 1st April 2012 to 31st December 2012 City Hospitals has been identified as an outlier for 'new' pressure ulcers. This means that we have reported more hospital acquired pressure ulcers compared with our peers using the national criteria. Our position within the national Safety Thermometer framework is a concern and the Tissue Viability Group have already led and coordinated a number of new initiatives to improve preventative, risk-assessment and management practices. We have also appointed a dedicated Tissue Viability Practitioner and supported that role with a dietician, medical photographer and podiatrist.

During 2012/13 we started to pilot **SSKIN** across selected wards; this is a five step model for pressure ulcer prevention and treatment which includes:

- **S**urface: making sure our patients have the right preventative support,
- **S**kin inspection: early inspection means early detection,
- **K**eep patients moving,
- **I**ncontinence/moisture: making sure patients are always clean and dry, and
- **N**utrition/hydration: helping patients to have the right diet and plenty of fluids.

Once we have evaluated SSKIN on these pilot wards, we plan to roll out to other wards throughout 2013.

Focusing on patient experience

a) The NHS National Patient Survey programme

The NHS national patient survey programme is part of the government's commitment to ensure that patient feedback is obtained so that it can be used to inform the continued development and improvement of healthcare services. Each trust is legally obliged to carry out a survey of patients' views on their recent healthcare experiences. Feedback from these surveys allows organisations to compare their results and helps us to identify where we have performed well and highlights gaps in our services which we can improve.

For 2012/13 City Hospitals participated in the following national patient surveys;

Type of survey	Data collection	Expected month of publication	Notes
Accident and Emergency Departments	May – Aug 2012	Dec 2012	Published
Survey of adult inpatients	Sep 2012 – Jan 2013	April 2013	Published
Cancer experience survey	Jan – Apr 2013	July 2013	Survey in progress
Chemotherapy survey	Jan – Apr 2013	July 2013	Survey in progress

In 2013/14 the Trust will take part in the following national surveys;

- Maternity Services survey (May – August 2013)
- Emergency and elective inpatients (September 2013 – January 2014)

i) Survey of adult inpatients (2012)

The national survey of adult inpatients (2012) provides an opportunity for patients to give their views on the service they have received from City Hospitals. It remains one of the largest surveys of patient experience in hospital of its kind. The questionnaire asks patients to comment on topics ranging from hospital food, cleanliness, privacy and dignity, to communication with staff, discharge planning and their overall hospital experience. Questionnaires were posted to 850 people, in line with the national sampling strategy, and 467 were returned complete, giving a response rate of 56% (the national rate was 51%).

The results show that across the 60 questions which measure our performance from the patient's perspective, 58 (97%) are in the amber 'expected range' category, meaning that we are about the same as most other Trusts in the survey. There were no questions and scores in the green category; rated as the best performing Trusts.

However, we did have 2 questions in the red or 'worst' performing category. It is disappointing to report that these two questions relate to choice of food and the patients perception of our management of their pain. Last year, our results for both questions moved the Trust into the 'amber' category and we believed we were heading in the right direction. These latest results suggest that we still have much more to do. The respective working groups will reflect on these results and re-evaluate their efforts to bring about the improvements needed.

The 'section' table highlighted below provides an aggregated score for questions grouped according to the sections in the inpatient questionnaire. A higher score is better. Each Trust is also assigned a category, to identify whether their score is 'better', 'about the same', or 'worse' than most other Trusts who carried out the survey. City Hospitals achieved an 'about the same' rating for each of the 10 sections compared with other Trusts.

Score	Section themes	Rating compared with other Trusts		
8.4/10	The Emergency Department / A&E Department	WORSE	ABOUT THE SAME	BETTER
9.1/10	Waiting list and planned admissions	WORSE	ABOUT THE SAME	BETTER
7.8/10	Waiting to get to bed on a ward	WORSE	ABOUT THE SAME	BETTER
8.0/10	The hospital and ward	WORSE	ABOUT THE SAME	BETTER
8.6/10	Doctors	WORSE	ABOUT THE SAME	BETTER
8.2/10	Nurses	WORSE	ABOUT THE SAME	BETTER
7.5/10	Care and treatment	WORSE	ABOUT THE SAME	BETTER
8.3/10	Operations and procedures	WORSE	ABOUT THE SAME	BETTER
7.3/10	Leaving hospital	WORSE	ABOUT THE SAME	BETTER
4.9/10	Overall views and experiences	WORSE	ABOUT THE SAME	BETTER

The tables below show where the Trust has achieved the largest increase and decrease in scores for individual questions compared to the last survey in 2011.

Survey questions – comparison of 2011 and 2012 results		2011	2012	2012
Questions where we have increased our scores the most (higher score is better)				
Q7	Was your admission date changed by the hospital?	9.2	9.5	↑
Q26	Did doctors talk in front of you as if you weren't there?	8.4	8.7	↑
Q61	Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	5.7	6.0	↑
Q65	Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	6.5	6.8	↑

Survey questions – comparison of 2011 and 2012 results		2011	2012	2012
Questions where we have the greatest 'loss' in scores, i.e. worse than the last survey				
Q23	Did you get enough help from staff to eat your meals?	7.7	6.7	↓
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.6	7.8	↓
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.4	7.8	↓
Q34	Did you find someone on the hospital staff to talk to about your worries and fears?	6.4	5.8	↓
Q39	Do you think the hospital staff did everything they could to help control your pain?	8.1	7.5	↓

The Patient, Carer and Public Experience Committee (PCPEC) will ensure that an action plan is agreed to address the issues within the latest inpatient survey results. Updates to the action plan will be presented quarterly to PCPEC and also shared with the Sunderland Clinical Commissioning Group as part of our information exchange and assurance with Commissioners.

ii) Accident and Emergency Department Survey 2012

In December 2012, the Care Quality Commission published the national and individual Trust results for the fourth Accident and Emergency Department Survey. Nationally, almost 46,000 patients aged 16 or older from 147 NHS Trusts in England completed questionnaires. The survey involved a sample of patients who attended A&E in February 2012 and for City Hospitals the response rate of 45% (372 patients) was much better than the national average of 38%.

The survey assesses a number of different aspects of people's experiences (such as care received from doctors and nurses, tests, views on the hospital environment e.g. cleanliness) and is scored according to each individual question and section category. Out of the 8 section categories the Trust has achieved an 'about the same' rating which means that the Trust is about the same as most other Trusts who took part in the survey. Out of 37 questions measuring Accident and Emergency Department performance, the Trust achieved 36 scores in the amber category and an 'about the same' rating (as most other hospitals), and 1 score in the green section indicating a 'better' rating (better than most other hospitals). There were no scores in the red, 'worse' category.

The results of the survey have been presented to the Patient, Carer and Public Experience Committee and the Board of Governors. They have also been shared with clinical and management teams within Accident and Emergency and an action plan has been developed to address any shortcomings.

What did our patients say about their experience in Accident and Emergency?

The questionnaire gave patients the opportunity to add any further comments about their experience of the Accident and Emergency Department. These comments are reported verbatim and some brief examples (positive and negative) are highlighted below:

The treatment I received from all concerned was the best I could have received. I could not have received better treatment at a private clinic.

Staff chatted amongst themselves at a desk and ignored myself and other patients

Very thorough examination, tests, diagnosis and treatment

Yes, nurses should believe what patients tell them and not jump to their own conclusions.

I left feeling quite cheerful although in pain as the doctor went just that extra mile for me. She was a tonic in herself, very pleasant and understanding, a credit to the health service.

Waiting times can be horrific when you are feeling ill and weak. It makes you feel worse.

I was treated with great care and respect all the time in A+E and also in hospital when I was admitted until I was discharged.

The triage staff need to be more empathetic. I wasn't told why it had happened or what to do next or anything.

All the staff had a caring attitude, particularly the doctor who kept me informed repeatedly during my distressing stay in A+E. All tests were carried out in a concerned and caring manner. I could not have received better care elsewhere.

I have no hearing at all but, no one took the time to write things down

The receptionist was very patient and understanding

Waiting area cramped and uncomfortable

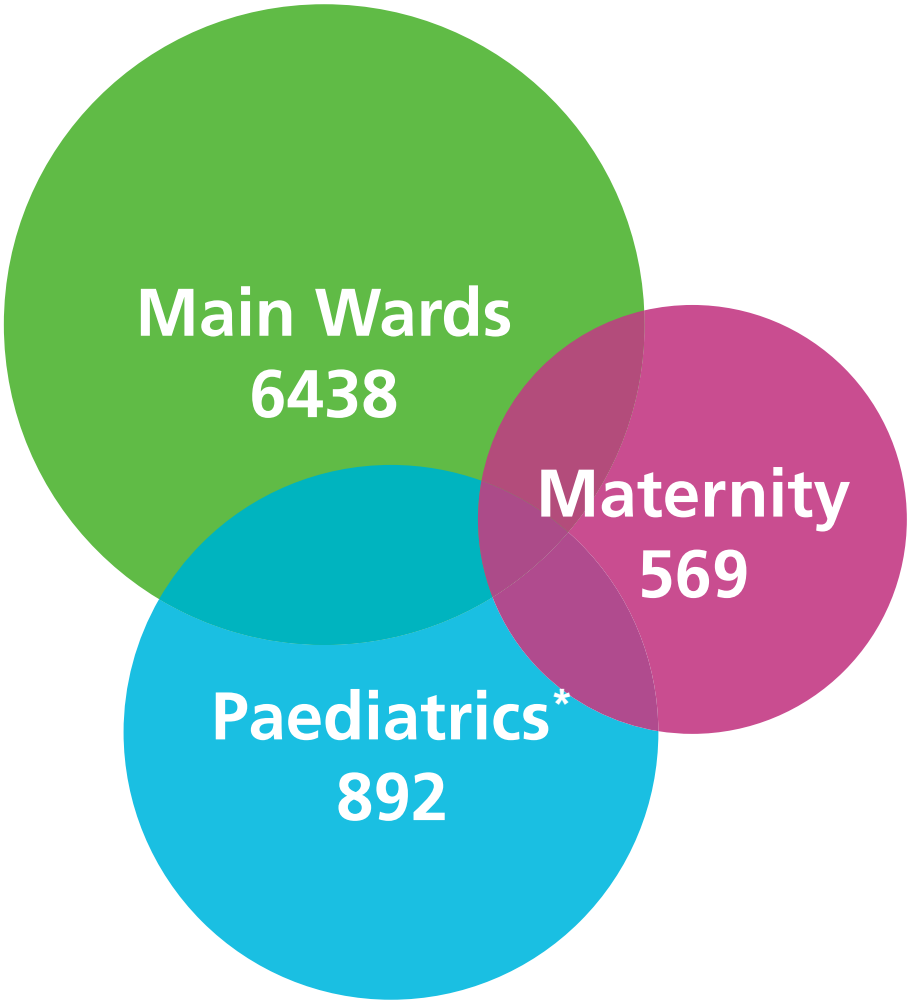
The doctor who attended to me was excellent. They thoroughly examined me and listened intently as I explained my symptoms. The staff were most cheerful, considerate, helpful and caring

b) Real Time Feedback

Our local real time feedback programme complements the annual national patient surveys and provides a continuous way of collecting and capturing the views of patients as they prepare to be discharged from hospital. The information is collected by our volunteers.

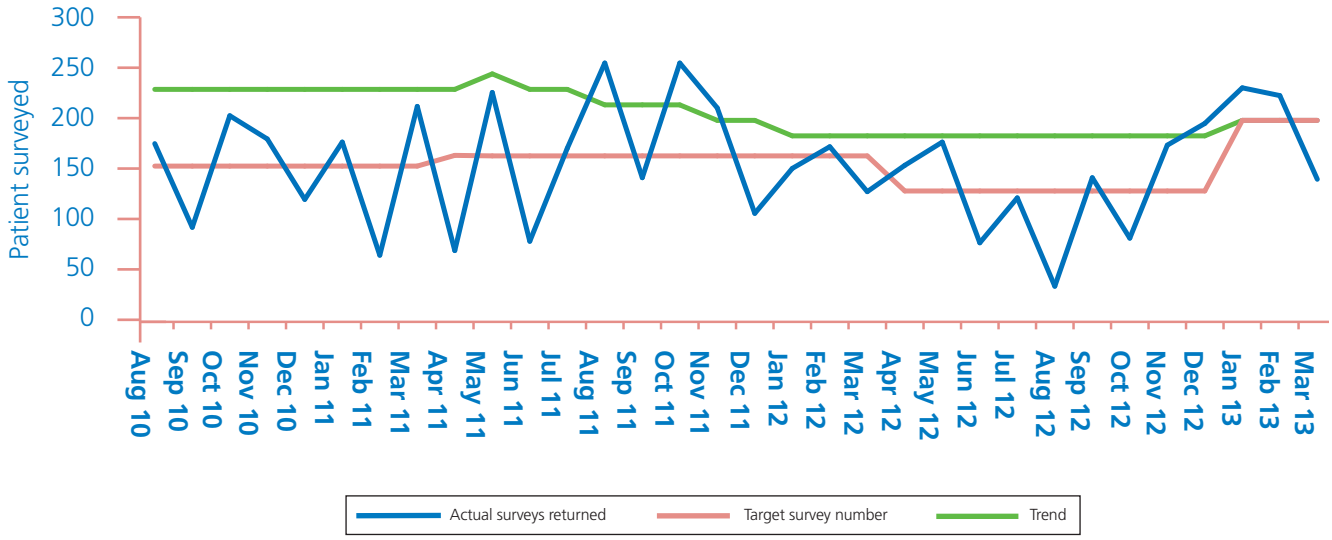
We introduced this new method in August 2010 across the majority of our inpatient wards and over time we have expanded the collection to include our maternity and paediatric wards and the Integrated Critical Care Unit (ICCU).

The graphic below shows the total number of completed patient questionnaires to date (August 2010 – Feb 2013). This excludes the ICCU which has received 155 responses. Many of the questionnaires have additional comments which provide valuable information about the patient experience and what matters most to patients.



* includes questionnaires from children (366) and parents (526)

The table below shows the total number of collected and analysed surveys per month since the start of real time feedback in August 2010. An adjustment has been made to the target threshold of completed surveys in view of the ongoing reconfiguration of wards and its effect on the total number of returns expected. During the year there have been occasions where our volunteers have not been able to collect the minimum number of questionnaires per ward. High patient participation is an important part of our real time feedback system.



A schedule of meetings between the Head of Nursing & Patient Experience, the Volunteers Coordinator and Clinical Governance has explored ways to maximise volunteer involvement in real time feedback. As a consequence, our performance in Q3 and Q4 has shown an encouraging upward trend in patient participation.

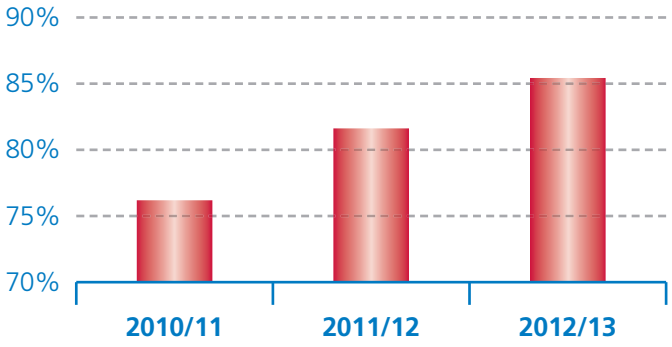
Where are we doing well?

Last year we highlighted areas where we had the highest range of aggregated (average) scores; we have done even better during 2012/13 as the table below illustrates:

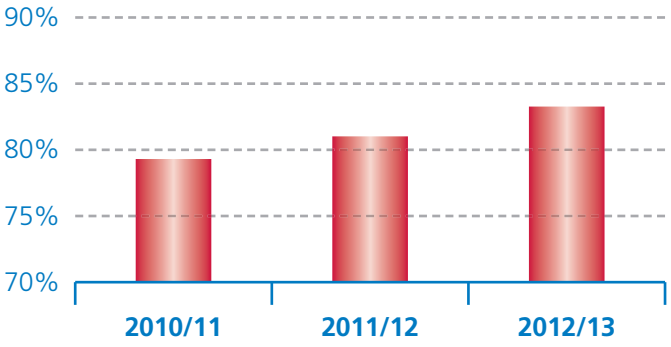
Top scoring questions of 2011/12		2011/12	2012/13	Change
B1	When you were first admitted to a bed on this ward, have you ever had to share a sleeping area, for example a room or bay, with patients of the opposite sex?	95%	97%	↑
C1	Are you treated with privacy, dignity and respect?	95%	96%	↑
C4	Have the staff been polite and professional during your stay?	96%	96%	⇔
C5	Is the ward clean and tidy?	96%	96%	⇔
C6	Do you have somewhere to keep your personal belongings whilst in hospital?	99%	99%	⇔
C7	Do staff wash or clean their hands before providing your care?	97%	97%	⇔

For some questions within real time feedback we are able to show incremental improvement in scores year by year (from Aug 2010 to Feb 2013), as the following charts show:

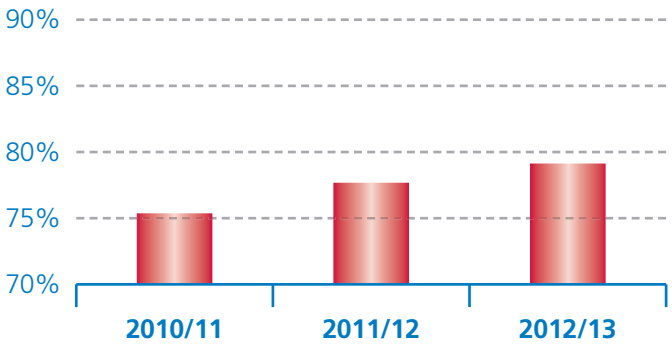
C10 Do staff inform you about medication side effects?



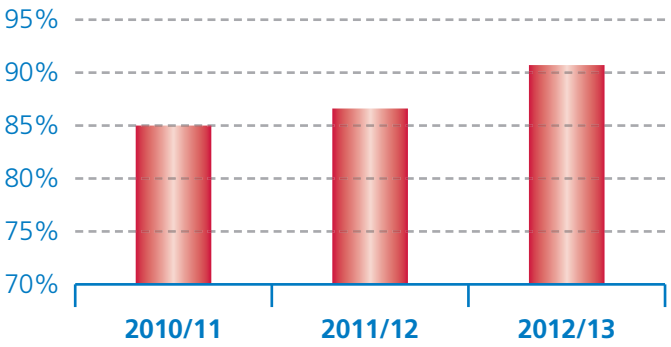
C11 Is your food well presented and hot enough?



C12 are you offered a good choice of food?



C15 Have you been told about who to contact if worried about discharge?



What improvements have we made?

Simply collecting feedback from patients in itself has no value. It needs to be used by hospital staff to identify where improvements are needed. This is one of the more challenging aspects of collecting patient feedback but one which is crucial in showing to patients that we are genuinely listening and that their experience matters. The following examples highlight where wards have reflected and acted on the results of their patient feedback;

- bariatric (obese) patients now have continental breakfast served at 7am in support of their dietary regimes (instead of a cooked breakfast),
- pharmacy staff have been involved in discussing side effects of new medication with patients,
- introduction of a specific 'doctors book' to ensure messages are passed on and logged to help improve communication within the clinical team,
- there is a specific menu available on the Integrated Critical Care Unit (ICCU). The choice of meals has been expanded to include a hot option at lunchtime, and
- we now ensure that our patients are made aware of the Critical Care Outreach Team when they are transferred out from ICCU onto base wards. The ICCU nurse informs them of this and it has now been included in the Unit's patient information booklet.

What has changed from patient feedback in Paediatrics?

A different model of real time feedback is used in the paediatric wards. Again this reflects the need to customise the survey for our younger patients. In addition, we also include the child's parents or carer's views and that has proved very useful in helping the paediatric team to identify areas of improvement. The paediatric wards have been able to make a number of changes to their practice, which include:

- paediatric staff now ensure that pain scores are recorded regularly and inform children of what effect analgesics will have,
- trial of take-away lunch boxes for children on the Paediatric Wards,
- Nursery nurses provide play sessions/toys for each child and we have provided more toys for the play room, e.g. dressing up clothes (small firemen, super heroes and princesses are seen regularly within the ward environment),
- improved the awareness of real time feedback results to ward staff by inclusion at ward meetings to raise parents'/childrens' perception of care, and
- alterations have been made to the Treatment Room and the Multi Purpose Room (in the Niall Quinn Outpatients Centre) to enhance children's (and parents') privacy and dignity, e.g. moving cupboards, curtain rails etc.

