CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

THURSDAY 24 MARCH 2016 - 10:00 AM
BOARD ROOM, MONKWEARMOUTH HOSPITAL
NEWCASTLE ROAD, SUNDERLAND, SR5 1NB

AGENDA

Item 1	Declaration of Interest		
Item 2	Minutes of the meeting held on Tuesday 10 November 2015	Enc 1	KWB
	Matters Arising		
Item 3	Neonatal Review		KWB
Item 3	Vascular Review		KWB
Item 3	Court of Human Rights		KWB
Item 3	Junior Doctors		KWB
Item 5	Breast Care Services		KWB
Item 3	Chief Executive's Update	Verbal	KWB
Item 4	Finance Report	Enc 4	GMcP
Item 5	Performance Report	Enc 5	AK
Item 6	Quality Risk & Assurance Report	Enc 6	MJ
Item 7	Quality Priorities 2016/17	Enc 7	MJ
Item 8	Information Governance Toolkit	Enc 8	AJH
Item 9	Governor Elections	Enc 9	CH
Item 10	Date and Time of Next Meeting		

Tuesday 7th June 2016 at 2.00 pm (venue to be confirmed).

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held on Tuesday 10 November 2015 at 2:00 pm at Houghton Library, 74 Newbottle Street, Houghton, DH4 4AF.

Present:
John Anderson (JNA) - Chair
Rob Allchin (RA)
Danny Cassidy (DC)
John Dean (JD)
Tony Foster (TF)
Carol Harries (CH) - Trust Secretary
Shahid Junejo (SJ)
Michael McNulty (MMcN)
Pauline Palmer (PP)
Susan Pinder (SP)
Ruth Richardson (RR)
Pat Taylor (Pat Taylor)
Pauline Taylor (Pauline Taylor)

Apologies:
Mandy Bates (MB)
Margaret Dobson (MD)
Lindsey Downey (LD)
Alex Marshall (AM)
Graeme Miller (GM)
Mary Pollard (MP)

In Attendance:
Ken Bremner (KWB)
Rachael Hutchinson (RH)
Ian Martin (ICM)
Paul McAndrew (PM)
Julia Pattison (JP)
Peter Sutton (PS)

Item 1 Declaration of Interest

Pauline Taylor declared that a member of her family worked in Breast Services (agenda item 5).

Pat Taylor advised that she was a member of the Sunderland Clinical Commissioning Group (SCCG) Board and discussions may potentially involve issues around commissioning of services etc.

Item 2 **Minutes of the meeting held Tuesday, 21 July 2015.**

Accepted as a correct record.

Matters Arising

Ofsted Safeguarding - KWB advised that all key partners were involved in the discussions and outcomes following the recent Ofsted report. A commissioner had been appointed by the Department for Education who was Nick Whitfield and his role was to support improvement work in the City and also to chair the Improvement Board. KWB stated that there were some early signs of improvement particularly with the caseload levels of social workers. The local authority had certainly seen an increase in the amount of spending on agency and temporary staffing costs. It was expected that it would be a one to two year period to turn the situation around and whilst all partners were involved, 95% of the actions related specifically to the local authority. An Interim Director of Children's Services, Steve Walker, had also been appointed to give the necessary strategic capacity required. The commissioner was satisfied with progress to date.

Monitor: A&E Performance - KWB advised that whilst performance during Q1 and Q2 had been under pressure, Q3 performance was now very positive. As a result Monitor were now not looking closely at our A&E performance.

Monitor: Financial Situation - KWB informed Governors that there had been two telephone calls with Monitor since August 2015, when they imposed enforcement action. Monitor had wanted to receive updates on progress but there was to be no further contact until the New Year. KWB advised that clearly we were still in a deficit position and it was a significant deficit but Monitor were comfortable that we had the right approach to reduce that deficit and did not expect that we would track back to a balanced position.

Monitor's view was that they expected stability in our finances and financial balance to be achieved next year or the year after – this would of course be subject to a reasonable settlement in the spending review on 25 November 2016. Simon Stevens, Chief Executive of NHS England wanted as much of the £8bn savings identified for the NHS brought forward for delivery.

KWB stated that if our numbers kept moving in the right direction then it was hoped that Monitor would keep a light touch approach.

Vanguard Bid - KWB advised that the bid had been unsuccessful but two of our local commissioners and our neighbouring Foundation Trust were happy to progress issues in a different way.

Item 3 Chief Executive's Update

Neonatal Review - KWB informed Governors that currently there were four centres for neonatal services and the review had identified that these should reduce to three – James Cook, Newcastle and ourselves. KWB stated that our level of activity was vulnerable in terms of actual numbers but the outcome of the review was supportive and was also supportive of our approach to become the third centre. The result was also extremely helpful for paediatrics and our maternity services. KWB advised that North Tees were not happy with the outcome and would be appealing.

Vascular Review - KWB advised that some national terms of reference had been released which hopefully included comments that we had made the previous year. As yet we did not have a formal date for the review.

South Tyneside - KWB informed Governors that stroke and out of hours surgery would transfer from South Tyneside to Sunderland from April 2016. The out of hour's surgery would primarily be general surgery but the numbers involved were relatively small. The service changes were driven by manpower issues in South Tyneside and they recognised the need for collaboration. Pat Taylor queried whether for stroke that this would mean the creation of a hyper acute stroke unit. KWB confirmed that we felt that it would as currently approximately 570 strokes were treated in Sunderland and the addition of South Tyneside would move that to 850+. The Chairman queried as to what was meant by a hyper acute stroke unit. SJ replied that it was for patients being treated acutely for stroke providing experts and equipment under one roof to provide treatment 24 hours a day and access to other services such as rehabilitation etc.

Church View Medical Centre - KWB advised that Church View Medical Centre, a GP practice owned by the Trust had been rated as good in its recent Care Quality Commission inspection. The practice had scored good in all five domains.

Court of Human Rights - KWB informed Governors of a case currently being heard in the Court of Human Rights which involved the death of a 27 year old young man in 2011. The claimant, the gentleman's mother, was claiming under the Human Rights Act and a potential breach of article 8 and also the use of a Do Not Attempt Cardiopulmonary Resuscitation

(DNACPR) order. The DNACPR order had been placed at 03:00 am and the doctor was to inform the mother later that morning. She was however in complete disagreement and the order was subsequently cancelled after further discussion with the ICCU consultant. The cancellation was not initiated for any clinical reasons but to comply with the mother's wishes. The young man's condition continued to deteriorate and he subsequently died with no DNACPR in place.

KWB advised that the NHS Litigation Authority were arguing on our behalf and there was no outcome as yet which did not necessarily bode well as it was originally felt that this case would be concluded in a short space of time.

SP queried whether a DNACPR order must be agreed by the family. KWB replied that the doctor still has the final say but best practice was to involve the family. The death of the young man had been subject to a coroner's inquest and he had a complicated medical history. The cause of death had been identified as broncho-pneumonia. Pat Taylor queried whether the mother had been involved because the young man lacked capacity and whether it was also a Deprivation of Liberty (DoLS) issue. KWB replied that this happened before the DoLS process was in place.

ICM commented that the whole case was confused by a recent judgement in another case not so long ago referred to as the 'Gilded Cage' judgement.

KWB stated that the case was expected to last one day and now had gone to three days with still no outcome. He advised Governors that he would keep them updated with the outcome.

Junior Doctors - JD queried the impact of seven day working and the junior doctor contract negotiations – in particular he queried whether contingency plans were in place. ICM commented that the last time anything like this happened was in 1974 and consultant medical staff had undertaken all the duties. ICM stated that some services will not go ahead and the priority would be to support emergency care and each specialty were drawing up their plans.

KWB stated that the ballot opened on 5 November 2015 and would run until 18 November 2015. The ballot asked two questions:

1. Are you prepared to take strike action; and
2. Are you prepared to take action just short pf strike action.

The BMA must advise of the outcome and confirm the date of any action which must be within four weeks. KWB explained that Sean Fenwick, Director of Operations, was pulling together

contingency arrangements and if the action were to stop elective work then that was in some cases easier to manage but not necessarily the best option for patients. If the action were targeted at emergency driven services then that was much more difficult to manage.

KWB commented that organisations were not involved in discussions or on what was being agreed by the Secretary of State but were also being asked to help and support implementation of the new contract. KWB stated that some elements within the new contract were very good but emotions always ran high when money was involved. Pay protection arrangements would be in place until 2017/19.

JD commented that the whole issue could be extremely challenging. KWB acknowledged that junior doctors and nursing staff were the "work horses" of the NHS. The new contract was starting to address what people got paid on a Saturday and Sunday and given our current financial pressures if we were required to find another 3-5% of efficiencies next year then the Secretary of State had already taken a large chunk out of that. RR queried as to what constituted a junior doctor. KWB replied anybody below consultant level and who was in training.

