City Hospitals Sunderland NHS
NHS Foundation Trust

ANNUAL REPORT 2013/14

chs

Annual Report & Accounts 2013/2014

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) (a) 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

"We will not compromise on patient safety and quality."

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Inpatients	57,778	59,565	57,735	58,761	58,698	**54,163[1]**
Daycases	51,749	53,246	56,010	61,922	60,454	**62,978[2]**
Outpatients (Consultant led – New & Review)	314,757	314,562	325,465	334,496	332,443	**330,965**
Nurse Led/ Allied Health Professional/ Midwife Activity	147,216	157,944	159,526	160,379	157,662	**113,736[3]**
A&E Attendances	101,292	112,676	115,388	118,803	125,477	**127,226**
Patient Contacts in the Community	223,644	225,159	218,319	220,960	239,172	**230,251**
Day Care Attendances	3,282	4,275	4,454	6,421	6,427	**6,531**
Income	£270.24m	£285.64m	£293.94m	£306.02m	£309.55m	**£324.32m**
Surplus (Deficit)	£1.583m	£1.219m	£2.869m	£3.78m	£1.99m	**(£373k)**
Average Staff Employed (Headcount)	4,863	4,995	4,942	4,973	5,051	**4,923**

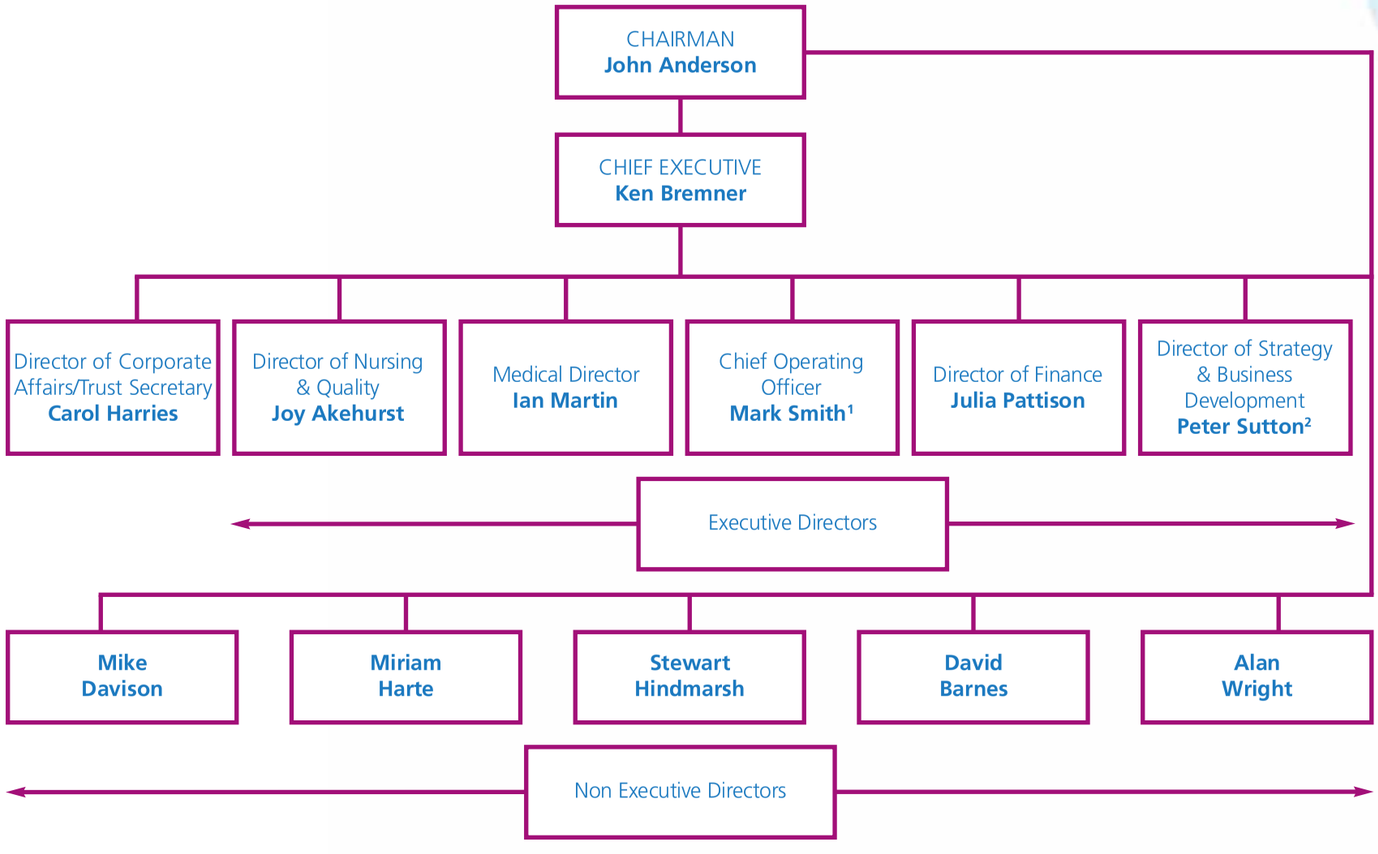
Notes:

[1] The reduction in activity reflects a number of patients who are now being treated on an ambulatory care pathway.

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

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

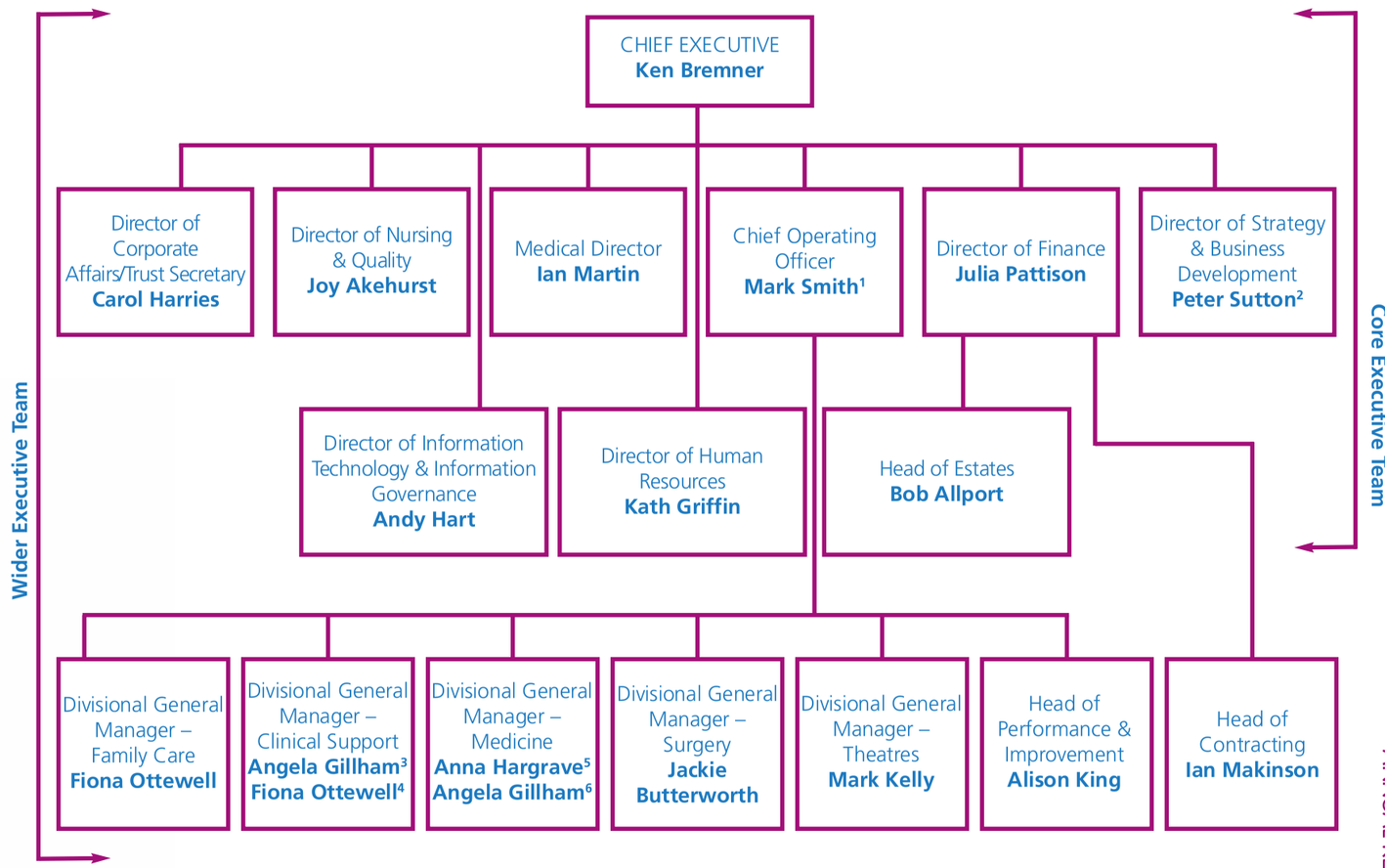
Board of Directors 2013/14



[1] Left the organisation May 2013

[2] Appointed September 2013

Executive Committee/Team 2013/14



[1] Left the organisation May 2013.

[2] Appointed September 2013.

[3] Until end November 2013.

[4] From December 2013.

[5] Until end November 2013.

[6] From December 2013.

CHAIRMAN'S STATEMENT 2013/14

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

During a busy and demanding year and a testing financial environment we continue to deliver excellent patient care. Whilst it is important to have a sound financial position that will allow us to drive quality and service improvements for our patients, striking a balance between quality and service delivery and a sound financial position is an enduring challenge upon which we must remain firmly focused.

I hope however, that when you read this report it demonstrates that thanks to the professionalism and dedication of our staff, we continue to provide high quality services to our patients as well as investing in improvements to the fabric of our buildings and to the services that we offer.

First and foremost however we must ensure that we never lose sight of our core purpose, "Excellence in Health, Putting People First". We know that care is generally improving but sometimes we fail patients and their families. We must listen to patients and if we have made mistakes do something about them and learn from those lessons. As we move forward into 2014/15 there is, and will be, more openness and transparency about what we do and that can only be a positive step forward for patients and their families.

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. This year saw a number of our governors standing down having served the maximum term of nine years and I am deeply grateful for their dedication and commitment – they served the organisation well, and indeed for many they had been with us from our authorisation as a Foundation Trust in 2004.

Our elections in June last year were all contested and I am delighted with the calibre and insight of our new governors who are beginning to find their feet. They are not afraid to challenge but are also supportive of the organisation – they want to seek assurance about the services we provide for the patients and members of the public of which they are representative.

I was however, extremely saddened earlier this year by the sudden death of one of our Governors, Yvonne Johnson, who had been a mental health nurse until she retired and was passionate about high quality patient care. Even after she stood down she continued as a member of the nutrition steering group a subject which she felt was vitally important to the health and wellbeing of patients. She was a wonderful, warm lady who, although not afraid to speak out and challenge poor practice was immensely proud of the role she had but also of the organisation and the people who worked in it.

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

The year ahead will be no less of a challenge but I am confident that we will continue to build on our strong foundations to ensure that those people who choose us for their care continue to receive excellent clinical outcomes, that their experience of our services is as personal as possible, and that our staff feel supported and able to continue to give of their best – and they are the best. Many work above and beyond the call of duty to ensure the needs of our patients are at the centre of everything we do.

On behalf of the Board we thank all our staff for their dedication and commitment which makes such a difference to our patients.

JOHN N ANDERSON QA CBE
Chairman

CHIEF EXECUTIVE'S STATEMENT 2013/14

It is a truth universally acknowledged that quality is remembered long after the price is forgotten, and that quality is not an act but a habit. In a difficult and tough year for the organisation we have tried to hold onto these sentiments in everything we have done and it is to the commendation of all our staff our greatest asset who are such a pivotal ingredient to our success - that we have done so. It is they who make the reality of delivering excellence, putting people first and I do want to take this opportunity to publicly thank them.

The various achievements and pressures we have faced during 2013/14 are well documented elsewhere in this Annual Report but in particular we have focused on moving forward our plans to become the 3rd centre through the Accelerating Bigger Picture work with partners locally. There are now clear signs of progress, notably in Paediatrics, Medical Physics and Pathology (where 'our' staff are now mainly employed by Gateshead NHS Foundation Trust) and as evidenced by investments in our infrastructure that will position us better for serving a bigger catchment population going forward and improve the quality of care we give to residents of not only Sunderland but beyond into the wider North East of England. Key amongst these will be our brand new Urgent Care Centre due for opening in 2016, the second Cardiac Catheterisation Laboratory (here now), a brand new state of the art Endovascular Theatre which will take its first patient before the end of 2013/14 and one of the country's first robots, initially performing surgery on Urology patients. When considered with our investment in information and data from V6 of Meditech and better access for patients, visitors and staff via a new multi-storey car park, we are putting the investment where it is needed to ensure better quality and outcomes but better patient experience too. This is just the start of a 10 year plan to completely revamp our main site and its facilities – nothing is impossible. We will also see our first foray into better integration despite the constraints I believe of the urgent care system in 2014/15, where we hope to play a greater role outside hospital to ensure better pathway integration between secondary, community and primary care. We are also playing a wider role through our input into the newly formed Academic Health Sciences Network, which will be the vehicle for driving joint working between academia, industry and the NHS across the North. In this context, and of particular note are our key partnerships with Sunderland University, Sunderland City Council and of course the newly formed Clinical Commissioning Groups.

2014/15 beckons with a greater degree of uncertainty particularly as NHS finances get tighter still. Again in this context the Board of Directors and Council of Governors are absolutely determined to make sure that it is quality first and that we really do hold true to excellence in care, putting people first. This is of course nothing new, we've had this at our core since 1994 when we first became an NHS Trust and again as the North East's first Foundation Trust in 2004. In 2014 we will celebrate our first 10 years as an autonomous free standing NHS Foundation Trust.

During the year we said goodbye to Mark Smith, our Chief Operating Officer who in his relatively short time with us really left his imprint on the organisation and welcomed Peter Sutton to the Board as our new Director of Strategy and Business Development. I wish them both well in their new roles.

The next 10 years will be more challenging still as the demands and greater expectations of a growing elderly population really start to bite, alongside the inevitable pressures (and cost) of advances in medicine, technology and drugs. This is a challenge I know that City Hospitals is preparing to face head on.

KEN BREMNER
Chief Executive

STRATEGIC REPORT

A brief profile of the organisation:

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

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

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

The Trust operates from:

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

and provides outreach services at:

- Washington Galleries Health Centre
- Grindon Lane Primary Care Centre
- Bunny Hill Primary Care Centre
- Washington Primary Care Centre
- Houghton le Spring Primary Care Centre
- 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 855 acute beds, an annual income of £324.32m and non-current assets of £202.52m. It employs 4,923 people.

Workforce Numbers - FEMALE

Staff Group	FTE	Headcount	%
Additional Professional Scientific and Technical	119.83	138	2.80
Additional Clinical Services	696.65	806	16.37
Administrative and Clerical	754.52	890	18.08
Allied Health Professionals	245.74	283	5.75
Estates and Ancillary	110.25	162	3.29
Healthcare Scientists*	29.45	32	0.65
Medical and Dental	135.07	143	2.90
Nursing and Midwifery Registered	1,356.88	1,472	29.90
Students	5.00	5	0.10
Staff Group Summary Total	**3,453.39**	**3,931**	**79.84**

Workforce Numbers - MALE

Staff Group	FTE	Headcount	%
Additional Professional Scientific and Technical	46.52	50	1.02
Additional Clinical Services	114.04	121	2.46
Administrative and Clerical	152.85	156	3.17
Allied Health Professionals	40.48	41	0.83
Estates and Ancillary	191.84	204	4.15
Healthcare Scientists*	19.00	19	0.39
Medical and Dental	252.81	264	5.36
Nursing and Midwifery Registered	129.38	137	2.78
Students	0.00	0	0.00
Staff Group Summary Total	**946.92**	**992**	**20.16**

Employed as at 31 March 2014

* The Trust's Pathology Services transferred to Gateshead NHS Foundation Trust on 1 April 2013 as part of the South of Tyne and Wear Accelerating Bigger Picture programme.

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

Division of Clinical Support

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

Division of Family Care

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

Division of Medicine

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

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

Division 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 Business Development

Staff Consultation and Involvement

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

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

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

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

Monitoring and Managing Performance

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

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

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

Details of Financial Performance may be found on page 132 in the Strategic Report.

KEY AIMS AND OBJECTIVES

The ethos of the Trust is based on:

"Excellence in Health, Putting People First"

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

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

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

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

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

- **Best Quality**

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

- **Highest Safety**

  To provide the highest level of safety we will:
  - ensure patients are safe in our care
  - develop a culture of zero tolerance for failure and learn from all our mistakes
  - guarantee all our staff are trained to care for patients

- **Shortest Lead Time**

  To ensure the fastest service for our patients we will:
  - treat patients as quickly as possible and not waste their time
  - remove all unnecessary waits

- **Highest Morale**

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

- **Cost Leadership**

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

Future Developments

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

- improve the patient experience;
- reduce variation in quality;
- reduce preventable deaths;
- act promptly on, and learn from, incidents and complaints;
- improve patient safety;
- reduce Healthcare Associated Infection;
- reduce total lead time for patients;
- move all service lines to profitability for reinvestment across the Trust;
- improve efficiency and reduce waste in all areas;
- develop and maintain robust workforce plans;
- ensure staff are proud to work here; and
- secure and increase the range of specialist services it provides (3rd centre).

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

The Trust is also committed to ensuring that our environment is of a high quality in which patients can receive treatment and staff can work. This has led to the completion of the following schemes during 2013/14:

- a new Endovascular Theatre and training facility being the first phase in the development of a specialist vascular unit;
- the addition of a second Cardiac Catheter Laboratory;
- the enhancement of both reception and preparation areas in our Surgical Day Case Unit to improve the overall patient experience;
- the provision of a dedicated Perioperative Risk Evaluation and Preparation Clinic;
- the upgrade of speech and language therapy provision on the Children's Centre site on Durham Road;
- the demolition of the former laundry building to provide an additional 150 car parking spaces; and
- the upgrade of one of our LDRP rooms in the Maternity Unit to provide a dedicated birthing pool facility enabling greater choice of birthing options.

Work has also commenced on the following:

- the provision of a dedicated multi-storey car park providing 723 spaces (an overall addition of 373 spaces) due for completion in the autumn;
- the upgrade of paediatric physiotherapy facilities on the Children's Centre site on Durham Road;
- the completion of the detailed designed phase for the new Emergency Department with phase 1 of the development scheduled to commence in July 2014;
- the detailed design for the upgrade of our Endoscopy Unit and the development of a Central Scope Cleaning Department;
- the provision of a dedicated pathology hot lab following the review of pathology services across South of Tyne and Wear.

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

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

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

Strategic Direction

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

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

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

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

This direction of travel is aligned with national strategies which include having fewer centres of excellence and the development of 40-70 major emergency centres across England. The Trust currently provides a range of services for heart attacks, stroke, vascular, and critically ill children as outlined in the Keogh report and this national description is exactly aligned to the Trust's vision of the '3rd Centre'. The Trust has full support from local commissioners and for a number of years, through the 'Accelerating Bigger Picture' programme, the Trust has worked closely with other local providers and commissioners and has started service transformation in a number of areas.

The Trust's investment strategy, covering areas such as a state of the art endovascular theatre, second catheter lab and a new Emergency Department demonstrates its commitment to delivery of its vision. The Accelerated Bigger Picture, in collaboration with two local NHS Foundation Trusts, demonstrates a cooperative health economy that is willing to concentrate services at key locations in order to achieve a high quality, safe service for the population, whilst delivering financial and clinical stability and sustainability for the NHS Foundation Trusts. As part of this process Pathology, Medical Physics and Acute Paediatrics have already been implemented as hub and spoke models across the Trusts.

Centre of Excellence

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

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

The Wider Health Economy

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

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

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

Continuous Improvement

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

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

During 2013 there have been many improvement events including; complaints handling, ambulance handovers, trust wide escalation, theatre recovery and diagnostic test results and communication. These have improved efficiency, safety, lead time and patient experience. Improvement activities are planned throughout 2014/15 as well as increasing organisational capability by training 'lean leaders' to lead new improvement projects within the Trust.

YEAR END POSITION

City Hospitals has reported an operational deficit position of £373k for the financial year 2013/14. The Trust delivered cost improvements of £15.52m by the year end. The delivery of cost improvement targets were closely monitored in year by the Board Sub-Committee, the Finance Committee.

For 2013/14, 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 2013/14 contract baselines predominantly based on the 2012/13 actual activity delivered with funding specifically relating to the maintenance of all of the relevant targets.

Service Line Reporting

The Trust has been refining Service Line Reporting information over a number of years. During 2013/14 the automated process was put on hold due to problems with the information flows from the new patient information system. The process will be reviewed and refreshed for the 2014/15 financial year.

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. From quarter 3 a new rating system was introduced by Monitor as part of the Risk Assessment Framework.

The financial performance is assessed over a range of metrics including liquidity and in year income and expenditure performance. The previous assessment process had a rating scale from 1 (poor performance) to 5 (good performance). The new system ranges from 1 to 4, with a sub-division at level 2 between 2 and 2*. For governance and quality risk the scale is a traffic light system with ranges from red (poor) to green (good). This has not changed in terms of rating measurement, but the actions depending upon the score have changed with the new guidance.

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 2013/14 and the 2012/13 financial years is detailed in the tables on page 22.

The quarter 4 position detailed in the table overleaf is based on submitted information and is subject to confirmation by Monitor.

In relation to Governance for 2013/14, the Trust declared itself 'Amber-Green' in the annual plan, due to concerns over delivery of the *C. difficile* target. During the year the Trust achieved all relevant targets except:

- A&E 4 hour target – in quarters 1, 3 and 4
- 18 weeks referral to treatment time for admitted patients in quarter 3
- *C. difficile* target in quarter 3 alone
- Cancer targets – for two weeks (breast) in quarter 3 alone and cancer 31 day wait from diagnostic to treatment and cancer 62 day wait for treatment from urgent GP referral, both in quarter 4 alone.

The A&E performance has been a challenging target all year and subject to close scrutiny within the Trust, with Commissioners and with Monitor. Latterly cancer performance has been impacted by the introduction of the new Urology robot due to unprecedented demand for robotic procedures as opposed to alternative treatment options for patients on cancer pathways.

In terms of financial reporting, the Trust had planned to deliver an overall surplus of £2m, giving an overall risk rating of 4. The Trust achieved a rating of 4 in the first two quarters and 3 in subsequent quarters, ending the year behind plan and with an operational deficit of £373k.

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

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

RISK MANAGEMENT

Financial Risks

Key financial risks during 2013/14 included:

- preparing for and implementing the new patient information system (Meditech v.6) including managing the impact on clinical activity information flows for contractual purposes;
- delivering the challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- taking account of the National Tariff which included a requirement to deliver an efficiency target of 4%;
- delivering against the quality (CQUIN) targets as agreed with the commissioners;
- minimising actions that would have resulted in the application of penalties; and
- managing the impact of the increased staffing requirements associated with the workforce Assurance process and the Safe and Sustainable Emergency Care service development.

Non-financial Risks

Non-financial risks for the year included:

- achieving and maintaining the relevant standards including the 18-week target for 95% of admitted patients in year across all specialties, the maximum 4 hour wait for A&E and cancer targets. At the end of the year the Trust did not achieve the A&E target (94.45%) and declared non-compliance against the cancer 62 day wait for first treatment (from an urgent GP referral) and the cancer 31 day wait from diagnosis to treatment;
- managing infection rate targets including MRSA target of 0 cases for the full year and the *C. difficile* target of no more than 36 cases for the full year. Unfortunately the MRSA position at the end of the year was 4 cases. The *C. difficile* achievement matched the target of 36 cases by the end of the year. Both showed a continued improvement year on year; and
- maintaining the standards required by the Care Quality Commission to maintain compliance with licence requirements.

Directors' Approach to Risk Management

Directors' Approach to Risk Management during 2014/15 will include:

- delivering the challenging cost improvement plan to reduce the Trust's operating costs during the year to meet the efficiency target inherent in the national tariffs whilst maintaining the achievement from prior years;
- managing the impact of the increased staffing requirements associated with the Workforce Assurance process and the Safe and Sustainable Emergency Care service development;
- delivering against the quality (CQUIN) targets as agreed with commissioners and minimising actions that will result in the application of penalties;
- managing the impact on clinical activity information flows for contractual purposes following the implementation of the new patient information system (Meditech V6);
- achieving and maintaining the relevant performance standards including:
  - 18 week target for 95% of admitted patients in year across all specialties;
  - 31 day target for cancer;
  - 62 day target for cancer (from an urgent GP referral);
  - Maximum 4 hour wait for Accident and Emergency;
- managing infection rate targets including MRSA and *Clostridium difficile*;
- maintaining the standards by the Care Quality Commission to maintain compliance with licence and authorisation requirements;
- working with commissioners to plan service redesign and service capacity requirements, including identifying all implications both financial and non-financial; and
- managing the levels of actual activity, quality and 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 2013/14.

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

Whilst the Trust is committed to the management of all risks to its services, including clinical, organisational and financial risks, this strategy is a statement of CHS' particular commitment to maintaining and improving patient, staff and public safety through performance driven risk management, supported by an open, fair, transparent and learning culture.

The Board of Directors has approved an assurance framework, which is monitored by the Governance Committee, that meets national guidance. The framework is subject to annual review and approval by the Board of Directors. The framework is based on the Trust's strategic objectives and contains an analysis of the principal risks to achieving those objectives. It is underpinned by the detailed risks and associated actions set out in the Trust's risk register. During 2013/14, the Trust further developed the Assurance Framework and the overall Risk Register and the on-going developments will be shared with the Board of Directors during 2014/15.

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

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) and is now hosted by the Health and Social Care Information Centre (HSCIC). It 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 45 Information Governance requirements (Scoring 0, 1, 2 or 3).

To be classed as 'Satisfactory – Green' an NHS organisation is required to be level 2 or above across all 45 requirements.

In 2013/14 the Trust achieved this rating, the results confirming 1 requirement being 'Not Relevant', 18 showing evidence at Level 2, and 26 requirements at Level 3.

The total percentage compliance for the 2013/14 submission was 86% (2% greater than 2012/13).

The Trust owns Church View Medical Practice which previously submitted its returns through the then 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 requirements at Level 2 and 9 requirements at Level 3. The total percentage compliance for the 2013/14 submission was 88%. This outcome was consistent with that of 2012/13.

Work is continuing through 2014/15 to review and improve evidence to shift where possible from a level 2 into a level 3 performance in some areas.

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

The Trust had no Information Governance breaches during 2013/14.

Key Constraints on Trust Activities

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

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

Adam Bage & Brad Hooper,
Information Technology Department

Role of the Trust as a Local Employer

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

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

The Trust was one of the first NHS organisations to take part in the new pre-nursing experience pilot. This is a pilot programme that provides aspirant student nurses with the chance to spend up to a year working on the frontline (as healthcare assistants) prior to receiving NHS funding for their degree course. Six students were recruited for this, rotating between two different wards to gain experience as well as being supported in making their application to university. All six were interviewed for the degree programme at Northumbria University and two have already been offered a place. As a result, a second programme commenced in February 2014. It is hoped this initiative will become an established route for those wanting to access a nursing career.

The Trust continues to work closely with Springboard Sunderland Trust, a training provider, to offer apprenticeships in business administration and care. Nine apprentices successfully completed their one year apprenticeship and have since moved into employment. A further cohort has been recruited, with their apprenticeships now being underway.

The Trust has also participated in the Government's Work Programme, which provides support, work experience and training for up to two years to help people find and stay in work. Those who have accessed the scheme have been provided with short-term placements to allow them to gain some initial training and experience and to help them decide if it is the type of work they wish to pursue and also to assess if they have the necessary aptitude and skills for the work. Several participants have gone on to gain employment with the Trust following such placements.

During 2013, the Trust was also involved in Sunderland's first 'Work Discovery Week'. This pioneering five day project, which ran during July 2013, was led by the City Partnership and co-ordinated by the SAFC Foundation as a way of forging stronger links between companies and organisations across the region and school pupils on Wearside. This work aimed to provide effective links between the key businesses and schools in the city, to aspire young people to work in different jobs and careers for the good of the city's economy.

Finally the Trust has been working in partnership with Sunderland University to accredit some of the training and development programmes which we deliver to staff, so that individuals can gain academic recognition for the work-based learning they complete. This has included specialist training for a variety of professional staff working in the Stroke Service and in Ophthalmology.

Employee Health and Wellbeing

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

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

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

- a dedicated occupational health and wellbeing department;
- access to fast track physiotherapy;
- dedicated counselling support services;
- mediation to help staff to deal with difficult workplace issues, incidents and/or conflict;
- preventive interventions e.g. stress risk assessments;
- coaching and guidance for managers concerning psychological and practical support for staff, including workforce adjustments;
- training and communication about workplace stress and handling conflict;
- staff benefits, including salary sacrifice schemes; and
- a staff fitness centre.

In recognition of the vital contribution made by our staff we also held our fourth Employee Benefits Day in November 2013, which showcased the extensive benefits packages available to all those who work for us.

We also last year recognised those staff who had demonstrated dedication, innovation and commitment to excellent patient care at our annual Reward and Recognition event held at the Stadium of Light.

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

Award Category	Winner
Customer Service Individual	Lucy Thompson, Dietetic Assistant
Customer Service Team	Estates Drain Cleaning and Maintenance Team
Patient Safety and Innovation	The Emergency Department Gold Standard Handover Rapid Improvement Workshop Team
Leadership	Saeed Ahmed, Consultant Nephrologist
Partnership	Lucy Gash, Chemotherapy Specialist Nurse
Lean Working	Phoenix Unit Kaizen Team
Ward or Department of the Year	Information Technology Department
Outstanding Contribution	Rahul Nayar, Consultant in Metabolic Medicine
Clinical Governance	William Carr, Surgical Registrar
Council of Governors	Alan Teed, Healthcare Assistant
Chief Executive's	Lorraine Taylor, Pharmacy Technician
Chairman's	Radio Sunderland for Hospitals

Staff Engagement

Ultimately it is the people who use our services who benefit every day from the care and compassion demonstrated by staff to provide the best. We know that engaged staff deliver better results which leads to a better patient experience and so we continue to work with staff to improve levels of engagement. We do this in a number of ways, including involving them in decision making, giving staff freedom to voice ideas, encouraging them to perform well through regular feedback all culminating in an annual appraisal which supports their personal and professional development. The overall success of this approach was demonstrated in improved staff survey results in 2013 relating to staff engagement, which are summarised below.

Possible scores range from 1-5, with 1 indicating that staff are poorly engaged (with their work, their team and the Trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.76 was above/better than average when compared with Trusts of a similar type.

2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.73	3.69	3.76	3.74	+0.03

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 2013 survey were published in February 2014. This year our response rate increased to 45% of staff responding in comparison to a 43% response rate in 2012.

The key findings from the survey are summarised below:

2011/12 Overall Response Rate		2012/13 Overall Response Rate		2013/14 Overall Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	Trust	National Average	
56%	54%	43%	49%	45%	49%	+2%

Top 4 Ranking Scores

Fairness and effectiveness of incident reporting procedures (the higher the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.64	3.5	3.65	3.51	+0.01

Effective team working (the higher the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.77	3.72	3.84	3.74	+0.07

Percentage of staff able to contribute towards improvement at work (the higher the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
71%	68%	73%	68%	+2%

The percentage of staff receiving job-related training, learning or development in the last 12 months (the higher the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
82%	81%	85%	81%	+3%

Bottom 4 Ranking Scores

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

The percentage of staff having equality and diversity training in the last 12 months (the higher the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
42%	55%	36%	60%	-6%

The percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (the lower the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
32%	34%	36%	33%	-4%

The percentage of staff experiencing physical violence from staff in the last 12 months (the lower the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3%	3%	3%	2%	0%

The percentage of staff appraised in the last 12 months (the higher the score the better)				
2012/13 Response Rate		2013/14 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
86%	84%	82%	84%	-4%

Key changes since the 2012 survey

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

- percentage of staff agreeing that they are able to make improvements happen in their work area had increased to 59% compared to 54% in 2012;
- percentage of staff agreeing that hand washing facilities are always available was 73% compared to 69% in 2012;
- percentage of staff agreeing that training had helped them to deliver better patient care/experience had increased to 66% compared to 62% in 2012;
- percentage of staff left feeling that their work is valued by the Trust increased to 67% compared to 63% in 2012; and
- percentage of staff agreeing that their line manager encourages those who work for her/him was 75% compared to 72% in 2012.

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

- percentage of staff receiving equality and diversity training in the last 12 months was 37% compared to 43% in 2012;
- percentage of staff who had not felt pressure to attend work when they had not felt well enough to perform their duties was 78% compared to 83% in 2012;
- percentage of staff who had been given feedback about changes made in response to reported errors/incidents was 50% compared to 55% in 2012;
- percentage of staff who have had an annual appraisal was 82% compared to 86% in 2012; and
- percentage of staff who had not witnessed any errors or near misses that could have hurt patients – down by 3% to 71% in 2013.

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

- equality and diversity;
- violence and harassment;
- engaging staff in decisions that affect them; and
- appraisal.

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

- reviewing the provision and frequency of equality and diversity training;
- reviewing the provision of violence and aggression training for those staff who need it;
- assessing the way in which appraisals are conducted in order to enhance the process to help identify training, learning and development needs;
- reviewing arrangements to ensure that staff receive clear feedback which is linked to the Trust's planned goals and objectives;
- identifying a small number of improvements that the Trust has achieved in the last year where staff have made a significant contribution and ensuring that this message is transmitted through all possible communication channels and in appraisals with staff;
- ensuring that staff know about service improvements and changes that the Trust has made/is making, especially in light of the Francis Report;
- ensuring that staff know how to raise a concern; and
- improving staff awareness of how and with whom they can report bullying and harassment in a confidential way.

QUALITY REPORT

"Protect patients from harm and to provide the very best possible care at all times."

PART 1: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Welcome to our Quality Report for 2013/14. Our aim is to provide a balanced and honest report on 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.

We are generally seeing a growing number of patients every year and our aim is to treat each one as individuals, to understand what they are going through and to fulfil their expectations of compassionate care in a clean, safe and comfortable hospital. I believe that most of the time we are doing this and the content of the Quality Report 2013/14 will go someway in confirming this.

Once again, we have faced another challenging year for the Trust. The relentless drive to improve patient safety and quality of care continues with the realities of increased activity and demands for financial savings.

The Francis Report into failings of care at the Mid Staffordshire NHS Foundation Trust and the Keogh Review (which examined hospitals with high mortality) have provided a blueprint for how we culturally refocus the service to ensure that it is safer, more caring and more compassionate. No one who works within the NHS or provides health or social care can be in any doubt about the significance of both reports. They demand that the NHS assures itself that it is doing enough to protect patients from harm and to provide the very best care possible at all times.

During 2013/14 we have reflected and acted on the recommendations from Francis and Keogh and I hope the Quality Report gives you confidence and assurance that we are meeting, most of the time, your expectations of compassionate care in a clean, safe, comfortable and friendly hospital.

That is not to say that we always get it right. It is important to acknowledge that there is more we can and should do, and the Quality Report will set out what these areas are.

Our successes

I mentioned last year that the Trust had embarked on a huge clinically-led change programme called 'Safe and Sustainable Emergency Care' to reform the whole of our emergency care pathways. That reform work has continued throughout 2013/14, at the same time as the small matter of changing our hospital information system, and I'm delighted to say that we are beginning to see some of the changes necessary to match our ambition of 'fit for purpose' emergency care. We also coped extremely well during our traditional 'winter pressures' period despite intense pressure on our emergency services.

The provision of our first Endovascular Unit for patients with arterial disease is another example of facilities that can only be described as 'state of the art'. The new facility will use technologies that put us firmly at the leading edge of medical innovation.

In December 2013 we had our annual unannounced visit from the Care Quality Commission. The inspection team spoke with patients and their visitors about their experience of the accident and emergency department, care of the elderly wards, outpatients and human resources department. We are delighted that they found no concerns regarding the standards of care we provide.

In 2013/14 we have had our best year to date in reducing cases of MRSA bacteraemia and *C. difficile* infection and every one of us has played some part in that success. Other notable improvements include a welcome reduction in patient falls that cause harm and a downward trend in hospital acquired pressure ulcers.

We have been able to achieve the majority of our Commissioning for Quality and Innovation (CQUIN) targets in 2013/14, or have been able to demonstrate improvements where targets have had to be re-adjusted. We are also delighted to have on-going positive patient feedback in the national 'Friends and Family Test'. Our participation rates and net promoter scores are some of the best in the region. Similarly, we had some positive messages from our own staff in the annual staff survey.

May 2013 was also a watershed moment for the Trust. For those staff reading this report it may seem strange to report as a highlight our implementation of Meditech Version 6, which replaced our entire hospital information system. Clearly it was a huge technical challenge and the magnitude of the undertaking although not underestimated did prove to be larger than expected. For those who use it, day to day life was never the same and I acknowledge the operational difficulties it has presented to our staff. We have been working hard to minimise and mitigate any impact to patients, although this has not always been possible. However, I'm confident that once these issues have been resolved, and functionality is embedded into our daily work, we will have an IT system that will safely and effectively manage our complex business. In addition, I hope patients will also see and feel the benefit as they come into contact with our services.