What has changed in response to patient feedback in the Integrated Critical Care Unit (ICCU)?

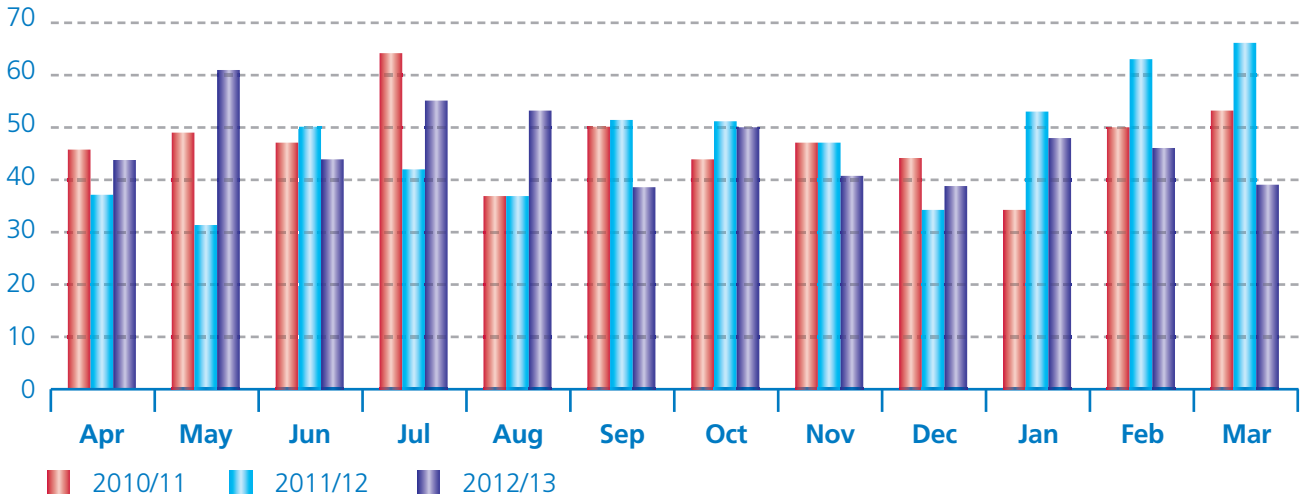
- Patients reported reduced periods of sleep due to the lighting and noise within ICCU. Following this, estates are in the process of fitting dimmer switches to the lighting. The ICCU co-ordinators are also actively encouraging a reduction in noise levels within the Unit and monitoring noise levels accordingly,

c) Listening to patients – learning from our complaints

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

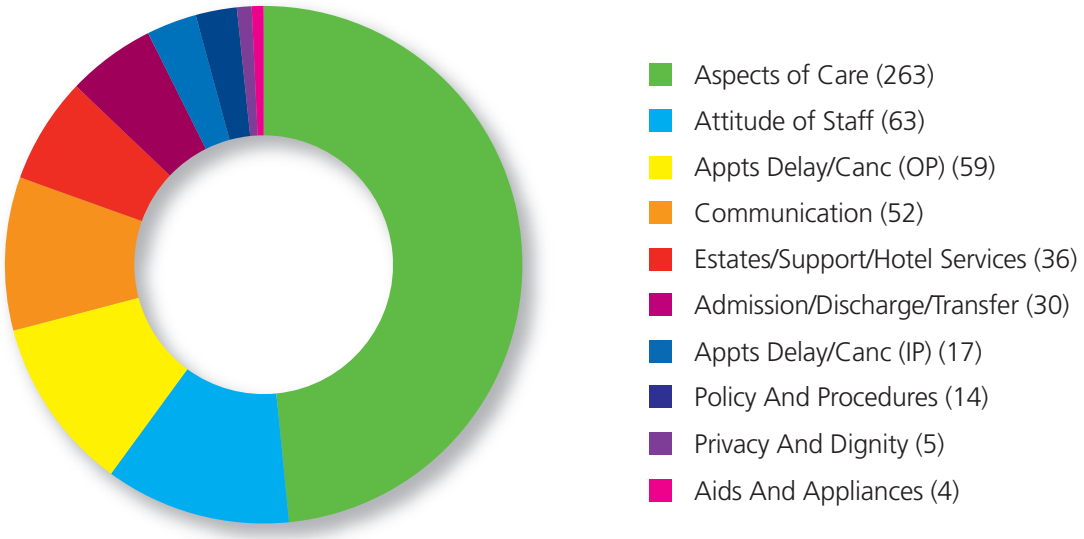
During 2012/13 the Trust received 559 formal complaints from patients or their representatives, a slight decrease on the 562 received last year. This number differs from that reported in last year's Quality Report (534), as in 2012/13 a data cleansing exercise has been undertaken. In addition, complaints monitoring is a dynamic process and informal complaints can escalate to formal complaints over time, impacting on the year end figure. The chart below shows the distribution of complaints received each month for the current and previous years.

Comparison of complaints activity 2010/11 to 2012/13



The chart below shows that the most common themes from complaints received by the Trust were related to aspects of clinical care and treatment, attitude and behaviour of staff, and communication and appointments.

Complaints activity by theme 2012/13



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 practice as a result of complaints:

- a number of improvements in relation to car parking have included improved signage in disabled parking bays, information added to patient appointment letters, additional information regarding parking placed in all waiting areas, additional car parking machines and information displayed to ensure visitors are aware they can purchase a £10 monthly parking permit,
- providing a meet and greet service for patients in the Main Outpatients' Department (as a result of concerns made by carers),
- using patient stories in staff training sessions such as discharge training, raising awareness of carers and customer care,
- Implementation of a new procedure for the management of patients soiled clothing,
- a whole system review of scheduling new and review out patient appointments to reduce the number of appointment letters being sent to patients, reminding people about their appointments, and minimising the impact of any internal rescheduling on patients,
- a new way of working has been introduced that increases senior doctor cover on the Acute Medical Unit (AMU) between 0600 and 2200 hours, to eliminate the long waits to see a doctor,
- giving patients access to see the bariatric specialist nurses at short notice to support patients with acute symptoms following surgery,
- alerts have been put onto the HISS (current hospital information system) "bulletin board" of individual patient's electronic records as a way of cascading key clinical information for doctors and nurses using the system, and
- the way consent forms are used has been reviewed to ensure that risks specific to individual patients as a result of underlying conditions are clearly highlighted during the consent process. A written copy of the risks is provided to patients to enable them to fully digest the information prior to the procedure taking place.

d) Ward Assurance Visits

During 2012/13 a programme of ward visits was undertaken to seek assurance on issues such as patient experience and patient safety by a team which included:

- the Executive Director of Nursing and Quality;
- a Non Executive Director;
- the Lead Matron for Quality Improvement;
- representatives from Estates and Facilities; and
- a Non Executive Director from the Primary Care Trust

The scope of the visits included an environmental inspection as well as talking to patients and staff about their experiences. Once completed, immediate feedback was provided to the nurse in charge. The outcomes from each visit were also shared with the Matron, to ensure any necessary action was carried out. A number of interventions have been undertaken as a result of this process which have included the replacement of drug fridges, making changes to cleaning schedules and prioritising areas for decoration and refurbishment.

e) Patient Advice and Liaison Service (PALS)

A review of the PALS and Complaints Department was undertaken in March 2013, with a number of actions being identified to improve the current process and provide a more individualised and timely response for patients and their families.

f) Volunteers

Volunteers provide a valuable service that involves spending time, unpaid, to support Trust staff in delivering a quality service. Their role is to complement the work of paid staff and they are therefore not included in staffing numbers. All volunteers undergo a series of pre employment checks and are subject to an interview. We have 452 volunteers registered in the Trust who undertake a variety of roles, which include assisting with administration, befriending patients, meeting and greeting visitors, supporting clinical staff at meal times, answering the telephone and collecting feedback from patients.

g) Carers

City Hospitals Sunderland works alongside staff at the Sunderland Carers' Centre to improve the experience of the many patients and carers who use the facilities. In June 2012 we launched our Carers Charter stating our intention to value the carer as the expert in care delivery for their loved ones as well as working in partnership with the carer and family when discharge planning to ensure continuity of care and prevent any breakdown in the carer role.

A Carers Reference Group meets quarterly to discuss issues raised by carers. The meetings have had a positive impact here at Sunderland Royal Hospital. Carers told us that patients with disabilities and their carers would benefit from some additional assistance when they come to hospital for outpatient appointments, investigations or visiting. With prior notice, carers can 'drop off' at the entrance before parking the car, and we can arrange for a volunteer to stay with the person or accompany them to their destination.

During 2012 staff from the Carers' Centre have been involved in providing training which has provided an excellent opportunity for staff from the Trust to gain first hand experience of the role of a carer. This has generated valuable discussion and our commitment to carers has continued by inviting the Carer's Centre to join our recruitment panels for staff nurses.

Sunderland Multi Agency Carers Strategy 2012 – 2015 was published in December 2012. The Strategy reiterates Sunderland's commitment to carers and provides a broad outline of what it will achieve to improve the lives of carers in line with the National Carers Strategy. The Strategy identifies 6 strategic objectives and identifies high level actions for achieving each objective. The Trust in partnership with the Carers' Centre has translated these into an action plan to ensure delivery against the strategic objectives.

The Standing Commission on Carers visited Sunderland in September 2012, as part of a number of 'fact finding' visits nationally to explore how the NHS Operating Framework requirements on carer support were being carried forward in partnership with the local authority and the voluntary sector. The Commission reported that they were particularly impressed by what they saw and heard in Sunderland, especially the proactive and strategic partnerships between the NHS and the local authority and voluntary sector.

h) Community Panel

Following the 10th anniversary of the Community Panel and the strengthening of their role within our patient and public involvement work, we can report further examples of their activities:

- leading the feedback collection from patients on wards who participate in Real Time Feedback,
- for the 9th year running helping with the Patient Environment Action Team (PEAT) inspections and making sure that the process is objective, fair and accurate,
- undertaking a Trust-wide survey of the access and patients' understanding of the 'Your Stay in Hospital' bedside folder and making recommendations to improve accessibility as part of the admissions process,
- taking part in a pilot of the DH Human Rights in Healthcare Project, testing out with patients the questionnaire expected to be rolled out to other hospitals,
- carrying out a repeat Trust-wide audit of patient identity bracelets (wristbands) to coincide with national Safer Surgery Week (September 2012),
- participating in the Pain Standards of Care Event held on the 18th June 2012,
- one of our Panel members played the acting role of a 'surgical patient' in the production of a joint patient safety initiative video (City Hospital Sunderland/Northumbria Healthcare Trust). The video will provide important safety messages for patients involvement in healthcare safety,
- attending the Deaf and Blind Awareness Conference in May 2012, and
- ongoing, active contributions to a number of Trust working groups and committees.

i) Patient Environment Action Team (PEAT) inspections

Last year we reported that City Hospitals (Sunderland Royal Hospital and Sunderland Eye Infirmary) had achieved the highest level of rating (Excellent) in the 2011 PEAT inspections. This is an annual self-assessment which measures standards across a range of services including food, cleanliness, infection control and aspects of the patient environment (including bathroom areas, décor, lighting, floors and patient areas). The PEAT exercise has for a number of years involved Trust Governor Representatives and members of our Community Panel, in addition to senior nursing, catering and facilities staff.

From April 2013 the existing national PEAT programme will be replaced by a new inspection regime, to be known as Patient-Led Assessment of the Care Environment (PLACE). The focus of the revised process will continue to be cleanliness, buildings/facilities, privacy and dignity and food but there will be a number of changes to the details of the assessment, the scoring methods and the number of and responsibilities of the patient representatives. The preparation and transition to the new national PLACE assessment has meant that the Trust did not have a formal PEAT inspection in 2012.

Our first PLACE assessment will take place later in 2013.

Whilst PEAT (and the new PLACE) is an annual requirement, the Trust has in place more regular, routine systems for monitoring aspects of both the clinical and non-clinical environment, which include:

- monthly multi disciplinary National Standards of Cleanliness Group whose terms of reference include a review of daily monitoring results and follow up action plans,
- monthly Domestic Contract Review Group to assess the contract performance so that it aligns with the Trust Cleaning strategy,
- monthly Strategic Infection Control Group where a cleaning and environment report is a standing agenda item,
- 2-weekly cleaning and monitoring operational meetings with local managers to follow up progress on all agreed actions,
- daily monitoring following a cleanliness audit process across the organisation as directed by national requirements,
- ward Quality Assurance visits are carried out fortnightly by the Executive Director of Nursing and Quality, Non-Executive Director, Matron for Quality Improvement, and Estates and Facilities representatives, and
- daily cleanliness standards reports with associated actions.

j) Privacy & dignity – our commitment to eliminating mixed sex accommodation

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

In 2012/13 we had a breach of mixed sex sleeping accommodation on Chest Pain Assessment Unit (CPAU) during June 2012 which affected 4 patients in a bay on the ward for approximately 20 hours. The initial patient remained on CPAU for more than 4 hours after being diagnosed as 'non cardiac'. A full root cause analysis was undertaken and several quality improvement actions were identified, particularly around the escalation process should a similar situation occur again in the future.

Actions in 2012/13

During 2012/13 CHS worked in partnership with Northumbria University to develop Dignity, Privacy and Respect Master Classes. The programme was designed to enable any member of staff from CHS to attend. The Master Class was well attended by both clinical and non clinical staff. Participants developed and implemented individual action plans in their own areas of expertise and practice which effected small but significant changes in an effort to improve patient experience. Some examples of changes in practice/implementation include:

- Endoscopy Unit : "dignity pants" offered to patients undergoing intimate and embarrassing procedures,
- Chester Wing Outpatients Department: mobile screens to prevent exposure for patients/visitors who unexpectedly collapse in public areas of the Trust,
- Sunderland Eye Infirmary main operating theatres: designated area for wheelchair users appropriate to their needs while awaiting commencement of surgical procedures, and
- Sunderland Royal Hospital main theatres: use of small foam pouches to enable patients to wear and safely store spectacles while in the Anaesthetic Room.

All feasibility schemes continue to be vetted for compliance with same sex accommodation standards by the Capital Development Steering Group.

In April 2012, Internal Audit noted that the Trust had made significant progress against the action plan to eliminate mixed sex accommodation and was able to give significant assurance that controls are applied consistently. As a result of this report, and the breach in June 2012 further actions have been identified to improve the patient experience and these have been included in an action plan, which is monitored by the Patient, Carer and Public Experience Committee.

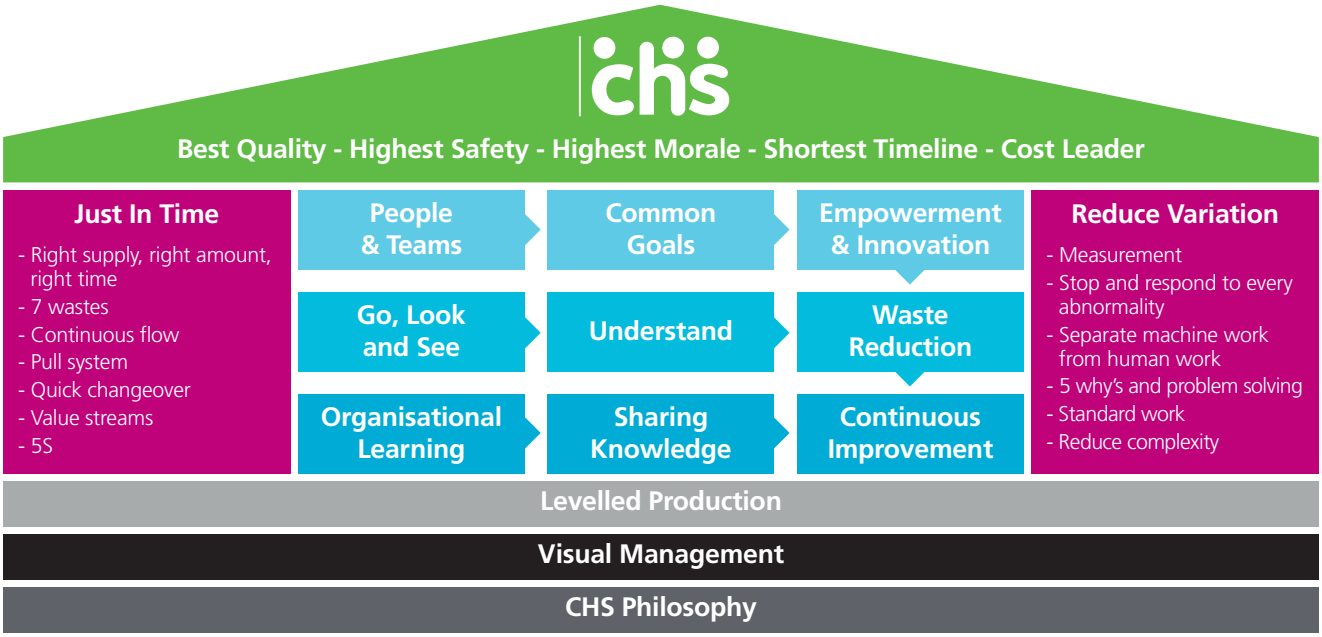
k) Improving information for patients during bereavement

Throughout 2012/13 we have taken the opportunity to update, revise and re-launch our information guides for families who have experienced loss and bereavement.

l) Improving quality using a Lean philosophy

Building Lean business systems and processes, we can ensure that our energy and resources concentrate on value from the patient's perspective. 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 most to patients.

The CHS Production System is our interpretation of Lean philosophy and our approach to continuously improving and striving to deliver safe care, effective care and a first class patient experience.



The Kaizen Promotion Office provides continuous improvement facilitation to a number of projects across the organisation. Some of these include:

Appointment Scheduling

In the past, patients were receiving appointment letters at the time of scheduling. This often led to multiple letters informing patients of changes to their scheduled appointment, particularly when the appointment is several months in advance. This sometimes caused confusion with patients turning up on the wrong day or not at all. It also wasted Trust resources.

Now, the appointment date and time is confirmed with the patient, by letter, about a month before the appointment takes place. Patients do not receive a letter about their appointment at the time it is scheduled, unless it occurs in the coming weeks.

Appointment Reminder Service

In the last 12 months more than 38,000 patients failed to attend their outpatient appointment at CHS without giving any prior notice. CHS has been piloting an outpatient reminder service. So far, this has been successful for both the hospital and our patients. For patients receiving the service, figures show a 33% reduction in the number of patients who do not attend their appointments. Patients are given the option to cancel and rearrange through the reminder system. This means the Trust can reallocate appointments for other patients. This not only reduces patient waiting times but also ensures we use our resources more effectively. Recently, the service has been extended and is now sending out nearly 15,000 reminders per month.

Emergency Care Pathway – Minor Illness and Injury

The Trust aim is that patients arriving at the Emergency Department (ED), with minor illness and injury, receive the right assessment and treatment, by the right clinician, first time, every time. For this improvement a Rapid Process Improvement Workshop (RPIW) was undertaken involving 10 members of the ED team to develop the new process.

Working closely together, the receptionist and navigation nurse now ensure that vital clinical history and personal details are captured at the first point of contact. Patients requiring urgent assessment and treatment are identified within the first 60 seconds of arrival and patients attending the ED with minor complaints are seen, managed and educated regarding alternative services appropriate to their needs. The creation of the 'See and Manage' concept enables patients with conditions that require no diagnostic investigations, e.g. X-Ray and blood tests, to be managed quickly by an Emergency Nurse Practitioner, GP or ED doctor.

Improving the pathway for patients with Hip Fractures

Hip fracture is a major public health issue due to an ever increasing ageing population. About 10% of people with a hip fracture are at increased risk of mortality. The falls and fracture often signal underlying ill health, so that a comprehensive multidisciplinary approach is required from presentation to subsequent follow-up.

The project aim was to reduce the waiting time from diagnosis of a hip fracture within A&E to surgery taking place within 36 hours. Before the improvement this was an average of 47 hours. A workshop was undertaken involving 12 members of the multi-disciplinary team involved in the care of patients with hip fracture from arrival at A&E to discharge from hospital.

The waiting time of 36 hours is now met 90% of the time (previously 60%). The average length of stay has been reduced by 2 days for this group of patients. This project was short listed for a national award at the 'Lean Healthcare Academy Awards 2013', in the category: "Best Impact on Patient Experience".

Radiology: World Class Diagnostics

A programme of work using Rapid Process Improvement Workshops and other CHS Production System techniques has led to further improvements throughout Radiology services.