Item 4 Financial Position

JP presented the report which highlighted a net deficit of £8,649k against a planned deficit of £9,618k, £969k ahead of plan. JP advised that performance against the EBITDA margin was 0.5% ahead of plan to the end of September 2015 and for the first time this year, the in-month EBITDA position showed costs less than income.

JP also advised that Monitor had amended the financial risk rating approach to all Trusts from August 2015, however despite the change the Trust's financial risk rating score remained at 2 in line with the expected position. The Trust was also reporting an over performance of £2,552k against clinical income for month 6. JP advised that both Sunderland and Durham commissioners were over-performing but that there were risks around the degree of complexity in the rules and the application of penalties and whether it applied for referral to treatment time (RTT) performance.

Pat Taylor queried whether the over performance would translate into income received and whether JP was more confident about this outcome. JP replied that Q1 was a much more robust process and Durham had not challenged as per the rules and therefore we did expect payment. JP stated that there had been a lot more challenge for Q2 which was actually a better process as usually it was left to the end of the year.

Durham commissioners had also taken out a lot of money for the Better Care Fund and there was no indication or action to date that that would be achieved.

JP informed Governors that pay expenditure was currently showing an underspend of £592k against plan which reflected vacant nursing posts across the Trust and a reduction in agency costs which was a credit to the operational teams. RA queried whether the reduction in pay expenditure was because we were employing less or that those that we did employ were costing less. JP replied that in terms of agency costs it was a bit of both and a different process for employing agency staff.

MMcN queried whether some of the vacant nursing posts were filled by agency staff. JP confirmed that we did not employ agency nursing staff. MMcN also queried whether the posts were just not filled or deliberately not filled. JP replied that budgets were set at the agreed level but that unfortunately we had not been able to recruit in some circumstances. We looked at a number of strategies of which one was to recruit more health care assistants where we were unable to recruit registered nurses. JP stated that pay costs were at the lowest they had been for the last 12 months.

JP highlighted non pay expenditure which was overspent by £2,436k some of which related to clinical supplies and an increase in clinical activity. SJ commented that presumably in such instances the revenue would follow. JP replied that cardiology for example would bulk buy their stents up front to get a better purchase deal.

Pauline Taylor queried the Gateshead Pathology Interface which was behind plan due to project delays. JP replied that whilst Gateshead ran the pathology service this was a new IT system across all three organisations to ensure that staff are not using multiple systems. The cost of the new system was £13m. Pauline Taylor queried whether this was our cost. JP replied that this was the total spend which was then recharged as it was a bolt on to our MEDITECH system.

JP informed Governors that the CRP declared to Monitor for 2015/16 was £13,000k. Original plans identified were £10,600k however further work undertaken meant divisional plans to date now totalled £12,500k. Monitor had asked all Trusts to revisit their annual plan for 2015/16 due to national NHS funding concerns. As a result of a number of one off non recurrent items the Trust's original deficit of £17.8m had improved to £15.9m. The Trust had established its Programme Management Office (PMO) working with external support from Deloitte. Peter Sutton was the lead Director for PMO. RA queried whether a firm like Deloitte was value for money and whether they actually

contributed to the process. JP replied that they bring independence and challenge and ideas from elsewhere. JP stated that whilst we could do some of what they do ourselves it would not be done in a timely manner. JP stated that it was also about the capacity to release staff to undertake the work. JP also advised that a robust contract was in place with Deloitte which had been agreed on the basis of delivery of a tangible financially driven project. RA commented that it appeared at this moment in time to be worth having them. JP confirmed her agreement but stated that with all things the proof would be in the pudding. SP commented that overall this was a better report but queried the potential impact on winter. JP replied that discussions were ongoing with the CCG but a lot of funding had been given up front and was already in the system.

JP advised Governors that a financial recovery plan for the remainder of 2015/16 and to the end of 2016/17 was being developed and would be presented to the Board of Directors at its workshop in December 2015.

Resolved: To note the financial position to date.

Item 5 Breast Care Services

PS presented the report which updated Governors on the current arrangements and future commissioning plans of Sunderland Clinical Commissioning Group (SCCG) in relation to Breast Services in Sunderland. PS reminded Governors that since December 2014 with the support of SCCG, new patients needing breast care services were no longer being referred to CHS because of the loss of breast care consultants at the Trust and to ensure patient safety and quality. All relevant stakeholders including Monitor, the Care Quality Commission, Healthwatch, Scrutiny Committee, Commissioners and other local providers were all informed.

PS advised that currently 60% of all current referrals were choosing Gateshead in the first instance and then Durham followed by Newcastle upon Tyne Hospitals.

The two breast care nurses previously employed by the Trust had taken up posts at Gateshead NHS Foundation Trust and had been given honorary contracts with CHS and were working back in the Trust one day a week.

RA queried as to where a patient would be seen if they were referred by their GP. PS confirmed that we were closed to new referrals and only those patients who already had a care plan in place would be seen in Sunderland. The multidisciplinary team meeting was also still being held in Sunderland.

PS advised that the medium term plan was to develop a one stop breast care assessment service for patients from Sunderland and currently SCCG were considering the development of an assessment unit within outpatients at Sunderland Royal Hospital or Grindon Lane Primary Care Centre. SCCG were also developing a service specification for a high quality breast care service which would be informed by existing clinical standards as well as the views of patients. The specification would use evidence from a recent patient engagement exercise undertaken to support the development of a future breast care service model. PS stated that the engagement exercise had sought the views of over 100 patients past and present through interviews, on line surveys and focus groups. SP queried the comment regarding third sector organisations and asked what that was. PS replied that it was mainly Macmillan Cancer Services and other voluntary organisations.

SP also queried the comment regarding negative feedback on clinical care of inpatient services. PS replied that whilst they were all Sunderland patients who gave the comments they may not necessarily have had their treatment in Sunderland. PS also stated that it was difficult to correlate the feedback as some of the patients had received their treatment over five to ten years ago.

PS informed Governors that approximately 3,000 referrals would be seen in the 'one stop' service with 90-95% being dealt with on that first visit.

PS also advised that there had been a number of media requests etc following queries from MP's and patients. MMcN queried that if a letter was printed that contained inaccuracies was it Trust policy to ignore that letter or was every case dealt with on an individual basis. KWB replied that often we were faced with the dilemma of 'damned if you do' and 'damned if you don't'. The Trust would always give a statement and be as up front as we can be but it depends how wrong we believe the article to be and sometimes that is complicated by some individuals being subject to a legal process. KWB stated that fortunately we get more issues right than we get wrong.

PS informed Governors that the CCG would hopefully complete commissioning arrangements for a 'one stop' breast care assessment unit so that new services could start by 1st April 2016. ICM stated that this approach had been an aspiration for a long time to provide a sustainable breast service delivered in Sunderland.

Resolved: To note the contents of the report and for Governors to share the contents where relevant with patients and members of the public who raised any concerns.

Item 6 National Children and Young Person's Inpatient and Day Case Survey 2014

PP presented the report which updated Governors on the results of the Children's and Young Persons Survey carried out in late 2014. PP explained that the survey had been carried out just before the Care Quality Commission inspection and that there had been a 31% response rate which was slightly higher than the national response average of 27%.

In total, there were 52 questions which measured experience from the perspective of children, young people and their parents or carers. 75% of the questions were rated as 'about the same' as other Trusts with the remaining 25% achieving 'better' than expected ratings. There were no questions in the 'worse' category. This was the best performance in the region when compared with local Trusts. Of the 137 Trusts that took part, CHS had been ranked as 8th which was extremely positive.

The more negative areas were menu choices, care planning and play therapy. PP advised that an action plan had been developed and a review of the menu choices was being undertaken. In terms of play therapy, the rota had been reviewed to ensure seven day play and also for a therapist to attend ward F65. PP advised that since this change had been put in place the real time feedback scores for play had improved. The third area relating to care planning had been addressed by staff going back to the family to ensure that the family fully understood the treatment plan and any changes in condition.

Pauline Taylor queried whether the Eye Infirmary had been included in the survey. PP confirmed that it had and included any area doing inpatient surgery.

PP also advised that one of the comments received was the lack of Wi-Fi access for older children. TF commented that it was not terribly expensive to provide. KWB replied that the costs we had received were upwards of £65k for the whole hospital and then it was the issue of free access. TF commented that there was a free deal opportunity with BT open-zone and some others ISPs were also willing to do it for free. KWB stated that whilst Wi-Fi access was on the agenda it was competing against a number of other pressures in a difficult financial situation.

DC commented that it was an excellent report and it can be a traumatic time for both children and parents when they are in hospital. He also commented that often children know more than their parents and it was good that they had been involved in the survey.

KWB stated that it was now one year on since the survey was undertaken and were we confident that standards had not slipped or indeed improved. PP replied that in her opinion standards were better and the directorate was not complacent with the results and very keen to move the amber scores into a green rating.