Our disappointments

The results of our patient satisfaction surveys show some stubborn areas where we have not been able to achieve the level of improvement we want. Despite extensive efforts, patients have again rated the Trust low regarding choice of food, although the scores have actually increased. There has also been a small, but welcome, improvement in scores for pain management but we know we still need to do better. And that is why we still have these as priorities next year.

Some of our mortality information suggests that we have higher rates than other Trusts in the region. These have played some part in raising our risk profile. However, mortality is a complex area and there are a number of factors which account for the variation in different mortality measures that we need to understand. We are currently reviewing the context of our mortality measures. We will also be introducing a Trust wide mortality panel to help us understand the clinical and organisational factors which have an impact on patient deaths.

Going forward

The pace of change, increased activity and public expectation will present further challenges to a resilient NHS and our Trust is not immune to the demands to reduce costs and become more efficient in how we do things. However, we will not compromise on patient safety and quality.

The Trust recognises that to provide high quality services, our staff need to feel engaged, respected, listened to and appreciated. It is our determination that this will be a focal point of the Trust's work. We will look forward to the outcomes of the new staff Friends and Family Test and make sure that they feel valued and where concerns are raised the are listened to and acted upon.

Finally, I have also been encouraged by the very constructive relationships we have been able to build with our local Clinical Commissioning Groups (CCGs), which officially came into existence on 1 April 2013. The creation of CCGs and the close involvement of GP colleagues in commissioning healthcare services bring new opportunities for us to improve health and wellbeing for local people.

Going forward, we will work closely with our CCG colleagues on quality performance and the provision of integrated care to ensure that, together, we can respond effectively to the needs of patients and our local population.

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: 28 May 2014

Remi Omole, Hospital Chaplain

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

2.1 Review of Quality Improvement Priorities 2013/14

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

The table below summarises the priorities and objectives we set for 2013/14; this is followed by a detailed account of our progress and achievements to date.

Priority 1: Treating and caring for patients in a safe environment and promoting 'harm free' care

Patient safety	
1	Reduce the number and severity of hospital acquired pressure ulcers
2	Increase the number of 'near miss' incidents reported by staff
3	Improve staff recording, recognition and response to deteriorating Early Warning Scores (EWS)
4	Reduce the number of serious patient falls
5	Reduce the number of drug administration errors
6	Maintain the Trust's position of having a low rate of mortality

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

Pressure ulcers (also known as pressure sores) are a significant burden on the NHS and have a detrimental effect on patients' health and wellbeing. They can be considered a proxy measure for the quality and safety of care patients receive. 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.

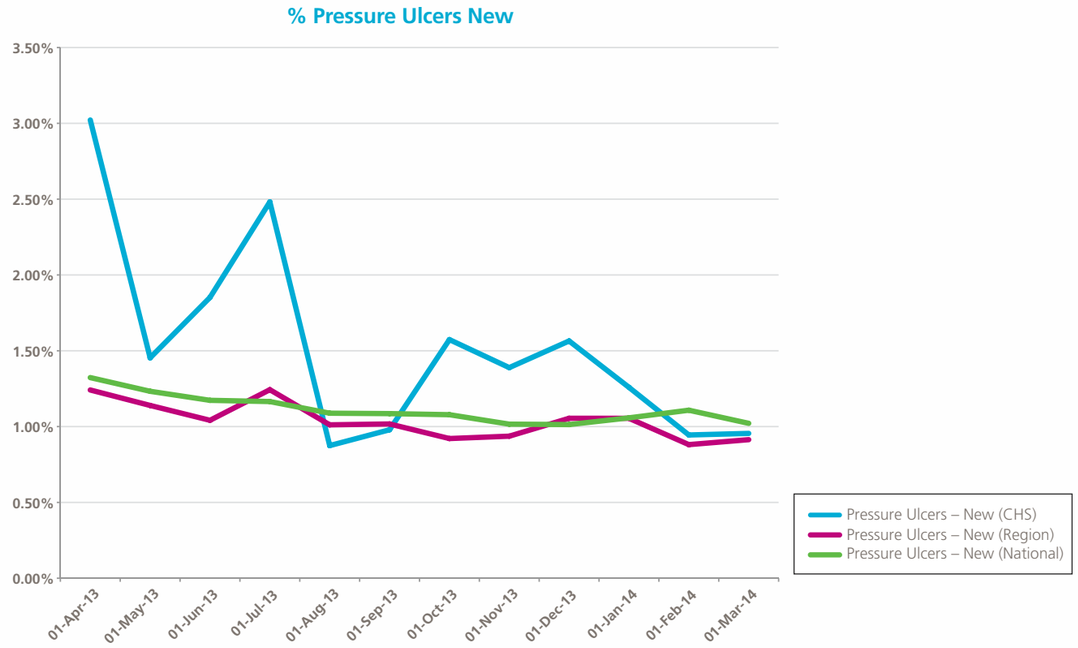
Since July 2012 we have been collecting data for the NHS Safety Thermometer which is a national benchmarking tool for measuring improvement in the reduction of 'harm' to patients. One of the key harms is pressure ulcers.

The table below shows data submitted to the Safety Thermometer from initial collection in July 2012 until March 2014 for 'all' (includes patients with admitted ulcers and those hospital acquired) and 'new' (hospital acquired only) pressure ulcers.

Metric	Apr 12	May 12	June 12	July 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
Pressure ulcers – All (%)	•	•	•	11.50	8.71	6.09	6.77	5.89	5.26	7.28	3.76	5.91
Pressure ulcers – New (%)	•	•	•	4.84	2.77	2.49	2.92	1.92	2.43	2.38	1.30	1.51
Metric	**Apr 13**	**May 13**	**June 13**	**July 13**	**Aug 13**	**Sept 13**	**Oct 13**	**Nov 13**	**Dec 13**	**Jan 14**	**Feb 14**	**Mar 14**
Pressure ulcers – All (%)	7.63	6.10	5.70	8.61	6.71	4.48	4.43	5.83	6.97	6.57	6.21	7.09
Pressure ulcers – New (%)	3.02	1.45	1.85	2.48	0.87	0.98	1.57	1.39	1.56	1.26	0.94	0.95

• NHS Safety Thermometer data collection commenced in July 2012

The graph shows a clear downward trend of patients developing 'new' pressure ulcers, specifically for the period April 2013 to March 2014 and whilst this is in line with regional and nationals trends, the rate of improvement for City Hospitals is more pronounced. Some of our patients are admitted with existing pressure ulcers and our Tissue Viability Specialist Nurse continues to liaise with colleagues across the community to identify specific themes and trends.



Source – NHS Patient Safety Thermometer (Health & Social Care Information Centre)

The number of patients with hospital acquired pressure ulcers is decreasing, evidence that the work of the Trust Tissue Viability Team is having a beneficial impact on patient care.

The table below shows the number of grade 3 and 4 pressure ulcers for each month reported as 'serious incidents'. Pressure ulcers graded 3 and 4 are the most serious types of ulcer and require specialist treatment and management. Each case is examined carefully and the root cause established. There has been some variation in incidents reported during the year but we are committed to improving our prevention and management practices.

2013/14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Pressure ulcers grade 3	3	5	1	5	1	3	1	2	2	3	2	1	29
Pressure ulcers grade 4	1	1	2	3	0	3	1	0	2	3	1	1	18
Grand Total	4	6	3	8	1	6	2	2	4	6	3	2	47

Source – Strategic Executive Information System

What we have done during 2013/14:

- the Trust Tissue Viability Team continues to work with wards to implement the Skin inspection, Surface, Keep moving, Incontinence and Nutrition (SSKIN) Bundle (a model of care for pressure ulcer prevention and treatment) and all patients admitted with a pressure ulcer are reviewed by a Dietitian;
- the Trust has introduced a 'STOP Pressure Ulcers' campaign to provide a focus for raising staff awareness about the promotion of pressure ulcer prevention;
- the Nutrition Steering Group has implemented the provision of supplementary snacks, fortified milks and methods of increasing calorific intake for patients at risk of pressure damage;
- meetings have been held with the surgical sisters/charge nurses and theatre manager to agree a process for sharing information about the 'at risk' profile of patients at handover. The Theatre Team also has pressure relieving devices available in theatre to minimise damage to patients' pressure areas during the perioperative phase;
- a series of meetings have also been held with sisters/charge nurses where the prevalence of patients with pressure ulcers is higher to identify any further actions that can be taken. Additional ward based teaching sessions are being provided by the Tissue Viability Specialist Nurse. There is also a programme of spot audits of patient risk assessments and wound management practices; and
- the Executive Committee has agreed additional investment to enhance the current Tissue Viability Team which will allow the Trust to provide a comprehensive seven day service.

2. Increase the number of 'near miss' incidents reported by staff

Near miss reporting indicates a positive safety culture, in which staff are able to anticipate safety issues before there is harm to a patient. The Trust is encouraging staff to report near misses so it can learn and put actions in place to prevent patient harm.

The Patient Safety and Risk Team have worked with teams across the Trust during 2013/14 to stress the importance of near miss incident reporting and to assist in thematic analysis and prevention of more serious incidents. Last year we launched a Trust-wide campaign to "Keep Calm and Carry On Reporting Incidents" and had regular intranet news items promoting the importance of incident reporting. We have started to see the benefits of these initiatives positively influencing staff reporting behaviours but we know we cannot be complacent.

To help staff understand the term 'near miss' we have renamed these incidents as 'no harm'. City Hospitals Sunderland's degree of harm profile is different from other Trusts. The main difference is that the organisation records fewer incidents with no harm. However, the Trust profile in 2013/14 has begun to change. The chart below shows that during 2013/14 there has been a steady increase in reporting of this category of incident. When compared with the numbers reported during 2012/13 there has been a steady increase overall although there has been some variation noted this year.

	Apr 12	May 12	June 12	July 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
Number of near miss incidents	56	75	69	101	78	93	142	147	92	97	114	131
	Apr 13	**May 13**	**June 13**	**July 13**	**Aug 13**	**Sept 13**	**Oct 13**	**Nov 13**	**Dec 13**	**Jan 14**	**Feb 14**	**Mar 14**
Number of near miss incidents	289	227	221	189	165	138	195	192	169	166	141	183

Source – City Hospitals Sunderland Safeguard incident system

The Patient Safety and Risk Team launched a poster campaign using Heinrich's Triangle (1931) to assist in the visualisation of why it is important to know about and act to improve no harm incidents, and to prevent more serious incidents from occurring.

An example of an action taken where no harm incidents have been submitted is illustrated below:

Analysis of patients leaving the ward (without permission) and therefore reported as missing, but no harm has come to them. A risk manager was allocated to work with those wards/departments most frequently reporting these incidents. Risk assessments of the environment were updated and security measures reviewed with reasonable adjustments made to promote safety. We will be evaluating the impact of these measures next year.

During 2014/15 the Patient Safety and Risk Team will be using the Staff Safety Survey results to develop incident reporting awareness, specifically with the administration and clerical staff and support teams. There are also plans for specific seminars for these groups of staff and the development of trigger lists to assist their understanding of incident reporting. Following discussions with the Portering Team Manager a dedicated answer phone will be available for the porters to use as an incident reporting system. We will also continue with our high level learning messages which go out to the organisation each week from the Rapid Review Group, which commenced earlier this year. This group reviews all reported moderate and serious incidents and any other patient safety concerns.

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

In the Trust, the early warning score system is in place to help identify patients whose condition may suddenly deteriorate. 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 problems.

The Trust began the roll out of the new National Early Warning Score (NEWS) in September 2013 which also coincided with a revised hospital observation chart. The same principles apply to the new model in providing a simple trigger for escalation of care if the patient's condition deteriorates. The introduction of the revised NEWS tool has been a significant undertaking by the Trust, which involved widespread training on relevant wards. The findings from the annual audit show that most of the good practice around EWS has been maintained, although documentation regarding the patient's monitoring plan has slipped. It is expected that this will improve with further training and staff being more competent and confident with the national revised tool.

The Trust undertakes an annual Trust- wide audit of how the NEWS system is working and some of the results, compared to previous years, are highlighted below:

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
National Early Warning Score (NEWS) was recorded accurately	81%	91%	95%	94%	92%	92%
Patients with a documented monitoring plan	nm*	77%	93%	97%	94%	83%
Patients had the minimum required frequency of observations / NEWS in accordance with their level of care	nm	nm	nm	96%	94%	91%
Monitoring plans were adhered to overnight	nm	79%	72%	83%	78%	78%

Data source - CHS Level of Care and Early Warning Score Point Prevalence Study
* nm – not measured because it was not part of the survey at the time

The annual audit showed that compliance with monitoring plans appeared to be slightly lower during the night. Further work will be undertaken during 2014/15 to understand the reasons for this and put actions in place to improve compliance. This may include modification to staff training in NEWS. A further audit will then be undertaken to evaluate any improvement. NEWS has not been introduced in paediatrics and obstetrics as it is not validated for children or pregnant women. A pocket size aide memoire NEWS chart is also available for ward teams.

Although the indicator is not one of the key priorities for 2014/15, it will still be an area of focus and the results from the annual Trust-wide audit of NEWS will continue to be monitored by the Deteriorating Patient Group.

4. Reduce the number of serious patient 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 may decrease the likelihood of a return to previous levels of independence for patients and prolong their hospital stay. Patient falls are among the most common incidents reported in hospital and are a leading cause of death in people aged 65 or older.

The Hospital Based Falls Group has worked throughout 2013/14 with clinical teams to assist in the identification of patients who are at risk of falling and to introduce measures to mitigate harm. There have been three main tools we have used to assist in the work namely incident reports, the NHS Safety Thermometer data and the Royal College of Physicians Fall Safe Pathway.

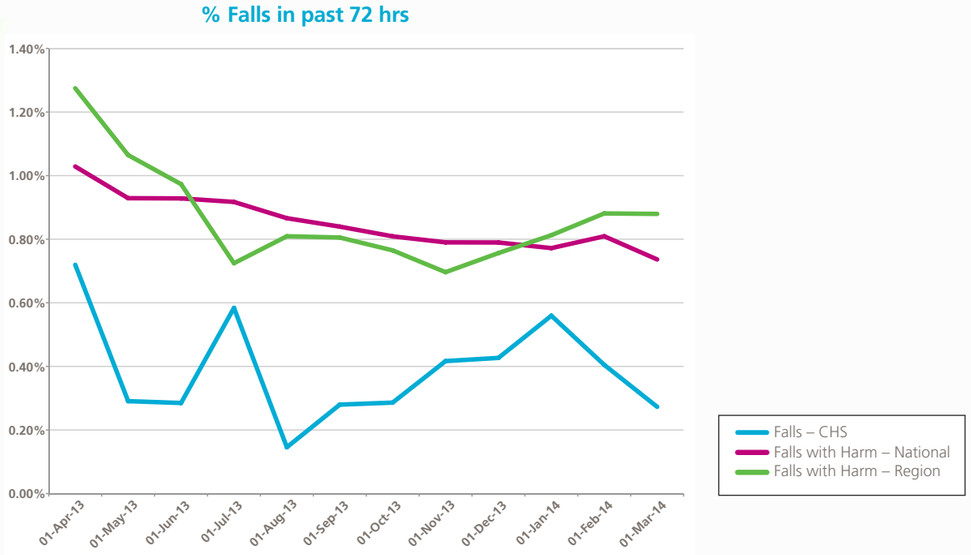
By analysing incident reports and root cause analysis investigations alongside the NHS Safety Thermometer data we have been able to pin point 'hot spots' for patient falls and work with the clinical teams to identify mechanisms to reduce harm to patients. Introducing the Fall Safe Pathway has enabled clinical staff to use the tool to identify patients at risk. Following the launch of Meditech V6 and upgraded electronic patient record in May 2013 we successfully embedded the Fall Safe assessment tool into the system, alongside the bed rail assessment and patient information leaflets. Ward Managers are now able to use this system to complete patient risk assessments and apply specific care plans. This is further supported by a monthly quality assurance check by Matrons.

The NHS Safety Thermometer data provides the Trust with information about patients at risk of falls. Our performance has improved since data collection commenced in July 2012 and is better than the North East regional benchmark and national average. The table below shows performance from this current year (April 2013 – March 2014), and for the preceding year, for falls that have caused harm.

	Apr 12	May 12	June 12	July 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
Falls with Harm (%)	*	*	*	0.78	1.11	1.25	1.33	0.68	0.81	0.53	0.29	0.41
	Apr 13	**May 13**	**June 13**	**July 13**	**Aug 13**	**Sept 13**	**Oct 13**	**Nov 13**	**Dec 13**	**Jan 14**	**Feb 14**	**Mar 14**
Falls with Harm (%)	0.72	0.29	0.28	0.58	0.15	0.28	0.29	0.42	0.43	0.56	0.40	0.27

* NHS Safety Thermometer data collection only commenced in July 2012

The chart below shows an improving trend throughout 2013/14 for falls that cause harm in the past 72 hours and is below the regional and national profiles (lower percentage rate is better).



The table below shows the actual numbers of slips, trips and falls that have been reported during 2013/14 and how the totals compare with previous years. Disappointingly, the Trust has not been able to show any reduction in the number of falls despite introducing a number of initiatives. We have encouraged staff to report all incidents where patients have had a slip, trip or fall and will continue to promote the importance of doing so throughout 2014/15.

2013/14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Slips, trips & falls	166	163	122	155	148	130	172	151	153	141	105	137	1743
2012/13													1720
2011/12													1645

What we have done about patient falls during 2013/14:

- wards have introduced comfort rounds to ensure that patients are regularly checked to see if they require additional assistance and support, such as patients being escorted to the toilet, providing analgesia, drinks and positional changes. Where the number of falls has reduced it is attributed to a combination of comfort rounds and the Fall Safe programme;
- the Hospital Based Falls Group was successful in introducing special slippers for patients who are assessed at risk. These have non slip soles and a terry towelling sock and can be worn in bed. Many patients have commented how comfortable they are and how they provide reassurance when getting out of bed;
- a visual prompt of a magnetic falling star is placed by nursing staff above a patient's bed when they are at risk of falls and require additional supervision and support; and
- all improvements are developed and monitored by the Hospital Based Falls Group which is a sub-group of the Clinical Governance Steering Group.

5. Reduce the number of drug administration errors

In advance of the Meditech V6 upgrade we wanted to create a system to enable drug errors to be reported through the Trust Safeguard Incident Reporting System which would be linked to the new hospital information system. This would enable accurate reporting and actions to be taken to mitigate against future risks. Unfortunately, the capability within the new system to progress this priority has not happened as we expected and we made a decision to postpone this work until later in 2014. A sub-group of the Clinical Governance Steering Group is assigned to this work and we hope to be in a better position to report our progress next year where it has been identified as a priority for 2014/15.

6. Maintain the Trust's position of having a low rate of mortality

Performance and progress against this indicator can be found in Part 3: Review of Quality Performance 2013/14.

Chinny Patnaik, Lead Clinical Pharmacist (Clinical Governance)

Priority 2: Enhance the quality of life of patients with long term conditions: improve the in-hospital management of patients with dementia

The following are the quality priorities identified for 2013/14.

Clinical effectiveness	
1	Patients assessed as 'at-risk' of dementia will have diagnostic assessments, investigations and appropriate follow-up
2	Dementia patients are assessed on their risk of developing malnutrition and dehydration on admission (MUST score)
3	Reduce length of stay of patients with dementia
4	Appropriate training of staff who care for patients with dementia
5	To ensure that carers of people with dementia feel supported
6	Reduce the number of falls and serious injury, particularly among those patients with dementia

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

The National Dementia Strategy (2009) outlined the best practice standards required to help patients and their families who are living with dementia. The Commissioning for Quality and Innovation (CQUIN) indicator for dementia care was also introduced to incentivise the identification of patients with dementia and to prompt appropriate referral and follow up after they leave hospital. In order to achieve the CQUIN target, the Trust was required to achieve 90% compliance from April 2013-March 2014. Trust performance for 2013/14 shows that we have met and exceeded the CQUIN measure.

Indicator No	Description	Period	Performance	Target
1	Dementia – Find & assess	Quarter 3 2012/13	56.90%	90.0%
		Quarter 4 2012/13	97.70%	90.0%
		Quarter 1 2013/14	**96.70%**	**90.0%**
		Quarter 2 2013/14	**99.75%**	**90.0%**
		Quarter 3 2013/14	**98.68%**	**90.0%**
		Quarter 4 2013/14	**99.80%**	**90.0%**
2	Dementia – Investigate	Quarter 3 2012/13	100.0%	90.0%
		Quarter 4 2012/13	100.0%	90.0%
		Quarter 1 2013/14	**100.0%**	**90.0%**
		Quarter 2 2013/14	**100.0%**	**90.0%**
		Quarter 3 2013/14	**100.0%**	**90.0%**
		Quarter 4 2013/14	**100.0%**	**90.0%**
3	Dementia – Refer	Quarter 3 2012/13	65.30%	90.0%
		Quarter 4 2012/13	95.50%	90.0%
		Quarter 1 2013/14	**100.0%**	**90.0%**
		Quarter 2 2013/14	**98.65%**	**90.0%**
		Quarter 3 2013/14	**100.0%**	**90.0%**
		Quarter 4 2013/14	**100.0%**	**90.0%**

* Data collection commenced October 2012 with a target of 90% placed across all 3 indicators

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

The Malnutrition Universal Screening Tool (MUST) is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (under-nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

The goal during 2013/14 was to try and assess whether patients specifically diagnosed with dementia had their MUST score reported on admission. Unfortunately, we have been unable to utilise the Meditech Version 6 programme to report specifically on dementia patients. However, a generic Trust-wide audit was undertaken by dietetic colleagues on the use of the MUST screening tool during 2013. Data was collected from 71 patients across a range of inpatient wards.

In order to calculate a MUST score, a patient's weight, height, body mass index (BMI), percentage unplanned weight loss and acute disease state should be recorded. The results below show that weight, height and BMI were recorded between 89% and 90% of patients. The percentage weight loss (49%) and disease state (41%) were not recorded as frequently.

	Yes	No	Unable to assess	Not documented
Weight	89% (63)	11% (8)	-	-
Height	89% (63)	8% (6)	3% (2)	-
BMI	90% (64)	8% (6)	1% (1)	-
Percentage weight loss recorded	49% (35)	37% (26)	7% (5)	7% (5)
Disease state	41% (29)	51% (36)	3% (2)	6% (4)

Following assessment 57% of patients warranted a dietetic referral. The results showed that of these patients only 27% were actually referred to dietetics. However, the enhanced functionality of Meditech Version 6 has changed the documentation of the MUST screening tool and referral pathway to dietetics. As the system gives staff a prompt to refer patients with a MUST score of 2 or more ('at risk' patients) we expect the rate of referral to increase for those patients in 2014/15.

This is a priority for 2014/15 and we will ensure that the Meditech system provides us with the necessary information about whether the MUST tool is being routinely used with dementia patients throughout the organisation.

3. Reduce length of stay of patients with dementia

People with dementia stay far longer in hospital than other people who are admitted for the same procedure. The longer people with dementia are in hospital, the worse the effect on the symptoms of dementia and the individual's physical wellbeing. City Hospitals has a specific ward dedicated to the care of people with dementia and those with cognitive frailties. There is also a special team known as the Dementia & Delirium Outreach Team (DDOT) which provides specialist guidance for those who look after dementia patients on other wards in the Trust. They also provide important support for families and carers.

The table overleaf shows that during 2013/14 our average length of stay for patients with dementia has improved and is better than the average for the North East. This achievement will have been, in part, due to knowledge, skills and expertise within the dementia ward supported by DDOT.

Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
City Hospitals Sunderland (performance measured in days)											
12.24	13.89	15.01	12.44	15.25	15.47	11.40	13.75	15.37	14.44	15.99	15.07
North East Peers (performance measured in days)											
12.99	14.07	12.24	14.13	13.76	13.61	13.55	12.18	13.49	14.04	15.44	14.33
Apr 13	**May 13**	**Jun 13**	**Jul 13**	**Aug 13**	**Sep 13**	**Oct 13**	**Nov 13**	**Dec 13**	**Jan 14**	**Feb 14**	**Mar 14**
City Hospitals Sunderland (performance measured in days)											
13.36	14.59	12.68	13.91	11.03	11.91	13.11	13.69	11.10	13.30	12.58	11.87
North East Peers (performance measured in days)											
14.12	13.65	13.28	13.65	13.09	12.17	12.54	12.69	12.58	*	*	*

* North East peer data is currently unavailable for the final quarter of the year

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

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

At City Hospitals, basic dementia awareness training has been delivered at induction for Health Care Assistants for the last 2 years. This education has been specifically around the use of screening tools, how to use individualised care plans and the actions outlined in the national dementia strategy.

In addition, dementia education has been delivered through a number of study days, for example, Dignity in Dementia sessions and Vulnerable Adults training. Medical staff have received education at induction by the Dementia lead clinician, who has also delivered education to Matrons and staff in Directorates through their clinical governance meetings. During 2013/14, the numbers of hospital staff who have undertaken dementia training are as follows:

e-Dementia – online training	29
e-Dementia: Introduction to Dementia	77
The Open Dementia Programme	7
Insight into Confusion Training (Dementia)	94
Total	**207**

The first of the sessions to be delivered by the newly appointed Delirium and Dementia Outreach Team (DDOT) was delivered in July 2013. This training entitled 'Insight into Confusion' is being delivered at 3 levels – basic, intermediate and advanced depending on the target audience.

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

People with dementia can feel vulnerable as their condition progresses and they increasingly rely on other people to do things for them. It is important that people who have dementia feel reassured and supported, while retaining some level of independence.

The support of carers of people with dementia formed part of the national CQUIN priorities for 2013/14. The requirement for the Trust was to demonstrate that they had undertaken regular audits of those caring for people with dementia to assess whether they feel supported.

The Dementia Carers' Survey was developed and implemented by the Dementia and Delirium Outreach Team (DDOT). The original aim was to survey 20 carers per month to find out about their experiences. This proved to be a difficult target to achieve and despite strategies put in place to try and improve the uptake, including simplifying the questionnaire and assigning a member of the DDOT to help with the process, we were never able to reach the required numbers. However, from the small numbers of questionnaires that were completed carers reported they did feel they were supported in caring for their relative.

The table below illustrates the generally low rates of responses to the survey for the year.

	Q1	Q2	Q3	Q4
Number of surveys issued	20	60	12*	9
Number of responses	2	2	4	1

* process changed at this point

Changing the process for 2014/15

To improve how we get feedback from carers in 2014/15, we have agreed to take a different approach. A series of semi structured interviews will take place with carers looking at various aspects of dementia care from the carer's perspective. DDOT will proactively identify patients with dementia who have a suitable carer. Using this format will allow a greater amount of qualitative information to be gathered, in an objective, unbiased format.

In addition, a follow-up telephone interview will take place with the patient's carer (with their explicit consent) shortly after discharge to consider aspects related to the discharge process, and general support and aftercare.

Looking towards the future, with the development of the new dementia centre in the Trust, we will have the facility to run carer drop in sessions, both for carer education, and as a mechanism for obtaining carer feedback.

6. Reduce the number of falls and serious injury, particularly among those patients with dementia

People with dementia are four to five times more likely to experience falls than older people without significant cognitive impairment. People with dementia can have impairments with memory and difficulties with orientation and judgement which together increase the risk of unsafe wandering and falling. We wanted to reduce avoidable slips, trips and falls for this vulnerable group of patients. However, we have been unable to develop the electronic solution required to identify these patients which was reliant on the integration of our existing systems with Meditech V6.

One of our priorities in 2014/15 is to adapt the hospital environment for patients with dementia, where it is possible, in order to promote a more 'dementia-friendly' environment. This will help in creating safe areas for dementia patients who are vulnerable to wandering and falls.

Priority 3: Ensure that we give compassionate care and people have a positive hospital experience

These are the quality priorities identified for 2013/14.

	Patient Experience
1	Improve the likelihood that patients would recommend our services to their family and friends
2	Increase the proportion of patients who feel listened to and involved in their care
3	Enhance the patients perception of pain management, i.e. reduce number of delayed / omitted analgesics
4	Offer all patients a choice of food
5	Ensure patient feedback is acted on
6	Improve end of life care through implementation of the 'Deciding Right' regional framework
7	Training of staff in compassionate care

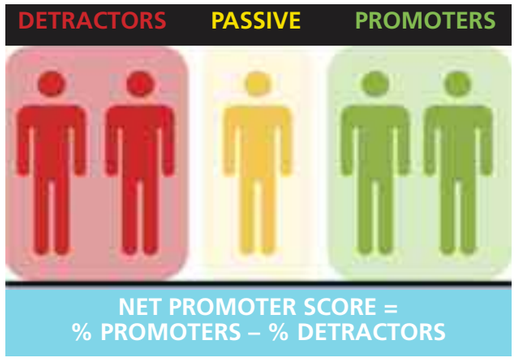
1. Improve the likelihood that patients would recommend our services to their family and friends

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

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

Responses are recorded on a scale of extremely likely to extremely unlikely.

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



The FFT scoring is complex, but is calculated by analysing responses and categorising them into promoters, detractors and neutral (passive) responses. The proportion of responses that are promoters and the proportion that are detractors are calculated and the proportion of detractors is then subtracted from the proportion of promoters to provide an overall 'net promoter' score. Those that say they are 'extremely likely' are counted as promoters. 'Likely' is neutral, 'neither unlikely nor likely', 'unlikely' and 'extremely unlikely' are all counted as detractors.

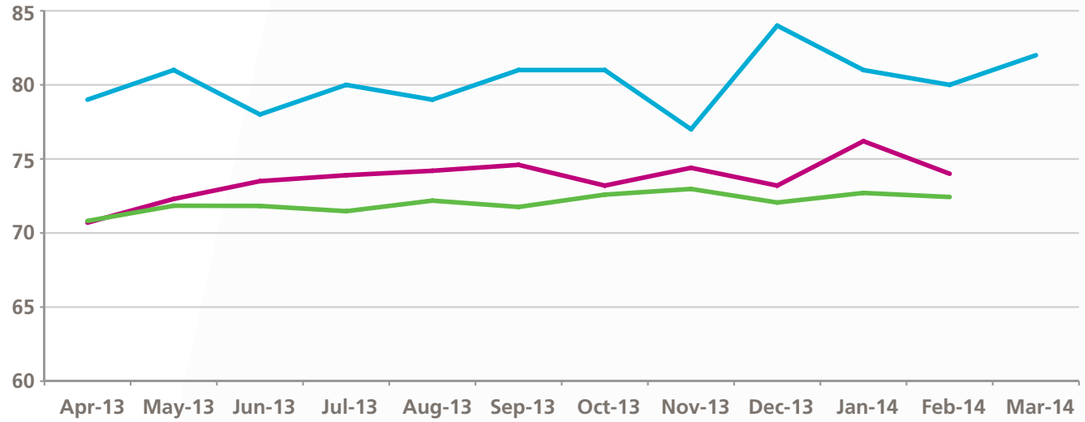
The 'net promoter' score is shown on a scale from -100 (poorest experience) to + 100 (best experience). The FFT scores are benchmarked nationally and are accessible to the public to use (if they wish) to make choices about where they receive health care.

The tables and charts below show that City Hospitals has a net promoter score which is higher than the local (other peer hospitals) and national average for both inpatients and Accident and Emergency Department.

Scores 2013/14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Inpatient	79.0	81.0	78.0	80.0	79.0	81.0	81.0	77.0	84.0	81.0	80.0	82.0
National average	70.8	71.8	71.8	71.5	72.2	71.8	72.6	73.0	72.1	72.7	72.4	73.1
A&E	90.0	80.0	73.0	79.0	75.0	75.0	80.0	78.0	78.0	77.0	70.0	76.0
National average	50.0	52.9	55.6	54.5	57.0	54.6	56.4	58.5	58.8	59.5	56.8	55.1

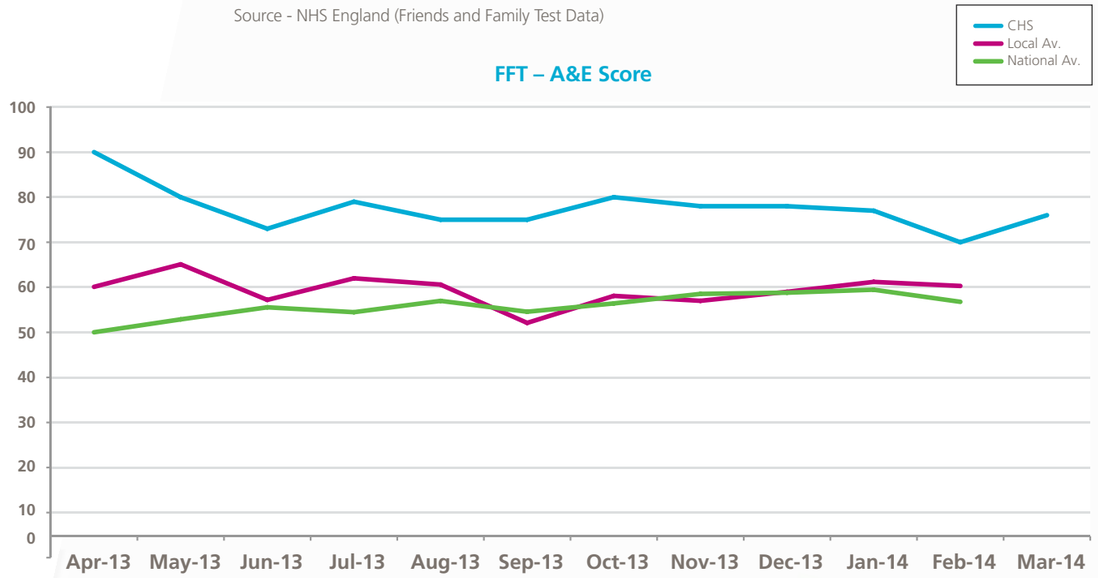
CHS Friends and Family Test net promoter scores (Scale -100 to +100)

FFT – Inpatient Score



Source - NHS England (Friends and Family Test Data)

FFT – A&E Score



Source - NHS England (Friends and Family Test Data)

Patients are also given the opportunity to provide additional comments and this information, as well as the ward level scores, is shared with ward managers who use it to make improvements where necessary. Some examples include:

"The nurses were very attentive. Great care."

"The care was excellent. Staff very helpful."

"Every member of staff were so professional. A smile and a supportive word is always available on the ward. Thank-you."

"I was looked after by all the staff and were all very friendly."

"The food was great. The nurses are fantastic. Staff nurse J is outstanding."

"J looked after me and was excellent. Food was very well catered for."

"SC always put my mind at ease and answered any questions with a smile."

"Communication between doctors and ward staff could be better otherwise all good."

"In some cases verbal communication concerning treatment could be better."

"Time waiting for treatment is too long." and

"Long wait!! Poor information about what was happening until asked several times. Long period in room alone, however when staff did attend very nice, professional and extremely helpful."

From some of the less positive comments received from patients, we have been able to increase monitoring on the state of the cleanliness of toilets in the Accident and Emergency Department. Patients also felt that they were waiting too long in the department and were not given enough information. We have increased interactions with patients waiting in the department so they are kept informed and up to date.

Whilst these less positive comments are helpful in identifying areas for improvement, positive comments are also important in letting staff know that what they are doing is well received and they improve staff morale.

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

Patients need to feel listened to and involved in their own health, care and treatment. This means being involved in decisions and having choice and control over their care and interactions with health services. The amount of control an individual wishes, or is able to take, may vary according to their background and experience as well as their current circumstances. However, the hallmark of a quality service is one where patients take a more active part in their care.

Increasing the proportion of patients who feel listened to and involved in their care has been identified as a priority in the Trust Patient Experience Improvement Plan. The question is asked as part of the annual adult inpatients survey:

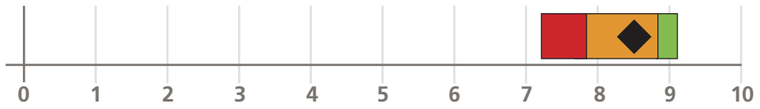
Q32 Were you involved as much as you wanted to be in decisions about your care and treatment?	Score 2012	Score 2013
	7.2	7.0

Source - National Adult Inpatient Survey 2013 Picker Institute (Care Quality Commission)

A similar question is asked of women who participated in the national survey of women's experiences of maternity services 2013. In terms of our performance compared with other Trusts we were at the high end of amber and 'about the same' as other organisations who took part in the survey.

Think about your care during labour and birth, were you involved enough in decisions about your care?	Score 2010	Score 2013
	8.7	8.7

Source - National Survey of Women's Experiences of Maternity Services 2013 - Picker Institute (Care Quality Commission)



We will continue to promote the importance of involving patients in decision making and aspects of their care with our nursing teams through educational events, supervision sessions and staff development. The introduction of comfort rounds will provide increased opportunities for patients to be more involved in many aspects of their care. We will monitor the extent that patients feel involved in their care through our monthly real time feedback information and from personal comments expressed by patients during ward assurance visits.

3. Enhance the patient's perception of pain management

Whilst everyone has experience of pain, it is often complex and poorly understood. It is subjective and can sometimes be challenging for patients and healthcare staff to assess and manage effectively. Patients have reported in the National Annual Inpatients Survey that they feel that their pain management could have been better, although our local surveys provide a more positive picture. The latest national adult inpatient survey (2013) has shown a small improvement in our score compared to last year and moved our comparative position from a red 'worse' than other Trusts to an amber 'same as' category. Whilst this is a welcome improvement we feel that further progress still needs to be made to this important area of practice.

