City Hospitals Sunderland chs

City Hospitals Sunderland NHS
NHS Foundation Trust

Quality Report 2015/16

Contents

What is a Quality Report?

The Quality Report (also known as a Quality Account) is an annual report published by providers of NHS healthcare about the quality of the services it provides. The report provides details on progress and achievements against the Trust's quality and safety priorities for the previous year and what the Trust will focus on in the next year.

What should a quality report look like?

Some parts of the Quality Report are mandatory and are set out in national regulations. The Quality Report includes:

- Part 1 - A statement from the Board summarising the quality of the NHS services provided;
- Part 2 – The organisation's priorities for quality improvement for the coming financial year;
- Part 3 - A series of statements from the Board for which the format and information required is set out in the regulations; and
- Part 4 - A review of the quality of services in our organisation, presented in three domains of quality; patient safety, clinical effectiveness and patient experience.

Every effort has been made to use clear and understandable language wherever possible during the production of the Quality Report. Given the nature of quality improvement in healthcare, the inclusion of some medical and healthcare terms is unavoidable. Further information about health conditions and treatments is available on the NHS Choices website, at www.nhs.uk.

What does it mean for City Hospitals Sunderland NHS Foundation Trust?

The Quality Report allows NHS healthcare organisations such as City Hospitals Sunderland to demonstrate their commitment to continuous, evidence-based quality improvement and to explain its progress against agreed quality and safety priorities and improvement in other quality areas.

What does it mean for patients, members of the public and stakeholders?

By putting information about the quality of services in an organisation into the public domain, NHS healthcare organisations are offering it's approach to quality for scrutiny, debate and reflection. The Quality Report is designed to assure patients, members of the public and stakeholders that as an NHS healthcare organisation City Hospitals Sunderland is scrutinising each and every one of its services, providing particular focus on those areas that require the most attention.

How will the Quality Report be published?

In line with legal requirements all NHS Healthcare providers are required to publish their Quality Reports electronically on the NHS Choices website by June 2016. City Hospitals Sunderland NHS Foundation Trust will also make the Quality Report available on its website **www.chsft.nhs.uk**

Part 1: Statement on Quality from the Chief Executive

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

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

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

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

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

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

As you will be aware we joined the national Sign up to Safety Campaign in 2014, making our pledges to contribute to avoidable harm over the next three years. We developed our Safety Improvement Plan, setting our quality goals for improvement, including falls and pressure ulcer prevention amongst others. We were delighted to be notified in March 2015 that our bid for additional funding for specific safety projects in maternity and the Emergency Department had been successful.

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

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

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

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

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

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

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

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

KEN BREMNER
Chief Executive Date: May 2016

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

2.1 Review of Quality Improvement Priorities 2015/16

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

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

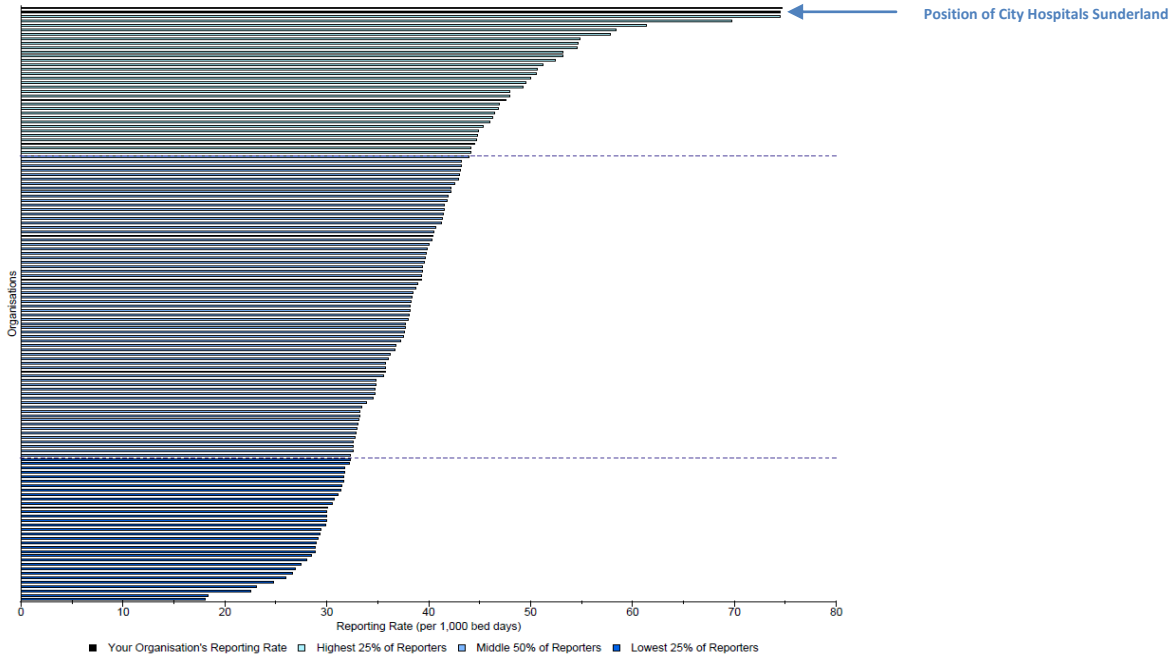
Patient Safety

1. Increase the reporting of incidents and no-harm events by staff
2. Achieve 95% overall harm free care for all elements of the NHS Safety Thermometer

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

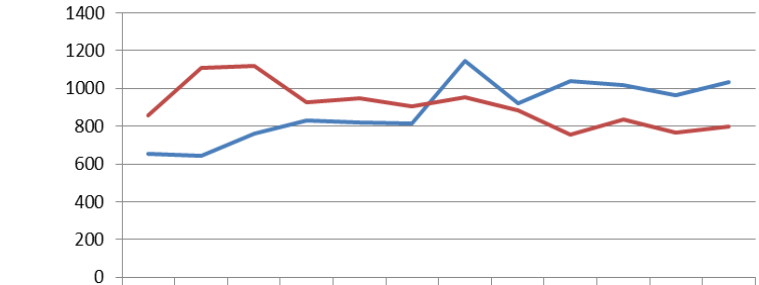
Research has shown that the more incidents that are reported the more information is available about any problems and consequently more action can be taken to make healthcare safer. An increase in incident and near miss reporting indicates a positive safety culture in which staff are able to anticipate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

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



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

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	652	641	760	832	817	815	1143	923	1037	1016	966	1035
2015/16	859	1110	1117	925	949	903	953	881	756	833	764	796

Source – City Hospitals Sunderland Ulysses incident reporting system

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

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

City Hospitals Sunderland NHS Foundation Trust

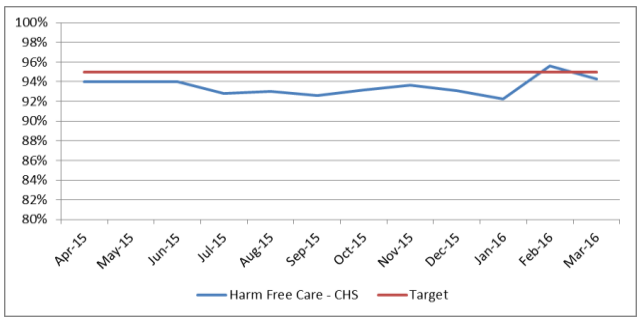
Category	Rank
✓	43

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

2. Achieve 95% overall harm free care for all elements of the NHS Safety Thermometer

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

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



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

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

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

Clinical Effectiveness

1. Review and monitoring of mortality

1. Review and monitoring of mortality

Targets:

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

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

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

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

a) Summary Hospital-level Mortality Indicator (SHMI)

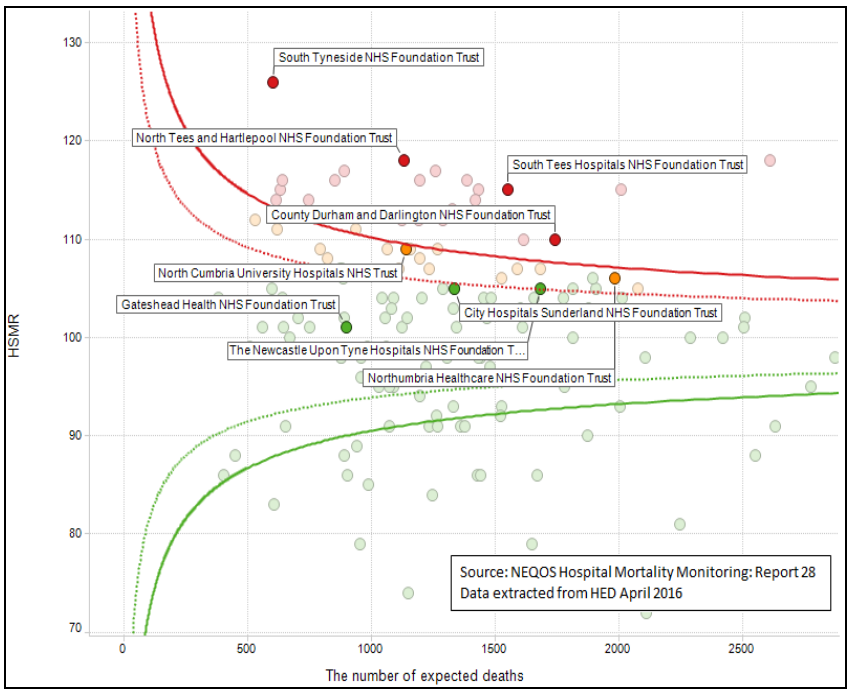
The summary hospital-level mortality indicator (SHMI) reports mortality at Trust level across the NHS in England using a standard methodology. The SHMI measure is based on national data, which calculates for each hospital how many deaths would be expected to occur if they were conforming to the national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

In order to avoid duplication, information about SHMI for 2015/16 is highlighted on page 33 - Part 2.3 Reporting against core indicators.

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

b) Hospital Standardised Mortality Ratio (HSMR)

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

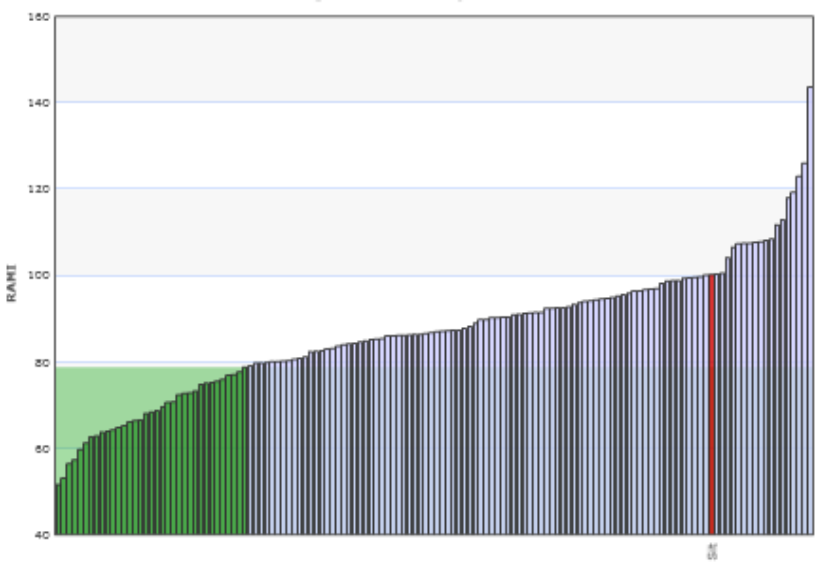


The funnel plot shows the HSMR for the full year period Jan to Dec 2015 (latest data available). City Hospitals is well placed within the 'curves' and the green status signifies strong performance using this measure, which has not always been the case in the past. This is a much better position than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

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

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

c) Risk Adjusted Mortality Index (RAMI)



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

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

Mortality Outlier Alert (Peripheral & visceral atherosclerosis)

A mortality alert was issued by the Care Quality Commission in March 2015 for the vascular condition peripheral & visceral atherosclerosis (a condition leading to the formation of 'plaques' on the walls of blood vessels which can reduce blood flow to the organs it supplies). A full case note review of all the deaths highlighted in the period was

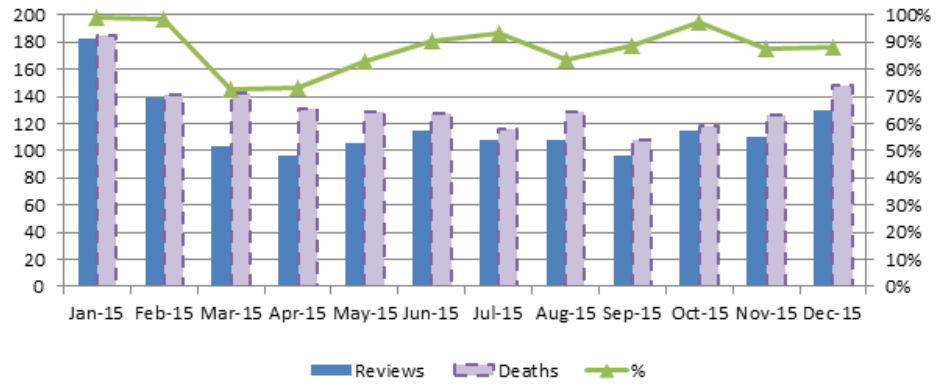
undertaken by surgeons in the Trust with the outcomes presented to Clinical Governance Steering Group. The review concluded that there were no deaths that could have been prevented given the patient's condition and the presence of other complicating health issues. There were numerous examples of excellent clinical care, including appropriate escalation of care to more senior medical staff as the patient's condition deteriorated. Documentation was clear and appropriate around resuscitation discussions with the family and implementation of end-of-life supportive care. However, the review did highlight the need for more senior medical involvement in the completion of death certificates.