KWB queried of the seven Trusts who had scored higher than us were any of them specialist hospitals. PP replied that none were specialist hospitals which was quite surprising.

Resolved: To accept the report.

Item 7 2015 PLACE Inspection Report

RH presented the report which updated Governors of the findings and results of the PLACE inspections carried out in May 2015. RH thanked all the Governors who had been involved in the process. RH stated that this year colleagues from Healthwatch had also been involved in the process.

KWB queried whether they were there for assurance to score. RH replied that they were there to score and were part of four inspection teams. Each team was required to undertake a series of inspections and the areas to be inspected were selected by the patient representatives within the teams at the start of the day. Members of Healthwatch were very impressed with the level of detail being looked at and had found the training and pre-inspection visits particularly helpful. Pat Taylor stated that she would like to record her thanks to RH and the team for the detailed preparation. She had found the day challenging but extremely positive.

RH stated that this round of inspections saw a number of changes to the inspection process and whilst most of those were minor, there was a significant change around the assessment of the extent to which the environment supported the care of patients with dementia.

SP commented that North Tyneside and Hartlepool Hospitals had done extremely well in relation to dementia and was that as a result of a lot of work being undertaken or was it the way in which they had scored. RH replied that it was difficult to know but we would be looking at other areas to see why they had scored so well.

TF commented that he was very impressed by the PLACE inspections but was concerned that there was no standardisation between hospitals nationally. KWB stated that a lot was driven by patient feedback and some scores were very subjective. The dementia scores for instance were open to different interpretation. KWB stated that PLACE was not an absolute indicator of everything. RR commented that because of the training and input from RH and the team, there was a certain standard of expectation which we all adhered to and it was a much more objective process with a fresh pair of eyes. There was no difference in the way that we scored. SP stated that the difference was between hospitals and not our own teams.

KWB commented that our scores should tell us we are improving. Pat Taylor stated that unfortunately year on year they change the way that we score. She also commented that if she were in a national position she would be cautious about the North Tyneside scores which were high in all categories.

RH informed Governors that the findings from the day had been summarised and an action plan had been developed. The Trust's multidisciplinary national standards of cleanliness group would drive forward specific actions identified for individual wards and departments.

PP stated that matrons get feedback for their own wards and departments to ensure that necessary action is taken. The report had also been discussed with the G4S domestic team and an action plan developed.

RH stated that there was a focus throughout the year as it was meant to be a supportive process and some of our areas would never achieve a 100% score either because of the physical environment or finance.

Resolved: To receive the report.

JOHN N ANDERSON QA CBE
Chairman

ch/vh/cog

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF FINANCE

COUNCIL OF GOVERNORS

MARCH 2016

FINANCIAL POSITION AS AT 31ST JANUARY 2016 EXECUTIVE SUMMARY

1 INTRODUCTION

This Executive Summary provides the summary highlights of the financial position as detailed in the main report to the end of January 2016.

1.1 KEY HIGHLIGHTS

Issue or Metric	Budget	Actual	Variance	%
Overall Financial Position – Deficit	£15,030k	£12,569k	(£2,461)	16.4%
Income	£273,185k	£279,264k	(£6,079)	2.2%
Expenditure	£288,215k	£291,833k	£3,618k	1.3%
EBITDA Position %	0.9%	0.1%		0.8%
EBITDA Position £'s (deficit)	£2,444k	£302k	(£2,142)	87.6%
Cash Position	£2,057k	£9,892k	(£7,835k)	
Clinical Activity:				
Inpatients – Spells ahead of plan	98,319	105,737	(7,418)	7.5%
Financial Impact	£250,105k	£256,647k	(£6,542)	2.6%
Cost Reduction Plans				
Variance to plan	£10,620k	£11,453k	(£833k)	7.8%

Pay:				
Variance to plan	£172,594k	£172,196k	(£398k)	0.2%

Non Pay:				
Variance to plan	£115,620k	£119,670k	£4,050k	3.5%
Financial Sustainability Risk Rating (FSRR)			2	
+ve variance equates to worse than expected; - ve equates to better than expected				

Julia Pattison
Director of Finance/Deputy Chief Executive

DIRECTORATE OF FINANCE

COUNCIL OF GOVERNORS

MARCH 2016

FINANCIAL POSITION AS AT 31st JANUARY 2016

1 INTRODUCTION

The enclosed financial statements reflect the Trust's Income & Expenditure position as at 31st January 2016 details of which can be found in Appendices 1 - 6.

1.1 SUMMARY POSITION

The overall financial position is a net deficit of £12,569k against a planned deficit of £15,030k, £2,461k ahead of plan.

The Trust is reporting a £6,542k over recovery in income for month 10 relating to NHS clinical activity. At the end of January the Cost Reduction Plan (CRP) delivery is £833k ahead of the projected plans submitted to Monitor. Performance against the EBITDA margin is 0.8% ahead of plan to the end of January.

The Trust financial risk rating score remains as 2.

Improvements in the Trust's financial position means the year end forecast has now been revised to £14.3m deficit.

2 INCOME

2.1 *Patient Related Income:*

The Trust is reporting an over performance of £6,542k against clinical income for month 10. The position reflects known flex/freeze over performance up to the end of month 9 and an estimate for high cost drugs as at month 10.

An agreement has been reached with Sunderland CCG relating to year end 2015/16. This will provide a level of certainty in Trust planning for quarter 4 and will also enable focus to move to 2016/17 contracting. Discussions have also commenced with other CCGs for 2015/16 year end settlements.

Details are provided in Appendix 3.

Private Patient Income is reporting a small over recovery against plan by £70k.

2.2 *Non Patient Related Income:*

Research and Development income is showing an over recovery of £121k, Training and Education income is ahead of plan by £182k due to additional income received from Health Education North East for unfunded posts in 2014-15 now funded in 2015-16.

Other Income is behind plan by £801k. This is due to a category mis-alignment between 'clinical' and 'other' and an offset with Non-Pay for sub-contract charges.

3 EXPENDITURE

3.1 *Pay Expenditure:*

Pay is currently showing an underspend of £398k against plan, reflecting:

- Agency costs to month 10 are £5,198k, compared to an overall Trust agency staffing budget to month 10 of £5,540k. Much of this spend is to cover vacant posts. Agency costs are declining; the costs in April to January 2016 are £1,334k less than the costs for the same period in 2014-15.
- The main underspend is due to vacant nursing posts across the Trust. To date the underspend is £1,080k which is inclusive of the costs paid to NHS Professionals and overtime working.
- Additional costs have been incurred in clinical areas linked to over performance against contract to date.

Appendix 4 shows details of pay spend on agency, flexi-bank and overtime for the last 12 months from month 10.

Overall pay costs for January were £17,353k against a budget of £17,296k for the month.

3.2 *Non Pay Expenditure:*

Non-Pay is over-spent by £4,050k. Major areas are highlighted as:

- Clinical Supplies is £2,648k over spent predominantly due to a shortfall on the original CRP plans of £1,339k and an increase in clinical activity relating to Ophthalmic Implants, and Cardiology Stents and Pacemakers.
- Drugs are over spent by £3,189k which is offset with the over recovery on High Cost Drug Clinical Income of £3,253k,
- Other Non Pay is underspent by £1,468k due to lower than expected sub-contracts costs by £339k, matched with an adjustment to 'other income'. Large underspends in IT maintenance, Legal, Energy Rates, Hotel Services and Materials costs has helped improve the underspend to date.
- Capital costs are underspent against plan by £318k due to lower than expected Depreciation charges which stems from delayed Capital programme.

Appendix 5 shows details of non pay spend for Clinical Supplies, Drugs and Other Non Pay for the month.

4 CRP POSITION

The Cost Reduction Plan (CRP) target as declared to Monitor for 2015/16 was £13,000k.

Plans are now in place for £13.7m; this reflects the focus placed on savings by the Trust on CIPs in year and will be shared in more detail at this month's Finance Committee. The plan to date is £10,620k per our Monitor plan, against which actual delivery is £11,453k, so ahead of plan by £833k.

Details are provided in Appendix 6.

5 FORECAST

At this stage the Trust anticipates a forecast of £14.3m deficit for 2015-16. This revised forecast reflects an improvement to the expected income levels and a higher level of cost efficiencies than planned. The detail relating to the reasons for this movement will be discussed with the Finance Committee.

6 CASHFLOW AND WORKING CAPITAL

The cash balance at the end of January 2016 was £9.89m against planned £2.06m. The favourable variance of £7.83m is attributable to loans being received from the Independent Trust Financing Facility of £11.3m that were not included within the original plan, a favourable variance arising from the capital cash profile being behind plan (£2.58m) and adverse timing differences (£6.05m) relating to the settlement of working capital receivables and payments.

NHS debtor balances are higher than plan (£5.53m) mainly due to a combination of outstanding invoices and accruals in respect of over-performance, non-contracted activity (NCAs) and miscellaneous charges.

The Statement of Financial Position detail is provided in Appendix 2.