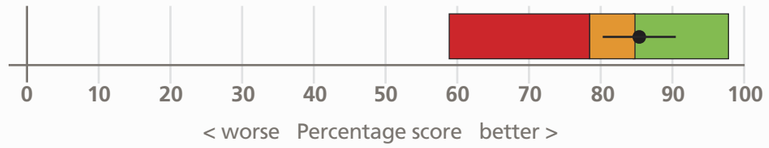
Q39 Did you think the hospital staff did everything they could to help control your pain?	Score 2012	Score 2013
	7.5	7.8

Source - National Adult Inpatient Survey 2013 Picker Institute (Care Quality Commission)

From our participation in the National Cancer Patient Experience Survey (August 2013), the responses about pain management from patients with various cancer types are even more positive and exceed national scores (for daypatients and outpatients). Our position was in the green 'better' than other Trusts. However, the percentage for inpatients was slightly below the national score (82% for the Trust and 85% nationally).

Staff definitely did everything they could to help control pain (Hospital care as a day patient/outpatient)		
Cancer type	**City Hospitals Sunderland**	**National**
Breast	78%	83%
Colorectal / Lower Gastro	88%	81%
Lung	89%	82%
Prostate	92%	79%
Haematological	85%	84%
Head & Neck	90%	83%
Urological	80%	77%
All Cancers	82%	86%

Source – National Cancer Patient Experience Survey 2013



We also ask a question about patients' perception of pain in our real time feedback surveys and collectively they do provide further evidence that patients have a positive experience of their pain management. Our performance shows a consistency of over 90% across wards; however the difference in survey methodology between the Trust real time feedback and the National Annual Survey may be a factor in the difference between the sets of results.

What we have done in relation to pain management during 2013/14:

- pain is identified as one of the three patient experience improvement priorities for 2013/14 (and 2014/15), and is included in the Trust annual plan. Each directorate will therefore be taking local action to ensure improvement;
- provision of comfort rounds on selected wards, involving purposeful contact with the patient to assess and deliver care. Early results show the positive impact in managing patients' pain and it has further identified the need to refine pain scores for patients who are cognitively impaired. The model of care will be replicated on other wards throughout the Trust;
- pain is a regular agenda item on the monthly Matrons Operational Meeting to ensure any good practice is shared across the Trust;
- some wards have individual cupboards containing pain relief in patient bays which can speed up administration;
- a two hour teaching session on pain management is delivered to all newly qualified nurses as part of their Preceptorship Programme. In addition, pain management is included in the Healthcare Assistant (HCA) Development Programme which is mandatory for all newly appointed HCAs;
- the Patient Experience Symposium held in October 2013 had a focus on pain as one of the Trust's improvement priorities and included lectures, posters and breakout sessions on pain management; and
- a Kaizen improvement event facilitated by the Service Improvement Team is planned for 2014/15.

4. Offer all patients a choice of food

Achieving progress with this particular objective has been quite a challenge for a number of years despite a tremendous amount of effort to ensure that patients have a genuine choice at mealtimes. Whilst our local surveys give us confidence that patients are being given a choice, the patient responses in the National Inpatients Survey present a different picture.

The National Inpatients Survey 2013 has shown a small improvement in scores reported by patients, however this gain is lessened by our comparative position remaining in the 'worst' performing Trust category.

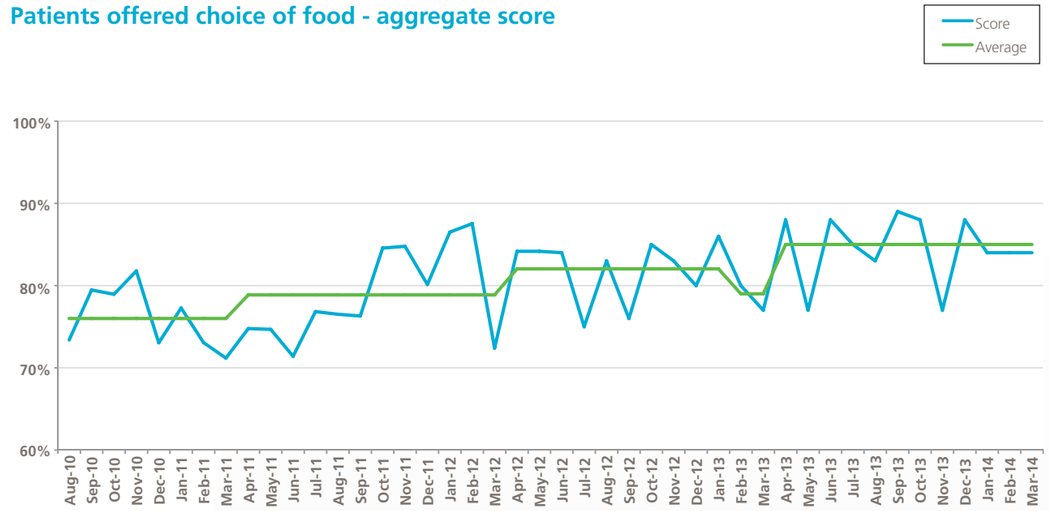
Q22 Were you offered a choice of food?	Score 2012	Score 2013
	7.7	8.0

In view of its importance this question is also asked in the Trust monthly real time feedback collection. In common with this different approach, ie "real time", the scores are much more positive. The chart opposite shows the aggregated scores from August 2010 – March 2014 and clearly shows incremental, year on year improvement.

There is ongoing work to improve the patient perception of choice of food. All patients are now issued with their own menu which they retain for the duration of their time in hospital. During 2013, we introduced a new patient menu.

Staff have been reminded that "on request" options are also available for patients. As part of the Ward Quality Assurance visits, patients are asked if they have their menu card and also about the choice and quality of their food. A more detailed description of some of our other activities is presented in Section 3.

Patients offered choice of food - aggregate score



5. Ensure patient feedback is acted on

Collecting feedback by itself has no value. It needs to be acted upon and used by staff, working within their teams, to identify aspects of their service that need to improve, so appropriate actions can be taken. This is one of the more challenging aspects of the whole area of patient feedback, but one which is crucial to show that the organisation has listened to concerns and that patient experience matters.

There are a number of different mechanisms in place where patient feedback is reported, and assurance given that services have changed:

- quarterly Risk Management Aggregate Reports which are taken to both Clinical and Corporate Governance Groups and written summary reports presented to the Governance Committee (which are shared with Commissioners);
- quarterly Real Time Feedback reports which are presented to the Patient, Carer and Public Experience Committee (which are also shared with our Commissioners);
- quarterly Complaints Report presented to the Patient, Carer and Public Experience Committee; and
- monthly Quality, Risk and Assurance Reports via the governance system to the Board of Directors.

More detailed examples of where patient feedback has led to improvements in care are included in Section 3 under 'Real Time Feedback' and 'Complaints'.

The indicator has also been monitored through our Commissioning for Quality (CQUIN) scheme (see Section 2.2 'Information on the use of the CQUIN Framework).

6. Improve end of life care through implementation of the 'Deciding Right' Regional framework

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

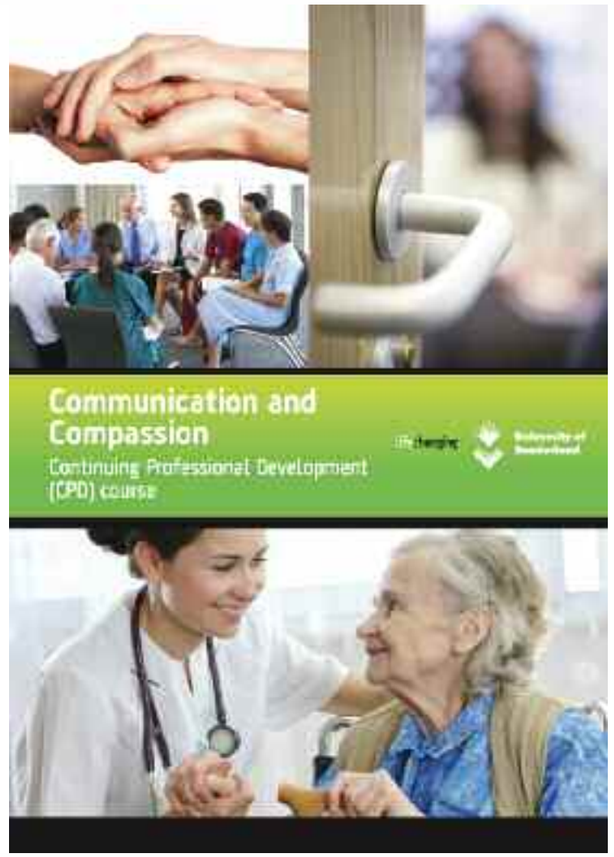
The Trust has worked in partnership with South Tyneside Foundation Trust to develop a structured education plan for the Regional Deciding Right initiative. Monthly training sessions began in September 2013 and are being delivered to nursing staff from directorates across the Trust. There is also a network of 'Deciding Right Champions' who attend the training. These monthly sessions cover national legislation and the principles and documentation of Deciding Right, delivered by the Dementia and Delirium Outreach Team. Additional sessions include the importance of communication which is facilitated by the Specialist Palliative Care Team.

7. Training of staff in compassionate care

The NHS has an unprecedented focus on quality following the failings of the Mid Staffordshire NHS Trust and the independent Inquiry by Robert Francis QC. In particular, the development of the national strategy Compassion in Care (6Cs – Compassion, Care, Commitment, Courage, Competence and Communication) and publication of subsequent national, regional and local implementation plans, has shown the priority given to this agenda and reinforced the view that 'compassionate care' is everybody's business in the NHS.

Against this background of perceived "failings" by the NHS and a "loss" of caring and compassion in healthcare, there are compelling reasons for developing a strategy for compassionate care. During 2013/14 we have been developing a Compassionate Care-Customer Care Strategy for the Trust. The strategy will provide strategic direction to enable the Trust to drive the cultural change required to ensure genuine patient and family/carer centred care.

The Trust has developed a programme of internal training and workshops and an accredited module with Sunderland University on compassionate care (see below).



Approximately 77 healthcare assistants have attended the Trust's Healthcare Assistant Programme which promotes compassion in care and the 6-Cs highlighted in the national Compassionate Care Strategy. In addition, 27 registered nurses have also undertaken the 'Communication and Compassion Course' at Sunderland University and a number of other staff have completed the 'Compassion in Practice' e-learning package.

PRIORITIES FOR IMPROVEMENT 2014/15

National guidance continues to state that we group our priorities and plans under the three main quality headings; patient safety, clinical effectiveness and patient experience. In choosing our priorities, we have reviewed and reflected upon our performance in 2013/14 as well as taking account of some significant National Reviews and Inquiries that have taken place during 2013:

- Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England (Professor Sir Bruce Keogh, NHS Medical Director, NHS England);
- A Promise to Learn – A Commitment to Act: Improving the Safety of Patients in England (Professor Don Berwick); and
- A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture (Rt Hon Ann Clwyd MP and Professor Tricia Hart).

We have also reflected on the following national and local information sources:

- Trust strategic objectives and service development plans, ie Objectives, Goals, Strategies and Measures planning framework;
- feedback from external reviews of Trust services, ie CQC inspections, CQC Intelligent Monitoring Reports, CCG intelligence, Internal Audit reviews, Clinical Accreditation Schemes and other external audits;
- patient safety issues from the Trust incident reporting system;
- patient, carer and public feedback on Trust services, including Friends and Family Test, national patient surveys and real time feedback;
- learning from complaints, PALS, incidents and quality reviews;
- feedback from patient safety initiatives and staff listening events;
- progress on last year's quality priorities; and
- feedback on last year's Quality Account.

In addition, we have also considered the introduction of the Meditech V6 hospital information project and the impact this has had on information flow to help monitor and progress some of our indicators this year.

In setting our final quality priorities for 2014/15, we have actively involved, consulted and taken account of the views from key stakeholders including senior managers (ie Corporate Management Team, Executive Committee), a range of clinical professionals (ie Clinical Governance Steering Group) and from patient and public representatives (ie Council of Governors). In addition we have shared and refined our priorities through the Trust Annual Planning process.

Each of the quality priorities for 2014/15 and proposed indicators for improvement are described in detail overleaf including how each will be measured, monitored and reported.

Patient Safety

The safety of our patients is central to everything we want to achieve as a provider of healthcare. We are committed to continuously 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 investigation and analysis when things go wrong, identifying and sharing learning and making improvements to prevent or reduce the risk of a recurrence. We will be open and honest with patients and their families when they have been subject to a patient safety incident and will strive to eliminate avoidable deaths as a consequence of care we have provided. We will also work to understand and improve our safety culture and to successfully implement proactive patient safety improvement programmes.

Priority 1: Treating and caring for patients in a safe environment and promoting 'harm free' care

Patient safety is a top priority at City Hospitals and our aim is to make patients and their families feel safe whilst in our care. The notion of 'harm free' care has arisen from a number of national quality improvement initiatives and the NHS Safety Thermometer is the latest programme for promoting patient safety improvement. It allows teams to measure harm and the proportion of patients that are 'harm free' during their working day, for example at shift handover or during ward rounds, and provides a 'temperature check' on harm which can be used alongside other local measures.

Why we chose this priority?

The concept of reducing avoidable harm arises from a growing body of evidence concerning certain complications which can, and should, be avoidable. It is nationally recognised that the achievement of 'harm free' care requires continuous effort from the healthcare team and we know we still have work to do in some key areas.

We have included some priorities from last year which are part of the NHS Safety Thermometer programme, such as reducing hospital acquired pressure ulcers and patient falls that cause serious injury. Despite a number of initiatives already implemented or being developed to mitigate these harms, we believe we still need to improve even further on these areas in 2014/15.

Medication errors are one of the top categories of reported incidents nationally. During 2013/14 we wanted to develop systems that would help us monitor and reduce the frequency of occurrence using the enhanced functionality of the new V6 Meditech system linked to our Safeguard Incident Reporting System. Unfortunately, we were unable to develop the interaction between the two systems during the year to provide valid and reliable information. Given that the 'bedding in' period of the new system is now complete we feel we are now ready and able to develop this priority for 2014/15.

Venous thromboembolism (VTE) or blood clots, are a major risk to hospitalised patients. VTE can lead to pain, swelling and potentially to death as well as possible reputational and litigation risks for hospitals. Whilst the full scale of the problem is not known, it is estimated that hospital-associated VTE leads to about 40,000 deaths in England per year, 25,000 of which may be preventable through proper risk management and care. A number of interventions can reduce the risk of a patient suffering VTE while in hospital, and appropriate preventive measures can significantly reduce, but not eliminate, deaths from VTE. From a review of some of our reported incidents we need to ensure that suitable patients have a VTE risk assessment and "at risk" individuals are given appropriate treatment and preventive measures.

How will the priorities be measured, monitored and reported?

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

	Patient safety – Indicator	Measured by	Monitored by	Reported to
1	Reduce the number and severity of hospital acquired pressure ulcers	NHS Safety Thermometer	Patient Safety and Risk Management Team	Clinical Governance Steering Group (Clinical GSG)
2	Reduce the number of drug errors which cause harm	Internal incident reporting system	Patient Safety & Risk Management Team	Clinical GSG
3	Increase the reporting of incidents and 'no harm' events by staff	Internal incident reporting system	Patient Safety and Risk Management Team	Clinical GSG
4	Reduce the number of serious patient falls, including those that result in fractured neck of femur	Internal incident reporting system	Falls Group	Clinical GSG
5	Maintain the target of 95 % of all adult inpatients having a VTE risk assessment on admission to hospital. Reduce the number of avoidable (preventable) VTE.	Internal measures	VTE Committee	Clinical GSG

Clinical effectiveness

We will ensure that each patient receives the right care, according to scientific knowledge and evidence-based assessment, at the right time in the right place, with the best outcome.

Priority 2: 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. 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.

Why we chose this priority?

The national audit of dementia care (2013) identified continuing problems in the quality of care received by people with dementia in hospitals in England and Wales. Although there has been some positive change, the audit showed that many patients are not receiving key health assessments. It also revealed that many hospitals do not provide dementia awareness training to new staff.

City Hospitals participated in the second round of the National Dementia Audit (first round was conducted in 2011) and we improved on many of the standards first audited in 2011. We are determined to continue the excellent work that has already taken place in order to enhance the hospital experience of this vulnerable group of patients. We have now developed our Dementia and Delirium Outreach Team to champion the specific care needs of dementia patients and their carers and have established a dedicated Dementia Ward to foster the most appropriate dementia-friendly hospital environment.

We also need to continue to develop a workforce which understands dementia and which is equipped to respond appropriately to the needs of people with dementia in its care.

How will the priorities be measured, monitored and reported?

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

	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 Strategy Group	Clinical GSG
2	Dementia patients to be assessed on their risk of developing malnutrition and dehydration on admission (MUST score)	Internal data collection	Nutrition Steering Group	Clinical GSG
3	Appropriate training of staff who care for patients with dementia	Internal data collection	Dementia Strategy Group	Patient, Carer and Public Experience Committee (PCPEC)
4	Ensure that carers of people with dementia feel supported	Carers Survey (as part of CQUIN)	Clinical Governance	PCPEC
5	Improve the hospital environment for patients with dementia	Internal data collection	Dementia Strategy Group	PCPEC

Patient Experience

We want all our patients to have a positive experience of healthcare. 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. Our staff should be afforded the same dignity and respect by patients and by their colleagues. Our commitment to respecting everyone and working together is enshrined in the Trust's values. Through our core patient surveys, we have a strong understanding of the things that matter most to our patients; these priorities continue to guide our choice of quality objectives.

Priority 3: Ensure that we give compassionate care and that people have a positive hospital experience

For patients in hospital, every detail of each interaction shapes the unique quality of their experience. From listening to patients, it is apparent that their experience of the hospital and hospital staff is shaped to a large degree by the actions, attitudes and behaviours of individual members of staff.

Going into hospital can be stressful and worrying. At City Hospitals we strive to make sure that patients have a positive experience during their stay. It is important to us that patients feel guided, supported and respected throughout their admission. We know that often the smallest things can make the biggest difference, and we constantly review what we do to see where we can make things better.

Why we chose this priority?

The recent report on the Mid Staffordshire NHS Foundation Trust ('Francis Inquiry') provided a sobering account of where compassion in care was missing in day to day contact with patients and their families. 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 not shown enough 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. The launch of our Compassionate Care – Customer Care Strategy in 2014 will demonstrate our ambition to refocus and reclaim compassion in care. Our continued participation in the Friends and Family Test and national patient surveys will provide a useful barometer as to whether compassion in care is being felt by patients and their families or whether it is being compromised.

The latest results from the National Adult Inpatient Survey show encouraging signs that we are getting better with managing patients' pain and giving patients choice in their meals. However, there can be no relaxation with these priorities until we are confident that progress and improvement is embedded in all our wards.

During 2014/15 we will ensure that the Trust responds to developments within the area of Duty of Candour to further enhance our approach to openness and transparency with patients and their families.

How will the priorities be measured, monitored and reported?

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

	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	PCPEC	PCPEC
3	Enhance the patient's perception of pain management	National Inpatient Survey Real time feedback	Pain Management Group	PCPEC
4	Increase the proportion of patients who report that they were given a choice of food	National Inpatient Survey Real time feedback	Nutrition Steering Group	PCPEC
5	Expand training of staff in compassionate care	Internal data collection	PCPEC	PCPEC
6	Ensure consistency in the implementation of Duty of Candour	Internal data collection	Patient Safety & Risk Management Team	Clinical GSG
7	Improve end of life care through implementation of the 'Deciding Right' regional framework	Audit of practice	End of Life Steering Group	PCPEC

Staff Experience

Staff who feel engaged, involved and valued provide a strong workforce and a strong workforce is essential to the achievement of continuous improvement in delivering healthcare services

Priority 4: Staff experience and promoting an open culture for delivering safe and compassionate care

Following the publication of the Francis Report (Mid Staffordshire), Trusts were reminded that they needed to listen to patients and their relatives and act upon their experiences and complaints. However, it is imperative that they also listen to the experiences of staff. Mid Staffordshire showed that staff dissatisfaction can act as an early warning sign for when things are (potentially) going wrong and individual stories and comments from staff can be used to drive change.

Why we chose this priority?

We acknowledge that listening to the experiences of staff is just as important as listening to patients and their relatives if we want to improve the hospital experience for patients.

From 1st April 2014, all Trusts in England will be required to implement the Friends and Family Test for NHS staff on a quarterly basis. This has been driven by evidence which indicates an association between positively engaged staff and positive patient experiences. Research has also shown a strong relationship between staff engagement and patient satisfaction, patient mortality, infection rates and staff absenteeism and turnover.

One of the key actions from the national Compassionate Care Strategy is for organisations to become more transparent and consistent in publishing safety, effectiveness and experience data with the overall aim of driving improvements in practice and culture. The Open and Honest Care (Driving Improvement) programme aims to publish 'Open and Honest' reports and information for the public on areas such as falls and pressure ulcers, information on healthcare associated infection, staff experience and staffing levels. There will also be commentary describing the improvements being made to patient care. Reports and 'public-facing' information boards at ward level will be refreshed on a monthly basis.

How will the priorities be measured, monitored and reported?

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

	Patient experience - Indicator	Measured by	Monitored by	Reported to
1	Improve the likelihood that staff would recommend the hospital to their family and friends	Staff Friends & Family Test scores	PCPEC	PCPEC
2	Ensure the appropriate number of Registered Nurses and Health Care Assistants on duty	Open & Honest programme	Nursing & Quality Department	Governance Committee
3	Implement the 'Open & Honest' Care programme as a mechanism for improving information about quality and safety for the public	Progress against action plan	Nursing & Quality Department	Governance Committee

Part 2.2 Statements of assurance from the Board of Directors

Review of services

During 2013/14 City Hospitals Sunderland provided and/or sub-contracted 40 relevant health services.

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

The income generated by the relevant services reviewed in 2013/14 represents 100% of the total income generated from the provision of relevant health services by City Hospitals Sunderland for 2013/14.

The data reviewed aims to cover the three dimensions of quality, i.e. patient safety, clinical effectiveness and patient experience.

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

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

Participation in Clinical Audit and the National Confidential Enquiries

All NHS Trusts are audited on the standards of care that they deliver and our Trust participates in all mandatory national audits and national confidential enquiries. The Healthcare Quality Improvement Partnership (HQIP) provides a comprehensive list of national audits which collected data during 2013/14.

(http://www.hqip.org.uk/national-clinical-audits-for-inclusion-in-quality-accounts/#2013)

During 2013/14, 36 national clinical audits and 4 national confidential enquiries covered relevant health services that City Hospitals Sunderland provide.

During that period City Hospitals Sunderland participated in 97% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that City Hospitals Sunderland was eligible to participate in during 2013/14 are as follows: (see table below).

The national clinical audits and national confidential enquiries that City Hospitals Sunderland participated in during 2013/14 are as follows: (see table below).

The national clinical audits and national confidential enquiries that City Hospitals Sunderland participated in, and for which data collection was completed during 2013/14, 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	Eligible	Participation	Comment
Older People			
Falls and Fragility Fractures Audit	✔	✔	Organisational and 40 cases submitted 100% compliance with study criteria
National Hip Fracture Database	✔	✔	Continuous data collection
Sentinel Stroke National Audit programme (SSNAP), includes SINAP	✔	✔	Continuous data collection
Women and Children's Health			
Neonatal intensive and special care (NNAP)	✔	✔	Continuous data collection
Epilepsy 12 audit (Childhood Epilepsy)	✔	✔	Compliant with study criteria
Paediatric asthma	✔	✔	Compliant with study criteria
Paediatric intensive care (PICANeT)	N/A	N/A	
Acute Care			
Adult critical care (Case Mix Programme)	✔	✔	Continuous data collection
Emergency use of oxygen	✔	✔	Compliant with study criteria
Moderate or severe asthma in children (care provided in emergency department)	✔	✔	50 cases submitted 100% compliance with study criteria
National Audit of Seizure Management (NASH)	✔	✔	30 cases submitted 100% compliant with study criteria
National Emergency Laparotomy Audit	✔	✔	Continuous data collection
National Joint Registry	✔	✔	Continuous data collection
Paracetamol Overdose (care provided in emergency departments)	✔	✔	50 cases submitted 100% compliance with study criteria
Severe sepsis & septic shock	✔	✔	50 cases submitted 100% compliance with study criteria
Severe Trauma (Trauma Audit & Research Network)	✔	✔	Continuous data collection
Cancer			
Bowel cancer (NBOCAP)	✔	✔	Continuous data collection
Head and neck cancer (DAHNO)	✔	✔	Continuous data collection
Lung Cancer (NLCA)	✔	✔	Continuous data collection
Oesophago-gastric cancer (NAOGC)	✔	✔	Continuous data collection
Long term conditions			
Bronchiectasis (Paediatrics)	✔	✔	Shared care arrangement with Newcastle
National Chronic Obstructive Pulmonary Disease Audit Programme	✔	✔	Compliant with study criteria
National Diabetes (Adult)	✔	✔	Continuous data collection
National Diabetes Inpatient Audit	✔	✔	Compliant with study criteria Organisational and 96 cases submitted
Diabetes (Paediatric)	✔	✔	Continuous data collection
Inflammatory Bowel Disease	✔	✔	Compliant with 3 of the 4 elements to the study ie Organisational, patient care data and patient survey
Rheumatoid and early inflammatory arthritis	✔	✔	Compliant with study criteria
Heart			
Acute coronary syndrome or acute myocardial infarction (MINAP)	✔	✔	Continuous data collection
Adult cardiac surgery audit	N/A	N/A	
Cardiac arrhythmia management	✔	✔	Continuous data collection
Congenital heart surgery (paediatric cardiac surgery)	N/A	N/A	
Coronary angioplasty	✔	✔	Continuous data collection
Heart failure	✔	✔	Continuous data collection
National Vascular Registry	✔	✔	Continuous data collection
National cardiac arrest audit	✔	✔	Continuous data collection
Pulmonary hypertension	N/A	N/A	
Mental health			
National audit of schizophrenia	N/A	N/A	
Prescribing observatory for Mental Health	N/A	N/A	
Blood and transplant			
Management of patients in Neurological Critical Care Units	N/A	N/A	
Audit of information and consent	✔	x	Partial compliance with study criteria
Audit of the use of Anti D (blood product)	✔	✔	Compliant with study criteria
Renal replacement therapy (Renal Registry)	✔	✔	Continuous data collection
Other			
Elective surgery (National Patient Reported Outcome Programme)	✔	✔	Continuous data collection

List from Quality Accounts 2010-15 (Healthcare Quality Improvement Partnership HQIP)

Clinical Outcome Review Programmes

The Clinical Outcome Review Programmes (previously known as confidential enquiries) are designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by enabling clinicians, managers and policy makers to support changes that can help improve the quality and safety of patient care. The review programmes include the following:

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

National Confidential Enquiries 2013/14

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

During 2013/14 City Hospitals was eligible to enter data into 4 NCEPOD studies. The tables overleaf provide a summary of our participation

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

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. A SAH occurs beneath this membrane.

Secondary Q requested	Secondary Q returned	Tertiary Q requested	Tertiary Q returned	Secondary CN returned	Tertiary CN returned	Sites participating	Organisational questionnaire returned
5	5	0	0	5	0	1	1

Tracheostomy Care – surgical procedure where the surgeon creates an opening in the neck at the front of the windpipe

Included Cases	Insertion Q returned	Crit. Care Q returned	Ward Care Q returned	Cases notes requested	Case notes returned	Sites participating	Organisational questionnaire returned
11	11	10	8	2	2	1	1

Lower Limb Amputation*

Cases included	Clinical questionnaire returned	Case notes returned	Sites participating	Organisational questionnaire returned
7	7	7	1	1

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

Confidential Maternal and Child Health Enquiries (CMACE)

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

MBRRACE-UK has been appointed by the Healthcare Quality Improvement Partnership (HQIP) to continue the national programme of work investigating maternal deaths, stillbirths and infant deaths, including the Confidential Enquiry into Maternal Deaths. The aims of MBRRACE-UK are to provide robust information to support the delivery of safe, equitable, high quality, patient-centred maternal, newborn and infant health services.

The maternity, neonatal and paediatric teams will continue to provide information relating to all child deaths from birth to 18 years of age to the RMSO office and the Child Death Overview Panels both of which review all child deaths on behalf of the Local Safeguarding Children's Boards. This allows for a multidisciplinary review of data and analysis for any trends and shared learning relating to these deaths. The Trust also provides details to the North East Public Health Observatory (NEPHO) to help collate data including diagnosis and incidences of congenital abnormalities; management and outcome data from multiple pregnancies; and diabetes in pregnancy. This data is analysed regionally and included in national analysis.

National clinical audits

The reports of 16 national clinical audits were reviewed by the provider in 2013/14 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided.

Audit title	Good outcomes / Actions taken
National Diabetes Inpatient Audit	The development of a dedicated Multi disciplinary Foot Protection Team has increased the level of foot screening, detection of the 'at risk' foot, and rapid treatment of acute foot ulceration in our patients. This has led to a significant reduction (above national average) in major amputation rates for patients with diabetes.
National Audit of Dementia (care in general hospitals)	A dementia clinical pathway has been developed by the Delirium Dementia Outreach Team (DDOT). DDOT provide in house education and training for staff to help them develop the knowledge, skills and confidence to care for people with dementia. The Trust has introduced a system of 'butterfly symbols' which are placed above the patient's bed to alert staff to the presence of dementia or memory impairment. The Trust has also adopted "This is me" as a tool for gathering information from carers about a person with dementia.
National Oesophago-Gastric Cancer Audit	Results show local investigation, treatment and onward referral to the regional centre are in line with national expectations.
UK Carotid Endarterectomy Audit	Improvement from Round 3 to Round 4 on all but one of the outcomes, with a significant improvement for patients having surgery within 14 days of their symptoms. This is higher than the national average. This significant improvement has been achieved through improved teamwork with stroke physician colleagues.
National Heart Failure Audit	Monitors the care and treatment of patients admitted with heart failure. There have been several improvements over the audit period, including: • the percentage of admitted heart failure patients managed primarily by a Cardiologist has increased with almost all patients having cardiologist involvement in their care; • an improvement in the rate of follow up in the Cardiology outpatient clinics; • increase in the rate of echocardiography during the initial hospital stay; • the number of patients considered for beta blocker therapy has increased; • improvement in the rate of referral to the community heart failure service; and • a fall in the 30 day readmission rates. A case study vignette highlighting these improvements was published as a 'best practice example' in the national Audit Report 2012/13.
National Hip Fracture Database	The Trust has a better compliance rate with the best practice tariff (BPT) than local peers. The BPT offers additional payment for cases which meet national agreed quality standards, for example surgery within 36 hours, shared care by surgeon and care of the elderly clinicians, cognitive function assessment, multi-disciplinary rehabilitation and secondary falls prevention. Work is ongoing to improve the clinical pathway and establish closer relationships with Elderly Medicine.

Local clinical audit

The reports of 163 local clinical audits were reviewed by the provider in 2013/14 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided.

Audit title	Good outcomes / Actions taken
X-raying hips in recovery	The outcomes of the audit show an improvement in the speed of patients through recovery with no additional risks to patient safety.
Trauma & Orthopaedic theatre record- keeping	An aide memoire has been developed to improve documentation and accountability.
Dupuytren's Contracture (thickening of the fibrous tissue layer underneath the skin of the palm and fingers)	Audit has resulted in a number of developments for the hand service. For example, collagenase injections, giving outpatient treatment with good early results and thereby avoiding the need for surgery and lengthy rehabilitation.
Bariatric patients (postoperative blood testing)	Introduction of a 'bariatric admission set' (essential blood tests and checks) which has led to improvements in the preoperative and postoperative care of bariatric patients.
Quality of clerking of acute surgical patients	Developed pro forma for clerking of acute surgical patients.
First afebrile seizure (without a fever) in children and young people	Following the audit an information leaflet was developed to raise awareness for this group of patients.
Children's Diabetes	The audit contributed to a new policy and process for the management of diabetes that has now been put in place.
Documentation audit Neonatal Unit	Introduction of a revised clerking proforma for admissions following the audit.
Ambulatory care pathway clinic in diabetes	Demonstrated an improvement in glycaemia (blood sugar) control, admission prevention and achievement of early discharge in this group of patients.
Hyponatraemia (low sodium levels in the blood) management in inpatients looking at non ICCU/Renal moderate-severe hyponatraemia	Audit has resulted in the recommendation of focused hyponatraemia teaching in junior doctor induction and a junior doctor handbook.
Audit of ICCU pressure ulcer prevalence	Implemented enhanced preventive measures, reducing pressure ulcer incidents by 76% from the previous 12 month period and eradicating hospital acquired category 3 and 4 ulcers.

Participation in clinical research

City Hospitals Sunderland is committed to providing quality healthcare by ensuring world class clinical services are seamlessly integrated with research and innovation in line with the Department of Health's 'Improving the Health and Wealth of the Nation' agenda. The organisation has demonstrated success in delivering the National Institute for Health Research (NIHR) Portfolio, and presented a vision to the Trust Board in August 2013 which outlined how the Research & Development department will address the innovation programme in parallel with the NIHR portfolio. To achieve this, the department will work collaboratively with the Academic Health Science Network to enable timely dissemination of research findings and translation into clinical care. In future the Research and Development Department will be known as Research and Innovation.

Research and Innovation will work toward the NIHR Higher Level Objectives of:

- increasing the proportion of NIHR Portfolio studies that are delivered in line with the studies planned delivery times and patient recruitment targets;
- doubling the number of participants recruited into studies on the NIHR Portfolio;
- reducing the time it takes to get NHS permission for a study to start;
- reducing the length of time it takes to recruit the first participant onto NIHR Portfolio studies; and
- increasing the number of life-sciences studies on our NIHR Portfolio.

Increasing research activity and recruitment

The number of patients receiving relevant health services provided or sub-contracted by City Hospitals in 2013/14 who were recruited during that period to participate in research approved by a Research Ethics Committee was 1,587 and this exceeds the target recruitment for 2013/14 of 1,321.

There are currently 268 research studies approved by the Health Research Authority (National Research Ethics Committee) registered at City Hospitals Sunderland, an increase of 26 from 2012/13. We have been able to meet the NIHR objective of approving 80% of studies within 30 days.

Sunderland Eye Infirmary has been recognised for its research achievements, particularly pertaining to industry studies. It is within the top three for recruitment in the UK for three of the studies it has been involved in and has exceeded the target in one other study. The Obstetrics and Gynaecology and Urology teams were the first in Europe to recruit into a commercial study, receiving national recognition. This was made possible by an innovative cross-specialty approach, working together on the same study.

The Cardiology team have increased recruitment exponentially, exceeding targets by 50%. City Hospitals has a well balanced portfolio across specialties, with research in new clinical areas. The specialty of Ear, Nose and Throat for example, has offered patients the opportunity to participate in studies using the latest techniques, devices and medical treatments. Likewise the Trust has been keen to support multi-disciplinary work exploring health service research and patient experience.

The Trust has a strong research culture and has initiated a number of multi-disciplinary research seminars and training programmes throughout the year.

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 2013/14 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 2013/14 and for the following 12 month period are available electronically www.chsft.nhs.uk

For 2013/14, approximately £6.69m of income (£6.45m in 2012/13) was conditional upon achieving quality improvement and innovation goals through the CQUIN framework. The Trust achieved the majority of these quality goals and has received a monetary total of £6.69m (100%) reflecting actual performance and action plans to work towards achievement of full implementation.

