CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

TUESDAY 1 AUGUST 2017 - 10:00AM
BOARD ROOM, SUNDERLAND EYE INFIRMARY

AGENDA

Item 1	Declaration of Interest		
Item 2	Minutes of the meeting held on Tuesday, 6 June 2017	Enc 1	KWB
	Matters Arising		
	Item 3 Emergency Department		KWB
	Item 4 Hospedia		CH
Item 3	Chief Executive's Update	Verbal	KWB
Item 4	Medical Education Update	Enc 2	Dr Julie Cox Deputy Director of Medical Education
Item 5	Safeguarding Adults Annual Report 2016/17	Enc 3	MJ
Item 6	Safeguarding Children's Annual Report 2016/17	Enc 4	MJ
Item 7	Performance Report	Enc 5	AK
Item 8	Quality Strategy	Enc 6	BB

Date and Time of Next Meeting

Tuesday, 31 October 2017, 2.00pm, Houghton Library, Houghton.

Enclosure 1

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held on 6 June 2017 at the Glebe Centre, Murton.

Present:
John Anderson (JNA) – Chair
Carol Harries (CH) - Trust Secretary
Susan Pinder (SP)
Jackie Burlison (JB)
Lindsey Downey (LD)
Ruth Richardson (RR)
Pauline Taylor (PT)
Shahid Junejo (SJ)
Michael McNulty (MMcN)
Margaret Dobson (MD)
Sue Cooper (SC)
Kay Hodgson (KH)
Gillian Pringle (GP)
Liz Highmore (LH)
Danny Cassidy (DC)

Apologies:
Chris Colley (CC)
John Dean (JD)
Tom Harris (TH)

In Attendance:
Ken Bremner (KWB)
Alan Wright (AW)
Melanie Johnson (MJ)
Alison King (AK)
Laura Bond (LB)
Jan Armstrong (JA)
Julia Pattison (JP)

Item 1 **Declaration of Interest**

None

Item 2 **Minutes of the Meeting held on 21 March 2017**

Accepted as a correct record.

Item 3 **Matters Arising**

Emergency Department – KWB advised that as a consequence of the cyber incident affecting the NHS the opening of the new adult ED had been deferred from 18 May until 8 June 2017. KWB stated that IT installation work had

been unable to be completed because of the cyber issues and the ED team had asked that the opening be delayed until after the half term holidays when more staff would be available to support the opening. KWB advised that there was hoped to be an official opening which would not be until the autumn at the earliest when any teething problems had hopefully all been resolved.

Consultation – Clinical Service Reviews – KWB reminded Governors that the consultation process had been deferred until after the Purdah timeline and the intention was to formally start the process on 5 July 2017. The consultation period would be extended to cover the holiday period and not conclude until 15 October 2017.

Cyber Attack – KWB informed Governors that on the afternoon of 12 May 2917 the NHS had declared a national major incident following a number of NHS organisations having been infected by "Wannacry". KWB stated that the Trust had not at any point been infected but clearly over that weekend it had been affected. KWB advised that the Trust's command and control system had been established by himself and at 5.00pm on 12 May a decision was taken to disconnect CHS from external links/agencies to mitigate the risk of infection. This approach was subsequently followed by others and NHSE/Digital confirmed this requirement later that evening.

KWB stated that the IT team, with the support of many other Trust staff had worked around the clock introducing updated antivirus software released by companies to detect and stop the virus running locally and verifying that software patched across the entire IT estate was in place to contain and prevent anything from spreading.

A decision was also made to take down Meditech (hospital patient information system) and Agfa PACS (radiology reporting system) from 10.00pm on 12 May to allow patching – the organisation responded really well during this process. Over the weekend Meditech was available from 08.00am on the Saturday morning and internal email access was available but no outgoing or incoming emails.

Internet access was suspended along with access to external applications and on this basis everything was controlled/communicated with no significant concerns from end users.

McAfee had released new anti-virus software and over the weekend we endeavoured to turn on as many of the Trust's 3,500 PCs in order that the software update could be performed. The Trust also has approximately 350 servers of which 200 were confirmed straight away with no problems. 150 required review, with 100 of those requiring patching activities over the

weekend. By Sunday evening all were patched and older infrastructure which could not be patched was taken off the network.

A decision was made on the Sunday evening to turn off all email both internal and external and file shares (access to documents on the network) to allow review by IT on the Monday morning.

Region wide advice over the weekend was entirely consistent with CHS plans/intentions. From Tuesday 16 May systems were gradually re-enabled and by Monday 22 May everything was back up and running with no problems.

KWB advised that throughout the weekend and the following week command and control systems had remained in place both locally and nationally and for us silver control had operated across both CHS and STFT.

SP queried the impact on general practice and whether we were certain that all the letters that should have gone out had indeed been sent etc. KWB replied that as part of our business continuity plans staff had an audit trail of everything that had been issued. CH confirmed that no concerns had been raised by GP practices. KWB commented that we cannot give 100% as there may have been something that was missed. GP stated that she worked at NECS who had a responsibility to ensure GP practices were communicated with and they had invoked their business continuity arrangements and they too look at their audit trail of anything that was missed.

The Chairman asked KWB to explain the detail behind XP systems. KWB replied that there were eight machines with XP across three departments and all were connected to medical devices. Unfortunately often suppliers do not allow you to patch their systems as to do so would negate the guarantee warranty or device certification. KWB confirmed that if there were any concerns then these systems were disconnected from the network. KWB commented that for us we had limited exposure to XP but it was important to keep up to date. Northumbria Trust however, had a significant number of machines that had XP systems.

KWB advised that there were to be a number of de-brief sessions both locally, regionally and nationally and clearly there were a number of lessons to be learnt from the event.

STP Update – KWB informed Governors that nationally there had been little regard for governance systems within Foundation Trusts in relation to STPs and also local authorities had not been involved in the process. As a result of the election and Purdah everything had stagnated and it would be interesting to

see what happened following the results of the election. KWB explained that for CHS and STFT our involvement was the clinical service review process and that was still progressing. NHS England had developed a strange creation and there was a view emerging of an artificial construct in the North East as the issues affect us all and we should be looking as a North East patch as we cannot look at issues in isolation.

MMcN also queried whether the STF finances were due this month. KWB replied that they were but were all delayed as was any Global Digital Exemplar funding.

Item 4 **Quality Risk and Assurance Report**

MJ presented the report which provided assurance to Governors on key regulatory, quality and safety standards that the Trust was expected to maintain compliance with and/or improve.

MJ advised that the number of PUs per 1,000 bed days had decreased from 1.81 in February to 1.41 in March and that the end of year position to March 2017 had surpassed the improvement target set. MJ stated that this reflected a lot of work undertaken by wards and the pressure ulcer team. More work was required however, to better understand hospital/community acquired PUs to try and prevent them on admission and also to prevent those in existence from becoming any worse.

MJ highlighted the nursing workforce and in particular that the fill rate for SRH was 91% and for SEI it was 97%. MJ stated that in March there were 15 wards with RN fill rates less than 80%, the majority of these being in the Division of Medicine which also had the highest number of vacancies. NHS Professionals continued to support wards to mitigate shortfalls and in January overtime rates had been re-introduced to try and mitigate gaps in any service provision. MJ informed Governors that at the end of March there were 67.20wte RN vacancies, which did not include 38.56wte currently undergoing pre-employment checks. MJ stated that this was an improving position as the situation in January had been 90+ vacancies.

RR commented that page 10 identified an overseas recruitment campaign and asked where that was going to be. MJ replied that it was to the Philippines again as they had a long history of over training nurses and there was now a strong Filipino community in Sunderland.

MJ stated that of the nurses previously recruited from the Philippines a number were waiting to complete their Objective Structured Clinical Exam. MD queried as to why we could not test staff in the Philippines rather than waiting until they arrived

over here. MJ replied that it was linked to the Nursing and Midwifery Council and therefore we had no choice. MJ commented that we had done well in relation to overseas recruitment in relation to other organisations.

MD also queried the situation in relation to student nurses. MJ replied that we had done very well but unfortunately they apply to more than one place and wait until the last moment to advise where they are going, or only want to work on a particular ward or area which often is not where we have the greatest need.

MD also queried the Sunderland University course. MJ replied that we were just in year two and the university also hoped to significantly increase the intake this year to train more nurses who would hopefully stay in Sunderland.

MJ also highlighted the number of assurance visits that were undertaken and in particular a recent audit which had continued to identify issues with drug security in clinical areas. RR queried what action was being taken and how was compliance checked etc. MJ explained that this issue was part of the formal Trust assurance programme and it was a very unsatisfactory position. The rules regarding drug security had never changed in thirty years and there were a number of areas where there were no mitigating reasons for it happening . MJ stated that any actions requiring to be undertaken would be done immediately and there would be a further re-audit. RR queried whether any drugs had been missed. MJ confirmed that no drugs had been missed and a task and finish group was being established by the Deputy Director of Nursing and discussions had taken place with both Matrons and Ward Managers, and the audit results had also been sent to the directorate teams for information and responses.

SC commented on the patient story and in particular the cost of Hospedia for any patient who was in hospital for a long time. MJ advised that one of our Hotel Services Managers was currently in discussion with Hospedia about a possible new package to be available which would reduce costs to less than £2 per day.

MMcN commented that there was no data within the report on waiting times and in particular the recent announcement about the 18 week rule and some CCGs had taken action already by the denunciation of some procedures. MMcN queried whether our CCG had made any decisions on this as yet. KWB replied that there had been no discussion as yet but the NHS Constitution gives patients rights and the 18 week rule is part of that so there was really a dilemma as to how this would be progressed.

Resolved: To note the report.

Item 5 **Patient Experience Survey**

MJ presented the report which provided Governors with an update on progress and performance with the new Patient Experience survey. MJ explained that the format combined selected questions from the local real time feedback questionnaire with the mandated Friends and Family test question. Surveys are offered to all discharged patients which will potentially give a large increase in patient experience intelligence available to the Trust.

PT queried whether there were any steps to roll it out to other areas. MJ replied that there was but for ICCU patients they would only complete when they moved onto other wards. MJ informed Governors that 2463 completed questionnaires had been received from 25 participating wards over a 3 month period which was a significant increase.

The main negative highlights were questions relating to hospital food, access to a call bell and telling patients who to contact if they were worried about their condition after discharge.

SP commented that some wards did not perform very well and in particular ward E54. MJ replied that E54 was an extremely busy ward and had been challenged over the winter period experiencing a number of staff vacancies. Over the winter period the annexe had also been open, which caused additional pressure. The ward also experienced a high death rate but that was expected given the nature of the patients.

MJ advised that we were beginning to see improvements on the ward as staffing levels improved.

SP commented that when comments are made that the day staff "were fabulous" generally implied that the night staff were not. SP also stated that having read the comments relating to the Eye Infirmary it made her feel really proud of the service that was delivered.

MD queried page 3 where it stated "15% (358) of patients commented that everything was good about their stay" and in particular what was 15% of, if only 358 was good.

MH replied that she would seek some further information and the response would be included within the minutes.

"Everything" – although there were 2463 completed questionnaires for the quarter 3, not all patients complete the 'free text' question 'What was good about your care'. The word cloud analysis showed that 'everything' was a common descriptor found in those that did respond, i.e. 358/2463=15%.

The last time a similar analysis was reported (Q1 2016/17) it was 8% based on 47/597 before real time feedback and the friends and family test was merged. Prior to that it was 6%. The data within the report was therefore correct but not shown as clearly as it could have been.

The free text option and word cloud analysis does however, have its limitations. Patients may use multiple descriptions of how good their care is; the more they use the less impressive are the reported scores. If we limited options to say Excellent, Good, Poor or Very Poor, then patients would be "forced" to choose and the scores would, in all probability be more striking for the Excellent, Good options.

SJ commented that there was an error on page 11 and ward B21 was a Care of the Elderly ward (and cardiology sub-specialty). LD advised that Ward B28 was Haematology and Ward E53 was Endocrinology and not as identified.

Resolved: To accept the report.

Item 6 **Outpatient Scheduling Update**

Alison King (AK) and Laura Bond (LB) presented the update to Governors which outlined the improvements made to the scheduling of outpatient services over the last three years. AK advised that the programme was established in 2014 following feedback from patients and Governors around issues linked to our outpatient scheduling process such as duplicate appointment letters, cancellations and difficulty getting through on the telephone to the contact centre.

The objectives of the programme were to improve patient experience and satisfaction, to reduce wasted clinical capacity and to optimise the clinic appointment and follow up process. LB stated that a lot of work to date had been to focus on the implementation of clinic on the day ensuring the outpatient letter to the GP was produced on the day of clinic and if a follow up appointment was required in less than 6 weeks this was made with the patient before they left the hospital. LB stated that this had been achieved in most areas and some audit work was being undertaken to check compliance.

LB also advised that patients were not now booked for a follow up appointment if it was over 6 weeks and were placed on a waiting list until their appointment was scheduled. Letters regarding appointments were not sent until 5 weeks before an appointment therefore reducing multiple letters being sent to patients due to any cancellations. LB stated that there was still more work to do and also to look at options of communicating differently. Some work was being undertaken in the metabolic

unit and paediatrics as those areas covered a wide range of age ranges used to different communication methods.

The contact centre hours had been extended from 07.30am – 7.00pm and was also open on a Saturday morning – it was hoped to be able to extend the time to include Saturday afternoon as well. A web-based form had been introduced and approximately 500 patients/month were using this service to cancel and reschedule appointments. The service to remind patients about their appointment had also been extended and patients were receiving either a telephone call or a text message 7 days ahead of their appointment.

MD commented that both she on behalf of her husband and a friend had benefitted from the new service arrangements and the contact centre was to be complimented. AK replied that it was really encouraging to hear but unfortunately we did not get everything right all the time. LH commented that a more flexible system also helped those individuals with disabilities. LH also queried the timescales for further improvements. LB replied that we were currently piloting an email system in Radiology but the challenge was ensuring that we had the right email and the patient understood what was being asked of them. LH queried why the GP could not provide the email address. AK stated that this approach was relatively new. LB advised that Newcastle and Northumbria all outsourced their letters which was resource sensitive. LH replied that outsourcing was not a particularly good approach.

SJ commented that there were many ways of bringing patients in for appointments and the re-direction of referrals could be problematic. LB confirmed that this was something that could be looked at in more detail.

PT queried on page 3 whether the information regarding cancellations included those patients if they had been redirected to an alternative clinic. LB updated that the overall indicator included all cancellations but the local indicator only includes cancellations where there is no patient benefit. This therefore excludes any patients who are re-directed to a more appropriate clinic for their needs.

AK stated that cancellations and DNAs were core processes consistent across all areas. GP stated that she had received an appointment at SEI for a year later. LB stated that there had been a change of personnel at SEI and that issue was being addressed.

The Chairman queried why improving the scheduling processes within Therapy services was taking so long. LB replied that this was new staff doing new roles and they had only transferred in

October so there was a little more work to do to get it right. AK stated that she and LB would be happy to come back to Governors at a future date to update on the work in therapies. AK stated that whilst many improvements had been made there were still areas where further improvements could be made.

Resolved: To note the improvements made to the scheduling of outpatient services many of which have been acknowledged by other Trusts as best practice.

Item 7 **2016 NHS Staff Survey Results**

Jan Armstrong (JA) presented the report which summarised the Trust's results from the 2016 NHS Staff Survey. The Trust had used Quality Health as its survey contractor with all of our eligible staff being invited to take part compared to the last two years, when a random sample of 850 staff were chosen. The survey had been conducted online/via email and the overall response rate had increased from 31% in 2015 to 35%.

JA explained that overall the results had been fairly stable and positive although the response rate was still fairly disappointing as staff feel that they are "over-surveyed". JA stated that the main core survey was quite long with over 90 questions and possibly if there were fewer questions then there would be greater engagement.

JA advised that Kath Griffin had raised with the National Policy Board our concerns that staff had survey fatigue and the time from publication of the results to the launch of the next survey was really short to do any meaningful action.

The score for staff engagement was 3.81 with possible scores ranging from 1 to 5, with 1 indicating that staff were poorly engaged (with their work, team and organisation) and 5 being that staff were highly engaged.

JA stated that previously an action plan had been developed after the survey results were published and this year a new approach was being introduced to develop a staff engagement plan as part of a new OD strategy for STFT and CHSFT. The strategy would set out how the Trusts would develop over the next 3 years, including our commitment to staff, our undertaking to develop the Trusts as organisations of which we can all be proud and that staff want to be part of. A series of focus groups were being held to get views regarding communication/vision and values etc from 19 June – 6 July 2017 and were open to all staff. JA stated that it would be helpful to get as many staff governors to attend as possible.

MD commented on the results of KF26 – the % of staff experiencing harassment, bullying or abuse from staff in the last 12months and was really shocked that it should happen. MD was also concerned at KF23 – the % of staff experiencing physical violence from staff and in particular how staff were supported. JA replied that we did have Dignity at Work advisors to help and support staff and that on some occasions it became an issue of gross misconduct and a member of staff would be dismissed. JA stated that unfortunately some of the scores were very low and if the incidents were not reported through the system it became more difficult to address the issue.

JB stated that she had recently undertaken the Freedom to Speak up ambassador training which would enable her and others to be a point of contact and help for staff. JB also commented that if staff did not report an issue then it cannot be actioned. JB also advised that as a Directorate Manager she had not witnessed staff being violent to one another. KWB also stated that comments from the survey could not be attributed if incidents were not reported.

JA confirmed that if anything was reported then it would be investigated seriously and appropriate action taken. KWB stated that if it was a member of the public then they would be issued with a red card under our procedure of care system but with staff members it was more tricky.

JA stated it was important to try and create a culture where staff felt able to raise such issues.

RR queried that if one member of staff hit another member of staff, do you remove one of them and what percentage of staff in the last three months have been walked off the site for fighting. LD commented that in 9 years at the Trust she personally had never had to do it. SC commented that it was how you defined physical abuse and also about perception. JA replied that work was being undertaken to do a sense check and we would be using that in the focus groups.

KWB commented that interestingly the question relating to violence was one of our top 5 scores, but that should not however, undermine the issue.

MMcN stated that he had difficulty in interpreting the figures on page 7 relating to health and wellbeing targets i.e. a target of 76%. KWB replied that it related to the number of responses and why we were looking for improvement.

SP queried how many questions the survey included. JA replied it was 90 questions, once a year and three times a year with only two questions for the staff, friends and family test. SP

stated it was really an awful lot of questions for staff to complete. KWB commented that the important issue was the comparison – why are we different to elsewhere.

Resolved: To accept the report.

Item 8 **Financial Overview – 2016/17 Year End**

JP presented the report which updated Governors on the financial headlines for the year.

JP explained that our planned control total was £2,167m but the actual position was £932k, better than forecast by £3.1m. JP stated that the Trust had achieved all the conditions required for the STF allocation.

In Quarter 4, the Trust was informed that if we achieved the control total we had access to an STF 'incentive' payment which in effect meant we would receive a 'bonus' of £1.3m. GP queried whether STF funding was to continue year on year. JP replied that it was £10.6m in 2016/17, £9.2m in 2917/18 and £9.2m in 2018/19. The conditions attached to the STF was still 70% linked to achievement of the financial position and 30% linked to the achievement of performance targets.

MD queried whether the money could roll over. JP replied that it could not but it was cash in the bank. GP queried whether GDE monies were part of the position. JP stated that this was part of the new financial year.

DC queried whether the STF funding was a balance sheet adjustment. JP replied that they were accounting issues i.e. if it was stock it moved up and down and a gap = an adjustment. DC also sought clarification of miscellaneous benefits. JP replied that vacancies were higher, agency costs lower and clinical supplies were lower. DC also queried whether it would include income from car parking.
KWB replied all car parking income came to us and any parking charge notices went to Parking Eye.

JP stated that the financial positon had remained volatile to the end and a number of one-off benefits helped the position. Our good performance had resulted in access to STF incentive and bonus payments. JP commented that Q4 numbers had not yet been published so it was unclear as to how others had performed. However, ours was still an excellent position.

Resolved: To accept the update.

JOHN N ANDERSON QA CBE
Chairman

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

MEDICAL EDUCATION DEPARTMENT

COUNCIL OF GOVERNORS

AUGUST 2017

MEDICAL EDUCATION UPDATE

1 BACKGROUND

This is the quarterly Medical Education update presented to the Trust's Council of Governors by Dr Julie Cox, Deputy DME (Quality), on behalf of Mrs Catherine Emmerson, Director of Medical Education.

Within this report we will highlight in different sections:

- information we are being provided with
- evidence that we are able to provide to external bodies about our educational activities
- areas of notable practice
- issues and concerns and action plans

2 DEVELOPMENTS

2.1 Physicians Associates (PAs)

Three PA students commenced at the trust on 26 June 2017 for an initial 4 week clinical attachment. The students will return to the Trust in September to undertake the rest of their training

2.2 Guardian of Safe Working

The Medical and Dental Trainee Forum (MDTF), chaired by Lesley St Rose, CHS Guardian of Safe Working, took place on 12 July 2017. Minutes of the meeting are awaited.

3 UNDERGRADUATE EDUCATION

3.1 University of Sunderland – Possible Medical School

The University of Sunderland (UoS) has submitted a bid to the General Medical Council (GMC) to establish a medical school with the first cohort of students potentially commencing in September 2019. Meetings are currently being held to discuss options should the bid be successful.

3.2 Newcastle University Medical School Bachelor of Medicine & Bachelor of Surgery (MBBS) Curriculum Review

Progress continues around the development, planning and organisation of the new MBBS Curriculum. The new Year 1 will be launched on 25 September 2017.

3.3 Medical Schools Council (MSC) – Decision to implement a Medical Licensing Assessment (MLA)

Confirmation has been received that the MSC will support the GMC in its decision to implement a MLA with an emphasis on entry into the NHS and wishes to engage fully with the GMC in delivering this.

MSC also believes that much of the work of delivery to UK students should be done by the MSC, with GMC regulation.

3.4 Elective Students

The Newcastle elective students hosted by this year are:

Period 1 - 12th June – 7th July	11 NUMed students 1 home student
Period 2 - 10th July – 4th August	11 NUMed Students

4 POSTGRADUATE EDUCATION

4.1 Quality Improvement Plan (QIP) Submission May 2017

The Trust biannual QIP was submitted to Health Education England North East (HEE NE) following the ADQM held on 27 April 2017.

4.2 Update on previously highlighted QIP areas of concern/requiring improvement

4.2.1 Surgery

For Surgery Foundation Year 1 (FY1) at Sunderland the "Overall Satisfaction and Adequate Experience" Indicators in the GMC National Trainee Survey (NTS) have been consistently red outliers (negative) since 2012.

Jon Scott (JS), Foundation School Director, has been involved with the Trust, since 2014, looking to improve the quality of feedback.

At the Annual Deans Quality Meeting (ADQM) on 27 April 2017 JS acknowledged that the action plan for Surgery was well implemented.

Results of the 2017 GMC Trainee Survey for Surgery are very positive with 3 areas receiving positive outlier (i.e. in top quartile Nationally).

Study Leave is the only negative outlier for FY2 Surgery. It is felt that this is related to Urology Department who are currently investigating the result.

4.2.2 Respiratory Medicine

Northumbria General Practice Training Programme (NGPTP) informed the Trust on 8 November 2016, that based on the quality of trainee feedback, a decision had been taken not to allocate any General Practice Vocational Training Scheme (GPVTS) trainees to Respiratory Medicine department from February – August 2017. No GPVTS Trainees have been allocated to Respiratory Medicine for August 2017 – February 2018 rotation.

Undermining concerns were raised in February 2017 NGPTP Trainee Survey. These concerns are currently under investigation by Human Resources at CHS.

Professor Namita Kumar, Postgraduate Dean, acknowledged at ADQM on 27 April 2017 that Respiratory Medicine has a robust action plan in place.

Whilst there is significant improvement in the results of 2017 GMC Trainee Survey there is still one red (negative) outliers for Respiratory Medicine (bottom quartile Nationally).

The Trust is awaiting HEE NE decision regarding future monitoring of training delivered by Respiratory Medicine.

4.2.3 Division of Medicine (DoM)

On 13th July 2016 a scheduled un-triggered visit from the School of Medicine took place at City Hospitals Sunderland; the output of which was a report and required actions.

The main concerns raised at that visit were:-

- **Rotas** – Plan in place for Senior Trainees to be involved with Rota Management
- **Undermining/culture** - Standard Operating Procedure (SOP) created for "Referrals across Specialties "
- **Clinical Handover** – SOP implemented
- **Short term sickness** – SOP implemented
- **Opportunities to attend outpatient clinics -** Initiatives for facilitation of clinic attendance include clinics rostered into working week, week long allocation of clinics and clinical logs to record opportunities to attend/unable to attend.

At the ADQM visit on 27 April 2017 the Panel reported that they planned to escalate DoM training concerns to Quality Surveillance Group and await 2017 GMC National Training Survey (NTS).

There is a marked improvement in 2017 NTS results with many Departments receiving positive outliers (top quartile).

The Trust is awaiting HEE NE decision regarding monitoring following the results of the NTS.

4.3 Foundation Programme (FP)

4.3.1 FP Annual Review of Competence Progression (ARCP)

This year's FP ARCP process is now complete, the outcomes of which are as follows:-

- One FY1 Trainee released from programme (Trainee appealing decision)
- One FY2 Trainee to repeat year (Trainee appealing decision)

Foundation Programme Tutors from both CHS and STFT cross chaired panels.

4.3.2. FY1 Shadowing Programme – July 2017

Trust has filled 41out of 43 FY1 posts commencing at the Trust on 24 July 2017.

One FY1 Trainee due to commence at Sunderland in August 2017 has failed finals creating a vacancy gap. Due to personal circumstances one FY1 trainee has resigned, creating 2 gaps.

4.3.3. FP e-portfolio platform

The Foundation Programme is moving FP e-portfolio platform from NHS (Scotland) to Horus (England) from August 2017.

4.4 Surveys

4.4.1 2017 Foundation School Your School Your Say Survey (YSYS)

The YSYS Survey was live 13 February – 10 March 2017. CHS achieved 100% response rate.

Positive results include:-

- Clinical Supervisors awareness of Foundation Programme and Support – CHS best in Region for 2016 and 2017
- CHS highest score for Consultants being good role modules, trainees being valued as members of a team and able to attend FP specific teaching
- 98% of trainees not being involved in SUI that required investigation – best in Region.
- Patient safety issues – Trainees feel able to raise issues – best in region for 2016 and 2017
- Stress and anxiety – CHS 2nd best in region
- Recommending the Trust to a friend – 2nd best in region.