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

Mortality Review Panel

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

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



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

What have we done during 2015/16?

- strengthened the governance arrangements, including specialty feedback, of the weekly review of in-hospital deaths so that common themes can be identified and lessons can be learnt to improve the quality and safety of our care;
- implemented quality improvements that might reasonably be expected to impact on mortality indicators. These include improving identification and management of deteriorating patients by implementing the electronic recording of early warning scores, identifying and managing patients with sepsis (which is part of

CQUIN), improving the management of acute kidney injury and ongoing work to prevent injury from patient falls;

- participated in the Learning Disabilities Mortality Review pilot which was coordinated by North East and Cumbria Learning Disability Network. The aim is to identify factors which may have contributed to deaths of people with learning disabilities so that changes can be made to reduce the impact of these factors;
- commenced a regional project focusing on the care of patients with pneumonia (the largest group of deaths included in the SHMI in any acute hospital is patients with pneumonia) and sepsis. The outcomes data will enable the Trust to work on improving the diagnosis and treatment of these patients and may have an impact on their mortality profile. This project will continue during 2016/17;
- continued to participate fully in the Regional Mortality network and support the sharing of ideas and good practice;
- assessed our compliance with the new NHS Mortality Governance Guide and identified some changes that will enhance our mortality surveillance and reporting processes even more; and
- reviewed and improved our quarterly Mortality Report so that it aligns with the key themes identified within the national Mortality Governance Guide.

Patient Experience

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

1. Implement the priorities from the national 'Care of the Dying' Audit for Hospitals

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

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

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

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

- implementation of an interim arrangement for end of life documentation, within our electronic Meditech v6 clinical system. This replaces the Liverpool Care Pathway process;
- implementation of the new regional 'end of life document' has commenced and a full roll out is planned over 2016/17;
- introduced a new Trust-wide syringe driver prescription chart to ensure safer prescribing across the Trust. The plan is to roll this out as an electronic prescription in Meditech v6 over 2016/17;
- provision of extended training and education of staff in using the new documentation so that each patient's palliative care needs and wishes are clearly recorded and communicated;
- delivery of prognostication education for doctors – this helps doctors with estimating the timing of death so that patients can clarify their choices over future management of their illness and consider issues of 'preparation';
- communication and compassion module for nurses delivered by Sunderland University, using the Sage & Thyme model (this is a teaching package designed for all grades of staff on how to listen and respond to patients or carers who are distressed or concerned);

- use of '5 priorities cards' which act as an aide memoire for staff highlighting the priorities of care in the last few days of life;
- setting up a system for reviewing all complaints that highlight end of life care issues and those that are raised through the Help & Advice Service so that common themes can be identified and acted upon;
- working to provide quiet spaces within wards / departments appropriate to patient and family privacy and sensitive communication;
- putting plans in place to develop a quiet space / reflective garden adjacent to the chaplaincy utilising legacy monies which have been donated by a previous patient; and
- full participation in the 2015 National Care of the Dying in Hospital Audit.

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

2. Implement the Trust's Compassionate Care Strategy

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

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

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

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

City Hospital's objective in relation to "Compassion"

- assurance through the review of patient experience measures, such as the Friends and Family Test, complaints, staff survey and national patient surveys;
- embedding the theme of compassion and customer care through the Trust business planning and performance monitoring process (OGSM);
- developing a culture of staff engagement at local level e.g. through Ward Manager Forums, team brief meetings etc;
- recruitment of nursing and midwifery staff for values and attitudes linked to compassion;
- focusing on care of the older person with compassion and those with dementia (development of the Alexandra Unit for patients with dementia and delirium); and
- continued focus on developing end of life care in line with national policy.

City Hospital's objective in relation to "Care"

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

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

City Hospital's objective in relation to "Commitment"

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

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

City Hospital's objective in relation to "Courage"

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

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

City Hospital's objective in relation to "Competence"

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

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

City Hospital's objective in relation to "Communication"

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

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

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

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

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

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

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

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

Data for the two mandated questions is highlighted below;

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

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

2015/16	Average staff headcount	Responses	Rate	Quality Health Response rate
Quarter 1	5282	802	15%	12%
Quarter 2	5226	502	9.6%	7%
Quarter 4*	5099	553	10.8%	7%
Combined	15607	1857	11.8%	8.6%

*due to be published 26 May 2016

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

2. Ensure the appropriate number of medical staff, registered nurses and Health Care Assistants on duty

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

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

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

Priorities for quality improvement 2016/17

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

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

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

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

Quality Priorities 2016/17

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

	Patient safety	Measured by	Monitored by	Reporting to
	Priorities for improvement			
1	Reduce the number of hospital acquired pressure ulcers	Open & Honest data	Tissue Viability Group	Clinical Governance Steering Group

Reason why we chose this priority

Pressure ulcers can occur in people who are unwell and immobile, but in many cases they are preventable and can be avoided through essential care undertaken by frontline staff, patients and their carers. They are categorised from one to four according to the level of severity and can result in patients suffering pain, discomfort and reduced mobility, and may increase their risk of acquiring complications such as infection and prolonged stays in hospital.

The Trust has prioritised this area of practice for a number of years and has achieved some success in reducing hospital acquired pressure ulcers and their progression to more disabling ulcers. During 2015/16 we have continued to work with clinical teams to improve assessment and planning interventions to reduce the risk of pressure damage in patients identified as being at risk. However, we feel that further improvements are needed and can be made and by highlighting pressure ulcers as an ongoing Trust quality priority it will retain and enhance their profile among all those who are involved in their prevention and management.

	Indicators for improvement			
1	Improve the completion, documentation and visibility of 'Do Not Attempt Cardio Pulmonary Resuscitation' orders across the organisation	Internal reporting and audit	Resuscitation Group	Clinical Governance Steering Group

Reason why we chose this indicator

Cardiopulmonary resuscitation (CPR) is a treatment that may be attempted on any individual in whom cardiac or respiratory function ceases. Such events are inevitable as part of dying and thus, theoretically, CPR could be used on every individual prior to death. It is therefore essential to identify patients for whom cardiopulmonary arrest represents the terminal event in their illness and for whom CPR will fail and/or is inappropriate. It is also essential to identify those patients who would not want CPR to be attempted in the event of cardiac arrest and who competently refuse this treatment option. Some competent patients may wish to make an advance directive about treatment (such as CPR) that they would not wish to receive in some future circumstances. Such directives must be respected as long as the decisions are informed, current, made without coercion from others and clearly apply to the current clinical circumstance.

The Trust has explicit guidance for clinical staff for ensuring that patients who are not to be resuscitated in the event of a cardiopulmonary arrest are clearly identified and that the decision is documented and communicated to all staff directly involved with the patient's care. That decision should also involve and be communicated to the patient's family and carers. However, information from our internal review and analysis of incidents and the outcomes from the Trust mortality review process suggest that improvements are needed around the completion and visibility of do not attempt CPR orders in wards. Getting the process right for these decisions are critically important to prevent inappropriate, undignified, futile and/or unwanted attempts at CPR which may cause significant distress to patients and their families.

2	Improve the reporting and investigation of hospital associated VTE events	Internal reporting and audit	Venous Thromboembolism Group	Clinical Governance Steering Group

Reason why we chose this indicator

Venous Thromboembolism (VTE) or blood clots is a significant cause of mortality, long-term disability and chronic ill-health problems for patients, many of which are avoidable and its prevention is now a key priority for the NHS. More than half the cases of VTE are attributable to hospitalisation and a large proportion of these are potentially preventable. National guidance has made a number of recommendations on assessing and reducing the risk of VTE in patients admitted to hospital.

The Government has set a target of 95% for all hospitals to have systems in place to ensure that all patients (with some exclusions) are risk assessed for VTE. Information for City Hospitals shows that we are currently achieving that target. Nonetheless some patients do still develop a VTE in hospital and for these patients it is important that we investigate why it happened and to identify if there are any lessons to be learnt so that it can help improve our assessment and preventative practices. The structured investigation is known as a 'root cause analysis' (RCA) and we intend to strengthen the process for undertaking RCA of every case of hospital associated VTE ensuring that the outcomes of the process are shared widely across the organisation.

3	Reduce the number of patient falls that result in serious harm	Internal incident reporting system	Falls Group	Clinical Governance Steering Group

Reason why we chose this indicator

We know that patients fall whilst they are in our care and a small number suffer harm as a consequence. This is the most common harm that is reported by NHS Trusts. We have identified this as a priority for a number of years and have reported many improvements and developments in our approach into how we assess and manage those patients most vulnerable to falling.

We know that we require a wholesale cultural change to embed many of the elements of how we effectively

	prevent and manage falls, and this takes time. That is why the prevention of falls will remain a quality priority as well as being part of our high-profile safety improvement plan.

	Clinical effectiveness	Measured by	Monitored by	Reporting to
	Priorities for improvement			
1	Review Trust mortality and minimise avoidable deaths	Outcomes from the Mortality Review Panel	Mortality Review Group	Clinical Governance Steering Group

Reason why we chose this priority

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

2016/17 will herald the introduction of the first ever national mortality case record review programme. The aim will be to implement a standardised way of reviewing the case records of adults who have died in acute hospitals. In addition it will also contribute to our understanding and learning about problems in care that may have contributed to a patient's death. Our experiences and expertise in developing our local review process will stand us in good stead for the emerging national model. In addition it will continue to participate in the Learning Disability Mortality Review Programme to improve the standard and quality of care for people with learning disabilities.

	Indicators for improvement			
1	Improve the process of fluid management and documentation	Local clinical audit	Nutrition Group	Clinical Governance Steering Group

Reason why we chose this indicator

Fluid balance is an essential tool in determining hydration status. Recording intake and output tends to be one of the key activities undertaken at the bedside and is used in conjunction with the recording of vital signs and certain laboratory reports to set required fluid intake levels. Accuracy in recording fluid intake and output is vital to the overall management of certain patient groups and facilitates the assessment and evaluation of the patient's condition. However, recordings on fluid balance charts are often being inadequately and inaccurately completed. In addition, data on fluid balance charts, even if accurately recorded, must be checked on a regular basis if trends which give cause for concern are to be identified early and escalated appropriately.