The full CQUIN scheme 2013/14 and where we have achieved our targets are highlighted opposite:

No	Description of Goal	Indicator	Priority	Achievement*
1a	Patient Experience	Friends and family test - phased expansion	National	
1b		Friends and family test - increased response rate		
1c		Friends and family test - improved performance on the staff friends and family test		
1d		i) share a forward plan of patient experience work for 13/14		
		ii) plan to include real time feedback and CCG presence on patient experience visits as well as other methods across a range of services		
		iii) each quarter demonstrate where improvement have been made as a result of feedback from patients		
1e		Acute paediatrics - patient experience collected, reviewed and improvements made based on feedback		
2a	NHS Safety Thermometer	NHS Safety Thermometer - data collection	National	
2b		NHS Safety Thermometer - improvement. Reduction in the prevalence of pressure ulcers (New))		
3a	Dementia - Find, Assess, Investigate and Refer	i) % of all patients aged 75 and over who have been screened following admission to hospital, using the dementia screening question	National	
		ii) % of all patients aged 75 and over, who have been screened as at risk of dementia, who have had a dementia risk assessment within 72 hours of admission to hospital, using the hospital dementia risk assessment tool		
		iii) % of all patients aged 75 and over, identified as at risk of having dementia who are referred for specialist diagnosis		
3b		Dementia - Clinical Leadership	Local	
3c		Dementia - Supporting Carers of People with Dementia	Local	
3d		implementation of an improvement plan linked to organisational dementia strategy	Local	

No	Description of Goal	Indicator	Priority	Achievement*
4a	Thromboembolism (VTE)	VTE risk assessment - % of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool	National	
4b		VTE root cause analyses- number of root cause analyses carried out on cases of hospital associated thrombosis	Local	
5	Emergency Department	i) Implementation of a collaborative improvement plan with NEAS - link to implementation of recommendations from the RPIW held in March 2013	Local	
		ii) Implementation of ECIST recommendations		
6a	Communication	Communication - outpatient clinic letters issued made based on feedback	Local	
6b		Collaborative discharge planning		
6c		i) Implementation of discharge communication improvement plan		
		ii) Increase % of summaries issued within 24 hours (goal TBC) (specific target for acute paediatrics 2013/14)		
		iii) Improve quality of content		
		iv) Progression toward electronic transfer of summaries		
6d		Communication of results		
7a	Appointments	Implementation on an improvement plan over 2012/13 and 2013/14 to:	Local	
		i) Reduce DNA rates		
7b		ii) Reduce the number of cancellations		
7c		iii) Improve the timeliness of review appointments		
8a	Long term conditions	Percentage of inpatients with a primary diagnosis of heart failure receiving all 7 indicators from the heart failure bundle	Local	
8b		i) COPD - proportion of patients receiving all elements of discharge bundle		
		ii) COPD - proportion of patients seen by Thoracic Medicine consultant/COPD Specialist Nurse		

No	Description of Goal	Indicator	Priority	Achievement*
8c	Long term conditions	Diabetes – identify cluster of indicators linked to NICE	Local	
		i) % of patients aged > 19 and with Type 1 Diabetes with 9 Key Processes within 12 month		
		ii) % diabetes patients with HbA1c Test		
		iii) % of patients aged >19 with known diabetes with a foot care assessment		
8d		Parkinson's Disease		
		i) To ensure all patients diagnosed with Parkinson's disease are reviewed in a combined clinic		
		ii) To ensure all patients diagnosed with Parkinson's disease who ring the Nurse Specialist receive a response within 1 working day		
		iii) To increase admissions seen by the PD team within 1 working day		
8e		Review best practice for paediatric asthma and spread and share; i.e. access, paediatric asthma nurse work		
9a	Falls	Capture of falls information in A&E	Local	
		i) Number of patients over 65 attending A&E as a result of a fall who have had 2 or more falls in the previous 12 months who have been referred		
		ii) Number of patients over 65 attending A&E as a result of a fall who have had 2 or more blackouts in the previous 12 months who have been referred		
		iii) Number of patients over 65 attending A&E as a result of a fall who have sustained a fracture on this presentation and referred		
		Number 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.		
		Evidence of timely and appropriate assessment by falls services including initial falls assessment and screening for osteoporosis		
9b		Percentage of patients 65 and over admitted to hospital as an emergency to have all 9 indicators within the falls bundle within 24 hours of admission		

No	Description of Goal	Indicator	Priority	Achievement*
10a	Health Improvement – Alcohol	Proportion of patients attending A&E who have alcohol status recorded	Local	
10b		Proportion of those patients reporting higher levels of alcohol who have received a brief intervention		
11a	End of Life	Deciding right - % of clinical staff trained in the contents and principles of 'Deciding Right' and use of new standard documentation	Local	
12a	Learning disabilities	Compliance with regional learning disabilities pathways	Local	
13a	Medicines Management	Dietetics - enteral nutrition	Local	
13b		Total number of suspected neutropenic sepsis patients entered on the patient pathway and receive antibiotics within 1 hour of being diagnosed		
14a	Trauma and Orthopaedics	Improvement in Oxford Hip – Case mix adjusted health gain, as defined by PROMs documentation	Local	
14b		Improvement in Oxford Knee Score – Case mix adjusted health gain, as defined by PROMs documentation		
14c		Patients with hip fracture – Mortality		
14d		Patients with hip fracture aged 70 or over - return to theatre for a hip or wound related procedure within 30 days of the index operation		
14e		a) Revision of hip replacement within 1 year of the primary joint replacement		
		b) Revision of knee replacement within 1 year of the primary joint replacement		
14f		Increase the proportion of cemented replacements performed in patients over 65		
14g		Implementation of shared decision making tool in hip/knee pathway		
15a	Mental Health in pregnancy	To implement assessment for depression in pregnancy and ensure referral to other services/notification to GP is actioned	Local	
16a	Right Test First Time	Develop recommendations for the 'Right test First Time' to include Pathology & Radiology referrals	Local	

Key

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

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

Information relating to registration with the Care Quality Commission

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

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

The Care Quality Commission has not taken enforcement action against City Hospitals Sunderland NHS Foundation Trust during 2013/14.

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

Care Quality Commission – Inspection Report (January 2014)

The Care Quality Commission carried out a routine unannounced inspection to check that essential standards of quality and safety were being met. The inspection took place on the 10 and 11 December 2013 and focused on the accident and emergency department, care of the elderly ward areas and outpatients. The inspection also focused on human resources processes, complaints processes, governance and risk.

As part of the process, the inspection team looked at the personal care or treatment records of people who use the service, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. The inspectors also spoke with people who use the service, with carers and/or family members and talked with hospital staff. They also reviewed information given to them by the Trust, information provided by local groups of people in the community or voluntary sector and information sent to them by commissioners of services and from other regulators.

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. The judgement statements for each of the five standards reviewed are highlighted below.

Standards which were checked	Met this standard
Outcome 1 Respecting and involving people who use services	✔
Outcome 4 Care and welfare of people who use services	✔
Outcome 12 Requirements relating to workers	✔
Outcome 16 Assessing and monitoring the quality of service provision	✔
Outcome 17 Complaints	✔

The report was very positive with excellent patient responses and good reports on the environment and clinical care. Areas for improvement included quicker response times for complaints and environmental issues in some outpatient areas which may have an impact on patient privacy and dignity, for example shortage of seating and closing of doors during consultations. The final report is available on the Care Quality Commission website.

Care Quality Commission Mortality Alert

In March 2014, City Hospitals received a mortality outlier review from the Care Quality Commission. Their analysis of mortality data showed a higher than average rate for pneumonia compared with peers. We have undertaken a retrospective case note review of a sample of patient deaths as suggested by the CQC. We found no evidence of any serious issues relating to the quality of clinical care and in all cases the deaths were viewed as not being preventable given the patient's condition and evidence of co-morbidities. However we did identify some areas where we needed to make some improvements, e.g. senior medical involvement in completing death certificates, coding of palliative care.

The Trust has submitted its detailed report to the Care Quality Commission and shared the findings with Commissioners.

Intelligent Monitoring Report (IMR)

During 2013, the Care Quality Commission published its new intelligent monitoring tool as part of radical changes to the way it inspects and regulates acute hospitals. Their strategy has been to move from a 'tick-box' approach to a more in-depth and joined-up approach to reviewing, registering and regulating health and social care services. Together with information from local partners and the public, intelligent monitoring is designed to help the CQC to decide when, where and what to inspect.

The intelligent monitoring report replaces the previous Quality Risk Profiles and has around 150 indicators that look at a range of information including patient experience, staff experience and statistical measures of performance. The indicators relate to the five key questions the CQC will ask of all services: whether they are safe, caring, effective, well-led and responsive to people's needs. The indicators are used to inform questions about the quality of care, but not in isolation. Judgements will always be based on the result of an inspection, which will take into account the IMR alongside local information from the public, the Trust and other organisations. Using statistical tests to determine risk thresholds, the IMR identifies three possible ratings against each of the indicators– 'no evidence of risk', 'risks' and 'elevated risks'.

In October 2013, the CQC published the first IMR and grouped all acute NHS Trusts in England into six bands based on the risk that people may not be receiving safe, effective, high quality care - with band 1 being the highest risk and band 6 the lowest.

The first Intelligent Monitoring Report for City Hospitals identified three elevated risks and five risks, and placed the Trust in band 4 out of 6. We are disappointed to learn that the second IMR published in March 2014 shows a higher risk profile and a Band 2 rating. We are reviewing those areas highlighted as risk or elevated risk and focusing actions on mitigation where we can.

Quality of data

Good quality information underpins the effective delivery of patient care and helps staff to understand what they do well and where they might improve. The Board of Directors attend regular development sessions and seminars to ensure that every member of the Board is equipped to interpret data to challenge and oversee improvements where necessary. They consider the data provided, along with other intelligence, including listening to what patients are saying. Our executive and non-executive directors undertake walkabouts in clinical areas talking to patients and staff about their experiences.

NHS Number and General Medical Practice Validity

City Hospitals Sunderland submitted records during 2013/14 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are then included in the latest published data. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS number was:		Which included the patient's valid General Medical Practice Code was:	
Percentage for admitted patient care	99.9 %	Percentage for admitted patient care	99.9 %
Percentage for outpatient care	99.9 %	Percentage for outpatient care	99.9 %
Percentage for accident and emergency care	97.2 %	Percentage for accident and emergency care	99.8 %

Information Governance Toolkit

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

Annual ratings of green (pass) or red (fail) are assigned to Trusts each year. The final submission of the Toolkit had to be made by the 31 March 2014.

City Hospitals Sunderland's Information Governance Assessment Report overall score for 2013/14 was 86% (an increase of 2% from last year) and was graded Green (satisfactory).

The submission for 2013/14 of Church View Medical Centre (managed by City Hospitals Sunderland) was 88%, maintaining last year's compliance figure, and is also graded Green (satisfactory).

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

Requirement	2011/12 rating	2012/13 rating	2013/14 rating	Comparison
Information governance management	86%	86%	100%	✔
Corporate Information Assurance	66%	77%	77%	⇔
Confidentiality and Data Protection assurance	75%	75%	75%	⇔
Secondary use assurance	91%	95%	95%	⇔
Information security assurance	82%	82%	82%	⇔
Clinical information assurance	93%	93%	93%	⇔
All initiatives	83%	84%	86%	✔

⇔ = same score

As in previous years, Sunderland Internal Audit Services (SIAS) has been engaged in the process and has audited the recommended toolkit submission for City Hospitals. Their report gave a rating of significant assurance.

Clinical coding error rate

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

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

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

Sample tested (number)	% diagnosis incorrect		% procedures incorrect	
	Primary	Secondary	Primary	Secondary
Co-morbidities and complications in urological and male reproductive system procedures and disorders (100)	1.0	6.5	4.8	7.2
Co-morbidities and complications in Cardiology (100)	1.0	2.2	0.0	0.0

In the sample audited, the Trust had an overall error rate* of 1.1%. This means that 1.1% of spells (2 spells) had either a clinical coding error affecting the HRG, or a data entry error (or both). This performance would place the Trust in the best performing 25% compared to last year's national performance.

*(*These figures contain all error types)*

Based on the audit completed the auditors have made one recommendation to the Trust, the delivery of training sessions for coders with the emphasis on the identification and coding of co-morbidities. The Trust has already held a series of training sessions with coding staff on co-morbidity training. Commissioners and the Trust will monitor delivery of the recommendation through routine contract monitoring meetings.

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

Part 2.3 Reporting against core indicators

The Quality Report includes a set of mandatory core quality indicators which uses a standardised format to enable comparison of hospital performance. The indicators are linked to the NHS Outcomes Framework, which provides an overarching plan for delivering improvements and good clinical outcomes across the NHS, and are based on five 'domains of care'.

The indicators relevant to City Hospitals are shown below:

Outcome Framework domain	Indicator
Domain 1: Preventing people from dying prematurely	Summary hospital-level mortality indicator (SHMI)
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

Summary hospital-level mortality indicator (SHMI)

The Summary Hospital-level Mortality Index (SHMI) is 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 then 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'

This indicator is divided into two parts;

- (a) SHMI values and banding
- (b) Percentage (%) of patients whose treatment included palliative care

(a) SHMI values and banding

Indicator	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13
City Hospitals' SHMI value	0.91	0.92	0.93	0.96	1.01	1.03
City Hospitals' SHMI banding	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
Highest SHMI value – national (high is worse)	1.24	1.25	1.21	1.19	1.16	1.15
Lowest SHMI value – national (low is better)	0.71	0.71	0.68	0.73	0.65	0.62

Data Source – Health & Social Care Information Centre

The most recent publication shows that City Hospitals has a Band 2 'as expected' mortality rating; the majority of NHS Trusts are banded at this level.

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

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

Indicator	% of admissions with palliative care coding						
	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13
City Hospitals	0.8	0.8	0.8	0.7	0.7	0.7	0.8
National average	1.02	1.05	1.07	1.09	1.16	1.13	1.23
Highest national	3.3	3.3	3.2	3.0	3.1	3.2	3.1
Lowest national	0	0	0	0	0	0	0

Indicator	% of deaths with palliative care coding						
	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13
City Hospitals	13	11.9	11.5	10.7	11	10.8	11.2
National average	18.1	18.6	19.2	19.48	20.3	20.6	21.28
Highest national	44.2	46.3	43.3	42.7	44.0	44.1	44.9
Lowest national	0	0.3	0.2	0.1	0.1	0	0

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

- for all of the SHMI releases to date, mortality for the Trust has been described as being 'as expected' compared with other hospitals across the NHS; and
- the Trust is proactive in monitoring mortality and in investigating and explaining variations in mortality performance.

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

- strengthening the role of the Trust-wide Mortality Review Group in the governance of corporate and local arrangements for reviewing deaths and optimising learning and improvement;
- developing a Trust wide mortality review panel to review all patient deaths, assessing whether they are avoidable and whether there exists any remedial clinical and/or organisational factors;
- ensuring that directorates and specialties undertake routine mortality/morbidity review meetings and implement changes in practice, where necessary;
- strengthening our internal systems for monitoring mortality and ensuring that any outlier performance or variation is properly investigated and reported;
- focusing upon specific conditions or procedures where mortality appears to be higher than expected, and
- improving aspects of clinical coding where intelligence suggests our performance is below peer performance, ie use of co-morbidities and Palliative Care coding.

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.

Patient reported outcome scores (PROMS)

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 and knee replacement, 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 the 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 and knee replacement, groin hernia and varicose vein surgery) are highlighted below:

PROMS measure (EQ-5D index) Patients reporting improvement following:	2011/12 Adjusted average health gain	2012/13 Adjusted average health gain	2013/14* Adjusted average health gain	National average (2013/14)	Highest national	Lowest national
Hip replacement	0.383	0.409	0.400	0.439	0.53	0.30
Knee replacement	0.307	0.319	0.294	0.330	0.42	0.19
Varicose vein procedures	0.070	0.094	0.070	0.101	0.16	0.02
Groin hernia procedures	0.081	0.084	0.055	0.086	0.16	0.01

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

** Reporting period covering April 13 – December 2013 (Latest publication release May 2014)*

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

City Hospitals Sunderland considers that this data is 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 so the quality of its services, by:

- sharing and reflecting on the results of our PROMS participation with key members of the clinical team;
- providing clinician-level data to enable comparison regarding case-mix by consultant, surgical procedure and patient demographics;
- reviewing the preoperative process to maximise patient participation in the PROMS programme; and
- raising awareness among staff on the benefits of PROMS information.

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 (large acute or multi service)	0-15 years	16 and over
2013/14*	6.60	4.80
2012/13*	5.17	5.70
2011/12*	9.29	12.93
National average	8.67	9.90
Highest national	14.94	13.8
Lowest national	0.00	0.00
2010/11*	8.13	12.48
National average	8.62	9.85
Highest national	14.11	14.06
Lowest national	0.00	0.00
2009/10	7.67	12.08
National average	8.44	9.62
Highest national	15.35	13.18
Lowest national	0.00	0.00

Source – Health & Social Care Information Centre – emergency admissions to hospital with 28 days of discharge: directly standardised % < 16 years and >16 years annual trend (based on the latest available information)

** Internal data from City Hospitals Performance Department*

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

- reducing avoidable re-admissions remains a high priority for the Trust and the overall position for patients 0-15 years continues to be better than the national average although we acknowledge that further work needs to be done to improve re-admissions for those aged 16 and over.

The Trust intends to take the following actions to improve this data, and so the quality of its services, by:

- continuing to report our re-admission performance to the Board of Directors and to discuss plans to reduce unnecessary re-admissions at quarterly performance reviews with directorates, and
- developing re-admission avoidance schemes which will include appropriate quality discharge arrangements as well as linking with community service providers to ensure appropriate onward care.

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.

Responsiveness to inpatients' personal needs

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

Composite score	2010/11	2011/12	2012/13	2013/14
City Hospitals Sunderland	68.3	71.4	68.9	64.4
National average	67.3	67.4	68.1	68.7
Highest national	82.6	85.0	84.4	84.2
Lowest national	56.7	56.5	57.4	54.4

Data source - National Adult Inpatient Survey 2013 (Care Quality Commission)
** This indicator forms part of the NHS Outcome Framework (Domain 4 - Indicator 4.2) - Health & Social Care Information Centre*

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

- the results in 2013/14 show modest performance in the national survey overall and a further reduction in the composite score from previous years.

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

- continuing to improve nutritional care in hospital and the patient's overall mealtime experience;
- ensuring that staff respond swiftly and appropriately to patients' need for pain relief;
- monitoring patient feedback through real time feedback questionnaires and acting on results;
- reviewing the results of the 'Friends and Family Test' data in parallel with real time feedback information on a ward by ward basis;
- implementing the Trust Compassionate Care Strategy; and
- providing summary information about patient experience to the Patient, Carer and Public Experience Committee.

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

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

Indicator	2010	2011	2012	2013	National average	Highest national	Lowest national
"If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust"*	57%	59%	63%	59%	67%	94%	40%

Source – NHS Staff Survey 2013 (Health & Social Care Information Centre)
** Percentage calculated by adding together the staff who agree and the staff who strongly agree with this statement*

Average score for each quartile	
1st quartile	52.057
2nd quartile	62.017
3rd quartile	70.569
4th quartile	83.781

Trusts in the 4th quartile are the top performers. City Hospitals' score is in the 2nd quartile.

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

- the Trust has a strong culture of quality, improvement and patient safety and a consistent record of positive feedback in staff surveys, although our score in the latest survey is below the national average. We take a proactive role in taking action to improve areas highlighted by the survey.

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

- ensuring that quality and improvement are part of our strategic aims, vision and aspirations;
- focusing on developing staff leadership in key roles and implementing a range of strategies to improve staff morale and engagement as precursors to providing high quality care;
- ensuring that front line staff continue to influence and play an active part in the transformation and reform of our emergency care pathways and supporting services; and
- implementing the Staff Friends and Family Test and using the information to target local quality improvement.

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.

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

% of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)

2011/12	2012/13	2013/14			
		Q1	Q2	Q3	Q4
		95.20%	95.53%	95.1%	95.53%
		National average			
92.1%	92.4%	95.42%	95.79%	95.71%	Not available*
		Highest national			
		100%	100%	100%	Not available*
		Lowest national			
		78.78%	81.7%	74.1%	Not available*

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

** Information from the H&SCIC is not complete yet for Quarter 4 2013/14*

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

- the whole VTE risk assessment 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; and
- the VTE Committee overseas the implementation of the VTE risk assessment pathway and regularly monitors ward compliance.

The Trust 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 a target of more than 95% of patients being risk-assessed;
- focusing on education and training programmes for all relevant staff including documentation of risk assessment; and
- reviewing the data from the NHS Safety Thermometer as a further driver to the achievement of high compliance rates.

Rate of *Clostridium difficile* infection

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.

Rate per 100,000 bed days for specimens taken from patients aged 2 or over (Trust apportioned cases)

	2009/10	2010/11	2011/12	2012/13	2013/14
City Hospitals	33.5%	19.4%	26.6%	25.2%	16.3%*
National average	35.3%	29.7%	22.2%	17.3%	Not available
Highest national	92.0%	71.2%	58.2%	30.8%	Not available
Lowest national	0.00%	0.00%	0.00%	0.00%	Not available

Source – Health & Social Care Information Centre (based on the latest available information)

** Data provided by City Hospitals Performance Department*

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

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

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

- increasing analysis of antimicrobial prescribing for patients to prevent *C. difficile* infection;
- extension of our surgical site surveillance programme across the organisation;
- distribution of *C. difficile* infection patient held cards;
- in house provision of hydrogen peroxide for preventative deep cleaning;
- the introduction of an equipment replacement programme; and
- increasing the number of 'isolation' facilities.

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 preventive 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 i.e. the reported figure for 2013/14. The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to below:

- 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 the unexpected death of a patient.

The table below shows the comparative reporting rate, per 100 admissions, for large acute NHS organisations. For the most recent reporting period (April 2013 – September 2013), City Hospitals' reporting rate has remained stable at 8.7%. For the first time this rate is above the national median rate (6.7%). This significant progress reflects the success of a concerted programme of Trust activity and raising awareness amongst staff to promote higher rates of incident reporting.

	CHS reporting rate (%)*
1 October 2013 – 31 March 2014	**
1 April 2013 – 30 September 2013	8.7
National average	7.1
Highest national	11.1
Lowest national	3.9
1 October 2012 – 31 March 2013	8.7
1 April 2012 – 30 September 2012	5.1
1 October 2011 – 31 March 2012	4.3
1 April 2011 – 30 September 2011	5.0
1 October 2010 – 31 March 2011	5.4
1 April 2010 – 30 September 2010	5.2

Source – Organisation Patient Safety Incident Reports workbook (Large Acute) via Health & Social Care Information

** Incidents reported per 100 admissions ** Information not yet available.*

The percentage incidents reported relating to severe harm or death is now well above the national average. In addition the Trust's degree of harm profile remains distinctly different from the peer profile, mainly related to differences in the recording of fewer incidents with no harm and more incidents with low harm. The Patient Safety and Risk Team has been promoting incident reporting and the importance of identifying near miss events throughout the year.

	Incidents reported by degree of Severe harm	Death
1 October 2013 – 31 March 2014	14 (0.23 %)	3 (0.05 %)
1 April 2013 – 30 September 2013	12 (0.2%)	1 (0.0%)
National average	0.5%	0.1%
Highest national	2.97%	0.31%
Lowest national	0.01%	0.0%
1 October 2012 – 31 March 2013	37(0.7%)	20 (0.4%)
1 April 2012 – 30 September 2012	28 (0.9%)	10 (0.3%)
1 October 2011 – 31 March 2012	21 (0.8%)	2 (0.1%)
1 April 2011 – 30 September 2011	33 (1.1%)	8 (0.3%)
1 October 2010 – 31 March 2011	57 (1.8%)	10 (0.3%)
1 April 2010 – 30 September 2010	47 (1.5%)	8 (0.3%)

Source – Organisation Patient Safety Incident Reports workbook (Large Acute) via Health & Social Care Information Centre

Recently, the Trust approved the use of the term 'no harm' to replace 'near miss' reporting. The Patient Safety and Risk Team believe that this change in terminology will help increase the reporting of these types of incidents and from their analysis will mitigate and reduce more moderate and/or serious incidents.

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

- the Trust now has a higher incident reporting rate than its national peer group and this potentially reflects a more safety conscious organisation; and
- we have traditionally had a culture of low reporting of incidents, in particular those categorised as 'near miss' or low degrees of harm.

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

- continuing to develop our programme of patient safety and quality initiatives, i.e. local campaign to 'Keep calm and carry on reporting incidents' and frequent 'Lessons learnt' seminars accessible to all staff;
- implementing recommendations and actions from the Trust-wide staff safety culture survey undertaken in 2013; and
- identifying staff groups with low incident reporting and targeting them to improve their reporting habits.

PART 3: REVIEW OF QUALITY PERFORMANCE 2013/14

Part 3 provides an opportunity for the Trust to report on progress against additional quality indicators. We agreed to measure, monitor and report on a limited number of indicators selected by the Board in consultation with key stakeholders. Some of the indicators are more difficult to provide a strict measure of performance than others, but nonetheless they are important aspects of improving overall quality for patients. Often these types of indicators will highlight areas for further action for improvement. We have also decided to change some indicators from 2012/13 either because they are reported under the CQUIN scheme (end of life care, discharge communications), are already part of the Trust performance scorecard (reporting times for radiology) or they are part of existing reporting structures with our commissioners (Never Events).

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

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

Focusing on patient safety – "protecting you"

a) Reducing mortality

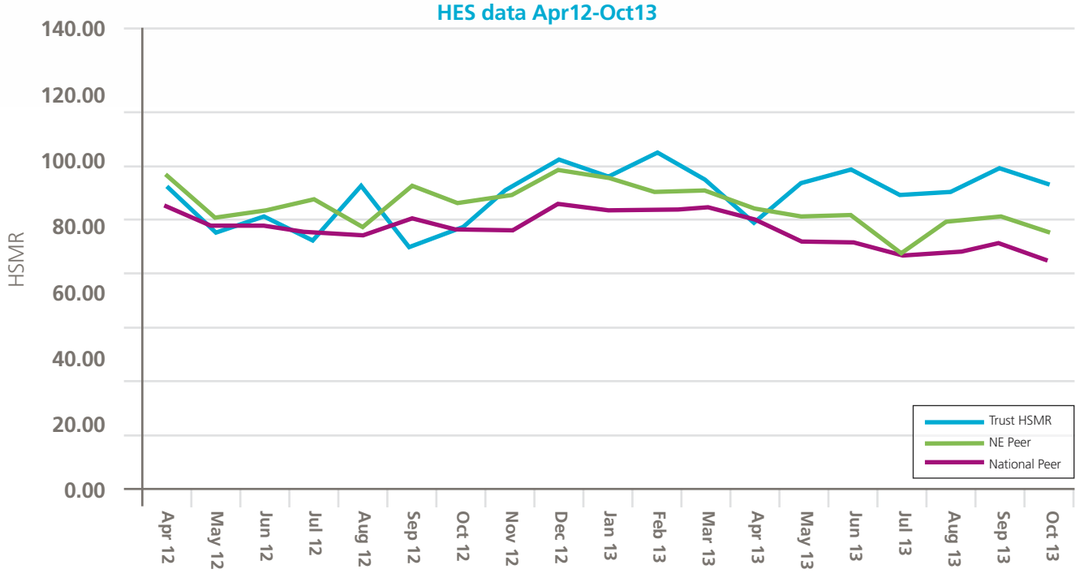
Mortality rates are an important, but controversial, marker of the quality of care that a hospital delivers. The NHS has a number of different ways to measure mortality, which can be confusing, as each method uses slightly different approaches to take account of patient risk adjustments. However, each 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.

Information about the latest Summary Hospital-Level Mortality Indicator (SHMI) score has already been discussed in **Section 2**. This part covers two other national mortality measures;

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

The HSMR is a calculation used to monitor death rates in a Trust. The HSMR is based on a subset of diagnoses which give rise to 80% of in-hospital deaths. HSMRs are based on the routinely collected administrative data often known as Hospital Episode Statistics (HES), Secondary Uses Service Data (SUS) or Commissioning Datasets (CDS). The measure is published by Dr Foster Unit at Imperial College, London. As is common with other mortality measures, HSMRs should not be used in isolation, but rather considered with a range of other indicators that give a well rounded view of hospital quality and activity. City Hospitals does not use the Dr Foster (Intelligence) system.

HSMR Comparison Sunderland v Other NE Trusts and National Peer
HES data Apr12-Oct13

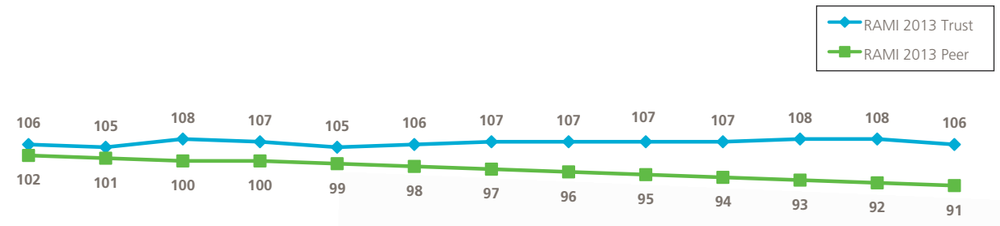


Data source – CHKS benchmarking report 2014 (internal document)

The chart shows that as the Trust HSMR increased between November 2012 – March 2013, this increase was also seen in the North East (NE) peer group, and to a lesser extent in the national peer group. However, since April 2013, the Trust HSMR has been higher than both the NE and national peer groups, both of which have seen a downward trend.

Risk Adjusted Mortality Index Measure (RAMI) – published by CHKS

The Risk Adjusted Mortality Index (RAMI) is the CHKS measure of mortality and like SHMI is the ratio of the observed number of deaths to the expected number of deaths. However, risk adjustments within RAMI excludes deaths after discharge, any death coded as palliative care (Z51.5) and zero length of stay emergencies. For the year 2013, the crude mortality rate (all deaths) was 1.26% (1.47% for the peer) and the RAMI was 106 as in the previous year compared to a peer average of 91. As the RAMI index is a yearly calculation it is worth reviewing a 'rolling' year for this indicator (see below). This shows each year, for example from January to December 2012 then February 2012 to January 2013. The Trust index has fluctuated between 106 and 108 whilst the peer index falls from 102 to 91 and the national peer continues to fall.



Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13

CHKS benchmarking report 2014 (internal document)

At the beginning of 2014, the Trust commissioned a Mortality Measure Review by CHKS, in line with some other local Trusts in the North East. A group is currently reviewing the report in detail, which has raised some issues about clinical coding, particularly in relation to the accuracy of primary diagnosis, the relatively low levels of emergency admissions, completion of death certificates and coding of co-morbidities and palliative care.

The Trust's Medical Director has also been meeting with regional colleagues to develop a consensus on how local systems of monitoring and review can assist with a better understanding of what the various mortality measures explain about our performance. During 2014, we will introduce a Trust-wide mortality review panel to review all deaths occurring within the hospital, using a standardised screening tool and assessment on preventability. This will run in parallel with our new Mortality Review Group, convened by the Medical Director, to coordinate the systems and processes required to improve mortality, reduce avoidable deaths and ensure that the Trust learns the lessons from patient deaths.

Following receipt of the CHKS Annual Report 2013, a number of specific mortality outlier positions were identified and these have been further investigated through extensive case-note review and presentation of findings at Clinical Governance Steering Group. We have undertaken the following mortality reviews this year:

- fracture of neck of femur - deaths in hospital within 30 days of emergency admission for hip fracture;
- percentage of deaths in hospital within 30 days of emergency admission with a heart attack (MI) aged 35 to 74;
- rates of deaths in hospital within 30 days of surgery: elective admissions; and
- deaths associated with pneumonia.

In most cases, there was little evidence of poor clinical management of the patient and the consensus was that these deaths were largely not preventable. However, there are some areas that we can improve, for example from the fracture of neck of femur review, we are developing an agreed shared care pathway between Orthopaedics and Elderly Medicine for elderly patients who require this orthopaedic surgery.

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. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventive measures have been implemented, e.g. wrong site surgery, misplacement of naso-gastric tube, wrong route administration of chemotherapy etc (National Patient Safety Agency definition)

Description of Goal	2011/12	2012/13	2013/14
Preventing occurrence of any 'Never Events'	4	1	1

Source – Strategic Executive Information System

An incident occurred in June 2013 involving a patient who had been admitted for a replacement of their nephrostomy (a nephrostomy is a tube that is used to drain urine from the kidney into a bag outside the body which can, on occasion, become blocked and requires changing). The patient had a bilateral nephrostomy and arrangements had been made to reinsert the right nephrostomy which had fallen out prior to admission. On return to the ward following the procedure, the existing left nephrostomy had been removed and a new nephrostomy inserted in error instead of the insertion of a new tube in the right side. The patient received an apology and explanation in line with the principles of Duty of Candour and arrangements were made to have the right nephrostomy inserted the following day. Whilst replacing the left sided tube was an error, the patient was already scheduled to have this procedure undertaken at a later date.

A full root cause analysis was undertaken to review what happened and agree any corrective actions. A modification to the existing WHO safer surgery checklist will be implemented in Radiology for any similar interventional procedures.

c) Patient Safety First Campaigns

During March 2013, City Hospitals participated in the 3rd National Nutrition and Hydration Week and set out a programme of activities designed to promote:

- the key characteristics for good nutritional care;
- protected mealtimes;
- the minimum standards for good nutrition in hospital;
- highlighting good nutrition and hydration practices; and
- continued education for professionals on good nutrition and hydration.

Some of the activities that took place during the week of the 17th March included:

- the Catering Team arranging kitchen tours for staff to observe the meals process 'in action';
- the availability of food tasting sessions in the main foyer for staff, relatives and visitors;
- visits by members of the Nutrition Steering Group to wards to provide support at meal times and seek views from patients, carers and staff about the new menu launch; and
- members of the Executive Team helping out in the Catering Department to show their commitment to good nutritional care.

As part of the campaign to raise awareness of incident reporting, the Trust renamed September as Safetember. One of the most successful activities was the Petcha Kucha event. This involved a rapid-fire series of presentations led by our Chief Executive which focused on issues such as clinical handover, the sepsis bundle, the national early warning score and patient involvement in safety. Certificates were then presented to the directorates of Obstetrics & Gynaecology, Theatres / Integrated Critical Care Unit and Emergency Care for their improved incident reporting rates. In 2014, the Safetember event, to be held on the 17th September will be entitled 'Communicate: Mitigate or Litigate'.

d) Undertaking the Patient Safety Climate Survey

During 2013, City Hospitals took part in its first Patient Safety Climate Survey designed to establish a baseline measure of safety culture at the Trust. The Trust used an amended version of a questionnaire from the Royal College of Nursing to shift the focus to 'patient safety' rather than 'health and safety' more generally.

The questionnaire consists of a number of measures of staff perceptions of safety using nine dimensions, including management commitment, communication, priority of safety, supportive environment, personal appreciation of risk and aspects of the work environment. An action plan has been agreed to focus on some of the key recommendations within the report and plans are in place during 2014/15 to repeat the survey and measure the progress that has been made.

e) Dr Foster Good Hospital Guide 2013

The annual Good Hospital Guide, published by Dr Foster Intelligence, provides an independent assessment of NHS hospitals, based on patient data provided by hospitals and benchmarks the performance of every NHS hospital in England. In the 2013 report, City Hospitals performed 'as expected' or better than peer across a range of quality and safety indicators, including mortality, hospital readmissions, stroke care and management of fractured neck of femur. However, our palliative care coding rate was lower than other hospitals and we are looking to understand the reasons why. Similarly our readmission profile suggests we have higher than average readmissions for some groups of patients and we will take action to improve these outcomes. Nevertheless, we are delighted with our overall performance in these key quality and safety areas.

Focusing on clinical effectiveness – "providing the best"

a) Reducing Hospital Associated Infection

The reduction of avoidable healthcare associated infection (HCAI) has remained high priority for the Infection Prevention and Control Team throughout this year with continued efforts towards embedding a zero tolerance for preventable infection.

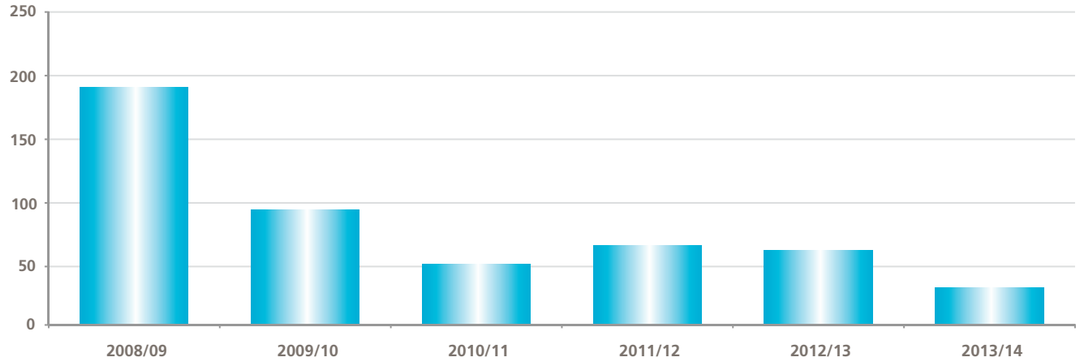
This year's target of 0 (zero) MRSA bacteraemia set by the Department of Health has proven a significant challenge to the organisation. We are disappointed, that despite the increased efforts with hand hygiene, asepsis and surveillance we have failed to achieve our target. We have reported 4 cases of healthcare associated bacteraemia this year, however this does represent an improvement from the previous year's performance (6 cases).

Detailed root cause analysis of each individual case of MRSA bacteraemia has taken place and there is no evidence of any systemic failure of control processes within the Trust. We are able to report that only one of the Trust apportioned cases was deemed avoidable. Lessons learnt from each case continue to be shared throughout the organisation.

The target for *Clostridium difficile* infection (CDI) for 2013/14 was 36. This was a challenging target and there has been a huge drive, informed by the analysis of cases in 2012/13 to further prevent, reduce and control this organism. We have reported 36 cases this year (although we did report a further 4 cases but following discussion with Sunderland CCG and detailed case review, it was confirmed that these were not genuine *Clostridium difficile* infections) and therefore the Trust achieved the target reduction of CDI. Again, this is a significant reduction compared to last year's report of 60 cases.

Caroline Bell, Infection Prevention & Control Matron

C-difficile Cases



Source: Internal Infection Prevention & Control Department

Initiatives during 2013/14:

- installation of the 'virtual nurse' at the main hospital concourse, which provides a visual/audio message to patients and their families as they come into hospital;
- the introduction of a patient prioritisation tool which enables assessment and identification of patients with known or suspected infection across the organisation;
- the trial of isolation pods on our Infection Control ward and general medical/ metabolic ward;
- additional touch point and toilet cleaning in identified high risk areas;
- the use of hydrogen peroxide to decontaminate identified areas of the hospital following environmental contamination;
- the introduction of a Healthcare Associated Infection Review Group to ensure open discussion of all cases of CDI with our Commissioners;
- completion of an extensive audit programme including a Trust wide decontamination audit;
- extended environmental screening targeting high risk areas; and
- the Infection Prevention and Control team successfully hosted its 3rd annual study day which was well attended by hospital staff.

The Infection Prevention and Control Team is committed to working with colleagues throughout the organisation to sustain and make further improvements in infection prevention and control practice to reduce levels of healthcare associated infection even further.

b) Improving Nutrition and Dehydration in hospital

Poor nutrition and dehydration can have a severe effect on a patient's health, wellbeing and general quality of life. Patients may have a reduced ability to fight infection, have impaired wound healing ability, reduced muscle strength and may develop apathy and fatigue. Wider health and wellbeing effects may include a reduced quality of life and a reduced ability to work, shop, cook and self-care. Patients who are malnourished also visit their GP more, have more hospital admissions as well as longer stays in hospital. Therefore it is vitally important that nutritional needs and dehydration status of patients, particularly the elderly, are adequately assessed and appropriately managed whilst in our care.