Areas for development :-

- Working beyond competence/work intensity – CHS above average for 3 questions (negative rise in results)
- E-portfolio – CHS below average in 4 questions around being prepared for e-portfolio
- Educational Supervision – CHS below average in 4 questions
- Bullying and Harassment – CHS 2nd worst in region.

4.4.2 2017 GMC Trainee Survey

The 2017 GMC National Trainee Survey was live 21 March – 3 May 2017. CHS achieved 96.6% response rate.

Overall within England, Health Education North East is ranked number one (out of 13 Deaneries) for 15 out of the 17 survey indicators.

Key results of the survey include:-

- CHS ranked 25 out of 205 Trusts – top quartile Nationally (up from 73/205 in 2016) See appendix I.
- CHS ranked 3rd in Region (2 Mental Health Trusts in 1st and – 2nd place)
- Surgery FY1 – 3 green outliers. Only Trust in Region to receive 3 green outliers for FY1. (Overall Satisfaction was negative outlier in 4/5 previous years now within middle quartile)
- Geriatric Medicine 2 Green and one pink. (2016 was 3 red and 1 pink)
- Emergency Medicine (includes 9 dark green for GP Emergency Medicine)
- Endocrinology & Diabetes 9 green outliers
- Gastroenterology 5 green outliers
- General Surgery 3 green outliers
- Obs & Gynae 4 green outliers
- Otolaryngology 7 green outliers
- Neurology 12 green (6 pink in 2016)
- Rheumatology 6 green outliers
- Trauma & Orthopaedics 9 green outliers

Across both Post Specialty (all Trainees) and Programme Group (Specialty Trainees) the positive and negative outliers are as follows for 2016-2017:-

2016	**2017**
54 positive (dark green and green)	133 positive (dark green and green)
60 negative (red and pink)	27 negative (red and pink)

Main areas of concern:-

- Geriatric medicine red negative outlier for Clinical Supervision Out of Hours for 2015, 2016, and 2017 (although pink outlier for 2017)
- Respiratory Medicine red outlier for Supportive Environment for 2015, 2016, 2017.
- Surgery FY2 red outlier for 2/3 years for Study Leave (may be related to Urology)
- Urology Handover negative for 3 out of 5 years. Induction negative handover 4 out of 5 years. Study leave negative outlier for 2017.
- Decline in result for Paediatric Department
- 7 red outliers across the Trust:-

Department	Indicator	Trainee level
FY2 Paediatrics & Child Health	Supportive environment	Programme Group
Respiratory Medicine	Supportive environment	Programme Group
FY1 Paediatrics &	Adequate experience	Programme Group

Child Health		
Paediatric Emergency Medicine	Local Teaching	Post Specialty
Surgery FY2 (Urology?)	Study leave	Post Specialty
Urology	Study leave	Programme Group
Urology	Study leave	Post Specialty

The trust received notification in real time of any free text comments submitted by trainees as part of their GMC survey responses. The trust responded to these 5 comments – summary as below:

Bullying & Harassment

1) Trainee reported a perception of bullying and harassment across training in NE and not specific to CHS. No action able to be taken by CHS.
2) Trainee criticised by colleague in front of other staff: issue currently under investigation with HR.
3) Paediatrics – perception that nurses speak harshly to F1s. Investigated - but no reports in Paediatrics of any such issues. Therefore it has been reiterated to trainees by Paediatrics and the education department that if they experience any such behaviour they are to report to either their Educational/Clinical Supervisor of the education department.

Patient safety

4) Staffing levels – being managed by appointment of Trust grade doctors but acknowledgement that gaps will be an ongoing issue
5) As 4) above

4.4.3 2017 GMC Trainer Survey

The 2017 GMC Trainer Survey was live at the same time as the Trainee Survey, 21 March – 3 May 2017. CHS achieved 51% response rate.

- CHS Trust response rate was 51% (46% in 2016)
- Trainer Survey results will feed into the quality monitoring process (SAR/QIP)
- 11 Indicators which are ranked Nationally
- Trust is within middle quartile for results
- CHS has 9 red outliers 3 pink outliers
- 7 dark green outliers (3 for Emergency Medicine)
- 11 light green outliers (3 for General Surgery, 3 for Geriatric Medicine and 3 for Paediatrics)

Main areas of concerns

- T & O Department – 7 red and 2 pink outliers (33% response rate to survey). National ranking data for T&O not available from HEE NE at present.
- 2 red outliers for Workload - Emergency Medicine and Obs & Gynae
- 2 negative outliers for Support for Trainers (red T&O and pink for Urology).

4.5 Visits to the Trust

4.5.1 Annual Deans Quality Monitoring (ADQM) – 27 April 2017

The Annual Dean's visit to the Trust went ahead on Thursday 27 April 2017.
Due to NHS cyberattack and IT block on incoming emails the agenda and attachments were not available until the week before the visit.

Key outcomes of the visit:-

- in 2016 CHS was ranked 70/205 Trusts re GMC NTS (top 1/3 Nationally and 5th in Region).
- No Trust wide negative themes however there are themes across DoM.
- Surgical action plan acknowledged as well implemented. Foundation School
- Robust Respiratory Medicine action plan acknowledged.
- Panel escalating DoM training concerns to Quality Surveillance Group and will await 2017 GMC Training Survey.
- Trainee exception reporting will be shared with the Lead Employer Trust (LET) and HEE NE
- HEE NE will start to build trends from GMC Trainer Survey over the next 2 years
- Alliance and sustainable Transformation Plan is an opportunity for Medical Education to be involved.
- Future development is potentially the need for more FP Trainees to rotate into Mental Health.

The training in medical specialties remains the Trust's area of highest risk to training placements and is being monitored closely by the Postgraduate Dean.

4.5.2 School of Radiology – Tuesday 4 July 2017

The School of Radiology visit took place on 4 July2017. The outcomes were very positive and a draft report has been sent indicating a green status with regard to existing training and support ST expansion to 4 trainees in September 2017 and 6 trainees in September 2018. There will be an interim visit in summer 2018.

4.5.3 School of Surgery – Thursday 6 July 2017

The School of Surgery visit took place on 6 July 2017 to both assess and discuss local training in all of the surgical specialties within Sunderland (General Surgery, Vascular Surgery, Oral Maxillo Facial Service (OMFS), Trauma & Orthopaedics (T&O), Ear Nose & Throat (ENT) and Urology).

Overall the trainee feedback was very good. Main areas of concern are:-

- Urology Core Surgical Training (CST) was unhappy as there is no middle grade cover
- Trainee in T&O felt that one of the consultants in T&O doesn't want to train. This is being investigated by DME.

4.5.4 Joint Foundation School/University Quality Visit

Date of the next Quality Visit is planned to take place in December 2017, exact date to be confirmed.

4.5.5 Northumbria General Practice Training Programme (NGPTP) 6 December 2017

The 2017 NGPTP Development Day is arranged for 6 December 2017.

4.6 Lead Employer Trust (LET) e-learning modules

The LET e-learning package will cease from August 2017 and the new updated LET e-induction package (via ESR) will commence.

5 AREAS BEING TAKEN FORWARD BY MEDICAL EDUCATION

5.1 New Junior Doctor Contract

All F1s within the trust were issued with new contracts/work schedules in early December 2016.

All other posts will move to the new contract in August 2017.

5.2 Joint working with STHCT

Work continues to combine the medical education departments across both trusts. A draft upper tier structure has been produced.

During the recent ARCP programme both trusts worked together with Foundation Programme tutors cross chairing panels. This was very successful.

5.4 F3 Trust Doctor Posts

Following 2 recruitment initiatives within Medical Education, 7 F3 posts were initially appointed. Unfortunately 3 of these have since withdrawn.

CATHERINE EMMERSON
Director of Medical Education

IAN MARTIN
Medical Director

Appendix I

HEE NE National Rankings by Trust Report 2013 - 2017

This report provides national rankings (1-207) by Trust based on the mean score for the 2013 - 2017 GMC National Training Surveys e.g. County Durham and Darlington NHS Foundation Trust compared to Bridgewater Community Healthcare NHS Trust

	2013	2014	2015	2016	2017
City Hospitals Sunderland NHS Foundation Trust	78	76	74	73	25
County Durham and Darlington NHS Foundation Trust	114	107	101	173	107
Gateshead Health NHS Foundation Trust	73	72	59	55	78
North Cumbria University Hospitals NHS Trust	132	205	136	159	124
North Tees and Hartlepool NHS Foundation Trust	87	36	42	117	79
Northumberland, Tyne and Wear NHS Foundation Trust	17	27	39	22	24
Northumbria Healthcare NHS Foundation Trust	40	48	67	113	67
South Tees Hospitals NHS Foundation Trust	66	37	50	48	39
South Tyneside NHS Foundation Trust	59	40	179	120	87
Tees, Esk and Wear Valleys NHS Foundation Trust	13	12	11	10	6
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	64	79	69	71	56

HEE NE Local Rankings by Trust Report 2013 - 2017

This report provides local rankings (1-11) by Trust based on the mean score for the 2013 - 2017 GMC National Training Surveys e.g. County Durham and Darlington NHS Foundation Trust compared to North Cumbria University Hospitals NHS Trust

	2013	2014	2015	2016	2017
City Hospitals Sunderland NHS Foundation Trust	8	8	8	6	3
County Durham and Darlington NHS Foundation Trust	10	10	9	11	10
Gateshead Health NHS Foundation Trust	7	7	5	4	7
North Cumbria University Hospitals NHS Trust	11	11	10	10	11
North Tees and Hartlepool NHS Foundation Trust	9	3	3	8	8
Northumberland, Tyne and Wear NHS Foundation Trust	2	2	2	2	2
Northumbria Healthcare NHS Foundation Trust	3	6	6	7	6
South Tees Hospitals NHS Foundation Trust	6	4	4	3	4
South Tyneside NHS Foundation Trust	4	5	11	9	9
Tees, Esk and Wear Valleys NHS Foundation Trust	1	1	1	1	1
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	5	9	7	5	5

CITYHOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

SAFEGUARDING ADULTS ANNUAL REPORT 2016-17

JULY 2017

EXECUTIVE SUMMARY

The Care Act (2014) sets out the statutory framework for adult safeguarding, stipulating local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. Partner agencies have a duty to cooperate placed upon them under the Act. What this means in practice is that where agencies are asked to provide information, undertake actions from a safeguarding enquiry, or to attend and or to support the safeguarding process in other ways they have a legal duty to cooperate with reasonable requests/enquiries made by the Local Authority. This puts safeguarding adults on the same statutory footing as safeguarding children.

Additionally, the criteria for safeguarding adults have been broadened in the Act, with the person no longer having to be in receipt of services to be considered under safeguarding procedures. The types of abuse set out in the Act have also been extended to include a wider range of concerns, including for example self-neglect among others.

There have been significant changes in relation to Deprivation of Liberty Safeguards over 2016-17, following the decision of the Supreme Court (Cheshire West March 2014), which resulted in a significant rise in the number of Deprivation of Liberty Safeguards (DoLS) applications within the Trust.

In January 2017 the Court of Appeal handed down a judgement (The Ferreira case 2017) in relation the Deprivation of Liberty in the administration of life saving treatment, particularly in relation to patients cared for in an intensive care setting. This has resulted to changes to the DoLS application on both City Hospitals Sunderland Foundation Trust (CHSFT) and South Tyneside Foundation Trust (STFT) sites.

This report provides a summary for 2016-17 of the safeguarding adults activity and the arrangements in place at STFT and CHSFT with regard to the statutory responsibilities under the Care Act (2014).

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Melanie Johnson
Executive Director of Nursing and Patient Experience

CONTENTS

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

SAFEGUARDING ADULTS ANNUAL REPORT 2016-17

MAY 2017

1.0 BACKGROUND

1.1 The Care Act (2014) sets out the statutory framework for adult safeguarding, stipulating local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. Partner agencies have a duty to cooperate placed upon them under the Act. What this means in practice is that where agencies are asked to provide information, undertake actions from a safeguarding enquiry, or to attend and or to support the safeguarding process in other ways they now have a legal duty to cooperate with reasonable requests/enquiries made by the Local Authority. This puts safeguarding adults on the same statutory footing as safeguarding children.

1.2 Additionally, the criteria for safeguarding adults have been broadened in the Act, with the person no longer having to be in receipt of services to be considered under safeguarding procedures. The types of abuse set out in the Act have also been extended to include a wider range of concerns, including for example self-neglect among others. This will mean that a number of concerns which previously were not considered a safeguarding issue will now be covered by the safeguarding procedures.

1.3 The South Tyneside Safeguarding Adults Board (SAB), Gateshead Safeguarding Adults Board (GSAB) and the Sunderland Safeguarding Adults Board (SSAB) are responsible for their Safeguarding Adult Procedures for responding to suspicions or allegations of abuse, which complies with the statutory requirements of the Care Act (2014) and provides comprehensive guidance for staff. These changes have provided further responsibility on partner agencies to embed "Making safeguarding personal", especially in terms of ensuring the person is involved at the beginning of the process, seeking consent, ascertaining what outcomes the person wants and where possible helping to achieve those outcomes through the safeguarding process.

2.0 ROLES AND RESPONSIBILITIES

2.1 Our statutory duty to safeguard adults at risk means that robust internal systems need to be in place. At CHSFT there has been further investment in relation to Safeguarding Adults. Two secondment posts were agreed following funding from Sunderland Clinical Commissioning Group (CCG). A Safeguarding Adults Lead was recruited in June 2016 and a Safeguarding Adults Administrator was recruited in August 2016. A number of staff have key statutory responsibilities for safeguarding in STFT and CHSFT, these are:

Executive Lead for Safeguarding Adults and Children, Mental Health	Melanie Johnson, Executive Director of Nursing and Patient Experience (STFT and CHSFT)
Safeguarding Adults Lead PREVENT lead	Margaret Deary, Safeguarding Adults Lead (CHSFT) Christine Johnson, Named Nurse Safeguarding Adults (STFT) Tracy Dawson Adult Safeguarding Advisor (STFT)
Clinical Lead for Mental Capacity Act/DoLS	Dr Lesley Young, Consultant Care of the Elderly (CoTE) (CHSFT) Dr Nasser, Associate Medical Director, Mental Capacity Lead (STFT)
Learning Disability lead	Ashley Murphy, Acute Liaison Nurse, Learning Disabilities (NTW) Pauline Henry, Liaison Nurse (STFT)
Public Protection lead (MAPPA)	Alan Clark, Principal Safety Advisor (CHSFT) Christine Johnson (STFT)
MARAC representative	Margaret Deary, Safeguarding Adults Lead (CHSFT) Lesley Schuster, Named Nurse Children Community (STFT)

3.0 MEMBERSHIP OF THE SOUTH TYNESIDE, GATESHEAD AND SUNDERLAND SAFEGUARDING ADULTS BOARDS (SAB / GSAB / SSAB) 2016-17

3.1 The South Tyneside Safeguarding Adults Board (SAB), Gateshead Safeguarding Adults Board (GSAB) and Sunderland Safeguarding Adult Board (SSAB) ensure that local adult protection arrangements are developed and maintained in accordance with national and local guidance. STFT and CHSFT are active partners in implementing such arrangements.

3.2 The Executive Director of Nursing and Patient Experience was the Trust representative on the SAB, GSAB and SSAB in 2016-17. The SAB, GSAB and SSAB have conducted a review of their membership and meeting arrangements in 2017, to take effect from 1 April 2017.

3.3 STFT and CHSFT also has representatives on all the multi-agency sub committees of the SAB, GSAB and SSAB, namely the Quality Assurance, Learning and Improvement in Practice, policy and procedures, performance management and evaluation and Education & Training Groups. The Safeguarding Adults Lead within CHSFT is also the Trust representative on the Sunderland Domestic Violence Partnership.

3.4 Information from these meetings is cascaded and actioned within the Trust through the Safeguarding Assurance Group in STFT and the Safeguarding Children and Adults Assurance Group (SCAG) in CHSFT.

4.0 GOVERNANCE ARRANGEMENTS

4.1 The following arrangements are in place across South Tyneside, Sunderland and Gateshead local authority areas.

a) Safeguarding Adult Board Sub groups and Task and Finish groups are predominantly supported by the Named Nurse Safeguarding Adults, Safeguarding Adults Lead and Safeguarding Adults Advisor.

b) Safeguarding Adults Boards/Business Planning Groups across the three localities are attended by the Executive Director of Nursing and Patient Experience.

c) Strategic Safeguarding Groups chaired by the respective CCG's Director of Nursing are attended by the Executive Director of Nursing and Patient Experience or Deputy Director of Nursing and Patient Experience.

d) Safeguarding Assurance Group (SAG) / Safeguarding Children and Adults Group (SCAG) within each Trust has senior representation from each division to provide leadership and risk management of safeguarding issues in order to provide assurance via the Choose Safer Care Sub-group to Trust Board level within STFT and Trust clinical Governance steering group within CHSFT .

5.0 SAFEGUARDING ADULTS ACTIVITY 2016-17

5.1 A safeguarding referral is generated when the following criteria are met:

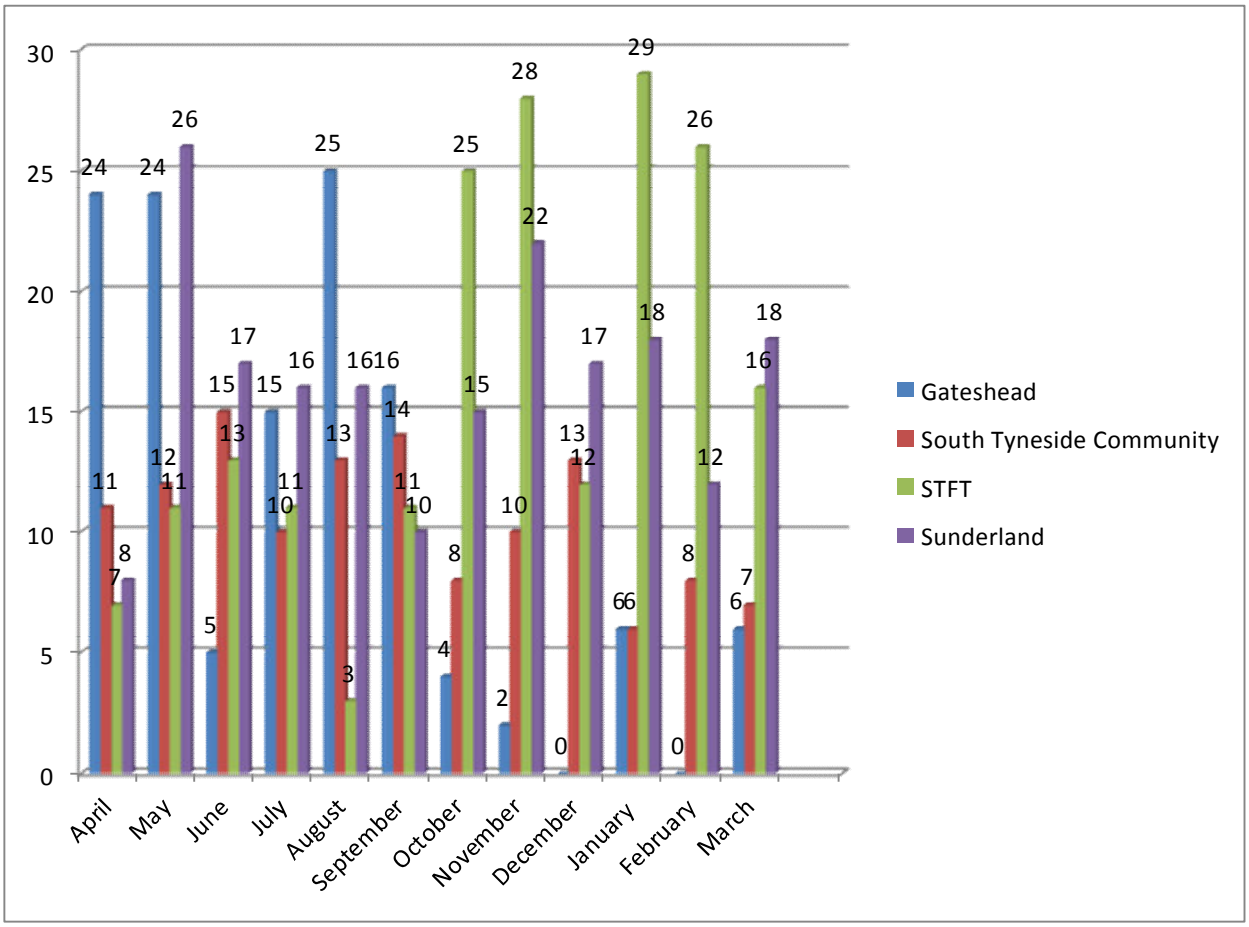
- Person is aged 18 or over
  and
- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect
  and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

5.2 Commissioners require reports on safeguarding activity, in the form of a safeguarding adults and children dashboard which are submitted to the Joint Strategic Safeguarding Group on a quarterly basis. STFT safeguarding activity is collated from STFT hospital referrals, Gateshead community service referrals, South Tyneside community service referrals and Sunderland community service referrals. CHSFT referral activity is collated from City Hospitals Sunderland referral data.

STFT Safeguarding Adult Referrals 2016 – 17

2016/17	STFT Acute Safeguarding referrals	STFT Community Safeguarding referrals	Gateshead Community Safeguarding referrals	Sunderland Community Safeguarding referrals
Q1	31	39	53	51
Q2	25	37	56	42
Q3	65	31	6	54
Q4	81	21	12	48
TOTAL	202	128	127	195

STFT Safeguarding Adult Referrals Per Month Via Locality

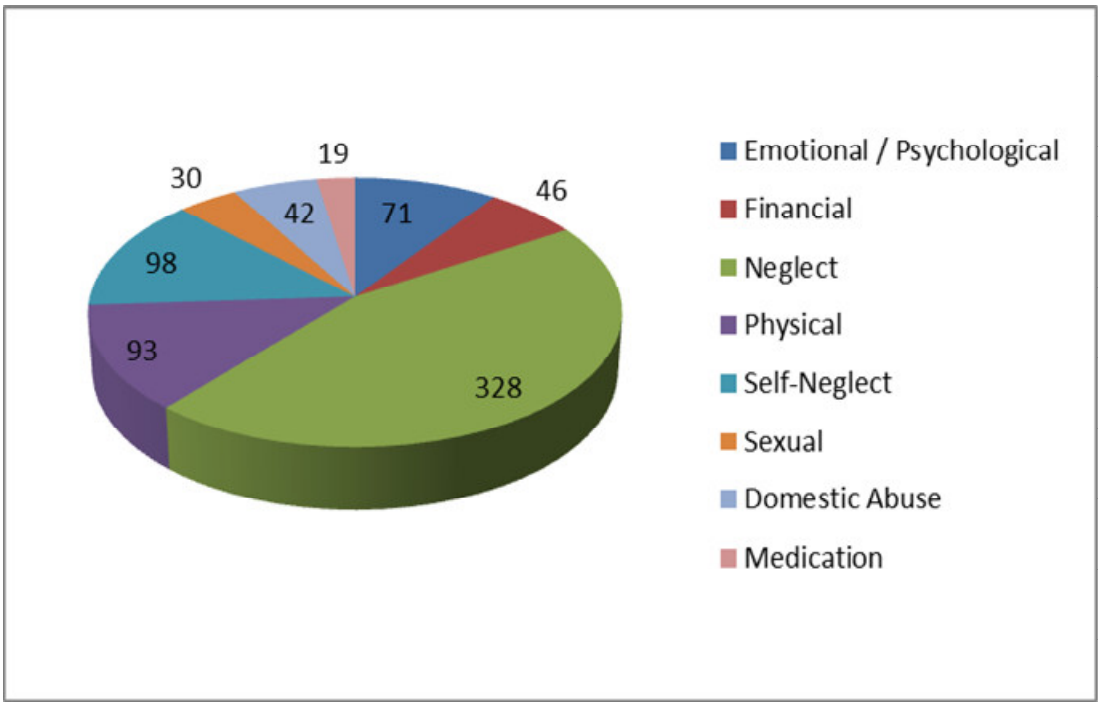


5.3 In 2016-17, there were a total of 652 safeguarding adult referrals made from STFT to the LA Safeguarding Units within South Tyneside, Gateshead and Sunderland. Overall, this is a decrease of 0.4% compared to referrals made in 2015-16.

5.4 Main referral themes pertain to neglect (328 cases), self-neglect (98 cases) and physical abuse (93 cases). This is a similar trend as identified in the 2015/16 report.

5.5 Categories of abuse identified from the **652** safeguarding adult referrals made by STFT staff are highlighted in the following pie chart.

STFT Categories of Abuse



5.6 There were many more safeguarding considerations which were managed internally. The primary reasons for not progressing considerations to a referral were that the underlying problem was a mental health issue or a care management issue as opposed to a concern, suspicion or allegation of abuse. These concerns are managed out with safeguarding adult procedures, by referring the patients to the mental health team or LA adult services for a care management review or quality review by commissioning, as appropriate.