Voice recognition technology and improvement to work processes has seen further reductions in the time taken from a patient being referred to CHS for an x-ray and the results being reported back to their GP, so that appropriate clinical management can progress.

Recent pilot work with the portering service to improve the flow of inpatients into and out of the department has demonstrated improvements. These include reduced delays for inpatients' scans and increased utilisation of scan rooms. Capacity and demand work is being undertaken to ensure that the department has the necessary allocation of porters to enable these enhancements to patient experience and resource efficiency to be maintained.

The outpatient ultrasound process has been improved to provide streamlined procedures prior to scans taking place. Ultrasound referral to scan time has been reduced from nearly 6 weeks to 3 weeks.

The Phoenix Unit

A new Unit for patients receiving Oncology and Haematology services opened officially in February 2013. The Phoenix Unit is a nurse led unit, providing integrated care to patients receiving Chemotherapy and other supportive therapies. Development of the new service involved the coming together and relocation of Oncology and Haematology services. Existing processes were reviewed and improved using Lean tools and techniques. Unnecessary steps and delays for the patients have been removed from the process. In particular the way in which patients are met and welcomed into the department has significantly improved. New roles and responsibilities for administrative staff have improved patients' experience and enabled nurses to spend more time delivering expert healthcare.

PART 3C: PERFORMANCE AGAINST KEY NATIONAL PRIORITIES 2012/13

Performance against National Measures

During 2012/13 the Trust has continued to maintain national operating standards across a number of key measures including cancer waiting times, referral to treatment and diagnostic waits (including incomplete pathways), A&E total time and risk assessment for hospital-related venous thromboembolism (VTE)

The NHS Operating Framework 2012/13 aimed to limit the key performance measures that would be subject to national assessment in order to support more local decision making on priorities. The table below highlights the National Performance Measures, many of which are also assessed as part of Monitor's Compliance Framework. Monitor, the regulator of Foundation Trusts produced a 'Governance' risk rating for each organisation at the end of 2012/13; City Hospitals was rated Amber Green.

Indicator Quality (Safety, Effectiveness & Patient Safety)	Last Year 2011/12	Target 2012/13	YTD 2012/13	YTD Variance	YTD
HCAI measure (MRSA)[1]	1	<1	6	5	●
HCAI measure (CDI)[1]	64	<44	60	16	●
Referral to Treatment waits % completed admitted pathways seen within 18 weeks	95.61%	90%	94.39%	4.39%	●
Referral to Treatment waits % completed non admitted pathways seen within 18 weeks	98.70%	95%	99.09%	4.09%	●
Referral to Treatment waits % incomplete pathways waiting less than 18 weeks	90.10%	92%	95.35%	3.35%	●
Diagnostic Test waiting times[2]	0.77%	1%	0.27%	-0.73%	●
A&E waiting time - Total Time in the A&E Department	95.49%	95%	95.08%	0.08%	●
All Cancer Two Week Wait[3]	94.12%	93%	94.98%	1.98%	●
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)[3]	96.14%	93%	94.77%	1.77%	●
All Cancer 62 day urgent referral to treatment wait[3]	89.08%	85%	89.00%	4.00%	●
62 day wait for first treatment following referral from an NHS Cancer Screening Service[3]	95.83%	90%	94.23%	4.23%	●
31 day standard for cancer diagnosis to first definitive treatment[3]	99.31%	96%	99.58%	3.58%	●
31 day standard for subsequent cancer treatments - surgery[3]	99.28%	94%	100.00%	6.00%	●
31 day standard for subsequent cancer treatments - anti cancer drug regimens[3]	100.00%	98%	100.00%	2.00%	●
MSSA breaches	3	0	4	4	●
VTE risk assessment for inpatient admissions	92.13%	90%	92.36%	2.36%	●
Quality stroke care - people who have a stroke who spend at least 90% of their time in hospital on a stroke unit	85.05%	80%	88.06%	8.06%	●
Quality stroke care - people at high risk of stroke who experience a TIA are assessed and treated within 24 hours	60.85%	60%	63.56%	3.56%	●

[1] Cases apportioned to Acute Trust

[2] New indicator from the Operating Framework

[3] Year to date position including un-finalised performance for March

Cancer 62 day urgent referral to treatment wait

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

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

Clostridium difficile infection

This indicator has also been subject to limited assurance from our external auditors as mandated by Monitor. The assessment criteria are highlighted below;

- a *C. difficile* infection is defined as a case where the patient shows clinical symptoms of *C. difficile* infection, and using the local Trust *C. difficile* infections diagnostic algorithm (in line with DH guidance) is assessed as a positive case,
- positive diagnosis on the same patient more than 28 days apart should be reported as separate infections, irrespective of the number of specimens taken in the intervening period, or where they were taken, and
- acute provider Trusts are accountable for all cases of *C. difficile* infection for which the Trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day or later of an admission to that Trust (where the day of admission is day one).

Healthcare Associated Infection

The Trust has failed to achieve the nationally set targets specific to City Hospitals for both MRSA bacteraemia cases and *Clostridium difficile* infections during 2012/13. Due to the significant progress the Trust made in 2010/11 to reduce the number *Clostridium difficile* infections, the prescribed target in 2011/12 was more than halved from less than 98 cases in 2010/11 to less than 44 in 2011/12. Whilst the target remained the same in 2012/13 at less than 44 cases, it has once again proved to be very challenging despite a continued focus and commitment on reducing healthcare associated infections. In terms of MRSA, the Trust has had more cases in 2012/13 compared to 2011/12, increasing from just 1 case to 6 cases, respectively, against an extremely challenging target of just one case for the entire year. Further information on both these targets can be found within Part 2A of the Quality Report.

Referral to Treatment Waits

The NHS Constitution sets out patients' rights to access services within the 18 week maximum wait from referral to treatment (RTT). The national RTT indicators were refocused in 2012/13 on not only the percentage of admitted and non admitted patients treated within 18 weeks of their initial referral, but there has also been a national standard implemented for the proportion of patients currently waiting less than 18 weeks for their treatment (incomplete pathways). The Trust has consistently achieved the operational standards throughout 2012/13. Performance for admitted waits has been has been 94.5% on average against a 90% target, non admitted waits has been 99.1% on average against a 95% target and incomplete waits has been 95.5% on average against a 92% target. The Trust is confident that the RTT operational standards will continue to be maintained throughout 2013/14.

Accident & Emergency (A&E)

During 2012/13 the Trust experienced significant operational pressures that affected the A&E department, not only over the usual winter period but also throughout the spring and summer, with a higher volume of A&E attendances observed during these periods compared to previous years. This also led to an increased number of patients that were admitted to hospital from A&E and during the winter period with a high proportion of patients attending with complex clinical conditions and an unusually high number of patients affected by D&V (diarrhoea and vomiting) and the norovirus. Despite these severe pressures, the whole organisation has contributed towards delivery of the national operating standard of 95% of patients spending less than 4 hours in the department and as a result of this commitment the Trust has been able to achieve the target. During 2013/14 we will continue to work with partner organisations such as GP practices, North East Ambulance Service, Community and Social Services to ensure Sunderland has an integrated service for patients with urgent and emergency needs. For example, one of the improvement goals that forms part of the Trust's CQUIN scheme for 2013/14 is focused on a multi-agency approach to reducing ambulance handover times as well as other initiatives to improve the service for patients attending A&E.

Venous-Thromboembolism (VTE) Risk Assessments

The Trust has consistently achieved the 90% target throughout 2012/13 for VTE risk assessments, which is also a mandatory element of the Commissioning for Quality and Innovation (CQUIN) framework. The Trust has also continued to maintain high standards against the additional VTE quality indicators included in the Trust's CQUIN scheme for 2012/13, which includes offering VTE prophylaxis in accordance with NICE guidance to patients assessed to be at increased risk of VTE as well offering patients and carers verbal and written information on VTE prevention as part of the admission process. CQUIN enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of national and local quality improvement goals.

Stroke

The Trust has continued to achieve and improve against targets relating to the care of stroke patients, which includes the percentage of patients that spend more than 90% of their time in hospital on a stroke unit and people at high risk of stroke who experience a transient ischaemic attack (TIA) being assessed and treated within 24 hours. In 2012/13 88.06% of stroke patients spent more than 90% of their time in hospital on the stroke unit, which represents an improvement from 2011/12 at 85.05% and is also above the national target of 80%. Similarly, the proportion of people at high risk of stroke who experienced a TIA and were assessed and treated within 24 hours has increased from 60.85% in 2011/12 to 63.56% in 2012/13, against a target of 60%. Delivery of high quality stroke services is also included in our CQUIN framework which takes into consideration the full package of care delivered to stroke patients in relation to the NICE quality standards that are captured as part of the Stroke Improvement National Audit Programme (SINAP). This comprises of the following quality indicators:

- number of patients scanned within 1 hour of arrival at hospital,
- number of patients scanned within 24 hours of arrival at hospital,
- number of patients who arrived on stroke bed within 4 hours of hospital arrival (when hospital arrival was out of hours),
- number of patients with a known time of onset for stroke symptoms,
- number of patients for whom their prognosis/diagnosis was discussed with relative/carer within 72 hours where applicable,
- number of potentially eligible patients thrombolysed,
- bundle 1: Seen by nurse and one therapist within 24 hours and all relevant therapists within 72 hours (proxy for NICE Quality Standard No.5),
- bundle 2: Nutrition screening and formal swallow assessment within 72 hours where appropriate,
- bundle 3: Patient's first ward of admission was stroke unit and they arrived there within four hours of hospital arrival, and
- bundle 4: Patient given antiplatelets within 72 hours where appropriate and had adequate fluid and nutrition in all 24 hour periods.

The Trust has achieved all of the in year milestones agreed with the commissioners for these indicators between April and December, with the sole exception of Bundle 4 where performance was 67% compared to a milestone target of 75%, although in quarter 3 performance increased to 98% against a milestone target of 80%.

STATEMENT FROM DIRECTOR'S RESPONSIBILITIES IN RESPECT OF 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 foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- 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 2012 to June 2013
  - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
  - Feedback from the commissioners dated 17 May 2013
  - Feedback from governors dated 25 March 2013
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 23 May 2013
  - The 2012 national patient survey 16 April 2013
  - The 2012 national staff survey 28 February 2013
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 28 May 2013
  - CQC quality and risk profiles dated 31 March 2013
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

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

By order of the Board

J N ANDERSON
Chairman **29 May 2013**

K W BREMNER
Chief Executive **29 May 2013**

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

We have been engaged by the Board of Governors of City Hospitals Sunderland NHS Foundation Trust to perform an independent assurance engagement in respect of City Hospitals Sunderland NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 in the Quality Report that have been subject to limited assurance consist of the following national priority indicators as mandated by Monitor:

- Number of *Clostridium difficile* infections; and
- Maximum cancer waiting time of 62 days from urgent GP referral to first treatment for all cancers

We refer to these national priority indicators collectively as the "specified indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to in the Quality Report (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") 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;
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, 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 period April 2012 and up to the date of signing this limited assurance report ("the period");
- Papers relating to Quality reported to the Board over the period;
- Feedback from the Commissioners (Sunderland Clinical Commissioning Group) dated 17 May 2013;
- Feedback from Governors;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2013;
- The 2012 national inpatient survey;
- The 2012 national staff survey;
- Care Quality Commission quality and risk profiles dated 31 March 2013; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2013.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales ("ICAEW") Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Governors of City Hospitals Sunderland NHS Foundation Trust as a body, to assist the Board of Governors in reporting City Hospitals Sunderland NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Board 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 Board of Governors as a body and City Hospitals Sunderland NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management ;
- Limited testing, on a selective basis, of the data used to calculate the specified indicators back to supporting documentation;
- Comparing the content requirements of the FT ARM to the categories reported in the Quality Report; and
- Reading the documents.

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

Limitations

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 and the Directors' interpretation of the Criteria in the Quality Report.

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.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2013:

- 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;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria.

PricewaterhouseCoopers LLP
Chartered Accountants
Newcastle upon Tyne 29 May 2013

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

June Lawson, Matron - Rehabilitation and Elderly Medicine

ARRANGEMENTS FOR MONITORING IMPROVEMENTS

Complaints Handling

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

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

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

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

Whilst the current regulations stipulate a maximum timescale of six months to respond to a complaint, we aim to respond to complaints within twenty five working days. However, where a complaint is deemed to be complex, the timescale can be negotiated to allow additional time so that a thorough and comprehensive investigation may be undertaken. We recognise that disappointingly we do not always achieve our local standards and for that reason a Rapid Process Improvement Workshop was held in March 2013 to improve systems and processes. As a result of the workshop a number of actions have been identified to provide a more individualised timely response for patients and their families which will be implemented in early 2013/14.

A formal review of complaints and PALS data was undertaken during early August 2012. The review included data cleansing from 2009 onwards, development of standard operating procedures and working with the Information Services department to develop a minimum data set for information held in the Patient Services Module of "Safeguard" (the complaints database). The monitoring of data for complaints is also difficult because a complaint may be initiated at the end of one year, but resolved at the beginning of the next.

From 1 April 2012 to 31 March 2013 the Trust received 559 formal complaints from patients or their representatives, a slight decrease on the 562 received in 2011/12. This number is different to the figure reported in last year's Annual Report (534) as some complaints although initiated at the end of the last financial year were not resolved until early into 2012/13.

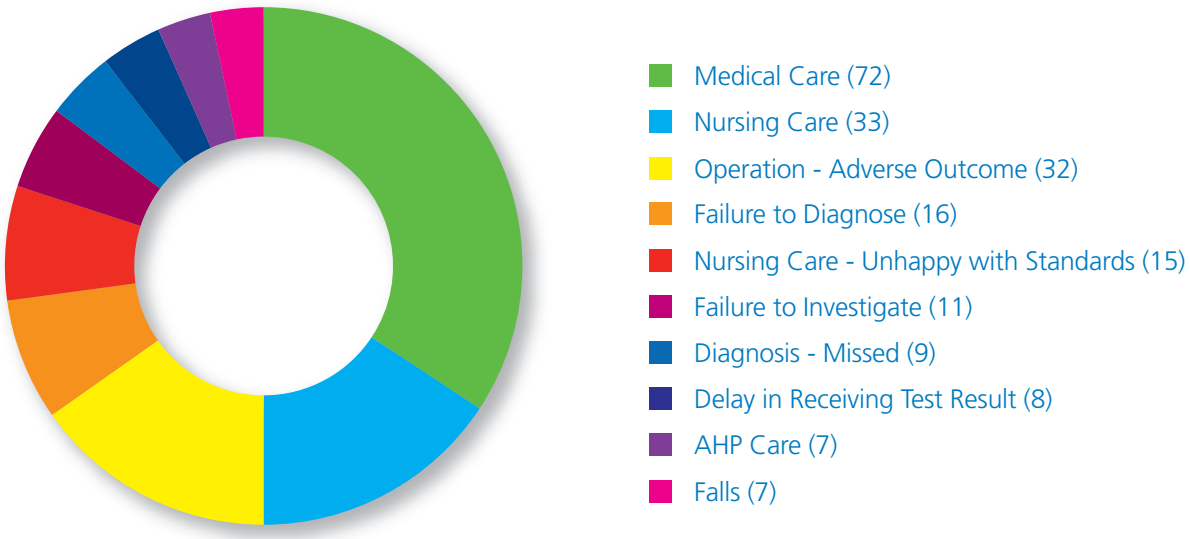
Categories of Complaints

Whilst most complaints have more than one theme, all are allocated a "primary theme". During 2012/13 the following primary themes were attributed to the 559 complaints received and investigated.

Primary theme	Total	%
Commercial Decisions Of Trust (commissioning issue)	1	>1
Infection Control	1	>1
Transport	1	>1
Information Governance	2	>1
Length Of Time Walk In Centre	2	>1
Medical Records	2	>1
Patient Property & Expenses	3	>1
Aids And Appliances	4	>1
Environment	4	>1
Privacy And Dignity	5	1
Policy And Procedures	14	2
Appointments Delay / Cancellation (In Patient)	17	3
Admission / Discharge/ Transfer	30	5
Estates/Support/Hotel Services	36	6
Communication	52	9
Appointments Delay / Cancellation (Out Patient)	59	10
Attitude of Staff	63	11
Aspects Of Care	263	47
Total	**559**	

Aspects of care account for the highest number of complaints received, and there are 26 issues identified within this theme, the top 10 of which are detailed below:

Top 10 - Aspects of Care



Complaints Investigation

Formal complaints are allocated to an Investigating Officer within a Directorate, usually the Directorate Manager, who has responsibility for ensuring that a comprehensive investigation is undertaken. The Directorate Manager, in conjunction with his/her colleagues, is responsible for highlighting areas for improvement and ensuring appropriate action is taken.

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

Parliamentary and Health Service Ombudsman

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

During 2012/13, the Ombudsman requested information from the Trust in relation to 23 complaints, of these:

- 8 cases - closed without further investigation by the Ombudsman;
- 3 cases - closed without any further action being identified;
- 4 cases - closed with further action identified:
  - letter of apology to acknowledge the distress caused to the family and the delay in the complaints handling process;
  - prompt card recommended for patient to carry when attending for an infusion;
  - development of a robust action plan and payment of compensation; and
  - clarification on certain aspects of the complaint, an offer of apology for distress and consider compensation.
- 8 cases – awaiting decision from the Ombudsman.

Learning from Complaints

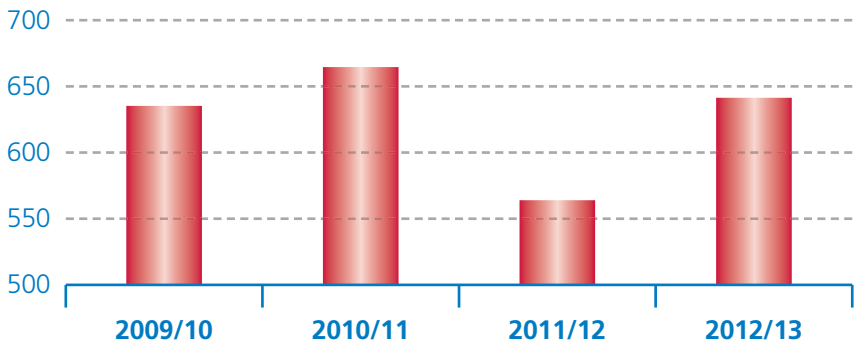
The Trust welcomes both positive and negative feedback from our patients to help us towards improving the services we deliver. A quarterly complaints report is submitted to the Patient Carer and Public Experience Committee, a formal sub committee of the Board which also includes a patient story. The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

A number of initiatives that have been introduced as a result of complaints have been highlighted on page 107 of the Quality Report.

Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) is available to provide advice, support and to signpost patients, relatives and/or carers on a wide range of issues. PALS is responsible for dealing with enquiries which can be resolved by liaising with staff to reach a quick and effective resolution. During 2012/13, PALS received 640 contacts compared to 562 in 2011/12 which reflects a 14% increase.

PALS 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 2012/13, 807 formal compliments about care and treatment were received.

Friends and Family Test

Going forward the Trust will be launching the Friends and Family Test from April 2013. Patients admitted to any of our wards and who attend the Emergency Department will be given the opportunity to answer a single, simple question to gauge how well their expectations are being met.

"How likely are you to recommend our ward or A&E department to friends and family if they needed similar care or treatment?".

The Trust will be expected to achieve a 15% response rate and responses will be made publicly available, alongside other measures of clinical quality, and will be helpful to patients to make choices about their care. The responses will also help the Trust identify areas which need to make improvements to the customer experience of our patients.

OFR: Stakeholder Relations

Significant Partnerships

The Trust has worked hard to develop strong and effective partnerships not only within the health and social care economy in Sunderland but also across NHS North East.

In particular the Trust has had a long and very successful partnership with our main commissioner, NHS South of Tyne and Wear (SOTW) and going forward the Trust is beginning to establish good working relationships with both the Durham and Sunderland Clinical Commissioning groups – the new successor organisations following the recent Government review.

Within the South of Tyne and Wear (SOTW) area there has always been a strong track record of partnership working, clinical networks and a general willingness to engage with each other to help overcome the many challenges that arise when working within the NHS.

Building on this history of working together, each of the three Foundation Trusts (FTs), Gateshead Health Foundation Trust (GHFT), South Tyneside Foundation Trust (STFT) and City Hospitals Sunderland Foundation Trust (CHSFT) and local commissioners (PCTs/CCGs) agreed to work together on a much wider and bigger scale than previously attempted; this work is known as "The Bigger Picture".