7 CAPITAL

Capital expenditure to date is £12,116k and relates mainly to the ED Development (£6,841k) and Endoscopy/Hot Labs (£3,658k) and Gateshead Pathology Interface (£741k). Expenditure to date is slightly behind the internally monitored revised capital profile which shows a planned spend to January 2016 of £12,647k. However there is a significant variance when compared to the externally monitored original annual plan profile for January 2016 of £15,623k. The current spend is £3,507k behind the annual plan profile and includes the following variances from plan;

- ED Development, £1,442k behind plan due to timing differences in the payment of invoices.
- Gateshead Pathology Interface, £220k behind plan due to project delays.
- Pathology Hot Labs, £586k behind plan as the spend profile has changed due to the scheme becoming part of the endoscopy scheme.
- Endoscopy, £520k behind plan, slippage on the planned timing of equipment purchase.
- IM&T Costed Profile, £737k behind plan due to revised go live dates.

8 NEXT STEPS

At this stage the Trust is ahead of the annual plan submitted to Monitor of £17.8m deficit for 2015/16. Work continues to focus on and improve this position further for both this year and next and updates will be provided on an ongoing basis.

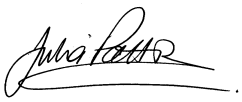
9 SUMMARY

The overall position at the end of January is a deficit of £12,569k compared to a planned deficit of £15,030k or £2,461 better than plan. Focus is now on looking forward to 2016/17 and planning for a recurrent improvement to the Trust finances.

10 RECOMMENDATIONS

The Council of Governors is requested to:

- Note the financial position to date.



Julia Pattison
Director of Finance/Deputy Chief Executive

March 2016

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST
CORPORATE FINANCIAL MONITORING REPORT
SUMMARY TRUST POSITION - MONITOR ANALYSIS
PERIOD ENDED 31ST JANUARY 2015/16

Income & Expenditure Position

	Annual	Current Month			Year tn Date		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
£m	£m	£m	£m	£m	£m	£m	£m
Incnme							
NHS Clinical incnme	-299.87	-25.02	-26.23	-1.21	-250.10	-256.65	-6.54
Private patient income	-0.33	-0.03	-0.03	0.00	-0.28	-0.35	-0.07
Non-patient income	-27.34	-2.27	-2.35	-0.09	-22.80	-22.30	0.50
Total income	**-327.54**	**-27.31**	**-28.61**	**-1.30**	**-273.18**	**-279.30**	**-6.11**
Expenses							
Pay Costs	206.96	17.296	17.35	0.06	172.59	172.20	-0.40
Drug costs	33.59	2.80	3.07	0.26	27.99	31.18	3.19
Other Costs	89.69	7.51	7.67	0.16	75.05	76.23	1.18
Total costs	**330.24**	**27.61**	**28.09**	**0.48**	**275.63**	**279.60**	**3.97**
Earnings before interest, tax, depreciation & amortisation (EBITDA)	**2.70**	**0.29**	**-0.52**	**-0.82**	**2.444**	**0.302**	**-2.14**
Profit/loss on asset disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation	8.55	0.71	0.68	-0.03	7.13	6.83	-0.29
PDC dividend	4.81	0.40	0.30	-0.10	4.00	3.90	-0.11
Interest	1.75	0.15	0.15	0.01	1.46	1.54	0.08
Corporation tax	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Deficit/(Surplus) (post exceptionals)	**17.80**	**1.55**	**0.61**	**-0.94**	**15.03**	**12.57**	**-2.46**
Exceptional items							
Net Deficit/(Surplus) (post exceptionals)	**17.80**	**1.55**	**0.61**	**-0.94**	**15.03**	**12.57**	**-2.46**

EBITDA Margin	**-0.8%**	**-1.1%**	**1.8%**		**-0.89%**	**-0.11%**

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST
TRUST PERFORMANCE SUMMARY

PERIOD ENDED 31ST JANUARY 2015

TRUST SUMMARY

'( )' denotes a surplus
' + ' denotes a deficit

4	Annual Budget £'000s	Quarter 1 £'000s	Quarter 2 £'000s	Oct actual £'000s	Nov actual £'000s	Dec actual £'000s	Quarter 3 £'000s	Jan actual £'000s	Quarter 4 £'000's	YTD actual £'000s	Plan £'000s	Variance £'000s
Income												
Contract Income	(299,874)	(74,380)	(77,894)	(26,221)	(24,977)	(26,949)	(78,146)	(26,226)	(26,226)	(256,647)	(250,105)	(6,542)
Private Patients	(332)	(95)	(118)	(31)	(31)	(40)	(101)	(32)	(32)	(346)	(276)	(70)
Training and Education Income	(10,232)	(2,572)	(2,594)	(857)	(883)	(857)	(2,596)	(946)	(946)	(8,709)	(8,526)	(182)
Research and Development Income	(1,596)	(399)	(427)	(170)	(141)	(142)	(453)	(173)	(173)	(1,451)	(1,330)	(121)
Other income	(15,439)	(4,158)	(3,755)	(1,398)	(1,223)	(310)	(2,931)	(1,202)	(1,202)	(12,045)	(12,891)	846
Interest Receivable	(74)	(21)	(16)	(19)	(6)	(5)	(30)			(67)	(56)	(11)
Total Income	**(327,547)**	**(81,625)**	**(84,804)**	**(28,695)**	**(27,260)**	**(28,302)**	**(84,258)**	**(28,578)**	**(28,578)**	**(279,264)**	**(273,185)**	**(6,079)**
Expenditure												
Pay	206,961	52,086	51,265	17,187	17,116	17,189	51,492	17,353	17,353	172,196	172,594	(398)
Clinical Supplies and Services	30,763	8,328	8,237	2,894	2,667	3,181	8,742	2,984	2,984	28,291	25,643	2,648
Drug Costs	33,590	8,446	9,675	3,652	2,965	3,374	9,991	3,066	3,066	31,177	27,989	3,189
Other Costs	58,931	14,889	14,751	4,817	4,971	3,819	13,608	4,654	4,654	47,902	49,403	(1,501)
Depreciation	8,550	2,043	2,083	657	683	684	2,024	683	683	6,833	7,125	(292)
PDC Dividend	4,805	1,201	1,199	400	400	400	1,200	296	296	3,897	4,004	(107)
Interest	1,747	437	437	146	210	154	509	154	154	1,537	1,456	81
Total Expenditure	**345,347**	**87,430**	**87,648**	**29,753**	**29,012**	**28,801**	**87,566**	**29,189**	**29,189**	**291,833**	**288,215**	**3,618**
(Surplus)/Deficit	17,800	5,805	2,844	1,058	1,751	499	3,308	612	612	12,569	15,030	(2,461)
Cost Improvement Plans	(13,000)	(2,357)	(3,711)	(852)	(1,538)	(1,597)	(3,987)	(1,398)	(1,398)	(11,453)	(10,620)	(833)
ISLAs												
Income	(42,706)	(10,773)	(11,078)	(3,552)	(3,706)	(3,759)	(11,017)	(3,666)	(3,666)	(32,869)	(35,617)	2,748
Expenditure	42,706	10,773	11,078	3,552	3,706	3,759	11,017	3,666	3,666	32,869	35,617	(2,748)
Divisional Total	()											
WTE Analysis (WTEs)												
Total WTEs	**4,951.40**	**4,755.18**	**4,731.32**	**4,755.99**	**4,750.95**	**4,727.52**	**4,727.52**	**4,767.81**	**4,767.81**	**4,767.81**	**4,951.40**	**-183.59**

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
STATEMENT OF FINANCIAL POSITION - JANUARY 2016

Assets	Plan As At 31-Jan-16 £m	Actual As At 31-Jan-16 £m	Variance £m
Assets, Non-Current			
Intangible Assets, Net	3.836	4.970	
Property, Plant and Equipment, Net	208.624	204.285	
Investments in Subsidiaries, at Cost (CHoICE)	0.921	0.950	
Other Receivables, Non-Current	1.036	1.036	0.000
Impairment of Receivables, Non-Current	-0.196	-0.196	0.000
Trade and Other Receivables, Net, Non-Current, Total	0.840	0.840	
Assets, Non-Current, Total	214.221	211.045	
Assets, Current			
Inventories	4.100	4.689	-0.589
Trade and Other Receivables, Net, Current			
NHS Trade Receivables, Current	5.156	10.688	-5.532
Non NHS Trade Receivables, Current	0.600	1.046	-0.446
Other Related Party Receivables, Current	0.000	0.000	0.000
PDC Receivable, Current	0.000	0.000	0.000
Other Receivables, Current	1.200	1.365	-0.165
Impairment of Receivables, Current	-0.632	-0.632	0.000
Trade and Other Receivables, Net, Current, Total	6.324	12.467	
Prepayments, Current	4.384	5.110	-0.726
Cash and Cash Equivalents	2.057	9.892	-7.835
Assets, Current, Total	16.865	32.158	
ASSETS, TOTAL	**231.086**	**243.203**	