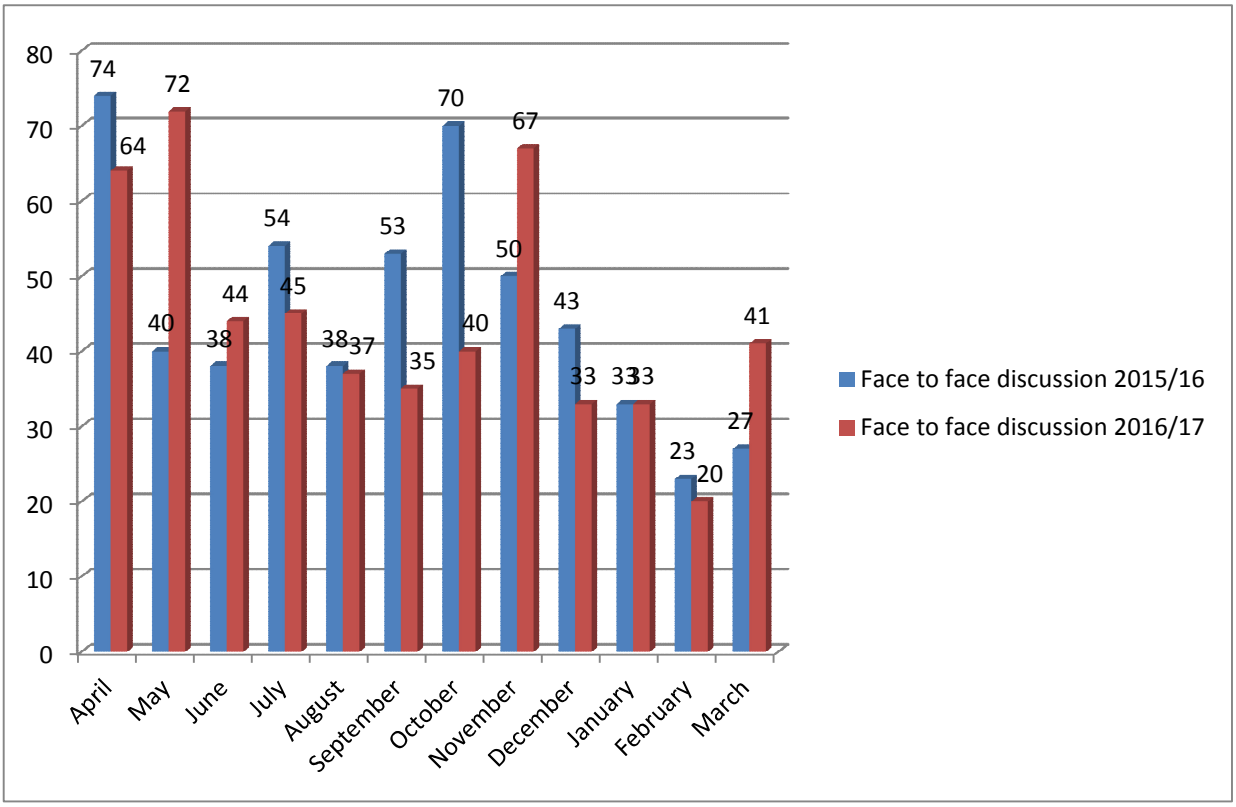
5.7 There were an additional **14** safeguarding adult referrals made by other agencies regarding the care of patients who received service input from STFT. These cases required STFT input into the subsequent investigation and multi- agency complex panel information sharing meeting discussion. Themes pertain to unsafe hospital discharge (**six** cases), supervision whilst in patient (**one** case), DoLS application requirement (one case), physical abuse allegation (one case) and medication administration concern (**one** case). From a Sunderland and South Tyneside community perspective, concerns were raised regarding pressure area care (two cases), medical intervention (**one** case) and actions taken following a self-neglect observation (one case). In all but one STFT case, where robust training and lessons learnt was invoked pertaining to the timely application of a Deprivation of Liberty Safeguard (DoLS), the abuse was not substantiated.

5.8 All safeguarding activity undertaken by the team can vary in complexity and it is not solely the numbers but the nature of the individual case which determines the time required.

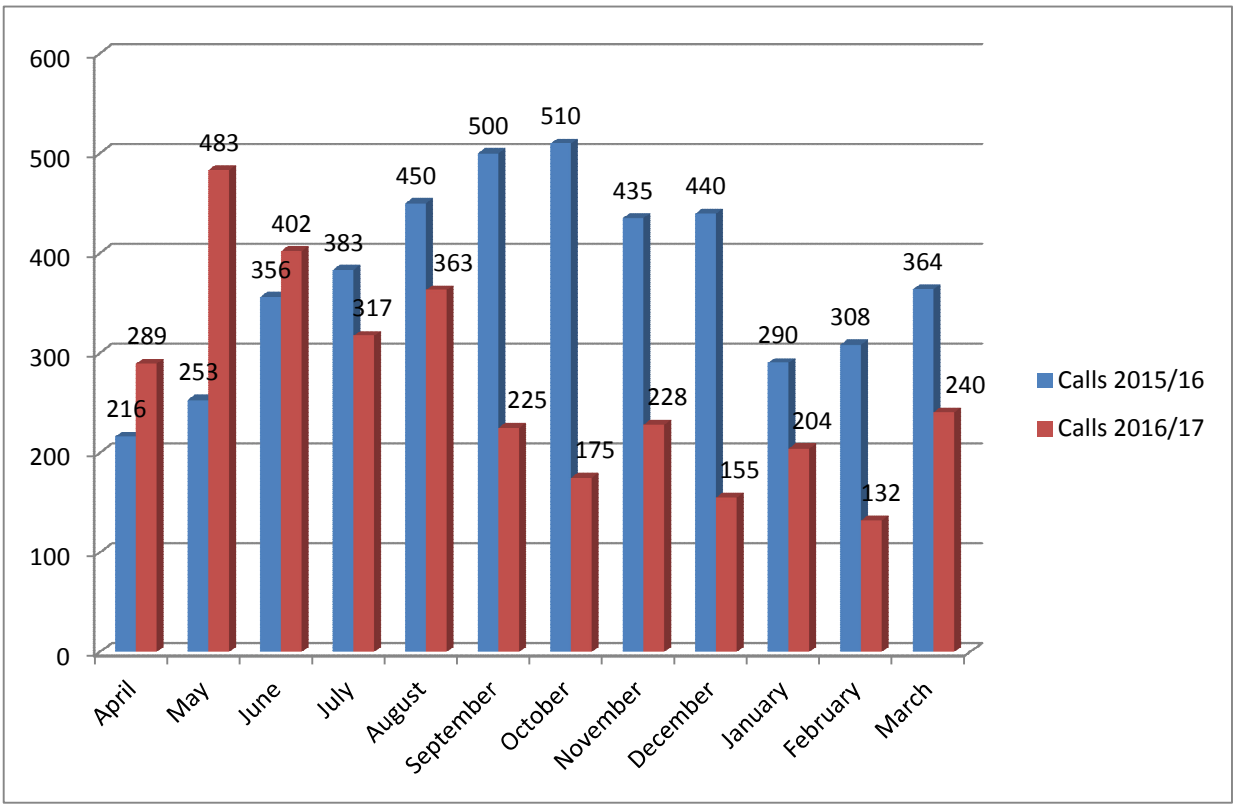
5.9 There has been a decrease in the amount of telephone calls (4,505 calls in 2015/16 compared to 3,213 calls in 2016/17 = 1,292 less calls) and face to face advice, support and guidance (543 face to face discussions in 2015/16 compared to 531 face to face discussion in 2016/17 = 12 less face to face

discussions) provided by the Safeguarding Adults Team. On analysis, this can be explained due to the loss of the Gateshead community services as this locality made the most telephone contact with the team and produced the largest amount of referrals. Telephone and face to face activity is represented in the graphs below.

STFT - Face to Face Discussion Safeguarding Team 2015/16 and 2016/17



STFT - Telephone Calls Made to Safeguarding Team 2015/16 and 2016/17.



City Hospitals Sunderland Safeguarding Activity

5.10 Sunderland Clinical Commissioning Group Commissioners require reports on safeguarding activity, in the form of a safeguarding adults & children dashboard which are submitted to the Designated and Named Safeguarding Assurance Group on a quarterly basis.

5.11 CHSFT also review safeguarding adults' activity on a monthly basis in the form of the Quality and Risk Assurance Report (QRA).

5.12 CHSFT have reviewed the safeguarding referral process and eliminated the use of internal fax machines and moved to an electronic referral process. This has enabled the Safeguarding Adults Team to quality check referrals prior to receipt by Safeguarding and Social Care Governance Team, Sunderland City Council.

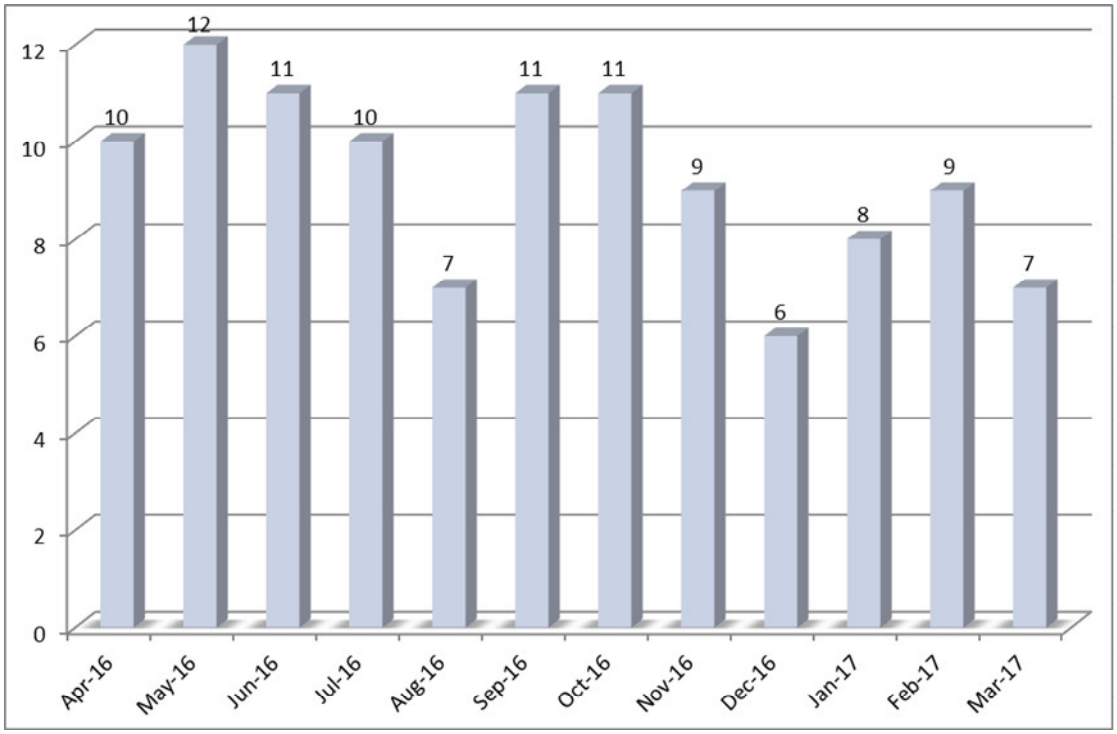
CHSFT Safeguarding Adult Referrals Per Quarter 2016 – 17

	CHSFT SAFEGUARDING REFERRALS
Q1	**33**
Q2	**28**
Q3	**26**
Q4	**24**
TOTAL	**111**

5.13 In 2016-17, there were a total of **111** formal safeguarding adult referrals from CHSFT to the Safeguarding and Social Care Governance Team, Sunderland City Council. This was an increase from the 90 referrals made over 2015-16.

5.14 During this period the CHSFT Safeguarding Adults Team have also received a significant amount of telephone calls detailing safeguarding concerns relating to patient who reside out with Sunderland. A total of 20 have been recorded from October 2016. The majority of these relate to County Durham residents (14 cases) the remaining cases reside in South Tyneside, Gateshead and one case resided in Hartlepool.

CHSFT Safeguarding Referrals Per Month 2016 - 17

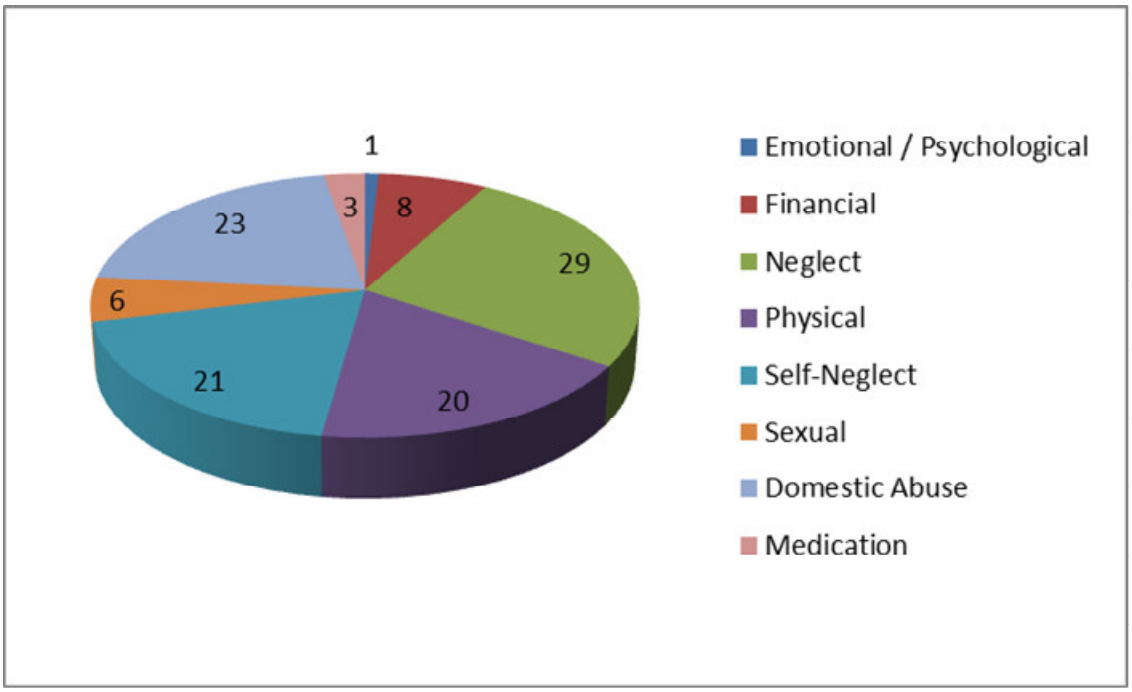


5.15 The table above demonstrated that referral figures have declined in Q4. Further work and education to staff has been provided by the Safeguarding Adults Team. The Safeguarding Adults Lead has also relocated to a base in the hospital setting following a move from Trust Headquarters. This relocation has enabled the Safeguarding Adults Lead to be accessible and visible to staff which has facilitated some face to face training and support. Referral figures have increased in Q1 of 2017 – 18.

5.16 There is still a number of safeguarding considerations which were managed internally as the primary reasons for not progressing considerations to a referral were that the underlying problem was a mental health issue or a care management issue as opposed to a concern, suspicion or allegation of abuse. These concerns are managed out with safeguarding adult procedures, by referring the patients to the mental health team or adult services for a care management review as appropriate.

5.17 At CHSFT the Safeguarding Adults Team were in involved in investigating **20** cases where evidence required as part of an Enquiry Action Report by Sunderland City Council Safeguarding Adults Team. In some of these cases the meetings were in relation to referrals made by other agencies regarding the care of patients who received service input from CHSFT (**seven** cases). Of these seven cases **six** were related to unsafe hospital discharge and **one** case related to failure to administer medication. In **five** of these cases the abuse was not substantiated. Two cases identified lessons learnt involving communication between the discharging ward and care home in relation to the handover of patient information and the importance of detailing this communication in the patient's records. As in both cases hospital staff were confident that patient information was verbally communicated to care homes, however this was not documented.

CHSFT Categories of Abuse



5.18 Main referral themes pertain to neglect (**29** cases) followed by domestic abuse (**23** cases). Categories of abuse identified from the **111** safeguarding adult referrals made by CHSFT staff are highlighted in the chart above.

5.19 CHSFT do not currently record face to face safeguarding adults' discussions and telephone calls made to the Safeguarding Adults Team. Following the establishment of the Integrated Safeguarding Adults team as part of the Sunderland and South Tyneside care group, a priority for 2017/18 is to commence capturing this information for reporting purposes.

6.0 SAFEGUARDING ADULT REVIEWS (SAR) / INDIVIDUAL MANAGEMENT REVIEWS / DOMESTIC HOMICIDE REVIEWS

6.1 In 2016-2017, CHSFT and STFT were required to complete one Adult Safeguarding Adult Review (*"Tracy SAR"*) commissioned by the Sunderland Safeguarding Adults Board. The SAR was published in February 2017 and involved concerns regarding Domestic Abuse. A multi- agency action plan was implemented to seek assurance that all partner agencies would learn lessons in respect of recognising and responding to Domestic Abuse.

Individual agency recommendations for CHSFT were identified as:

- Domestic Abuse Awareness training will be included in mandatory training for all staff.
- The Discharge Policy will be updated to ensure that there is a clear procedure on the need for multiagency pre - discharge meetings where there is significant safeguarding (including domestic abuse) risk, especially if the patient is likely to be homeless on discharge.
- The process for flagging patients where domestic abuse risks are known to staff will be audited and the outcome acted upon accordingly.
- The process to review and update Next of Kin details on patient's electronic record at every inpatient/outpatient admission and attendance will be audited.

The above recommendations have been completed, however a review of the process of confirmation of Next of Kin has been expanded following the audit to ensure that there is a safe system in place for patients to protect them against perpetrators.

No individual agency recommendation were identified for STFT.

6.2 A further four cases went to a SSAB "scoping meeting", the purpose of which is to share the information within the individual agencies reports and look at the Safeguarding Adult Review criteria in order to decide whether the case meets the criteria or if there are any identified lessons to be learnt that agencies can take back to their own organisation. Of these four cases; one case required a LeDeR review (Learning Disability Mortality Review Programme), two cases required specific actions but no further review was required. One case is currently being considered as requiring a Safeguarding Adults Review.

6.3 In 2016/17 STFT were required to complete one Adult SAR (Case D) commissioned by the South Tyneside Safeguarding Adults Board. A multi-agency action plan was implemented to seek assurance that all partner agencies would learn lessons in respect of recognising and responding to self-neglect. A further two cases went to a SAB scoping meeting. A learning event was held in one case in order to provide opportunity for all partner agencies to learn lessons from the inquiry. A further case required no further action.

6.4 Within the Gateshead locality, STFT safeguarding team attend the SARG subgroup where there were nine referrals for potential SAR. Four cases required no further action, three cases resulted in a single agency action to be completed and two cases are currently being considered as requiring a Safeguarding Adults Review.

7.0 DOMESTIC ABUSE

7.1 NICE guidance "Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively" (PH50 2014) reiterates the need for health care staff to have knowledge of the referral pathways, policies and procedures for people who experience or perpetrate domestic violence and abuse.

7.2 During 2016-17, a programme of work has been undertaken within STFT to support staff to recognise and respond to Domestic Abuse. The safeguarding team have targeted ward huddles and amended guidance to support staff to recognise Domestic Abuse. A successful Domestic Abuse conference was held which evaluated very positively. There has been a demonstrable increase in the amount of Domestic Abuse referrals now being made in the trust. STFT does not have individual Domestic Abuse champions, as this role is incorporated into the role of the safeguarding champion. Safeguarding Champion forums are held bi-monthly and all wards and departments are represented.

7.3 Within CHSFT there are now eight *Domestic and Sexual Violence Champions* as part of the Sunderland Champions Network. The role of a Champion is to be the link between their agency and the Network, to be a conduit for information, and to assist their agency to enhance their response to individuals affected by domestic and sexual violence in Northumbria. The CHSFT Champions have actively participated in the Domestic Abuse & Violence campaigns over 2016-17 to generally raise awareness across the Trust.

8.0 MULTI-AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

8.1 From September 2016, CHSFT have actively engaged with the Multi - Agency Risk Assessment Conference (MARAC). MARAC is a monthly risk management meeting where professionals share information on high risk cases of domestic violence and abuse and put in place a risk management plan. A considerable amount of work has been undertaken to ensure that CHSFT collaborate with MARAC. A system is now in place to ensure that research from the hospital is provided to the MARAC coordinator and

attendance from the Safeguarding team is assured at the fortnightly MARAC meetings.

8.2 There is a procedural document in place to ensure that MARAC research is provided and actions will be completed by relevant services within appropriate timescales. This process is now embedded and provides a safety plan for CHSFT patient where domestic abuse has occurred.

9.0 THE INDEPENDENT DOMESTIC VIOLENCE ADVOCATE (IDVA)

9.1 In December 2016 a full-time Independent Domestic Violence Advisor has been employed within CHSFT. This role has been commissioned by the Clinical Commissioning Group and the IDVA is employed by Wearside Women in Need (WWIN) and has an honorary contract with CHSFT. The role of the Hospital IDVA is to provide support and guidance to patients who are suspected of being victims of domestic abuse. The IDVA provides cover in the Emergency Department two evenings per week (Friday and Saturday, 20:00 – 02:00) and is also available to support in – patients when required, the IDVA role is flexible to meet patient need. The IDVA also provides training to staff in relation to domestic abuse awareness and the MARAC referral process. Performance data has been agreed and this is reviewed monthly, this includes data for both new and repeat MARAC referrals, referral areas, training figures and case outcomes.

9.2 Following the implementation of the Hospital IDVA there has been some positive outcomes involving both the hospital staff and the IDVA in relation to supporting patients where domestic abuse has been disclosed.

9.3 This IDVA post is to be replicated in STFT A&E department, with a named IDVA due to commence in post.

10.0 MULTI-AGENCY PUBLIC PROTECTION ASSESSMENT (MAPPA)

10.1 Multi-Agency Public Protection Arrangements (MAPPA) were introduced by the Criminal Justice and Courts Services Act 2000 to address the need for the public to be protected from dangerous offenders. The legislation, which was implemented in April 2001, placed a statutory duty upon police and probation services (the Responsible Authority) to establish arrangements to assess and manage the risks posed by relevant sexual and violent offenders. The Criminal Justice Act (2003) contained within it places a statutory duty on health and other bodies to co-operate with MAPPA.

10.2 It is recognised that all staff working in STFT and CHS may through their work identify areas of risk relating to Multi Agency Public Protection and may be required to consider and manage the process of referring. If required, staff are supported through this process by Named Nurse Safeguarding Adults.

10.3 The safeguarding adults team represent both CHSFT and STFT at Multi-Agency Public Protection meetings (MAPPA) at level 2 and level 3 panels across South Tyneside and Sunderland Locality.

10.4 In 2016/17, the safeguarding team produced 100 MAPPA reports and attended 98 MAPPA meetings. A majority of the meetings are at Level 2.

11.0 MENTAL CAPACITY ACT (MCA) AND DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

11.1 The House of Lords Select Committee Report (2014) on the Mental Capacity Act (2005) highlights significant shortfalls in the implementation of the Mental Capacity Act. The Committee found a general lack of awareness and understanding of MCA and the Deprivation of Liberty Safeguards (DoLS) and has recommended that the issue of low awareness among professionals be addressed as a matter of urgency.

11.2 Within both CHSFT and STFT, joint work has been undertaken with the Local Authority MCA/DoLS lead. This has provided an efficient application process for those making DoLS applications. It is envisaged that this work will continue to develop throughout 2017/18 to ensure that all staff work within the legislative framework.

11.3 The safeguarding teams across both sites provide advice and support to frontline staff making a DoLS application. Within CHSFT, the safeguarding adult's team maintains a database of applications/authorisations and undertakes the CQC statutory notifications. Within STFT, the database is maintained by Risk and Compliance and the risk team are responsible for also notifying CQC. Following the streamlining of STFT DoLS process, there has been positive feedback received from trust staff.

11.4 Within CHSFT and STFT, there are MCA/DoLS Champions. The MCA Champions provide leadership to embed their learning into their area of work, acting as a contact person within their team to offer advice and guidance to colleagues when assessing mental capacity or making DoLS applications. Within STFT, there are MCA /DoLS Champions networks which are held bi-monthly and are well attended by all Wards and Departments. There are plans to further embed MCA/DoLS Champions within CHSFT throughout 2017/18.

11.5 An MCA/ DoLS Level 2 Masterclass is planned to be held during April 2017, with the outcome of this being reported via SAG.

CHSFT DoLS Applications 2016-17:

	URGENT APPLICATIONS
Q1	**344**
Q2	**297**
Q3	**336**
Q4	**473**
TOTAL	**1450**

11.6 In 2016-17, there were a total of **1,450** DoLS Urgent Authorisations/requests for Standard Authorisations made within CHSFT. This has been a significant sustained increase from previous years (**938** in 2015/16 and **148** in 2014/15). Throughout this period the Safeguarding Adults Team at CHSFT and the MCA/DoLS Team at Sunderland City Council (SCC) have worked collaboratively to streamline the application process. This has involved the implementation of an online application system that provides a quality assurance check prior to secure email of the DoLS application to the Safeguarding Team at SCC.

STFT DoLS Applications 2016-17:

	URGENT APPLICATIONS
Q1	**35**
Q2	**34**
Q3	**53**
Q4	**87**
TOTAL	**209**

11.7 In 2016-17, there were a total of **209** DoLS Urgent Authorisations / requests for Standard Authorisations made within STFT. This is almost a 33% increase from 2015-16, where there were a total of **156**.

12.0 EDUCATION & TRAINING

12.1 Throughout 2016/17, the adult safeguarding training strategy was reviewed and amended. The strategy now details Level 1 training for non-clinical staff and Level 2 training for clinical staff.

12.2 Adult safeguarding training is now mandatory for all STFT and CHSFT staff. This will ensure that both Trusts comply with the statutory requirements for safeguarding adults and that all members of staff have some basic awareness of safeguarding issues staff are expected to comply with in 2017/18

12.3 An E-Learning training package has been developed which incorporates the following elements: - Safeguarding Adults Domestic Abuse/Prevent, Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS), Dementia, Learning Disability and Mental Health Act awareness. This E-Learning module has been implemented from 1 April 2017 within CHSFT and May 2017 within STFT. Training compliance will be recorded on staff electronic staff records (ESR). Training compliance will be monitored via quarterly dashboard submission and also on a monthly basis at the safeguarding assurance group (SAG) and Safeguarding Children and Adult Group (SCAG)

12.4 Within both CHSFT and STFT, the safeguarding teams throughout 2016/17 have delivered safeguarding conferences and an MCA Masterclass

in order to assist staff with compliance. The team also continues to support staff at ward huddles and team meetings to

13.0 DEPARTMENT OF HEALTH "PREVENT" STRATEGY

13.1 The DH Prevent programme is a national multi-agency approach to anti-terrorism/radicalisation. Trusts are required to ensure staff are trained in the identification of potential victims of radicalisation who may be involved in terrorist activities. The NHS as a universal service is seen to be a key organisation in safeguarding vulnerable people as it provides an opportunity for healthcare professionals to identify people who are at risk of abuse and neglect.

13.2 Within CHSFT, staff within key areas (Patient Safety & Risk Team, ED, maternity, paediatrics, out-patients and therapies) have undertaken the Home Office approved training to allow them to function as Prevent Trainers and deliver "HealthWRAP3" (Workshop to Raise Awareness of Prevent) within their teams. The Named Nurse adult safeguarding coordinates this activity and reports to the Commissioners via the quarterly Safeguarding Dashboard.