The quality inspection in 2014 by the Care Quality Commission found that the standard of some of our fluid balance recordings could be improved. We identified this as a quality priority and last year we were able to show through assurance audits and staff observations that fluid balance charts were more complete and accurate. We want to continue to raise the profile of this important area of practice and have decided to retain this priority in 2016/17.

2	Improve the assessment and management of patients with sepsis	National Unify reporting system	Sepsis Group	Clinical Governance Steering Group

Reason why we chose this indicator

The care of patients with the serious infection 'sepsis' continues to be identified as a priority in the national quality scheme (CQUIN) for 2016/17. We know that poor initial assessment and delays in treatment can have an impact on harm and mortality. The aim of the scheme is to develop and implement protocols for screening for

	sepsis within emergency departments, medical and surgical admission units and in-patient wards. This includes adults and children where sepsis screening is deemed clinically appropriate. The focus is then to ensure that intravenous antibiotic treatment is initiated quickly in those with the most severe forms of sepsis. There are challenging national targets to achieve in both emergency and in-hospital ward areas for adults and children and we will work to further develop systems for ensuring that patients with sepsis presentations are appropriately assessed and given treatment in a timely way.			
3	Reduction in the number of avoidable (predictable) cardiac arrests	National Cardiac Arrest Audit	Deteriorating Patient Group / Resuscitation Group	Clinical Governance Steering Group

Reason why we chose this indicator

Hospitals are increasingly faced with the challenge of providing medical and surgical care to the very ill and an ageing population with multiple co-morbidities. Sometimes, the condition of these patients will deteriorate and it is important that staff recognise the sequence of events leading to this change and act to summon senior medical help quickly. The Trust uses the national early warning score system (NEWS) to help identify patients whose health may suddenly become worse. Incidents reported by staff and information from audit and review of mortality cases have sometimes shown that patient observations were not always recorded in a timely manner and that, on occasion, patients early warning scores were not acted upon in time to prevent further deterioration and cardiac arrest.

Nationally it has been shown that two thirds of all cardiac arrests are predictable events. A recent review into deaths across England (National Confidential Enquiries into Patient Outcomes and Death – Time to Intervene?) showed there was often a failure to assess, recognise and respond adequately to those patients whose condition deteriorates. The report's main conclusions were that care should be focused on preventing cardiac arrests, through appropriate management of acutely ill people to maximise their chance of recovery.

This priority will focus on improving Trust implementation of NEWS and management of the deteriorating patient through related clinical work streams, i.e. management of sepsis. One of the key markers of improvement will be the reduction of avoidable cardiac arrests from data provided through participation in the national cardiac arrest audit.

	Patient Experience	Measured by	Monitored by	Reporting to
	Priorities for improvement			
1	Improve the in-hospital management of patients with dementia and collaborate on integrated pathways	Local action plan	Dementia Group	Patient, Carer and Public Experience Committee

Reason why we chose this priority

An ageing population means increasing numbers of people with dementia in society. Evidence shows that a significant proportion of general hospital in-patients are people with dementia. What happens in general hospitals can have a profound and permanent effect on individuals with dementia and their families, not only in terms of their in-patient experience, but also their ongoing functioning, relationships, wellbeing, quality of life and the fundamental decisions that are made about their future.

For someone who is frail, vulnerable or has dementia, who may be on the edge of his or her limits of coping at home in a familiar environment, who is seeing the same people and doing the same things each day, the effect of going into hospital can be overwhelming. In addition, the pace in acute hospitals places high demands on staff and, in these environments, their priority is monitoring and managing the acute needs of all the patients in the unit which can sometimes compromise the extended time often required for dementia patients.

The National Audit of Dementia Care in General Hospitals assesses the extent to which hospitals providing acute inpatient services meet certain standards relating to care delivery for people admitted to hospital with dementia. In 2016 the audit begins its third round and will enable Trusts to review how they have progressed

	against the national standards since it first started in 2010. It is important for City Hospitals to acknowledge the specific care needs of patients with dementia and their families and that is why it will remain a priority for the organisation this year. The scope and pace of improvements will continue to be overseen by our Dementia Group.			
	Indicators for improvement			
1	Reducing cancellations of outpatient consultations	Internal performance data	Service Improvement / Performance	Operations Committee
	Reason why we chose this indicator This area of improvement was highlighted by our Council of Governors. Internal performance data shows that the Trust was cancelling a significant number of outpatient appointments. Patient feedback showed the widespread dissatisfaction this caused and the impact and reputation this would have on the Trust. This issue had already been acknowledged through another of the Trust's projects looking to reduce the impact on patients of cancellations which are of no clinical benefit. The Trust aims to reduce the number of outpatient cancellations by 10% during 2016/17.			
2	Improve the timeliness of responses to patient complaints	Internal performance data	Directorates Help & Advice Service	Patient, Carer and Public Experience Committee
	Reason why we chose this indicator Patient complaints provide a valuable source of insight into problems within our hospital. They are sensitive to, and able to recognise, issues that may not always be identified through more formal monitoring, such as incident reporting systems and case note reviews. Thus, patient complaints can provide important additional information to hospitals on how to improve quality and patient safety. City Hospitals provides a comprehensive range of services for thousands of people every day and we know we get it right most of the time. But sometimes things do go wrong and when this happens and patients tell us about it, how we respond determines whether confidence and trust in the service has been restored. A key part of the complaints process is the timeliness of response to patients and their families. The Trust has experienced some difficulties, for certain patients, in providing a formal response within timescales and in informing them about the outcomes of investigations following their complaint. We know that delays cause frustrations and anger among families and therefore we need to improve our turnaround times for providing a full response, including a commitment to learning from mistakes.			
3	Increase the percentage of inpatients who rated their care at City Hospitals as excellent, very good or good (Inpatient Survey)	National Adult In-Patient Survey	Patient Experience / Clinical Governance	Patient, Carer and Public Experience Committee
	Reason why we chose this indicator The survey of adult inpatients is now well established in the NHS and is widely emulated in other countries around the world. The aim of the survey is to understand more about the patient experience whilst in hospital and to identify areas where we can make further improvements. The Quality Report has previously shown where we have changed and improved services as a result of survey data. One of the concluding questions in the survey is about the patients overall rating of their stay in hospital. We want to increase the percentage of patients who rate their care at the Trust as excellent, very good or good so that we achieve one of the highest composite scores in the North East.			

	Staff Experience	**Measured by**	**Monitored by**	**Reporting to**
	Priorities for improvement			
1	Increase the number of staff participating in	Staff Friends &	Nursing & Quality	Patient, Carer and

	the Staff Friends & Family Test (FFT)	Family Test scores		Public Experience Committee

Reason why we chose this priority

From April 2014 all staff have had the opportunity to feed back their views on working in City Hospitals at least once per year. The aim is to help promote a big cultural shift in the NHS where the experiences of staff are increasingly being sought, heard and are acted upon. We want to increase the number of staff who engage in the survey and furthermore we want to utilise any additional comments so that we can target our actions to improve the workplace and achieve a better work-life balance.

Part 2.2 Statements of assurance from the Board of Directors

Review of services

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

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

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

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

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

Participation in Clinical Audit and the National Confidential Enquiries

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

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

The Healthcare Quality Improvement Partnership (HQIP) provides a comprehensive list of national audits and Confidential Enquiries which collected data during 2014/15
(http://www.hqip.org.uk/national-clinical-audits-for-inclusion-in-quality-accounts/)

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

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

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

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

National Clinical Audits and National Confidential Enquires 2015/16

National Clinical Audits	Eligible	Participation	Comment
Older People			
Falls and fragility fractures audit programme including:			
- National hip fracture database	✓	✓	437 cases (100%)
- Fracture liaison service database	✓	✓	Data collection only started in Feb 2016
- National inpatient falls audit	✓	✓	Compliant with study criteria. 30 clinical cases submitted (100%) and Organisational proforma
Sentinel stroke national audit programme (SSNAP)	✓	✓	Continuous data collection.
Women and Children's Health			
Neonatal intensive and special care (NNAP)	✓	✓	345 cases
Paediatric asthma	✓	✓	Compliant with study criteria 42/48 cases (88%)
Paediatric diabetes	✓	✓	100% (submission in July 2016)
Paediatric intensive care (PICANeT)	N/A	N/A	
UK cystic fibrosis registry - paediatric	N/A	N/A	Regional Centre Royal Victoria Infirmary
Vital signs in children (CEM)	✓	✓	Compliant with study criteria. 50 clinical cases submitted (100%)
Acute Care			
Adult critical care (Case mix programme)	✓	✓	905 cases (100%)
Emergency use of oxygen	✓	✓	Compliant with study criteria. Ward data and Organisational proforma submitted
National complicated diverticulitis audit	✓	✓	Compliant with study criteria 3 month cohort
National emergency laparotomy audit	✓	✓	164 cases (100%)
National joint registry	✓	✓	958 cases (89%)
Procedural sedation (CEM)	✓	✓	Compliant with study criteria. 100 clinical cases submitted (100%)
Severe trauma (Trauma audit and research network)	✓	✓	377 / 388 cases (97%)
VTE in patients with lower limb immobilisation (CEM)[1]	✓	X	
Cancer			
Bowel cancer (NBOCAP)	✓	✓	Continuous data collection (180 cases, estimate > 90%)
Head and neck cancer (DAHNO)	✓	✓	Continuous data collection (122 cases, estimate > 90%)
Lung cancer (NLCA)	✓	✓	Continuous data collection (337 cases, estimate > 90%)
Oesophago-gastric cancer (NAOGC)	✓	✓	Continuous data collection (76 cases, estimate >90%)
Prostate cancer	✓	✓	Continuous data collection (547 cases, estimate > 90%)

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

National Clinical Audits	Eligible	Participation	Comment
Long term conditions			
Chronic kidney disease in primary care[2]	X	X	
Inflammatory bowel disease – IBD registry[3]	X	X	
National chronic obstructive pulmonary disease audit programme - pulmonary rehabilitation	N/A	N/A	
National diabetes audit programme including: - Adult diabetes audit - National diabetes in patients audit - National foot care audit - National pregnancy in diabetes audit	 ✓ ✓ ✓ ✓	 ✓ ✓ ✓ ✓	 Data to be submitted in July 2016 for 15/16 Snap-shot audit (107 cases submitted) 100%
National ophthalmology audit - cataract[4]	✓	X	
Renal replacement therapy (Renal Registry)	✓	✓	601 cases
UK cystic fibrosis registry – adult	N/A	N/A	Regional centre Royal Victoria Infirmary
UK Parkinson's audit - Allied health professionals[5] - Elderly care and neurology	 ✓ ✓	 X ✓	 Compliant with study criteria. 60 clinical cases submitted (100%)
Rheumatoid and early inflammatory arthritis	✓	✓	84 cases recruited at baseline
Heart			
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	Continuous data collection
Adult cardiac surgery audit (adult)	N/A	N/A	
Cardiac rhythm management	✓	✓	256 cases (100%)
Congenital heart surgery (paediatric and adult cardiac surgery)	N/A	N/A	
Coronary angioplasty/national audit of PCI	✓	✓	638 cases (100%)
Heart failure	✓	✓	438 cases (65%)
National cardiac arrest audit	✓	✓	139 cases (No case requirement outlined by audit provider)
National vascular registry	✓	✓	201 cases (100%)
Pulmonary hypertension	N/A	N/A	
Mental health			
Prescribing observatory for mental health	N/A	N/A	
Blood and transplant			
National comparative audit of blood transfusion programme including: - Use of blood in haematology - Blood management in scheduled surgery	 ✓ ✓	 ✓ ✓	 52 cases (100%) 23 cases (100%)
Other			
Elective surgery (National patient reported outcome programme)	✓	✓	1,638 eligible patients for all four elective procedures. Pre-operative questionnaires completed 891 (54.4%) / Post-operative questionnaires returned 352 (54.1%) (Period covered April–Dec 15)