During 2013/14, the Trust Nutrition Steering Group (NSG) has focused on three specific work streams aimed at ensuring that patients receive a choice of nutritious meals and drinks to enhance their treatment and recovery.

Service Improvements in 2013/14

- A picture menu has been issued to all wards to assist visual representation of the meal and drink choices available to patients. This is also available in an electronic format and has been uploaded onto the intranet to improve accessibility of the document;
- The ward teams on E53 and E58 are currently piloting new sets of crockery to determine the impact that a contemporary design has on the patient's perception of meals/choice; and
- In November 2013, a group of secondary school children participated in a Catering Department Assembly Unit tour and talk about the importance of food for patient's health and well being. This provided an opportunity to seek the views of the teenagers about the menu, choices and provision of food/drink that we have available. The visit enabled hospital staff to listen to what the teenagers thought about the menu, which proved to be very positive and is something we will build on for 2014/15.

Education of Staff

- Two Trust wide conferences: The Patient Experience Symposium and The Health Care Assistants' Development Day included presentations on the importance of nutritious meals/drinks for patients, local choices available for patients, preparing patients for meal times and a demonstration as to how food should be presented to patients; and
- Alongside the formal presentations the food and drinks provided to delegates throughout the day were exactly the same as that being offered to our inpatients.

Monitoring of Compliance

- The Catering Team monitor patient comments regarding food choice, quality and waste through complaints, Friends and Family Test responses and speaking direct to patients on the ward;
- The Nutrition Steering Group regularly meets with Ward Managers about the provision of food for their patients and has recently introduced a series of unannounced meal time visits to wards, including observations of meal preparation, patient choice "in action", conduct of the meal service and identifying any training needs for staff;
- A number of actions have been undertaken to improve protected mealtimes, including reducing medical staff activity at mealtimes, unless there is an emergency, and reducing the number of staff who visit the wards for a specific purpose, such as topping up cupboards, looking for equipment or checking patient level detail at mealtimes.

c) Participation in Cancer Peer Review

National Cancer Peer Review (NCPR) is a national quality assurance programme for NHS cancer services. The programme involves both self-assessments by cancer service teams and external reviews of teams conducted by professional peers, against nationally agreed "quality measures".

During 2013/14, there were eight tumour sites that underwent Self-Assessment (SA) with Internal Validation (IV) in 2013/14. Of those, three were additionally Externally Verified (EV) by the national team; Lung, Colorectal and Penile. One tumour site which underwent a Peer Review visit (PR) was Chemotherapy. The tumour sites for Peer Review change each year so we are not able to provide comparative data.

Cancer tumour site	Compliance	Type of assessment
Upper Gastro-intestinal	90.3%	SA, IV
Cancer Unknown Primary	76.0%	SA, IV
Haematology	83.3%	SA, IV
Breast	87.5%	SA, IV
Colorectal (plus 'locality' review)	94.4%	SA, IV, EV
Head and Neck (plus 'locality' review)	92.1%	SA, IV
Lung	80.0%	SA, IV, EV
Penile	75.0%	SA, IV, EV
Chemotherapy	83.3%	PR

Action plans have been developed by each cancer multidisciplinary team related to the outcomes of the peer review exercise. There are changes to Cancer Peer Review 2014/15 and the internal and external assessment that supports the national programme. Tumour groups will continue to be targeted for external visit and review and Breast MDT will be part of a formal review later in 2014.

d) Clinical Outcomes (Surgeon-level data)

In 2012, NHS England announced that it would require publication of surgeon-level outcomes data in 10 specialties by the summer of 2013. The mandate to publish individual surgeon results largely came from the legacies of the Kennedy Report (2001) that dealt with the adverse cardiac surgery outcomes in Bristol and more recently the Mid Staffordshire enquiry that culminated in the Francis Report (2013). The hospital failings found in both reports highlighted the need for more clarity about individual surgeon outcomes as part of a process of encouraging continuous quality improvement.

In June 2013, the first set of outcomes and mortality rates for individual hospital consultants were published nationally based on data from the national clinical audits and clinical registry. The data appears on NHS Choices and covers a range of operations and procedures. It shows the number of times a consultant has carried out a procedure, mortality rates and whether clinical outcomes for each consultant are within expected limits. The data has been reviewed for relevant Trust consultants in each of the nominated clinical audits and registries. A high-level summary of the outcomes for each are highlighted below;

Specialty	Outcome
Bariatric Surgery (surgery to treat obesity)	As expected
Interventional cardiology (heart disease treatments carried out via a thin tube placed in an artery)	As expected
Orthopaedic Surgery (surgery for conditions affecting bones and muscles)	As expected
Thyroid and Endocrine Surgery (surgery on the endocrine glands)	As expected
Urology Surgery - surgery on the kidneys, bladder and urinary tract	As expected
Vascular Surgery (surgery on veins and arteries)	As expected
Colorectal surgery (surgery on the bowel)	As expected
Upper gastrointestinal surgery (surgery on the stomach and intestine)	As expected
Head and neck cancer surgery	As expected

** Adult cardiac surgery (National Adult Cardiac Surgery) – not undertaken at City Hospitals*

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

Focusing on patient experience – "listening to you"

Thoughts, opinions and observations of patients and relatives who use our hospitals and services are very important to us. Our aim is that every patient's experience is an excellent one and understanding what matters most for our patients and their families is a key factor in achieving this.

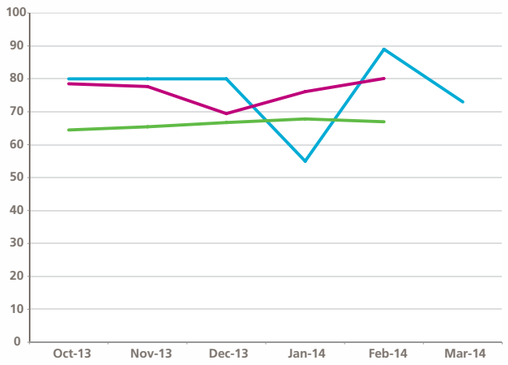
a) Introducing the Maternity Friends and Family Test

The Maternity Friends and Family Test started on the 1st October 2013 and asks women questions at three stages during their pregnancy; seeking feedback about antenatal services, the labour ward/birthing unit, the postnatal ward and the postnatal community services. They are asked whether they would recommend maternity services to others based on their own experience. The scores below in table and chart format provide an encouraging picture of how patients would recommend the maternity service to others, with performance exceeding national and some local averages.

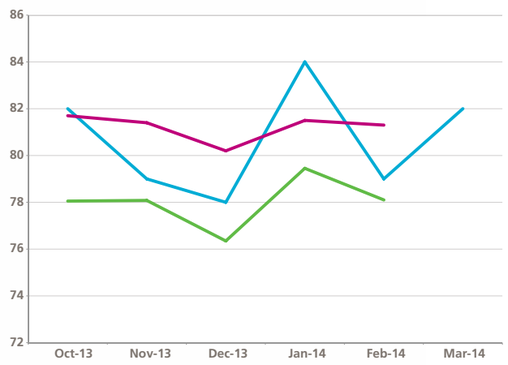
Question related to:	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Q1 Antenatal experience	80	80	80	55	89	73
Q2 Birth experience	81	79	78	84	79	82
Q3 Postnatal experience	74	77	83	88	79	73
Q4 Postnatal community experience	75	79	79	73	81	86

Maternity Friends and Family Test net promoter scores (Scale -100 to +100)

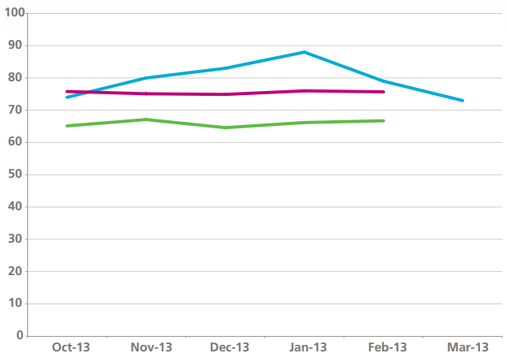
FFT – Maternity Q1 Score



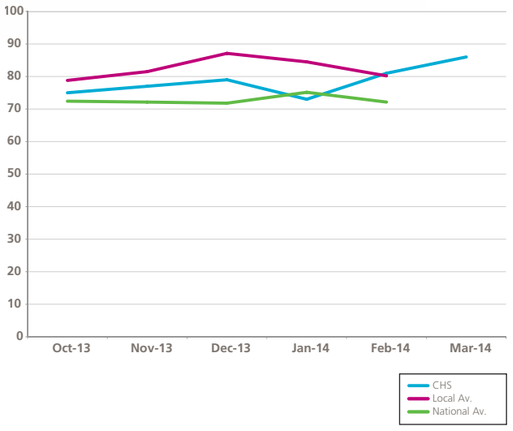
FFT – Maternity Q2 Score



FFT – Maternity Q3 Score



FFT – Maternity Q4 Score



Source – NHS England (Friends and Family Test data)

Similar to the Friends and Family Test for inpatients and Accident and Emergency, respondents can provide additional free text comments. Examples received to date include;

"I like the way they always listen and are always there for advice when needed."
"Midwife is very good and they advise us whenever we need. I'm very happy they are my midwife, my baby and me are in safe hands."
"No problems everything is great."
"Birthing pool relaxing."
"Everything was really good. Don't need to improve anything."
"Very supportive for my first pregnancy looked after well."
"Personal care from midwife, communication following birth to going home."
"Room was cold at night time but that was the only negative."
"Food not wonderful"

In addition, staff who are individually named, in a positive way, in free text comments are sent a letter of commendation by the Director of Nursing and Quality. If negative comments are received these are anonymised before results are publicised, however a copy is sent to the relevant line manager for action.

b) National Patient Survey programme

The 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 drive improvements in healthcare services. Each Trust is legally obliged to carry out a survey of patients' views on their recent hospital experiences. Feedback from these surveys allows organisations to compare their results and helps to identify where they have performed well and highlights gaps which require improvement.

For 2013/14, City Hospitals participated in the following national patient surveys;

Type of survey	Data collection	Date of publication
Emergency and elective inpatients	Sep 2013 – Jan 2014	Apr 2014
Chemotherapy survey	Jan – April 2013	Feb 2014
Women's experiences of maternity services	May – Aug 2013	Dec 2013
Cancer patient experience survey	Jan – Apr 2013	July 2013

National Adult Inpatients Survey (2013)

The national survey of adult inpatients 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 their admission process, hospital cleanliness, privacy and dignity, hospital food, 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 444 were returned complete, giving a response rate of 53% (the national rate was 49%).

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 'worse' performing category. It is disappointing to report once again that one of these questions relates to choice of food despite the number of Trust initiatives and staff awareness campaigns that have continued throughout the year. The other 'red' area is about staff failing to adequately answer patient's questions about their operation or procedure. This has never been reported in the 'worse' category before and we need to look at the factors that may have contributed to this rating.

The 'section' table highlighted overleaf provides an aggregated score for questions grouped according to the sections in the inpatient questionnaire. A higher score is better.

Score	Section themes	Rating compared with other Trusts		
8.4/10	The Emergency Department / A&E Department	WORSE	ABOUT THE SAME	BETTER
8.7/10	Waiting list and planned admissions	WORSE	ABOUT THE SAME	BETTER
8.0/10	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
8.5/10	Doctors	WORSE	ABOUT THE SAME	BETTER
8.0/10	Nurses	WORSE	ABOUT THE SAME	BETTER
7.3/10	Care and treatment	WORSE	ABOUT THE SAME	BETTER
8.2/10	Operations and procedures	WORSE	ABOUT THE SAME	BETTER
7.2/10	Leaving hospital	WORSE	ABOUT THE SAME	BETTER
5.3/10	Overall views and experiences	WORSE	ABOUT THE SAME	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.

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 2012

Survey questions – comparison of 2012 and 2013 results Questions that have increased our scores the most (higher score is better)		2012	2013	
Q3	While you were in the A&E department, how much information about your condition or treatment was given to you?	7.8	8.4	↑
Q23	Did you get enough help from staff to eat your meals?	6.7	7.5	↑
Q69	During your hospital stay, were you ever asked to give your views on the quality of your care?	0.9	2.2	↑
Q70*	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	1.9	2.7	↑

Survey questions – comparison of 2012 and 2013 results Questions that have the greatest 'loss' in scores, i.e. worse than the last survey		2012	2013	
Q34	Did you find someone on the hospital staff to talk to about your worries and fears?	5.8	5.2	↓
Q35	Do you feel you got enough emotional support from hospital staff during your stay?	7.2	6.7	↓
Q54	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	7.0	6.4	↓
Q55	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.5	8.0	↓
Q62	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	7.9	7.1	↓
Q65	Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	6.8	6.0	↓

The results of the inpatients survey (2013) have been presented to the Patient, Carer and Public Experience Committee (PCPEC). They will monitor the progress of any actions that have been agreed to address areas that require the most improvement.

Women's experiences of maternity services (2013)

In December 2013, the Care Quality Commission (CQC) published the results of Women's experiences of maternity services. Similar surveys had been carried out in 2007 and in 2010. The 2013 maternity specific survey involved 137 NHS acute trusts in England. Women were eligible for the survey if they had a live birth during February 2013, were aged 16 years or older, gave birth in a hospital, birth centre, a maternity unit, or had a home birth. In total 133 women who delivered at City Hospitals responded to the survey giving a response rate of 44% (46% nationally). The benchmarking reports compare antenatal care, postnatal care and labour and delivery care with other Trusts.

- **Maternity care pathway report (Antenatal care)** - the results show that across the 9 questions relating to antenatal care, 7 are rated 'about the same' as most other Trusts in the survey. There were no scores in the 'better' category. However, we did have 2 questions rated 'worse' than other Trusts. These relate to 'offering choices where to have your baby' and being 'given Information to help decide where to have your baby'. During 2013, our real time feedback results also highlighted these issues and we have already made improvements by providing information leaflets to patients regarding place of birth choices. We have plans to include a dedicated section in the hand held records to prompt questioning around choice of place of birth. In addition we have developed a promotional DVD to help inform patients of birth choices which will also be available on the Trust internet site.
- **Maternity care pathway report (Labour and birth)** - the results show that across the 17 questions relating to care during labour and birth, 16 (94%) are rated 'about the same' as most other Trusts in the survey. There was one question where performance was classified as 'better' than other Trusts, related to information and explanations given to women.
- **Maternity care pathway report (Postnatal care)** - across the 18 questions relating to postnatal care, 17 (94%) are rated 'about the same' as other Trusts. There was one question where performance was 'better', linked with women having an awareness of contact details for their midwife.

The Obstetrics and Gynaecology Clinical Governance Group has reviewed the findings of the survey and is overseeing the implementation of an action plan to address some of the shortcomings. The results have also been presented to the Patient, Carer and Public Experience Committee.

c) Real Time Feedback

We continue to use real time feedback to listen and respond to patients' views. This is a simple and quick way of finding out from patients about their hospital experience so that we can focus on things that they tell us. As in previous years we are grateful to our network of Trust volunteers who help to collect the feedback from patients. During 2013/14, we have had feedback collected from 2,527 general inpatients, 320 parents of children on paediatric wards, 218 children themselves and 137 women in maternity. That represents just over 3,200 questionnaires, the busiest year so far, and information from those questionnaires is reported back to the wards to help improve the service if appropriate.

What improvements have we made during 2013/14?

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 acting on their concerns. The following examples highlight where wards have acted on the results of patient feedback:

Ward Type	Improvements made in 2013/14
Maternity services	• Fathers expressed a wish to stay with their wives/ partners following the birth of their baby. The Directorate acquired recliner chairs, set robust criteria and now offer fathers an overnight stay for the first night post delivery. This has been well accepted and received positive comments • Following delivery of their baby, women were often hungry and had to wait until set mealtimes or did not want meals offered. The Directorate acquired a toaster to enable women to have tea and toast outside of set mealtimes. This has also been well received
Paediatrics wards	• Every morning the choice of meals from that day's order sheet are discussed with each child or parent, therefore allowing a personalised meal service • Wards now offer small individual pots of fresh fruit salad and serve the lunchtime sandwiches in a 'happy-meal' style box much to the delight of the children
Medical and surgical wards	• Ward D46 is currently arranging to have a water cooler installed after feedback from some patients who thought the water from the ward kitchen wasn't cold enough (Urology – male) • Ward C36 have changed their hot meal to lunch time so that sufficient staff are available to ensure meals are hot / well presented / patients are given assistance if required / and trained nurses are available (Vascular ward) • Ward C31 has purchased a wall mounted flat screen TV as patients were waiting in the day room for some time for their bed to become available. Complaints due to excessive waiting have consequently reduced • On Ward C36 patients complained about waiting for their dressings to be done. Ward shift patterns have now been adjusted to allow for an extra trained nurse on days where dressings changes are due. There are now only occasional delays and generally the new way of working has been successful • The Trust is currently undertaking unannounced visits to wards at meal times to review local practice, reinforce patient menu choices and observe portion sizes and presentation of food. The visits also enable the team to see whether patients who require assistance with their meals are given this important help

Plans for 2014/15

In April 2014, we will introduce a new real time feedback questionnaire and establish a revised, simpler, reporting format to the wards. The new design is the culmination of work done earlier in the year to refresh the questionnaire so that it remains relevant and meaningful to the organisation. Further amendments were made to accommodate a selected number of patient experience questions in the new "Open and Honest Programme" which we are required to report nationally. The results from these particular questions will be uploaded to a new Open and Honest web portal with selected data been made available on public facing information boards on wards throughout the Trust.

d) Listening to patients – learning from their complaints

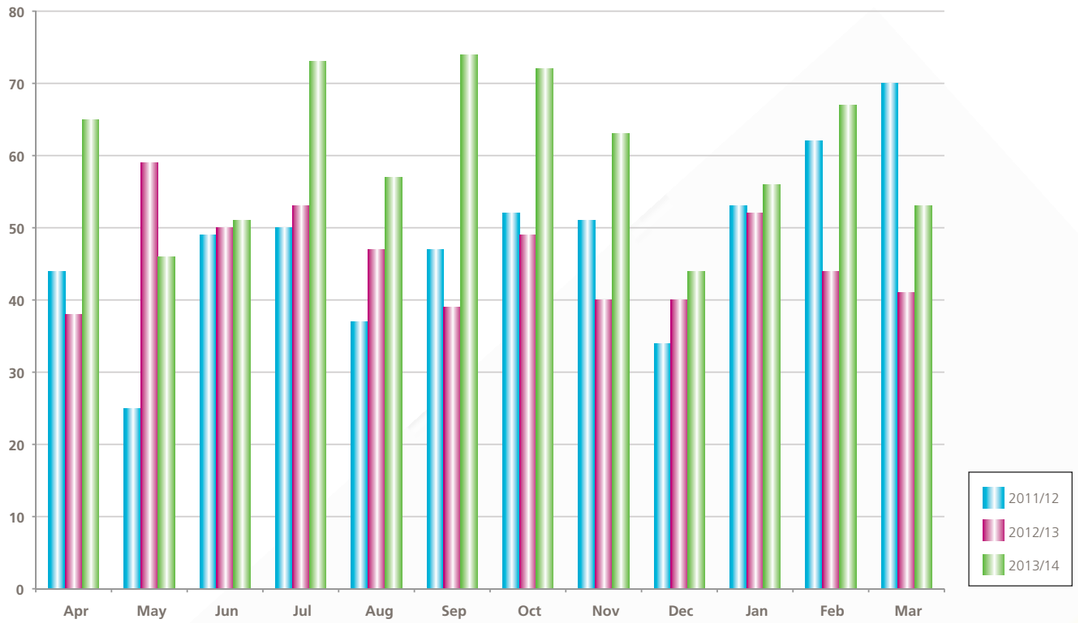
The Trust has a well established complaints process in line with national guidance which seeks to ensure that patients', carers' and visitors' concerns are fully and promptly investigated and acted upon, where necessary, to improve services and the patient experience.

A Rapid Process Improvement Workshop was undertaken in March 2013 to review the work of the Patient Advice and Liaison Service (PALS) and Complaints Department, with a number of actions being identified to improve the complaints handling process and provide a more individualised timely response for patients and their families. The new process has been incrementally implemented across the Trust during 2013/14 with implementation completed in January 2014. The process involves 'triaging' (determining the priority) of complaints, into three levels; red (complex multi agency/specialty complaints), amber and green (complaints that could be dealt with over the phone). The aim is that all complainants receive early contact by telephone to agree the issues, response time and response format.

In September 2013, Internal Audit identified a number of concerns about the complaints handling process in the Trust. As a result of this audit, and subsequent national recommendations published in the Clwyd and Hart Review (November 2013), a number of additional actions have been identified to further improve the complaints handling process. These actions are being monitored by the Patient, Carer and Public Experience Committee.

We aim to provide timely responses to complaints but recognise that this does not always happen which potentially can have a negative impact on the complainant. Most of these delays occur due to the time taken to carry out and complete the investigation process within the directorates. In going forward, the Trust has agreed to the appointment of four new quality and risk facilitators to support directorates in completing their investigations of both incidents and complaints. In addition, a significant upgrade is planned to the Trust Safeguard software system (which provides the complaints management system) in 2014/15.

Comparison of complaints activity 2011/12 to 2013/14



From 1 April 2013 to 31 March 2014, the Trust received 721 formal complaints from patients or their representatives. This is a 29% increase on the 559 received last year. We have moved the Complaints Office from Trust Headquarters across to the main hospital concourse so that it is much more visible and accessible to the public. Wards have also raised awareness through posters regarding the arrangements for those wanting to make a formal complaint. This may explain, in part, why we are dealing with more complaints. We want to encourage feedback from patients and their relatives so we can improve our services.

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

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

Patients Said	Changes Made
The outpatient appointment system was confusing, appointments were sometimes cancelled before patients had actually received the appointment date and it was difficult to contact the appointments centre.	We have undertaken a review of the entire scheduling process to ensure patients receive timely appointments, and staffing of the appointment centre has been reviewed.
They sometimes received a follow up appointment before they had had the investigations that were required before their next appointment. Patients and GPs also told us that sometimes they did not receive clinic letters in a timely way.	We are piloting a "Clinic on the Day" process in 5 outpatient areas. Patients involved in the pilot leave the outpatient department with a follow up appointment, dates for follow up investigations and in some areas, patients receive their clinic letter.
They had not been kept informed about their treatment plan or staff did not communicate what was planned for their care.	We reviewed our existing "comfort rounds" on two wards which resulted in improved communication, reduction of pressure ulcers and falls, improved pain management and overall patient satisfaction. This will be rolled out to other wards in 2014/15.
They were unhappy with long waiting times in the Emergency Department and often did not understand the reasons for waiting.	We introduced a "Navigator Nurse" in the Emergency Department whose role is to direct the patient to the right person first time with the aim of reducing delays for patients. Duty rotas have also been amended to record name of Navigator Nurse to ensure accountability for decision making.
People smoking at hospital entrance areas was offensive and unacceptable	We have increased signage to encourage smokers to use the shelters provided and a No Smoking statement is included as part of outpatient letters. The security team regularly monitor main areas and smokers are challenged at peak times by senior staff.
They did not know how to make a complaint and that accessing information about making a complaint was difficult.	Information about how to make a complaint, and a copy of the complaints form has been uploaded onto the Trust website, the Complaints and Patient Advice and Liaison department staff have been co-located on the main site, and posters and leaflets advising patients how to make a complaint have been replenished throughout the organisation.
Nurses sometimes appear preoccupied with computer work and were not on hand to answer queries and provide care.	We recognise that access to computers is an essential part of the nurse's role as patient records are completed electronically. However in some wards we have put laptops in the patient bays to ensure staff caring for patients are more easily accessible, and nurses can remain with patients whilst completing records.
Women wanted more birth choices and did not want to travel to other maternity hospitals, specifically to labour and birth in water.	We provided a birthing pool in our Delivery Suite which opened in August 2013. To date, we have had 70 successful water births with over 120 women using the pool.
Our outpatient letters were too vague and lacked important and helpful information such as the name of the consultant	Following consultation with patient representatives appointment letters have been revised and now include clinic details and the name of the consultant.

e) Ward Assurance Visits

The Quality Assurance Ward Visit Programme is part of the Trust Assurance Programme. It provides an opportunity for the Director of Nursing and Quality and other executive and non-executive directors to visit wards and department areas and provide feedback on their findings/views to staff and at Board of Director meetings. The 'go, look and see' model is fundamental to the principles of Lean but also provides a different perspective to quantitative data, i.e. that which is measured on a numerical scale. A key finding of the Francis Inquiry was an over-reliance on data, without regard to observing what was really happening and listening to staff and patients. It is important from a Board perspective that there is an assurance mechanism in place on how care is delivered at the frontline. The visits also provide an opportunity for directors to hear directly from staff and patients about good practice.

Many of the issues identified are addressed and rectified immediately at the time of the ward/department visit. These are discussed with the ward/department sister or charge nurse, or registered nurse in charge at the time.

Issues highlighted during the ward visits in 2013/14:

- bare below the elbows (an initiative aiming to improve the effectiveness of hand hygiene performed by hospital staff) is noticeably firmly embedded in practice;
- National Early Warning Scores (NEWS) are appropriately documented for each patient;
- general impression of the clinical environment on most wards/departments is very good;
- majority of feedback from patients regarding their meals remains positive although menus not always available;
- majority of comments from patients and relatives/carers regarding clinical care are positive;
- majority of feedback from patients about care delivery/experience/environment/ communication with staff is positive;
- some patients (largely those with delirium/dementia) do not have identification (ID) wristbands as they have removed them;
- there is 'on the spot resolution' of patient/relative/carer concerns which are expressed during ward/department visits;
- estates work is followed up at time of visit/jobs referenced and allocated to appropriate personnel by the Estates representative; and
- some patient information boards on wards and departments are not always up to date.

Ward and department visits will continue to take place fortnightly. There is now also representation from our Commissioners for some of the visits which adds to the integrity and robustness of our assurance approach.

f) Patient Advice and Liaison Service (PALS)

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

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

PALS is an integral part of the Patient Experience Team and works closely with the Complaints Department to provide a seamless and comprehensive service to patients and their families.

During 2013/14, PALS dealt with 903 requests, compliments and concerns. The main concerns relate to outpatient appointments, aspects of care and communication.

g) Volunteers

Trust volunteers provide a valuable service that involves spending time, unpaid, to support Trust staff in delivering a quality service. Their role is to complement the work of paid staff and they are therefore not included in staffing numbers. All volunteers undergo a series of pre-employment checks and are subject to an interview. We have approximately 280 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.

h) Carers

City Hospitals continues to work closely with staff and carers from Sunderland Carers' Centre to improve the experience of the many patients and carers who use the facilities. A Carers Reference Group meets quarterly to discuss issues raised by carers and the meetings have had a positive impact at the Trust.

The Carers' Centre has told us that carers often do not identify themselves as carers and they therefore miss out on valuable opportunities for support and assistance. The Trust has implemented a number of initiatives to raise awareness of carers and once identified staff can signpost to the Carers' Centre for support. Part of our awareness campaign during 2013/14 included installing a Trust-wide computer screensaver promoting carers which coincided with national Carers' Week. In addition, key messages about carers are incorporated into a range of existing educational courses and study days.

The Carers' Centre continues to be involved in training, thus providing an excellent opportunity for staff from the Trust, including medical staff, to gain first-hand experience of the role of a carer. The Carers' Centre is also involved on 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 as well as high level actions for achieving each objective. In partnership with the Carers' Centre, the Trust has translated these into an action plan to ensure delivery against the strategic objectives.

i) Community Panel

The Community Panel, established in 2001, comprises a lay group of volunteers who play an important part in our commitment to patient and public involvement, and provides a forum for participating, reporting, reflecting on and improving the patient experience in hospital. In 2013/14, we can report further examples of their activities;

- leading the feedback collection from patients on wards who participate in Real Time Feedback;
- participating in the review of the Real Time Feedback process and questionnaire;
- for the 10th year running helping with the Patient Led Assessment of the Care Environment (PLACE formerly PEAT) inspections and making sure that the process is objective, fair and accurate;
- participating in a number of study days and workshops including the Patient Experience Symposium, Health Care Assistant Development Day, and Infection Prevention and Control Study Day;
- one of our Panel members provided a patient perspective in the workshop which was held to redesign the endoscopy unit;
- undertaking an audit of the waiting areas at Sunderland Eye Infirmary and contributing to the subsequent improvement plan; and
- ongoing, active contributions to a number of Trust working groups and committees.

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

Good hospital environments matter. Every NHS patient should be cared for in a clean, safe environment and where standards fall short, actions should take place to improve them. April 2013 saw the introduction of PLACE, which is the new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments require local people to go into hospitals as part of teams to assess how the environment supports patients' privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job. The assessments take place every year, and results are reported publicly to help drive improvements in the care environment.

The Trust's unannounced inspections took place in April 2013 at both the Sunderland Royal Hospital and the Sunderland Eye Infirmary. This year four inspection teams were formed to cover the selected areas, taking care to avoid any disruption to patient activity. Each team was required to undertake a series of inspections with areas selected by the Patient Representatives themselves at the start of the day. Following each inspection an assessment form was completed and scoring agreed by all members in the team.

The national results were published in September 2013. Given that our performance in the previous PEAT programme was always very strong, we were disappointed to see that our scores fell short of the national average and were the lowest in the region. We are confident that we have applied the strict PLACE process robustly and that the data submitted was an accurate reflection of our findings on that day. Although not a requirement of the process, Peer Review (external validation) was recommended. We were one of only a handful of hospitals who included this as part of the PLACE process.

Listed below are the scores for the Sunderland Royal and Eye Infirmary and the national average:

	Cleanliness	Food	Privacy	Condition
National average	95.74	84.98	88.87	88.75
Sunderland Royal Hospital	94.74	75.43	75.47	89.77
Sunderland Eye Infirmary	93.85	88.24	83.87	86.48

The findings from PLACE inspections have been developed into an action plan and have been shared with the Multi Disciplinary "National Standards of Cleanliness Group" to drive forward specific actions identified for individual wards and departments. This group has also identified key Trust Wide issues and made recommendations for action. Food and hydration actions already form part of the Nutritional Steering Groups action plan and are being actively progressed by this group.

This finding have also been shared with Divisional General Managers at the Operational Management Group (OMG), and cascaded to their respective teams. The report has been discussed with the G4S Domestic Team at the contract review meetings. Actions are already under way on areas of particular concern, with follow-up visits by Infection Prevention and Control and the Domestic Monitoring Team, who are working closely with ward teams.

k) Pets as Therapy

Pets as Therapy (PAT) is a national charity providing therapeutic visits to hospitals, hospices, nursing and care homes and a variety of other establishments from volunteers with their pet dogs. The dogs are temperament tested and have full vaccinations, and the aim is to bring comfort and companionship to people by giving them the opportunity to stroke/hold, and talk to one of these calm and friendly dogs.

Research shows that for patients, there are therapeutic benefits in having contact with animals, particularly for children and older people, with the contact helping to normalise situations such as hospital stays. There is also some evidence that the dogs have successfully aided rehabilitation from serious conditions, particularly of stroke patients.

The Trust agreed to pilot the idea of using PAT as a therapeutic aid for patients recovering from stroke. A PAT volunteer and her dog, Buster (a Shihtzu) commenced visits to the Stroke Ward on E58 in December 2013 following completion of her Trust Induction. These visits occur weekly usually at weekends although some have occurred during the week. The visits follow strict infection prevention and control guidance developed by the Royal College of Nursing and the PAT Charity.

Buster has had a profound effect upon a number of patients on Ward E58 as these comments testify:

"Seeing and being able to interact with such a lovely animal is a real pleasure, he is lovely!"

"This was a very pleasant experience, bringing pleasure to both myself and other patients in very difficult circumstances. Thank you Buster"

"This really lifted my mood. I was pleased to see him and it helped pass the time."

"This really boosted me up, lifted my mood as I was really missing my own dog".

One of our Stroke Specialist Nurse Practitioners has also commented;

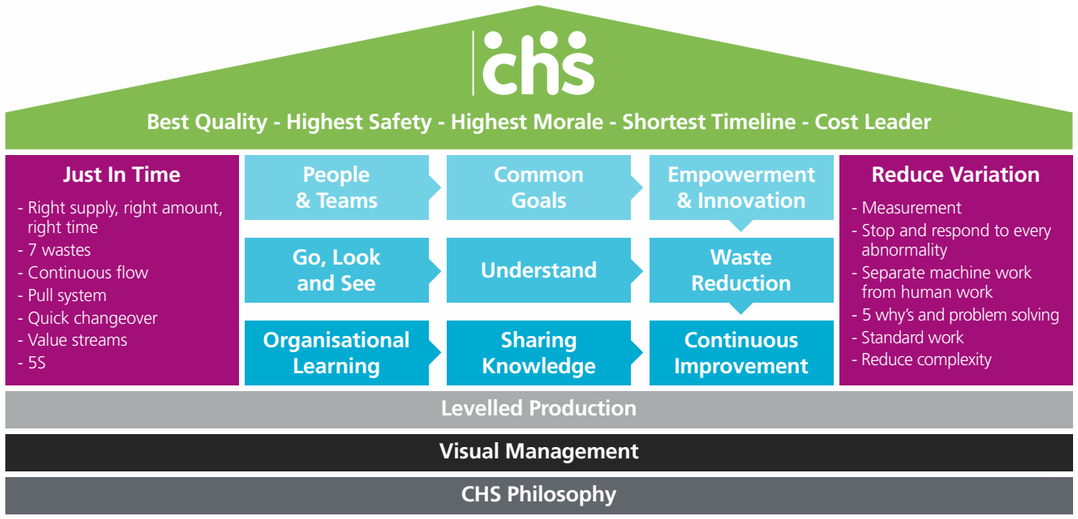
"E58 has recently had the pleasure of participating in the innovative practice of 'pet therapy.' I cannot emphasise enough the pleasure patients receive when the 'star' of the show 'Buster' arrives on the ward. We have had a number of patients who have been low in mood and withdrawn, showing no participation in therapy or communication and declining human contact yet they have responded instinctively and positively to Buster. The experience of 'pet therapy' on E58 is definitely a positive one which can only contribute to positive patient experience, patient recovery and rehabilitation"

Buster, her owner volunteer and patients and staff have also featured in the local Sunderland Echo and on BBC Radio Newcastle.

I) 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 to patients.

The CHS Production System is our interpretation of Lean philosophy and our approach to support the delivery of safe, effective care and a first class patient experience (see 'house' diagram below).



The Kaizen Promotion Office provides continuous improvement facilitation to a number of projects across the organisation. The mainstay of our improvement work in 2013/14 has focused on the implementation of Meditech Version 6, supporting clinical and administrative teams to develop processes and information flow using the new clinical record and scheduling system. Some of our projects include:

- "Clinic on the Day"

Five directorates have been piloting processes to ensure that patients leaving the outpatients department have a written summary of their consultation and a forward plan, in the form of a copy of the clinic letter which is sent to their GP. Furthermore, if diagnostic tests are required e.g. X-ray, CT scan and/or endoscopy these are ordered by the clinician and an administrator books a convenient appointment for the patient before they leave the department. Early indications from patients are that they find this service valuable and a big improvement. One patient commented:

"I can't believe I have come in, been seen, agreed a date, got a letter. I feel like a private patient. I thought you only get this type of service if you went private and paid for it."

We are now planning to extend these processes further across the organisation throughout 2014.

- Improving the communication of diagnostic test results

Whilst we have very timely processes for communicating with patients who have had positive diagnostic tests and require treatment, we do not always communicate with patients quickly to tell them when results are normal. This can leave patients sitting at home wondering and worrying about the results, which leads to unnecessary telephone calls to the hospital and patient frustration and complaints. The efficiency of the process to review and communicate test results has been improved which in turn has reduced the delays to patients being informed.

- Developing a high quality clinical environment

The Kaizen Promotion Office has also supported two large projects to improve the work environment in key clinical areas; 'D Level' Day of Surgery Admission and Centralisation of PREP (Pre Operative Assessment and Preparation). These have provided important benefits for patients and staff.

Part 3.1 Performance against key national priorities 2013/14

Performance against National Measures

During 2013/14, the Trust has continued to achieve national operating standards across a number of key measures including cancer waiting times, waits from GP referral to treatment and diagnostic waits.

The NHS Planning Framework for 2013/14 included indicators which measure delivery of the NHS Constitution and some which are assessed as part of Monitor's assessment of Foundation Trusts governance risk rating. Monitor, the regulator of Foundation Trusts, has changed its approach to risk assessment during 2013/14 and on the basis of the new 'Risk Assessment Framework', the Trust was rated as 'Green' (no evident concerns) for the year.