13.3 Within STFT, there are 5 members of staff who have undertaken the Home Office approved training to allow them to function as Prevent Trainers and deliver "HealthWRAP3" (Workshop to Raise Awareness of Prevent). The Named Nurse Safeguarding Adult acts as PREVENT lead.

13.4 If CHSFT and STFT staff have any concerns, suspicions or allegations that an individual is at risk of or experiencing this form of abuse, then they follow the Trust's safeguarding adults (or children) policy. There have been two PREVENT referrals made by STFT from April 16 - March 17.There have been no PREVENT referrals made from CHSFT.

14.0 MENTAL HEALTH

14.1 Patients with mental health problems also have particular requirements which may necessitate application of the Mental Health Act (1983) in order to detain them in hospital in order to keep them safe. CHSFT has a Service Level Agreement (SLA) with Northumberland, Tyne & Wear (NTW) NHS FT:

a) To provide a comprehensive service for the administration of the Mental Health Act 1983 (MHA) to CHSFT in order to comply with the current legislation.
b) To ensure that anyone detained under the MHA Act within the Trust for whom CHSFT is the detaining authority, are allocated an appropriate Approved Clinician in order to undertake the role of Responsible Clinician (RC).

14.2 There is representation from the NTW Mental Health Team at CHSFT SCAG meeting. The Safeguarding Adults Team also receives an annual report from NTW in relation performance data from the Mental Health Team. This includes data on the number of patients detailed under Mental Health Act 103 and 2007 under sections 2, 3, 4, 5 and 136.

14.3 A Service Level Agreement between STFT and NTW is currently under review. STFT staff utilise the Mental Health Liaison and Crisis teams if required to meet the Mental Health needs of their patient's.

15.0 LEARNING DISABILITY

15.1 People with learning disabilities may have complex care needs which they are unable to communicate fully and/or comprehend the information they are given. They may also present with challenging behavioural problems or psycho-social health needs which necessitate additional support to enhance the standard of care whilst they are in hospital. CHSFT and STFT have a well-established "Acute Liaison Service for People with Learning Disabilities" which supports the care of patients with a learning disability when they access acute hospital services. The LD team ensures that the Acute Needs Assessment is completed and that appropriate care pathways are utilised and reasonable adjustments made to enhance the quality of their care and patient experience. An Acute Hospital Passport is in use which enables carers to ensure that documentation is available for staff about the specific needs of patients with learning disabilities so that any reasonable adjustments to the environment/nature of care or treatment can be made. Patients with a learning disability are flagged on V6 within CHSFT and on the PAS system within STFT so that staff are aware of their specific needs.

16.0 THE LEARNING DISABLITIES MORTALITY REVIEW (LeDeR) PROGRAMME

16.1 The LeDeR programme is delivered by the University of Bristol and is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. Work on the LeDeR programme commenced in June 2015 for an initial three-year period.

16.2 A key part of the LeDeR Programme is to support local areas to review the deaths of people with learning disabilities. The Programme is developing and rolling out a review process for the deaths of people with learning disabilities, helping to promote and implement the new review process, and providing support to local areas to take forward the lessons learned in the reviews in order to make improvements to service provision. The LeDeR Programme will also collate and share the anonymised information about the deaths of people with learning disabilities so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements.

16.3 Both CHSFT and STFT are working collaboratively with the CCG to support the LeDeR Programme.

16.4 There has been 1 LeDeR review which involved safeguarding components in CHS in the 2016/17 reporting period. There have been no LeDeR reviews within STFT which incorporated safeguarding concerns.

17.0 MORTALITY REVIEW PANEL

17.0 Within CHSFT, there is an established weekly Mortality Review Panel and a process to “flag” any patients with a learning disability who have died in hospital. This prompts a specialist LD review by the LD Acute Liaison Nurse. Within STFT, each department within the Trust has a mortality lead clinician who coordinates multi-disciplinary mortality meetings within their department. These meetings occur regularly to discuss all deaths that have occurred since the last meeting. Deaths in patients with a learning disability are all reviewed (100%) in line with national guidelines.

18.0 PRIORITIES FOR 2017-18

1. The STFT and CHSFT Safeguarding Adults Team will continue to implement and embed actions and lessons learnt from recommendations of SAR’s/DHR’s and Trust patient safety investigations.

2. CHSFT and STFT will have a joint audit cycle which will continue to compare existing practice with best practice guidelines to continuously identify any areas for improvement.

   Audit cycle for 2017/8 will include:–
   - The significant events form in community nursing records
   - The multi-agency meeting attendance form within community nursing records
   - Inclusion of routine & selective enquiry evidence within community nursing records
   - The inclusion of routine and selective enquiry in the Trust Emergency Department
   - The audit of Safeguarding Policies and Procedural Documents
   - A review of actions from the “Tracy” SAR
   - A review of actions implemented into podiatry practice following SAR Case B (STFT only)
   - MCA / DoLS Policy and Guidance compliance.

3. The safeguarding team will continue to develop and update existing safeguarding policy and procedural guidance in line with Government recommendations and lessons learnt from SAR’s/DHR’s. As a priority the following policies will be ratified and implemented within CHSFT:
   - Restraint
   - Domestic Abuse policy for staff
   - Raising safeguarding allegations against staff
   - Safeguarding adult’s supervision procedural document.

4. The Lead Nurse Safeguarding (CHSFT), Named Nurse Adults Safeguarding and Advisor for Adult Safeguarding (STFT) will continue to provide advice, support, supervision and training to all services across each Trust in order to embed safeguarding into practice, thus improving patient safety across the organisation.

5. A Safeguarding Champions network will be launched within CHSFT in line with the established network within STFT.

6. The PREVENT lead will support all staff across STFT and CHSFT to notice, check and share concerns where they come into contact with vulnerable and susceptible adults who may be targeted by radicalisers and drawn into terrorism.

7. The safeguarding team will continue to attend MARAC meetings and will review the joint working relations within STFT community team to reduce the risks of duplication at meetings.

8. Safeguarding training compliance is identified as a priority for 2017/18. The team will continue to work with Learning and Development colleagues and individual service leads to identify areas where compliance is low to support the achievement of acceptable levels as determined within the Safeguarding Training Strategy.

9. The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for them-selves. The Safeguarding Team will support the MCA / DoLs Advisor in raising the profile to staff across both Trusts to improve statutory compliance.

10. The Safeguarding Team in collaboration with the MCA/DoLS Advisor will continue to enhance the MCA/DoLS application process to quality assure that applications are appropriate and outcomes are realistic.

11. During 2017/18 the team will further develop the STFT and CHSFT Trust intranet sites for safeguarding adults, providing staff access to current and relevant safeguarding information.

12. The team will continue to raise their profile and awareness of the team vision which is to make safeguarding personal, working within a culture that safeguarding is everybody's business, with a staff workforce who will not tolerate abuse.

13. CHSFT will implement the interface of Safeguarding Referrals through the Ulysses Safeguarding module.

14. The safeguarding adult's team will work collaboratively with Local Authorities to implement clear discharge processes for homeless/potentially homeless patient, as part of the requirements of the Homelessness Reduction Bill.

15. The Team will work to standardise recording documentation across both sites.

Melanie Johnson, Executive Director of Nursing and Patient Experience

Christine Johnson / Margaret Deary / Tracy Dawson
Safeguarding Adult's Team.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

SAFEGUARDING CHILDREN AND LOOKED AFTER CHILDREN ANNUAL REPORT

JULY 2017

INTRODUCTION

The purpose of this report is to provide both assurance to the South Tyneside and City Hospitals NHS Foundation Trusts are fulfilling the statutory responsibilities to safeguard children and young people. South Tyneside Foundation Trust and City Hospitals Sunderland Foundation Trust are required under Section 11 of the Children Act 2004 to ensure that children are safeguarded and that their welfare is promoted. Health providers have a key role in safeguarding children and young people, as set out in the statutory guidance "Working Together to Safeguard Children" (2015).

This annual report is to also ensure that each Trust is informed of the progress and developments both locally and nationally on issues related to the safeguarding children and looked after children agenda.

THE OBJECTIVES OF THE REPORT ARE:

- To highlight the work and progress in safeguarding children and young people in South Tyneside Foundation Trust and City Hospitals Sunderland Foundation Trust during 2016-2017.
- To provide assurance that looked after children and young person's needs are met. (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2015).
- To provide assurance that South Tyneside Foundation Trust and City Hospitals Sunderland Foundation Trust continue to fulfil their statutory responsibilities in relation to safeguarding children as stated in Section 11 of the Children's Act 2004.
- To provide assurance that the Trust is meeting Care Quality Commission (CQC) Key Lines of Enquiry relating to safeguarding.
- To identify key areas of risk in relation to South Tyneside Foundation Trust and City Hospitals Sunderland Foundation Trust meet their statutory responsibilities during the reporting period.

Melanie Johnson

Melanie Johnson
Executive Director of Nursing & Patient Experience

CONTENTS

1. BACKGROUND

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

There is a requirement in the Children's Act 2004 for each Trust Board South to receive an annual report on the safeguarding arrangements for STFT and CHSFT, in line with CQC Key Lines of Enquiry. The annual report ensures that there is a clear line of accountability from front line practitioners to the Board.

Under section 11 of the Act, agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area. This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

South Tyneside NHS Foundation Trust (STFT) and City Hospitals Sunderland NHS Foundation Trust (CHSFT) are committed to ensuring service users and visitors are cared for in a safe, secure and caring environment. This endorses the philosophy that safeguarding is everyone's business and everyone working within both health and social care environments has a responsibility to prevent abuse, and where abuse is suspected, to act rapidly and appropriately to protect children, young people (YP) and adults.

Both Trusts' acknowledge the importance of working alongside partner agencies ensuring that everyone, young and old are safe and receives appropriate intervention. Multi-factorial and complex safeguarding activity can be achieved through robust and responsive partnership arrangements, joint working on both local and regional strategic direction, and by incorporating national guidance and policy into Trust policies and procedures.

STFT and CHSFT Safeguarding Children policy is supported by a series of multi-agency policies and procedures within Sunderland, Durham, South Tyneside and Gateshead Safeguarding Children Board's. These are easily accessible on each of the Trusts intranet site.

This report provides a summary for 2016-17 of the arrangements in place at STFT and CHSFT with regard to statutory responsibilities for safeguarding children and young people, including meeting the health needs of Looked after Children.

2. ROLES AND RESPONSIBILITIES

Our statutory duty is to safeguard children and young people and there are professionals in place who have key responsibilities for supporting all activities necessary to ensure that STFT and CHSFT meet their statutory requirements.

In October 2016 the commissioning arrangements for the Named Nurse for Looked after Children (LAC) in Sunderland children Service's, was transferred from STFT to CHSFT to work as part of CHSFT LAC health team, as part of the provision of statutory responsibilities in meeting the health needs of Looked after Children. The LAC services for South Tyneside Children Services remain within STFT.

In January 2017 the NN for Children (CHSFT) then became the NN for Children acute services across STFT and CHSFT. The changes came about after a CQC safeguarding inspection at STFT, requiring safeguarding children arrangements to be strengthened.

2.1 Safeguarding and Looked after Children team

Chief Executive Accountable Officer Safeguarding Children and Adults STFT and CHSFT	Ken Bremner, Chief Executive CHSFT
Executive Lead for Safeguarding Adults and Children STFT and CHSFT	Melanie Johnson, Executive Director of Nursing and Patient Experience
Named Doctor (ND) CHSFT	Dr Darren Bresnen, Consultant Paediatrician, Paediatrics and Child Health
Named Doctor (ND) STFT	Dr Nilda Etorma, Paediatrics Acute Service's (ended July 2016) Interim arrangements in place
Named Nurse Safeguarding Children Community (NN) STFT	Lesley Schuster, Community Services.
Named Nurse Safeguarding Children Acute (NN) STFT and CHSFT	Tracy Dean, Nursing and Patient Experience.
Named Midwife (NMW) CHSFT	Sheila Ford, Head of Midwifery, Obstetrics and Gynaecology Obstetrics and Gynaecology.
Safeguarding Midwife (SMW) CHSFT	Janice Blakey, Obstetrics and Gynaecology Obstetrics and Gynaecology
Named Midwife (NMW) STFT	Angela Smith, Named Midwife, Obstetrics and Gynaecology Obstetrics and Gynaecology Acute Services.
Named Nurse Looked after Children (LAC) CHSFT	Susan Gardner, Nursing and Patient Experience. (October 2016)
Named Nurse Looked after Children (LAC) STFT	Janet Hutchinson, Community Services.
Safeguarding Nurse Advisor Community STFT	Gateshead (2), Community Services South Tyneside (2), Community Services Sunderland (3), Community Services
Paediatric Liaison Nurse CHSFT	Michelle Milburn, Paediatrics and Child Health

The **Chief Executive** (CE) the Chief Executive delegates his safeguarding responsibilities to the Director of Nursing and Patient Experience, who delivers the services with the support of the Named Professionals.

The **Executive Director for Nursing and Patient Experience** (formally Nursing and Quality) is the executive lead for safeguarding children and adults and represented STFT and CHSFT on Sunderland, South Tyneside, Gateshead and Durham Safeguarding Children Boards.

The **Named Doctor (ND)** is a statutory role and works closely with the other team members and with the Designated Doctor (DD) and Designated Nurse (DN) on supporting all activities necessary to ensure that the Trust meets its responsibilities to safeguard and promote the welfare of children. The ND provides a leadership and advisory role with peer review and training, particularly in relation to medical staff and specialist areas. The ND receives supervision from the DD.

The **Named Nurse** (NN) and **Named Midwife** (NMW) are statutory roles alongside the ND to support all activities necessary to ensure that the Trusts meet their statutory responsibilities to safeguard and protect children and young people.
The NN and NMW lead on providing safeguarding children supervision to nursing, and midwifery staff in accordance with the child protection supervision policies and procedures.

The NN and NMW are a point of contact for advice and support to all STFT and CHSFT staff where there are safeguarding concerns, including unborn babies. The NN and NMW receive supervision from the DN.

The **Named Nurse** (NN) for **Looked after Children** (LAC) is a statutory role and is responsible for assessing and promoting wellbeing in the looked after child population.

The **Safeguarding Midwife (SMW)** within CHSFT is a temporary post funded through the Directorate establishment to support supervision, advice and support within maternity services. The level of support in the past year has been 1WTE in response to 2015/16 plans to increase resources. There are plans for 2017/18 to have 1WTE Named Midwife post which will eradicate the need for a Safeguarding Midwife.

The **Paediatric Liaison Nurse (PLN)** supports the NN for CHSFT and is responsible for ensuring paediatric liaison information on all children and young people up to the age of 18 years is appropriately shared with Community Services staff, Health Visitors and School Nurses or the CHSFT Midwife where appropriate. The PLN receives supervision from the NN.

There was **additional non- reoccurring funding** provided by Sunderland CCG to support STFT and CHSFT safeguarding activity to ensure serious case review (SCR's) recommendations were implemented. For CHSFT this consisted of 1 WTE safeguarding advisor who commenced in September 2016 for 1 year. There was a period of 6 months whereby SCR recommendations were not implemented due to resources; however all SCR recommendations are now in place. Due to the changes in the existing safeguarding team and to further strengthen the safeguarding agenda. A Safeguarding Children Advisor post was agreed in February 2017 and the post holder commences in July 2017.

In STFT this funding was utilised to support the CQC findings on improvements and further audit work.

2.2 Designated and lead professionals

Within Sunderland and South Tyneside CCG's there are Designated Doctor's (DD) and Designated Nurse's (DN) who support the Named Professionals and also provide strategic responsibilities in safeguarding children, they are:

Designated Nurse for Safeguarding children	Deanna Lagun. Sunderland CCG
Designated Nurse for Safeguarding children	Carol Drummond. South Tyneside CCG
Designated Dr for Safeguarding Children and Looked after Children	Dr Kim Barrett Sunderland CCG and Consultant Paediatrician at CHSFT
Designated Dr for Safeguarding, Children and Looked after Children and Child Death	Dr Sunil Gupta. South Tyneside CCG and Consultant Paediatrician STFT
Designated Dr for Child Death Reviews	Dr Carl Harvey, Consultant Paediatrician at CHSFT
Safeguarding children lead Nurse and Designated Nurse for Looked after Children	Anne Brock Sunderland CCG and South Tyneside CCG

The **Designated Professionals** provide leadership and strategic health guidance across the local health economy.

The **Designated Doctor (DD)** is a statutory role and the line management for this role is directly by the CCG. The DD, as well as providing leadership and strategic health guidance to the Local Safeguarding Children Boards and serious case review panel sub-group. The DD also provides support and advice to other health professionals on individual cases.

The **Designated Doctor for the Child Death Review Process** provides advice and leadership about reviewing each child death by attending local and South of Tyne overview Child Death panels.

The **Designated Doctor for Looked After Children (DDLAC) and Designated Nurse for Looked After Children (DNLAC)** are statutory roles to provide advice about managing the health of children "in the care of the Local Authority", prospective adopted children, adoptive parents and other permanency care situations. This is in recognition of the fact that the health outcomes for such children are known to be poor in comparison to the majority of children cared for by their own families. The DDLAC and DNLAC also attend the local multi-agency looked after partnership (MALAP) and the MALAP health group.

3.0 MEMBERSHIP OF THE SUNDERLAND, SOUTH TYNESIDE, GATESHEAD AND DURHAM SAFEGUARDING CHILDREN BOARD AND MULTI-AGENCY WORKING

3.1 Local Safeguarding Children Boards

The Executive Lead for Safeguarding Children and Adults is a members of the Local Safeguarding Children Boards. All Safeguarding Children Board's ensure that local child protection arrangements are developed and maintained in accordance with national and local guidance. STFT and CHSFT are active partners in implementing such arrangements.

The Executive Lead, Designated and Named professionals attend a range of sub-committees and working groups for each Local Safeguarding Children Boards. All sub groups have an appointed STFT and/or CHSFT representative with monitoring of attendance in place. Poor attendance is escalated to the Chief Executive, with no escalations for STFT or CHSFT in 2016/17.

3.2 Sunderland Integrated Contact and Referral Team (ICRT)

The Sunderland Initial Contact and Referral Team (ICRT) is a joint initiative between Sunderland City Council, Northumbria Police and the NHS to co-locate key members of staff in order to ensure a timely, response to safeguarding children concerns.

Commissioned by Public Health, STFT Community Services provide one whole time safeguarding advisor and one whole time administration support. They access health agency/services information about a child and family in order to support shared decision making to improve outcomes for children where statutory intervention is required, or, where early intervention may be required**.**

During 2016-2017 the ICRT advisor attended 568 meetings; this is a reduction from 2015/2016 which had 754 meetings held. This reduction reflects the changing working patterns within the ICRT, following the Improvement plan.

3.3 South Tyneside Integrated Safeguarding Innovations Team (ISIT)

During March 2017, STFT have been working with South Tyneside Children's Services and other partners to make significant changes to how children's safeguarding referrals are being organised and coordinated to help children and their families. ISIT is a new initiative similar to ICRT in Sunderland, whereby a multi-disciplinary team of professionals from partner agencies work together to deal with all safeguarding concerns, where someone is concerned about the safety or wellbeing of a child.

To support South Tyneside Children Services, STFT have committed to providing a full time safeguarding nurse advisor and an administrator support. Health activity data from the ISIT will be available in future annual reports.

3.4 OFSTED inspections

In May 2015 Sunderland City Council's services for children and young people had an OFTED inspection, with the findings published in July 2015.

The overall inspection was 'inadequate' in all areas:

- Children who need help and protection
- Looked After Children
- Achieving permanence (including adoption and the experience of care leavers)
- Leadership, Management and Governance.

In the past year OFSTED have been back as part of the monitoring visits and to date have revisited 3 of the 4 areas identified as inadequate. Leadership and Management are due for a monitor visit June 2017.

The first visit in August 2016 OFSTED reported to have found 'significant progresses for care leavers and in November 2016 reported 'steady progresses and February 2017 'making steady progress from an extremely low baseline.

The improvement board continues to monitor the action plan alongside Together for Children the new company set up to deliver Children's Services in Sunderland. CHSFT will continue to work in partnership with the new company.

In April 2017/18 Sunderland Safeguarding Children Board will implement its new structure, reducing its sub groups significantly.
There are no impending changes to Durham, Gateshead or South Tyneside Boards.

Information from these meetings is cascaded through the Safeguarding Assurance Group (SAG) in STFT and Safeguarding Children and Adults Group (SCAG) in CHSF. See appendix 1 Safeguarding Governance Arrangements.

3.5 Joint targeted area inspections (JTAI)

Between 6 February 2017 to 10 February 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Gateshead to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. Findings from the inspection were overall positive for the partnership, with a number of areas of strength identified. Areas for further development will be incorporated into an action plan and progressed across the partnership.

3.6 Missing Sexually Exploited and Trafficked (MSET) and Child sexual exploitation (CSE)

Child sexual exploitation (CSE) is when children and young people receive something (such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts, or money) as a result of performing, and/or others performing on them, sexual activities. Those exploiting the child or young person have power over them because of their age, gender, intellect, physical strength and/or resources. For victims, the

pain of their ordeal and fear that they will not be believed means they are too often scared to come forward.

MSET is a multi-agency meeting responsible for coordinating and ensuring the effectiveness of multi-agency arrangements for safeguarding and promoting the welfare of children and young people who go missing and/or are at risk of Child Sexual Exploitation (CSE), and/or trafficking. CHSFT and STFT have representation at both Sunderland and South Tyneside meetings.

In order to identify and assess CSE risk in young people presenting into emergency care departments across both Trusts, HEADSSS was introduced. This is a psychosocial interview for adolescent's consisting of focused questions which enable staff to ask young people the difficult questions associated to CSE. If a positive result, this would then lead onto staff completing a Safeguarding Children risk assessment as part of their policies and procedures.

CWILTED, a recognised safeguarding paediatric assessment tool, which enhances the Manchester Triage System by enabling childhood accidents to be investigated more accurately, was implemented in 2016/17 across both Trusts. The implementation of the assessment tool is audited and to date there is 100% compliance on the completion.

CWILTED:

- C- Condition
- W-Witness
- I –Incident
- L-Location
- T-Time
- E-Explanation
- D- Description

HEADSSS

H- Home/Relationships
E- Education/Employment
A-Alcohol/Activities
D- Drugs/
S- Sexuality
S-Suicide/Depression
S-Safety

3.7 Multi-Agency Risk Assessment Conference (MARAC)

MARAC is a monthly risk management meeting where professionals share their own agencies information on high risk cases of domestic violence and abuse and put in place a risk management plan. There is representation from STFT Safeguarding Children Team for the Sunderland and South Tyneside meetings and CHSFT adult team attend in Sunderland.

In 2016/17 there were a total of 1433 MARAC reports completed by the Safeguarding Children Community team across the 3 localities. There was a noted reduction with regard to MARAC cases being discussed of 15% and this is reflected in the changes initiated by Northumbria Police to reduce the period of time spent at MARAC by all agencies. The MARAC chairperson screens all MARAC referrals submitted across the partnership, to ensure only cases go through as per MARAC criteria. Due to the change, discussions with Sunderland CCG re commissioning arrangements are underway as part of the contract agreements for 2017/18.

The work undertaken by STFT and CHSFT safeguarding teams will be reviewed in 2017/18 to ensure no duplication of work or representation is at each MARAC.

4.0 GOVERNANCE ARRANGMENTS

As part of the South Tyneside and Sunderland Healthcare Alliance Group and as part of the single executive team, the Executive Lead for Safeguarding is working towards an integrated approach for STFT and CHSFT adults and children safeguarding teams to share good practice, and better utilise expertise and resources.

The following arrangements are in place across Sunderland, South Tyneside and Gateshead local authorities.

a) Safeguarding Children Board sub groups and task and finish groups are predominantly supported by the Named Nurses for Safeguarding Children, community advisors and Looked after Children Named Nurse.

b) Safeguarding Children Boards across the 4 localities are attended by the Executive Director of Nursing and Patient Experience.

c) STFT and CHSFT have operational meetings on a bi-monthly basis which provides the opportunity to monitor safeguarding activity, action plans and case discussions.

d) Safeguarding Assurance Group (SAG) / Safeguarding Adults and Children Group (SCAG) within each Trust has senior representation from each division to provide leadership and risk management of safeguarding issues. These groups provide assurance via the Choose Safer Care to Trust Board level within STFT and Trust Governance Committee within CHSFT.

5.0 MONITORING/AUDIT AND EVALUATION/QUALITY ASSURANCE

There is a programme of audit in relation to safeguarding children carried out by the safeguarding children teams. There are a number of audits which have been initiated as a result of actions from Serious Case Reviews (SCR) and learning reviews which have proven to be a challenge over the past year, due to the gap in the Nurse Advisor post at CHSFT and the CQC inspection improvements required within STFT. However all SCR audits are now completed, alongside the annual audit plan with those requiring re auditing in the 2017/18 audit plan.

5.1 Care Quality Commission (CQC)

Following a Joint Targeted Area Inspection (JTAI) in July 2015, consisting of Ofsted, CQC, HMI Constabulary (HMIC) and HMI Probation (HMIP) on the multi-agency response to abuse and neglect in South Tyneside Metropolitan Borough, recommendations were made for STFT, within Accident & Emergency, Maternity Services and Paediatric Services regarding improvements to safeguarding practice.

CQC returned in July 2016 to complete an unannounced safeguarding focused inspection at South Tyneside District Hospital to review processes, procedures and practices for safeguarding children and young people. This inspection highlighted a lack of progress in areas which had been previously identified as requiring improvement from the JTAI, July 2016.

Following the inspection further recommendations were made which required immediate improvement and work was commenced immediately by the adults and children safeguarding teams, reviewing of the systems and processes, and training, safeguarding supervision and developed an improvement action plan.

An external review of safeguarding children's arrangements was commissioned by STFT in September 2016, to examine the arrangements in the Trust for safeguarding children and young people. The recommendations from this review were incorporated into the STFT CQC action plan alongside the actions form JTAI. A working group was established to meet monthly to progress the improvement action plan and achieve the safeguarding improvements required by the CQC. This group was disbanded in January 2017 and the improvement action plan became part of the Safeguarding Assurance Group remit, providing assurance via the Governance framework.

On the 17th January 2017, CQC revisited STFT to review the progress made against the safeguarding improvement plan. Feedback from this review was positive, with assurance given to the CQC on progress was in place and that safeguarding had been strengthened with increased support/ resources providing support to frontline staff.