"The Bigger Picture" is fundamentally a collaborative process, with each of the 3 FTs across South of Tyne and Wear being equal partners, working towards a shared vision of how services may look in the future. The aim is to strengthen and improve the services offered to patients across Gateshead, South Tyneside and Sunderland by building on the different strengths of each partner; creating a system where residents across SOTW and beyond will have access to the best healthcare available.

Underpinning this programme of work are a number of clinical workstreams. These workstreams are at various stages, with some fully implemented, others have been approved by individual Trust Boards and are in the process of implementation and a number have recently just commenced their work.

Areas where significant changes have already been implemented or agreed by each Board include:

- Stroke services and the introduction of a 24/7 hyper acute stroke service
- Paediatrics, where short stay assessment units were introduced in South Tyneside and Gateshead, with Sunderland becoming the main inpatient unit
- Pathology, with the centralisation of the three services in a new, state of the art facility in Gateshead, serving all three communities
- Medical Physics, with City Hospitals Sunderland being the lead provider of this service for all three Trusts.

New areas of work where significant change may occur include Maternity, Radiology, Trauma, Vascular and out of hours surgery. These areas are all currently being explored by the clinical workstreams and all relevant partners (providers, commissioners, local authority) are included in this work to ensure the various strategies are aligned.

The Trust has continued to work closely with the City of Sunderland and is an active member of a number of city wide groups:

- Partnership Executive 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;
- Corporate Consultation Group;
- Compact Delivery Group.

In particular this year the Trust has worked closely with colleagues across health and social care to help develop the City's Health and Wellbeing Strategy which is a high-level strategy that spans the NHS, Social Care and public health areas and takes into consideration the wider determinations of health such as housing and child and community poverty.

Following approval by all statutory partners each objective has been allocated a sponsor from the Health and Wellbeing Board with the support of a lead officer whose role it is to lead the delivery of the objective through appropriate partnership working.

OFR: Finance

The Trust experienced a number of significant challenges during the year, starting from early in the new financial year. Non elective activity spiked in the first quarter of the year with significant additional ambulance attendances and admissions. Whilst the overall numbers settled, there were peaks throughout the year of unprecedented demand resulting in the Trust on occasions having to deflect admissions to other hospitals in order to maintain patient safety. During the year, we saw record numbers of ambulance attendances, higher than some of our larger neighbouring Trusts which caused significant operational pressures throughout the Trust both 'front of house' in terms of the emergency department, and in managing the bed capacity. In preparing for the new financial year, the Trust had recognised the need to maintain a level of nursing resource over and above the normal ward complement and to support staffing turnover in year or peaks in activity. As a consequence of the activity pressures, additional wards were opened and staff requirements increased significantly, supported to a large degree by the additional nursing resource.

Contracts for the year reflected the national tariff arrangements. For 2012/13 the Operating Framework reinforced a number of themes and introduced new principles. The 'marginal' rate received for any emergency patients seen over and above the number of patients seen at the end of 2008/09 continued to be in place. Given the increased emergency activity in year, this was a risk for the Trust. The principle around readmissions also continued. 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 did 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.

Within this environment, the Trust and commissioners agreed activity levels predominantly based on 2011/12 actual activity plus anticipated additional growth requirements to achieve the necessary targets. The national tariff assumed a gross inflationary funding of 2.2% offset by an assumed level of 4% cash releasing efficiency. As a result therefore, tariff prices reduced in net terms by 1.8%. The impact of this efficiency requirement plus other Trust pressures such as the funding for the new patient information system resulted in the need for an external cost improvement requirement of £11.84m to ensure all pressures including inflationary pressures were fully funded.

The Trust had submitted and agreed a financial plan with Monitor (the regulatory body for Foundation Trusts) which showed a planned surplus of £2m for the year. The plan assumed no drawdown from the working capital facility with planned cash balances of £25.75m as at the 31st March 2013. The plan was based on no over performance in clinical activity and upon successful delivery of cost reduction measures of £11.84m.

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

Looking Forward

The National financial agenda remains challenging, with a target for the NHS of £20bn savings over 4 years. The indications are that many of the efficiencies required to deliver this will be required from hospitals, with increasing pressure on tariff funded services being applied. The expectation for the Trust therefore is that service planning and major pathway reform will be required across the hospital, community and social services sectors in order to deliver the efficiencies in services required.

For the 2013/14 financial year, the national commissioning environment has undergone some radical changes that impact on the way that we will deliver services into the future, and the organisations who will commission those services. Previously the majority of our commissioners were Primary Care Trusts (PCTs). From the 1st April 2013 PCTs no longer exist and have been replaced by Clinical Commissioning Groups (CCGs), led by local

groups of General Practitioners. In addition, some of our services will be commissioned by the NHS Commissioning Board and Local Authorities. As a consequence new relationships will need to be developed and as a Trust we will need to work closely with our new partners in this new environment to ensure that we deliver the services that they wish of us, but also to be aware of any anticipated changes that could affect they way that we deliver those services. Ahead of the start of the financial year, as a result of this more complex environment and due to the new nature of some of these commissioners, a number of clinical contracts were still being finalised.

The Trust has continued to work with colleagues across the South of Tyne and Durham communities to assess and prepare for the impact of reduced funding through tariff prices and the expectations around reducing patient numbers into hospital highlighted through the Planning Framework for 2013/14. Plans have been developed to significantly reduce the cost base of the organisation in 2013/14, with further savings to be made in subsequent years.

For 2013/14, the full impact of the NHS standard contract will apply. The 'Commissioning for Quality and Innovation' (CQUIN) payment scheme, has been maintained at 2.5% of overall clinical income and gives an opportunity for the Trust to 'earn' additional funding by delivering a range of improved quality measures.

As a principle the Trust has therefore set budgets for 2013/14 based upon the underlying outturn position from 2012/13. The national tariff assumes a gross inflationary funding of 2.7% offset by an assumed level of 4.0% cash releasing efficiency. Therefore the overall price paid by commissioners for patients seen and treated in hospital settings will reduce by a net 1.3% compared with 2012/13. In addition, in 2013/14 the contracting rules continue to assume non payment for hospital readmissions within 30 days of discharge from the hospital. The Trust will be continuing to work closely with commissioners to assess the impact of this and look at ways of reducing any potential avoidable readmissions back into hospital and improve patient experience.

As a result, the Trust has set a Cost Improvement Target of 6% of the cost base. This will be delivered with individual plans each having a managerial and Clinical Director lead. Corporately a series of projects have been developed that focus on the way that the Trust operates. Fundamental service reconfigurations are expected to deliver clinical as well as financial benefits. In addition a further level of assurance has been applied to all cost improvement plans in 2013/14 with the Medical and Nursing Directors both being required to provide assurance that the delivery of the cost improvement plans will not impact on the quality of services that we deliver. The Finance Committee will continue to monitor progress to ensure delivery and supported by clinical colleagues will assess any impacts on quality.

Overall the budget has been set at a surplus of £2m with a continued positive cash balance at the end of 2013/14.

Cost Improvement Plans

Divisional Plans for cost improvements were agreed at the start of the 2012/13 financial year. Included in the Annual Plan was a target of £11.84m, although internal plans were set higher. The Trust delivered the external target, with good progress made towards achieving the internal target. The overall achievement was £12.87m.

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

Surplus

The Organisation achieved a surplus of £1.99m surplus for the year.

The cash position was behind plan at £21.32m at the year end against a target of £25.75m with no drawdown from the working capital facility.

Capital Funding and Prudential Borrowing Limit

The Trust had an allocated Prudential Borrowing Limit of £71.8m. At the start of the year, the Trust had an outstanding balance on a number of Foundation Trust Financing Facility (FTFF) loans of £33.28m. By the end of the financial year the balance outstanding was £30.64m.

Capital investment in 2012/13 was funded from internally generated funds only. Total capital investments included the upgraded patient information system, medical equipment replacement and IT investment. The Trust has also continued to invest in backlog maintenance for its buildings. Additional funding from FTFF was approved at the start of the year to support a new A&E build scheme and a multi-storey car park. However, due to a delay in the start of these schemes, the funding was not accessed during 2012/13.

Cash Flow Management

The Trust has not utilised any of its agreed working capital facility during 2012/13. CHS has maintained the Public Sector Policy regarding payment of creditors during the year.

The cash balances at the year end were £21.32m, behind the plan of £25.75m predominantly due to the delay in accessing the additional FTFF funding for the new build schemes which had been anticipated due to timing of costs, to provide a level of benefit to the end of the 2012/13 financial year. Outstanding NHS debtor balances were significantly lower at the end of the year compared with previous years due to the settlement of outstanding balances with Primary Care Trusts, being their last year of existence.

Financial Risks 2013/14

The key financial risks facing the organisation in 2013/14 are likely to be significant. The national financial environment continues to be challenging. Within this context the impact of the introduction of the NHS Bill has resulted in changes to the commissioning environment. Clinical Commissioning Groups (CCGs) have taken a lead role during 2013/14 and are likely to approach the commissioning role in a different way to their predecessor Primary Care Trusts (PCTs). In addition other new commissioners in the form of the NHS Commissioning Board and Local Authority partners will be finding their feet and this could result in increasing financial volatility for the Trust as new relationships are developed.

A continuing risk relates to the successful delivery of the CIP and other cost reduction measures associated with improved efficiency and productivity given the recurrent need to meet the efficiency target inherent in the national tariffs and the targeted resource releasing initiatives from the PCT plans. With the roll-out of the SLR system, greater information will now be available to support Directorates in better understanding their costs and matching this through to income to understand the risks.

A major element of the CIP plans is based on the implementation of 'Corporate Projects' looking to reduce the cost base by improved efficiency or reviewing the patient pathway, but at the same time improving the patient quality and experience. In some cases this will result in a reduction in the facilities provided as they will no longer be required. Previous experience demonstrates that where activity pressures are greater than expected, facilities are required to remain open to support the required increase in capacity. Therefore there are risks should the costs associated with this reduction not be able to be removed.

The other major future risk concerns the Trust receiving a number of equal pay claims and these have been included in the final accounts for 2012/13 as a contingent liability. At this stage, it is difficult to quantify the potential financial implications of these claims should they prove successful.

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the NHS Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent to which, performance occurs 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 are recognised and measured in accordance with the accounting policy 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. 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 primary care trusts, which are financed from resources voted annually by Parliament.

The NHS Foundation Trust receives cash each month based on the agreed level of contract activity and there are quarterly payments/deductions made to adjust for the actual income due under the tariff system. This means that in periods of significant variance against contracts there can be a significant cash-flow impact. To alleviate this issue the NHS Foundation Trust has maintained an £18,000,000 working capital facility with its current Bankers, which was not utilized in 2012/13.

Related Party Transactions

In addition, the Foundation Trust has had a number of transactions with other Government Departments and other central and local Government bodies and material transactions received via the University of Newcastle in relation to the funding of medical education.

Department of Health
North East Strategic Health Authority
A number of Primary Care Trusts, including Sunderland, South Tyneside, Gateshead and County Durham
Northumberland Tyne & Wear Mental Health Trust
County Durham and Darlington NHS Foundation Trust
Newcastle upon Tyne NHS Foundation Trust
North East Ambulance Service NHS Foundation Trust
South Tyneside NHS Foundation Trust
National Blood Authority
Prescription Pricing Authority
NHS Litigation Authority

Financial Performance

For the financial year 2012/13 key headline financial indicators are as follows:

- The year ended with a surplus of £1.99m;
- The year ended with cash balances of £21.32m with no draw down on the working capital facility;
- Capital investment of £7.13m
- Private Patient Income of £424k

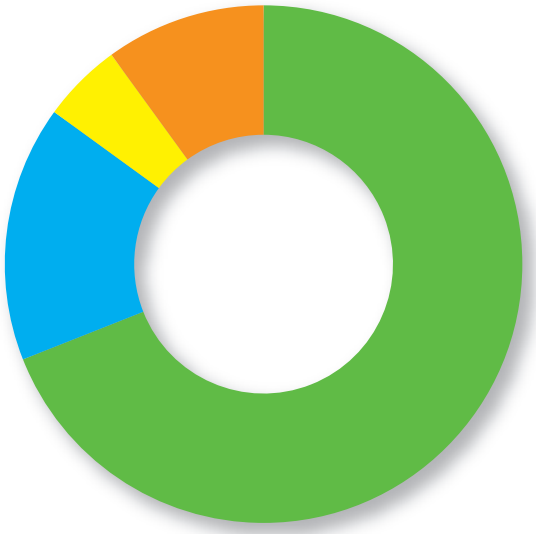
Income from the Provision of goods and services

The Trust has met the requirement that the income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Financial Headlines

2012/13	£ Million
Operating Income	309.55
Operating Expenditure	301.01
Dividends paid	5.37
Surplus	1.99
Capital Expenditure	7.13
Total Non-current Assets	204.88

Source of Income 2012/13

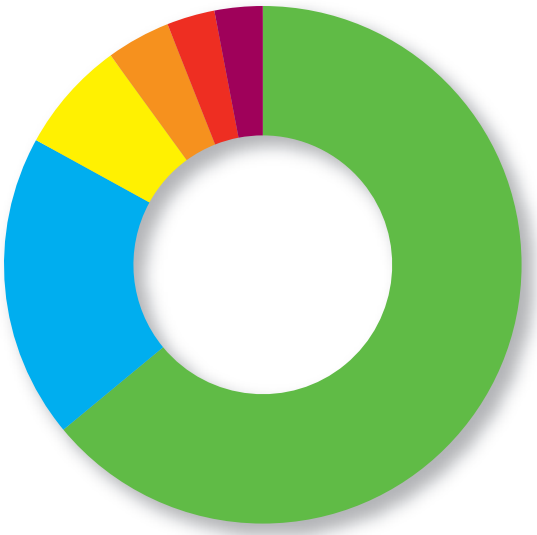


- South of Tyne PCTs (69%)
- Durham PCTs (16%)
- Other income from activities (5%)
- General Income (10%)

Expenditure

Expenditure amounted to £301m. The majority of expenditure (64%) related to staff costs at £193.5m.

Full Details of Directors' Remuneration are included in the Annual Report on page 158.



- Staff Costs (64%)
- Clinical Support Services (19%)
- Other (7%)
- Premises Costs (4%)
- Services from other NHS Organisations (3%)
- Depreciation (3%)

- Nursing & Midwifery (38%)
- Medical & Dental (29%)
- Scientific, Therapeutic & Technical (14%)
- Admin & Clerical (13%)
- Other (6%)

Planned Investment Activity

Capital expenditure in 2012/13 totalled £7.13m with significant investment in premises, medical equipment and information technology.

	£ Million
IT Systems (Including Meditech V6 Upgrade)	4.40
Premises (Inc. Backlog Maintenance & Car Parks)	1.79
Medical Equipment	0.82
Vehicles	0.04
Radiology PAC Expansion	0.04
Productive Operating Theatre Programme	0.02
Miscellaneous	0.02

The value of the Trust's non-current assets, both Tangible and Intangible, at the end of 2012/13 was £204.88m.

It is anticipated that, in 2013/14, capital investment will be funded via internally generated resources plus a further FTFF approved loan for the development of a new Multi Storey Car Park (MSCP).

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

Charitable Funds

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

As at 31st March 2013, the pre-audit value of funds held on trust amounted to £ 3.11m an increase of £0.18m over the final 2011/12 position (£2.93m).

The value of income received amounted to £0.74m (£0.61m final 2011/12) and the value of resources expended amounted to £0.74m (£0.90m final 2011/12). Within this, £192k was spent on Research (£27k 2011/12). Capital purchases of equipment totalled £79k (£200k final 2011/12), for departments including Neonatology, Renal, Ophthalmology.

The Investment Portfolio at 31st March 2013 stood at £1.56m (£1.43m final position as at 31st March 2012), an increase of £0.13m. During the year the FTSE100 rose by 12% from 5,706 to 6,413.

Going Concern

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

JULIA PATTISON
Director of Finance

NHS Foundation Trust Code of Governance

Statement of Compliance with the NHS Foundation Trust Code of Governance

The Board of Directors and the Board of Governors of the Trust are committed to the principles of good corporate governance as detailed in the NHS Foundation Trust Code of Governance.

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

Board of Directors 2012/13

John Anderson QA CBE, Chairman

Initial Appointment: **October 2008**
Reappointed: **September 2011 (3 yrs)**

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; Finance Committee.

David Barnes, Non Executive Director

Initial Appointment: **January 2012 (9 mths) Shadow Appointment**
Reappointed: **September 2012 (3 yrs) Substantive Appointment**

Mr Barnes is a Chartered Accountant and acts as a consultant to his previous firm TTR Barnes 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 Board of Governors until December 2011.

Committee Member: Board of Directors; Audit Committee; Finance Committee; Charitable Funds Committee. Counter Fraud Champion from 1 October 2012.

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

Initial Appointment: November 2002
Reappointed: November 2006 (3 yrs)
Reappointed: November 2009 (12 mths)
Reappointed: September 2010 (12 mths)
Reappointed: September 2011 (12 mths)
Retired: September 2012

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

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

Mike Davison, Vice Chairman, Non Executive Director and Senior Independent Director

Initial Appointment: April 2007
Reappointed: April 2009 (18 mths)
Reappointed: September 2010 (2yrs)
Reappointed: September 2012 (1yr)

Mr Davison is a qualified Chartered Management Accountant and until his retirement at the end of March 2008 was Finance Director at the Port of Tyne Authority from 1995. He is a lay member of the Newcastle University Council and a member of the Audit Committee and an independent adviser to the Church Society Finance Committee based in London. He is also a Church Elder. Mr Davison was appointed Vice Chairman and Senior Independent Director in October 2012 following the retirement of Mr Clifford.

Committee Member: Board of Directors; Tendering Committee; Governance Committee; Policy Committee; Security Champion.

Miriam Harte, Non Executive Director

Initial Appointment: September 2007
Reappointed: September 2009 (2 yrs)
Reappointed: September 2011 (2 yrs)

Ms Harte studied law at University and is a qualified Chartered Accountant. She worked for 12 years for Proctor and Gamble and then moved to the Museum Sector. She was the Director of Bede's World, Jarrow (1998-2001) and then Beamish Museum (2001-2007) and now works as a Consultant on museum/heritage projects, including most recently the redevelopment of the National Glass Centre at the University of Sunderland. She is a Director of Audiences North East and is a Deputy Lieutenant of County Durham.

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

Stewart Hindmarsh, Non Executive Director

Initial Appointment: **January 2012 (2 yrs and 9 mths)**

Mr Hindmarsh is Chairman and Managing Director of an Advertising and Marketing Company in Sunderland. He is also Chairman and Managing Director of Cedars Nursery Ltd, Chairman and Managing Director of A and R Healthy Living and Music and Film and Vice Chairman of JG Windows, the music store.

Committee Member: Board of Directors; Operations Committee. Control of Infection Champion.

Roy Neville, Non Executive Director

Initial Appointment: **February 2005**
Reappointed: **January 2009 (20 mths)**
Reappointed: **September 2011 (12 mths**
Retired: **September 2012**

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

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

Alan Wright, Non Executive Director

Initial Appointment: **June 2012 Shadow Appointment**
Initial Appointment: **September 2012 (3 yrs) Substantive Appointment**

Mr Wright is chair of Soundswright Ltd which has built a national reputation for its work on media training and consultancy.

He was previously Chief Executive of Durham County Cricket Club and a founder member of the Advisory Committee for England for Ofcom. He is Chairman of Regions and Nations for the leading children's charity the Lord's Taverners, Northumberland and Durham and Chairman of Cleveland Fire Support Network.

Committee Member: Board of Directors; Governance Committee, Patient, Carer & Public Experience 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.

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

Joy Akehurst, Director of Nursing and Quality

From July 2011

Mrs Akehurst is a registered nurse who has worked in the NHS since 1982 and joined the Trust in July 2011 from the post of Associate Director – Quality and Patient Safety, NHS South of Tyne and Wear.

Committee Member: Board of Directors; Governance Committee; Operations Committee; Patient and Public Involvement Committee.

Les Boobis, Medical Director

From November 2004 until December 2012

Mr Boobis joined City Hospitals in 1988 as a Consultant General and Vascular Surgeon and continued to combine this role with that of Medical Director until standing down from this post in December 2012. He has previously held the posts of Deputy Medical Director and Clinical Director for General Surgery and Urology within the Trust. Mr Boobis is also a Senior Lecturer in Surgery at the University of Newcastle Upon Tyne and a visiting Professor of Sports Medicine at the University of Loughborough (until August 2011).