Liabilities

Liabilities, Current			
Interest-Bearing Borrowings, Current			
Loans, non-commercial, Current (DH, FTFF, NLF, etc)	-2.637	-3.386	0.749
Interest-Bearing Borrowings, Current, Total	-2.637	-3.386	
Deferred Income, Current	-1.575	-3.050	1.475
Provisions, Current	-0.284	-0.240	-0.044
Trade and Other Payables, Current			
Trade Payables, Current	-10.700	-11.166	0.466
Amounts Due to Other Related Parties, Current	-0.050	-0.075	0.025
Other Payables, Current	-8.500	-8.705	0.205
Capital Payables, Current	-1.418	-0.352	-1.066
Trade and Other Payables, Current, Total	-20.668	-20.298	
Other Financial Liabilities, Current			
Accruals, Current	-7.030	-4.210	-2.820
PDC dividend creditor, Current	-1.600	-1.566	-0.034
Interest payable on non-commercial interest bearing borrowings, current	-0.553	-0.631	0.078
Interest payable on commercial interest bearing borrowings, current	0.000	0.000	0.000
Other Financial Liabilities, Current, Total	-9.183	-6.407	
Liabilities, Current, Total	-34.347	-33.381	
NET CURRENT ASSETS (LIABILITIES)	-17.482	-1.223	
Liabilities, Non-Current			
Interest-Bearing Borrowings, Non-Current			
Loans, Non-Current, non-commercial (DH, FTFF, NLF, etc)	-46.564	-57.185	10.621
Loans, Non-Current, commercial	0.000	0.000	0.000
Interest-Bearing Borrowings, Non-Current, Total	-46.564	-57.185	
Deferred Income, Non Current	0.000	0.000	0.000
Provisions, Non-Current	-0.942	-0.942	0.000
Trade and Other Payables, Non-Current			
Trade Payables, Non-Current	-1.503	-1.503	0.000
Other Payables, Non-Current	0.000	0.000	0.000
Trade and Other Payables, Non-Current, Total	-1.503	-1.503	
Liabilities, Non-Current, Total	-49.009	-59.630	
TOTAL ASSETS EMPLOYED	**147.730**	**150.192**	

Taxpayers' and Others' Equity

Taxpayers' Equity			
Public Dividend Capital	99.542	99.542	
Retained Earnings	-19.887	-17.425	
Revaluation Reserve	68.075	68.075	
TAXPAYERS' EQUITY, TOTAL	**147.730**	**150.192**	
	0.000	0.000	

Appendix 3

Clinical Income Report

Introduction

This appendix offers a greater insight into clinical income and contract activity and reflects the income and activity position up until the end of month 10, January 2016

Overview

As at the end of month 9, the clinical income budget was £250,105k with the actual clinical income of £256,647k, equating to an over-performance of £6,541k (3%). Table 1 shows the over-performance at contract/commissioner level.

The figures were derived from the PBR report up to Month 9, which reflects Quarter 1 freeze, Quarter 2 freeze and a flex position for Quarter 3. We have assumed break even to plan for M10 as the information is not yet available, however, drugs are accounted for in real time to be in line with expenditure.

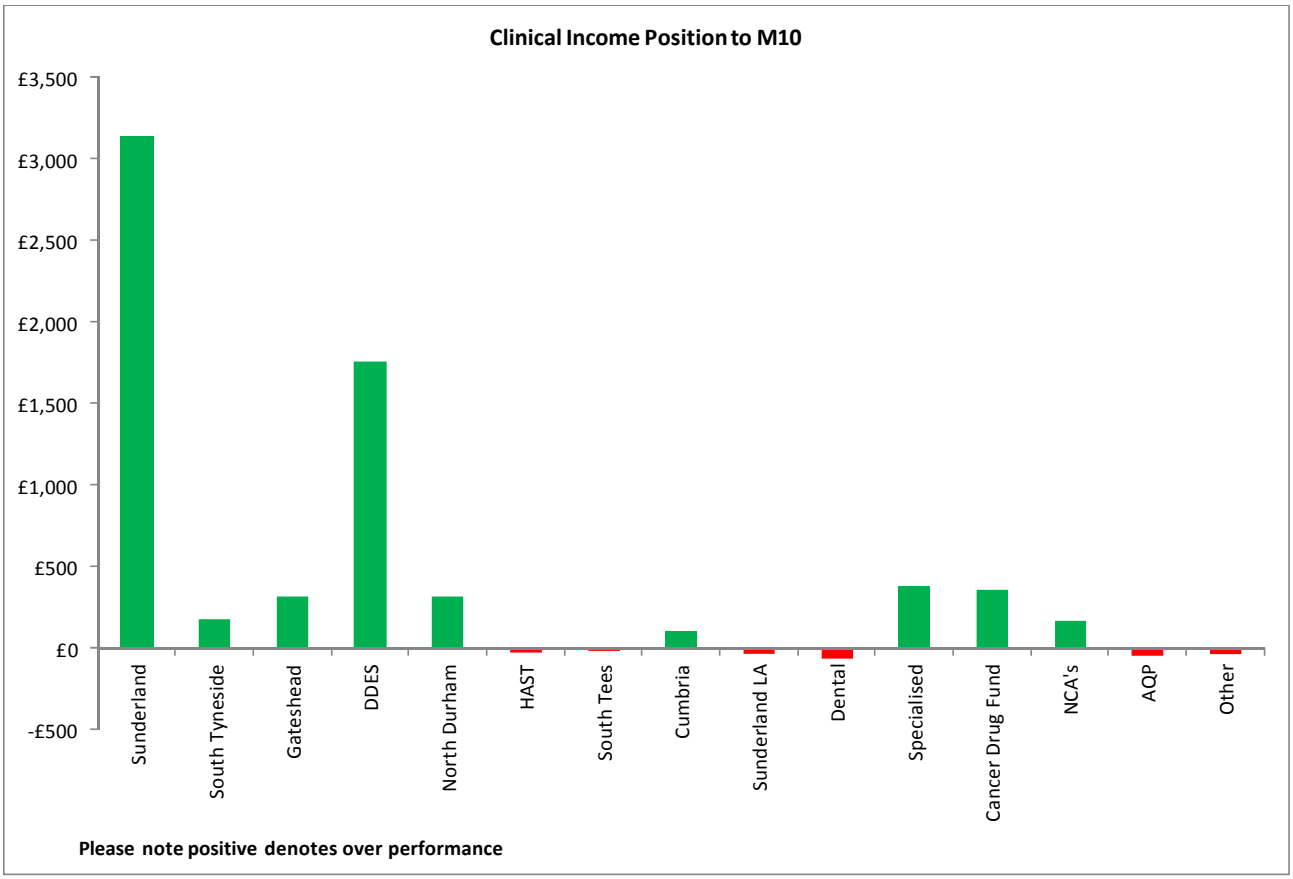
Table 1 : Clinical Income Position M10

	Budget	Actuals	Variance	%
Sunderland	147,055	150,196	-3,141	-2%
South Tyneside	18,372	18,554	-182	-1%
Gateshead	2,689	3,004	-315	-10%
DDES	27,112	28,869	-1,757	-6%
North Durham	12,823	13,143	-320	-2%
HAST	2,578	2,554	24	1%
South Tees	169	162	7	4%
Cumbria	185	290	-105	-36%
Sunderland LA	2,031	2,004	27	1%
Dental	5,204	5,144	60	1%
Specialised	26,540	26,918	-378	-1%
Sub Total	**244,758**	**250,838**	**-6,080**	**-2%**
Cancer Drug Fund	1,542	1,906	-364	-19%
NCA's	1,097	1,263	-166	-13%
AQP	1,108	1,068	40	4%
Other	1,599	1,570	29	2%
Total	**250,104**	**256,645**	**-6,541**	**-3%**

Discussions with commissioners are now moving towards agreeing year end settlements rather than activity and financial challenges and where appropriate these have been reflected in the figures. A figure has been agreed with Sunderland CCG and the Dental team of NHS England (details in the 'by commissioner' section) and discussions continue with specialised and the CCG's supported by NECS.

All realistic risks have been built into the position for the month where year-end positions are still under negotiation.

The chart below shows the variance per Commissioner.



Position by Significant Commissioner (Month 1-10)

To note the over-performance figures reflect anticipated positions against the Trust's budget which in some cases is higher than agreed contracts for the year.