The work required to progress the safeguarding improvement plan continues, supported by the increased capacity for both acute and community safeguarding teams. CQC intend to return again to review progress during 2017/2018.

The last CQC inspection for CHSFT was September 2014, in line with the programme of CQC inspections on a Trust wide perspective, monitoring safety, effectiveness, caring, and responsiveness of services and if well led. The overall rating was 'good', there were no specific elements pertaining to safeguarding children. The safeguarding team continue to have regular CQC preparation readiness meetings with support from CHSFT Assurance Manager.

5.2 Sponsored Audits

In 2016 the Executive Lead for Safeguarding sponsored two independent audits. The CHSFT audit one was in relation to testing the levels of compliance with the requirements of both the Intercollegiate Guidance March 2014 and the Trusts own Safeguarding Children Policy, last updated in July 2014. The audit demonstrated 'reasonable assurance' with 2 areas requiring action:

- Quarterly meetings of the Strategic Group have not taken place in accordance with the appropriate Terms of Reference. In accordance with approved terms of reference, the group is responsible for monitoring effectiveness of child protection/safeguarding arrangements across the Trust.

- Monitoring and compliance reporting does not take place in accordance with the provisions in Section 9 of the safeguarding policy.

In March 2017 all actions were completed and a further audit into the impact of the policy on staff compliance will be sponsored in 2018.

The STFT audit assessed the effectiveness of the provision of training in relation to safeguarding processes following recent inspection by CQC. It was to evaluate the

training process with regards to safeguarding children. The audit demonstrated 'reasonable assurance' with 5 areas requiring action:

- STFT document their Safeguarding Children Training related procedures to guide staff in the effective and consistent discharge of their related responsibilities, including statistical analysis and quality assurance.
- The Learning and Development Training Unit ensures that staff who require Safeguarding Children Training at all 5 levels are identified on their management reports to the Board.

- The ESR system is developed to give managers the ability to monitor staff Safeguarding Children Training independent of the Learning and Development Training Unit.

- Operational managers develop their understanding of the barriers to meeting the STFT Safeguarding Children Training target and take actions that ensure the target is met as soon as possible.

- STFT consider the use of sanctions or incentives for those members of staff who fail to meet or abide by their Safeguarding Children Training obligations.

All above actions are ongoing as part of the CQC joint action plan, with steady progress being made.

5.3 Children Act section 11 audit

Section 11 of the Children Act 2004 places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. Sunderland Safeguarding Children Board section 11 audit was completed, with initial findings for CHSFT demonstrating lack of compliance in missing children policy and training. An action plan was produced which gave assurance that compliance had been met via the Trusts security policies and mandatory safeguarding children training.

A Section 11 audit was completed by STFT for South Tyneside Safeguarding Children Board with no risks identified. Gateshead Safeguarding Children Board has agreed to complete Section 11 audit report during 2017/2018.

5.4 Safeguarding dashboard

Monthly contracting data and quarterly safeguarding dashboards are submitted to Gateshead, Sunderland and South Tyneside Clinical Commissioning Groups (CCGs) to report safeguarding activity.

The dashboards are discussed at the Designated and Named Professionals Assurance Groups.The format of the Sunderland and South Tyneside dashboard was updated this year and forms part of the Clinical Coimmissiong Group contractual agreements within CHSFT and STFT for safeguarding assurance.

The dashboard is submitted to the Clinical Commisionsing Group (CCG) on a quarterly basis and is reviewed and monitored by the Named and Designated

Assurance Group. The Named and Designated professionals for CHSFT and STFT are representatives on this group.

The dashboard is reported to the Provider Quality Review Groups and the CCG Quality Safety and Risk Committee. Reports also provide assurance to all 4 Local Safeguarding Adult and Children Boards and NHS England via their agreed governance processes as well as supporting the Provider Named/Lead Professionals in compiling their Safeguarding Annual Reports.

5.5 Saville action plan (Lampard Review)

In February 2015 the Lampard Review was published outlining themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile. The report included 14 recommendations, 9 of which applied to NHS Trusts.

The action plan for CHSFT was signed off via the Corporate Governance Steering Group in May 2016 with a request for a review via the Assurance Programme in March 2017. The Assurance Programme review found “a number of actions identified have been completed but significant gaps remain in compliance with the action plan despite reports that all actions had been completed.

The action plan for STFT had been signed off as complete but a review in 2017 again found a number of gaps.

It is proposed that the completion of this work is overseen by the Director of Nursing via the Safeguarding Assurance Group (SAG, STFT) and the Safeguarding Children and Adults Group (SCAG, CHSFT).

An update will be presented to the Executive Committee in November 2017.

5.6 Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act making it a criminal offence.

In March 2014 the Department of Health requested voluntary information on the numbers of FGM cases identified within health sectors; however from the 1st September 2014 statutory requirement for FGM patient data was enforced, based on specific categories.

In September 2015 the required recording (and submission) of FGM information across the NHS, FGM Enhanced Dataset was published. The requirements now require all staff, where they have identified FGM, to inform the woman/parent or guardian of the need to report and then record in the health records this information, this particularly impacts on maternity services.

The incidences of FGM reporting across STFT and CHSFT stand at 8 in 2016-17. However the Regional Paediatric Forensic Network, based in the RVI, have seen a small number of cases directly involving children, all of which had been completed outside of the UK. All FGM cases have been reported to children services as well as DOH; however none of the cases resulted in a criminal prosecution.

6.0 SAFEGUARDING ACTIVITY

6.1 Young Persons Nurse

The Young Person's Nurse is commissioned by Public Health within STFT, works as part of the Sunderland safeguarding children team. The role includes working in partnership with the youth offending service to ensure that health needs of those clients are met. The Young Person Nurse currently undertakes health assessments on all children who access Sunderland Youth Offending Service and on receipt of referrals from Sunderland Youth Drug and Alcohol Project (YDAP) within 5 working days. Since 1st April 2016 240, health assessments have been completed, which is an 11% increase from 2015/16. Sexual health screening by the Young Person Nurse has increased by 52%, alongside a 68% increase in screening for Blood Borne Disease. The reduction with regard to onward referrals and referrals to YDAP are noted to have fallen. During 2016/2017 the youth offending service and YDAP have been subject to reorganisation and the current provision is yet to be determined.

6.2 Vulnerable babies interface group CHSFT

This group was established in 2015/16 as part of a service development to improve the outcomes for babies at birth where safeguarding concerns had been identified during ante natal period. This group is chaired by the Safeguarding midwife on a monthly basis and is very well attended. Together the group review complex cases and ensure the best outcome is achieved for the unborn baby. This is an excellent example of multi-agency working.

6.3 Child protection plans/alerts CHSFT and STFT

CHSFT and STFT safeguarding teams receive information from their local Children Services on children and unborn babies who are subject to a child protection plan and/or Looked after. This information is placed on each Trust electronic records system of the child. This is to ensure that staff working with the child are aware of the safeguarding concerns which will support their clinical decision making and ensure appropriate action taken. Where there are no safeguarding alerts in place and the staff have concerns regarding the child's safety and welfare, they would contact children services to find out if they had an allocated social worker or classified as being "a Child in Need."

In the case of an unborn baby, the alert is placed on the mother's electronic record and once the baby is born the alert is transferred to the baby record.

CHSFT record Sunderland, South Tyneside, Durham and Gateshead and as of the 31st March 2017 there were 1239 of alerts in place due to a CP plan, demonstrating a 3% decrease from the previous year and 537 Sunderland LAC alerts, which is 2 cases less than in 2015/16. There has been a steady increase in the number of children who are now subject to child protection plan in Gateshead, with work underway by Gateshead Children Services, to scrutinize the reason for this.

Figure 1 CP Plan alerts in place as of 31.03.17

	Sunderland	Durham	South Tyneside	Gateshead
CP Plan	428	259	213	335
LAC	537	NA	NA	NA

As well as the alerts for above there are Missing Sexually Exploited and Trafficked (MSET) alerts which are in place for 3 months, each time young person's (YP) case is discussed. Many of the YP are discussed more than once and deemed high risk; therefore the alert stays in place until risk reduced.

Recently there has been a MSET transition group setup within CHSFT between the LAC Named Nurse and Adult Safeguarding Lead, as many of the MSET cases discussed are over the age of 18 years. This meeting is to ensure safe hand over to ensure the adult lead has oversight of and can inform the LAC Named Nurse of attendance or concern. The same process will be implemented within STFT in 2017/18.

6.4 Safeguarding referrals

The number of referrals to children services made by CHSFT as of the 31/03/17 was 930 which is a decrease of 12% by compared to 2015/16. The "toxic trio" (Mental health, substance misuse and domestic violence) continue to be the significant underlying causes for child protection referrals to children services. The drop does not present as an issue, as this is in line with children services improvements of agencies adhering to agreed referral thresholds.

In STFT as of the 31st March 2017 a total of 413 referrals were made, an increase in the safeguarding activity has resulted from including the acute and maternity services data. There has been a 22% reduction in submission of Safeguarding Children Referrals from South Tyneside community services noted during this reporting year. This reduction should be viewed with caution as maternity safeguarding referrals have previously been reported within the safeguarding community data until October 2016.

In 2017/18 there will be a standardised reporting for all safeguarding activity across adults and children.

Figure 2 CHSFT Trust wide numbers of referrals made to children services

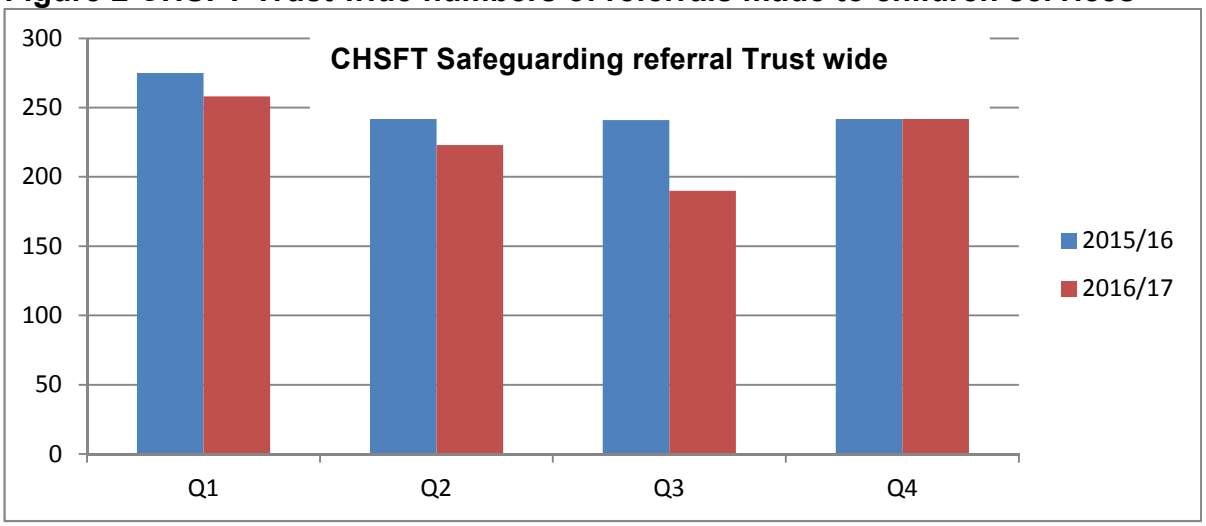


Figure 3 STFT Trust wide numbers of referral made to children services

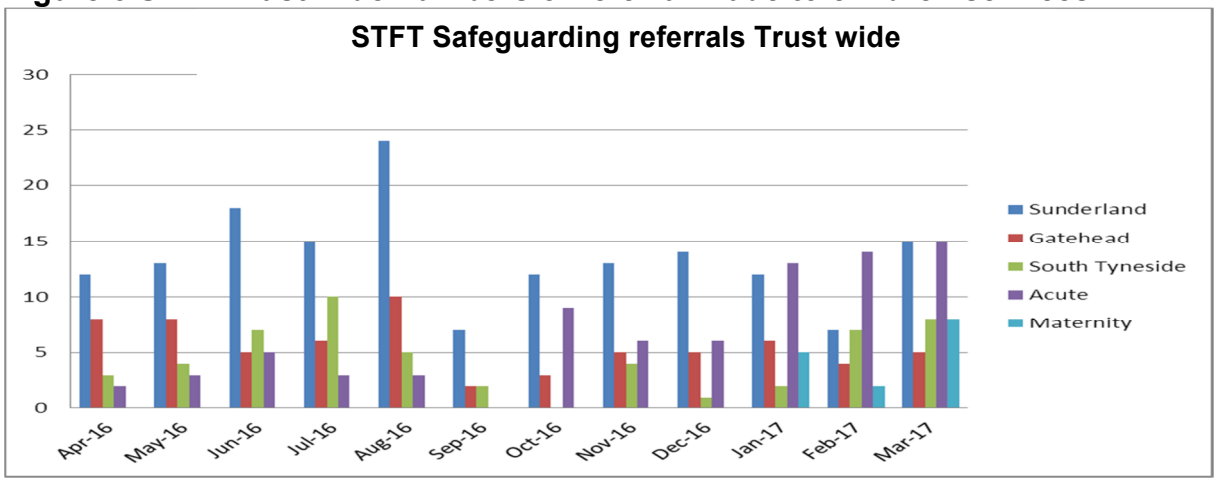


Figure 3 demonstrates an increase in acute and maternity referrals in line with the CQC improvement work, in the later part of the year.

6.5 Safeguarding telephone advice and support

Providing safeguarding advice and support to practitioners is the core function of the safeguarding advisors, across both Trusts. Telephone support and advice has fallen by 31% during 2016/2017 within the STFT safeguarding children community team, across the three localities. An explanation for the drop is directly related to the safeguarding team being based within the same premises as the South Tyneside and Sunderland localities professionals (such a Health Visitors), who can access face to face support. The contact made with staff face to face, has not been captured in the current data and will be addressed for 2017/18.

Themes relating to seeking advice are associated to current or chronic safeguarding concerns, requiring guidance through the referral process or assistance to challenge Children's services decision making. Advice and support activity within the acute services across both sites will be collated for 2017/18.

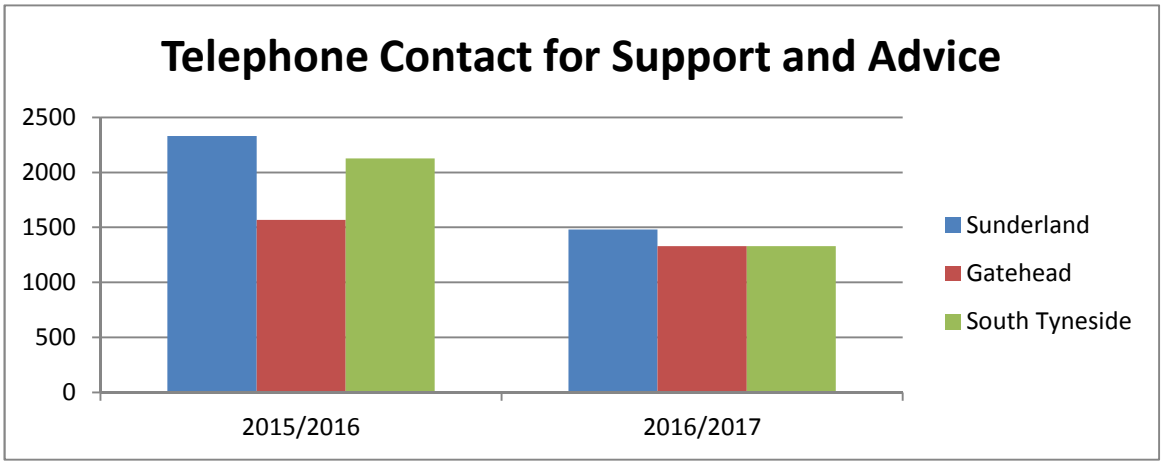


Figure 4 STFT numbers for telephone advice and support

6.6 Peer review

Peer review is an essential part of providing support and guidance to medical staff who are involved in the completion of child protection medicals. At the meetings child protection cases are reviewed with photographs and x-rays, current evidence, literature is reviewed and reports are discussed in this group. The meetings are minuted and actions agreed. Attendance at these meetings are monitored and evidenced as part of the individual's annual appraisal, supporting clinical practice and safeguarding training requirements.

In CHSFT the group membership has been extended to include ED physicians due to the 16-18 year old age group they are involved with through ED.

For STFT the child protection medicals are completed by Consultant Paediatricians therefore the peer review membership will remain as per STFT peer review Terms of Reference.

6.7 Child protection supervision

It is recognised that staff who work with children in need of protection may be subject to particular stresses and anxieties. Safeguarding children supervision is integral to providing an effective "think family" philosophy. Supervision has a number of functions, not least to ensure service delivery is of a high quality and is supporting good evidence based practice.

Nursing supervision is completed by the safeguarding children teams, NN LAC and NMW as per STFT and CHSFT child protection supervision policies and procedures.

The delivery of supervision is 3 monthly for all case holders and 6 monthly for none case holders, delivered by group supervision as required. Future plans 2017/18 will be to align all the children and adults supervision policies and procedures across STFT and CHSFT.

Figure 5 CHSFT Nursing staff child protection supervision compliance

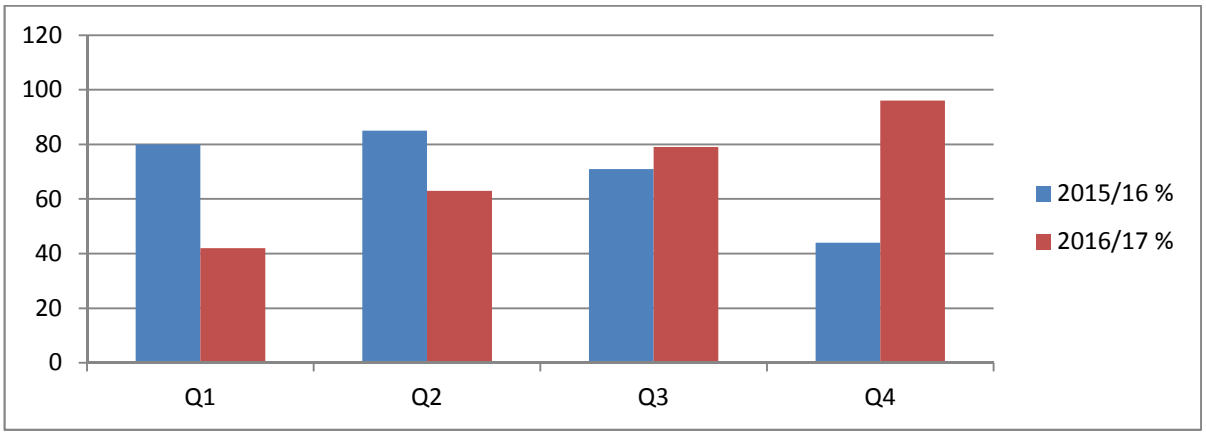


Figure 5 depicts the percentage of nursing staff who have received child protection supervision over the last year, compared to 2015/16 numbers. This is seen as a total of all supervision activity across a range of areas. Capacity issues due to sickness, workload and a lack of trained supervisors had impacted upon the earlier figures and following additional supervisors the figures increased. The additonal non-recuring funding supported the level of supervison completed in Q2 and Q3 with Q4.

Significant improvements have been demonstrated within the maternity data, directly resulting from the full time Safeguarding Midwife post alongside the supervision training undertook by senior midwives who were then able to support the delivery of supervision for all midwives. Compliance form Q1 to Q4 increasing by 54% every 6 months with more recently the development of quarterly supervision to all community based midwives

Figure 6 STFT Safeguarding community child protection supervision compliance 2016/17

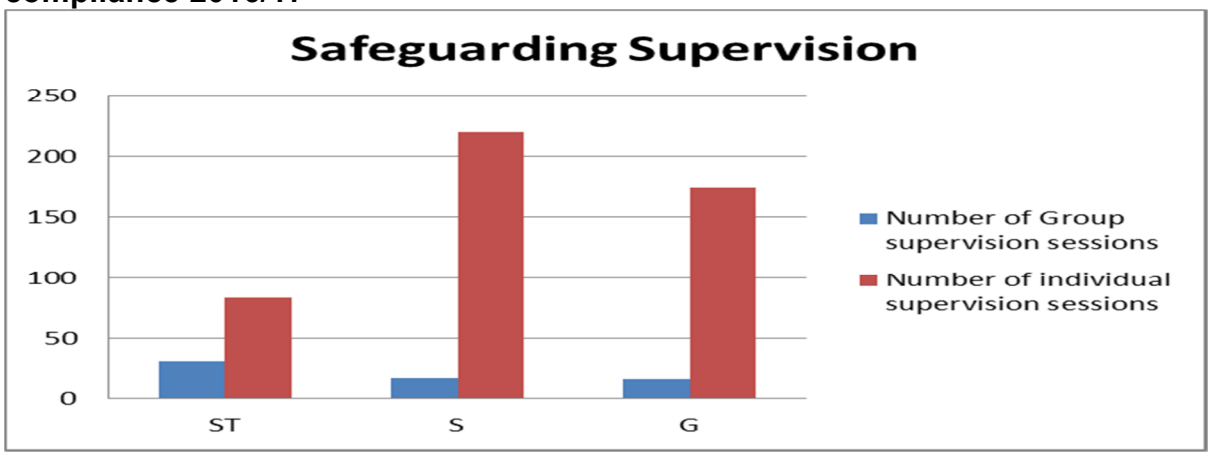


Figure 6 depicts the numbers of supervision provided by the STFT safeguarding community team on a 3-6 monthly basis.

7.0 TRAINING

The required levels of training for health staff are set out in the "Safeguarding Children and Young People – roles and competencies for health care staff" Intercollegiate Document RCPCH (March 2014). The Named professionals review training needs analyses (TNA) on a 6 monthly basis, to ensure staff attend the correct level of training. All training is delivered by the safeguarding children team as per trust mandatory training policy and attendance is reported into the safeguarding dashboard.

As part of the CQC improvement plan a review of STFT safeguarding children training was completed and Executive agreement was obtained to update and align safeguarding children training with CHSFT model. The frequency of training changed from yearly to every 3 years and changes to duration from two to six hours.

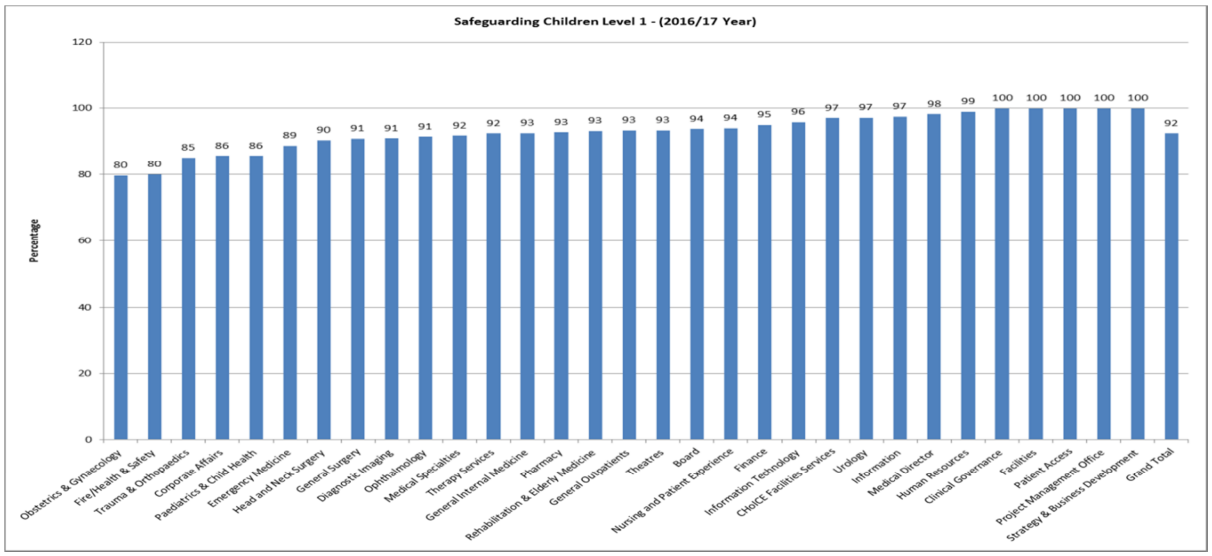
CHSFT E-learning training was supplied by E-learning for healthcare (e-LfH) in partnership with Royal College of Paediatrics and Child Health (RCPCH), up until January 2017 when a bespoke e-learning package was developed by CHSFT safeguarding children team. The reason for the change in e-learning was due to lack of local guidance for staff. The bespoke eLearning will be updated by the safeguarding children team when any changes to safeguarding practice or process internally and nationally, providing assurance that the training was up to date and relevant to the needs of the organisation, as well as complying with National Guidance. (Intercollegiate Document March 2014).

All staff can, and are, encouraged to attend multiagency training provided by the Local Safeguarding Children Boards. There is a requirement that when staff attend external training that they ensure this is recorded in their electronic staff record and this is reinforced with staff at their appraisals. All training sessions have evaluation and impact statement questionnaires completed for monitoring and improvements.

Trust Induction: Identified staff receive e-learning safeguarding children level 1 and depending on their role, e-learning level 2 safeguarding children training as part of their Trust induction programme.

Level 1: All staff including non – clinical managers and staff working in health care, such as administrative, caterers, domestics, transport, porters, community pharmacist counter staff. This is provided through e-learning and to accommodate staff learning needs there is a face to face sessions at level 1 and 2 which they can attend. Requirements are 2 hours every 3 years via e-learning and all data is captured on electronic Staff Record (ESR).

Figure 7 CHSFT Safeguarding children level 1 training compliance



Figures 7 demonstrates the year end position is 92% compliance which is a 4% decrease in last year, however is still above target set at 90%.