Committee Member: Board of Directors; Governance Committee.

Ian Martin, Medical Director

From January 2013

Mr Martin joined City Hospitals in 1993 as a Consultant Oral Maxillofacial surgeon and continues to combine this role with that of Medical Director. He has previously held the posts of Deputy Medical Director and Clinical Director for Head and Neck within the Trust. Mr Martin was Lead Clinical Co-ordinator for NCEPOD. He is president of the Federation of Surgical Specialty Associations and President Elect of the European Association for Cranio Maxillofacial Surgery.

Committee Member: Board of Directors; Governance Committee

Julia Pattison, Director of Finance

From July 2008

Mrs Pattison is a qualified accountant and has worked in the NHS since 1989. She joined the Trust in May 2006 as Head of Finance and Contracting previously working as Head of Finance and Service Level Agreements at North of Tyne Commissioning Consortium. Mrs Pattison became Director of Finance in July 2008.

Committee Member: Board of Directors; Governance Committee; Tendering Committee; Finance Committee; Charitable Funds Committee.

Mark Smith, Chief Operating Officer

From December 2008

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

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

Carol Harries, Trust Secretary, Director of Corporate Affairs

From 1999

Mrs Harries has worked in the NHS since 1971 and joined the Trust in 1996 from the post of Unit General Manager at South Durham Healthcare Trust. Mrs Harries became Trust Secretary in 1999. She is a Trustee of Age Concern Sunderland.

Register of Interests

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

Appointment of the Chairman and Non Executive Directors

It is for the Board of Governors at a general meeting to appoint or remove the Chairman and other Non Executive Directors. Removal of a Non Executive Director requires the approval of three-quarters of the members of the Board of Governors.

The Chairman, John Anderson, was appointed to the Trust on 1 October 2008 for an initial three year term. The Board of Governors extended Mr Anderson's appointment in September 2011 for a further three years.

Mr David Barnes was appointed in a "shadow" capacity from 18 January 2012 and then took up the substantive appointment from 1 October 2012 for an initial period of 3 years.

Mr David Clifford, Vice Chairman was initially appointed to the NHS Foundation Trust at its creation in July 2004 for the unexpired period of his term of office. Mr Clifford was re-appointed in November 2006 for a further three years and again in November 2009 for a further year and an additional year from September 2010 until September 2011. The Board of Governors agreed to extend Mr Clifford's appointment for an additional year until September 2012 when he retired.

Mr Clifford became Vice Chairman in November 2006 and Senior Independent Director in March 2007.

Mr Mike Davison, Non Executive Director was appointed in April 2007 for an initial period of two years. Mr Davison was re-appointed in January 2009 for a further eighteen months until September 2010 and again for a further two years until September 2012 and an additional year until September 2013.

Mr Davison became Vice Chairman and Senior Independent Director in October 2012.

Ms Miriam Harte, Non Executive Director was appointed in September 2007 for a period of two years. Ms Harte was re-appointed in September 2009 for a further two years until September 2011 and again for a further two years until September 2013.

Mr Stewart Hindmarsh, Non Executive Director was appointed in January 2012 for an initial period of two years and nine months.

Mr Roy Neville, Non Executive Director was appointed in February 2005 for a period of four years. Mr Neville was re-appointed in January 2009 until September 2011 and then for a further twelve months until September 2012 when he retired.

All appointments are made for a period of office in accordance with the terms and conditions of office decided by the Board of Governors. At its meeting in January 2009 Governors agreed that renewal dates would be adjusted for approval at future AGMs held in September to allow orderly succession.

Alan Wright, Non Executive Director - Following a successful recruitment campaign the Nominations Committee made a recommendation to the Board of Governors to offer Mr Alan Wright a Non Executive Director position to fill the vacancy that would occur when Mr Clifford retired at the end of September 2012.

Given the complexities of a large acute Foundation Trust the Nominations Committee felt it beneficial for Mr Wright to operate 'in shadow' from June 2012 until his substantive appointment in October 2012 for a period of 3 years.

The Board is now at full strength and has a balance of skills and experience for the business of the Trust. The Board, excluding the Chairman, now has a 50/50 split of Executive and Non Executive Directors.

The Non Executive Directors bring an independent judgement on issues of strategy, performance, risk, quality and people through their contribution at Board and workshop meetings.

The Board has concluded that each of the Non Executive Directors is independent in accordance with the criteria set out in the NHS Foundation Trust Code of Governance. At the time of his appointment, the Chairman, Mr John Anderson, was considered independent in accordance with the Code of Governance.

The Chairman and the Non Executive Directors meet regularly without the Executive Directors being present.

The roles of the Chairman and the Chief Executive are separate.

Board Evaluation

Individual evaluation of both the Executive and Non Executive Directors was undertaken in 2012/13. 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 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 Board of Governors are:

- to appoint, or remove the Chairman and the other Non Executive Directors of the Trust;
- to decide the remuneration and allowances of the Chairman and Non Executive Directors;
- to appoint or remove the Trust's auditor;
- to be presented with the annual accounts and annual report;
- to approve an appointment by the Chairman and Non Executive Directors of the Chief Executive, and
- to give the views of the Board of Governors to Directors for the purposes of preparing by the Directors, the Trust's Annual Plan.

MEETINGS OF THE BOARD OF DIRECTORS

Board of Directors		Number of Meetings	Actual Attendance
John Anderson	- Chairman	11	11
Joy Akehurst	- Director of Nursing	11	9
David Barnes[1]	- Non Executive Director	5	4
Ken Bremner	- Chief Executive	11	10
Les Boobis[2]	- Medical Director	8	8
David Clifford[3]	- Non Executive Director	6	6
Mike Davison	- Non Executive Director	11	11
Miriam Harte	- Non Executive Director	11	10
Stewart Hindmarsh	- Non Executive Director	11	10
Ian Martin[4]	- Medical Director	3	2
Roy Neville[5]	- Non Executive Director	6	6
Julia Pattison	- Finance Director	11	11
Mark Smith	- Chief Operation Officer	11	9
Alan Wright[6]	- Non Executive Director	5	5
Audit Committee		**Number of Meetings**	**Actual Attendance**
Roy Neville[5], Chair		4	4
David Barnes[1], Chair		2	2
David Clifford[3]		4	3
Miriam Harte		6	5
Charitable Funds Committee		**Number of Meetings**	**Actual Attendance**
Roy Neville[5], Chair		3	3
David Barnes[1], Chair		1	1
Miriam Harte		4	3
Julia Pattison		4	4
Finance Committee		**Number of Meetings**	**Actual Attendance**
Roy Neville[5], Chair		6	6
David Barnes[1], Chair		6	6
John Anderson		12	10
Ken Bremner		12	11
David Clifford[3]		6	6
Julia Pattison		12	11
Governance Committee		**Number of Meetings**	**Actual Attendance**
Mike Davison, Chair		11	11
Joy Akehurst		11	11
Les Boobis[2]		9	8
Ian Martin[4]		2	1
Julia Pattison		11	9
Alan Wright[6]		5	5

Nominations Committee	Number of Meetings	Actual Attendance
David Clifford[3], Chair	1	1
John Anderson	1	1
Ken Bremner	1	1
Duncan Stephen, Governor	1	1
Ian Tunnicliffe, Governor	1	1
Operations Committee	**Number of Meetings**	**Actual Attendance**
David Clifford[3], Chair	6	6
Stewart Hindmarsh, Chair[7]	9	9
Joy Akehurst	9	7
Mark Smith	9	7
Patient, Carer & Public Experience Committee	**Number of Meetings**	**Actual Attendance**
Miriam Harte, Chair	9	8
Joy Akehurst	9	8
Alan Wright[6]	5	4
Policy Committee	**Number of Meetings**	**Actual Attendance**
Mike Davison, Chair	9	9
Joy Akehurst	9	9
Remuneration Committee	**Number of Meetings**	**Actual Attendance**
David Clifford[3], Chair	1	1
Miriam Harte	1	1
Ken Bremner (for Executive Directors only)	1	1
Tendering Committee	**Number of Meetings**	**Actual Attendance**
Miriam Harte, Chair	5	5
Mike Davison	5	4
Julia Pattison	5	5

[1] David Barnes was only appointed substantively from 1 October 2012

[2] Mr Boobis stood down as Medical Director at 31 December 2012

[3] David Clifford retired at 30 September 2012

[4] Ian Martin commenced as Medical Director on 1 January 2013

[5] Roy Neville retired at 30 September 2012

[6] Alan Wright was only appointed substantively from 1 October 2012

[7] Stewart Hindmarsh became Chair from 1 October 2012 following the retirement of David Clifford

Audit

Audit Committee

The Audit Committee has reviewed and commented upon the internal and external audit plans and the Local Counter Fraud plan. With regard to internal audit and Local Counter Fraud Service (LCFS) reports it has reviewed their reports and updates on the basis of the report recommendations, and on a sample basis, the complete report.

The Committee has reviewed in detail the Annual Accounts of the organisation and the Charitable Accounts relating to funds held on Trust.

The Audit Committee works with the Finance Committee to ensure overall probity around financial resources within the Trust. The Finance Committee includes some of the members of the Audit Committee. The chair of the Audit Committee, the Finance Committee and the Governance Committee have met periodically throughout 2012/13 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 changed in the last quarter of the financial year, with the Chair of the Governance Committee now becoming a formal member of the Audit Committee to strengthen the assurance process around risk management throughout the organisation.

The Audit Committee has reviewed the Annual Governance Statement and the Governance Committee and Board of Directors have 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 2011/12 financial year.

External Audit

The Committee has reviewed in detail the Charitable Accounts relating to funds held on Trust for the 2011/12 financial year.

There were no non audit services purchased during 2012/13.

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) 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.

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.

Rachael Lindsay,
Podiatry Technician

Statement of the Chief Executive's Responsibilities as the Accounting Officer of City Hospitals Sunderland NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator NHS Foundation Trusts ("Monitor").

Under the National Health Service Act 2006, Monitor has directed the City Hospitals Sunderland NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an 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; 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 **29 May 2013**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Annual Governance Statement 2012/13

1. Scope of responsibility

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

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of City Hospitals Sunderland NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in City Hospitals NHS Foundation Trust for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Trust is committed to a risk management strategy, which minimises risks to patients, staff, the public and other stakeholders through a common framework of internal control, based on an ongoing risk management process.

The strategy identifies the key principles, milestones and operational policies governing the management of all types of risk faced by the organisation. This strategy is subject to regular review.

The Audit Committee meets regularly and is well represented ensuring scrutiny, monitoring, discussion and input. The Finance reports to the Board include reporting on internal Cost Improvement Programmes, which are examined in detail by the Finance Committee. Finance Reports are presented in a format consistent with those submitted to Monitor. The Governance Committee now leads the work of the Clinical Governance Steering Group and Corporate Governance Steering Group. The Board receives appropriate, timely information and reports from the Governance Committee enabling adequate and appropriate assessment of risk and management of performance.

As part of the on going process of review the Trust's top ten risks (previously adopted by the Board) were scrutinised to ensure that they properly reflected the risks which were identified in the departmental Risk Registers

The Trust's risk management programme comprises:

- single incident reporting process for all risks and hazards identified by systematic risk assessment, risk management review and adverse incidents reporting,
- common grading framework and risk register / risk action planning process applied to all types of risk across the organisation,
- comprehensive programme of multi-level risk management training for all new and existing staff ,
- ongoing monitoring and review of both internal and external risk management performance indicators at all levels across the organisation,
- a communication strategy which ensures appropriate levels of communication and consultation with both internal and external stakeholders.

4. The risk and control framework

The Trust's framework:

- identifies the principal objectives of the Trust and the principal risks to achieving them,
- sets out the controls to manage these risks,
- documents assurances about the effectiveness of the operation of the controls, 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 authorisation have been appropriately identified and addressed.

The use of a common grading structure for incidents and risks ensures that relative risks and priorities are assessed consistently across all directorates. No risk is treated as acceptable unless the existing situation complies with relevant guidance and legislation (e.g. Control of Infection, National Patient Safety Agency, Health & Safety, Standing Financial Instructions).

The establishment of a dedicated risk management team and programme of risk management training, including use of the intranet, ensures that the strategy is co-ordinated across the whole organisation and progress is reported effectively to the Board and its risk 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 assurance framework is cross-referenced with the Board Risk Register.

The involvement of external stakeholders in the Trust's risk management programme is a key element of the Trust's Risk Management Strategy. This involves timely communication and consultation with external stakeholders in respect of all relevant issues as they arise.

This process applies in particular to the involvement of external stakeholders in patient safety and the need to co-ordinate how risks are managed across all agencies, including the National Patient Safety Agency, the Medicines and Healthcare Products Regulatory Agency, Local Authority Adult Services, the Coroner, the emergency services, representative patient groups and local GPs as they form commissioning groups.

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 Board of Governors for approval. For the submission on 31 March 2013, all IG requirements were assessed at Level 2 and above (1 is not applicable, 20 at Level 2, and 24 at Level 3) which resulted in the Trust being classified as Satisfactory – Green, with a total score of 84%. Internal audit has independently substantiated this assessment.

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.

5. Review of economy, efficiency and effectiveness of the use of resources

The Trust's strategic planning and performance management arrangements ensure that all directorates are fully engaged in the continuous review of business objectives and performance.

The Trust uses an Objectives, Goals, Strategies and Measures (OGSM) framework as its strategic planning tool to provide a cascade process for the Trusts priorities and ensure optimal alignment of Trust resources to deliver its priorities.

Key elements of the Trust's arrangements for ensuring value for money in the delivery of its services are:

- an Annual OGSM planning process, which sets out priorities for the coming business year and reflects the requirements of and feedback from, our major Commissioners and stakeholders.
- performance management through regular reporting against the key deliverables set out in the Corporate, Directorate and departmental OGSM's and against national and local targets.
- the achievement of efficiency savings through the Trust's cost improvement programmes with regular review by the Trust's Finance Committee.

Given the continuing recession, this year has again been a difficult one for all public sector organisations with the focus on reducing costs. Combined with a need to reduce costs, activity at the hospital has increased significantly during the year, leaving us to balance the need to reduce costs, cope with demand and improve 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.

Patient level costing was again improved giving us detailed knowledge of our costs down to individual patients. The Executive Committee, the Board of Directors and Board of Governors are actively involved in the business planning and performance management processes established by the Trust and in maintaining strong links with stakeholders.

During 2012/13 the Trust has:

- opened the Phoenix Unit, providing a better environment for chemotherapy patients,
- continued the planning and implementation process for a new information system which will go live in 2013/14,
- continued the work on planning for a new A and E department, and
- further increased the resources of the Lean team and embedded the Lean process into the operational management of the Trust.

Additional assurance in respect of the Trust's arrangements for ensuring economy, efficiency and effectiveness in the use of resources is provided to the Board of Directors through the conduct of regular reviews undertaken by Internal Audit and by External audit work undertaken in accordance with the Audit Code.

6. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

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 to 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 Corporate Dashboard.

Most of the data used for these metrics is extracted directly from the hospital's information system (HISS). Where applicable, HISS fields have been designed to conform to national data standards so that when the data is extracted it is already in a format consistent with national requirements and coding standards. The data is coded according to the NHS Data Model and Dictionary, which means that any performance indicators based upon this data can be easily prescribed and that the Trust is able to provide data that is both consistent nationally, and fit for purpose.

Internally, standard operating procedures are used consistently by staff involved in the production of the Trust's performance against national, local and internal indicators. This ensures that the process meets the required quality standards and that everyone uses a consistent method to produce an output. Wherever possible, our processes are fully or at least partially automated to make certain that the relevant criteria are used without fail. This also minimises the inherent risk of human error.

Data quality and completeness checks are built into processes to flag any erroneous data items or any other causes for concern, usually as part of the automated process. In addition, further quality assurance checks are performed on the final process outputs to confirm that the performance or activity levels are comparable with previous activity or expected positions. Where applicable, our performance against key indicators is also evaluated against available benchmarking data or peer group information to help understand at the earliest opportunity whether or not the Trust is likely to be an outlier, which in itself may prompt further investigation. Data samples are checked for accuracy as a matter of course, to ensure that the processes remain accurate and complete, particularly when implementing new indicators.

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 2012/13 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 2012/13.

With respect to setting the priorities for 2013/14 a wide consultation exercise has been undertaken. Consultation has taken place with the Clinical Governance Steering Group, Executive Committee, Board of Governors, Board of Directors, local commissioners, Sunderland LINk and the Health and Wellbeing Committee to ensure that the Quality Report includes views from key stakeholders.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its committees have a key role in maintaining and reviewing the effectiveness of the system of internal control.

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

The Governance Committee has received regular reports on sources of external assurance including evidence from the CQC quality risk profile (QRP), national reviews and other independent evidence.

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

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.

Conclusion

My review confirms that no significant internal control issues have been identified.

K W BREMNER
Chief Executive **29 May 2013**

David McNicholas, Intergrated Critical Care Unit manager

Remuneration Report

The Remuneration Committee for the Chief Executive and Executive Directors is chaired by the Vice Chairman of the Trust. Other members include one Non Executive Director and the Chief Executive. Membership of the Committee and attendance at the meetings is identified on pages 144 to 145 of the report. The Chief Executive is not part of the deliberation in relation to his performance or remuneration but joins the committee after this has taken place. The Director of Human Resources attends in an advisory capacity.

In determining the remuneration levels a range of benchmarking evidence is used including:

- NHS-wide governance ie Pay and Contractual Arrangements for NHS Chief Executives and Directors.
- Local comparisons from other Trusts (where information is shared).
- Posts advertised.
- Salary survey for NHS Chief Executives and Executive Directors.

City Hospital's information is benchmarked against the salary for the relevant individuals and recommendations based thereon. To enable the Trust to recruit and retain staff of the highest calibre, salaries are normally linked to the upper quartile of the benchmarks.

The Chief Executive and Executive Directors are on permanent contracts with notice periods that range from 3-12 months.

Each Executive Director and the Chief Executive have annual performance plans against which they are assessed on a mid-year and then end-of-year basis. Whilst their salary is not strictly performance related, the Remuneration Committee will discuss performance when considering any changes to remuneration levels.

Senior Managers' remuneration and pension benefits are detailed in the tables on pages 158 to 160. Accounting policies for pensions and other retirement benefits are set out in note 1.4 to the accounts. No compensation for loss of office paid or receivable has been made under the terms of an approved Compensation Scheme. This is the only audited part of the remuneration report.

K W BREMNER
Chief Executive **29 May 2013**

SALARY ENTITLEMENTS OF SENIOR MANAGERS – 2012/2013

	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden Hello/ Compensation for loss of office
	£000	£000	£000
MR K W BREMNER Chief Executive	(215-220)		
MRS J PATTISON Director of Finance	(145-150)		
MRS B J AKEHURST Director of Nursing	(110-115)		
MR L H BOOBIS Medical Director (Stepped down December 31st 2012)	(110-115)		
MR I C MARTIN Medical Director (Commenced January 1st 2013)	(50-55)		
DR M SMITH Chief Operating Officer	(145-150)		
MR J N ANDERSON Chairman	(50-55)		
MR R N NEVILLE Non Executive Director (Retired September 30th 2012)	(5-10)		
MR D CLIFFORD Non Executive Director (Retired September 30th 2012	(5-10)		
MS M HARTE Non Executive Director	(15-20)		
MR M DAVISON Non Executive Director	(15-20)		
MR D C BARNES Non Executive Director	(10-15)		
MR S HINDMARSH Non Executive Director	(10-15)		
MR G A WRIGHT Non Executive Director (Commenced June 11th 2012)	(5-10)		

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

DIRECTORS REMUNERATION REVIEW

	2012/2013	2011/2012
Band of Highest Paid Director's Total		
Remuneration (£ '000)	215 – 220	215 – 220
Median Total		
Remuneration (£)	22,554	21,869
Ratio	9.64	9.95

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 2012/13 was £215k to £220k (2011/12, £215k to £220k). This was 9.64 times (2011/12, 9.95) the median remuneration of the workforce, which was £22,554 (2011/12, £21,869). In 2012/13, 1 employee received remuneration in excess of the highest-paid director (2011/12, 2). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

PENSION ENTITLEMENTS OF SENIOR MANAGERS – 2012/2013

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 2013	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	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)	305.0 - 310.0	1,460	1,375	14	0
MRS J PATTISON Director of Finance	5.0 – 7.5	160.0 – 165.0	654	581	43	0
MRS BJ AKEHURST Director of Nursing	5.0 – 7.5	105.0 – 110.0	512	448	41	0
MR I C MARTIN Medical Director (Commenced January 1st 2013)	-	240.0 – 245.0	1,244	-	-	0
MR L H BOOBIS Medical Director (Stepped down December 31st 2012)	0	0	0	0	0	0
DR M SMITH Chief Operating Officer	(2.5) – (5.0)	155.0 – 160.0	718	675	8	0

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2005-06 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

CETV's and Pension figures in respect of Mr L. H. Boobis have fallen to zero as he is now in receipt of the pension.