Indicator Quality (Safety, Effectiveness & Patient Safety)	Last Year 2012/13	Target 2013/14	YTD 2013/14	YTD Variance	YTD
Referral to Treatment waits % completed admitted adjusted pathways seen within 18 weeks[1]	94.41%	90%	91.01%	1.01%	●
Referral to Treatment waits % completed non admitted pathways seen within 18 weeks[1]	99.09%	95%	98.20%	3.20%	●
Referral to Treatment waits % incomplete pathways waiting less than 18 weeks[1]	95.35%	92%	93.75%	1.75%	●
Diagnostic Test waiting times	0.27%	<=1%	0.36%	-0.64%	●
A&E: Maximum waiting time of four hours from arrival to admission/ transfer/discharge	95.08%	95%	94.52%	-0.48%	●
All Cancer Two Week Wait	94.98%	93%	94.28%	1.28%	●
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)[2]	94.77%	93%	93.33%	0.33%	●
All Cancer 62 day urgent referral to treatment wait[2]	88.93%	85%	85.64%	0.64%	●
62 day wait for first treatment following referral from an NHS Cancer Screening Service	94.23%	90%	100.00%	10.00%	●
31 day standard for cancer diagnosis to first definitive treatment	99.59%	96%	97.80%	1.80%	●
31 day standard for subsequent cancer treatments - surgery	100.00%	94%	99.55%	5.55%	●
31 day standard for subsequent cancer treatments - anti cancer drug regimens	100.00%	98%	100.00%	2.00%	●
Mixed sex accommodation breaches	4	0	0	0	●
HCAI - MRSA Bacteraemia[2]	6	0	4	4	●
HCAI - *Clostridium Difficile*[2]	60	<=36	36	0	●
Friends & Family Test - Response rate[3,4]	NA	20%	23.43%	3.43%	●
Dementia - Find[5]	97.67%	90%	99.15%	9.15%	●
Dementia - Assess & investigate[5]	100.00%	90%	100.00%	10.00%	●
Dementia - Refer[5]	95.51%	90%	99.77%	9.77%	●
VTE risk assessment for inpatient admissions[6]	92.36%	95%	95.36%	0.36%	●
Quality stroke care - people who have a stroke who spend at least 90% of their time in hospital on a stroke unit	88.06%	80%	84.81%	4.81%	●
Quality stroke care - people at high risk of stroke who experience a TIA are assessed and treated within 24 hours	63.56%	60%	76.28%	16.28%	●

[1]Excludes non English commissioners as per publications by NHS England (http://www.england.nhs.uk/statistics/statistical-work- areas/rtt-waiting-times/)
[2] Cases apportioned to Acute Trust
[3]Aggregate inpatient and A&E performance shown for quarter four against the national quarter four target.
[4]New national CQUIN indicator for 2013/14
[5]New national CQUIN indicator implemented part way through 2012/13 therefore performance shown for 2012/13 is for Q4 only
[6]National CQUIN target for VTE risk assessments increased from 90% to 95% for 2013/14

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 their first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer;
- an urgent GP referral is one which has a two week wait from the date that the referral is received to first being seen by a consultant;
- the indicator only includes GP referrals for suspected cancer (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).

Accident and Emergency

During 2013/14, the Trust continued to receive a high number of patients arriving through the A&E department, both via ambulance and self-presenting. This has affected the Trust's ability to meet the A&E target for patients spending a maximum of 4 hours in the department and unfortunately performance for 2013/14 was under target at 94.5%. Performance has improved in March to 96.3% and many of the initiatives which have been put in place are starting to have a positive impact on the flow of patients through the Emergency Department.

Cancer Waiting Times

The Trust continues to meet all cancer waiting time targets, ensuring patients are seen and treated in line with national standards. Work has commenced with our local Clinical Commissioning Group on streamlining cancer pathways for certain tumour groups and this should lead to further improvements in waiting times for patients.

Reducing Healthcare Associated Infections (HCAIs)

The Trust has made significant improvements in reducing healthcare associated infections from 2012/13 to 2013/14. There have been 4 cases of MRSA bacteraemia which is above the 'zero tolerance' target but this is an improved position compared to 6 cases in 2012/13. The Trust has further reduced the number of *Clostridium difficile* infections from 60 in 2012/13 to 36 in 2013/14, which is equal to the target of 36 cases. The Trust has invested in various initiatives during the year which have contributed to the reduction in HCAIs and our associated reduction plan will continue into 2014/15.

Improving Dementia Care

In 2013/14, the national CQUIN (Commissioning for Quality and Innovation) scheme for Foundation Trusts continued to include indicators to improve the identification of patients with dementia and ensured that they received necessary support. The CQUIN indicators relate to all patients aged 75 years and over who are admitted as an emergency and stay in hospital for more than 72 hours. The Trust has continually exceeded the national targets relating to these indicators to ensure that where patients are identified as potentially having dementia, they are appropriately assessed and where appropriate referred on to specialist services.

Debra Watson, G4S Domestic Assistant

Annex One: Statement from Coordinating Commissioners: NHS Sunderland, NHS Durham Dales, Easington and Sedgefield (DDES) and NHS North Durham Clinical Commissioning Groups (CCGs), and NHS England.

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

Throughout 2013/14 monthly Quality Review Group (QRG) meetings, with representation from NHS Sunderland CCG and NHS Durham Dales, Easington and Sedgefield CCG (DDES) and NHS England have taken place with City Hospitals Sunderland NHS Foundation Trust (CHSFT). These are well established mechanisms to monitor the quality of the services provided and to encourage continuous quality improvement. The purpose of these meetings is to:

- monitor a broad range of quality indicators linked to patient safety, clinical effectiveness and patient experience;
- review and discuss relevant Trust reports e.g. Serious Incident summary report;
- review and discuss relevant external reports e.g. Care Quality Commission specific to CHSFT, and national reports e.g. Francis 2, Berwick and Keogh; and
- monitor action plans arising from the above.

NHS Sunderland CCG recognises the good work undertaken in 2013/14 and looks forward to working with you in 2014/15.

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

- a reduction in the numbers of cases of *Clostridium Difficile*;
- increased reporting of near misses and no harm incidents;
- improvement in ambulance handover times;
- achievement of the national targets for the Friends and Family Test;
- continued development of real-time feedback from patients;
- achievement of all cancer targets;
- timeliness and reporting of pressure ulcers;
- improvements in length of stay for dementia patients;
- reporting and progress made relating to falls within the National Safety Thermometer; and
- improvements in food service and patients' responses in the national inpatient survey.

The Trust has again experienced significant pressures within the Emergency Department, causing continued difficulties in maintaining the required level of performance against the emergency care performance and the CCGs look forward to continue to work with provider colleagues to deliver action plans developed to improve patients' experience and achieve the national targets during 2014/15.

Although the national trajectory for infection control targets for *Clostridium Difficile* has increased for 2014/15, there is a mutual expectation that the Trust will maintain its focus to continue to deliver a maximum of 36 cases, which we very much welcome as commissioners and reflects the efforts and focus of the Trust to successfully reduce the incidence in 2013/14.

The CCG acknowledges the initial adverse impact that the implementation of Meditech version 6 had on the Trust and their systems' ability to communicate effectively with GPs and patients. It recognises the efforts that were made to rectify the problems to try to ensure that patient safety was not compromised. Any ongoing issues will require further work between GP practices and the Trust to resolve.

Commissioners look forward to working with the Trust to build on the work in 2013/14 to continue to improve the timely closure of Serious Incidents to ensure the appropriate lessons can be learnt and shared accordingly.

The CCGs acknowledge the work being undertaken to review the Breast Surgery pathways which will include joint working arrangements with other local providers to ensure safety and enhance patient experience.

Reducing the number of pressure ulcers continues to be a challenge and the CCG will be working with the Trust and the wider health economy during 2014/15 building on the progress already made.

Commissioners welcome the ongoing work being undertaken by CHSFT to analyse their mortality rates reported nationally and the CCG looks forward to receiving further assurance that patient safety is not being compromised.

Sunderland CCG, DDES CCG, North Durham CCG and NHS England note the changes to the CQC intelligence monitoring profiles and agree with the priorities outlined in the Quality Report for 2014/15 and will work in partnership to achieve the common goals of improving access, experience and patient safety for all patients.

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

Date 23 May 2014

Annex Two: Statement from Sunderland Scrutiny Councillors

Thank you for the opportunity to comment on your 2013/14 Quality Report which provides a good account of the performance achieved during the past year.

Scrutiny Councillors in Sunderland have done a significant amount of work this year on patient and public engagement. We therefore welcome the Trust's ambition towards increasing the proportion of patients who feel listened to and involved in their care. We also welcome the emphasis in the Quality Report on the way that patient complaints will be used to improve services. The Clwyd review identified that complaints should be treated like 'gold dust' for decision-makers and we are pleased to see reflected in the Quality Report that a number of actions have been identified to further improve the complaints handling process.

Scrutiny Councillors investigated services dealing with child obesity during the year and discussed diet, nutrition and lifestyle with colleagues from City Hospitals. Scrutiny Members were able to evidence the partnership working that exists around key intervention strategies including the Specialist Childhood Weight Management Service that is integrated within the Sunderland Lifestyle, Activity and Food Programme.

The Trust also cooperated to provide evidence into the Supporting Carers in Sunderland review undertaken during 2013/14. Scrutiny Councillors were pleased to see the positive recognition given by the Trust to employees with a caring role.

Sunderland Scrutiny Councillors wish to endorse the quality priorities for 2014/15 and proposed indicators for improvement as described in the Quality Report. In delivering those ambitions, Scrutiny Councillors in Sunderland look forward to working with the Trust in the year ahead.

KAREN BROWN
Scrutiny Officer

Date: 27 May 2014

Annex Two: Statement of Directors' Responsibilities for the Quality Report

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

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

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

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;
- 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 2013 to May 2014;
  - papers relating to Quality reported to the Board over the period April 2013 to May 2014;
  - feedback from the commissioners dated 23 May 2014;
  - feedback from the Sunderland Scrutiny Councillors dated 27 May 2014;
  - feedback from governors dated 25 March 2014;
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 22 May 2014;
  - 2013 national patient survey dated 8 April 2014;
  - 2013 national staff survey dated 25 February 2014;
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 28 May 2014;
  - CQC quality and risk profiles dated May and July 2013; and
  - CQC intelligent monitoring reports dated 21 October 2013 and 13 March 2014.
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

J N ANDERSON
Chairman

Date: 28 May 2014

K W BREMNER
Chief Executive

Date: 28 May 2014

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

We have been engaged by the Council of Governors of City Hospitals Sunderland NHS Foundation Trust to perform an independent assurance engagement in respect of City Hospitals Sunderland NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 in the Quality Report that have been subject to limited assurance (the "specified indicators") consist of the following national priority indicators as mandated by Monitor:

Specified indicators	Specified indicators criteria
	(exact page number where criteria can be found)
C. Difficile	116 of the Quality Report.
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	Page 115 of the Quality Report.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on the pages of the Quality Report as listed above (the "criteria"). The Directors are also responsible for the conformity of their criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2013/14" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

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

- the Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2013/14";
- the Quality Report is not consistent in all material respects with the sources specified below; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "Detailed guidance for external assurance on quality reports 2013/14".

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 2013 to March 2014;
- papers relating to quality reported to the Board over the period April 2013 to March 2014;
- feedback from the commissioners, NHS Sunderland, NHS Durham Dales, Easington and Sedgefield and NHS North Durham Clinical Commissioning Groups (CCGs), and NHS England dated 23 May 2014;
- feedback from Sunderland Scrutiny Committee dated 27 May 2014;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2014;
- the latest national patient survey for 2013;
- the latest national staff survey for 2013;
- Care Quality Commission quality and risk profiles dated 31 May 2013 and 31 July 2013;
- Care Quality Commission Intelligent Monitoring Report dated 21 October 2013 and 13 March 2014;
- the Head of Internal Audit's draft annual opinion over the Trust's control environment for 2013/14 (as presented to Audit Committee on 28 May 2014); and
- Care Quality Commission inspection report dated January 2014.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of City Hospitals Sunderland NHS Foundation Trust as a body, to assist the Council of Governors in reporting City Hospitals Sunderland NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and City Hospitals Sunderland NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2013/14";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis, of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading 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 criteria referred to above.

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

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

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 2014:

- the Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2013/14";
- 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 and the six dimensions of data quality set out in the "Detailed guidance for external assurance on quality reports 2013/14".

PricewaterhouseCoopers LLP
Chartered Accountants
Newcastle upon Tyne
29 May 2014

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

ARRANGEMENTS FOR MONITORING IMPROVEMENTS

Complaints Handling

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

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

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

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

Whilst the current regulations stipulate a maximum timescale of six months to respond to a complaint, we aim to respond to complaints within twenty five working days. However, where a complaint is deemed to be complex, the timescale can be negotiated to allow additional time so that a thorough and comprehensive investigation may be undertaken. We recognise that disappointingly we do not always achieve our local standards and for that reason 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 initiated to provide a more individualised timely response for patients and their families from 2013/14.

The new process involves triaging of complaints into three levels:

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

The aim is that all complainants receive early contact by telephone to agree the issues, response time and response format. Further actions have also been put in place as outlined on page 105 to minimise any delays in response times.

From 1 April 2013 to 31 March 2014 the Trust received 721 formal complaints from patients or their representatives, an increase of 29 % on the 559 received in 2012/13.

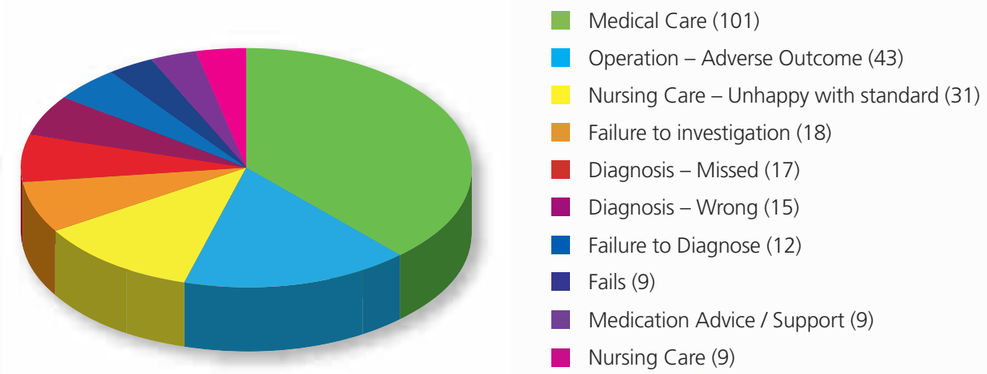
Categories of Complaints

Whilst most complaints have more than one theme, all are allocated a "primary theme". During 2013/14 the following primary themes were attributed to the 721 complaints received and investigated.

Primary theme	Total	%
Commercial Decisions of Trust (commissioning issue)	1	<1
Infection Control	1	<1
Transport	1	<1
Other	1	<1
Privacy and Dignity	2	<1
Medical Records	2	<1
Consent	4	1
Policy and Procedures	4	1
Information Governance	5	1
Aids & Appliances	6	1
Patient Property & Expenses	7	1
Environment	10	1
Estates / Support / Hotel Services	26	4
Admission / Discharge / Transfer	33	5
Appointments Delay / Cancellation (In Patient)	34	5
Attitude of Staff	47	7
Communication	94	13
Appointments Delay / Cancellation (Outpatient)	111	15
Aspects of Care	332	46
Total	**721**	

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:

Aspects of Care Complaints – Top 10



It is a requirement that the Trust reports the number of complaints that are "well founded". In 2013/14 we have attempted make a judgement, following investigation, as to whether complaints were justified and of the complaints responded to have identified 143 complaints (20%) that were not upheld and 324 (45%) that were upheld or partially upheld. The remaining 254 complaints are still under investigation.

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 2013/14, the Ombudsman requested information from the Trust in relation to 11 complaints, of which:

- 3 cases – closed without further investigation by the Ombudsman;
- 2 cases – closed without any further action being identified;
- 1 case – closed due to patient's death (Ombudsman will reopen if relatives make any further contact);
- 1 case – a request for further information in relation to scans but the actual complaint was not against the Trust; and
- 4 cases – awaiting decision from the Ombudsman.

Learning from Complaints

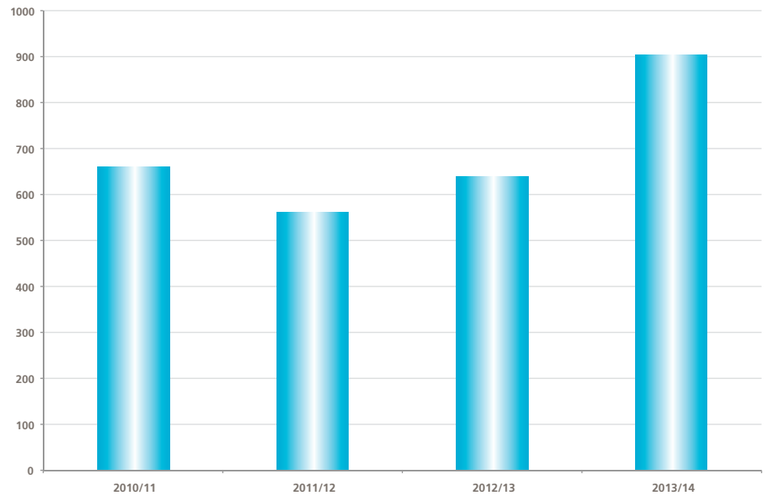
The Trust welcomes both positive and negative feedback from our patients to help us towards improving the services we deliver. A quarterly complaints report is submitted to the Patient Carer and Public Experience Committee, a formal sub committee of the Board which also includes a patient story. The 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 106.

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 2013/14, PALS received 903 contacts compared to 640 in 2012/13 which reflects a 29 % 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 2013/14, 1562 formal compliments about care and treatment were received.

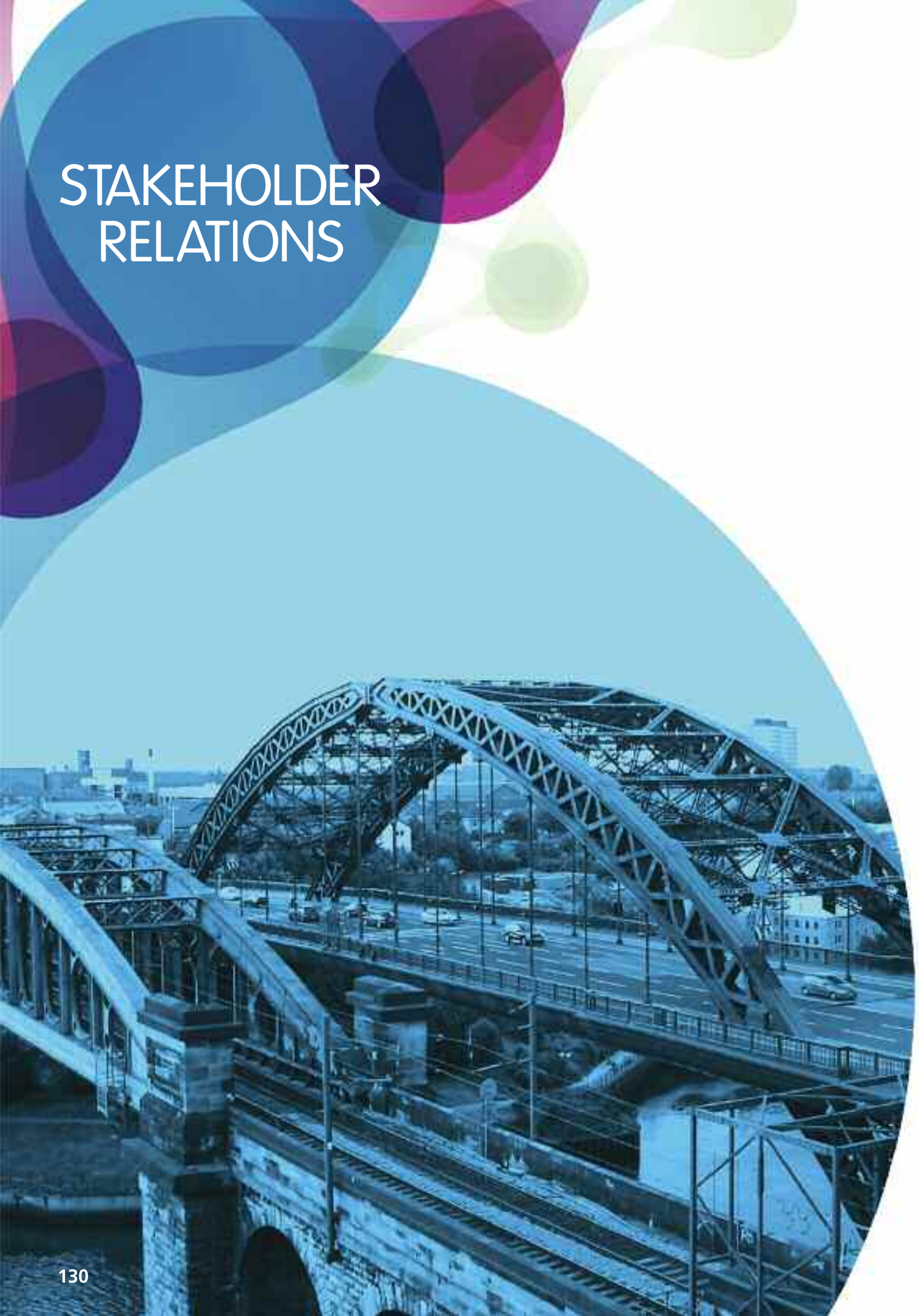
Friends and Family Test

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 overall experience of our patients.

STAKEHOLDER RELATIONS



STAKEHOLDER RELATIONS

Significant Partnerships

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

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

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

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

Underpinning this programme of work are a number of clinical workstreams. These workstreams are at various stages, with some fully implemented, and others in the process of development.

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

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

Further areas of work are being explored which will include interventional radiology and vascular however it has become clear that for some areas there is no easy solution and it will take time to get the model and pathways developed. This work is challenging in a constantly changing external environment particularly in light of the Francis Report and other national network models.

We are developing strong relationships with our main commissioner, Sunderland Clinical Commissioning Group, who, like ourselves want to achieve better health for the people of Sunderland. Our challenge will be to do that by not only improving the integration of services across health and social care but also by underpinning any developments with more effective clinical decision making.

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

- Sunderland Partnership Board (chaired by Ken Bremner, Chief Executive of CHS);
- Sunderland Innovation and Improvement Group;
- Economic Leadership Board;
- Adult Partnership Board;
- Children's Board;
- Local Safeguarding Children's Board and associated sub committees;
- Safeguarding Adults Partnership Board and associated sub committees;
- Corporate Consultation Group;
- Compact Delivery Group; and
- NHS Provider Forum (advisory committee of the Health and Wellbeing Board).

Following the approval of the City's Health and Wellbeing Strategy the Trust is working closely with all its partners to achieve the key objectives of:

- promoting understanding between communities and organisations;
- ensuring that children and young people have the best start in life;
- supporting and motivating everyone to take responsibility for their health and that of others;
- supporting everyone to contribute;
- supporting people with long term conditions and their carers; and
- supporting individuals and their families to recover from ill health and crisis.

STRATEGIC REPORT: FINANCE

Income and Contracts Overview

The 2013/14 financial year saw the start of new commissioner arrangements with the establishment of Clinical Commissioning Groups (CCGs) and NHS England. These new arrangements took some time to bed in with some uncertainty between commissioners relating to who had responsibility for commissioning which services. For the first time, the Trust had major contracts with Local Authorities for public health funded services. The view of the Local Authorities has in some cases differed from their predecessor NHS bodies with the result that some services have been decommissioned. A number of patient pathways have been split between different commissioners increasing the risk that any single commissioner may choose not to continue with a given part of a service, and thereby putting at risk the whole service for some patients. The complexity of the system is now such that the number of commissioners has increased significantly and right up until the end of the year, there was still debate in some cases as to whose responsibility a given service sat with. As a consequence the number of NHS debtors has increased compared to prior year levels impacting on cashflow for the year.

Given the change in commissioning arrangements, it was recognised nationally that the basis of contractual agreements needed to be as stable as possible. To that end, some of the key principles such as the marginal rate for any emergency admissions seen over and above the 2008/09 level and no payment for any 'avoidable' readmissions within 30 days remained unchanged. The principle in the latter case 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 being to encourage appropriate support mechanisms for patients so that where avoidable they did not return to hospital. The Trust therefore 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. Some of these schemes will continue into 2014/15.

Within this environment, the Trust and commissioners agreed activity levels predominantly based on 2012/13 actual activity plus anticipated additional growth requirements to achieve the necessary targets. The national tariff assumed a gross inflationary funding of 2.7% offset by an assumed level of 4% cash releasing efficiency. As a result tariff prices reduced in net terms by 1.3%.

The Trust experienced a number of significant challenges during the year, starting in the first quarter of the year. The implementation of the new Meditech v.6 patient information system took place in May 2013. A significant amount of planning had been undertaken to minimise the operational and other impacts associated with such a major system implementation. However it became apparent at an early stage that there were two major factors that would affect the finances of the Trust. Firstly the system introduced a new way of booking outpatients into clinics and this took longer than expected to embed because of some unanticipated problems. As a consequence there were problems in terms of the number of patients seen and the capturing of this information to record the correct 'type' of attendance such as consultant led or nurse led. Secondly, across the whole Trust information to support contractual payments was not always captured completely and therefore under-represented the work that the Trust had undertaken.

The effect of these two issues was that there was insufficient information to support the expected level of clinical income compared with previous years and the agreed contracts. The Trust was only able to charge commissioners based on information that could be captured resulting in a risk concerning loss of income. For our main commissioners agreements were reached ahead of the financial year to mitigate any potential risks associated with data capture in year. The strong working relationship with our primary commissioner Sunderland CCG helped mitigate the problem and they were supportive of the difficulties that we were experiencing. At the end of the year we were able to negotiate agreements with some of our main commissioners to break-even against agreed contracts.

For other commissioners however, the Trust did not always have enough information to fully support this approach and therefore some commissioners received funding back from the Trust. Conversely, during quarter 4 in particular, the Trust was aware that it was over-performing in some areas with associated additional cost pressures, particularly around clinical supplies. However, as this could not be demonstrated in full, payment could not be received to cover these additional costs.

Expenditure Overview

Ahead of the new financial year, the Trust had reviewed the impact of the Francis review on the Trust nursing requirements, and had undertaken a 'Workforce Assurance' process. The outcome of this review was an agreement to increase the substantive staffing levels in a number of areas, offsetting the need for flexibank staff in those same areas. The Trust invested an additional £1.3m resulting in a recruitment process in year. However, many organisations across the country had undertaken similar reviews and as a consequence most were recruiting, resulting in an inability to be able to fully recruit to all posts.

In preparing for the implementation of the new patient information system, the Trust had made a provision for potential additional costs to support the system roll-out. The actual costs however were much higher, and by the end of the year, the Trust had incurred expenditure of over £1m on one-off costs associated with overtime, additional sessions or agency costs to support the implementation.

During the year, the Trust implemented a number of service changes that have impacted on the operational and financial performance in a number of areas:

- **Safe & Sustainable Emergency Care** – the Trust approved the business case in year resulting in recruitment to a number of new posts including a number of locum medical posts whilst the formal recruitment process was undertaken.
- **Pallion** – in the last quarter of the year, the Trust has been operating a walk-in centre from the Pallion site to help relieve pressure on A&E and in preparation for some urgent care, system wide changes in 2014/15. A level of funding was received from Sunderland CCG to support these developments
- **Robotic Surgery** – Urology has implemented a new robotic surgical technique that resulted in an in year cost whilst the service became established
- **Endovascular Theatre** – the Trust has introduced a new technology for the Trust with a number of associated one-off costs and on-going leasing costs

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

Exceptional Items

Discussions with DTZ, an appropriately qualified member of the Royal Institute of Chartered Surveyors (RICS), highlighted that since the last Interim Valuation undertaken in February 2011, there had been a downturn in the property market. A full review of the Trust's property applying the Modern Equivalent Valuation methodology was undertaken during February 2014 and this revealed a downward valuation loss of £4.678m which gave rise to:

- an exceptional item charge against expenditure of £4.448m relating to property that no longer had a positive Revaluation Reserve balance;
- an exceptional gain of £1.698m relating to assets with a positive revaluation but where these assets had previously been recognised as impaired in the Statement of Comprehensive Income; and
- a charge of £1.928m against the Revaluation Reserve relating to assets with a positive Revaluation Reserve balance sufficient to absorb a downward revaluation.

In addition to these movements further charges of £42k and £1.413m are included within exceptional items charged against expenditure and the Revaluation Reserve respectively to recognise the downward revaluation of the Laundry to a nil book value.

The impact of these exceptional items and revaluation losses affects the overall Statement of Comprehensive Income. The net deficit for the year is £6,505k composed of the operational deficit of £373k and the balance being technical, exceptional adjustments.

The detail is shown in the Annual Accounts Extract on page 190.

Summary Financial Position

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 £23.67m as at the 31st March 2014. The plan was based on no over performance in clinical activity and upon successful delivery of cost reduction measures of £12.17m.

Given the financial pressures particularly associated with the new patient information system, the Trust has finished the year with an operational deficit of £373k for the year.

The cash position was behind plan at £15.26m at the year-end against a target of £23.67m predominantly caused by the deficit position and the delay in debtors payments linked to the change in commissioner arrangements.

Cost Improvement Plans

Divisional Plans for cost improvements were agreed at the start of the 2013/14 financial year. Included in the Annual Plan was a target of £12.17m, although internal plans were set higher. The Trust delivered the external target, with good progress made towards achieving the internal target. The overall achievement against the external target was £12.04m.

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.

Capital Funding

During the year, Monitor revised the Compliance Framework and implemented a new 'Risk Assessment Framework'. The impact for Foundation Trusts is that they are no longer limited to an approved level of borrowing in that borrowing is subject to affordability constraints only.

At the start of the year, the Trust had an outstanding balance on a number of Foundation Trust Financing Facility (FTFF) loans of £30.64m. During the year the Trust received additional funding of £3.5m to support the new Multi-Storey Car Park and to start the work associated with the Emergency Department build scheme. By the end of the financial year the balance outstanding was £32.52m.

Capital investment in 2013/14 was funded from internally generated funds, the new loans from FTFF and some additional Public Dividend Capital associated with national bids. Total capital investments included the upgraded patient information system, medical equipment replacement and a new Pathology system. The Trust has also continued to invest in backlog maintenance for its buildings and the commencement of the building of a multi-storey car park at the front of the hospital as well as some preparatory work for the new Emergency Department build scheme which is due to start in earnest in 2014/15 for approximately two years.

Cash Flow Management

The revised Risk Assessment Framework from Monitor changed the requirement for Trusts to hold a working capital overdraft facility. Foundation Trusts are no longer required to hold this facility and therefore the Trust gave notice to its bankers and ceased this facility in quarter 4 of the financial year.

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

The cash balances at the year end were £15.26m, behind the plan of £23.67m predominantly due to the delay in accessing the additional FTFF funding for the new build schemes. In addition outstanding NHS debtor balances were higher at the end of the year compared with previous years due to the complexity of the new commissioning system resulting in some late agreement of year end commitments. Furthermore, the deficit at the end of the year when compared to a planned surplus has impacted on cash balances.

Looking Forward

The National financial agenda remains challenging, with indications that many of the efficiencies required to deliver savings will be required from hospitals, so that increasing pressure on tariff funded services will be inevitable. New national allocation funding formulas are expected to be in place by 2016/17 which is expected to reduce funding to local CCGs, thereby affecting their ability to fund service developments. The expectation for the Trust therefore is that service planning and major pathway reform will be required across the hospital, community and social service sectors in order to deliver the efficiencies in services required.

The commissioning environment is now a year on and commissioners are starting to get to grips with their new roles and working together. Over the next few years, it is expected that the way services will be delivered will start to change with a reduced focus on hospitals and increased service provision in community or other settings. A 'Better Care Fund'

has been established to cut across traditional organisational boundaries and allow Health and Wellbeing Boards on behalf of the community to target resources at those services that best support patients. Locally, Sunderland partners have set challenging targets which exceed the national minimum, to genuinely change the way services are provided across the Sunderland patch. Over the next two years, the work to identify the reality of what this means for individual organisations will be critical to ensure that partners are not destabilised. At this stage the Trust has not incorporated the effect of this into its next two years Operational Plan, but there will be impacts on the Trust into 2016/17.

During 2014/15 and beyond, the Trust will be building a new Emergency Department to enable better patient flow and support improvement in the quality of services that we provide. Whilst the build continues, commissioners have supported the use of the Pallion facility as a walk-in centre and combined with the 'Safe and Sustainable Emergency Care' programme it is expected that there will be some significant changes in the way that emergency services will be provided over the next few years. Working with partners is critical to minimise the risk and maximise the benefits for patients.

For 2014/15, the full impact of the NHS standard contract will apply. The 'Commissioning for Quality and Innovation' (CQUIN) payment scheme, has again been maintained at 2.5% of overall clinical income and gives an opportunity for the Trust to 'earn' additional funding by delivering a range of improved quality measures.

As a principle the Trust has set budgets for 2014/15 based upon anticipated activity for the year. The national tariff assumes a gross inflationary funding of 2.7% offset by an assumed level of 4.0% cash releasing efficiency assumption for tariff services. Therefore the overall price paid by commissioners for patients seen and treated in hospital settings has reduced by a net 1.3% compared with 2013/14. In addition, in 2014/15 the contracting rules continue to apply on payment for hospital readmissions within 30 days of discharge from the hospital although agreements are in place concerning the continuation of some of these readmission schemes from 2013/14. 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 thereby improve patient experience.

Given the increasing risks in the system local cost management is critical and an ambitious cost reduction programme has been set equating to £16.2m. 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 2014/15 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 £500k with a continued positive cash balance at the end of 2014/15.

Financial Risks 2014/15

The key financial risks facing the organisation in 2014/15 are likely to be significant. The national financial environment continues to be challenging. Clinical Commissioning Groups (CCGs) and other commissioners have taken a lead role during 2013/14 and are approaching the commissioning role in a different way to their predecessor Primary Care Trusts (PCTs).

Given the experience this year relating to the implementation of the new patient information system, there is a risk that data capture remains a problem and the impact on income continues. Action has been taken to address the underlying issues and minimise the impact in 2014/15, including risk share agreements with commissioners.

A continuing risk relates to the successful delivery of the Cost Reduction Programme (CRP) 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 plus other local pressures. The Finance Committee has the role of robustly overseeing the delivery of these schemes to ensure that the overall financial position remains healthy. This is supported by senior managerial and Clinical Director leadership across the organisation.

A major element of the CIP plans is based on the implementation of 'Corporate Projects' looking to reduce the cost base by improving 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. There are therefore risks that the costs associated with this reduction may 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 2013/14 as a contingent liability. At this stage, it is difficult to quantify the potential financial implication 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 of through finance leases are recognised and measured in accordance with the accounting policy for leases.

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

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

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

Related Party Transactions

The Trust has a system in place to identify all new related party transactions. As NHS Foundation Trusts and NHS Trusts have common control through the Secretary of State, there is an assumption that Government Departments and agencies of Government Departments are related parties. The Department of Health is regarded as a related party. During the 2013-14 financial year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent Department. In addition there are other transactions with other government bodies with the most material being the University of Newcastle for the funding of medical education. NHS bodies are summarised as:

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

Financial Performance

For the financial year 2013/14 key headline financial indicators are as follows:

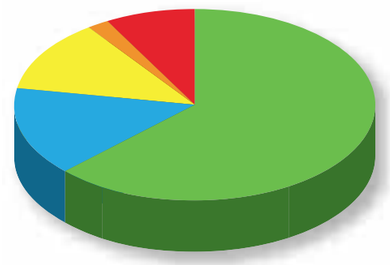
- the year ended with an operating deficit of £373k;
- the year ended with cash balances of £15.26m;
- capital investment of £11.94m;
- private patient income of £486k.

Financial Headlines

2012/13	£ Million
Operating Income	322.62
Impairment Reversals	1.70
Total Income	324.32
Operating Expenditure	316.55
Exceptional Expenditure	4.49
Total Expenditure	321.04
Financing Costs – including Dividends paid	6.44
Deficit before Exceptional Items	(0.37)
Capital Expenditure	11.94
Total Fixed Assets	202.52

Income totalled £324.32m, a breakdown of the key sources is shown below:

Source of Income 2013/14



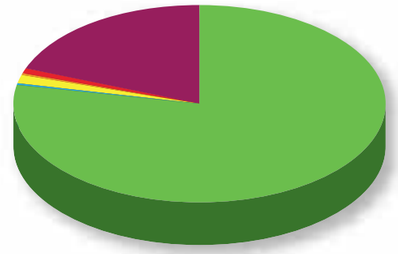
- South of Tyne CCG's (63%)
- Durham CCG's (15%)
- NHS England (12%)
- Other income from activities (2%)
- General income (8%)

Expenditure

Expenditure amounted to £321.04m. The majority of expenditure (61%) related to staff costs at £196.6m.

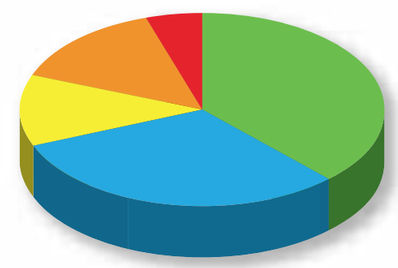
Full Details of Directors' Remuneration are included in the Annual Report on page 162 to 165.

Expenditure 2013/14



- Staff Costs (61%)
- Clinical Support Services (20%)
- Other (7%)
- Premises Costs (4%)
- Services from other NHS Organisations (4%)
- Depreciation, amortisation & impairments (4%)

Staff Analysis 2013/14



- Nursing & Midwifery (38%)
- Medical & Dental (31%)
- Scientific, Therapeutic & Technical (12%)
- Admin & Clerical (14%)
- Other (5%)

Planned Investment Activity

Capital expenditure in 2013/14 totalled £11.94m with significant investment in premises, medical equipment and information technology.