Level 2: Minimum level required for non-clinical staff who have any contact with children, young people and/or parents/carers, such as administrators for looked after children and safeguarding teams, nurses working in adult acute/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care professionals, including technicians. It is provided through e-learning and to accommodate staff learning needs there are also 3 hour face to face sessions available. Requirements are 3 - 4 hours every 3 years via e-learning and all data is captured on ESR

Figure 8 CHSFT Safeguarding children level 2 training compliance

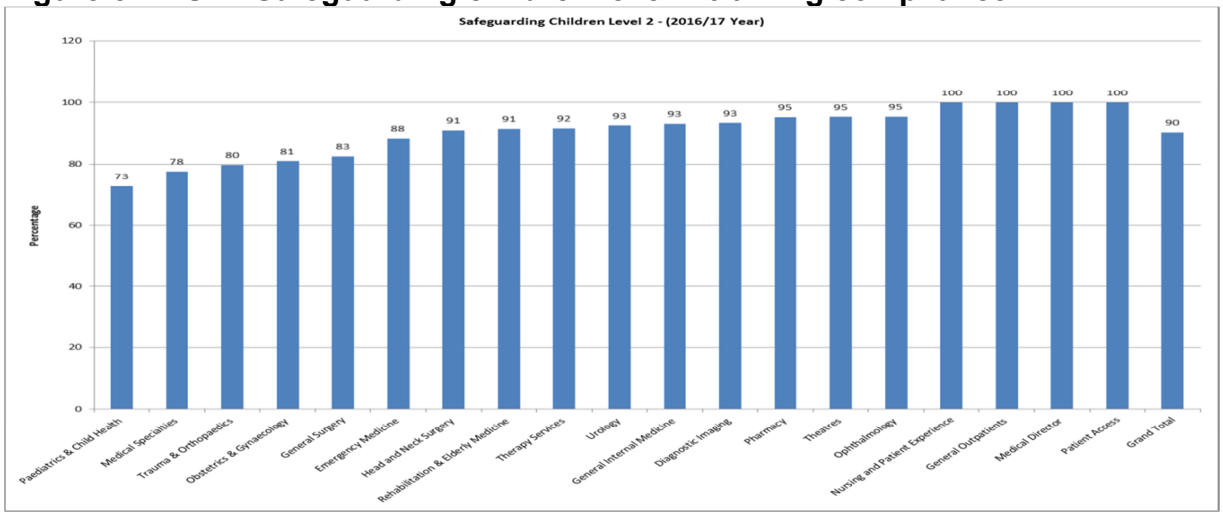


Figure 8 shows level 2 training as end of year 90% which is a 9% increase in last years, as forcasted in last years report.

Level 3: all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns. This includes urgent and unscheduled care staff, adult learning disability staff, learning disability nurses, specialist nurses for safeguarding, health professionals working in substance

misuse services, paediatric allied health professionals, sexual health staff, children's nurses, midwives, obstetricians, paediatricians, paediatric radiologists, paediatric surgeons and lead anaesthetists for safeguarding. Requirements are 6 hours every 3 years via face to face and all data is captured on ESR.

Figure 9 CHSFT Safeguarding children level 3 training compliance

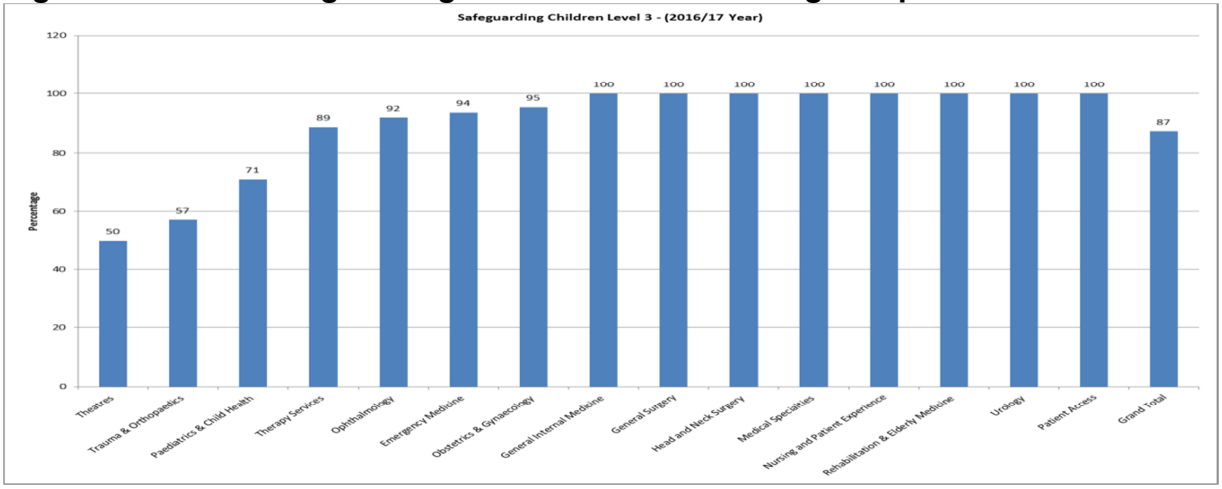


Figure 10 CHSFT Safeguarding children training level 3 directorate compliance

Directorate	Staff No	Staff Completed	% 2016/17 Compliance	% 2015/16 Compliance
Emergency Medicine	141	132	94	81
General Internal Medicine	5	5	100	100
General Surgery	2	2	100	0
Head and Neck Surgery	3	3	100	100
Medical Specialties	8	8	100	100
Nursing and Patient Experience	2	2	100	100
Obstetrics & Gynaecology	152	145	95	95
Ophthalmology	37	34	92	85
Paediatrics & Child Health	154	109	71	81
Rehabilitation & Elderly Medicine	4	4	100	100
Trauma & Orthopaedics	7	4	57	80
Urology	1	1	100	100
Patient Access	12	12	100	100
Theatres	2	1	50	100
Therapy Services	53	47	89	90
Grand Total	**583**	**509**	**87**	**87**

Figure 9 and 10 demonstrates level 3 compliance at 87%, the same as last years. The areas in which compliance is poor are moinitored via the Safeguarding Children and Adults Group and the training manager escalates this information to the department business manager.

STFT had some issues as identified during the CQC inspection in respect of accurate training figures and a vast amount of work has been undertaken to address this. Therefore this report will not include the 2016/17 data but can give assurance that as of the 31st March 2017 level 1 compliance stands at 94%, level 2 at 88%, and level 3 at 86% which indicate substantial improvement.

In additon there is level 4 and 5 which is for Named and Designated professionals with compliance standing at 100% for both across both Trusts.

7.1 SCR briefing and safeguarding awareness sessions

CHSFT safeguarding children team developed a programme of 'Think Family' awareness sessions planned once a month over the year. These sessions were based in the lecture theatre over a lunch time and suggestions came from staff on some of the topics to cover. Children Law, Mental Capacity and DoLs and drugs/alcohol were but a few, with several external agencies facilitating. Feedback from staff was good; however due to the challenges in releasing staff from high flow patient areas the attendance to these had diminished and an alternative mode of awareness will be developed in 2017/18 whereby staff can access information suitable to them, whilst not required to leave the department.

'Safetember' is the month in which patient safety features across both Trusts with the Children and Adults leads delivering a session based on SCR's which had a child and adult element of learning. This date will continue in 2017/18 and will form part of the twice yearly safeguarding awareness days for staff.

7.2 National Child Sexual Exploitation Awareness Raising Day

On the 18th March 2017 both Trusts delievered sessions to raise the profile of child sexual abuse. Poster displays, leaflets and awareness raising with the use of STFT carousel/ intranet site being utilised.

7.3 Domestic Abuse Awareness Week STFT

November 2016 was Domestic Abuse Awarenes Week and a safeguarding forum was held in STFT for Trust staff, raising awareness of the NICE Domestic Violence and Abuse: Quality Standards. Displays with information pertaining to domestic violence across all sites were in place with a safeguarding children and/or adult advisor an Occupational Health practitoner were present to enforce the campaign and answer staff questions. The information was repeated in March 2017 at part of CSE awareness week.

7.4 Safeguarding Annual Symposium CHSFT

This took place on the 27th March 2017 with 100 staff attending. There was an excellent speaker, Mr John Clough. He spoke about his and his families experience of domestic abuse when, his daughter a nurse, was murdered due to dometic abuse. Sunderland Children and Adult services contributed to the day and demonstrated strong multi-agency working. Future plans are to hold a joint STFT and CHSFT symposium for 1 day in 2018.

8.0 LOOKED AFTER CHILDREN HEALTH SERVICE

'Looked after Children' (LAC) is a generic term introduced in the Children Act 1989 to describe children and young people in the care of local authority. The Looked After Children's health team is governed by statutory guidance from the Department of Health 2009 and by NICE guidance published in September 2010, The Children (Leaving Care) Act 2000 and Looked after children knowledge, skills and competences of health care staff Intercollegiate role framework March 2015.

LAC initial health assessments (IHA) need to be completed by a Doctor, within 28 days of a child coming into care, and subsequent review health assessments (RHA)

every 6 months for children aged less than 5 years and every 12 months for children/young people aged 5-17) by a LAC nurse in CHSFT and within STFT a HV/ School Nurse age dependant and/or Named Nurse LAC. Their physical needs are addressed in these assessments. Northumberland Tyne and Wear (NTW) provide tier 3 services and there remains ongoing issue with timely appointments from NTW services for referral made by LAC health team and social workers. This has been escalated to the CCG commissioners.

National guidance (Looked after children: knowledge, skills and competence of health care staff March 2015) now advises roles of Name Nurse for LAC and Named Doctor for LAC in line with safeguarding structures. Following a review of LAC services within CHSFT the commissioning arrangements for the Named Nurse LAC was transferred from STFT to CHSFT.

This move allowed changes in the model of delivering on IHA's and RHA's in a less medically defined framework with more nurse led focus. The service now provides a flexible service to meet the needs of the LAC population now such as home visits for those young people who are 'hard to reach'. The new service has also engaged directly with LAC services users to gain feedback on the new approach.

The services for South Tyneside LAC remain within STFT and the IHA are completed by a Dr with the RHA completed by a HV or school nurse alongside the Named Nurse for LAC. Gateshead Looked After Children Team transferred from STFT to Gateshead Queen Elizabeth Hospital.

The current number of Sunderland children Looked After is 528, of which 78 reside out of area. 2 are currently in secure placements; with 17 accommodated in specialist out of area placements. The reason for the out of area placements are due to the lack of local specialist services i.e. disability care or therapeutic support with education.

The current number of South Tyneside children Looked After is 275, of which 84 reside out of area. There are none who are accommodated in a specialist unit or secure accommodation.

Figure 11 STFT percentages of statutory health assessments in timescale

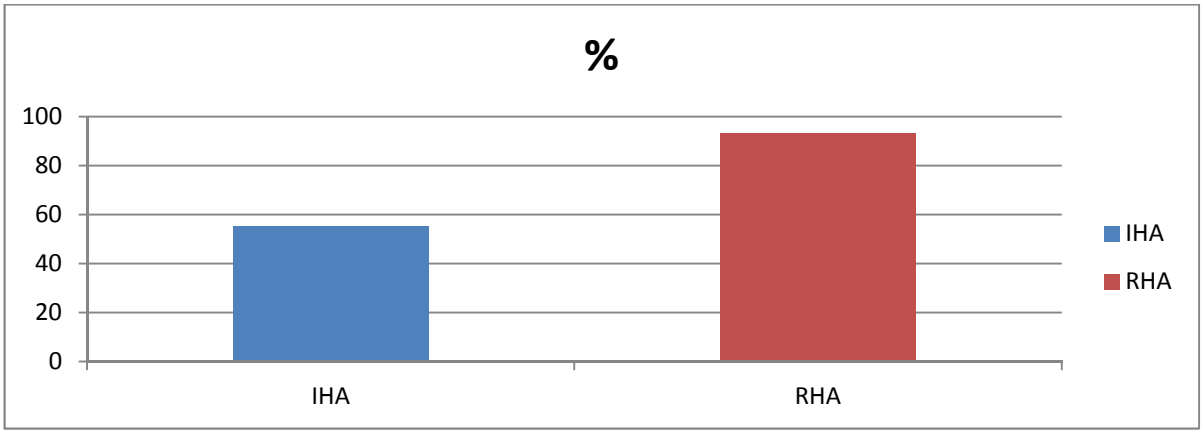


Figure 11 demonstrates the IHA are low and this is a combination of failure to have parental consent ready by time frame from Children Services and appointments being cancelled by carers.

Figure 12 CHSFT Percentage of statutory health assessments in timescale

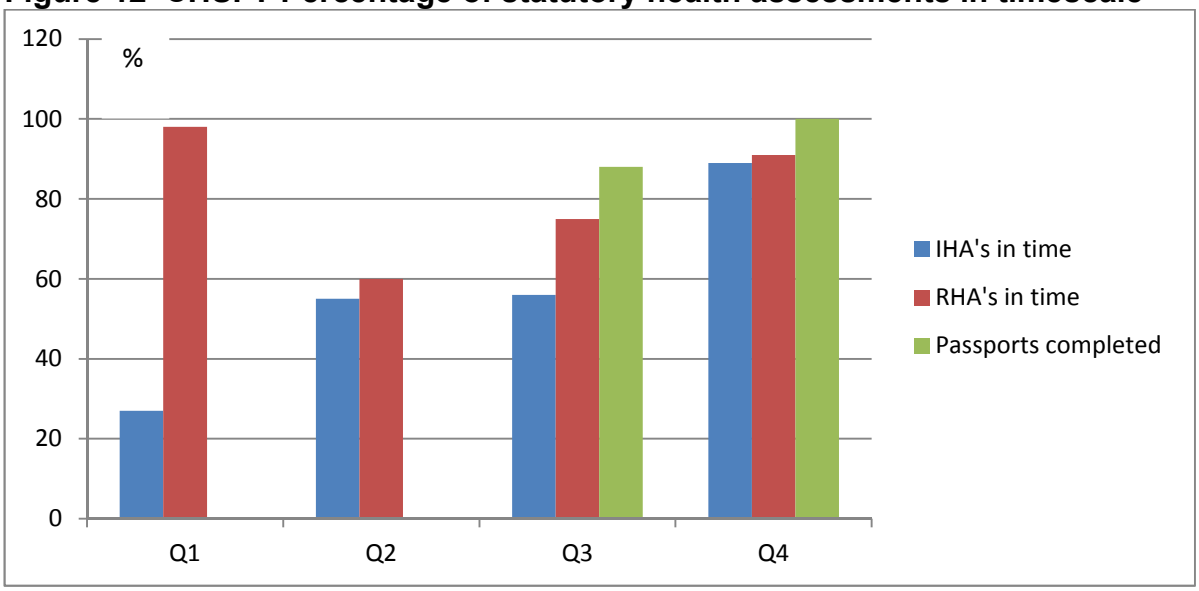


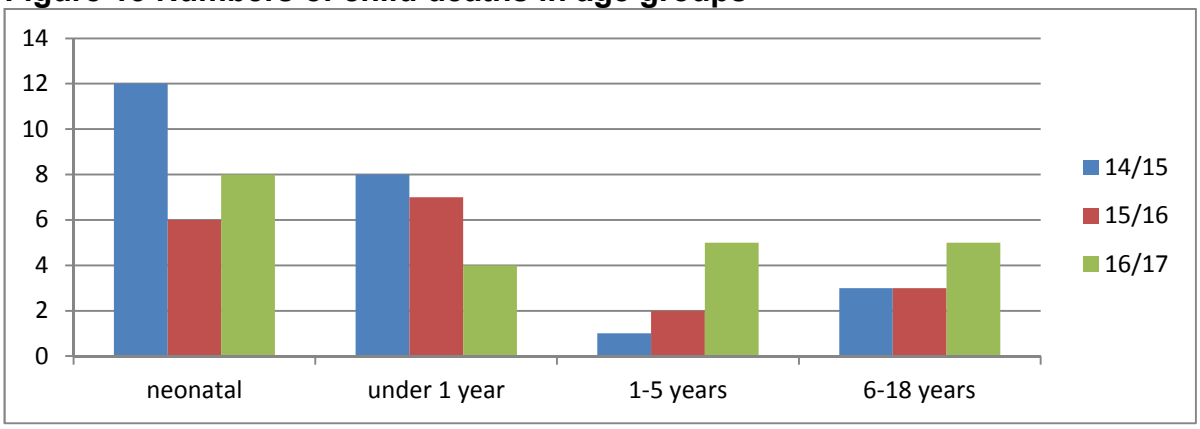
Figure 12 demonstrates a significant improvement in KPI compliance, which has been achieved due to changes in the LAC model and robust partnership working with a LAC service manager. The partnership working consisted of weekly communication to the LAC team informing them of children becoming looked after, supporting his social workers in completing the necessary documents in time frame. The data for health passports, as part of the improved data capture work, commenced in Q3.

Following service user feedback and the Change Council made up of children and young people (Sunderland LA) involvement, the team were able to secure charitable funds from Paediatrics to furnish a dedicated waiting room for young people 13 years and over. The user feedback also indicated the young people's wish not only for a separate waiting area but improvements made to their health passports. Health passports are a health profile, for when they leave the LAC service. Their health information is not something they can often go back to parents and request, therefore this is their information that can support them later in adult life if health issues were to arise.

9. CHILD DEATH REVIEW PROCESS (CDR)

The Designated Doctors for Child Death Review Process (DCDR) for each Trust attend the CDR meetings and South of Tyne child death overview panel (CDOP) meetings. At each meeting every child death is scrutinised to extract learning (local, regional and national) from the death, including where immediate action needs to be taken.

Figure 13 Numbers of child deaths in age groups



The causes of neonatal deaths remain similar to previous years: extreme prematurity, sepsis & congenital abnormality. In the under 1 year category, cot death and congenital abnormality inconsistent with life were the most common causes of death. In the 1–5 years category, the deaths were due to neuro- disability (congenital and post septic) and congenital cardiac abnormalities. This year showed a significant increase due to cardiac abnormalities in comparison to previous years. In the 6–18 years category, all of the deaths were 16 years of age or older. They were due to drugs overdose (2), accidental drowning (1) and congenital abnormalities (2).

Both the two older age categories showed significant increase in cases of death. This year, many of the cases were expected deaths; these were young people who survived due to increasingly sophisticated medical care for longer periods of time. These children were well known to the Paediatric Department.

During 2016/2017 across the 3 localities STFT safeguarding children team were notified of 36 child deaths. The largest proportions of deaths in the 0-5 age cohort are associated with premature births and deaths of children with known life limiting conditions. Deaths related to 16-18 year old children, relate to unexpected death through accidental harm. Overall the findings show that the pattern of child deaths seen locally reflects those identified in regional and national findings.

Lessons learnt from any deaths are fed back by the DDCDR. Any learning outcomes are monitored by the DDCDR and reported into Strategic Safeguarding Children Group and into STFT and CHSFT training and supervision.

10. LEARNING FROM SERIOUS CASE REVIEWS (SCR) AND INDEPENDENT MANAGEMENT REVIEWS (IMR)

Working Together (2015), requires reviews to be conducted, for cases which meet statutory requirements as well as cases which can provide valuable lessons about how organisations are working together to safeguard and promote the welfare of children. In addition to the statutory SCR processes, the safeguarding teams are also required to contribute to Individual Management Reviews.

Other types of reviews include Child death, review of a child protection incident which falls below the threshold for a SCR and reviews of practice through audit across one or more agencies.

Following the Wood Report May 2016 (DOH) the Government will replace the current SCR system with a system of national and local reviews. This will ensure that reviews are proportionate to the case they are investigating, and improve consistency, speed and quality (this will include accrediting authors).

- Under the new system, lessons from reviews will be captured and shared more effectively so that they can inform good practice.
- A National Panel will be established. This will be responsible for commissioning and publishing national reviews and investigating cases which will lead to national learning.
- Local partners will be required to carry out reviews into cases which are considered to need (at least) to local learning. These should be published.
- The planned What Works Centre for children's social care will analyses and share lessons from local and national reviews.
- Up to £20m has been announced by the Government to fund the centralisation of case reviews and the What Works Centre.

To date there have been no local changes to the process and within any of the 3 localities covered by STFT and CHSFT.

During 2016/2017, seven Serious Case reviews were published across the three local safeguarding children boards, with all action plans up to date. There were 10 requests to conduct new scoping exercises where concerns have been raised under the remit of a potential SCR, with one meeting the criteria.

The Safeguarding Children and Adults Group (SCAG) and Safeguarding Assurance Group (SDAG) oversee the progress and escalate any risks/lack of progress to the Governance Committee as part of the Quality Risk and Assurance Report.

Following the publication of any SCR's briefing sessions will be completed to share the learning across each Trust.

11. CHSFT ACTIVITY 2016-17 ACHIEVEMENTS

This section of the report provides a progress update on the priorities identified in 2015- 2016 Annual report.

11.1 Business case to be made for additional ongoing resources within the safeguarding team to ensure robust supervision is in place for Maternity and acute services.
Update: As part of the maternity review the funding has been agreed and the post will go out to advert in early summer.

11.2 Maintain above 80% safeguarding training figures and improve figures where below.
Update: Achieved all above and new target set at 90%

11.3 Produce a safeguarding audit strategy. This would have 2 strands to it; SCR audits and annual assurance audits. Review Section 11 audit compliance in respect of new data requirements.
Update: Achieved and monitored by SCAG

11.4 Embed the use of Ulysses to complete safeguarding referrals to children services.
Update: Ulysses is now embedded into every day practice.

11.5 Review the LAC health assessment process and ensure data collection is robust to give assurance health performance indicators is met.
Update: Achieved see section 7

11.6 The LAC health team will review to determine how statutory assessments can be done more effectively, more flexibly and still remain LAC focused, including delivering services to the hard to reach teenagers and increasing the co-working with mental health services.
Update: Achieved see section 7

11.7 Within the CSE task and finish group, the CSE screening will be embedded within AED/ PED documentation with the aim of safety netting those vulnerable young people within CHSFT.
Update: Ongoing work to improve compliance within adult ED

11.8 The opinions of the LAC will be sought which has led to the creation of an adolescent sitting room at the children's centre.
Update: Achieved see section 7

11.9 To develop a multi-agency LAC strategy.
Update: Transferred to Multi Agency Looked After Partnership.

11.10 Child protection supervision training to key staff.
Update: 2 supervisor training sessions delivered to 24 staff.

11.11 Child protection supervision documentation to be within Clarity for NMC revalidation.
Update: All staff receive supervision notes which they can upload into Clarity.

12. STFT ACTIVITY 2016-17 ACHIEVEMENTS

12.1 The past year has focused on the delivery of the CQC joint inspection action plan alongside the Serious Case Reviews action plans.

13. CHSFT and STFT FUTURE ACTIVITY 2017-18

13.1 LAC newsletter in partnership with Change Council

13.2 Improve CYPS service for CHSFT LAC

13.3 Monthly bespoke training sessions to increase midwives knowledge and skills of domestic violence and the impact this has on the pregnant woman and her unborn baby STFT and CHSFT.

13.4 Ensure dog safety message is embedded into midwifery practice and is incorporated into the maternity postnatal baby records STFT and CHSFT.

13.5 Collaborative working between STFT and CHSFT safeguarding adults and children teams.

13.6 Electronic CHSFT maternity pregnancy records to have safeguarding documentation incorporated.

13.7 Child Protection – Information Sharing to be live within CHSFT and STFT patient records systems by March 2018.

13.8 Safeguarding children nurse advisor acute services for CHSFT and STFT.

13.9 LAC nurse appointment for CHSFT.

13.10 Safeguarding Advisor Acute services appointment for STFT.

13.11 New process to replace monthly 'Think family' awareness in place for staff i.e. safeguarding newsletter.

13.12 Voice of child across STFT and CHSFT with a service user group.

13.13 Child and young person annual report.

13.14 Improve IHA compliance within STFT.

13.15 Target hard to reach young people to ensure health assessments in place by means of creative working.

13.16 A single IT solution to support the Safeguarding Team across the 3 locality areas.

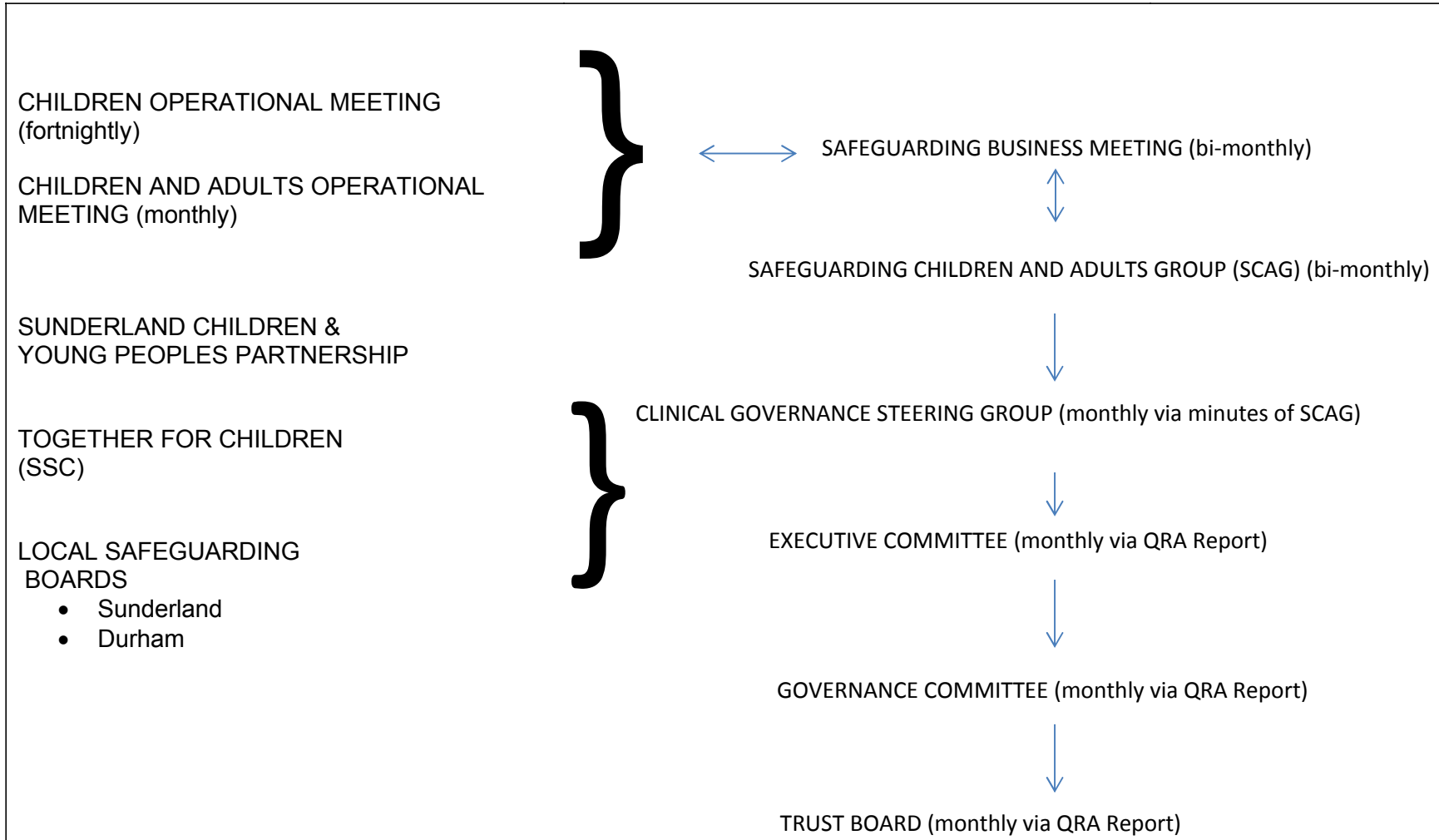
13.17 Safeguarding Supervision will be further developed to include a review of the Supervision arrangements to the community services in light of recommendations from the National Health Visiting Core Service Specification (NHS England).