[2] Not able to participate due to Incompatible information systems

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

[4] Currently not contributing data, issues with software compatibility

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

National Clinical Audits	Eligible	Participation	Comment
National audit of intermediate care	N/A	N/A	
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)			
NCEPOD Acute Pancreatitis	✓	✓	5 cases / 5 returned (100%)
NCEPOD Sepsis	✓	✓	5 cases / 5 returned (100%)
NCEPOD Gastrointestinal Haemorrhage	✓	✓	4 cases / 4 returned (100%)
NCEPOD Mental Health	✓	✓	5 cases / 5 returned (100%)

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

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

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

The review programmes include the following:

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

Child Health Outcome Review Programme

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

National Confidential Enquiry into Patient Outcome and Death

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

Acute Pancreatitis - refers to inflammation of the pancreas, an organ that lies in the abdomen, which produces digestive juices and certain hormones, including insulin

Cases included	Cases excluded	Clinical Q returned*	Excl. Clinical Q returned *	Case notes returned *	Excl. Case notes returned *	Sites participating	Organisational Q returned *
5	0	5	0	5	0	1	1

Sepsis - is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs

Cases included	Cases excluded	Clinical Q returned *	Excl. Clinical Q returned *	Case notes returned *	Excl. Case notes returned *	Sites participating	Organisational Q returned *
5	1	5	0	5	0	2	2

Gastrointestinal Haemorrhage – is all forms of bleeding in the gastrointestinal tract, from the mouth to the rectum

Cases included	Cases excluded	Clinical Q returned *	Excl. Clinical Q returned *	Case notes returned *	Excl. Case notes returned *	Sites participating	Organisational Q returned *
4	1	4	1	4	1	1	1

Mental Health – reviews the quality of mental health and physical health care provided to patients with a significant mental disorder who are admitted to a general hospital							
Cases included	Cases excluded	Clinical Q returned *	Excl. Clinical Q returned *	Case notes returned *	Excl. Case notes returned *	Sites participating	Organisational Q returned *
5	2	5	2	5	1	2	0

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

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

Confidential Maternal and Child Health Enquiries

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

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

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

National clinical audits

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

Audit title	Good outcomes / Actions taken
National Audit of rheumatoid and early arthritis	• results from the first clinical audit report for the Trust show a variable set of scores when assessing compliance against key quality standards; • the specialty has started a consultant led early arthritis clinic which will triage patients to increase the number of patients seen within 3 weeks of referral. This was planned prior to the audit results; and • the nurse led early arthritis clinic has been re-developed to carry out DMARD (disease modifying anti-rheumatic drugs) education sooner in an attempt to improve DAS (disease activity scores) and patient outcomes.
National audit of inpatient falls	• City Hospitals performed well in the audit when compared both nationally and regionally; • a main strength is having the patient falls risk assessment document embedded within Meditech V6 linked to preventative interventions; • the Trust has a Specialist Falls Nurse who is able to provide expert advice to ward staff caring for patients most at risk of falling; • the Trust has falls training as an integral part of the Health Care Assistant programme; and • the main areas for further improvement are with written communication on falls and revising our Trust Falls Policy to link to other relevant documents e.g. the Trust Delirium Policy.
Chronic Obstructive Pulmonary Disease (COPD) - exacerbations admitted to acute units	• the Trust achieved an aggregated score of 40 out of a possible 51 against national best practice standards for COPD management. This puts the Trust in the upper quartile of scores; • the audit highlights some improvements in the admissions processes and the availability of early / supported discharge services for patients going home; • mortality for this clinical group is in line with national trends; and • some of the current improvement work for the specialty is being focused on improved oxygen prescribing and the need to document ceilings of care (any limitations to the patients care on a case by case basis).

National hip fracture database	• the aim of the database is to improve the delivery of care for patients having falls or sustaining hip fracture; • the Trust was in the top range of scores for timely admission of patients to a specialist orthopaedic ward, patients having their surgery on the day or day after admission and the patient's pressure ulcer status being documented; • no measures of standards were in the bottom range of scores; and • a previous report showed that the Trust had a re-operation rate of 3% versus the national rate of 1.5%. A local clinical audit was undertaken and changes in practice were made which included a change of antibiotics used in the cement fixative for the hip joint. The current report now shows we have a better re-operation rate of 0.8% compared to the national rate of 1.1%.
National Neonatal Audit (2015)	• the aim of the audit is to assess whether babies admitted to neonatal units receive consistent care against key national quality standards; and • the audit shows evidence of strong clinical and quality performance in areas such as the recording of neonatal temperature (high level of vigilance for hypothermia), use of antenatal steroids, retinopathy screening (a complication with the potential to cause visual loss or blindness), and consultation with parents.
National Emergency Laparotomy Audit (NELA) (high risk emergency surgery)	• first report from NELA about the care given to patients having emergency bowel surgery; • City Hospitals is one of the best performing Trusts in the region with the highest proportion of green ratings in the processes of care category; • some areas, such as increasing access to critical care for the highest risk patients and the availability of joint multidisciplinary meetings (between Surgeons, Intensivists and Anaesthetists), are already in place; • work is ongoing to review multidisciplinary care pathways that involve the Emergency Department and Radiology; and • further work is required to address other recommendations such as system wide improvements in sepsis assessment and management.

Local clinical audit

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

Audit title	Good outcomes / Actions taken
Care of the Elderly Audit of Parkinson's Disease Medication	• following an audit of Parkinson's patients and their medication regimes, for those patients who consented, a 'get it on time' wristband was introduced as a reminder to administer medications at the prescribed time. Following further audit, the wristbands may be rolled out to other wards with the relevant accompanying education strategies.
Obstetrics & Gynaecology Management of Decreased Fetal Movements	• following an audit assessing the process of management and outcomes for women experiencing decreased fetal movements, documentation has been changed and is now completed electronically to enable a personalised plan to be put in place.
Ears, Nose & Throat (ENT) - Day case tonsillectomy	• historically day case rates for tonsillectomy cases in the Trust were low and needed to be improved; • following the implementation of a 'Tonsils super list', audit data shows; - day case rate increased from 40.9% to 100% for super list cases - reduction of average surgical time from 23.4 +/- 5.0 to 11.3 +/- 1.6 minutes • The audit showed that Tonsillectomies can be streamlined to improve day case rates and efficient patient throughput.

Research and Innovation

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

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

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

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

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

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

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

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

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

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

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

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

The photograph was taken at an event on the 20TH May 2015, 'An insight into Ophthalmic Research'.

The event was organised for patients by the Northeast and North Cumbria Clinical Research Network in conjunction with Sunderland Eye Infirmary to recognise patient participation and raise awareness towards Eye Research.

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

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

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

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

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

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

No	Clinical Topic	Indicator	Priority	Achievement*
1	Acute kidney infection (AKI)	The percentage of patients with AKI treated in an acute hospital whose discharge summary includes each of four key items: • stage of AKI (a key aspect of AKI diagnosis) • evidence of medicines review having been undertaken (a key aspect of AKI treatment) • type of blood tests required on discharge; for monitoring (a key aspect of post discharge care) • frequency of blood tests required on discharge for monitoring (a key aspect of post discharge care)	National	
2a	Sepsis	Number of patients presenting to emergency departments and other units who met the criteria of the local sepsis protocol	National	
2b		Number of patients who present with severe sepsis, Red Flag Sepsis or Septic Shock (as identified through case note review) who received intravenous antibiotics within 1 hour		
3a	Dementia	i) The proportion of patients aged 75 years and over to whom case finding is applied following an episode of emergency, unplanned care to either hospital or community services; ii) The proportion of those identified as potentially having dementia or delirium who are appropriately assessed	National	
3b		To ensure that appropriate dementia training is available to staff through a locally determined training programme		
3c		To ensure that carers of people with dementia and delirium feel adequately supported		
4a	Acute / Urgent Care	Improving and Recording of Diagnosis in A&E	National	
4b		To improve patient flow and an effective discharge process at City Hospitals		
4c		To improve patient safety by undertaking medicine reconciliation within 24 hours of admission		
4d		To improve patient flow and an effective discharge process at City Hospitals, focusing on increasing the number of planned discharge transport bookings		
5	Patient Experience	To develop an annual programme of patient and carer experience and to show evidence of improvements and changes in practice	Local	
6a	Improvements in communication	Increase coverage of the use of the Macmillan Treatment Summary (a shared document used to improve communication between cancer patients and their GP services)	Local	
6b		Adults – completion of risk assessments for patients with a learning disability and documented reasonable adjustments to their hospital care		
6c		Paediatrics – completion of risk assessments for patients with a learning disability and documented reasonable adjustments to their hospital care		

7	Liver Cirrhosis	Percentage of patients who complete the liver cirrhosis care bundle within 24 hours. This will ensure that early investigations are completed in a timely manner and appropriate treatments are given at the earliest opportunity.	Local	

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

Key

Full achievement

Partial achievement or further work on-going

Not achieved

Information relating to registration with the Care Quality Commission

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

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

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

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

Care Quality Commission Ratings

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

City Hospitals Sunderland – overall ratings

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

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

- improvements to the Patient Group Directives process;
- six monthly staffing reviews;
- monitoring of staffing levels and patient need reviewed at least three times daily;
- ongoing staff recruitment;
- nurse training developments;
- review of consultant job plans;
- perfect week implemented, Urgent Care Project Plan in place and monitored;

- pharmacy developments with increased ward support and medicines reconciliation;
- ongoing monitoring of patient care charts and "do not attempt cardiopulmonary resuscitation" orders;
- increased incident reporting and management training; and
- continued and improved mortality review process.

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

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

Church View Medical Centre – overall ratings

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

NHS Number and General Medical Practice Validity

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

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

Quality of data

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

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

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

Information Governance Toolkit

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

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

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

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

⇔ = same score

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

Clinical coding error rate

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

City Hospitals Sunderland was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. However, an external audit by CHKS was undertaken as part of the annual assessment of the Information Governance Toolkit standards. The auditors examined the coding accuracy of 200 finished consultant episodes (FCEs) from the period July to October 2015 which involved four specialties: General Surgery, Gynaecology, Ophthalmology and Paediatrics. The Trust's coding accuracy achieved information governance toolkit level 3 in all four coding indicators set by the Health and Social Care information Centre. This is the highest possible level of achievement. The table outlines these results.

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

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

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

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

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

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

Part 2.3 Reporting against core indicators

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

Domain 1: Preventing people from dying prematurely

Summary hospital-level mortality indicator (SHMI)

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

This indicator is divided into two parts:

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

(a) SHMI values and banding

Indicator	Oct 13 – Sept 14	Jan 1 4 – Dec 14	April 14 – March 15	July 14 – June 15	Oct 14 – Sept 15
Month of release	April 15	July 2015	Oct 2015	Jan 2016	March 2016
City Hospital's SHMI	1.11	1.10	1.03	1.01	0.99
SHMI banding	Band 2	Band 2	Band 2	Band 2	Band 2
National average	1.00	1.00	1.00	1.00	1.00
Highest SHMI value – national (*high is worse*)	1.19	1.24	1.21	1.21	1.18
Lowest SHMI value – national (*low is better*)	0.59	0.66	0.67	0.66	0.65

Data Source – Health & Social Care Information Centre

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

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

Indicator	% of provider spells with palliative care coding (at diagnosis level)					% of deaths with palliative care coding				
	Oct 13 – Sept 14	Jan 1 4 – Dec 14	April 14 – Mar 15	July 14 – June 15	Oct 14 – Sept 15	Oct 13 – Sept 14	Jan 1 4 – Dec 14	April 14 – Mar 15	July 14 – June 15	Oct 14 – Sept 15

Trust	1.6	1.8	1.9	1.8	1.7	26.3	30.6	33.1	30.6	25.1
National average	1.4	1.4	1.4	1.4	1.5	25.4	25.7	25.7	26.0	26.6
Highest national	3.3	3.2	3.3	3.3	3.6	49.4	48.3	50.9	52.9	53.5
Lowest national	0	0	0	0	0	0	0	0	0	0.2

Data Source – Health & Social Care Information Centre

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

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

- the ongoing strategic work of the Mortality Review Group which monitors, reviews and challenges Trust mortality performance, including relevant factors such as the quality and depth of clinical coding;
- strengthening the governance of the Trust Mortality Review Panel process which has significantly improved the feedback from clinical areas undertaking departmental reviews. This is an important mechanism for highlighting areas for improvement as well as pointing out good clinical practices;
- improving aspects of clinical coding where data suggests our performance is below peer performance, i.e. recording of co-morbidities and the application of palliative care coding rules;
- actively participating in the Regional Mortality Group and any associated streams of work, for example, the Trust is now participating in the Regional Serious Infection Project (coordinated through the Academic Health Science Network for North East & North Cumbria) which aims to measure and monitor care bundles for sepsis and community acquired pneumonia. Both these conditions have a major impact on patient mortality;
- continuing to work on quality improvements that might reasonably be expected to impact on mortality indicators. These include improving identification and management of deteriorating patients, screening and managing patients with sepsis, transformational work around the organisation of emergency admission services, prevention of falls and pressure ulcers, and reductions in infections and medication errors; and
- ensuring that information on all mortality measures is reported to and scrutinised by the Mortality Review Group, Governance Committee and Board of Directors when published.