	£ Million
Premises (Inc. Backlog Maintenance & Car Parks)	8.23
IT Systems (Including Meditech V6 Upgrade)	2.54
Medical Equipment	0.66
Other Equipment	0.51

The value of the Trusts fixed assets, both Tangible and Intangible, at the end of 2013/14 was £202.52m.

It is anticipated that, in 2014/15, capital investment will be funded via internally generated resources plus the continuing drawdown of the approved FTFF loans for the development of a new Multi Storey Car Park (MSCP) and the new Emergency Department build.

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

Charitable Funds

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

For the financial year 2013/14, Foundation Trusts are required to consolidate their charitable funds into their main NHS accounts. The Audit Committee have considered this requirement and have confirmed that as the amounts are below the materiality limit it will not be consolidating the Charitable Funds accounts into the main NHS accounts.

As at 31st March 2014, the pre-audit value of funds held on trust amounted to £ 3.29m an increase of £0.18m over the final 2012/13 position (£3.11m).

The value of income received amounted to £0.64m (£0.74m 2012/13) and the value of resources expended amounted to £0.57m (£0.67m 2012/13). Within this, £76k was spent on research in the specialties of clinical haematology (£66k), paediatrics (£6k), and gynaecology (£4k) (193k 2012/13). Capital purchases of equipment totalled £123k, (£79k 2012/13), for departments Ophthalmology (£102k), Gynaecology (£11k) and Neonatal Unit (£10k) and capital spend on buildings totalled £39k relating to an extension to the Macmillan Patient Information Centre (£nil in 2012/13).

The investment portfolio at 31 March 2014 stood at £1.51m (£1.54m as at 31 March 2013), a decrease of £0.03m. During the year the FTSE rose by 207 points (3%) from 6,413 to 6,620. Around 43% of the portfolio is held in FTSE100 investments.

Going Concern

After making enquiries, the Directors have a reasonable expectation that the NHS Foundation 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

BOARD OF DIRECTORS 2013/14

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 2013/14

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; General Purposes Committee.

David Barnes, Non Executive Director

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

Mr Barnes is a Chartered Accountant and 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 Council of Governors until December 2011.

Committee Member: Board of Directors; General Purposes Committee; Finance Committee; Charitable Funds Committee; Audit Committee. Counter Fraud Champion, Security Champion

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

Initial Appointment: **April 2007 (2 yrs)**
Reappointed: **April 2009 (18 mths)**
Reappointed: **September 2010 (2yrs)**
Reappointed: **September 2012 (1yr)**
Reappointed: **September 2013 (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 and has recently been appointed as a Trustee of the Pension Scheme. He is a lay member of the Newcastle University Council and Chairman of the Audit Committee. He is also a Church Elder. Mr Davison was appointed Vice Chairman and Senior Independent Director in October 2012.

Committee Member: Board of Directors; General Purposes Committee; Tendering Committee; Governance Committee; Policy Committee; Audit Committee; Remuneration Committee.
Revalidation Champion.

Miriam Harte, Non Executive Director

Initial Appointment: **September 2007 (2 yrs)**
Reappointed: **September 2009 (2 yrs)**
Reappointed: **September 2011 (2 yrs)**
Reappointed: **September 2013 (1 yr)**

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

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

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; General Purposes Committee; Operations Committee; Human Resources Committee; Finance Committee; Remuneration Committee; Communication and Marketing Committee.
Safeguarding Champion.
Control of Infection Champion.

Alan Wright, Non Executive Director

Initial Appointment: **June 2012 Shadow Appointment**
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 UK Regions and Nations for the leading children's charity the Lord's Taverners

Committee Member: Board of Directors; General Purposes Committee; Governance Committee, Patient, Carer and Public Experience Committee; Communication and Marketing Committee; Tendering Committee.
Emergency Planning Champion.

Ken Bremner, Chief Executive

From February 2004

Mr Bremner is a qualified accountant and joined the Trust in 1988 becoming the Finance Director in 1994. He became Deputy Chief Executive in 1998 and Chief Executive in 2004. Mr Bremner is a member of the SAFC Foundation of Light Development Board and chairs the Sunderland Partnership Executive. He is also a Non Executive Director of the Academic Health Science Network for the North East and North Cumbria.

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

Joy Akehurst, Director of Nursing and Quality

From July 2011

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

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

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; General Purposes Committee; 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; General Purposes Committee; Governance Committee; Tendering Committee; Finance Committee; Charitable Funds Committee.

Mark Smith, Chief Operating Officer

From December 2008 until May 2013

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. Mr Smith left in May 2013 to take up the post of Chief Operating Officer at The Leeds Teaching Hospitals NHS Trust.

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

Peter Sutton, Director of Strategy and Business Development

From September 2013

Mr Sutton has worked in the NHS since 1995. He joined the Trust in 1999 and previously held the post of Director of Service Transformation working on behalf of NHS South of Tyne and Wear, South Tyneside NHSFT, Gateshead NHSFT and City Hospitals Sunderland NHSFT. Mr Sutton became Director of Strategy and Business Development in September 2013.

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

Carol Harries, Trust Secretary, Director of Corporate Affairs

From 1999

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

Register of Interests

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

Appointment of the Chairman and Non Executive Directors

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

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

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

Mr Mike Davison, Non Executive Director was appointed in April 2007 for an initial period of two years. Mr Davison was re-appointed in January 2009 for a further eighteen months until September 2010 and again for a further two years until September 2012 and an additional year until September 2013. Mr Davison was re-appointed for a further one year until September 2014.

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

Ms Miriam Harte, Non Executive Director was appointed in September 2007 for a period of two years. Ms Harte was re-appointed in September 2009 for a further two years until September 2011 and again for a further two years until September 2013. Ms Harte was reappointed for a further one year term until September 2014.

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

Alan Wright, Non Executive Director was appointed in a 'shadow' capacity from June 2012 and then took up the substantive appointment from 1 October 2012 for an initial period of 3 years.

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

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

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

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

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

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

All Directors both Executive and Non Executive meet the "fit and proper" persons test as described in the provider licence.

Board Evaluation

Individual evaluation of both the Executive and Non Executive Directors was undertaken in 2013/14. As part of this process the Chairman undertook one-to-one sessions with the Non Executive Directors and Chief Executive.

The Chief Executive carried out formal appraisals of each of the Executive Directors. The Vice Chairman met all Non Executive Directors and the Lead Governor individually to review the Chairman's performance.

Following this evaluation, the Directors have concluded that the Board and its Committees operate effectively and also consider that each Director is contributing to the overall effectiveness and success of the Trust and demonstrates commitment to the role.

Board Purpose

The Board of Directors provides entrepreneurial leadership of the Trust within a framework of prudent and effective controls, which enable risk to be assessed and managed. It determines the strategic direction of the Trust and reviews and monitors operating, financial and risk performance.

A formal schedule of matters reserved to the Board includes:

- approval of the Trust's Annual Plan;
- adoption of policies and standards on financial and non-financial risks;
- approval of significant transactions above defined limits; and
- the scope of delegations to Board Committees and the senior management of the Trust.

The Executive Committee of the Trust is responsible to the Board for:

- developing strategy;
- overall performance of the Trust, and managing the day to day business of the Trust

The matters reserved to the Council of Governors are:

- to appoint, or remove the Chairman and the other Non Executive Directors of the Trust;
- to decide the remuneration and allowances of the Chairman and Non Executive Directors;
- to appoint or remove the Trust's auditor;
- to be presented with the annual accounts and annual report;
- to approve an appointment by the Chairman and Non Executive Directors of the Chief Executive;
- to give the views of the Council of Governors to Directors for the purpose of preparing by the Directors, the Trust's Annual Plan;
- to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors;
- to represent the interests of the members of the Trust as a whole;
- to approve "significant transactions";
- to approve an application by the Trust to enter into a merger, acquisition, separation or dissolution;
- to decide whether the Trust's non-NHS work would significantly interfere with its principal purpose; and
- to approve amendments to the Trust's constitution.

MEETINGS OF THE BOARD OF DIRECTORS

Board of Directors		Number of Meetings	Actual Attendance
John Anderson	Chairman	6	6
Joy Akehurst	Director of Nursing	6	5
David Barnes	Non Executive Director	6	6
Ken Bremner	Chief Executive	6	6
Mike Davison	Non Executive Director	6	5
Miriam Harte	Non Executive Director	6	5
Stewart Hindmarsh	Non Executive Director	6	5
Ian Martin	Medical Director	6	5
Julia Pattison	Finance Director	6	5
Mark Smith[1]	Chief Operating Officer	1	0
Peter Sutton[2]	Director of Strategy & Business Development	4	4
Alan Wright	Non Executive Director	6	4

General Purposes Committee		Number of Meetings	Actual Attendance
John Anderson	Chairman	4	3
Joy Akehurst	Director of Nursing	4	4
David Barnes	Non Executive Director	4	4
Ken Bremner	Chief Executive	4	4
Mike Davison	Non Executive Director	4	4
Miriam Harte	Non Executive Director	4	4
Stewart Hindmarsh	Non Executive Director	4	2
Ian Martin	Medical Director	4	2
Julia Pattison	Finance Director	4	4
Peter Sutton	Director of Strategy & Business Development	2	2
Alan Wright	Non Executive Director	4	4

Audit Committee	Number of Meetings	Actual Attendance
David Barnes, Chair	5	5
Mike Davison	5	4
Miriam Harte	5	4

Charitable Funds Committee	Number of Meetings	Actual Attendance
David Barnes, Chair	4	4
Miriam Harte	4	4
Julia Pattison	4	4

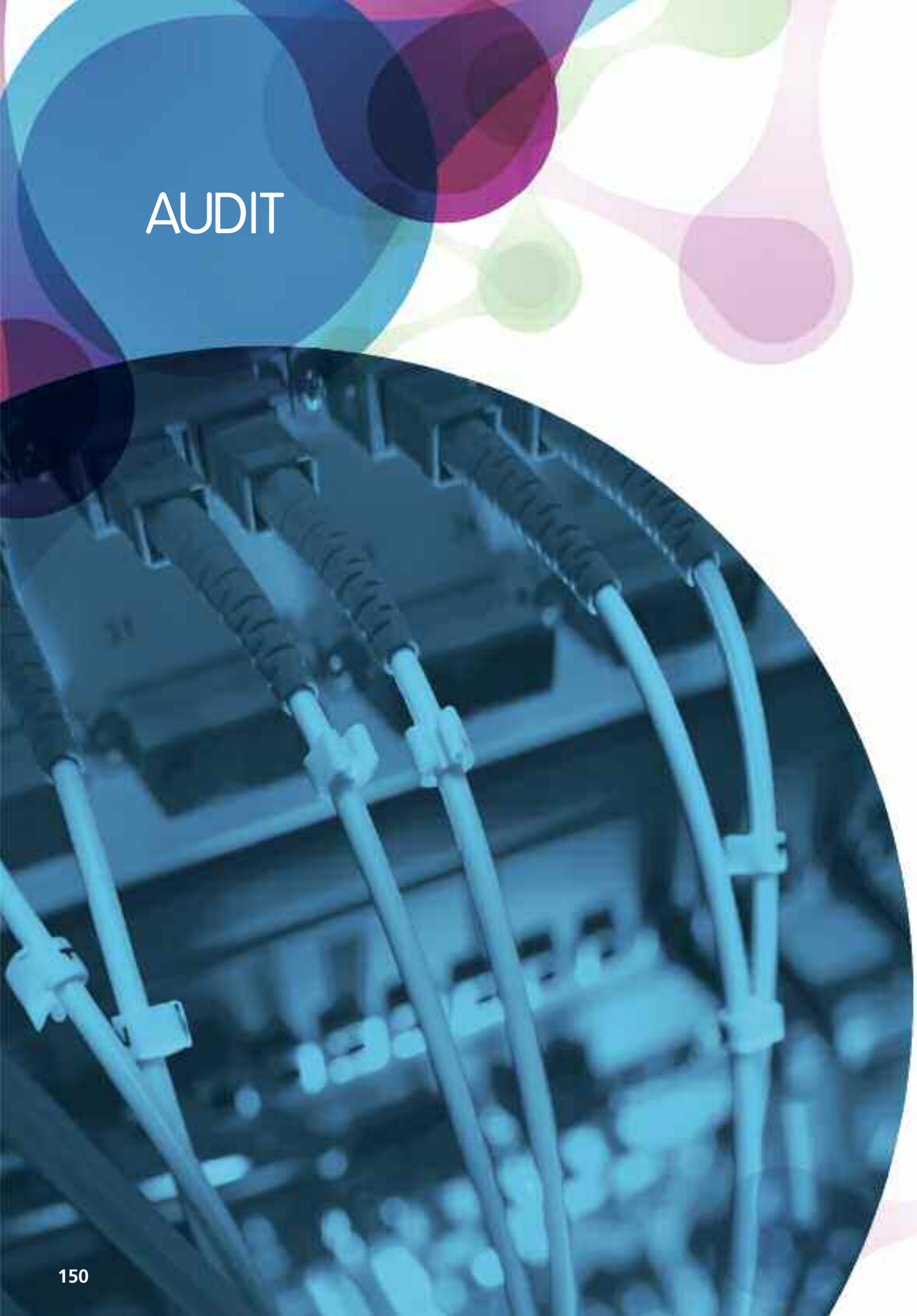
Finance Committee	Number of Meetings	Actual Attendance
David Barnes, Chair	11	10
Ken Bremner	11	7
Stewart Hindmarsh	11	10
Julia Pattison	11	9

Governance Committee	Number of Meetings	Actual Attendance
Mike Davison, Chair	11	11
Joy Akehurst	11	11
Ian Martin	11	7
Julia Pattison	11	8
Peter Sutton	6	6
Alan Wright	11	9
Operations Committee	**Number of Meetings**	**Actual Attendance**
Stewart Hindmarsh, Chair	8	8
Joy Akehurst	8	8
Mark Smith[1]	1	0
Peter Sutton[2]	7	4
Patient, Carer and Public Experience Committee	**Number of Meetings**	**Actual Attendance**
Miriam Harte, Chair	12	9
Joy Akehurst	12	9
Alan Wright	12	8
Policy Committee	**Number of Meetings**	**Actual Attendance**
Mike Davison, Chair	9	9
Joy Akehurst	9	4
Remuneration Committee	**Number of Meetings**	**Actual Attendance**
Mike Davison, Chair	1	1
Miriam Harte	1	1
Stewart Hindmarsh	1	1
Ken Bremner (for Executive Directors only)	1	1
Tendering Committee	**Number of Meetings**	**Actual Attendance**
Miriam Harte, Chair	9	8
Mike Davison	9	4
Julia Pattison	9	9

[1] Mr Smith left the organisation in May 2013

[2] Mr Sutton was only appointed in September 2013

Wael Nabih, Head of Design & Project Management, and Chris Bilton, Project Officer



AUDIT

Audit Committee

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

The Committee has reviewed in detail the Annual Accounts of the organisation.

The external auditors of the Trust are PricewaterhouseCoopers LLP (PWC) and were appointed in February 2011 for a period of three years, with a possible extension for a further two years at an initial value of £44.9k per annum for the financial audits. The 2013/14 accounts represent the third year of the contract. The Council of Governors will consider a potential extension to the contract for the 2014/15 financial year at their meeting in May. During the 2014/15 financial year, there will be a re-tender of the contract for the audit work for the 2015/16 financial year.

The Audit Committee works with the Finance Committee to ensure overall probity around financial resources within the Trust. The Finance Committee includes some of the members of the Audit Committee. The chair of the Audit Committee, the Finance Committee and the Governance Committee have met periodically throughout the 2013/14 financial year to consider areas of joint work and ensure a common understanding and overview by Board members in the management of risk. The membership of the Audit Committee includes the chair of the Governance Committee which has strengthened the assurance process around risk management throughout the organisation.

The Audit Committee has reviewed the Annual Governance Statement and the Governance Committee, Audit Committee and Board of Directors has reviewed the Assurance Framework both of which are part of the framework for managing and mitigating risk for the organisation as a whole, on the basis of systems of internal control being put in place, but also regarding the identification of potential risks, so that action can be taken proactively to address them.

Charitable Funds Committee

The Committee has reviewed in detail the Charitable Accounts relating to funds held on Trust for the 2012/13 financial year. The Committee will consider the 2013/14 Charitable Funds accounts ahead of the formal submission to the Charities Commission.

External Audit

There were no non audit services purchased during 2013/14.

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

Fraud

The Trust has an active Internal Audit programme that includes counter fraud as a key element. It participates in national counter fraud initiatives/checks and employs counter fraud specialists to follow up any potential issues identified. A communications strategy has been developed to raise the profile of counter fraud as the responsibility of all staff.

Other Income

The accounts provide detailed disclosures in relation to "other income" where "other income" in the notes to the Accounts is significant. (Significant items are listed in Note 3 to the Accounts).

Audit Information

The directors confirm that so far as they are aware, there is no relevant audit information of which the Company's auditors are unaware and that each director has taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the Company's auditors are aware of that information.

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable and for the keeping of proper accounts, as set out in the NHS Foundation Trust Accounting Officer Memorandum issued by 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;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

K W BREMNER
Chief Executive **28 May 2014**

ANNUAL GOVERNANCE STATEMENT 2013/14

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of City Hospitals Sunderland NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in City Hospitals NHS Foundation Trust for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

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

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

As part of the ongoing 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

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 2014, all IG requirements were assessed at Level 2 and above (1 is not applicable, 18 at Level 2, and 26 at Level 3) which resulted in the Trust being classified as Satisfactory – Green, with a total score of 86%. Internal audit has independently substantiated this assessment.

Key risks facing the Trust during 2013/14 include:

- preparing for and implementing the new patient information system (Meditech v.6) including managing the impact on clinical activity information flows for contractual purposes;
- delivering the challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- managing the impact of the increased staffing requirements associated with the Workforce Assurance process and the Safe and Sustainable Emergency Care service development;
- achieving and maintaining the relevant performance standards including the 18-week target for 95% of admitted patients in year across all specialties and the maximum 4 hour wait for A&E waits and cancer targets;
- managing infection rate targets including MRSA and the C. Difficile targets; and
- maintaining the standards required by the Care Quality Commission to maintain compliance with licence requirements.

The Trust has considered the requirements of FT condition 4 relating to governance arrangements and is required to comply with the requirements detailed within this condition, specifically relating to:

- The effectiveness of governance structures;
- The responsibilities of Directors and sub-committees;
- The reporting lines and accountabilities between the Board, its sub-committees and the Executive Team;
- The submission of timely and accurate information to assess risks to compliance with the Trust's licence; and
- The degree of rigour of oversight that Board has over the Trust's performance.

The Board sub-committees include the Governance Committee, Audit Committee, Finance Committee, Patient Carer Public Experience Committee (PCPEC) and Operations Committee. Each has a distinct role around governance or performance management and provides opportunities for Board members at Executive and Non-Executive level, to review in detail the key risks of the organization and actions being taken to mitigate these risks. The PCPEC includes patient representative membership to support better understanding of these risks from a clinical and patient perspective. Minutes from all Committees are presented to the Board during the year. The Board receives monthly information relating to progress on performance, finance and quality metrics, with actions to address any areas of concern.

A new 'Quality Risk and Assurance Report' has been developed during 2013/14 and is a standing monthly report at the Executive Committee and Board of Directors. In the latter part of the year, this report has become the first formal item on the Board of Directors agenda recognising the importance placed on quality governance. The report focuses on clinical effectiveness, patient experience, patient safety, risk management and assurance, drawing upon the work of relevant Committees and Groups including the Governance Committee, the Patient, Carer and Public Experience Committee and Clinical Governance Steering Group, and includes feedback from independent external benchmarking, audit or other sources of information about the Trusts performance.

The Executive Committee and Board or Directors receive a monthly Performance report detailing the performance against national, local and CQUIN indicators. The report identifies areas of concern and the lead Director highlights action undertaken to manage the area of concern.

The Corporate Governance Statement is presented to the Board of Directors for formal sign-off each year. The Board considers the proposed submission and associated evidence ahead of submission to Monitor including work undertaken in year to improve compliance with relevant standards.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

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

Review of economy, efficiency and effectiveness of the use of resources

The Trust's strategic planning and performance management arrangements ensure that all directorates are fully engaged in the continuous review of business objectives and performance.

The Trust uses an Objectives, Goals, Strategies and Measures (OGSM) framework as its strategic planning tool to provide a cascade process for the Trusts priorities and ensure optimal alignment of Trust resources to deliver its priorities.

Key elements of the Trust's arrangements for ensuring value for money in the delivery of its services are:

- an Annual OGSM planning process, which sets out priorities for the coming business year and reflects the requirements of and feedback from, our major commissioners and stakeholders;
- performance management through regular reporting against the key deliverables set out in the corporate, directorate and departmental OGSMs

and against national and local targets; and

- the achievement of efficiency savings through the Trust's cost improvement programmes with regular review by the Trust's Finance Committee.

Given the continuing financial pressures on the public sector, this year has again been a difficult one for all public sector organisations with the focus on reducing costs, coping with peaks in demand and improving the quality of their services.

The focus on cost reduction has been led by the Finance Committee which ensures detailed scrutiny of Cost Improvement Programmes as well as gaining an in depth knowledge of the underlying financial position of the Trust.

The Executive Committee, the Board of Directors and Council of Governors are actively involved in the business planning and performance management processes established by the Trust and in maintaining strong links with stakeholders.

During 2013/14 the Trust has:

- implemented robotic surgery in Urology, providing a better outcome for appropriate patients;
- implemented a new patient information system, managed through a robust Prince 2 governance structure;
- commenced the building of a new Multi-Story Car Park to provide better access for patients;
- approved the Emergency Department new build scheme and started the enabling measures in 2013/14; and
- established a 'Transformation Group' to oversee the management of the Corporate Projects utilising the lean team to support the Trust to maximise the benefits from the projects from a quality, operational and financial viewpoint.

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.

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 Performance Report.

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 2013/14 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 2013/14.

With respect to setting the priorities for 2014/15, a wide consultation exercise has been undertaken. Consultation has taken place with the Clinical Governance Steering Group, Executive Committee, Council of Governors, Board of Directors, and local commissioners, to ensure that the Quality Report includes views from key stakeholders.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its committees have a key role in maintaining and reviewing the effectiveness of the system of internal control.

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

The Governance Committee has received regular reports on sources of external assurance including evidence from the CQC quality risk profile (QRP), national reviews and other independent evidence.

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

The outcome of internal audit reviews has been considered throughout the year through regular reports to the Audit Committee. The Board of Directors receives and considers the minutes of the Audit Committee where necessary.

Conclusion

My review confirms that no significant internal control issues have been identified.

K W BREMNER
Chief Executive **28 May 2014**

Nadeem Issa,
Human Resources Advisor

REMUNERATION REPORT

The Remuneration Committee for the Chief Executive and Executive Directors is chaired by the Vice Chairman of the Trust. Other members include two Non Executive Directors and the Chief Executive. Membership of the Committee and attendance at the meetings is identified on page 148 of the report. The Chief Executive is not part of the deliberation in relation to his performance or remuneration but joins the committee after this has taken place. The Director of Human Resources attends in an advisory capacity.

In determining the remuneration levels a range of benchmarking evidence is used including:

- NHS-wide governance ie Pay and Contractual Arrangements for NHS Chief Executives and Directors;
- local comparisons from other Trusts (where information is shared);
- posts advertised; and
- salary survey for NHS Chief Executives and Executive Directors.

City Hospital's information is benchmarked against the salary for the relevant individuals and recommendations based thereon. To enable the Trust to recruit and retain staff of the highest calibre, salaries are normally linked to the upper quartile of the benchmarks.

The Chief Executive and Executive Directors are on permanent contracts with notice periods that range from 3-12 months.

Each Executive Director and the Chief Executive have annual performance plans against which they are assessed on a mid-year and then end-of-year basis. Whilst their salary is not strictly performance related, the Remuneration Committee will discuss performance when considering any changes to remuneration levels.

Senior Managers' remuneration and pension benefits are detailed in the tables on pages 162 to 165. 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 **28 May 2014**

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS – TOTAL SINGLE FIGURE FOR 2013/2014

	Salary (bands of £5,000) £000	Taxable Benefits (nearest £100) Note 1 £000	Annual Performance Related Bonus (bands of £5,000) £000	Long Term Performance Related Bonus (bands of £5,000) £000	All Pension Related Benefits (bands of £2,500) Note 2 £000	Total Remuneration (bands of £5,000) £000
MR K W BREMNER Chief Executive	220 – 225	11.1	0	0	85.0 – 87.5	320 - 325
MRS J PATTISON Director of Finance	145 – 150	7.0	0	0	32.5 – 35.0	185 – 190
MRS B J AKEHURST Director of Nursing	120 – 125	7.3	0	0	47.5 – 50.0	175 – 180
MR P SUTTON Director of Strategy & Business Development (Commenced 1 September 2013)	70 – 75	4.1	0	0	47.5 – 50.0	120 – 125
MR I C MARTIN Medical Director	210 – 215	7.0	0	0	27.5 – 30.0	250 – 255
DR M SMITH Chief Operating Officer (Left 19 May 2013)	15 – 20	0.9	0	0	10.0 – 12.5	30 – 35
MR J N ANDERSON Chairman	50 – 55	0	0	0	0	50 – 55
MS M HARTE Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR M DAVISON Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR D C BARNES Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR S HINDMARSH Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR G A WRIGHT Non Executive Director	10 – 15	0	0	0	0	10 – 15

Note 1 - Taxable Benefits relate to car allowances either paid to the employee or offset against the total cost of leasing the vehicle.

Note 2 - For defined benefit schemes, the amount included here is the annual increase (expressed in £2,500 bands) in pension entitlement determined in accordance with the 'HMRC' method. The HMRC method derives from s229 of the Finance Act 2004, but is modified for the purpose of this calculation by paragraph 10(1)(e) of schedule 8 of SI 2008/410 (as replaced by SI 2013/1981). In summary, this is as follows:

Increase = ((20 x PE) +LSE) – ((20 x PB) + LSB)

- Where: PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year
- PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year;
- LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year; and
- LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS – TOTAL SINGLE FIGURE FOR 2012/2013

	Salary (bands of £5,000) £000	Taxable Benefits (nearest £100) Note 1 £000	Annual Performance Related Bonus (bands of £5,000) £000	Long Term Performance Related Bonus (bands of £5,000) £000	All Pension Related Benefits (bands of £2,500) Note 2 £000	Total Remuneration (bands of £5,000) £000
MR K W BREMNER Chief Executive	215 - 220	11.1	0	0	(30.0 – 32.5)	185 - 190
MRS J PATTISON Director of Finance	140 – 145	7.0	0	0	37.5 – 40.0	180 – 185
MRS B J AKEHURST Director of Nursing	110 – 115	5.7	0	0	32.5 – 35.0	150 – 155
MR I C MARTIN Medical Director (commenced 1 Jan 2013)	50 - 55	1.7	0	0	Note 3	55 - 60
DR M SMITH Chief Operating Officer	140 - 145	7.0	0	0	(15.0 – 17.5)	130 - 135
MR J N ANDERSON Chairman	50 – 55	0	0	0	0	50 – 55
MS M HARTE Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR M DAVISON Non Executive Director	15 – 20	0	0	0	0	15 – 20
MR D C BARNES Non Executive Director	10 – 15	0	0	0	0	10 - 15
MR S HINDMARSH Non Executive Director	10 – 15	0	0	0	0	10 - 15
MR G A WRIGHT Non Executive Director (commenced 11 June 2013)	5 - 10	0	0	0	0	5 - 10

Note 1 - Taxable Benefits relate to car allowances either paid to the employee or offset against the total cost of leasing the vehicle.

Note 2 - For defined benefit schemes, the amount included here is the annual increase (expressed in £2,500 bands) in pension entitlement determined in accordance with the 'HMRC' method. The HMRC method derives from s229 of the Finance Act 2004, but is modified for the purpose of this calculation by paragraph 10(1)(e) of schedule 8 of SI 2008/410 (as replaced by SI 2013/1981). In summary, this is as follows:

Increase = ((20 x PE) +LSE) – ((20 x PB) + LSB)

- Where: PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year
- PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year;
- LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year; and
- LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

Note 3 – The Pension Benefit figure for 2012/2013 could not be calculated as figures for 2011/2012, when Mr Martin was not a Senior Manager, were not available.

DIRECTORS' REMUNERATION REVIEW

	2013/2014	2012/2013
Band of Highest Paid Director's Total Remuneration (£ '000)	220 – 225	215 – 220
Median Total Remuneration (£)	22,634	22,554
Ratio	9.83	9.64

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 2013/14 was £220k to £225k (2012/13, ££215k to £220k). This was 9.83 times (2012/13, 9.64) the median remuneration of the workforce, which was £22,634 (2012/13, £22,554). In 2013/14, 2 employees received remuneration in excess of the highest-paid director (2012/13, 1). 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 – 2013/2014

	Real increase/ (decrease) in pension and related lump sum at age 60 (bands of £2,500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2014 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Real Increase in CETV £000	Employers Contribution to Stakeholder Pension £000
MR K W BREMNER Chief Executive	15.0 – 17.5	325 – 330	1,611	1,460	119	0
MRS J PATTISON Director of Finance	5.0 – 7.5	170 – 175	711	654	43	0
MRS B J AKEHURST Director of Nursing	7.5 – 10.0	115 – 120	580	512	56	0
MR I C MARTIN Medical Director	2.5 – 5.0	250 – 255	1,335	1,244	63	0
MR P SUTTON Director of Strategy & Business Development (Commenced 1 September 2013)	7.5 – 10.0	105 – 110	348	287	32	0
DR M SMITH Chief Operating Officer (Left 19 May 2013)	0.0 – 2.5	175 – 180	818	718	11	0

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2005-06 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

The Real Increase in Pension & Lump Sum and CETV for Mr Sutton and Mr Smith have been adjusted to reflect the number of days they were in a Senior Manager position as per the NHS Business Services Authority Guidance on Greenbury Disclosure.

COUNCIL OF GOVERNORS

Composition of the Council of Governors

The Council of Governors of City Hospitals Sunderland NHS Foundation Trust comprises seven public Governors for Sunderland and two public Governors for the North East, two patient Governors and five staff Governors. It also includes a stakeholder representative from the City of Sunderland and the Council of Governors agreed that a further stakeholder representative would be sought from the Sunderland Clinical Commissioning Group. The Council of Governors is chaired by Mr J N Anderson, Chairman of the Trust.

Patients Constituency:

1 July 2010 – 30 June 2013

Duncan Stephen

Alex Marshall

Public Constituency **North East:**

1 July 2010 – 30 June 2013

Yvonne Johnson

Vacant

Patients Constituency:

1 July 2013 – 30 June 2016

Tony Foster

Alex Marshall

Public Constituency **North East:**

1 July 2013 – 30 June 2016

Danny Cassidy

Ruth Richardson

Patients Constituency **Sunderland:**

1 July 2010 – 30 June 2013

Stephen Blenkinsop

Wilfred Curry

Michael McNulty

Susan Pinder

Sara Lake

Ian Tunnicliffe
(Lead Governor)

Vacant

Patients Constituency **Sunderland:**

1 July 2013 – 30 June 2016

Rob Allchin

Wilfred Curry

John Dean

Margaret Dobson

Susan Pinder

Michael McNulty
(Lead Governor)

Pauline Taylor

Staff Constituency – **Clinical Class:** 1 July 2010 – 30 June 2013

Suzanne Cooper

David McNicholas

Staff Constituency – **Clinical Class:** 1 July 2013 – 30 June 2016

Lindsey Downey

Pauline Palmer

Staff Constituency – **Medical:**

1 July 2010 – 30 June 2013

Shahid Junejo

Staff Constituency – **Medical:**

1 July 2013 – 30 June 2016

Shahid Junejo

Staff Constituency – **Other:**

1 July 2010 – 30 June 2013

Mandy Bates

Mary Pollard

Staff Constituency – **Other:**

1 July 2013 – 30 June 2016

Mandy Bates

Mary Pollard

Appointed Governor – **City of Sunderland:**

From June 2012

Councillor Graeme Miller

(Cabinet Member with Portfolio for Health and Social Care)

Appointed Governor – **City of Sunderland:**

From June 2012

Councillor Graeme Miller

(Cabinet Member with Portfolio for Health and Social Care)

1 Elected in March 2014 until 30 June 2016.

Elections of the Council of Governors

Elections for the Council of Governors were held in June 2013 when the existing terms of office came to an end. They were held under the auspices of the Local Authority Elections Office who has handled all the Trust's elections since becoming a Foundation Trust in 2004.

Election Turnout		
Public – Sunderland		
	Number of Candidates	18 (7 seats)
	Votes Cast	3483
	Turnout	16.6 %
Public – North East		
	Number of Candidates	4 (2 seats)
	Votes Cast	207
	Turnout	12.6 %
Patient		
	Number of candidates	8 (2 seats)
	Votes cast	207
	Turnout	12.6 %
Staff – Medical & Dental		
	Number of Candidates	1 (1 seat) – uncontested
Staff – Clinical		
	Number of Candidates	3 (2 seats)
	Votes Cast	259
	Turnout	14.1 %
Staff – Other		
	Number of Candidates	2 (2 seats) - uncontested

Eight of our existing governors stood for re-election, 7 of whom were successful in being re-appointed for a further three year term.

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

Details of the constituencies are given in the Membership section.

MEETINGS OF THE COUNCIL OF GOVERNORS 1 APRIL 2013 – 30 JUNE 2013

Governor	Constituencies	Meetings in Public	Actual Attendance
Alex Marshall	Patient	1	1
Duncan Stephen	Patient	1	1
Stephen Blenkinsop	Public – Sunderland	1	1
Wilfred Curry	Public – Sunderland	1	1
Sara Lake	Public – Sunderland	1	1
Michael McNulty	Public – Sunderland	1	1
Susan Pinder	Public – Sunderland	1	1
Ian Tunnicliffe	Public – Sunderland	1	1
Yvonne Johnson	Public – North East	1	1
Mandy Bates	Staff – Other	1	0
Mary Pollard	Staff – Other	1	1
Suzanne Cooper	Staff – Clinical	1	1
Dave McNicholas	Staff – Clinical	1	0
Shahid Junejo	Staff – Medical & Dental	1	0
Cllr Graeme Miller	Appointed – City of Sunderland	1	0
John N Anderson	Chairman	1	1
Carol Harries	Trust Secretary	1	1
The following Directors have attended the Governor meeting:			
Ken Bremner	Chief Executive		1
Miriam Harte	Non Executive Director		1

MEETINGS OF THE COUNCIL OF GOVERNORS 1 JULY 2013 – 31 MARCH 2014

Governor	Constituencies	Meetings in Public	Actual Attendance
Tony Foster	Patient	5	4
Alex Marshall	Patient	5	4
Robert Allchin	Public – Sunderland	5	4
Wilfred Curry[1]	Public – Sunderland	5	2
John Dean	Public – Sunderland	5	3
Margaret Dobson	Public – Sunderland	5	5
Michael McNulty	Public – Sunderland	5	4
Susan Pinder	Public – Sunderland	5	4
Pauline Taylor	Public – Sunderland	5	5
Danny Cassidy	Public – North East	5	5
Ruth Richardson	Public – North East	5	3
Mandy Bates	Staff – Other	5	3
Mary Pollard	Staff – Other	5	5
Lindsey Downey[2]	Staff – Clinical	3	3
Pauline Palmer	Staff – Clinical	5	4
Shahid Junejo	Staff – Medical & Dental	5	5
Cllr Graeme Miller	Appointed – City of Sunderland	5	3
John N Anderson	Chairman	5	5
Carol Harries	Trust Secretary	5	5
The following Directors have attended a number of Governor meetings:			
Ken Bremner	Chief Executive		4
Joy Akehurst	Director		2
Ian Martin	Director		1
Julia Pattison	Director		1
Peter Sutton	Director		1
David Barnes	Non Executive Director		2
Mike Davison	Non Executive Director		2
Miriam Harte	Non Executive Director		2
Stewart Hindmarsh	Non Executive Director		2
Alan Wright	Non Executive Director		2

[1] Wilfred Curry had a period of sickness absence.

[2] Lindsey Downey elected 18 September 2014.

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

Governor Involvement

Key areas where the Council of Governors have been involved during 2013/14 have included:

- input into our Annual Plan;
- involvement in our PLACE 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;
- assuring themselves of the actions taken as a result of real time patient feedback;
- involvement in the Trust's approach to the Deteriorating patient; and
- involvement in the Trust's approach to Medical Revalidation.

Register of Interests

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

Lucy Rowland, Midwife

MEMBERSHIP

"Any modern organisation has to reflect all the communities and people it serves"

Jenny Dimmock receiving an Adult Learner Ambassador award from HRH The Princess Royal

MEMBERSHIP

The Foundation Membership Community

The Trust's Membership Community is made up of local residents, patients, carers and staff. Its Membership Community structure comprises four constituencies. Members may join the appropriate constituency depending on the eligibility criteria as outlined below. People who are eligible to become a member of the Community as a whole are:

- over 16;
- a member of City Hospitals Sunderland staff; or
- living in the electoral wards of Sunderland or the North East of England; or
- a registered patient of the Trust since 1 January 2003 (or carer of such patient).

Public Constituencies

Any member of the public living in Sunderland or the North East electoral wards may become a member of the Public Constituency (Sunderland) or the Public Constituency (North East). Staff living in these areas will remain in the Staff Constituency. Members of the public living in these areas will remain in the Public Constituency in preference to the Patients' Constituency.

Patients' Constituency

The Patients' Constituency consists of patients registered with the Trust on or after 1 January 2003 (or carer of such patient) who have been invited by the Trust to become a member of the patients' constituency and therefore become a member without an application being made unless he/she does not wish to do so. Staff who are patients and live outside Sunderland and the North East will remain in the staff constituency.