Mr Martin was previously employed in a role with the Trust not covered by the Greenbury Senior Manager Disclosure legislation, therefore there are no disclosures on the real term changes in pension, lump sum or CETV.

The figures included above for Mrs Pattison have been calculated based on revised figures published by the NHS Pension Agency covering the 2011/2012 financial year.

Over 10,000 units of blood are used in the Trust each year.

Board of Governors 2012/13

Composition of the Board of Governors

The Board of Governors of the City Hospitals Sunderland NHS Foundation Trust comprises seven public Governors for Sunderland and two public Governors for the North East, two patient Governors and five staff Governors. It also includes stakeholder representatives from South of Tyne & Wear Primary Care Trust and the City of Sunderland. The Board of Governors is chaired by Mr J N Anderson, Chairman of the Trust.

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

Patients Constituency:

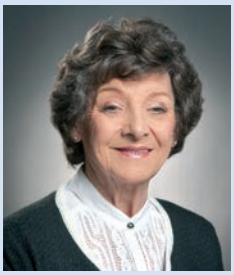
From 1 July 2010

Duncan Stephen

Alex Marshall

Public Constituency **North East:**

From 1 July 2010



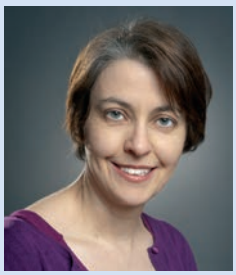
Yvonne Johnson

Wendy Westmorland[1]

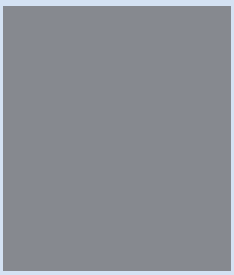
Patients Constituency **Sunderland:** From 1 July 2010

Stephen Blenkinsop

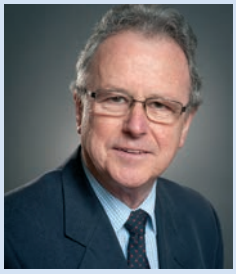
Wilfred Curry



Sara Lake



Vacancy



Michael McNulty

Susan Pinder

Ian Tunnicliffe

[1] Wendy Westmorlad sadly died in November 2012.

Staff Constituency
Clinical Class:

From 1 July 2010

Suzanne Cooper

David McNicholas

Staff Constituency
Other:

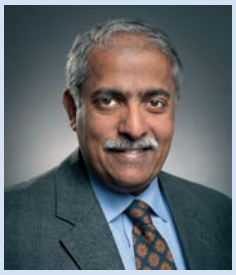
From 1 July 2010

Mandy Bates

Mary Pollard

Staff Constituency
Medical:

From 1 July 2010



Shahid Junejo

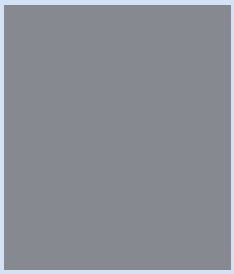
Appointed Governors
City of Sunderland:

From June 2011 until May 2012

Councillor David Allan
(Cabinet Member with Portfolio for Health and Social Care)

Appointed Governors
Sunderland Primary Care Trust:

From January 2012 until March 2013



Patricia Harle
(Non Executive Director)

From June 2012

Councillor Graeme Miller
(Cabinet Member with Portfolio for Health and Social Care)

MEETINGS OF THE BOARD OF GOVERNORS

Governor	Constituencies	Meetings in Public	Actual Attendance
Alex Marshall	Patient	6	5
Duncan Stephen	Patient	6	5
Stephen Blenkinsop	Public – Sunderland	6	6
Wilfred Curry	Public – Sunderland	6	4
Sara Lake	Public – Sunderland	6	2
Michael McNulty	Public – Sunderland	6	6
Susan Pinder	Public – Sunderland	6	6
Ian Tunnicliffe	Public – Sunderland	6	5
Yvonne Johnson	Public – North East	6	5
Wendy Westmorland[1]	Public – North East	6	3
Mandy Bates	Staff – Other	6	4
Mary Pollard	Staff – Other	6	5
Suzanne Cooper	Staff – Clinical	6	6
Dave McNicholas	Staff – Clinical	6	5
Shahid Junejo	Staff – Medical & Dental	6	2
Pat Harle[2]	Appointed – South of Tyne & Wear PCT	6	4
Cllr Graeme Miller[3]	Appointed – City of Sunderland	5	3
Cllr David Allan[4]	Appointed – City of Sunderland	1	1
John N Anderson	Chairman	6	6
Carol Harries	Trust Secretary	6	6
The following Directors have attended a number of Governor meetings:			
Ken Bremner	Chief Executive		6
Joy Akehurst	Director		2
Les Boobis	Director		3
Julia Pattison	Director		2
Mark Smith	Director		1
Stewart Hindmarsh	Non Executive Director		1
David Clifford	Non Executive Director		1
Mike Davison	Non Executive Director		1
Miriam Harte	Non Executive Director		1
David Barnes	Non Executive Director		1

1. Sadly died November 2012.
2. Appointed in January 2012.
3. Appointed from June 2012.
4. Stood down following Cabinet shuffle at the Local Authority in May 2012.

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

Governor Involvement

Key areas where the Board of Governors have been involved during 2012/13 have included:

- input into our Annual Plan;
- involvement in our Patient Environment Action Team inspections;
- assuring themselves of the Trust's overall approach to reduce the level of Hospital Acquired Infection;
- assuring themselves of the Trust's approach to eliminating mixed sex accommodation;
- contributing to the Trust's approach to Clinical Governance;
- assuring themselves of the Trust's approach to Information Governance;
- giving their views on the Trust's approach to Patient and Public Involvement;
- participating in the work of the Community Panel as identified on page 109
- involvement in the city-wide Maternity Services Liaison Committee;
- involvement in the Trust's approach to Organ Donation;
- involvement in the Cancer Peer Review assessment;
- assuring themselves of the actions taken as a result of real time patient feedback;
- appointing new Non Executive Directors;
- involvement in the Trust's approach to the Deteriorating patient; and
- involvement in the Trust's approach to Medical Revalidation.

Register of Interests

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

Membership

The Trust's Membership Community is made up of local residents, patients, carers and staff. Its Membership Community structure comprises four constituencies. Members may join the appropriate constituency depending on the eligibility criteria as outlined below. People who are eligible to become a member of the Community as a whole are:

- over 16;
- a member of City Hospitals Sunderland staff; or
- living in the electoral wards of Sunderland or the North East of England; or
- a registered patient of the Trust since 1 January 2003 (or carer of such patient).

Public Constituencies

Any member of the public living in Sunderland or the North East electoral wards may become a member of the Public Constituency (Sunderland) or the Public Constituency (North East). Staff living in these areas will remain in the Staff Constituency. Members of the public living in these areas will remain in the Public Constituency in preference to the Patients' Constituency.

Patients' Constituency

The Patients' Constituency consists of patients registered with the Trust on or after 1 January 2003 (or carer of such patient) who have been invited by the Trust to become a member of the patients' constituency and therefore become a member without an application being made unless he/she does not wish to do so. Staff who are patients and live outside Sunderland and the North East will remain in the staff constituency.

Staff Constituency

There are three classes within this constituency, namely Medical and Dental, Clinical and Other. Staff who are patients and live outside Sunderland and the North East will remain in the Staff Constituency. Staff who have worked for the Trust for 12 months automatically become members of the Staff Constituency with the provision that they may choose to opt out. Members of the Staff Constituency can also include workers who are not directly employed by the Trust but who exercise functions for the purpose of the Trust. These members need to opt in. Staff are removed from the Staff Constituency when they leave the Trust but are invited to transfer their membership to another constituency provided they meet the eligibility criteria.

Assessment of the Membership

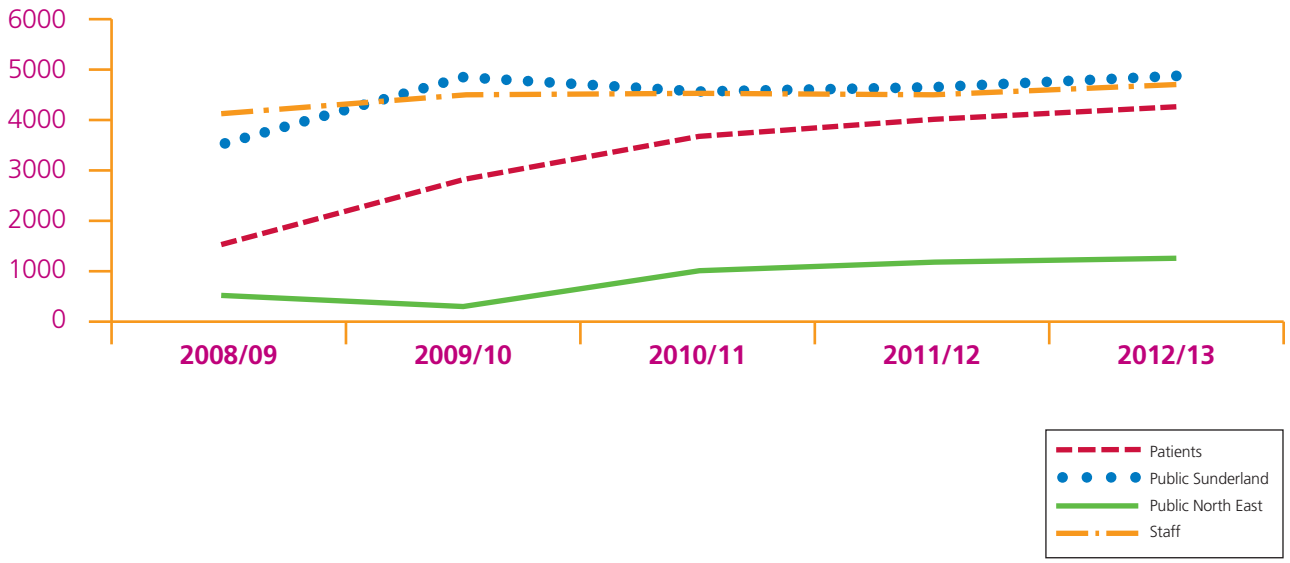
The membership figures for each of the constituencies and classes are given in the chart below:

Class/Constituency	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Patients	1091	1585	2810	3677	4029	4312
Public (Sunderland) [1]	3058	3502	4778	4533	4639	4824
Public (North East)[2]	346	545	310	1020	1231	1240
Staff						
• Medical & Dental	343	321	300	299	305	320
• Clinical	1820	1714	1946	2007	2019	1949
• Other	2220	2101	2223	2264	2191	2337
Total	8878	9768	12367	13800	14414	14982

[1] Residents of the electoral wards of Sunderland Council.

[2] Residents of the electoral wards of the North East of England (excluding Sunderland).

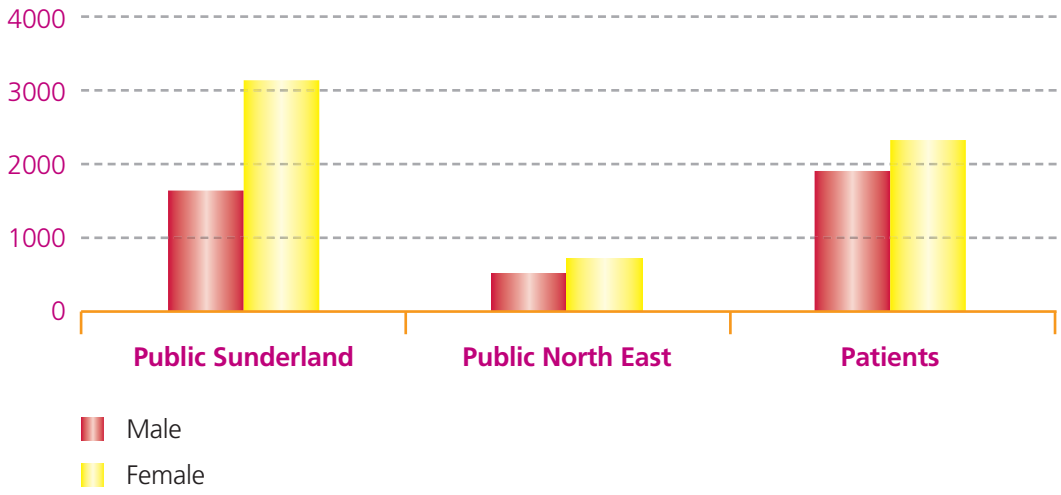
Membership Growth



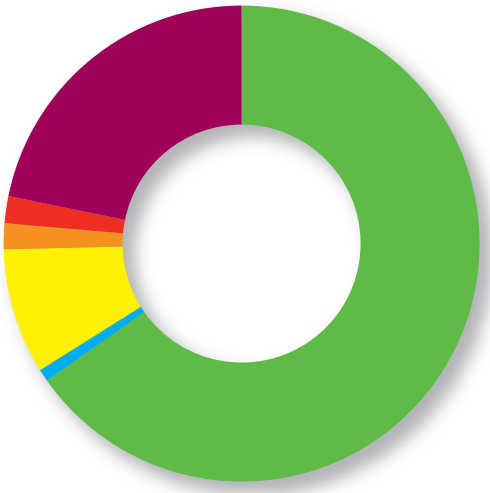
Public Membership

The following information illustrates the composition of the public and patient members in terms of gender, ethnicity and age.

Gender

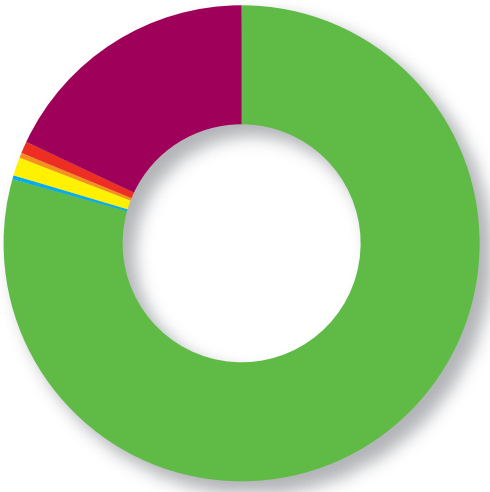


Ethnicity - Patients



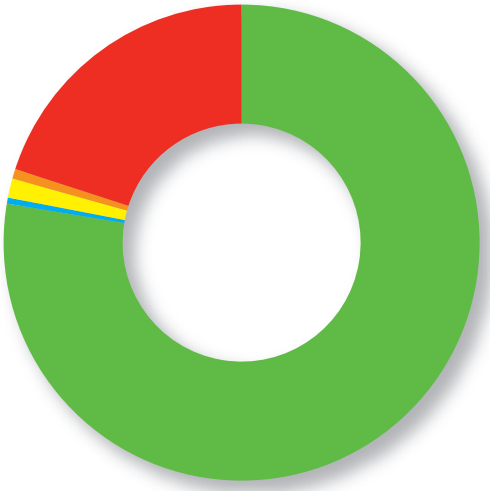
- White (65.24%)
- Mixed (0.84%)
- Asian or Asian British (8.53%)
- Black or Black British (1.76%)
- Other (1.83%)
- Not specified (21.80%)

Ethnicity - Public Sunderland



- White (79.34%)
- Mixed (0.27%)
- Asian or Asian British (1.25%)
- Black or Black British (0.34%)
- Other (0.80%)
- Not specified (18.00%)

Ethnicity - Public North East



- White (77.62%)
- Mixed (0.41%)
- Asian or Asian British (1.31%)
- Black or Black British (0.00%)
- Other (0.66%)
- Not specified (20.00%)

Age	Public Sunderland	Public North East	Patients
0-16	0	0	0
17-21	30	25	139
22+ years	2714	705	3492
Not stated	2080	510	681
	4824	**1240**	**4312**

Membership Strategy Summary

The Trust has an on-line membership database which has ensured that the database is more accurate. It also allows us to target individual age groups and geographical areas where membership is low by giving generic addresses so that we may write to households identifying the benefits of membership.

The Trust achieved its targets this year for recruiting new members in both the public and patient constituencies.

Mechanisms continue to exist for members of the public to join the Trust and these include:

- active recruitment of members by our Governors;
- membership forms located in GP surgeries, City Libraries, AgeUK and the Carers Centre;
- members of staff who leave the Trust are invited to become a public or patient member;
- electronic membership form on the Trust website; and
- a membership form is included with:
  - Clinical Governance patient surveys
  - "Your Stay in Hospital" booklet
  - The Sunderland Partnership's document, "Your Community…..Your say".

Ensuring a Representative Membership

The Trust has a local population of 350,000 with a relatively small ethnic population (The Office of National Statistics identifies a population of 2.25%). Historically within the City engagement with the Health and Social Care Sector has been relatively poor although the development of the city-wide Compact is beginning to identify greater opportunities for engagement.

The city-wide Inclusive Communities group is developing much more meaningful systems of engagement. Despite a number of initiatives however, we still continue to attract a relatively small number of new members from BME groups.

Generally our membership continues to broadly mirror the demographic of the City which has an ageing profile from which it has always been possible to attract members. Whilst we recognise that it is important to grow the membership and to encourage diversity the Trust believes it is more important to ensure that members feel engaged and involved thereby making a real difference within the overall governance arrangements of the Trust.

Communicating with the Membership

If members of the public or patients wish to contact a Governor or Director they can do so in a number of ways:

- at the end of meetings held in public;
- by contacting the Trust Secretary at the address on the back of this report;
- by writing to Governors at the following freepost address:

City Hospitals Sunderland NHS Foundation Trust
FREEPOST NAT 21669
Sunderland
SR4 7BR

- by accessing the Corporate Affairs inbox address – corporate.affairs@chsft.nhs.uk

Public Interest Disclosures

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 Carers Centre representation.

It provides an overarching framework and approach to involvement. A key area of work during 2012/13 has been the development of a new strategy reflecting the NICE quality standards for patient experience, the Carers Strategy for Sunderland and the NHS Constitution. An associated action plan which is monitored by the committee drives the delivery of the strategy.

The committee also monitors the outcomes and resulting actions from national surveys such as the national inpatients cancer services and accident and emergency surveys. These provide valuable feedback by patients on how services are being delivered but more importantly how they can be improved. The real time patient feedback system has also continued to be developed details of which are outlined on pages 102 to 105. The system includes maternity and paediatric services and also Sunderland Eye Infirmary. The Committee monitors that actions have been taken as a result of feedback received and each ward also receives visual performance feedback.

During 2012 a decision was made to build a new multi storey car park on the existing Kayll Road car park. The Trust held a public consultation event so that staff and members of the public could look at the plans, talk to the design team and give their views and opinions on the proposals. The event was well attended by local residents in particular wanting to understand the impact of the car park particularly during the construction period.

In September 2012 the new GP commissioners, NHS Sunderland Clinical Commissioning Group (CCG) working with NHS South of Tyne and Wear launched a consultation on the development of a new integrated urgent care centre on the Sunderland Royal Hospital site. The proposal would create a new 24-hour urgent care centre leading to the closure of the minor injury and illness unit at Grindon Lane Primary Care Centre. The consultation formed part of the CCG's wider plan to improve urgent and emergency care services across the city.

The Trust is working closely with colleagues in the CCG to ensure that local people are able to access the right service for their needs at the right time and in the right place.

Whilst the Trust has made progress in involving people in how it delivers services clearly there is still more work to do which will form a key part of our agenda going forward.

Meetings of the Trust's Board of Governors are 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 in attendance and are available at the end of every meeting to discuss any issues or concerns.

The Board of Directors will also begin to meet in public from May 2013 and meetings will be similarly advertised and open to members of the public.

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

Equality and Diversity

The Trust is committed to a policy of equality of opportunity not only in our employment and personnel practices for which we are all responsible, but also in all our services. To ensure that this commitment is put into practice we adopt positive measures which seek to remove barriers to equal opportunity and to eliminate unfair and unlawful direct or indirect discrimination.