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

Indicators within this domain are not relevant to City Hospitals.

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

Patient reported outcome measures (PROMS)

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

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

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

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

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

*Reporting period covering April 15-Dec 15 (Published 12 May 2016)

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

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

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

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

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

Emergency readmissions to hospital within 28 days of discharge

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

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

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

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

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

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

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

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

Domain 4: Ensuring that people have a positive patient experience

Responsiveness to patients' personal needs

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

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

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

Data source - National Adult Inpatient Survey 2015 (Care Quality Commission)
* In 2014/15 responses were converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response.
** The Care Quality Commission has confirmed that the publication date for the 2015 Inpatient Survey will be 8th June 2016.

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

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

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

- demonstrating through changes in practice and our delivery of services that we have listened and acted on the patient feedback we receive. The result of this national survey will be used alongside our programme of

local patient experience surveys, including Friends & Family and the Real Time Feedback to identify areas for improvements;

- sharing results of local patient feedback with existing groups, such as the Nutrition Steering Group, and the Falls Management Group and staff working in wards and departments to enable them to reflect and then act on the feedback; and
- inviting clinical teams to share with the Patient, Carer and Public Experience Committee how they intend to raise standards and the quality of services they are responsible for.

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

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

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

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

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

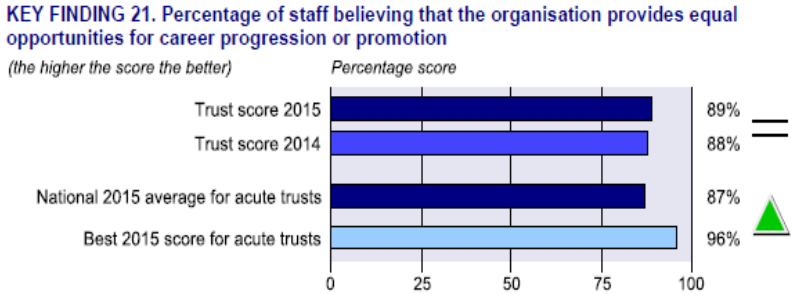
- the data published by the Information Centre is consistent with the staff survey results received by the Trust for the 2015 staff survey. The data has been sourced from the Health & Social Care Information Centre and compared to published survey results.

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

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

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

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



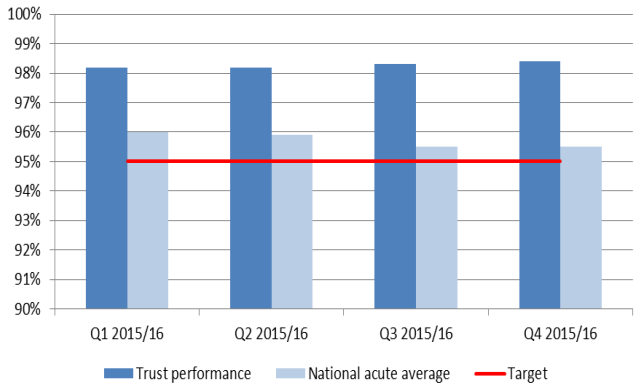
The Trust will be producing an action plan in response to the NHS Staff Survey and updates for staff will be available on the Trust Intranet.

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

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

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

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



Reporting period	Trust	National Average	National Acute Range
Q4 2015/16	98.41%	95.5%	78% -100%
Q3 2015/16	98.3%	95.5%	61.5% - 100%
Q2 2015/16	98.2%	95.9%	75% – 100%
Q1 2015/16	98.2%	96%	86.1% - 100%

2013/14 (95.35%)	2014/15 (97.61%)

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

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

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

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

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

ii) Rate of *Clostridium difficile* infection

Clostridium difficile is a bacterium (bug) that can be found in the bowel. It is found in healthy people and those who are unwell. About 3% of the population carries *Clostridium difficile* in their bowel without causing harm. There are millions of normal bacteria that live in the bowel which help keep *Clostridium difficile* under control. *Clostridium difficile* can become harmful when found in large numbers. When there is an imbalance of the normal bacteria of the

bowel, *Clostridium difficile* may become present in large numbers. When this happens it produces toxins (like a poison) that affects the lining of the bowel and gives rise to symptoms such as mild to severe diarrhoea.

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

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

Source – Health & Social Care Information Centre

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

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

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

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

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

All Trusts have a responsibility to ensure that there are measures put in place to report and learn from incidents and near misses. The table below shows the comparative reporting rate, per 1,000 bed days, for acute (non-specialist) NHS organisations for the most recent data period (April 15 – Sept 2016 released on the 19th April 2016). The reporting rate is better than the national average (higher value is better) and places the Trust in the top 25% of reporters. Organisations that report more incidents usually have a better and more effective safety culture.

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

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

Incidents reported by degree of		City Hospitals	National average	Highest national	Lowest national
1 April 2015 – 30 Sept 2015	Severe Harm	9 (0.1%)	0.4%	2.9%	0.0%
	Death	3 (0%)	0.1%	0.7%	0.0%
1 Oct 2014 – 31 March 2015	Severe Harm	4 (0%)	0.4%	5.2%	0.0%
	Death	0 (0%)	0.1%	1.1%	0.0%
1 April 2014 – 30 September 2014	Severe Harm	10 (0.25%)	0.4%	2.3%	0.0%
	Death	1 (0.0%)	0.1%	0.8%	0.0%
1 Oct 2013 – 31 March 2014	Severe Harm	14 (0.23%)	0.5%	2.97%	0.01%
	Death	3 (0.05%)	0.1%	0.31%	0.0%

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

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

- the Trust actively promotes the reporting of patient safety incidents. The Trust views a higher than average rate of incident reporting as a positive indicator of a good patient safety culture. The lower than national

average percentage of patient safety incidents resulting in severe harm or death demonstrates that the patient safety and risk management processes in place in the Trust are effective.

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

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

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

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

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

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

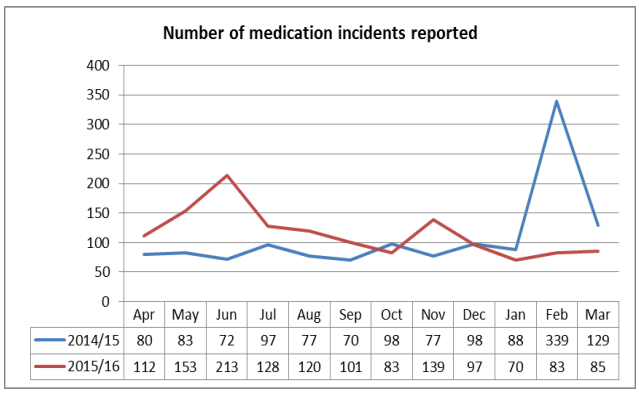
3.1 Indicators for Improvement

Indicators for improvement	**Focusing on Patient Safety**

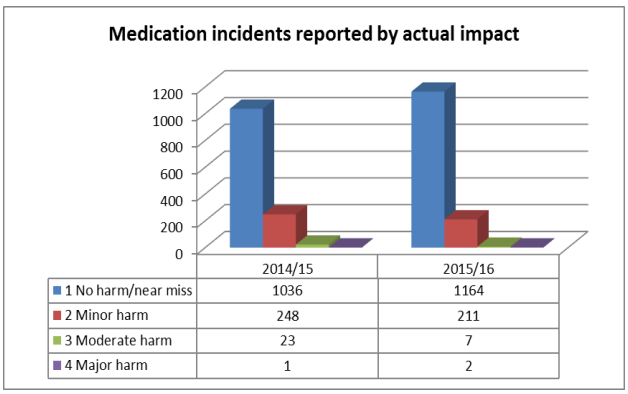
1 **Reduce the number of medication errors that could potentially harm patients**
2 **Reduce the incidence of hospital acquired pressure ulcers**
3 **Reduce patients falls that cause serious injury**

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

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	80	83	72	97	77	70	98	77	98	88	339	129
2015/16	112	153	213	128	120	101	83	139	97	70	83	85



	2014/15	2015/16
1 No harm/near miss	1036	1164
2 Minor harm	248	211
3 Moderate harm	23	7
4 Major harm	1	2

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

2 Reduce the incidence of hospital acquired pressure ulcers

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

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

Hospital Acquired Pressure Ulcers (Incidence)

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

Source – Open & Honest Data

Hospital Acquired Pressure Ulcers (Prevalence)

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

Source – Safety Thermometer Data

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

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

- revising the pressure ulcer risk assessment tool to aid the identification of patients who are at risk, enabling nursing staff to implement robust measures to prevent pressure damage;
- helping to increase the reporting of pressure ulcer incidents (via a prompt on the assessment tool) for staff to report patient harm;
- implementing a robust validation process to ensure accurate categorisation of the grading of the patient's pressure ulcer;
- involvement in the selection of our new in-patient beds to ensure that the mattresses optimise pressure relief for patients;
- consolidating the use of the **S**urface **S**kin **K**eep patients Moving **I**ncontinence/Moisture and **N**utrition/Hydration (**SSKIN**) bundle of care; and
- continuing to provide a rolling programme of staff education about tissue viability, patient skin assessment and pressure ulcer care and management.

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

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

3 Reduce patients falls that cause serious injury

Accidental falls are the most commonly reported patient safety incidents in NHS hospitals. More than 200,000 hospital falls are reported in English Trusts each year, though the actual figure is thought to be much higher. Falls can lead to injury including fractures and head injuries, impaired confidence, anxiety and poor rehabilitation, and are a frequent

factor in patients needing long-term care. However, there is evidence that the risk of falling in hospital can be reduced and that these often simple interventions can be missed.

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

Falls with Harm (Incidence)

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

Source – Open & Honest Data

Falls with Harm (Prevalence)

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

Source – Safety Thermometer Data

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

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

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

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

Sister Allison Henderson providing in-ward training to a healthcare assistant.

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

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

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

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

Other Information - Sign Up to Safety Campaign

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

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

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

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

Duty of Candour

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

- the patient, carer or family must be told in person that a safety incident has happened and an apology given;
- the hospital must provide all the details of the incident as they are known at that time;
- the hospital must advise the patient/family/carer what further enquiries are going to be made and all of the above should be confirmed in writing;

- subject to the patient's/family/carer's wishes, a written summary of the findings and actions must be sent at the conclusion of the enquiries along with a written apology; and
- throughout the process the hospital must ensure that the patient/family/carer is appropriately supported.