13.18 The Safeguarding Children Policy should be updated during 2017/2018 to include the improvement work undertaken following the CQC review and to ensure it is updated in line with local and national guidelines.

13.19 STFT and CHSFT Adoption Procedure will be reviewed to ensure all health information is within child's adoption records.

13.10 Continue to develop integrated safeguarding team across STFT and CHS.

Report produced by the Named Nurses for STFT and CHSFT with contributions from safeguarding children teams.


CHILDREN OPERATIONAL MEETING (fortnightly)
CHILDREN AND ADULTS OPERATIONAL MEETING (monthly)
SAFEGUARDING BUSINESS MEETING (bi-monthly)
SAFEGUARDING CHILDREN AND ADULTS GROUP (SCAG) (bi-monthly)
SUNDERLAND CHILDREN & YOUNG PEOPLES PARTNERSHIP
TOGETHER FOR CHILDREN (SSC)
LOCAL SAFEGUARDING BOARDS
Sunderland
Durham
CLINICAL GOVERNANCE STEERING GROUP (monthly via minutes of SCAG)
EXECUTIVE COMMITTEE (monthly via QRA Report)
GOVERNANCE COMMITTEE (monthly via QRA Report)
TRUST BOARD (monthly via QRA Report)

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DEPARTMENT OF PLANNING AND BUSINESS DEVELOPMENT

COUNCIL OF GOVERNORS

AUGUST 2017

PERFORMANCE REPORT

INTRODUCTION

Please find enclosed the Performance Report for June 2017 which updates Governors on performance against key national targets.

EXECUTIVE SUMMARY

Performance – NHS Improvement (NHSI) Operational Performance Indicators

The Trust's position in relation to NHSI's operational performance indicators is as follows:

A&E 4 hour target (patients spending less than 4 hours in A&E)

Performance for June was marginally below the 95% target at 94.89%. The CCG are in discussions to look at performance for the A&E Delivery Board as a whole and performance on this basis would be above target at 95.82%.

In terms of attendances to our A&E departments, we experienced a 10% increase in attendances compared to June 2016 (excluding the mid-year counting change there was a 3% increase). We were above our STF trajectory of 90.3% for June and 90% for Q1 (performance for Q1 was 94.89%).

The national performance for May was 89.7%. We remain in the upper middle 25% of Trusts nationally.

Referral to Treatment Time (RTT – from GP referral to consultant led treatment)

Performance remains above target at 94.67%. At specialty level T&O, Oral Surgery and Thoracic Medicine remain under target with recovery plans in place for these specialties. Urology is marginally under target this month due to a reducing number of incomplete pathways. This is being discussed with

the team as performance has remained close to standard for a number of months.

National performance for May remains below the standard at 90.4%.

Cancer targets (2 weeks from GP referral to 1st appointment, 31 days from decision to treat to treatment and 62 days from referral to treatment)

Due to cancer reporting timescales being 1 month behind, the performance report includes May's confirmed position. The Trust met all cancer waiting time standards with the exception of cancer 62 day waits from GP referral (69.77%) and consultant upgrade (84%).

As flagged last month we have seen a high number of 62 day breaches in Urology and other tumour groups resulting in the lowest performance in the last 12 months. Performance against the 62 day standard remains a risk going forwards linked to Urology and various actions are underway with the team.

Also as flagged last month there are a number of potential 31 day breaches in June and July in Urology and Head and Neck. Indicative performance for June is currently above target however.

National performance against the 62 day standard remains below target at 81%.

Diagnostics

Performance for June remains above the 1% standard at 2.58% of patients waiting over 6 weeks for their diagnostic test. A revised recovery trajectory has been provided to NHS Improvement which shows achievement by September.

There is a risk of breaches in neurophysiology which have not been factored into the recovery trajectory. These are linked to capacity and the Directorate are looking at securing additional capacity to address this.

National performance for May was 1.9%.

FINANCIAL IMPLICATIONS

For June there are minimal local penalties to be applied relating to cancelled operations 28 day breaches. The STF funding relating to A&E performance will not be achieved given the financial control total was not met (139K).

RECOMMENDATIONS

Governors are asked to accept this report and note the risks going forwards.

Alison King
Head of Performance and Information Management

City Hospitals Sunderland chs

Performance Report
June 2017

City Hospitals Sunderland Performance Scorecard

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering NHS Improvement Single Oversight Framework metrics as well as national performance measures from the NHS Standard Contract 2017/18 and 'NHS Operational Planning and Contracting Guidance 2017 to 2019'.

Indicator	Director Lead	Target	2016/17	2017/18						12-month trend	Page
			Actual	Month[1]	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD		
Operational Performance Measures - NHSI SOF: These metrics are used by NHS Improvement and form one of the five themes from the Single Oversight Framework, which is used to assess our operational performance. This will influence our segmentation and level of support. They also form part of the 2017/18 NHS Standard Contract.											
A&E - % seen in 4hrs	Sean Fenwick	≥95%	92.97%	95.82%	94.89%				94.89%		4
RTT - % incompletes waiting <18 wks	Sean Fenwick	≥92%	94.00%	94.67%	94.55%				94.55%		5
Cancer waits - % 62 days	Sean Fenwick	≥85%	84.00%	69.77%	77.05%				77.05%		6
% Diagnostic tests ≥6 wks	Sean Fenwick	<1%	2.14%	2.58%	2.75%				2.75%		7
National Operational Standards: These are national targets that the NHS must achieve, mostly falling under the domain of quality, which are linked to delivery of the NHS Constitution. They also form part of the 2017/18 NHS Standard Contract.											
Cancelled operations 28 day breaches	Sean Fenwick	0	34	2	11				11		N/A
Cancer waits - % 2ww	Sean Fenwick	≥93%	95.91%	97.18%	97.14%				97.14%		8
Cancer waits - % 31 days	Sean Fenwick	≥96%	98.67%	98.73%	98.00%				98.00%		9
Cancer waits - % 31 days for subsequent treatment - surgery	Sean Fenwick	≥94%	98.40%	96.15%	96.49%				96.49%		9
Cancer waits - % 31 days for subsequent treatment - drugs	Sean Fenwick	≥98%	99.90%	100.00%	100.00%				100.00%		9
Cancer waits - % 62 days from screening programme	Sean Fenwick	≥90%	100.00%	100.00%	100.00%				100.00%		6
Cancer waits - % 62 days from consultant upgrade	Sean Fenwick	≥85%	88.20%	84.00%	82.61%				82.61%		6
National Quality Requirements: These also form part of the 2017/18 NHS Standard Contract. In addition there are a number of zero tolerance indicators that are reported by exception, including Mixed Sex Accommodation breaches, A&E 12-hour trolley waits and urgent operations cancelled for the second time											
RTT - No. incompletes waiting 52+ weeks	Sean Fenwick	0	0	0	0				0		N/A
A&E / ambulance handovers - no. 30-60 minutes	Sean Fenwick	0	1349	38	239				239		4
A&E / ambulance handovers - no. >60 minutes	Sean Fenwick	0	381	5	41				41		4
% VTE risk assessments	Ian Martin	≥95%	98.49%	98.62%	98.64%				98.64%		N/A

1. Performance is one month behind normal reporting for all Cancer indicators (May 2017)

City Hospitals Sunderland Performance Report Overview

This page explains the general layout of the indicator pages that form the bulk of the report

Key:

- Actual performance
- Target, operational standard, threshold or trajectory
- Sustainability & transformation fund (STF) trajectory
- Benchmark (National, Regional or Peer Group)
- Comparative performance for the previous year
- Performance achieving the relevant target
- Performance not achieving the relevant target

Page title representing a key performance indicator or a

Indicator group

Indicator information, including a brief description, the name of the Director lead and consequence of failure

Narrative highlighting recent performance and corrective actions, where applicable

Chart or table relevant to the indicator(s), often displaying Directorate level performance or other supporting information

Cancer 2 Week Waits

National Operational Standards

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within [illegible] weeks of an urgent GP referral for suspected cancer

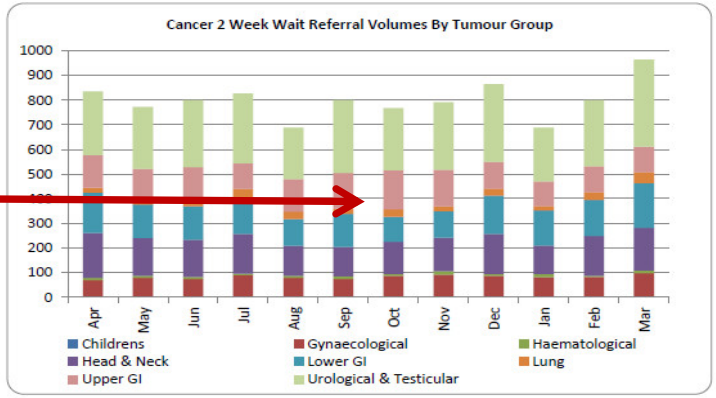
Director Lead: Sean Fenwick
Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction
Potential financial sanction if standard not achieved = £200 per breach

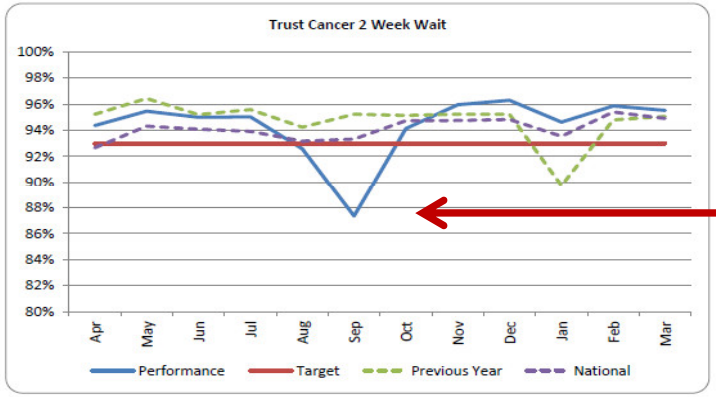
2WW performance has remained stable in March at 95.5%, which continues to perform above target. At tumour site level, all areas achieved the target this month.
March's performance demonstrated that all tumour groups are performing about the same or better than the equivalent national benchmarking position.
The finalised position for quarter 4 was above target at 95.4%.
Referral volumes were higher than usual in March, with significantly more referrals compared to average within Lung, Lower GI and Urological tumour groups.
Indicative 2WW performance for April is slightly below target.

Referrals for Suspected Cancer - March 2016*	Volume	Total Breached	Performance	National Benchmark	YTD
Target			93%	93%	93%
Acute Leukaemia	0	0	-	-	100.00%
Children's Cancer	1	0	100.00%	95.7%	100.00%
Gynaecological	97	1	98.97%	95.1%	97.78%
Haematological (Excluding Acute Leukaemia)	10	0	100.00%	96.6%	99.06%
Head & Neck	173	10	94.22%	95.0%	96.25%
Lower Gastrointestinal	185	11	94.05%	94.3%	93.46%
Lung	44	2	95.45%	95.9%	95.56%
Testicular	15	0	100.00%	96.3%	97.90%
Upper Gastrointestinal	103	7	93.20%	92.4%	86.79%
Urological (Excluding Testicular)	334	12	96.41%	95.0%	96.07%
Total	962	43	95.53%	94.9%	94.40%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

Table showing current performance compared to target (where relevant)





Trend chart displaying the performance over the past 12 months or year to date

Chart or table relevant to the indicator(s), often displaying Directorate level performance or other supporting information

Accident & Emergency

NHSI SOF Operational Performance, National Operational Standard & National Quality Requirements

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Ambulance handover delays between 15-30 minutes, 30-60 minutes & over 60 minutes

Director Lead: Sean Fenwick

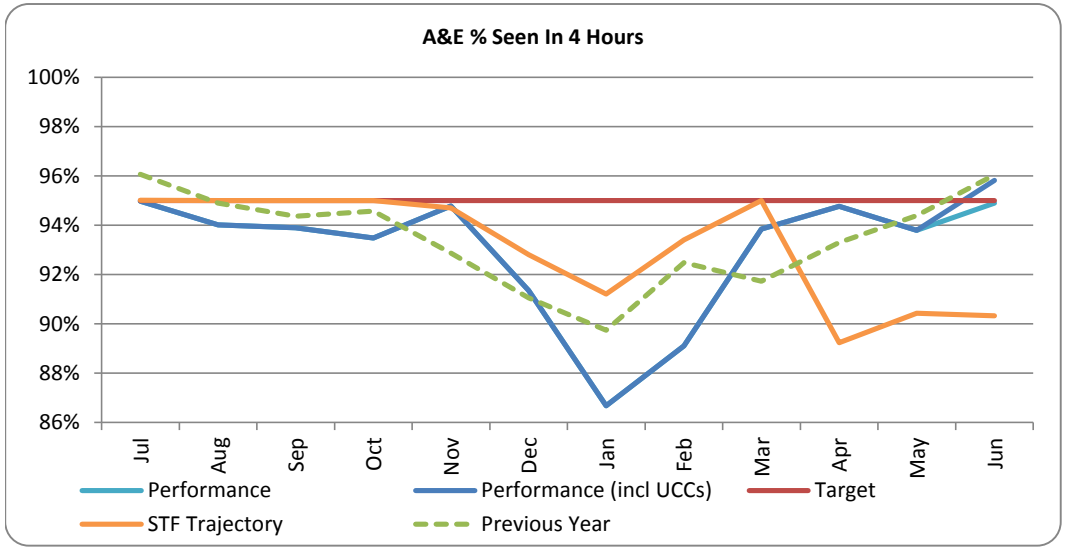
Consequence of failure: Patient experience, quality, access, reputation & financial impact if the STF trajectory is not achieved, which equates to £139k per month during quarter 1

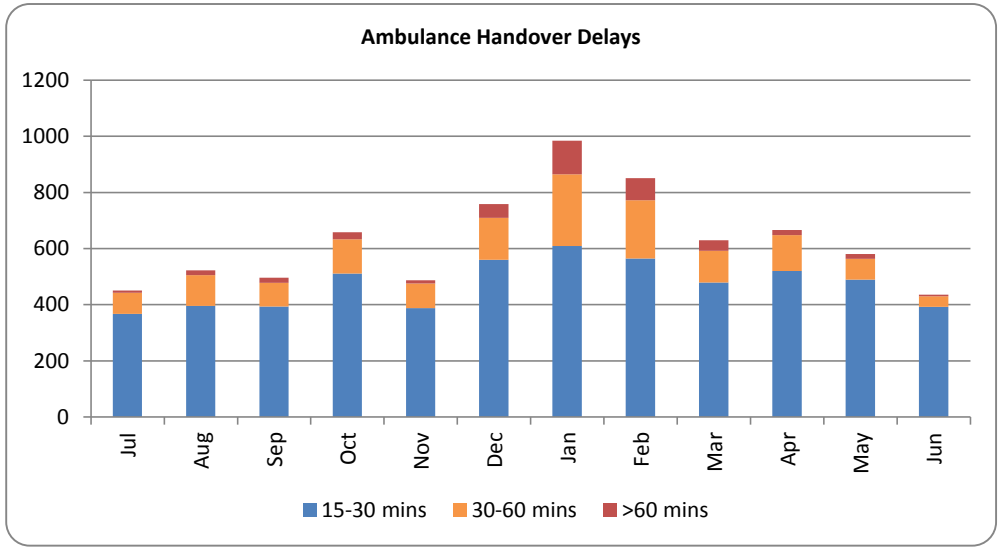
The total proportion of patients seen in A&E within 4 hours increased during June to 94.89%. When taking in to account activity at urgent care centres (UCCs) the proportion of patients increased to 95.82%. This is the first time the Trust has been above the standard since June 2016. Operational pressures reduced slightly in June; the Trust remained at the lowest OPAL status throughout the month. Our performance for May remained in the upper middle 25% of trusts nationally.

There were 13,039 attendances this month, which is 10% higher than June 2016 (type 1 was up by 9%, type 2 was up by 6% and type 3 was up by 16%). Discounting the counting change, there was a 3% increase in attendance numbers year on year.

There were 2,538 ambulance arrivals this month, which is about the same as June 2016. This continues to represent the third highest volume of ambulance arrivals for any hospital across the North East. The number of handover delays were less than May and constitutes a saving of 2462 minutes in ambulance crew time.

A&E Indicators - June 2017	Target	Month	YTD
A&E % seen in 4hrs - Trust Total (incl. UCCs)	≥95%	95.82%	94.89%
A&E % seen in 4hrs - Trust Total	≥95%	94.89%	94.47%
A&E < 4 hrs - Type 1	≥95%	91.64%	90.98%
A&E < 4 hrs - Type 1 - High Acuity	≥95%	82.86%	80.90%
A&E < 4 hrs - Type 1 - Low Acuity	≥95%	91.85%	90.84%
A&E < 4 hrs - Type 1 - Paediatrics	≥95%	97.75%	98.59%
A&E < 4 hrs - Type 2 - SEI	≥95%	99.44%	99.27%
A&E < 4 hrs - Type 3 - Pallion walk in centre	≥95%	99.68%	99.81%
A&E < 4 hrs - Type 3 - UCCs	≥95%	98.26%	98.26%
A&E Attendances - Trust Total (incl. UCCs)		17,989	43,903
A&E Attendances - Trust Total		13,039	38,953
A&E Attendances - Type 1		7,687	23,144
A&E / ambulance handovers - no. 15-30 minutes	0	392	1,401
A&E / ambulance handovers - no. 30-60 minutes	0	38	239
A&E / ambulance handovers - no. >60 minutes	0	5	41





Referral to Treatment (RTT)

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on an incomplete RTT pathway at month end
2. Number of patients on an incomplete RTT pathway waiting 18 weeks or more
3. Percentage of patients waiting less than 18 weeks on incomplete pathways
4. National RTT Stress Test - % risk of failing the incomplete standard in next 6 months

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access & reputation.

The finalised aggregate level performance for incomplete pathways at the end of June was above target at 94.7%, which is the same as last month. The Trust remains above the national target of 92.0%.

At specialty level Thoracic Medicine, Trauma & Orthopaedics (T&O), Oral & Maxillo Facial Surgery (OMFS) and Urology.

T&O performance improved by over 1% in June, however, remains in formal escalation and is at risk of meeting the August recovery target. Thoracic Medicine has maintained May's performance at 84.0%. The specialty's performance continues to be monitored closely.

OMFS also remains in formal internal escalation. Their performance reduced in June we and are currently assessing achievement of the standard planned for in August.

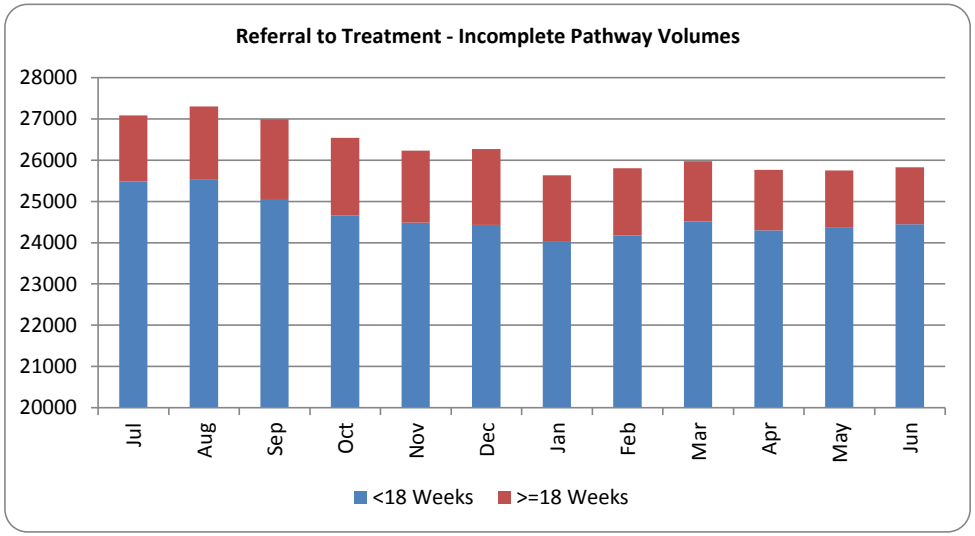
Urology failed to meet the standard in June at 91.9%. Performance will be monitored to ensure recovery.

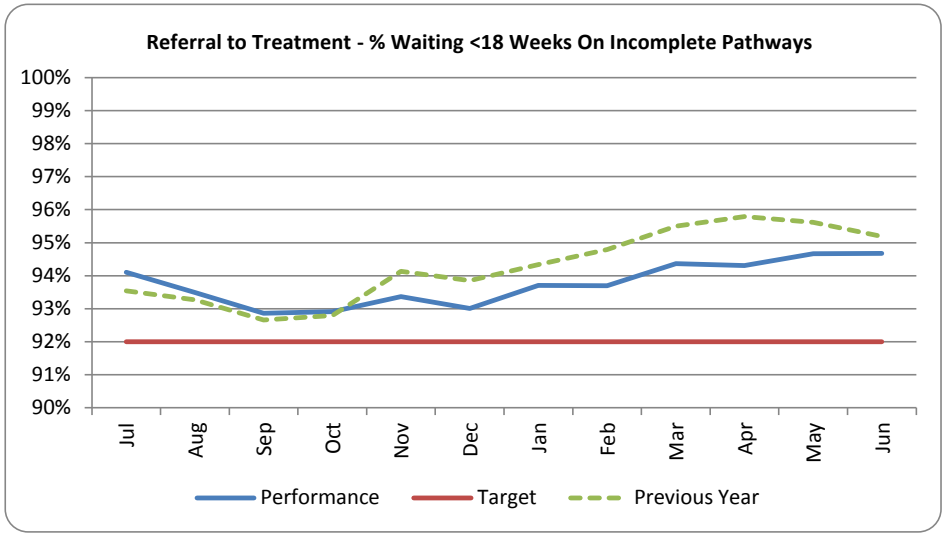
The Trust's RTT stress test risk rating has reduced in May and is assessed as having a 10% chance of failing the RTT operational standard in the next 6 months. We are ranked 20th (best) nationally, an reduction of 2 places on the previous month.

RTT Incompletes - June 2017	Volume	No. ≥18 Weeks	% <18 Weeks*
Target			**≥92%**
Cardiology	627	0	100.00%
Ear, Nose & Throat	2,714	128	95.28%
Gastroenterology	334	1	99.70%
General Surgery	1,802	83	95.39%
Geriatric Medicine	418	13	96.89%
Gynaecology	1,144	45	96.07%
Neurology	793	15	98.11%
Ophthalmology	3,983	30	99.25%
Oral & Maxillo Facial Surgery	1,876	200	89.34%
Rheumatology	621	23	96.30%
Thoracic Medicine	868	139	83.99%
Trauma & Orthopaedics	2,890	417	85.57%
Urology	2,599	210	91.92%
Other	5,152	71	98.62%
Trust Total	**25,821**	**1,375**	**94.67%**

**De minimis* level >= 20 pathways in total

RTT Stress Test	Mar-17	Apr-17	May-17
% Risk of failure in next 6 months	11.46%	12.47%	9.61%
National rank (1st is best)	20/153	18/152	20/153





Cancer 62 Day Waits

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience & clinical outcomes.

62 day performance was below target, STF trajectory and the national average in May at 69.8%. Most of the tumour groups were below target this month with Lung, Sarcoma, Upper Gastrointestinal, Urological, Lower Gastrointestinal and Breast falling below target. There were 26 breaches in total, of which the majority were attributable to complex/diagnostic delays, medical, capacity and patient choice. There were a higher number of breaches than usual in Lung due to patient complexity. The breaches in Urology were as a result of increased 2ww referrals in March, lower theatre capacity and a higher proportion of patients who required surgery.

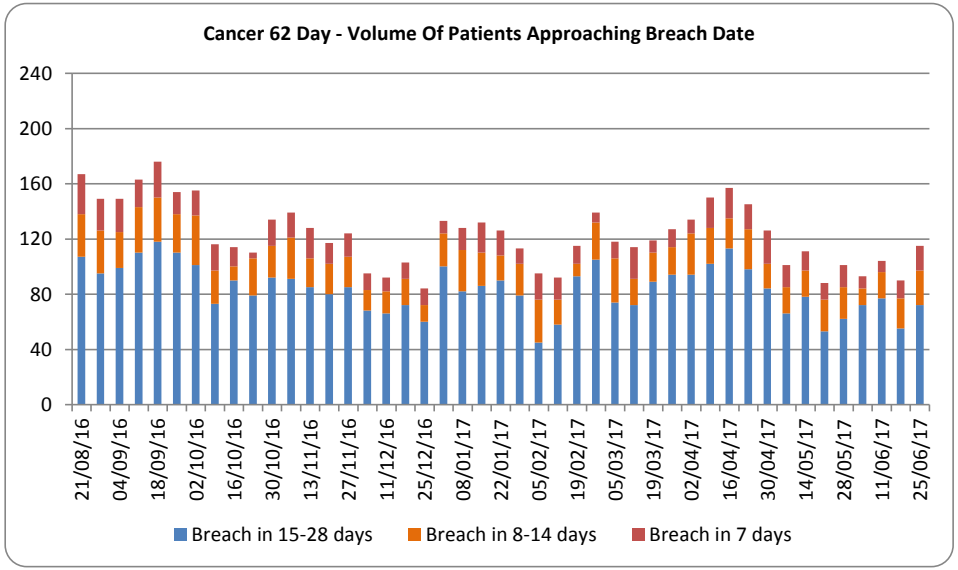
Patients who are approaching their breach date are increasing after recent reductions.