The Trust continues to support the Government's "two ticks" disability symbol to demonstrate our commitment to ensuring that people with disabilities have full and fair consideration for all vacancies. If employees become disabled during employment we

will endeavour to adjust their workplace environment whenever possible to allow them to maximise their potential, and to return to work.

In 2012 the Trust developed its Equality Strategy for 2012-2016 in response to the requirements of the Equality Act 2010. The Trust has made a commitment to valuing diversity and achieving equality and recognises that any modern organisation has to reflect all the communities and people it serves.

Following approval of the strategy by the Board of Directors we are committed to ensuring progress is made against our objectives and that we report regularly and openly in line with the specific duties of the Equality Act 2010.

We set ourselves a number of key actions going forward and work has been undertaken involving both staff and members of our local community.

- Ensuring appropriate access to services for Black, Asian Minority Ethnic (BAME) Communities
  - the Trust has developed a BAME Community led focus group to help raise awareness and drive and support change.

An action plan has been developed to address the issues raised and also those concerns flagged which affect other public sector organisations within the City have been raised at the Inclusive Communities group, a formal committee of the Local Authority.

- Access to services for people with a learning disability
  - the Trust works closely with Sunderland People First and the Multi Purpose Centre in Washington to ensure that patients with a learning disability are treated with respect and dignity at any attendance or throughout their stay.

The forum held a conference earlier in the year to raise awareness in staff of some of the difficulties and problems encountered by patients.

We recognise the challenges facing us but will continue to build on the networks that have been established to ensure that everyone has the opportunity to be involved in shaping and influencing the decisions and services that affect them and the patients we serve.

As part of our approach we have continued to develop our equality and human rights audit tool which was developed in partnership with the Royal College of Nursing and the British Institute of Human Rights. The tool was piloted both in outpatients and on some inpatient wards using members of our Community Panel to undertake the survey.

The outcomes have been presented to the Department of Health and ongoing development and use of the tool will be overseen by our Patient, Carer and Public Experience Committee.

In order to deliver our vision, we must ensure that our staff are also treated fairly and with respect and dignity throughout the organisation. The Trust is committed to creating a working environment in which dignity at work is paramount, where bullying and harassment are unacceptable and where staff have the confidence to raise concerns, safe in the knowledge that they will be dealt with appropriately and fairly.

Our newly appointed Staff Dignity at Work Advisers provide an independent service to listen and support other employees in the workplace.

Unacceptable behaviour has no place in our organisation and the Trust expects managers and staff at all levels to uphold the principles of dignity and respect at work and standards of behaviour that ensure both a better working environment and a safe and fair organisation for patients to come and be treated.

Occupational Health

During 2012/13 the fast-track staff physiotherapy team were co-located with the moving and handling team, nurse and doctor colleagues in the Occupational Health Department. This has enabled a range of initiatives to be driven forward around the prevention and treatment of musculoskeletal injuries, one of the top 5 reasons for staff sickness absence.

This winter's influenza vaccination programme (know as Flu Fighter) disappointingly only achieved a 64.5% compliance rate against a 70% target of eligible staff. Our Occupational Health staff and team of ward based vaccinators will reflect on the reduction in take up and use the lessons learned to plan for an improvement in next winter's campaign.

Security

The Trust's security team continue to provide a wide range of services to patients, visitors and staff over 24 hours, seven days a week. The central security control room is the heartbeat of our CCTV operation, with a digital multi screen facility to enable the team to monitor activity across most areas within the hospital and around the hospital grounds. The team responds to requests from wards and departments which could involve potentially violent and criminal activities. The support we receive from Northumbria police remains critical during these incidents.

Our multi disciplinary security group continues to meet on a monthly basis, to identify and reduce risk and monitor the Trust's Security Policy. Its membership has been extended to include an Information Governance representative and a Community Panel Member. All security activity is recorded and monitored with lessons learned developed from any incidents.

The Trust receives reports of nearly 160 security related incidents every month, ranging from thefts to verbal and physical violence, many of which now end with local police involvement and prosecutions.

During the coming year the security team will face more challenges as work begins on our new multi-storey car park. During the construction period there will be a reduction in the number of car park spaces available. The team will be actively involved in ensuring that reasonable access is maintained and offering advice and support to those experiencing parking difficulties.

The dedicated car park for patients and visitors will not be affected during the construction period and our priority will be to minimise the impact for patients coming to the hospital.

We have continued to monitor parking with an Automatic Number Plate Recognition system, which has improved vehicle access for patients and their visitors, and reduced the inappropriate parking practices that impact on all those who require access to our facilities.

Health and Safety

The effective management of Health and Safety continues to remain a high priority within the Trust. The Health and Safety group continues to meet monthly and has good representation and support from both staff side trade union appointed safety representatives, Trust managers and specialist advisers.

The key areas of focus within the Trust continue to be:

- violence to staff;
- sharps;
- manual handling;
- slips, trips and falls; and
- stress

The Trust has set a series of 13 strategic health and safety objectives supported by time bound action plans which are monitored on a monthly basis.

At the end of 2011/12 an incident occurred at Sunderland Eye Infirmary whereby an external contractor breached three fire barriers containing asbestos insulating board. The Trust reported the incident through RIDDOR to the Health and Safety Executive who prosecuted the Trust for failure to comply with the Health and Safety at Work Act 1974. The Trust was fined £3k for the contravention, the fine being reduced because of the mitigation provided by the Trust. A full root cause analysis was undertaken and new procedures put in place to prevent a similar incident occurring again.

Fire Safety

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

We are please to report high levels of staff compliance with fire safety training. Whilst we have seen a reduction in the number of false alarms following completion of the Jubilee Wing, we continue to liaise with the local fire brigade to manage and reduce unwanted fire signals as well as a planned programme of fire safety compliance audits.

Sustainability/Climate Change

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

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

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

City Hospitals Sunderland adheres to the legally binding Kyoto protocol, which obliges the UK and other member states to reduce greenhouse gas emissions by 80% by 2050. The Climate Change Act 2008 which with other NHS and governmental guidance including "Saving Carbon, Improving Health" details interim targets of a 10% reduction in carbon by 2015 from a 2007 baseline for the NHS to help meet the 2050 target.

In August 2009 the Trust developed its Carbon Strategy demonstrating our commitment to the health of the environment, our employees and the community we serve whilst also promoting performance transparency. In 2013 the Strategy was updated to reflect guidance from the NHS Sustainable Development Unit which included changes in legislation, providing detailed information on targets and how carbon reductions would be measured, monitored and reported.

The Sustainable Development Management Plan incorporated into the Carbon Reduction Strategy focuses on the following ten key areas:

- Energy and Carbon Management – the Trust will review its energy and carbon management at board level, develop better use of renewable energy where feasible, measure and monitor a whole life cycle cost basis and ensure appropriate behaviours are encouraged in individuals as well as across the organisation.
- Procurement and Food – the Trust will consider minimising wastage at the buying stage, work in partnership with suppliers and in particular local suppliers to lower the carbon impact of all aspects of procurement, make decisions based on whole life cycle costs and promote sustainable food throughout its organisation; the Trust continues to use Fairtrade products wherever possible.
- Travel and Transport - we will routinely and systematically review the need for staff, patients and visitors to travel by car, consistently monitor business mileage, provide incentives for low carbon transport and promote care closer to home, telemedicine and home working opportunities.
- Waste - we will endeavour to accurately monitor, report and set achievable targets on the management of domestic and clinical waste including minimising the creation of waste in medicines and food and reviewing our approach to single use items against decontamination options.

The Trust has a robust approach to recycling and paper, cardboard, wood, metal, oils, fluorescent tubes, batteries, waste electrical goods and confidential waste are all recycled.

- Water – the Trust will ensure efficient use of water by measuring and monitoring its usage by incorporating waste saving schemes into building developments, by quick operational responses to leaks, by using water efficient technologies and by avoiding the routine purchasing of bottled water.
- Designing the Built Environment – the Trust will aim to address sustainability and low carbon usage in every aspect of the design process and operations. This includes resilience to the effects of climate changes, energy management strategies and a broader approach to sustainability including transport, service delivery and community engagement.
- Organisational and Workforce Development – we will encourage and enable all members of staff to take action in their workplace to reduce carbon. Staff will be supported by promoting increased awareness, encouraging low carbon travel, facilitate home working and by ensuring that sustainable development is included in every job description.
- Partnerships and Networks – the Trust will continue to consolidate partnership working and in particular contribute to the city wide sustainable development approach overseen by the Local Strategic Partnership Board.
- Governance – the Trust will adhere to the Good Corporate Citizenship Assessment Model and produce a board approved Sustainable Development Management Action Plan, whilst also setting interim targets to meet the provisions of the Climate Change Act 2008.
- Finance – the Trust will provide appropriate investment to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime.

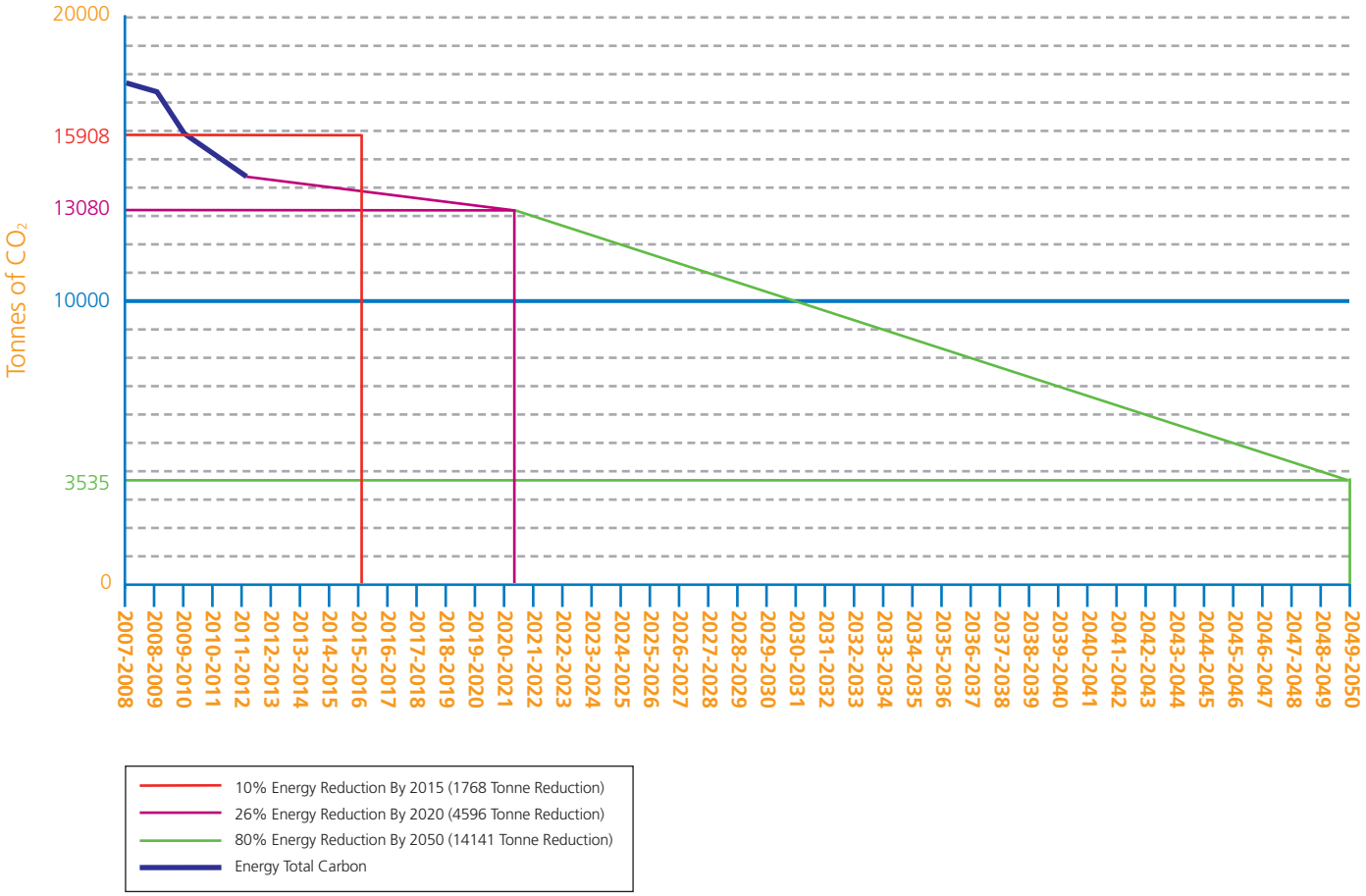
Carbon Footprinting

A carbon footprint was produced for the NHS by the sustainable development unit in 2009 (18 million tonnes) and again in 2012 (20 million tonnes) and is broken down into three main areas, Energy (19%), Travel (16%) and Procurement (65%).

The Trust's carbon footprint has been calculated based on measured energy data and by using the accepted split between Procurement, Energy and Travel.

The following graph illustrates direct energy carbon which is the basis of the carbon footprint representing the energy usage of City Hospitals Sunderland's three sites. The Trust has already reduced direct energy carbon to below the 10% target level (2015) and should hit the 2020 target ahead of time if the current trend of reduction continues.

City Hospitals Sunderland Energy Carbon 2007 – 2050



Significant carbon savings in Energy have already been achieved, primarily with the installation of a new Combined Heat and Power (CHP) plant, three low pressure hot water boilers and refurbishment of all existing plant rooms on the Sunderland Royal Hospital site which enabled it to become more energy efficient than the steam plant it replaced.

The Trust has had an 'Invest to Save' programme for a number of years with many initiatives completed and an ongoing programme of measures which include:

- energy saving awareness road shows
- workplace energy audits
- lighting control
- double glazing
- heat recovery
- soft start and variable speed control for motors and pumps

An extensive Building Management System (BMS) is also in place with critical plant control, optimised weather compensation and time zone control which is constantly monitored to ensure maximum plant energy efficiency is realised.

Working with Sunderland University, a number of further initiatives have been identified which include:

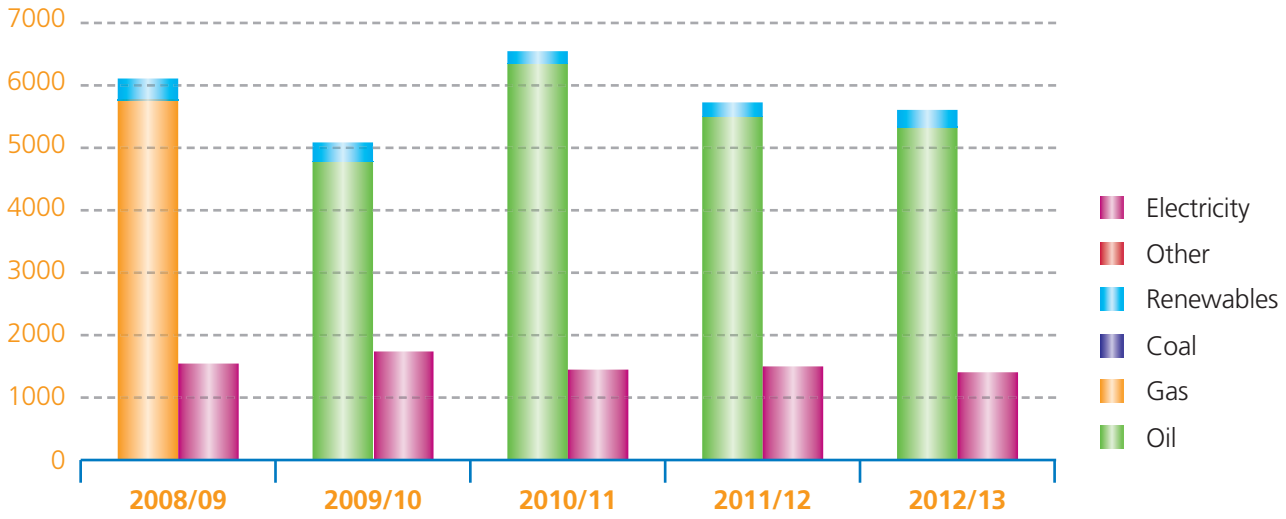
- Energy Awareness Campaigns;
- Knowledge, Attitude and Practices (KAP) analysis; and
- Carbon footprinting

Future projects include:

- the increased use of renewable energy technologies including photo voltaic solar panels;
- the replacement of boilers and de-steaming at Sunderland Eye Infirmary;
- absorption chilling; and
- the enhancement of site and sub metering to efficiently monitor and measure energy usage.

This year total energy consumption has fallen during the past year from 72,002 MWh, to 69,697 MWh and relative energy consumption has changed from 0.59 to 0.57 MWh/square metre.

Energy Consumption



Since 2011/12 gas usage has reduced by 3% and electricity has reduced by 6.3%. Renewable energy represents 3.2% of our total energy use. We also generate 12.15% of our electricity on site and purchase a substantial amount of the remaining electricity from renewable sources, reinforcing the Trust's commitment to sustainability and improving our green credentials.

Carbon Reduction Commitment Energy Efficiency Scheme (CRC)

The Carbon Reduction Commitment Energy Efficiency Scheme (CRC) is a mandatory carbon emissions reporting and pricing scheme to cover organisations which have at least one site that uses more than 6,000 MWh of half hourly metered electricity per annum.

The CRC came into force in 2010 and aims to cut carbon emissions not covered by other pieces of legislation such as Climate Change Agreements (CCA) and the European Emission Trading System (EUETS). Initially promoted as a carbon reduction mechanism with a recycling fund attached, the CRC has now changed to become a tax on carbon. The Trust is required to report its carbon emissions annually.

The Trust is now in the third year of the CRC energy efficiency scheme. In the first year, which was 2011, emissions were 9,900 tonnes of carbon and for 2012 they were 9,935 tonnes of carbon, with a gross expenditure in the past year of £118,800, levied from a cost of £12 per tonne of carbon used.

European Emission Trading System (EUETS)

The CRC complements the EUETS, which commenced in 2005 and is the largest multi country and multidisciplinary greenhouse gas trading system in the world. It is one of the policies introduced across the EU to help meet carbon reduction targets under the Kyoto protocol.

In 2012, hospitals and other small emitters were given the option to opt out of the system. The Trust was successful in its application but remains committed to the principle of the system and is still required to monitor emissions and give details to the Environment Agency.

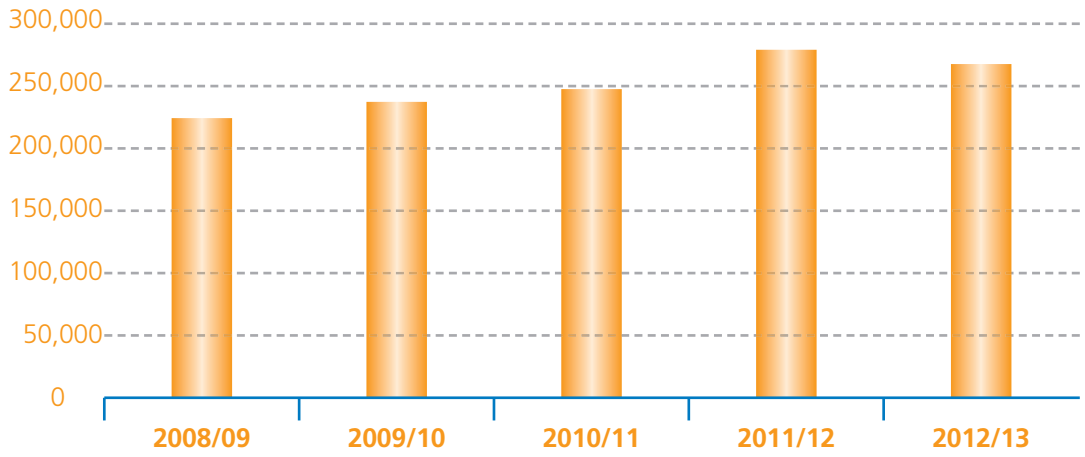
In 2012 emissions were 9,536 tonnes of carbon, a reduction of 601 tonnes on last year's figures (10,137 tonnes).

Water

Water usage has reduced by 14,057 cubic metres during 2012 which represents a 5.1% reduction from 2011/12.

A programme of refurbishment and replacement of equipment is underway which includes cistern misers, push taps, automatic taps and volume reduction inserts for cisterns and taps.