- **Sunderland CCG** - is currently ahead of plan by £3,141k this was the basis for discussions of a year-end agreement (2%). The year-end agreement addressed payment of CQUIN, penalties as well as PbR over performance.
- **South Tyneside CCG** - is £182k ahead of plan (1%), with general over performance across day cases, non-elective admissions and Outpatient procedures. There is under performance within miscellaneous contracts but not material enough to affect the over performance. Year-end discussions are due to commence shortly.
- **Newcastle/Gateshead CCG** - ahead of plan by £315k (10%), mainly in Elective inpatients and outpatient procedures. There is not one particular speciality causing the over performance, the majority of specialties are reporting over performance. Year-end discussions are due to commence shortly.
- **DDES CCG** - significantly ahead of plan by £1,757k (6%). Non electives within elderly medicine are over performing by £1,046k. Maternity pathways and out patients are over performing by £400k and £407k respectively. This level of over performance presents a real risk that the CCG may not be able to pay. Year-end discussions have commenced with DDES
- **North Durham CCG** - ahead of plan by £319k (4%), a large proportion of this is due to day case procedures within ophthalmology as well as non-electives within elderly medicine. Out patients with urology are also over performing (£95k) as are as high cost drugs but the later are a straight pass through. Year-end discussions have commenced with North Durham.

- **Hartlepool CCG** - is under plan by £27k (1%). This is mainly due to day cases and outpatient procedures. Year-end discussions have commenced with Hartlepool.
- **South Tees CCG** – this contract is behind plan by £7k (4%) which is due to non-elective under performance within T&O and general surgery.
- **Cumbria CCG** – this contract is ahead of plan by £105k (36%), this is across all points of delivery but particularly ophthalmology.
- **Sunderland LA** – £26k under, largely in GUM face to face outpatients, it is expected that the contract will be break even by year end.
- **NHS England (Dental**) - A year end break even settlement has been reached with Dental. This includes all reinvestment of penalties. However, CQUIN payments are still being discussed with the performance team but the risk is low.
- **NHS England (Specialised)** – this contract is ahead of plan by £378k (1%) which is primarily driven by drugs though mitigated by a degree of bariatric under performance during Q1-Q3 driven by changes in commissioning, further slippage is thought to be unlikely. Current discussions are ongoing to reach an agreement for year end. Challenges around drugs and under performance have been built into the position but hopefully some of these will be mitigated, in the year end agreement.
- **Cancer drug fund** - is currently ahead of plan by £364k but as this is a direct pass through of the cost of drugs there is no financial benefit to CHS.
- **AQP contracts** - currently behind plan, on both the INR and Audiology contract, Sunderland (the largest AQP contract) has been agreed as part of end of year but South Tyneside CCG and Durham are still to be agreed.
- **Other** – this includes Church View Medical Practice plus an assumption built into the plan for some additional income to help achieve the Referral to Treat targets, additional income for A&E over performance in Q1 and Quality Incentive funding

CQUIN and Penalties

The full delivery of the CQUIN schemes for quarter 1 and the delivery of the majority of schemes for quarter 2 & 3 have been assumed at this stage, but the final reconciliation discussions with Commissioners around the final position for quarter 3 and potentially year end continues.

The trust has incurred performance penalties which if/when transacted total £583k. Commissioners are obliged to reinvest penalties in actions to mitigate the cause of the breach. This figure has decreased from last month due to the yearend discussions with Sunderland whereby penalties will be reinvested. Discussions continue with all other commissioners to try to encourage as much reinvestment of penalties in 15/16 as possible.

New guidance requires commissioners to reinvest in Trusts but the cash must be used to support financial positions and not in risk mitigation.

Activity [Month 1 - 10]

Activity at Trust level is shown in Figure 2. Month's 1-10 actual activity have been compared against 12 months of history and to Commissioner plans. The aspiration is the combination of plan, actual and history will enhance the utility of this report.

Activity at Points of Delivery: Planned activity levels have been included from Month 10 at Point of Delivery/Specialty level. Please note that the planned activity for Non Elective activity has been commissioned based on Specialty of the Admission, whereas actuals are based on Specialty of Discharging Consultant.

Note that activity levels are a good indication of contract performance however case mix (tariff therefore income) is equally important. Comments below pertain to months 1-10.

A&E - Total activity continues to be 4.6% higher than historical levels (due to inclusion of Type 4) at Pallion health centre in 2015/16. Type 1 (main site) A&E is 3.7% above plan; eye infirmary (type 2) is 6.3% below plan. Case mix in type 1 is trending towards higher acuity patients

Non-Electives - up 2,145 spells (6.5%) vs history, and 1,997 spells up against plan (6%). Specialties with the greatest variance against history (due to admitting/discharging specialties disparity between plan and actuals) include ENT, Gynaecology and Urology – due to the implementation of Ambulatory Care pathways in these areas. Geriatric Medicine and Accident & Emergency are also over-performing against historical levels.
Commissioners with the greatest over-performance against 15/16 plan are Sunderland (1082 spells) and Cumbria and North East (262 spells). Sunderland has been consistently running 6.6% higher than history and 4.4% above plan. Note that all CCGs bar Sunderland, opted to debit 5% activity justified by investment in the Better Care Fund. The impact was theoretical and never quantified at specialty or HRG level therefore CHS expected over performance from the majority of commissioners.

Electives - up 3,018 (4.5%) vs history and 5,422 (8.3%) vs plan. Tangible over-performance in T&O and Ophthalmology, associated with 18 week recovery.

First Outpatients (consultant led) - Is 7,353 (8.1%) below history and 10,930 (11.6%) below plan. Shortfall against history relates to the cessation of the Breast Surgery service. Against plan, ENT and Neurology are showing significant underperformances.

Review Outpatients (consultant led) - Is 2,748 (1.6%) above history but 6,604 (3.6%) below plan. Recording of activity between General Surgery and Upper GI in particular shows the efforts being made to ensure categorisation of activity into the correct specialty, and the over and underperformances balance each other out. Genuine increases against plan are seen in Ophthalmology, Neurology and Pain Management.

Non Consultant Led Outpatients - Is 2,571 (4%) below history but 2,292 (3.9%) above plan. The majority of the shortfall against history and plan relates to Ophthalmology. OMFS, Orthodontics and Rheumatology are all up against plan. (subject to DQ checks).

Outpatient Procedures - Is 15.5% up vs history, however this is an artefact of the unbundling of an elective local tariff at the eye infirmary into component elective, procedure and drugs. Also affecting this position is the capture of Neurophysiology procedures.
Trust total is currently running at 1605 under plan. T&O are showing an underperformance against plan of 1,939 procedures and history of 1,275 procedures. This is due to recording issues in M2-7. Activity is now being captured.

Non-Face to Face OP - YTD Contacts are 1,680 (16.3%) down vs plan. Directorates have been requested to focus on ensuring that existing telephone clinical contacts delivered are consistently captured in Meditech. Tariffs are £23 per contact.

Drugs - Drugs are currently over recovered by £3,253k which will be directly linked to expenditure; £2,118k of this is attributable to the division of medicine; specifically Oncology and Renal specialities.

Devices - Currently over recovered by £243k particularly bone anchored hearing aids, vascular stents and paediatric sleep suits. These are offset by underperformance on Aortic stents and Insulin pumps. However, this movement will be directly reflected by a corresponding under spend within clinical supplies.

Risks

The following risks to income need to be considered:

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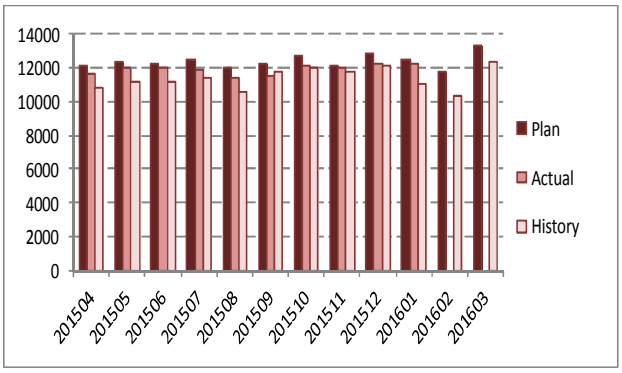
- Capture and attribution of PbR excluded drugs: there are complex rules which if not followed will result in funding being withheld. There has been significant challenge by Commissioners to date on the attribution and on the degree of patient level recording. Where applicable any risks have been built in the position. Actions have been taken to rectify any key issues promptly and on increasing focus on patient level reporting has meant fewer queries each month.
- Penalties taken by all commissioners is a major risk, further, the National penalty for breaches of the 18 week incomplete standard doubled from £150 to £300 per patient on 1-Oct. Commissioners have been unwilling to reinvest in corrective action.
- At this stage the penalties applied by commissioners for the year end is unknown but the figure is significant. We believe we have been prudent with this and assumed a level of circa £583k into the position for 10 months. This is for all commissioners apart from Sunderland as a year-end deal has been agreed
- Clinical income over performance is forecast to be £9.7m to year end. This is still likely to change as discussions with commissioners for yearend near conclusion