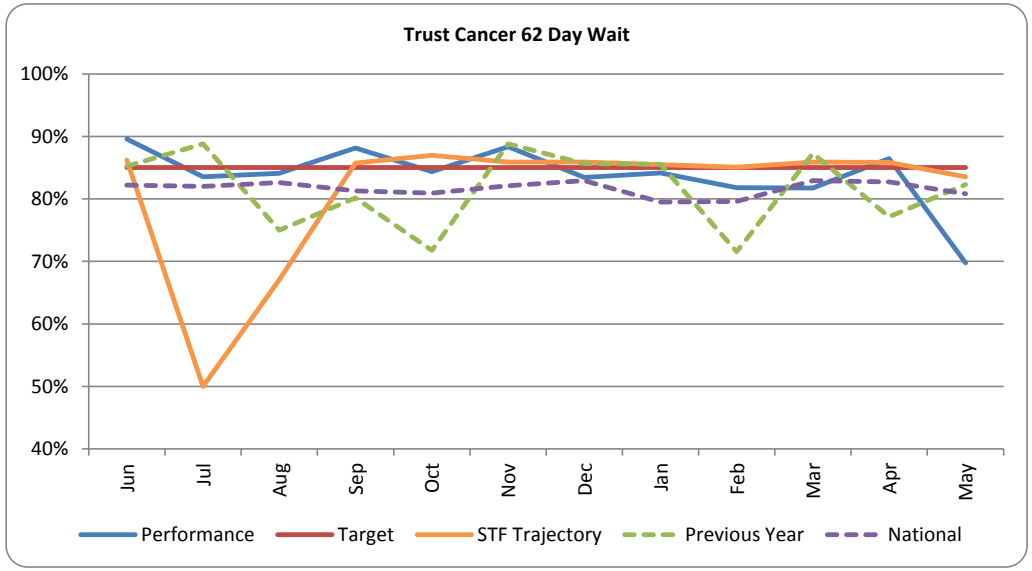
Indicative performance for June is currently below the national target. Achievement of the STF trajectory and operational standard remains a risk going forwards. Actions are underway for Urology in particular.

First Definitive Treatment - May 2017*	Volume	Total Breached	Performance	National Performance	YTD	Number ≥104 days
Target			**85%**	**85%**	**85%**	**0**
Breast	2.0	0.5	75.00%	93.2%	80.00%	0
Gynaecological	1.5	0.0	100.00%	78.1%	100.00%	0
Haematological (Excluding Acute Leukaemia)	8.0	0.0	100.00%	78.8%	100.00%	0
Head & Neck	6.5	0.5	92.31%	65.4%	84.00%	0
Lower Gastrointestinal	7.5	2.0	73.33%	68.4%	77.14%	0
Lung	7.5	4.5	40.00%	72.2%	58.33%	1
Other	0.0	0.0	-	77.3%	100.00%	0
Sarcoma	2.0	1.0	50.00%	66.3%	50.00%	0
Skin	2.5	0.0	100.00%	96.1%	87.50%	0
Upper Gastrointestinal	3.5	1.5	57.14%	72.6%	76.92%	1
Urological (Excluding Testicular)	45.0	16.0	64.44%	75.2%	74.53%	5
Total	**86.0**	**26.0**	**69.77%**	**80.8%**	**77.05%**	**7**

Non GP Referrals						
Screening (Target: 90%)	0.5	0.0	100.00%	92.0%	100.00%	0
Consultant Upgrade (Target: 85%)	12.5	2.0	84.00%	87.9%	82.61%	0

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





Diagnostics

NHSI SOF Operational Performance & National Operational Standard

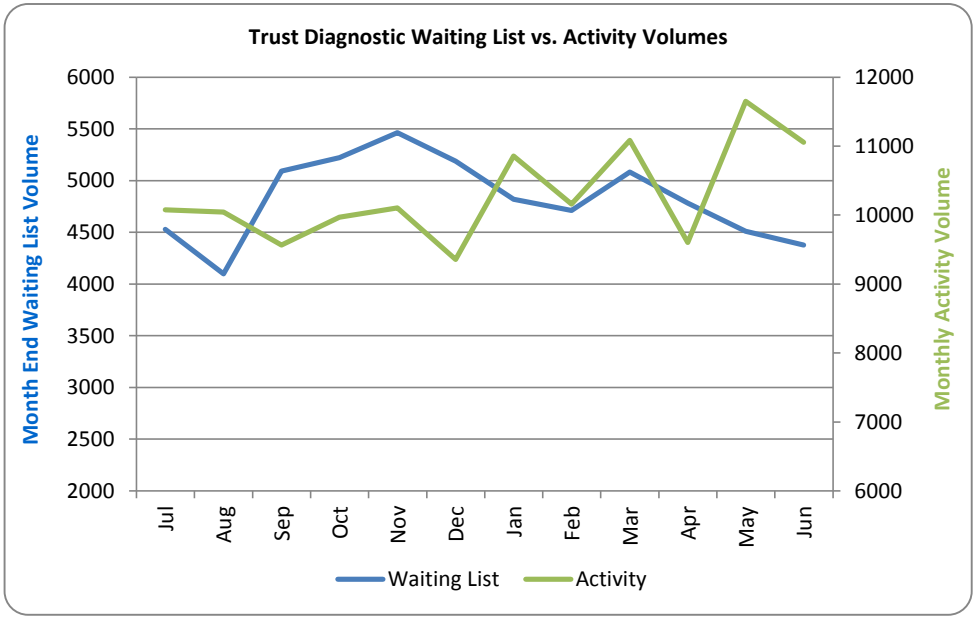
1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

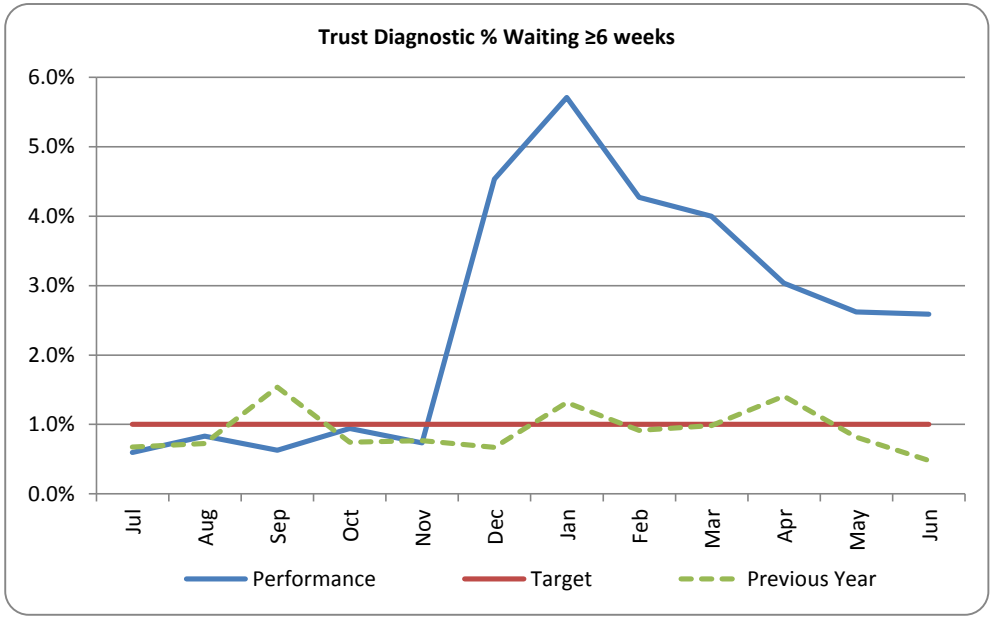
Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access & reputation

The proportion of patients waiting 6 weeks or more at the end of June was about the same as last month at 2.6%; this is above both the national operating standard of <1%, however below the revised NHSI recovery trajectory of 2.63%. Cardiology, Urodynamics and Audiology exceeded the standard this month with the majority of the breaches being attributable to echo and videocystometrography (VCMG) tests. However there were fewer echo breaches than May. Cardiology continue to provide additional capacity. Urology are actively reviewing patients on the VCMG waiting list and referring for alternative tests where clinically appropriate. Additional capacity is now in place with increased cases per list where appropriate. The standard is now predicted to be achieved in September however, there is concern over a short term capacity issue in Neurophysiology that presents a risk to recovery in September. Additional capacity is being sought.
The number of patients waiting at the end of the month decreased in June mainly due to reductions in Magnetic Resonance Imaging, Urodynamics and Audiology . Activity decreased in June. The main decreases were seen in Audiology, Computed Tomography and Cystoscopy.

Diagnostics - June 2017		WL Volume	No. ≥6 weeks	%≥6 weeks	Activity
Target				≤1%	
Imaging	Magnetic Resonance Imaging	563	0	0.00%	1,311
	Computed Tomography	498	0	0.00%	2,966
	Non-obstetric ultrasound	1,019	0	0.00%	3,048
	Barium Enema	37	0	0.00%	9
	DEXA Scan	132	0	0.00%	191
Physiological Measurement	Audiology - assessments	169	14	8.28%	1,090
	Cardiology - echocardiography	886	79	8.92%	906
	Neurophysiology - peripheral	146	0	0.00%	126
	Respiratory physiology - sleep studies	67	0	0.00%	80
	Urodynamics - pressures & flows	202	18	8.91%	134
Endoscopy	Colonoscopy	130	0	0.00%	257
	Flexi sigmoidoscopy	65	0	0.00%	95
	Cystoscopy	309	1	0.32%	525
	Gastroscopy	151	1	0.66%	313
Trust Total		**4,374**	**113**	2.58%	**11,051**





Cancer 2 Week Waits

National Operational Standard

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within two weeks of an urgent GP referral for suspected cancer

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

2WW performance was 97.2% in May, about the same as the previous month and better than May last year and the national average. At tumour site level, all areas achieved the target with the exception of Haematological tumour group which is subject to low volumes.

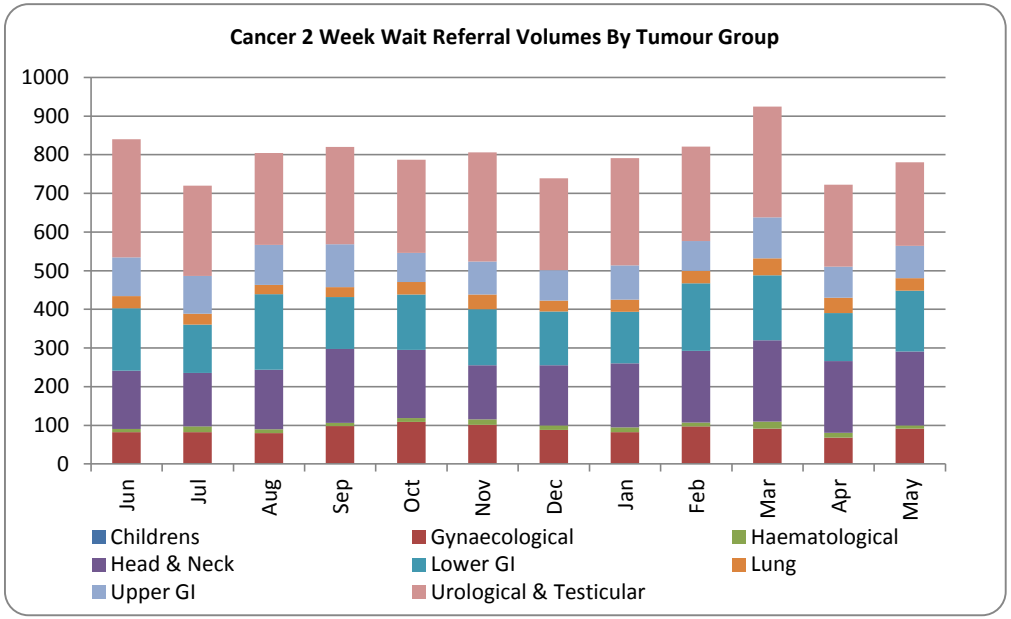
May's performance demonstrated that all tumour groups with the exception of Haematological, performed about the same or better than the equivalent national performance position.

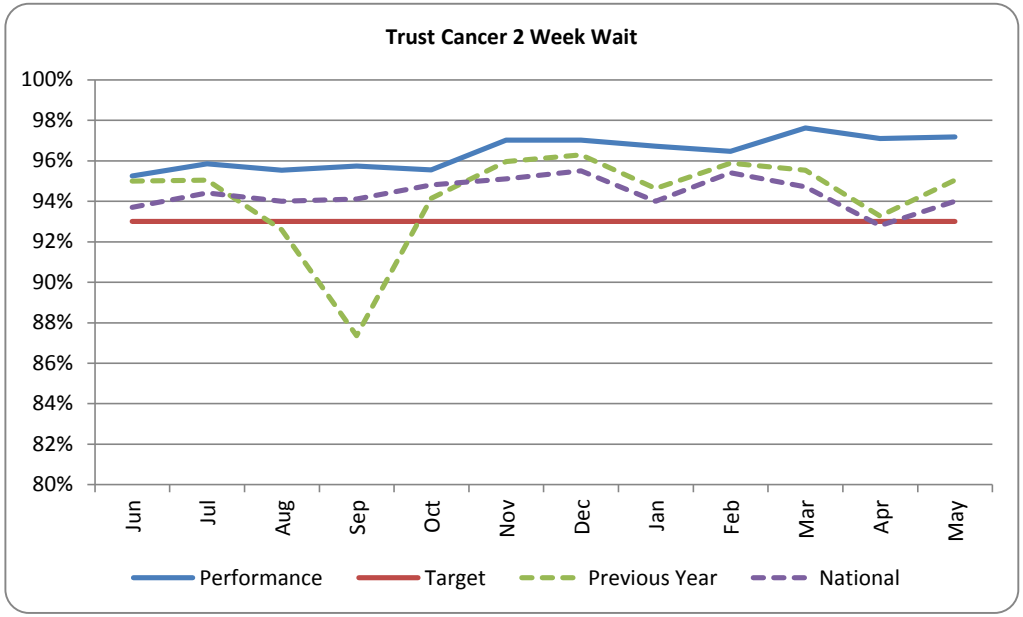
Overall referral volumes increased during May. However Urological & Testicular and Upper Gastrointestinal have decreased compared to the average over the last 12 months.

Indicative 2WW performance for June is above target.

Referrals for Suspected Cancer - May 2017*	Volume	Total Breached	Performance	National Performance	YTD
Target			**93%**	**93%**	**93%**
Acute Leukaemia	0	0	-	-	-
Breast	0	0	-	94.5%	-
Children's Cancer	1	0	100.00%	95.1%	100.00%
Gynaecological	90	3	96.67%	95.8%	96.20%
Haematological (Excluding Acute Leukaemia)	8	1	87.50%	96.3%	95.00%
Head & Neck	192	5	97.40%	95.9%	97.62%
Lower Gastrointestinal	157	6	96.18%	92.7%	96.80%
Lung	32	1	96.88%	95.7%	98.61%
Other	0	0	-	97.5%	-
Testicular	10	0	100.00%	97.2%	100.00%
Upper Gastrointestinal	84	3	96.43%	93.0%	95.73%
Urological (Excluding Testicular)	206	3	98.54%	94.7%	97.54%
Total	**780**	**22**	**97.18%**	**94.0%**	**97.14%**

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





Cancer 31 Day Waits

National Operational Standard

1. Number of patients receiving first definitive treatment following a cancer diagnosis
2. Number of receiving first definitive treatment more than one month of a decision to treat following a cancer diagnosis
3. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
4. % patients receiving subsequent surgery or drug treatments for cancer within 31 days

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience & clinical outcomes.

There were two 31 day breaches overall during May. Aggregate level performance was above target at 98.7%. All tumour groups achieved the target with the exception of the Skin tumour group which is subject to low volumes. Performance across all tumour groups, with the exception of Skin, was better than the equivalent national average.

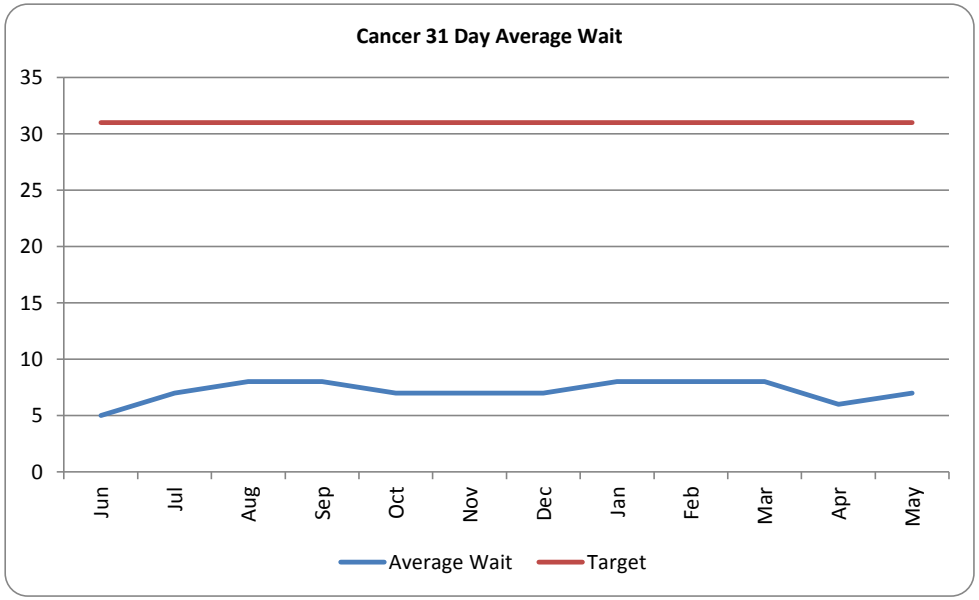
Indicative performance for June is currently below target due to breaches in Head and Neck which were flagged last month. Validation is ongoing.

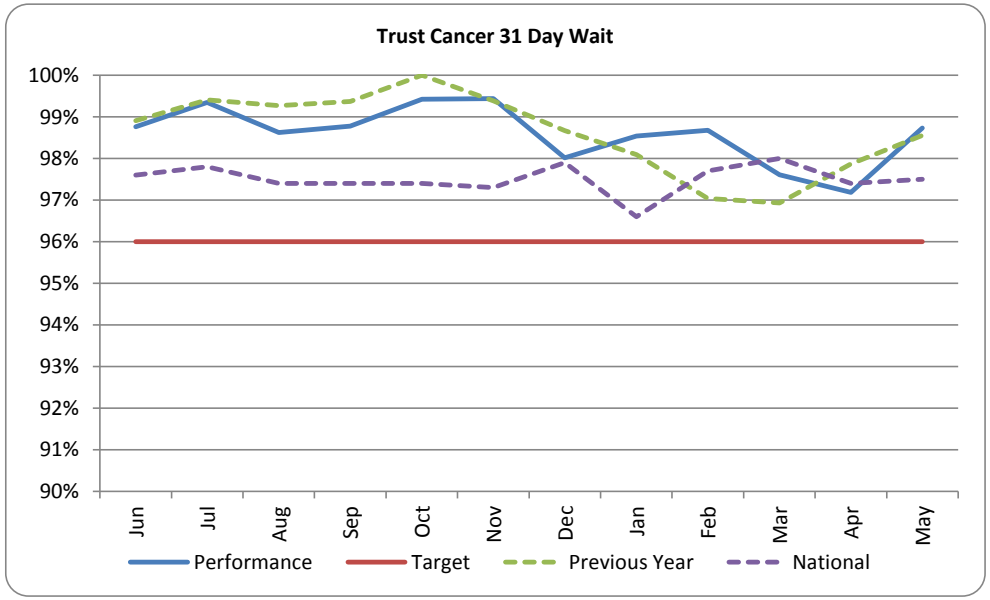
The final performance for both subsequent surgical and drug treatments were above target for May at 96.2% and 100% respectively.

First Definitive Treatment - May 2017*	Volume	Total Breached	Performance	National Performance	YTD
Target			**96%**	**96%**	**96%**
Breast	4	0	100.00%	98.0%	100.00%
Gynaecological	5	0	100.00%	96.9%	100.00%
Haematological	17	0	100.00%	99.8%	100.00%
Head & Neck	8	0	100.00%	94.9%	100.00%
Lower Gastrointestinal	13	0	100.00%	97.3%	100.00%
Lung	16	0	100.00%	98.3%	100.00%
Other	1	0	100.00%	99.1%	100.00%
Sarcoma	2	0	100.00%	95.8%	100.00%
Skin	5	1	80.00%	98.0%	87.50%
Upper Gastrointestinal	6	0	100.00%	98.5%	100.00%
Urological	81	1	98.77%	95.6%	96.69%
Total	**158**	**2**	**98.73%**	**97.5%**	**98.00%**

Subsequent Treatments					
Surgery (Target: 94%)	26	1	96.15%	96.1%	96.49%
Drug (Target: 98%)	79	0	100.00%	99.3%	100.00%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





South Tyneside NHS
NHS Foundation Trust

City Hospitals Sunderland chs

Quality path to excellence

CHS Governors Meeting
1st August 2017

Output of CMT and Board discussions

- Ensure we are focused on the right issues
- Assess the level of ambition for both Trusts and the Group
- Consider whether we have different quality priorities for each Trust?
- Keep it simple, deliverable, measurable, translatable, affordable
- Will delivery of the strategy tackle unwarranted variation in practice?
- Ensure genuine engagement with staff and others
- An opportunity to test the quality of our communication with staff and their trust in us
- Consider preparation and delivery interdependencies and timelines.

South Tyneside NHS
NHS Foundation Trust

City Hospitals Sunderland chs

Our **ambition** as Trusts and as a Healthcare Group is to deliver nationally recognised high quality, cost effective, sustainable healthcare for the people we serve, with staff who are proud to recommend our services.

Drivers for improvement

The delivery of high quality health and care is crucial to each Trust for a number of reasons, each of equal significance. These are:

- Quality is at the heart of the Trusts' ambition, vision and mission.
- Quality is articulated in the corporate objectives and reflected in our 2017/18 Operational Plans and Assurance Frameworks.
- The people who use our services expect high quality care and increasingly are willing to choose where they have their care based on reputation for quality.
- Delivering high quality care is generally more productive and therefore costs less.
- We know from experience in other areas that organisations which ensure a priority focus on quality tend to have more satisfied staff. The connection between satisfied staff and high quality is a key driver.
- Continuously improving quality (inc. ensuring safety and providing good experience) is central to the next steps of the NHS Forward View (NHS England, 2017) and is embedded in the Single Oversight Framework (NHSI, 2016)

Our **purpose** in developing this strategy is:

‘To ensure our patients and public are safe when receiving care and treatment, that we deliver high quality services, and provide people with a good experience every time’.

The wider **context** around this work

- The Five Year Forward View (NHS England, 2014) focuses on three improvement opportunities – a health gap, a quality gap, and a financial sustainability gap.
- Over the following three years the next steps priorities of the Forward View will concentrate on how effectively STPs and systems tackle their shared local health, quality and efficiency challenges.
- STP focus on clinical quality and productivity – single oversight metrics, benchmarking activity, requirement to reduce variation.

Strategic framework

1. Increasing safety and reliability, by reducing unwarranted variation in practice and standardising best practice
2. Building vitality, leadership capability and effective team working
3. Improve patient experience focused on a person-centred approach to practice
4. Improving effectiveness and efficiency, adding value and increasing productivity.

Increasing safety and reliability, by reducing unwarranted variation and standardising best practice.

Focus - ensure that all of our staff are confident in our approach to incident reporting, that safety incidents are investigated appropriately, and through collectively reducing unwarranted variation in practice.

To do this we will

1. Ensure that incident reporting, review and learning processes are robust and provides assurance that lessons are learned.
2. Develop and deliver quality improvement training, accessible to every service area as appropriate.
3. Focus our safety improvement work on areas of local and national priority (e.g. falls and pressure ulcers, E.coli reduction, learning from deaths, reducing medication error).
4. Implement a revised Risk Management framework .
5. Further develop best practice around key pathways of provision prioritised in the Sustainability and Transformation Partnerships guidance e.g. frailty and co-morbidities, A&E performance and cancer.
6. Collaborate with STP partners to improve illness prevention and health improvement through self management and shared decision making.

Building vitality, leadership capability and effective team working

Focus – we recognise that staff are our number one asset and that through their commitment and focus on continuous improvement, we have a better chance of achieving our ambitions as Trusts. Our new OD framework will set out our intentions for how we will attract, retain and develop our workforce.

To do this we will

1. Create and deliver a new Organisational Development framework.
2. Include within the OD framework a leadership development plan.
3. Further our work to improve staff retention, health & wellbeing and engagement.
4. Promote and develop new roles and routes of access into the health and care workforce (e.g. apprenticeships).

Improve patient experience focused on a person-centred approach to practice

Focus – we aim to ensure our patients and their families and carers have a positive experience of care and treatment and that our staff are enabled to provide this. Our new Patient Experience Strategy will set out our intentions to capture patient experience more robustly and use it to drive demonstrable improvements. It will also detail how we will support our staff to provide care that is person-centred.

To do this we will

1. Develop and implement a Patient Experience Strategy.
2. Develop the excellence framework to celebrate and share best practice.
3. Further our work to improve person-centred care and culture.

Improving effectiveness and efficiency, adding value and increasing productivity

Focus - recognising that we have a responsibility to make every penny count and that the route to doing so is through focusing on being efficient, clinically effective and maximising productivity, we will equip our staff with the tools to be as efficient and productive as possible in their work, whist utilising the evidence-base for highest quality practice.

To do this we will

1. Deliver our CQC improvement plans and oversee an assurance framework that supports an organisation wide process of continuous improvement against the key lines of enquiry.
2. Deliver the financial path to excellence programme that includes the priorities set out in the NHS England ‘10 point efficiency plan’.
3. Harness through our Global Digital Exemplar programme participation, the potential for utilising technology and innovation as a means of improving efficiency and facilitating people to take a more active role in their own health.

Delivery

Our **approach** to the delivery of this quality strategy will be focused on engaging every member of the workforce in striving to ensure safety, enhance quality and improve experience.

- Strong leadership and clear accountability at every level
- Working with partner agencies
- Integral to our operational plans
- Collective approach to delivery, monitoring and evaluation.

Next steps

- Discussions with both Boards and approval that this is the correct strategy and approach
- Engagement with staff in both Trusts
- Meetings with Governors, and other stakeholders
- Align regional inputs and opportunities e.g. AHSN, Patient Safety Collaborative, Q NENC
- Develop the outcomes, evaluation and reporting framework
- Prepare for publication in the early autumn.