Water consumption in cubic metres



Travel

The Trust has several long running schemes encouraging greener travel which include a car share system, reduced public transport cost initiatives and a successful Park and Ride scheme. The Park and Ride campaign comprises of regular shuttle buses from site to site for use by staff, patients and visitors and also from designated stops at the Stadium of Light, Homebase at Silksworth and Durham Road. City Hospitals Sunderland is also working closely in conjunction with Cycling England and has bicycle facilities on all sites.

Most recently a travel plan strategy has been developed to ensure travel initiatives are effective in encouraging sustainable travel patterns and several projects are being researched for the future including reducing lease car choices to favour low carbon vehicles and the establishment of consistent monitoring arrangements for fleet vehicles.

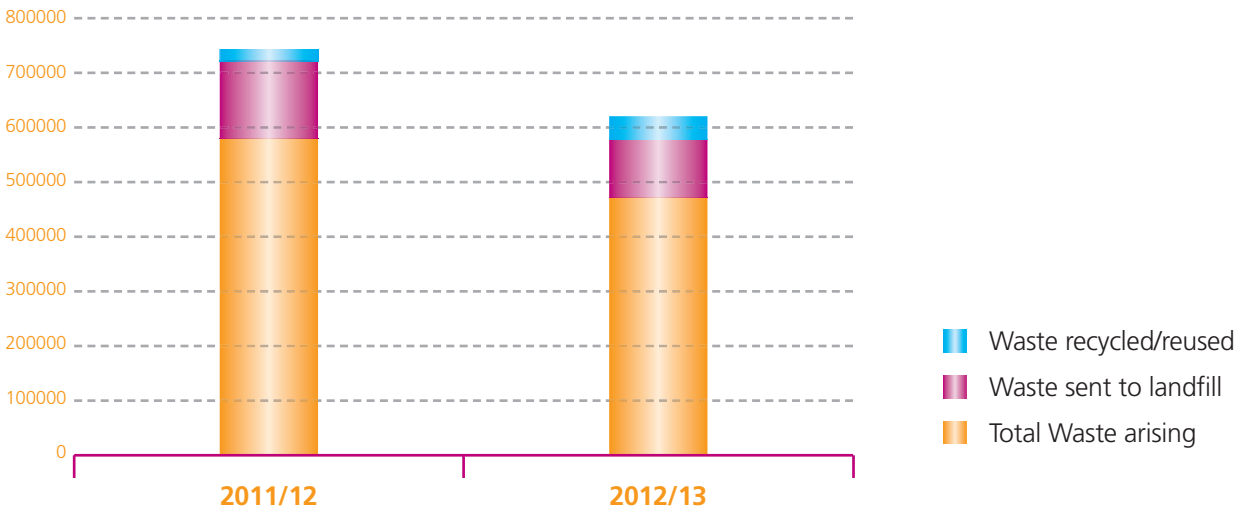
Waste

The amount of waste produced by City Hospitals Sunderland continues to be reviewed with the aim of ongoing reductions and cost effective management.

Dry mixed recycling has now been implemented throughout the Trust which has resulted in over 70% of municipal waste now being recycled. CHS is now benefiting both environmentally and financially from recycling, including a massive reduction in the amount of waste going to landfill. We recover 230 tonnes of waste which is 26% of the total waste produced and continually work to raise awareness and make practices more sustainable. Paper, cardboard, wood, metal, oils, fluorescent tubes, batteries and confidential waste are all recycled and trials for recycling catering plastics, plastic, aluminium cans and glass are all ongoing.

The graph below compares waste expenditure over the last two years and shows a marked reduction in waste disposal streams and associated costs.

Expenditure on waste



Much future work is being considered and includes the embedding of recycling and green credentials into all waste tenders, service level agreements and contracts, the carrying out of performance reviews and the development and implementation of waste management practices that actively manage waste through the waste hierarchy. This includes zero waste to landfill and all non recyclable municipal waste being sent to waste to energy sites.


City Hospitals Sunderland
NHS Foundation Trust
NHS
NHS

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 the environment and sustainability should be key to any purchasing decisions made with the principle of whole life cycle costing being adopted. City Hospitals' Procurement Department and the national Procurement Organisations and their suppliers, who work on our behalf, have a major part to play in embedding carbon improvement measures into all City Hospitals Sunderland contracts and procurement processes.

At present, a range of initiatives are in operation to aid in meeting our carbon reduction targets. These include a reduction of pharmaceutical waste by the recycling of drugs wherever possible and installation of a robot to improve dispensing and inventory control and a review of the procurement of medical equipment. This would involve reviewing life cycle costs, undertaking collaborative opportunities and the sharing of resources.

In the area of supplies activity, an on line end user requisitioning programme has been rolled out for stock and non stock items, an electronic tendering system has been implemented and catering have included the reduction of plate food waste and review of meals ordered.

Future ideas for carbon savings include, actively seeking and promoting carbon efficiencies and sustainability for goods and supplies through service level agreements with specified clauses in all contracts (with built in incentives for suppliers), inclusion of sustainability criteria and requirements into tender specifications, local procurement, whole life cycle costs for every item procured and the environmental impact of financial decisions to be better considered, increased promotion of sustainable foods and nutrition throughout the Trust from low carbon suppliers and development and implementation of a Sustainable Procurement Policy.

Summary

Achievements over a range of disciplines and departments have yielded significant carbon reductions in the past several years, aided by the development and implementation of the board approved Carbon Reduction Strategy and Sustainable Development Management Plan. CHS considers both the potential need to adapt activities and buildings and estates as a result of climate change and ensures sustainability issues are included as part of the risk analysis process.

All employees, contractors and sub contractors need to be aware that sustainability and carbon reduction is a corporate social responsibility. There is still much work to be done in this area and the next big challenge has been identified as changing knowledge attitudes and practices in all of our activities.

City Hospitals Sunderland as a whole has performed extremely well in the reduction of energy, carbon, water usage, waste, travel. The responsible procurement of goods and services has also shown that sustainability can be enhanced in all aspects of the Trust's business and activities. It has been demonstrated that with good management and the adoption of sustainable policy driven goals, improved carbon efficiency will not only lead to financial savings, but improved environmental performance and reputational benefits.

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".


NHS
Wet Paint

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 2013 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
- Operating and Financial Review on pages 15 -135
- Public Interest Disclosures on pages 170 - 180

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 2012/13.

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

> "Our ambition will be to continue to drive and focus on improving quality"

Independent auditors' statement to the Board of Governors of City Hospitals Sunderland NHS Foundation Trust

We have examined the summary financial statements for the year ended 31 March 2013 which comprises the Summary Statement of Comprehensive Income, the Summary Statement of Financial Position, the Summary Statement of Cash Flows, the Summary Statement of Changes in Taxpayers' Equity and information in the Directors' Remuneration Report that is described as having been audited.

Respective responsibilities of directors and auditors

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

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

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

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

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

Opinion

In our opinion the summary financial statements are consistent with the full annual statutory financial statements and the Directors' Remuneration Report of City Hospitals Sunderland NHS Foundation Trust for the year ended 31 March 2013 and complies with the relevant requirements of the directions issued by Monitor.

We have not considered the effects of any events between the date on which we signed our report on the full annual statutory financial statements (29 May 2013) and the date of this statement.

PricewaterhouseCoopers LLP

PRICEWATERHOUSECOOPERS LLP
Chartered Accountants and Statutory Auditors
Newcastle upon Tyne
29 May 2013

Summarised Financial Statements

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

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31st MARCH 2013

	2012/13 £000	2011/12 £000
OPERATING INCOME	309,549	306,021
OPERATING EXPENSES	(301,013)	(295,614)
OPERATING SURPLUS	**8,536**	**10,407**
FINANCE INCOME	129	123
FINANCE EXPENSE	(1,306)	(1,382)
PUBLIC DIVIDEND CAPITAL DIVIDENDS PAYABLE	(5,371)	(5,365)
NET FINANCE COSTS	**(6,548)**	**(6,624)**
SURPLUS FOR THE YEAR	**1,988**	**3,783**
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	**1,988**	**3,783**

STATEMENT OF FINANCIAL POSITION AS AT 31ST MARCH 2013

		31 March 2013 £000	31 March 2012 £000
NON CURRENT ASSETS		**204,879**	**205,374**
CURRENT ASSETS	INVENTORIES	3,762	3,651
	TRADE AND OTHER RECEIVABLES	6,904	10,548
	CASH AND CASH EQUIVALENTS	21,317	19,951
TOTAL CURRENT ASSETS		31,983	34,150
CURRENT LIABILITIES		(27,311)	(30,004)
TOTAL ASSETS LESS CURRENT LIABILITIES		209,551	209,520
NON CURRENT LIABILITIES		(33,017)	(35,208)
TOTAL ASSETS EMPLOYED		**176,534**	**174,312**
FINANCED BY:	TAXPAYERS' EQUITY		
	PUBLIC DIVIDEND CAPITAL	98,915	98,681
	REVALUATION RESERVE	71,415	71,415
	INCOME AND EXPENDITURE RESERVE	6,204	4,216
TOTAL TAXPAYERS' EQUITY		**176,534**	**174,312**

The financial statements were approved by the Board on 28 May 2013 and signed on its behalf by:

K W BREMNER
Chief Executive

Date: 28 May 2013

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	TOTAL £000	PDC £000	REVALUATION RESERVE £000	INCOME & EXPENDITURE RESERVE £000
1 APRIL 2012	**174,312**	**98,681**	**71,415**	**4,216**
PDC DIVIDEND RECEIVED	234	234	0	0
RETAINED SURPLUS FOR THE YEAR	1,988	0	0	1,988
31 MARCH 2013	**176,534**	**98,915**	**71,415**	**6,204**

	TOTAL £000	PDC £000	REVALUATION RESERVE £000	INCOME & EXPENDITURE RESERVE £000
1 APRIL 2011	**170,529**	**98,681**	**71,415**	**433**
RETAINED SURPLUS FOR THE YEAR	3,783	0	0	3,783
31 MARCH 2013	**174,312**	**98,681**	**71,415**	**4,216**

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31ST MARCH 2013

	2012/13 £000	2011/12 £000
CASHFLOWS FROM OPERATING ACTIVITIES		
OPERATING SURPLUS FROM CONTINUING OPERATIONS	8,536	10,407
NON CASH INCOME AND EXPENSE:		
DEPRECIATION & AMORTISATION	7,910	8,131
DECREASE/(INCREASE) IN TRADE & OTHER RECEIVABLES	3,375	(4,696)
INCREASE IN INVENTORIES	(111)	(59)
(DECREASE)/INCREASE IN TRADE & OTHER PAYABLES	(3,914)	3,312
INCREASE/(DECREASE) IN PROVISIONS	119	(74)
OTHER MOVEMENTS IN OPERATING CASH FLOWS	(34)	64
NET CASH GENERATED FROM OPERATING ACTIVITIES	**15,881**	**17,085**
NET CASH USED IN INVESTING ACTIVITIES	**(6,581)**	**(7,909)**
NET CASH GENERATED BEFORE FINANCING	**9,300**	**9,176**
CASHFLOWS FROM FINANCING ACTIVITIES		
PDC RECEIVED	234	0
LOANS REPAID	(1,617)	(1,024)
INTEREST RECEIVED	(1,297)	(1,360)
PDC DIVIDEND PAID	(5,254)	(5,412)
NET CASH USED IN FINANCING ACTIVITIES	**(7,934)**	**(7,796)**
INCREASE IN CASH AND CASH EQUIVALENTS	**1,366**	**1,380**
CASH AND CASH EQUIVALENTS AT 1 APRIL	**19,951**	**18,571**
CASH AND CASH EQUIVALENTS AT 31 MARCH	**21,317**	**19,951**

Glossary

A

AMU	Acute Medical Unit
ASU	Acute Stroke Unit

B

BMS	Building Management System
BSR	British Society for Rheumatology
BTS	British Thoracic Society

C

CBAG	Coronary Artery Bypass Graft
CCA	Climate Change Agreement
CCG	Clinical Commissioning Group
CCOT	Critical Care Outreach Team
CDI	Clostridium difficile infections
CEMACH	Confidential Enquiry into Maternal and Child Health
CETV	Cash Equivalent Transfer Value
CHKS	Caspe Healthcare Knowledge System
CHP	Combined Heat and Power
CIP	Cost Improvement Programme
CLRN	Comprehensive Local Research Network
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
CPAU	Chest Pain Assessment Unit
CPI	Consumer Prices Index
CQUIN	Commissioning for Quality and Innovation
CQC	Care Quality Commission
CRC	Carbon Reduction Commitment
CSRT	Community Stroke Rehabilitation Team

D

DAHNO	Data for Head and Neck Oncology
DNA	Did not Attend
DOSA	Day of Surgery Admission
DPG	Deteriorating Patient Group
DVT	Deep Vein Thrombosis

E

E.Coli	Escherichia coli
EIA	Equality Impact Assessment
ED	Emergency Department
EMR	Electronic Medical Record
EPUAP	European Pressure Ulcer Advisory Panel
EUETS	European Emissions Trading System
EWS	Early Warning System

F

FT ARM	Foundation Trust Annual Reporting Manual
FTFF	Foundation Trust Financing Facility
FTSE 100	Share Index of the 100 most highly capitalised UK companies listed on the London Stock Exchange

G

GBS	Government Banking Service
GI	Gastro-intestinal
GRS	Global Rating Scale

H

HCAI	Health Care Associated Infection
HISS	Hospital Information Support System
HPA	Health Protection Agency
HSMR	Hospital Standardised Mortality Ratio
HRG	Healthcare Resource Group

I

IG	Information Governance
IV	Internal Validation

Glossary

J

JAG	Joint Advisory Group
JCG	Joint Consultative Group

K

KAP	Knowledge, Attitude and Practice

L

LCFS	Local Counter Fraud Service
LCP	Liverpool Care Pathway
LINk	Local Improvement Network
LOS	Length of Stay
LTC	Long Term Conditions
LUCADA	Lung Cancer Data

M

MB BRACE -UK	Mothers and Babies Reducing Risk through Audits and Confidential Enquiries
MDT	Multi Disciplinary Team
MHRA	Medicines and Healthcare Products Regulatory Agency
MINAP	Myocardial Ischaemia National Audit Project
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus Aureus
MSCP	Multi Storey Car Park
MSSA	Methicillin Sensitive Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
MWH	Milliwatt Hour

N

NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Inquiry into Suicide and Homicide by people with Mental Illness
NCPR	National Cancer Peer Review
NEWS	National Early Warning Score
NHPA	National Health Performance Authority
NHSBT	NHS Blood Transfusion
NHSIC	National Health Service Information Centre
NHSLA	National Health Service Litigation Authority
NICE	National Institute of Clinical Excellence
NICOR	National Institute for Cardiovascular Outcomes Research
NICU	Neonatal Intensive Care Unit
NIHR	National Institute of Health Research
NNAP	National Neonatal Audit Programme
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NRAD	National Review of Asthma Deaths

O

OGSM	Objectives, Goals, Strategies and Measures

P

PAC	Picture Archiving and Communication
PALS	Patient Advice and Liaison Service
PbR	Payment by Results
PCT	Primary Care Trust
PEAT	Patient Environment Action Team
PET CT	Positron Emission Tomography – Computed Tomography
PGD	Patient Group Directives
PICA Net	Paediatric Intensive Care Audit Network
PLACE	Patient Led Assessments of the Care Environment
PPI	Patient and Public Involvement
PROMS	Patient Reported Outcome Measures

Glossary

Q

QIPP	Quality, Innovation, Productivity and Prevention
QRP	Quality Risk Profile

R

RADAR	Responsibility, Anticipation, Discussion and Response
RAMI	Risk Adjusted Mortality Index
RCA	Root Cause Analysis
RCOG	Royal College of Gynaecologists
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
RISK	Regional Insulin Safety and Knowledge Group
RPIW	Rapid Process Improvement Workshop
RRO	Regulatory Reform Order
RTT	Referral to Treatment

S

SA	Self Assessment
SAH	Subarachnoid Haemorrhage
SHA	Strategic Health Authority
SHIMI	Summary Hospital level Mortality Index
SINAP	Stroke Improvement National Audit Programme
SSNAP	Stroke Services National Audit Programme
SLR	Service Line Reporting
SUS	Secondary Uses Service
SSKIN	Surface, Skin Inspection, Keep, Incontinence, Nutrition
SIAS	Sunderland Internal Audit Services

T

TARN	Trauma and Audit Research Network
TIA	Transient Ischaemic Attack
T&O	Trauma & Orthopaedics

U

UKCIP	United Kingdom Climate Impacts Programme

V

VSGBI	Vascular Society of Great Britain and Ireland
VTE	Venous - thromboembolism

Notes

Notes

Notes

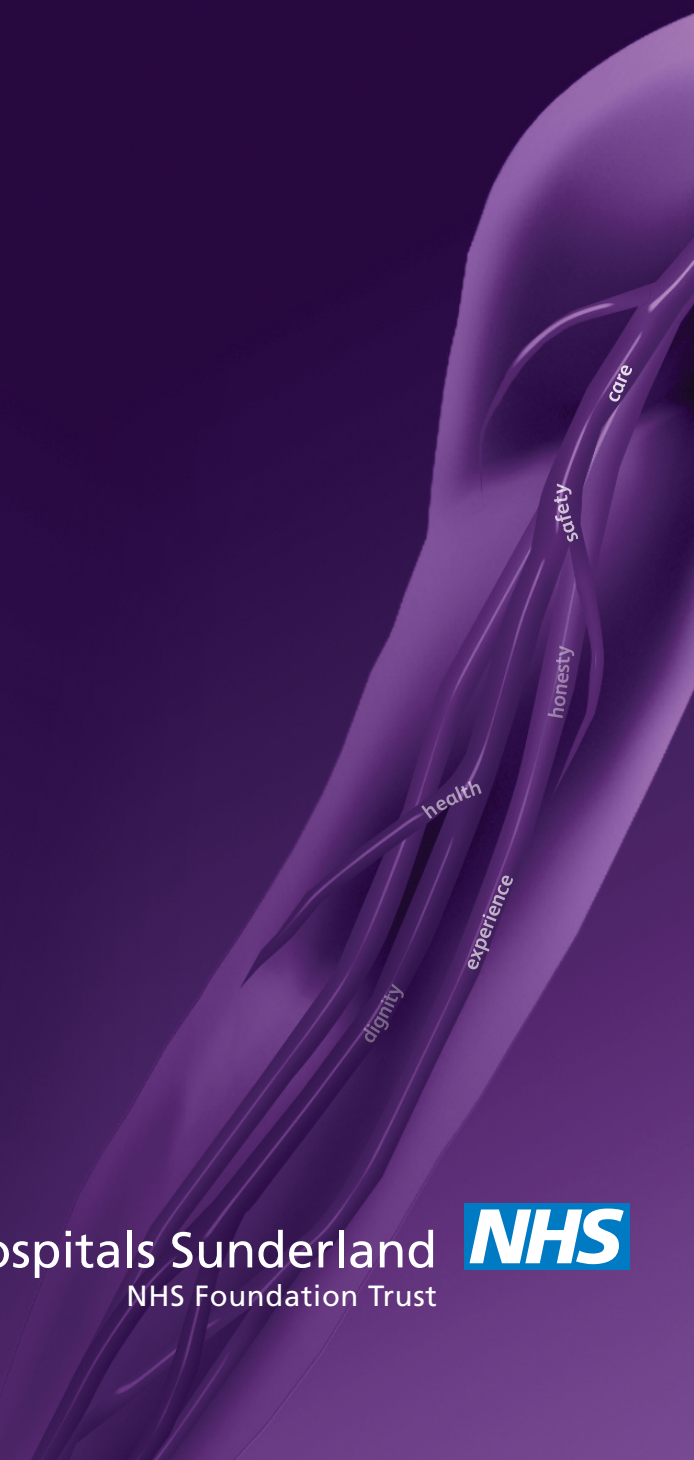
If you would like a full copy of the Annual Accounts, please contact:

Mrs Carol Harries
Director of Corporate Affairs/Trust Secretary
City Hospitals Sunderland NHS Foundation Trust
Sunderland Royal Hospital
Kayll Road
Sunderland
SR4 7TP

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

If you require this information in a different format please contact:

- **The Trust Secretary in writing at the address overleaf**
- **Telephone 0191 565 6256 ext 49110**
- **The Corporate Affairs inbox: Corporate.affairs@chs.northy.nhs.uk**



Sunderland Royal Hospital
Kayll Road
Sunderland
Tyne & Wear SR4 7TP

City Hospitals Sunderland
NHS Foundation Trust