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

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

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

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

Never Events

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

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

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

Source – Strategic Executive Information System

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

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

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

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

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

Indicators for improvement	**Focusing on Clinical Effectiveness**

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

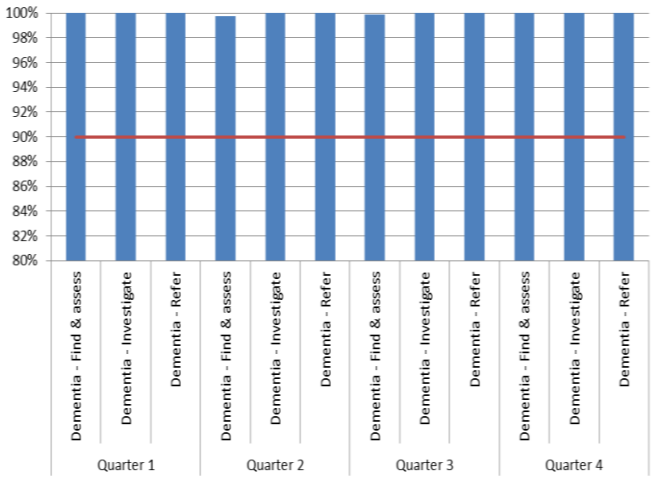
2 **Improve the care of the deteriorating patient: sepsis screening and improved fluid documentation**

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

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

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

	Description	Performance	Target
Q 1	Dementia - Find & assess	100%	90.0%
	Dementia - Investigate	100%	90.0%
	Dementia - Refer	100%	90.0%
Q 2	Dementia - Find & assess	99.75%	90.0%
	Dementia - Investigate	100%	90.0%
	Dementia - Refer	100%	90.0%
Q 3	Dementia - Find & assess	99.9%	90.0%
	Dementia - Investigate	100%	90.0%
	Dementia - Refer	100%	90.0%
Q 4	Dementia - Find & assess	100%	90.0%
	Dementia - Investigate	100%	90.0%
	Dementia - Refer	100%	90.0%



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

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

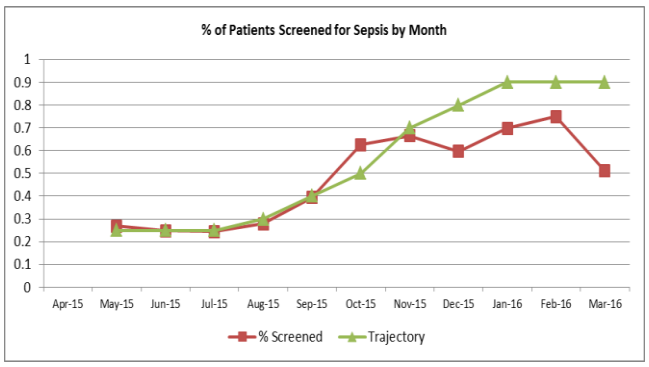
Our ability to recognise, react and treat patients whose condition suddenly deteriorates is a key patient safety priority for us. Patients who come into hospital want to feel safe and cared for and comforted in the knowledge that they are in the best place for prompt and effective treatment if they do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

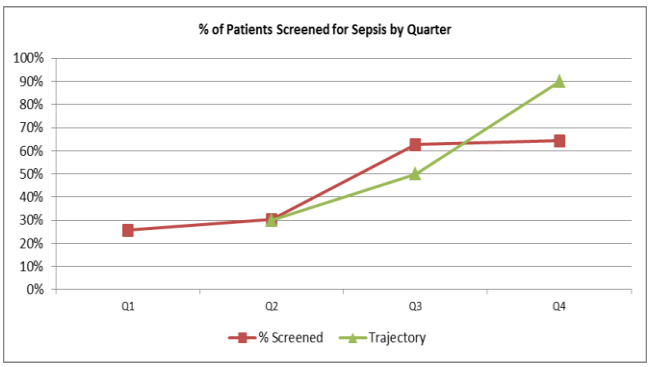
a) Sepsis Screening

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

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

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





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

b) Fluid documentation (fluid balance chart)

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

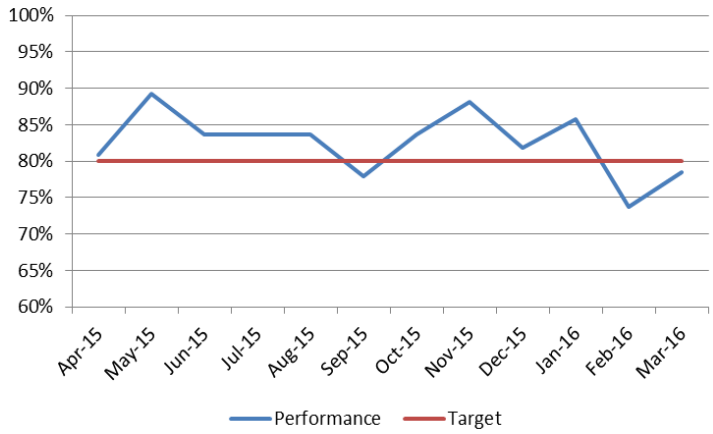
The latest audit results from January 2016 are highlighted below and show the direction of change to the previous audit from June 2015;

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

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

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

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



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

Other Information - Clinical Outcomes (Surgeon-level data)

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

Specialty clinical audit or registry	Outcome 2015/16
Bariatric Surgery Register (Surgery concerning the causes, prevention and treatment of obesity)	As expected
Adult Coronary Interventions (Treatment of heart disease with minimally invasive catheter based treatments)	As expected
National Joint Registry (Joint replacement surgery for conditions affecting the musculoskeletal system)	As expected

British Association of Endocrine and Thyroid Surgeons National Audit (Surgery on the endocrine glands to achieve a hormonal or anti-hormonal effect in the body)	As expected
British Association of Urological Surgeons Cancer Registry (Surgery relating to the urinary tracts)	As expected
National Vascular Registry (Surgery relating to the circulatory system)	As expected
National Bowel Cancer Audit Programme (Surgery relating to the last part of the digestive system)	As expected
National Head and Neck Cancer Audit (Surgery concerning the treatment of head and neck cancer)	Data not published yet

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

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

Reducing Healthcare Associated Infection

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

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

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

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

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

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

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

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

Key areas for further improvement next year include:

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

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

Indicators for improvement

Focusing on Patient Experience

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

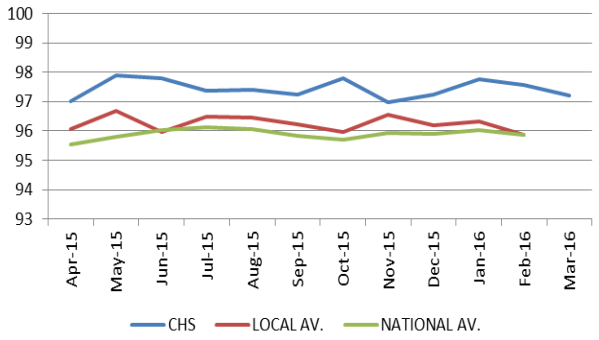
1 Extend the rollout of the Friends & Family Test and achieve the highest score in the North East

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

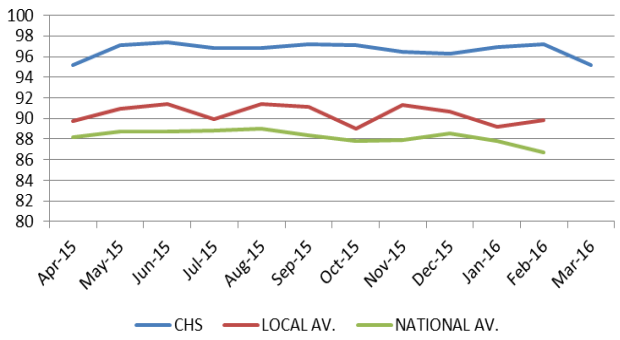
The FFT now includes all our in-patient wards, including children and maternity, out patients, day cases and our GP Practice, Church View Medical Practice.

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

Friends & Family Test - Inpatient score

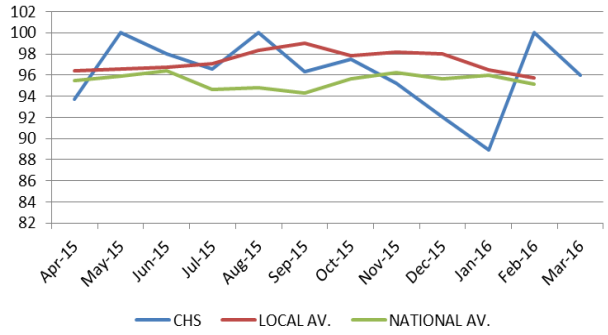


Friends & Family Test – Emergency Department score

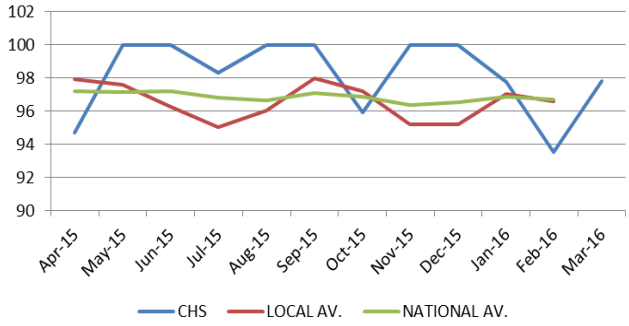


The Maternity Friends and Family Test also shows an encouraging set of results concerning women and their experiences at various stages of their pregnancy. The results for City Hospitals and comparison against national and local averages are shown below:

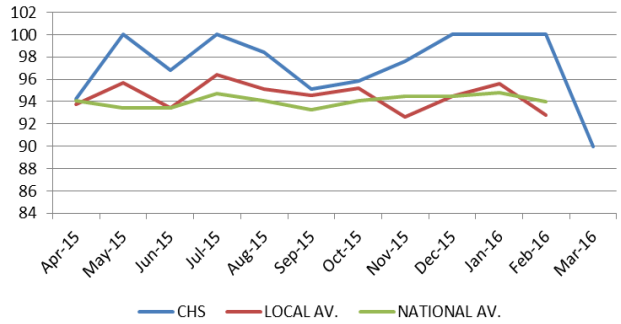
Maternity Q1 – Antenatal Services



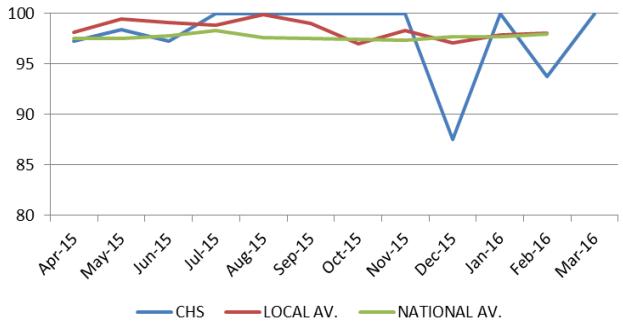
Maternity Q2 – Labour Ward



Maternity Q3 – Postnatal ward



Maternity Q4 – Postnatal Community Services

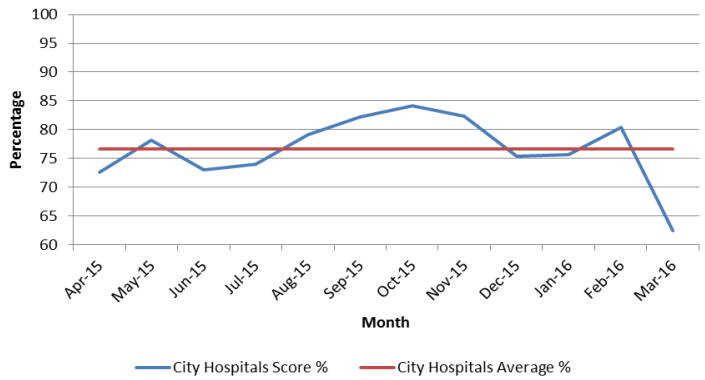


Patients are also given the opportunity to provide additional comments. These are sent to the relevant ward managers to share with staff and where appropriate action is taken for improvement. The majority of comments are overwhelmingly positive with only a small number negative but some of these do include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