Staff Constituency

There are three classes within this constituency, namely Medical and Dental, Clinical and Other. Staff who are patients and live outside Sunderland and the North East will remain in the Staff Constituency. Staff who have worked for the Trust for 12 months automatically become members of the Staff Constituency with the provision that they may choose to opt out. Members of the Staff Constituency can also include workers who are not directly employed by the Trust but who exercise functions for the purpose of the Trust. These members need to opt in. Staff are removed from the Staff Constituency when they leave the Trust but are invited to transfer their membership to another constituency provided they meet the eligibility criteria.

Assessment of the Membership

The membership figures for each of the constituencies and classes are given in the table below:

Class/Constituency	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Patients	1,585	2,810	3,677	4,029	4,312	4,508
Public - Sunderland [1]	3,502	4,778	4,533	4,639	4,824	5,019
Public - North East[2]	545	310	1,020	1,231	1,240	1,151
Staff						
Medical & Dental	321	300	299	305	320	330
Clinical	1,714	1,946	2,007	2,019	1,949	1,883
Other	2,101	2,223	2,264	2,191	2,337	2,224
Total	9,768	12,367	13,800	14,414	14,982	15,115

[1] Residents of the electoral wards of Sunderland Council.

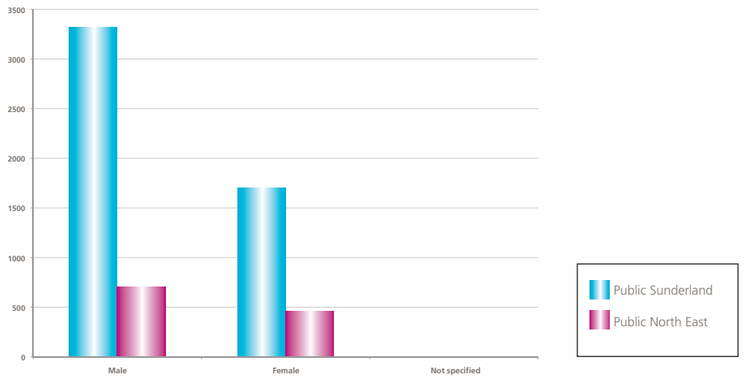
[2] Residents of the electoral wards of the North East of England (excluding Sunderland).

Membership Growth

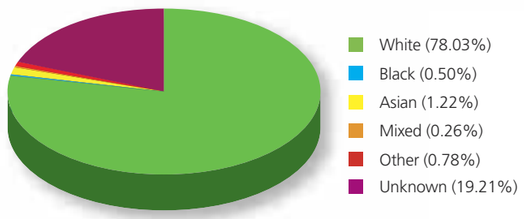
Public Membership

The following information illustrates the composition of the public members in terms of gender, ethnicity and age.

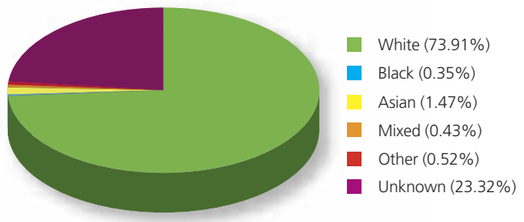
Gender



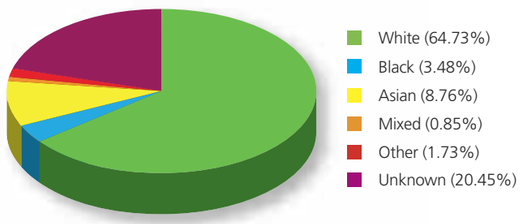
Ethnicity – Public Sunderland Constituency



Ethnicity – Public North East Constituency



Ethnicity – Patients Constituency



Age	Public Sunderland	Public North East	Patients
17-21	23	11	102
22+ years	3046	910	3811
Not stated	1950	230	595

Membership Strategy Summary

The Trust has an on-line membership database which has ensured that the database is more accurate. It also allows us to target individual age groups and geographical areas where membership is low by giving generic addresses so that we may write to households identifying the benefits of membership.

The Trust achieved its targets this year for recruiting new members in both the public and patient constituencies.

Mechanisms continue to exist for members of the public to join the Trust and these include:

- active recruitment of members by our Governors;
- membership forms located in GP surgeries, City Libraries, AgeUK and the Carers Centre;
- members of staff who leave the Trust are invited to become a public or patient member;
- electronic membership form on the Trust website; and
- a membership form is included with:
  - Clinical Governance patient surveys
  - "Your Stay in Hospital" booklet
  - The Sunderland Partnership's document, "Your Community…..Your say".

Ensuring a Representative Membership

The Trust has a local population of 340,000 with a relatively small, although increasing ethnic population (the Office of National Statistics identifies a population of 4.1%). Historically within the City engagement with the Health and Social Care Sector has been relatively poor although the development of the city-wide Compact is beginning to identify greater opportunities for engagement.

The city-wide Inclusive Communities Group is developing much more meaningful systems of engagement. Despite a number of initiatives however, we still continue to attract a relatively small number of new public members from BME groups.

Generally our membership continues to broadly mirror the demographic of the City which has an ageing profile from which it has always been possible to attract members. Whilst we recognise that it is important to grow the membership and to encourage diversity the Trust believes it is more important to ensure that members feel engaged and involved thereby making a real difference within the overall governance arrangements of the Trust.

Communicating with the Membership

If members of the public or patients wish to contact a Governor or Director they can do so in a number of ways:

- at the end of meetings held in public;
- by contacting the Trust Secretary at the address on the back of this report;
- by writing to Governors at the following freepost address:

  City Hospitals Sunderland NHS Foundation Trust
  FREEPOST NAT 21669
  Sunderland
  SR4 7BR
- by accessing the Corporate Affairs inbox address – corporate.affairs@chsft.nhs.uk

PUBLIC INTEREST DISCLOSURES

Rachael Hutchinson & Claire Dodds, Hotel Services Managers

PUBLIC INTEREST DISCLOSURES

Consultation and Involvement

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

A strategy and improvement plan was developed and launched during 2013/14 which reflects the NICE quality standards for patient experience, the Carers' Strategy for Sunderland and the NHS Constitution.

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

The real time feedback system has continued to provide valuable information for adult inpatient areas. During 2013 the methodology was reviewed and a number of changes implemented which included:

- a review of the survey questions;
- purchase of software to provide more timely analysis and feedback of results;
- recruitment and training of volunteers to survey patients; and
- piloting of a "critical friend" model, where a named volunteer is allocated to a specific ward to regularly undertake the process and provide immediate feedback to ward staff.

Examples of where wards have acted on the results of patient feedback are outlined on pages 104 to 105.

There have been no formal consultations undertaken by the Trust during 2013/14. We are however, working closely with colleagues in the NHS Sunderland Clinical Commissioning Group to ensure that local people are able to access the right service for their needs at the right time and in the right place.

Whilst the Trust has made considerable progress in how it delivers services, clearly there is still more work to do which will continue to form a key part of our agenda going forward.

Meetings of the Board of Directors and the Council of Governors are all held in public and members of the public are very welcome to attend. The meetings are advertised in the local press and on the internet.

A number of regular attendees are mailed papers in advance of any meeting.

Governors and Directors are available at the end of every meeting to discuss any issues or concerns.

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

Equality and Diversity

The Trust is committed to a policy of equality of opportunity not only in our employment and personnel practices for which we are all responsible, but also in all our services. To ensure that this commitment is put into practice we adopt positive measures which seek to remove barriers to equal opportunity and to eliminate unfair and unlawful direct or indirect discrimination.

The Trust continues to support the Government's "two ticks" disability symbol to demonstrate our commitment to ensuring that people with disabilities have full and fair consideration for all vacancies. If employees become disabled during employment we will endeavour to adjust their workplace environment whenever possible to allow them to maximise their potential, and to return to work.

In 2012 the Trust developed its Equality Strategy for 2012-2016 in response to the requirements of the Equality Act 2010. The Trust has made a commitment to valuing diversity and achieving equality and recognises that any modern organisation has to reflect all the communities and people it serves.

Our Equality Strategy confirms our commitment to valuing diversity and achieving equality and recognises that in so doing this can only drive improvement, strengthen the accountability of services being used, and ensure a workplace free from discrimination. We are committed to ensuring progress is made against our objectives and that we report regularly and openly in line with the specific duties of the Equality Act 2010.

We set ourselves a number of key actions going forward and continue to work in partnership with both staff and members of our local community.

- Ensuring appropriate access to services for Black, Asian Minority Ethnic (BAME) Communities

Our BAME Community led focus group continues to help raise awareness and drive and support change.

The action plan has been further developed to address issues raised and 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.

A number of awareness sessions have been held at the Bangladeshi Centre for all BAME groups covering issues such as:

- diabetes;
- stroke;
- men's health and wellbeing; and
- how to access PALS and to submit a formal complaint.

- Access to services for people with a disability

The Trust works closely with Sunderland People First and the Multi Purpose Centre in Washington to ensure that patients with a learning disability are treated with respect and dignity at any attendance or throughout their stay.

The forum held a conference earlier in the year to raise awareness in staff of some of the difficulties and problems encountered by patients.

The Trust has developed a disability group to help raise awareness of patients and staff with a physical, sensory or learning disability. Key areas of action have included:

- undertaking an accessibility audit across the Trust;
- mystery shopper exercise; and
- reviewing and improving communication tools. This has involved the Trust supporting a local company with the development of a translation tool for use in ward areas. Following a successful pilot, we are looking to develop this further and roll out its use across the Trust in 2014/15

We recognise the challenges facing us but will continue to build on the networks that have been established to ensure that everyone has the opportunity to be involved in shaping and influencing the decisions and services that affect them and the patients we serve.

The Trust is one of only six health organisations to have been involved in a 'Human Rights in Healthcare' initiative. Members of our Human Rights Group have been trained by the British Institute of Human Rights and have helped to raise awareness throughout the organisation. The questions used in the pilot audit tool developed last year have now been incorporated into our Real Time Feedback questionnaires.

The 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 Staff Dignity at Work Advisers provide an independent service to listen to and support 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

Our Occupational Health and Wellbeing Department continues to make improvements to the quality and range of services provided to staff and is currently working towards achieving the Safe Effective Quality Occupational Health Standards (SEQOHS) during 2014.

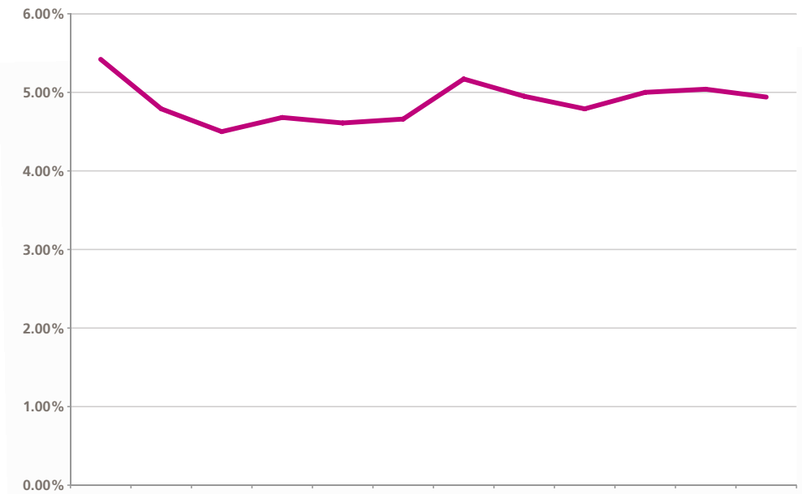
The Occupational Health Physiotherapy team has established regular "Ask your Physio" sessions to educate staff on exercise to prevent the development of work related musculo skeletal problems and to educate staff on positional changes during meetings where staff may be required to sit for prolonged periods of time.

In July 2013, the team took part in a BBC Look North programme looking at how the service has developed following publication of the Boorman Report which looked at how NHS Employers could improve staff health and wellbeing.

The Occupational Health and Wellbeing department supports directorates in managing sickness absence. Our target during 2013/14 was to reduce sickness absence levels to 3.87% by 31 March 2014. Disappointingly, our performance throughout the year showed an overall upward trend and our sickness absence rate was 4.88% compared with 4.51% in 2012/13.

The Trust's sickness absence policy and management procedures are being reviewed and further strengthened. In addition, more stringent review processes with divisional teams to monitor and oversee performance are being introduced. The Trust's target is to reduce levels of sickness absence to 4.50% by 31 March 2015.

Absence % (FTE)



The 2013/14 flu vaccination programme was our most successful to date with 2,741 staff being vaccinated. Our Occupational Health staff and teams of ward based vaccinators will use the lessons learned this year to ensure sustained take up for next winter's campaign.

Security

The Trust's Security team continues to provide a wide range of services to patients, visitors and staff over 24 hours, seven days a week. The central security control room is the heartbeat of our CCTV operation, with a digital multi screen facility to enable the team to monitor activity across most areas within the hospital and around the hospital grounds.

Our multi disciplinary security group continues to meet on a monthly basis, to identify and reduce risk and monitor the Trusts Security Policy. The membership of the group has been extended to include an Information Governance representative and a Community Panel Member.

New national security standards along with an annual assurance process is now active and the security group have embraced these standards, to support the organisation's aim of sustaining a safe working environment, and a secure place for patients to stay.

The Trust's security team deals with many security related incidents every month, ranging from thefts to verbal and physical violence, many of which now end with prosecutions and local police involvement. We do take any type of security incident seriously with each case fully investigated with the support of our Northumbria police colleagues. We encourage all staff to report any incident as this helps in our efforts to create as secure an environment as possible for all who use and visit City Hospitals Sunderland.

Our security arrangements have inevitably been tested on several occasions over the year and we continue to make changes to improve on these, both by way of risk assessments and post incident investigation. The following is a summary of activity during 2013/14.

Police Assistance sought	379
Incidents in A&E	532
Reported Security breaches	7
New National Security Alerts received	8
Physical Assaults	91
Non-physical Assaults	224

Health and Safety

The effective management of health and safety remains a key priority within the Trust. Health and Safety initiatives within the Trust continue to focus on the key health and safety risk areas:

- sharps;
- violence to staff;
- slips, trips and falls; and
- manual handling.

The Trust has set a series of 13 strategic health and safety objectives supported by time bound action plans, monitored on a monthly basis by the Health and Safety group which has strong representation and support from both staff side trade union appointed safety representatives, Trust managers and specialist advisers.

The action plan includes:

- a detailed review of the overall management of health and safety including the risk assessment process;
- the programmed replacement of latex gloves with a safer nitrile alternative; and
- the gradual replacement of sharps with safer alternatives to help reduce the number of sharps injuries to staff.

Fire Safety

The fire safety legislation for NHS Trusts is contained in the Regulatory Reform (Fire Safety Order) 2005 and detailed in the Health Technical Memorandum fire safety guidance documents.

Trusts must be able to demonstrate that fire safety is properly managed and this remains a constant dynamic challenge in an environment which is in a permanent state of change. We are however, able to report good levels of staff compliance with fire safety training and continued good progress with regard to the number of false alarms. We continue to work closely with the Fire Brigade to ensure that our fire risk assessments facilitate and support actions which deal with any identified significant fire risks.

The Fire Brigade industrial action in recent months has required the Trust to put in additional contingency arrangements during strike action which has included an enhanced security, safety and engineering presence on site to respond to any fire situation.

Sustainability/Climate Change

Sustainable development is 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 greatest 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.

The Trust adheres to the legally binding Kyoto protocol, which legally 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 an interim target of a 10% reduction in carbon by 2015 from a 2007 baseline for the NHS to help meet the 2050 target.

In addition, from 2011/12 the Department of Health required all NHS Trusts to include sustainability reporting in annual reports, in response to HM Treasury reinforcing the link between financial and environmental reporting in the NHS.

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, facilitating home working and ensuring sustainable development is included in every job description.
- Partnerships and Networks – the Trust will continue to consolidate partnership working and in particular contribute to the city wide sustainable development approach overseen by the Local Strategic Partnership Board.
- Governance – the Trust will adhere to the Good Corporate Citizenship Assessment Model and produce a Board approved Sustainable Development Management Action Plan, whilst also setting interim targets to meet the provisions of the Climate Change Act 2008.
- Finance – the Trust will ensure appropriate investment to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime.

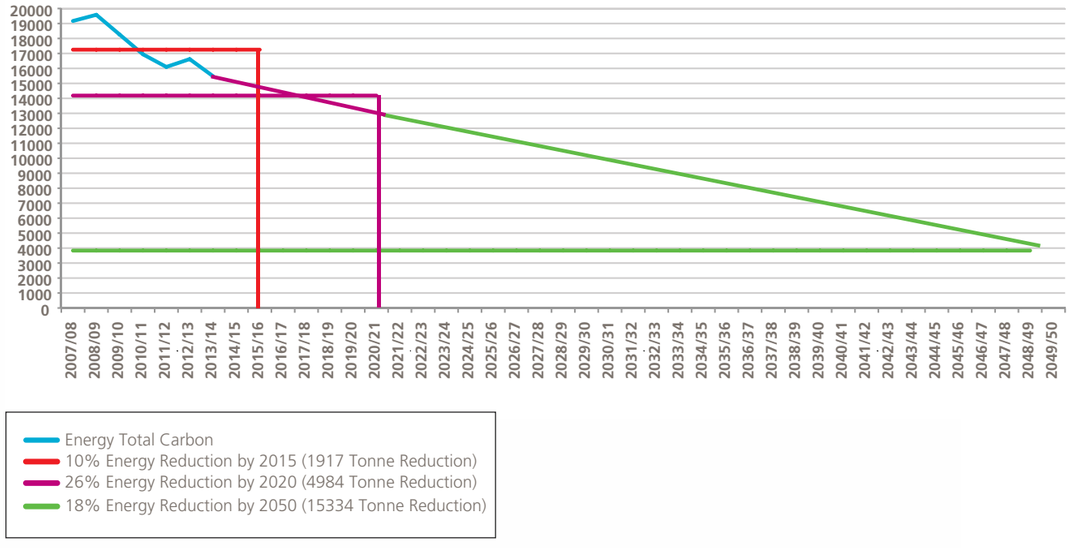
Carbon and Energy Footprint

The carbon footprint for the NHS, public health and social care in England, measured by the NHS Sustainable Development Unit (SDU), was 32 MtCO2e in 2012. The carbon footprint has fallen by 12% between 1990 and 2012 and is predicted to fall by a further 12% by 2020 because carbon intensities are reducing. This footprint is broken down into four main areas, Energy (15%), Travel (13%), Procurement (57%) and Commissioned Services Health and Care from Outside Sources (15%).

The Trust's carbon footprint has been calculated based on measured energy data and by using the accepted spilt between these four activities.

The graph overleaf 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 and should hit the 2020 target ahead of time if the current trend of reduction continues. A realignment of figures has changed carbon output slightly and has shown a decrease in carbon emissions from last year. There had been a slight increase in carbon emissions due to an increase in grid electricity usage following the temporary and unforeseen unavailability of our combined heat and power system, which normally saves almost 4,000 tonnes of carbon per annum alone.

City Hospitals Sunderland Energy Carbon 2007 - 2050



Significant carbon savings in Energy have already been achieved, primarily with the installation of our 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.

A number of initiatives have been implemented this year which include:

- workplace energy audits;
- the introduction of LED lighting and controls;
- further de-steaming work;
- improved housekeeping of engineering plant and associated services; and
- continued energy saving awareness road shows.

An automatic meter reading system has been introduced across our sites to enable energy usage to be monitored and to identify waste and thereby release savings. This is being used in conjunction with an "Energy Eye" system which automatically monitors the performance of our Building Management System.

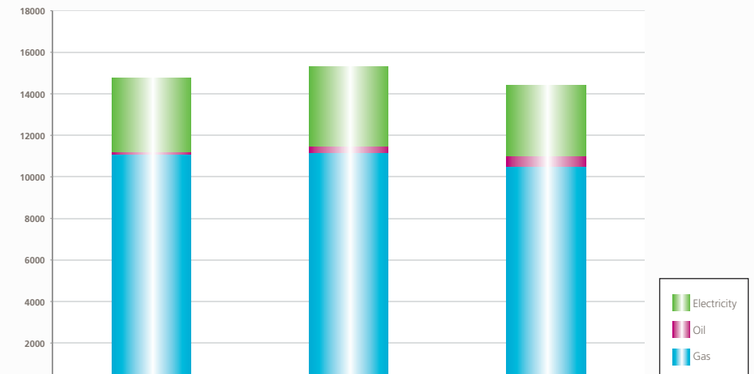
A significant carbon reduction has been achieved with the closure of our on-site laundry in May 2013 as well as the realisation of gas, electric and water savings.

Future projects include:

- energy demand monitoring and reduction;
- replacement of obsolete energy controls;
- large motor replacement;
- low loss transformers; and
- the increased use of renewable energy technologies, including photo voltaic solar panels.

This year, total energy consumption has fallen from 69,697 MWh to 68,275 MWh and relative energy consumption has changed from 0.57 to 0.555 MWh/square metre. Gas usage has reduced from 2012/13 by 9.6% and electricity has reduced by 3.1%. Renewable energy represents 3.2% of our total energy use. We also generate 52.8% of our electricity on site and purchase the balance of our remaining electricity from certified climate change levy exempt sources, reinforcing the Trust's commitment to sustainability and improving our green credentials.

Carbon Emissions – Energy Use



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 fourth year of the CRC energy efficiency scheme. Progress against the scheme is as follows:

Year	Tonnes
2011	9,900
2012	9,935
2013	9,725

European Emission Trading System (EUETS)

The CRC complements the EUETS, which commenced in 2005 and is the largest multidisciplinary greenhouse gas tracking system in the world. It is one of the policies introduced across the EU to help meet carbon reduction targets under the Kyoto protocol.

The EUETS cap and trade scheme ensures organisations accurately monitor and record all carbon emissions which are verified each year by an independent external body.

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.

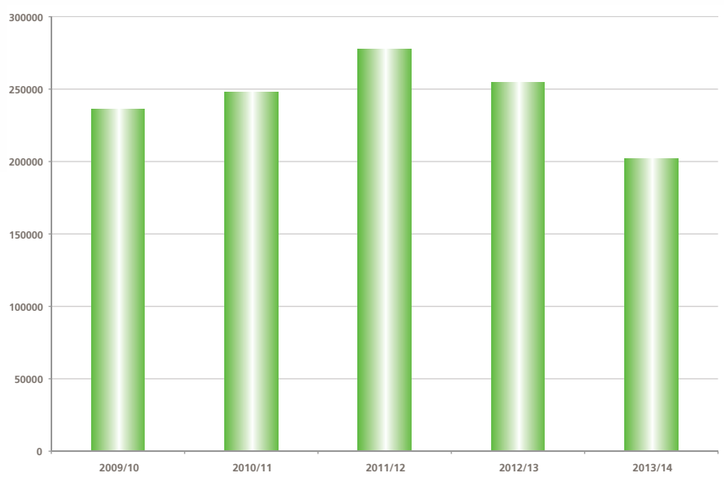
This year the Trust has recorded emissions of 9677 tonnes CO2. This is slightly higher than 9536 tonnes the previous year, an increase of 141 tonnes. This was partly attributable to the additional reporting of previously excluded emission sources and also technical problems in our combustion facility. The latter meant oil was used instead of gas for a longer period than usual, increasing our emissions due to the higher carbon content of oil. The installation of new, more efficient burners on our boilers has rectified any potential problem reoccurring. However, our overall emissions are still lower than our calculated allowance allocation from the EUETS, which means that we are fully compliant regarding our emissions under this scheme.

Water

Alongside energy, water use is also metered at each of the Trust's sites. There is a programme of refurbishments and replacement of equipment underway with water efficient alternatives in place, which include cistern misers, push taps, automatic taps and volume reduction inserts for cisterns and taps.

The closure of the laundry has contributed to a large saving in water and our consumption has reduced by 52,401 cubic metres in the last financial year which represents a 20.6% saving from 2012/13. However, historical data shows an average of 44,000 cubic metres was being used each year in the laundry so a further reduction of 8,401cubic metres has been achieved compared with last year.

Water Consumption in Cubic Metres



Travel

The Trust recognises the importance of the impact of travel and the effect on the environment. There are many long running schemes encouraging greener travel which include a car share system, reduced public transport cost initiatives and a successful Park and Ride scheme which has been extended to include additional locations, primarily whilst a new multi storey car park is built on site. We work closely in conjunction with Cycling England and have bicycle facilities on all sites. To assist employees in purchasing bicycles a regular offer of a salary sacrifice scheme enables staff to spread the cost and encourage healthy and carbon efficient travel.

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.

This year we have commissioned and installed seven double electric car charging points which are connected to the Charge Your Car network and are available for Staff and Public use to accommodate the use of low carbon vehicles visiting our sites.

Procurement

The largest section in the NHS carbon footprint is procurement and is at present the area where most work needs to be done. Environmental considerations and sustainability should be key to any purchasing decisions made with the principle of whole life cycle costing being adopted. City Hospitals Procurement Department, and the national Procurement Organisations and their suppliers who work on our behalf, have a major part to play in embedding carbon improvement measures into all Trust 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 use of a robot to improve dispensing and inventory control as well as 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 a 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

All staff, contractors and sub-contractors are reminded of their corporate responsibility to ensure that sustainability and carbon reduction is a priority in their day to day duties. However, changing attitudes and practices in all of our activities remains a challenge.

Our performance this year in the reduction of energy and carbon has been successful and reinforces our commitment to cutting our carbon and energy footprint year on year. We have seen notable reductions in gas and water energy usage. This has been as a result of a number of factors which have been supported by the management of resources by all staff and the implementation of various schemes and replacement of inefficient systems. In addition the attitude to procurement and waste streams has enhanced our credentials as a motivated and successful sustainable organisation. The Trust's sustainability report was recently identified as a best practice example by the NHS Sustainability Unit. 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.

Performance in these areas further underpins the value of the Board approved Carbon Reduction Strategy and Sustainable Development Management Plan. We are very aware that we need to adapt activities, buildings and estates as a result of climate change and ensure that sustainability issues are included as part of the risk analysis process. This applies not only to the existing estate but importantly to the design of new healthcare premises which now run and rely on efficient and sustainable systems as standard.

Fraud

The Trust has an active internal audit programme that includes counter fraud as a key element. It participates in national counter fraud initiatives/checks and employs counter fraud specialists to raise awareness and follow up any potential issues identified. One of our Non Executive Directors has also been appointed as "Counter Fraud Champion".

DIRECTORS' REPORT

The Companies Act 2006 requires the company to set out in this report a fair review of the business of the Trust during the financial year ended 31 March 2014 including an analysis of the position of the Trust at the end of the financial year and a description of the principal risks and uncertainties facing the Trust.

Business Review

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

- Chairman's statement on page 8.
- Chief Executive's statement on page 10.
- Strategic Report on pages 12 to 139.
- Public Interest Disclosures on pages 178 to 187.

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 2013/14.

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

ANNUAL ACCOUNTS EXTRACT

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

Statement of Comprehensive Income for the Year Ended 31 March 2014

	2013/14 Operating position £000	2013/14 Revaluation Losses & Impairment reversal £000	2013/14 Total £000	2012/13 Total £000
OPERATING INCOME	322,617	1,698	324,315	309,549
OPERATING EXPENSES	(316,553)	(4,490)	(321,043)	(301,013)
OPERATING SURPLUS	**6,064**	**(2,792)***	**3,272**	**8,536**
FINANCE INCOME	73		73	129
FINANCE EXPENSE	(1,288)		(1,288)	(1,306)
PUBLIC DIVIDEND CAPITAL DIVIDENDS PAYABLE	(5,222)		(5,222)	(5,371)
NET FINANCE COSTS	**(6,437)**		**(6,437)**	**(6,548)**
(DEFICIT) / SURPLUS FOR THE YEAR	**(373)**	**(2,792)**	**(3,165)**	**1,988**
REVALUATION LOSSES OF PROPERTY	(3,340)		(3,340)	0
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR	**(3,713)**	**(2,792)**	**(6,505)**	**1,988**

* Due to the overall downward revaluation of Trust property there are two areas that require an accounting adjustment to the operating position of the Trust. Operating income is recognised where there is an upward revaluation of property which has previously had a revaluation loss charged to expenditure (£1,698k). Operating expenditure is incurred where there is a downward valuation of property which cannot be offset against the revaluation reserve (£4,490k).

Statement of Financial Position as at 31 March 2014

		31 March 2014 £000	31 March 2013 £000
NON CURRENT ASSETS		202,523	204,879
CURRENT ASSETS	INVENTORIES	3,408	3,762
	TRADE AND OTHER RECEIVABLES	14,045	6,904
	CASH AND CASH EQUIVALENTS	15,257	21,317
TOTAL CURRENT ASSETS		32,710	31,983
CURRENT LIABILITIES		(30,650)	(27,311)
TOTAL ASSETS LESS CURRENT LIABILITIES		204,583	209,551
NON CURRENT LIABILITIES		(34,390)	(33,017)
TOTAL ASSETS EMPLOYED		**170,193**	**176,534**
FINANCED BY:	TAXPAYERS' EQUITY		
	PUBLIC DIVIDEND CAPITAL	99,079	98,915
	REVALUATION RESERVE	68,075	71,415
	INCOME AND EXPENDITURE RESERVE	3,039	6,204
TOTAL TAXPAYERS' EQUITY		**170,193**	**176,534**

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 2014

Statement of Changes in Taxpayers' Equity

	Total £000	PDC £000	Revaluation Reserve £000	Income & Expenditure Reserve £000
1 APRIL 2013	**176,534**	**98,915**	**71,415**	**6,204**
REVALUATIONS - PROPERTY	(3,340)	0	(3,340)	0
RETAINED DEFICIT FOR THE YEAR	(3,165)	0	0	(3,165)
PDC DIVIDEND RECEIVED	164	164	0	0
31 MARCH 2014	**170,193**	**99,079**	**68,075**	**3,039**

	Total £000	PDC £000	Revaluation Reserve £000	Income & Expenditure Reserve £000
1 APRIL 2012	**174,312**	**98,681**	**71,415**	**4,216**
RETAINED SURPLUS FOR THE YEAR	1,988	0	0	1,988
PDC DIVIDEND RECEIVED	234	234	0	0
31 MARCH 2013	**176,534**	**98,915**	**71,415**	**6,204**

Statement of Cashflows for the Year Ended 31 March 2014

	2013/14 £000	2012/13 £000
CASHFLOWS FROM OPERATING ACTIVITIES		
OPERATING SURPLUS FROM CONTINUING OPERATIONS	3,272	8,536
NON CASH INCOME AND EXPENSE:		
DEPRECIATION & AMORTISATION	8,353	7,910
IMPAIRMENTS	4,490	0
REVERSAL OF IMPAIRMENTS	(1,698)	0
LOSS ON DISPOSAL	47	0
(INCREASE)/DECREASE IN TRADE & OTHER RECEIVABLES	(7,115)	3,375
DECREASE/(INCREASE) IN INVENTORIES 354	(111)	
INCREASE/(DECREASE) IN TRADE & OTHER PAYABLES	2,412	(3,914)
(DECREASE)/INCREASE IN PROVISIONS (80)	119	
OTHER MOVEMENTS IN OPERATING CASH FLOWS	(162)	(34)
NET CASH GENERATED FROM OPERATING ACTIVITIES	**9,873**	**15,881**
NET CASH USED IN INVESTING ACTIVITIES	**(11,348)**	**(6,581)**
NET CASH GENERATED BEFORE FINANCING	**(1,475)**	**9,300**
CASHFLOWS FROM FINANCING ACTIVITIES		
PDC RECEIVED	164	234
LOANS RECEIVED	3,500	0
LOANS REPAID	(1,618)	(1,617)
INTEREST RECEIVED	(1,256)	(1,297)
PDC DIVIDEND PAID	(5,375)	(5,254)
NET CASH USED IN FINANCING ACTIVITIES	**(4,585)**	**(7,934)**
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS	**(6,060)**	**1,366**
CASH AND CASH EQUIVALENTS AT 1 APRIL	**21,317**	**19,951**
CASH AND CASH EQUIVALENTS AT 31 MARCH	**15,257**	**21,317**

Glossary

B

BAME	Black Asian minority ethnic
BMI	Body mass index
BMS	Building Management System
BPT	Best practice tariff

C

CCA	Climate Change Agreement
CCG	Clinical Commissioning Group
CDI	Clostridium difficile infection
CDS	Commissioning datasets
CETV	Cash equivalent transfer value
CGSG	Clinical Governance Steering Group
CHKS	Caspe Healthcare Knowledge System
CHR-UK	Child health reviews – UK
CHP	Combined heat and power
CIP	Cost Improvement Programme
CLRN	Comprehensive Local Research Network
COPD	Chronic obstructive pulmonary disease
CPI	Consumer prices index
CQUIN	Commissioning for Quality and Innovation
CQC	Care Quality Commission
CRC	Carbon reduction commitment
CRP	Cost Reduction Programme

D

DAHNO	Data for Head and Neck Oncology
DDES	Durham, Dales, Easington and Sedgefield
DDOT	Dementia and Delirium Outreach Team
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
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EMR	Electronic medical record
ENT	Ear, Nose and Throat
EUETS	European Emissions Trading System
EWS	Early warning score

F

FFT	Friends and Family Test
FT ARM	Foundation Trust Annual Reporting Manual
FTE	Full time equivalent
FTFF	Foundation Trust Financing Facility
FTSE 100	Share Index of the 100 most highly capitalised UK companies listed on the London Stock Exchange

G

GBS	Government Banking Service
GI	Gastrointestinal
GRS	Global rating scale

H

HCA	Healthcare Assistant
HCAI	Health care associated infection
HES	Hospital episode statistics
HISS	Hospital Information Support System
HMRC	Her Majesty's Revenue and Customs
HSCIC	Health and Social Care Information Centre
HSMR	Hospital standardised mortality ratio
HRG	Healthcare Resource Group
HQIP	Healthcare Quality Improvement Partnership

Glossary

I

ICCU	Integrated Critical Care Unit
IFRS	International financing reporting standards
IG	Information governance
IMR	Intelligent monitoring report
IV	Internal validation

J

JCG	Joint Consultative Group

K

Kaizen	Philosophy of ongoing improvement

L

LCFS	Local Counter Fraud Service
LDRP	Labour, delivery, recovery, postnatal
LED	Light emitting diode
LOS	Length of stay

M

MBBRACE -UK	Mothers and Babies Reducing Risk through Audits and Confidential Enquiries
MDT	Multi disciplinary team
MHRA	Medicines and Healthcare Products Regulatory Agency
MI	Myocardial infarction
MINAP Project	Myocardial Ischaemia National Audit
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

NAOGC	National Audit of Oesophago-Gastric Cancer
NASH	National Audit of Seizure Management
NBOCAP	National Bowel Cancer Audit Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Inquiry into Suicide and Homicide by people with Mental Illness
NCPR	National Cancer Peer Review
NEAS	North East Ambulance Service
NEPHO	North East Public Health Observatory
NEWS	National early warning score
NHSBT	NHS Blood Transfusion
NHSLA	National Health Service Litigation Authority
NICE	National Institute of Clinical Excellence
NIHR	National Institute of Health Research
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NSG	Nutrition Steering Group

O

OGSM	Objectives, goals, strategies and measures
OMFS	Oral Maxillo Facial Surgery

P

PALS	Patient Advice and Liaison Service
PAT	Pets as Therapy
PbR	Payment by results
PCT	Primary Care Trust
PCPEC	Patient, Carer and Public Experience Committee

Glossary

PD	Parkinson's disease
PDC	Public dividend capital
PEAT	Patient Environment Action Team
PICA Net	Paediatric Intensive Care Audit Network
PLACE	Patient Led Assessment of the Care Environment
PR	Peer review
PREP	Pre operative risk evaluation and preparation
PROMS	Patient reported outcome measures

Q

QIPP	Quality, innovation and improvement
QRG	Quality Review Group
QRP	Quality risk profile

R

RAMI	Risk adjusted mortality index
RCA	Root cause analysis
RCPCH	Royal College of Paediatrics and Child Health
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
RMSO	Regional Maternity Survey Office
RPIW	Rapid process improvement workshop
RRO	Regulatory reform order
RTT	Referral to treatment

S

SA	Self assessment
SAFC	Sunderland Association Football Club
Safety Thermometer	National benchmarking tool for measuring improvement in the reduction of 'harm' to patients
SAH	Subarachnoid haemorrhage
SDU	Sustainable Development Unit
SEQOHS	Safe Effective Quality Occupational Health Standards
SIAS	Sunderland Internal Audit Services
SHMI	Summary hospital level mortality index
SINAP	Stroke Improvement National Audit Programme
SSNAP	Stroke Services National Audit Programme
SLR	Service line reporting
SUS	Secondary Uses Service
SSKIN	Surface, skin inspection, keep, incontinence, nutrition

T

TIA	Transient ischaemic attack
T&O	Trauma & Orthopaedics

U

UKCIP	United Kingdom Climate Impacts Programme

V

VTE	Venous thromboembolism

W

WHO	World Health Organisation

Notes

The full Annual Report and Accounts contain the Independent Auditors Report which was unqualified, this also includes the statement regarding the Strategic Report and Directors Report being consistent with the financial statements. The Annual Accounts Extract is consistent with the full set of Annual Accounts which are available by contacting:

Mrs C Harries
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City Hospitals Sunderland NHS Foundation Trust
Sunderland Royal Hospital
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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**
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