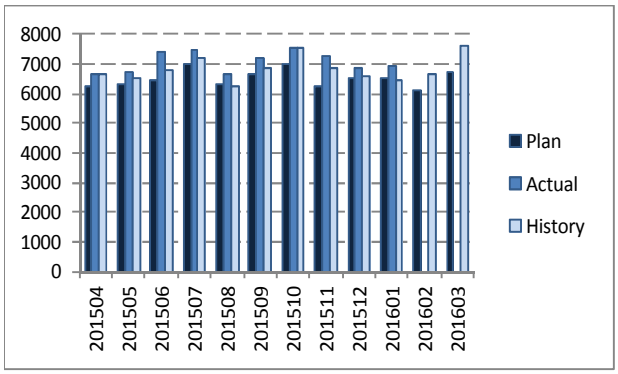
Contracting Team
February 2016

Appendix 3

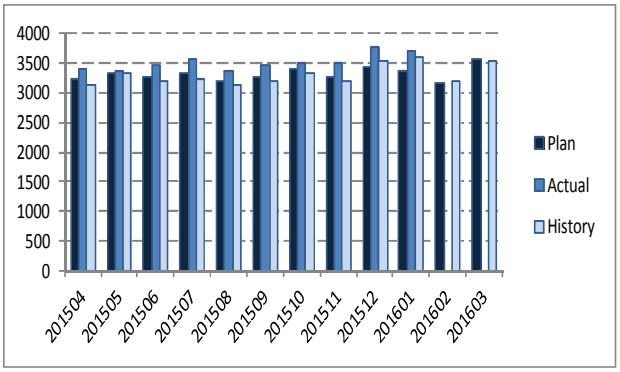
Accident and Emergency



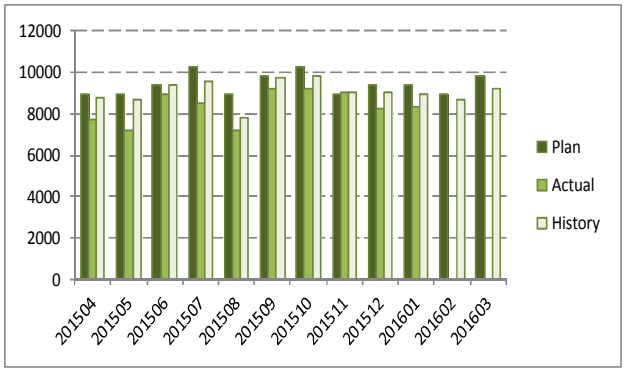
Elective Admissions



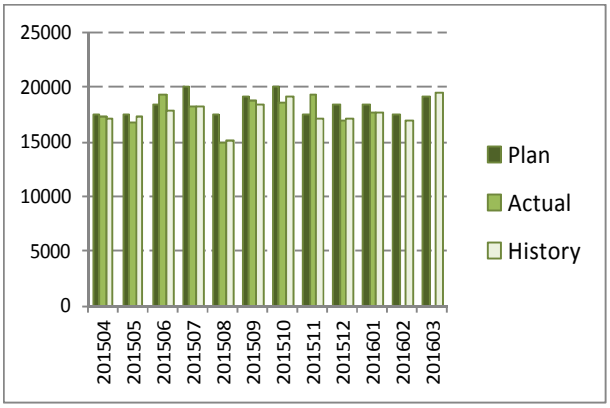
Non Elective Admissions



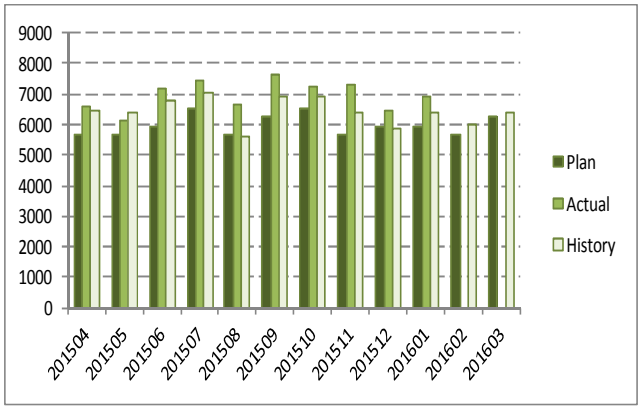
OP Consultant New



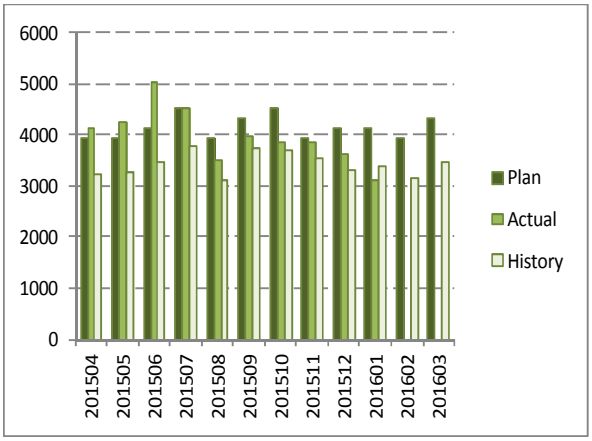
OP Consultant Review



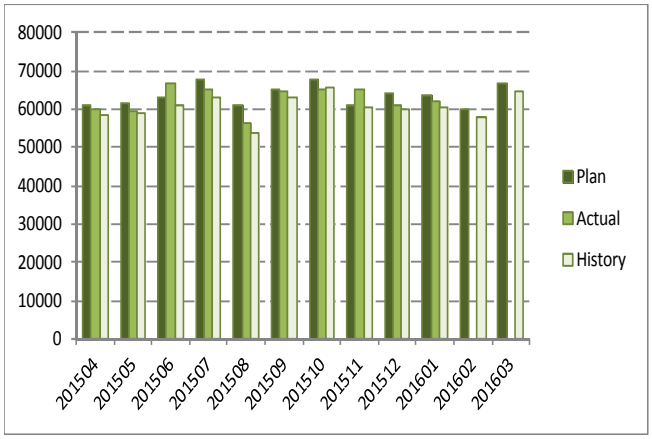
OP Non Consultant Led



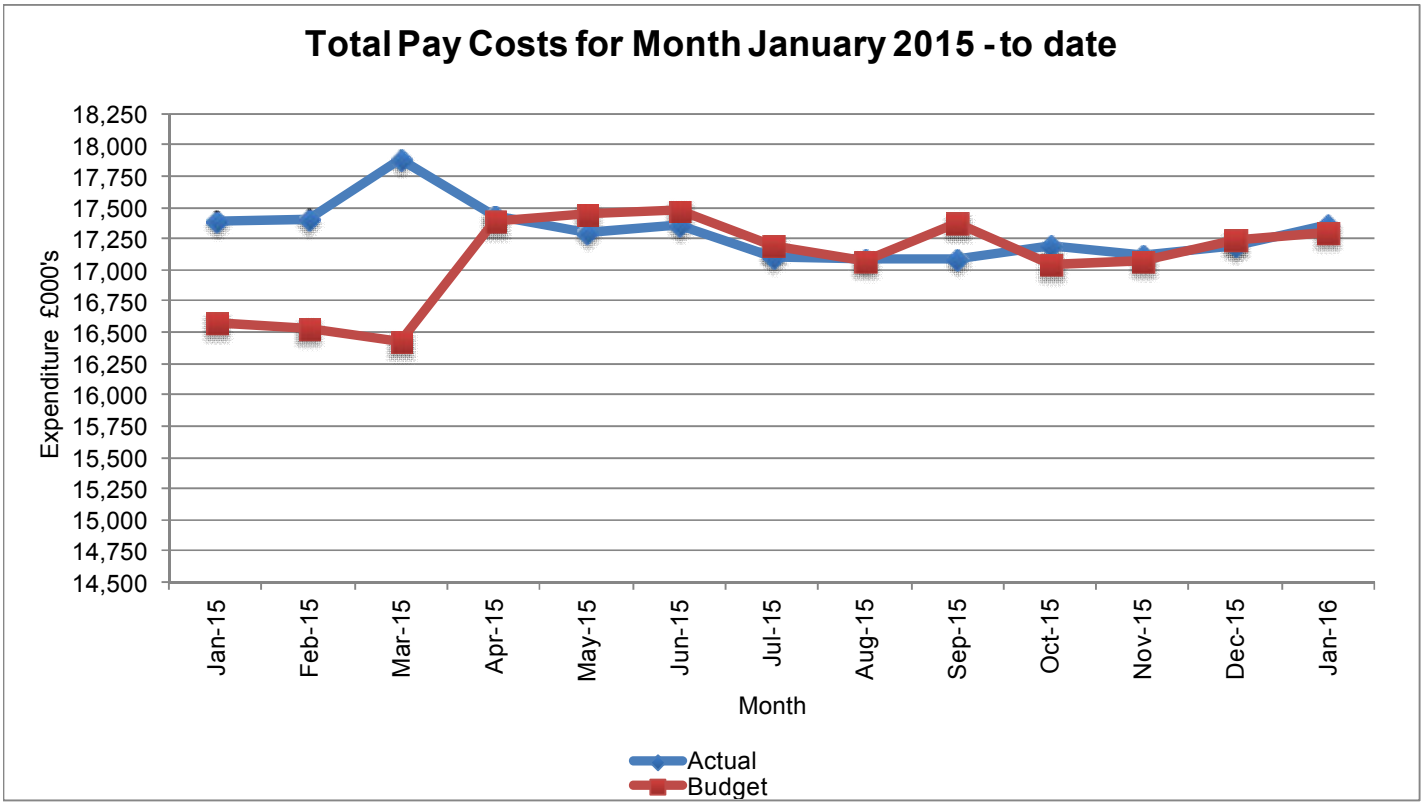
OP Procedures

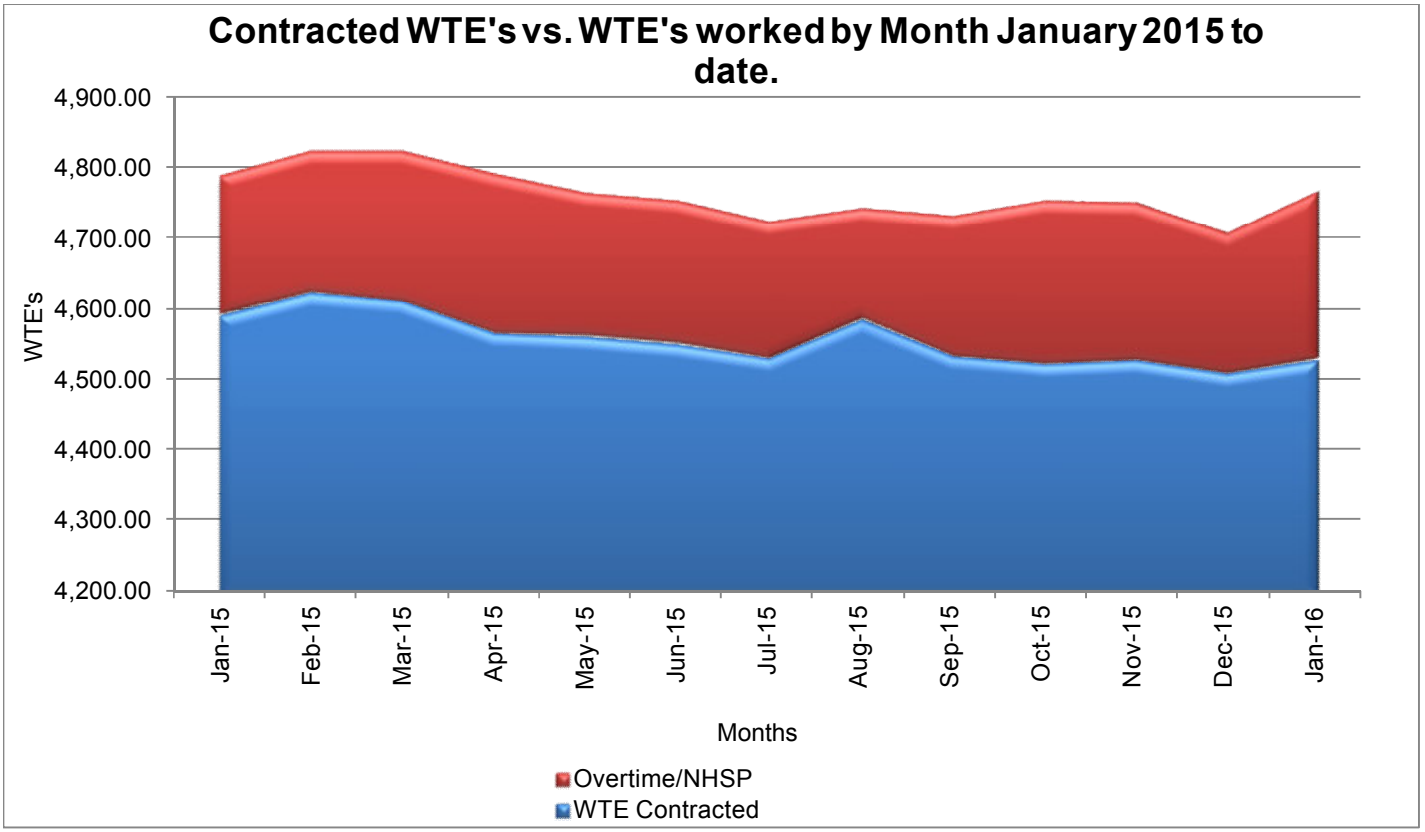