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

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

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



Source – internal Real Time Feedback 2015/16

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

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

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

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

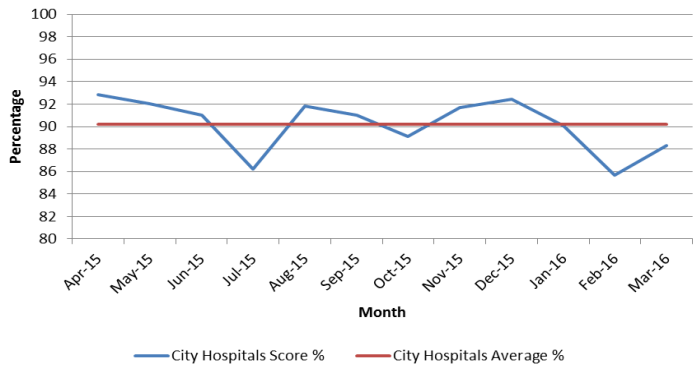
In March 2016, we were participants in the international patient safety campaign promoting nutrition and hydration to optimise healthcare. We held a range of activities including a clinical pecha-kucha (rapid presentation format) which included slides about:

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

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

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

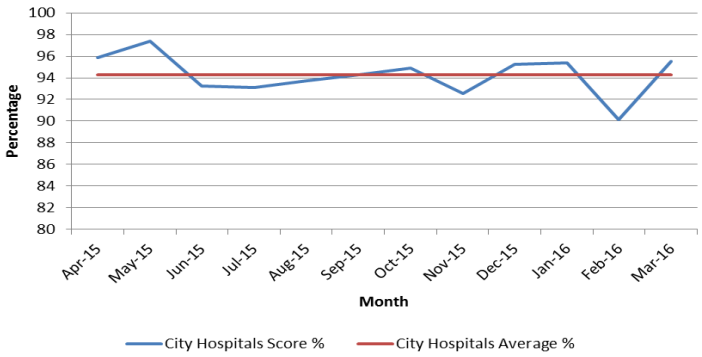
Question in the national inpatient survey	Score 2012	Score 2013	Score 2014	Score 2015
Were you involved as much as you wanted to be in decisions about your care and treatment?	7.2	7.0	7.5	7.4



Source – internal Real Time Feedback 2015/16

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

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



Source – internal Real Time Feedback 2015/16

The experience of pain is often complex and poorly understood. It is subjective and can sometimes be challenging for patients and healthcare staff to assess and manage effectively.

The recent introduction of comfort rounds in the Trust has probably made the biggest contribution to patient perception in this area as highlighted in last year's survey results.

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

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

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

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

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

Other Information - National Patient Surveys

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

National Inpatient Survey 2015

The annual survey of adult inpatients asks people to give their opinions on the care they received whilst in hospital, including information provided by staff, whether they were given enough privacy, the cleanliness of their wards, and

their discharge arrangements. The Trust is awaiting the publication of the 2015 results from the Care Quality Commission.

National children's inpatient and day case survey 2014

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

City Hospitals Sunderland NHS Foundation Trust

Why we ran the survey

The Care Quality Commission (CQC) makes sure that hospitals, like this one, give patients good care. We do this through inspections, but we also use information from patients like you. We listen to patients about the time they spent in hospital so we know about the good things and the things that could be better.

This hospital will use this information to improve the care that it gives to patients.

You'll see we use the name 'hospital trust' as this is the name for organisations that run hospitals where patients receive care.

Who filled out the survey?

The survey was sent to over 22,000 children and young people (aged 8-15) who went to hospitals in England in August 2014. In this report you'll see how many young patients from this hospital trust told us about the care they received.

The results

We looked at information from all of the completed surveys and gave each hospital trust a score for each question.

We compared the scores against those from other hospital trusts so you can see if this hospital is better, or not as good as many other hospitals.*

If a trust didn't do as well as many other trusts, this means their results are lower than we would expect for that question. We have asked hospital trusts to tell patients about the work they are doing to improve in these areas.

Would you like to see more information?

You can find out more here:

www.cqc.org.uk/yoursurvey

*We've explained how we compared the scores on our children's survey webpage.

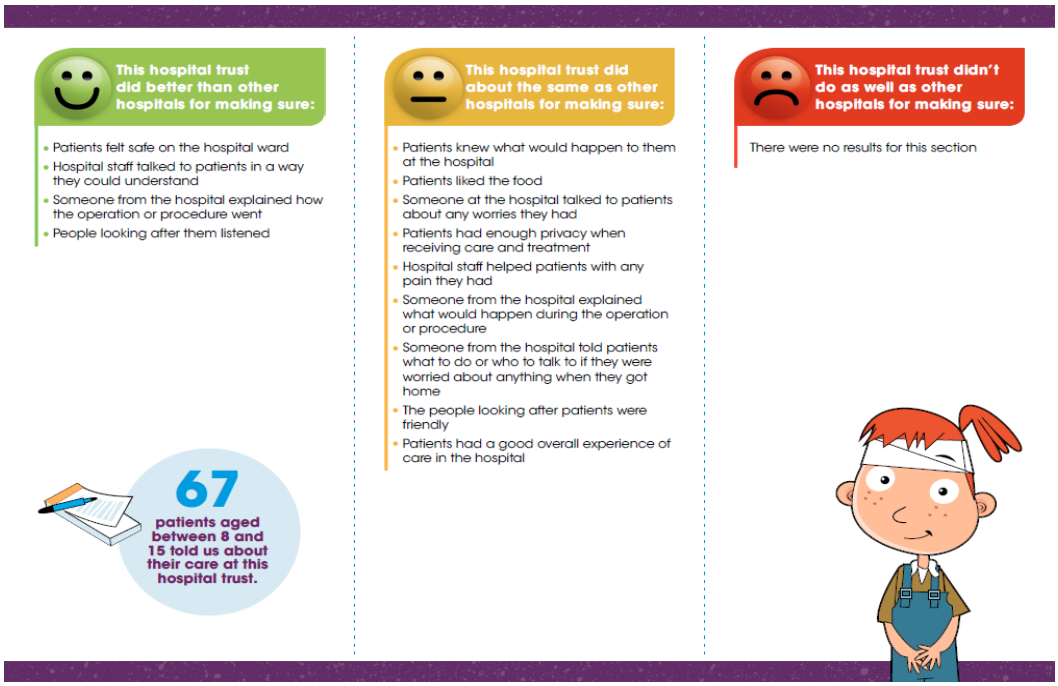
CareQuality Commission

picker Institute Europe

THE CHILDREN & YOUNG PEOPLE'S SURVEY 2014

City Hospitals Sunderland NHS Foundation Trust

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



This hospital trust did better than other hospitals for making sure:

- Patients felt safe on the hospital ward
- Hospital staff talked to patients in a way they could understand
- Someone from the hospital explained how the operation or procedure went
- People looking after them listened

This hospital trust did about the same as other hospitals for making sure:

- Patients knew what would happen to them at the hospital
- Patients liked the food
- Someone at the hospital talked to patients about any worries they had
- Patients had enough privacy when receiving care and treatment
- Hospital staff helped patients with any pain they had
- Someone from the hospital explained what would happen during the operation or procedure
- Someone from the hospital told patients what to do or who to talk to if they were worried about anything when they got home
- The people looking after patients were friendly
- Patients had a good overall experience of care in the hospital

This hospital trust didn't do as well as other hospitals for making sure:

There were no results for this section

67 patients aged between 8 and 15 told us about their care at this hospital trust.

National Survey of Women's Experiences of Maternity Services 2015

During 2015 we took part in the 4th national survey of women's experiences of maternity services. The survey involved 133 NHS acute Trusts in England and responses were received from more than 20,000 women, a response rate of 41% (for City Hospitals this was 42%). The women surveyed are asked questions surrounding the quality of care and information they received, ease of access to midwives plus personal choices such type of birth, place of birth and

overall wellbeing. The Trust received three benchmark reports covering the full maternity pathway, including antenatal care, labour and birth and postnatal care. Across the maternity pathway, there were 50 questions which measured experience from the perspective of women. Over three quarters (78%) of the questions were rated as 'about the same' as other Trusts who took part in the survey. A further fifth (20%) of the questions were rated 'better' than other Units and only one question (2%) rated as 'worse'. This was related to women's choice about where they could receive their antenatal check-ups.

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

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

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

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

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

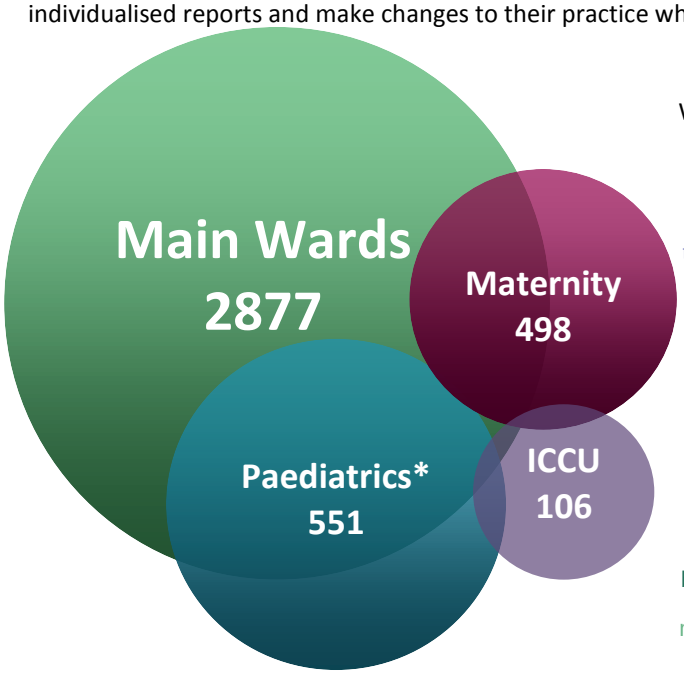
National cancer patient experience survey 2015

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

Real Time Feedback

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

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



Word cloud – What was good about your care?

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

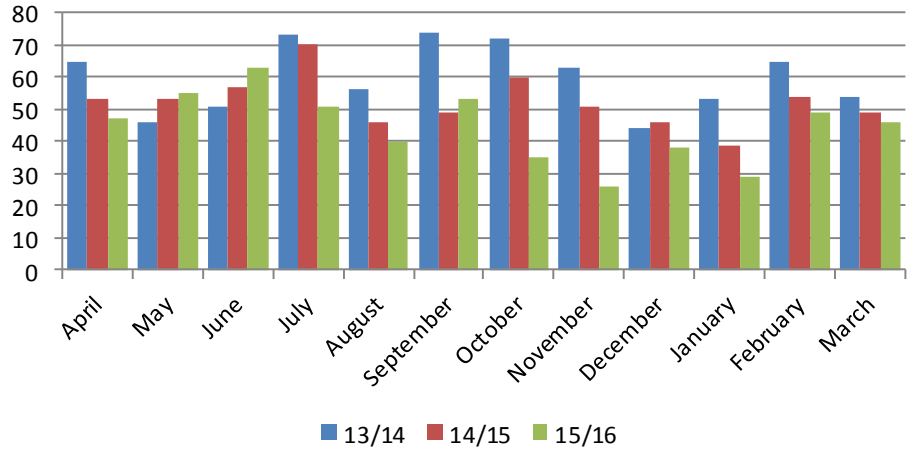
We also ask patients to add any free-text comments to their questionnaire and these are also shared with wards in their respective reports. We use this qualitative data to create "word or tag clouds" which are commonly used in visual design and infographics. The importance of each word is shown with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

Listening to patients – learning from their complaints

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

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

Comparison of complaints activity 2013/14 to 2015/16



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

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

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

Help and Advice Service

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

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

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

During 2015/16 there were 1775 contacts (informal concerns) with the Help and Advice Service and 2,043 compliments received.

Carers

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

confused with that of "care worker" who is a paid employee usually, but not always, employed through the local authority or a private company.

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

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

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

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

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

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

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

Volunteers

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

City Hospitals Sunderland actively encourages local people to volunteer their time and talents for the benefit of our patients, staff and visitors. We currently have 42 Trust volunteers along with 28 Macmillan cancer services volunteers. Some of the roles undertaken by our current hospital-based volunteers include; helping vulnerable and frail patients on wards, collecting patient feedback, acting as 'hospital navigators' to make sure visitors can get to the right place in time and supporting the work within the Help and Advice Service.

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

Community Panel

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

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

- monthly collection of real time feedback information from patients;
- development and pilot of a survey to support and evaluate the Trust 7 day working programme;
- a member of the Community Panel sits on the Trust Nutrition Steering group, and is regularly requested to undertake work on behalf of that group including meal monitoring/observations;
- members have supported the development of reminiscence materials which are used in caring for patients with dementia in the Alexandra Suite;
- members were involved in the development of the Trust-wide action plan to deliver the recommendations of the Savile Inquiry;
- undertaken a repeat wristband survey of 451 in-patients to identify if they were wearing a wrist band and if the information included in the wrist band was complete and legible;
- carried out a preferred name audit to assess whether patients were being addressed by their preferred name and if they knew who their named nurse was;
- five members of the Community Panel took part in the annual PLACE inspection teams ensuring that the process was objective, fair and accurate;
- one member of the Community Panel is trained in Human Rights and has supported the Trust Equality and Diversity Manager in a range of activities;
- one of the Panel members has been part of the regional multi-agency THINKsafe patient safety initiative since its inception. The role has involved helping define the scope of the project, developing evaluation criteria and THINKsafe materials and marketing the project, including giving a presentation at a launch event. The initiative was also shortlisted for a national patient experience award and the Panel member in question represented the project team at an awards ceremony in London;
- a three day regional Patient Leadership development programme was commissioned by NHS England to provide patients with a greater knowledge of what it means to be a patient leader and how this role could be shaped within local communities and NHS services. A member of the Community Panel attended the first programme which included an introduction to key skills, knowledge and qualities required to engage with and influence change and decision making at a local or regional level;
- ongoing active contributors to a number of Trust working groups and committees and reporting back to Community Panel meetings.

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

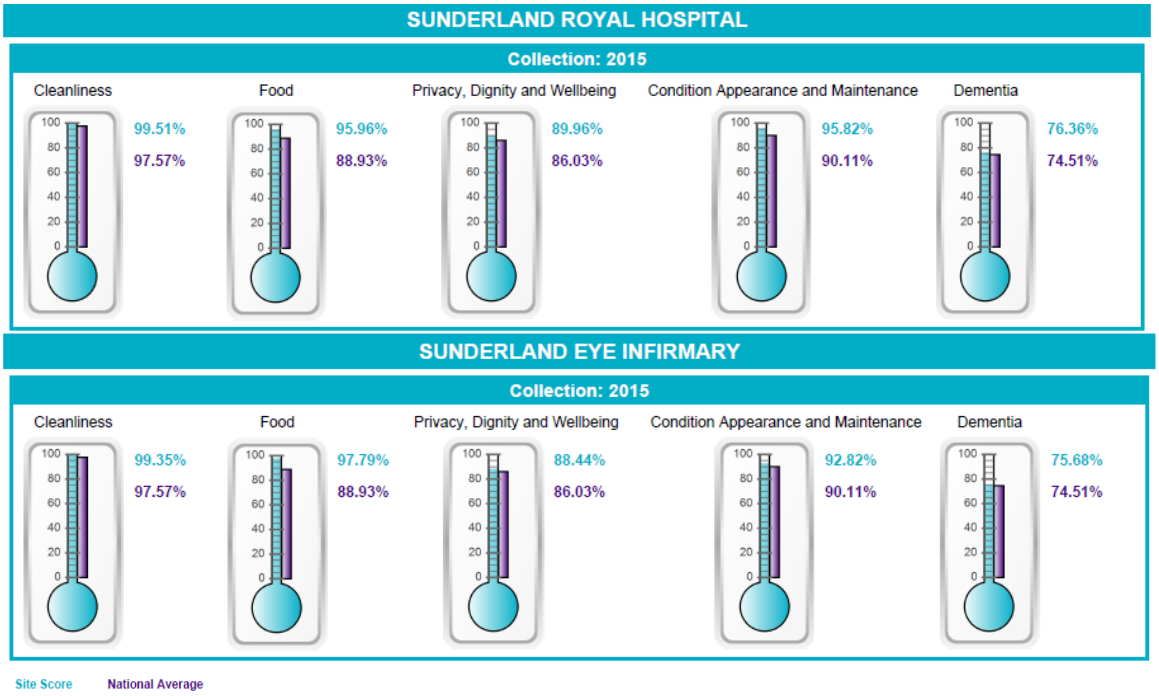
Patient-Led Assessment of the Care Environment (PLACE)

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

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

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

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



Source: Health and Social Care Information Centre

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

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

Improving quality using a *Lean* philosophy

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

Sustaining the Perfect Week

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

This essentially involved working with internal and external partners to:

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

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

Site Escalation Strategy	**City Wide**
• **Early intervention** • **Whole organisation commitment and visibility** • **Proactive challenge** • **External links at Silver**	• **Social work** • **Care homes** • **Access to IT systems** • **GP emergency referrals** • **City-wide escalation plan**

Internal Flow Issues	Further Scoping
• Communication channels	• Patient choice directive
• Incorporate learning into 7 Day Working	• Discharge processes and training
• Deliver SAFER bundles	• Audit of Monday discharges

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

Surgical Theatre SMART Week 9th -13th November 2015

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

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

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

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

New Endoscopy Unit

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

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

3D design mock up from the 3P event (Oct 2013)



Design drawings of new build & patient suites (2014)

Individual patient suites (March 2016)

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

Referral to First Outpatient Appointment

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

Part 3.2 Performance against key national priorities 2015/16

Performance against National Measures

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

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

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

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

Indicator	Last Year 2014/15	Target 2015/16	2015/16	Variance	Year
National Indicators					
Referral to Treatment waits % completed admitted adjusted pathways seen within 18 weeks[1, 2]	88.43%	N/A	83.20%	N/A	N/A
Referral to Treatment waits % completed non admitted pathways seen within 18 weeks[1]	98.33%	N/A	95.73%	N/A	N/A
Referral to Treatment waits % incomplete pathways waiting less than 18 weeks[1] (A)	93.90%	92%	93.82%	1.82%	●
Diagnostic Test waiting times[1]	0.28%	1%	0.80%	-0.20%	●
A&E: Maximum waiting time of four hours from arrival to admission/transfer/discharge (A)	92.11%	95%	93.57%	-1.43%	●
Ambulance Handover Delays % <30 minutes	94.47%	95%	96.77%	1.77%	●
Ambulance Handover Delays 30-60 minutes	814	0	405	405	●
Ambulance Handover Delays 60+ minutes	255	0	102	102	●
All Cancer Two Week Wait	94.84%	93%	94.41%	1.41%	●
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	98.07%	93%	100.00%	7.00%	●
All Cancer 62 day urgent referral to treatment wait	85.71%	85%	83.10%	-1.90%	●
62 day wait for first treatment following referral from an NHS Cancer Screening Service	83.87%	90%	82.61%	-7.39%	●
31 day standard for cancer diagnosis to first definitive treatment	98.05%	96%	98.48%	2.48%	●
31 day standard for subsequent cancer treatments - surgery	98.86%	94%	99.47%	5.47%	●
31 day standard for subsequent cancer treatments - anti cancer drug regimens	100.00%	98%	99.88%	1.88%	●
Cancelled operations not rescheduled within 28 days	14	0	13	13	●
HCAI - MRSA Bacteraemia[3]	3	0	3	3	●

Indicator	Last Year 2014/15	Target 2015/16	2015/16	Variance	Year
HCAI - Clostridium Difficile[3]	34	<=34	30	-4	●
VTE risk assessment for inpatient admissions	97.50%	90%	98.26%	8.26%	●
Friends & Family Test - Inpatient response rate[4]	48.47%	30%	18.31%	-11.69%	●
Friends & Family Test - Inpatient % recommended	95.68%	N/A	97.45%	N/A	N/A
Friends & Family Test - A&E response rate[4]	18.82%	20%	16.42%	-3.58%	●
Friends & Family Test - A&E % recommended	95.56%	N/A	96.74%	N/A	N/A
NHS Safety Thermometer – harm free care	93.33%	95%	93.54%	-1.46%	●
Duty of Candour	84	N/A	138	N/A	N/A

Local Indicators					
Discharge letters issued in 24 hours[4]	66.20%	90%	82.02%	-7.98%	●
A&E attendance letters issued in 24 hours[4]	87.46%	90%	92.87%	2.87%	●
A&E time to initial assessment (median)[4]	12 mins	9 mins	8 mins	-1 mins	●
A&E time to initial assessment (95th percentile)	52 mins	15 mins	35 mins	20 mins	●
A&E time to treatment (median)	53 mins	60 mins	52 mins	-8 mins	●
A&E unplanned re-attendance rate	7.25%	5%	7.34%	2.34%	●
A&E left without being seen	1.61%	5%	1.94%	-3.06%	●

[1] Excludes non English commissioners as per NHS England published statistics

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

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

[4] Local target agreed with commissioners

Referral to treatment (RTT) pathways Ⓐ

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

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

A&E waiting times –total time in the A&E department Ⓐ

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

- The indicator is expressed as a percentage of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge;
- The indicator is calculated as the arithmetic average derived from the monthly performance as reported to the Department of Health between April 2015 to March 2016;
- The types of A&E services included are: type 1 A&E department (a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients), type 2 A&E department (a consultant led single specialty accident and emergency service with designated accommodation for the reception of patients) and type 3 A&E department (other types of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients, which can be doctor led or nurse led);
- The clock starts from the date and time that the patient arrives in A&E, or for ambulance arrivals, the arrival time is when hand over occurs or 15 minutes after the ambulance arrives at A&E, whichever is earlier; and
- The clock stops when the patient leaves the department on admission, transfer from the hospital or discharge.

Accident and Emergency (A&E)

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

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

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

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

Cancer Waiting Times

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

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

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

Carer Group in order to promote patient and carer involvement in the development of cancer services within the Trust.

Reducing Healthcare Associated Infections (HCAI's) – *Clostridium Difficile (C. diff)*

The Trust continues to reduce the incidence of hospital acquired *C. diff* infection and we were again below the trajectory set for the year, as well as achieving a further reduction from the previous year. We are heavily involved in local and regional HCAI prevention groups, which facilitate sharing of best practice and support our efforts to minimise the risk of infection for our patients. The Trust has been set a trajectory of 34 cases for 2016/17.

Approach to measuring performance – what and how we measure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Date: 20th May 2016

Statement from Sunderland Scrutiny Committee

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

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

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

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

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

Date: 20th May 2016

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 2015/16 and supporting guidance;

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    - board minutes and papers for the period April 2015 to March 2016;
    - papers relating to Quality reported to the Board over the period April 2015 to March 2016;
    - feedback from Sunderland Scrutiny Committee dated 20th May 2016;
    - feedback from the commissioners dated 20th May 2016;
    - feedback from governors dated 24th March 2016;
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009,24th May 2016;
    - 2014 national patient survey dated 21st May 2015;
    - 2015 national staff survey dated 22nd March 2016;
    - the head of internal audit's annual opinion over the trust's control environment dated 24th May 2016; and
    - CQC intelligent monitoring reports dated 29th May 2015.

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;

- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations published at *www.monitor.gov.uk/annualreportingmanual*) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

..............................Date..Chairman

..............................Date..Chief Executive

How you can provide feedback on our Quality Report

Production of the Quality Report

We are very grateful to all those who have contributed to the production of this year's Quality Report 2015/16. The Trust welcomes any comments you have about the current Quality Report but also asks you to help shape next year's Quality Report by sharing your views and contacting Corporate Affairs via;

Carol Harries
Director of Corporate Affairs
City Hospitals Sunderland NHS Foundation Trust
Sunderland Royal Hospital
Trust Headquarters
Sunderland

Availability of the Quality Report

If you require this Quality Report in Braille, large print, audiotape, CD or translation into another language, please request one of these versions by telephoning 0191 5656 256 Ext: 49110

Additional copies can also be downloaded from the Trust website; **www.chsft.nhs.uk.**