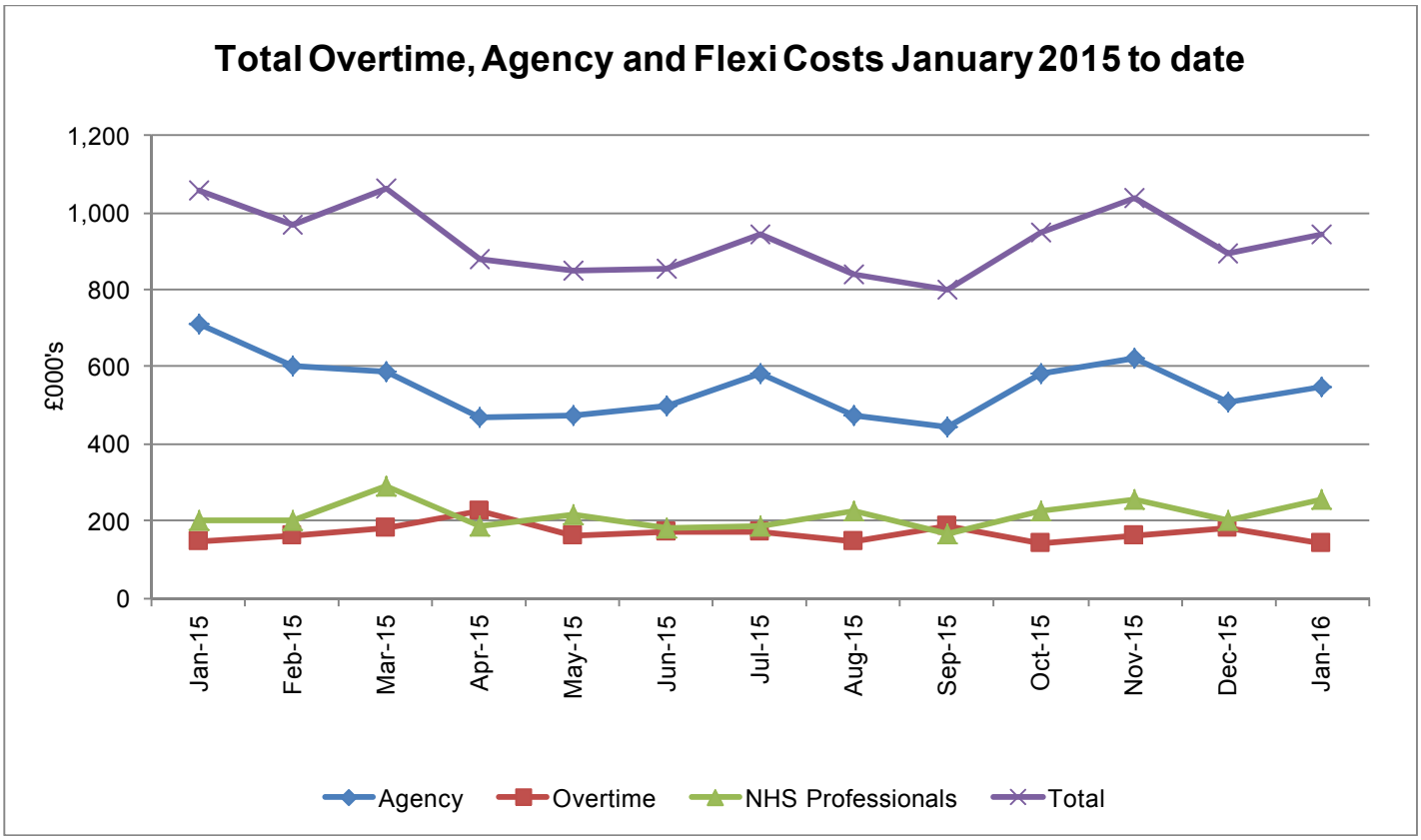
OP Telephones



Appendix 4


Total Pay Costs for Month January 2015 - to date
Expenditure £000's
18,250
18,000
17,750
17,500
17,250
17,000
16,750
16,500
16,250
16,000
15,750
15,500
15,250
15,000
14,750
14,500
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Month
Actual
Budget


Contracted WTE's vs. WTE's worked by Month January 2015 to date.
WTE's
4,900.00
4,800.00
4,700.00
4,600.00
4,500.00
4,400.00
4,300.00
4,200.00
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Months
Overtime/NHSP
WTE Contracted

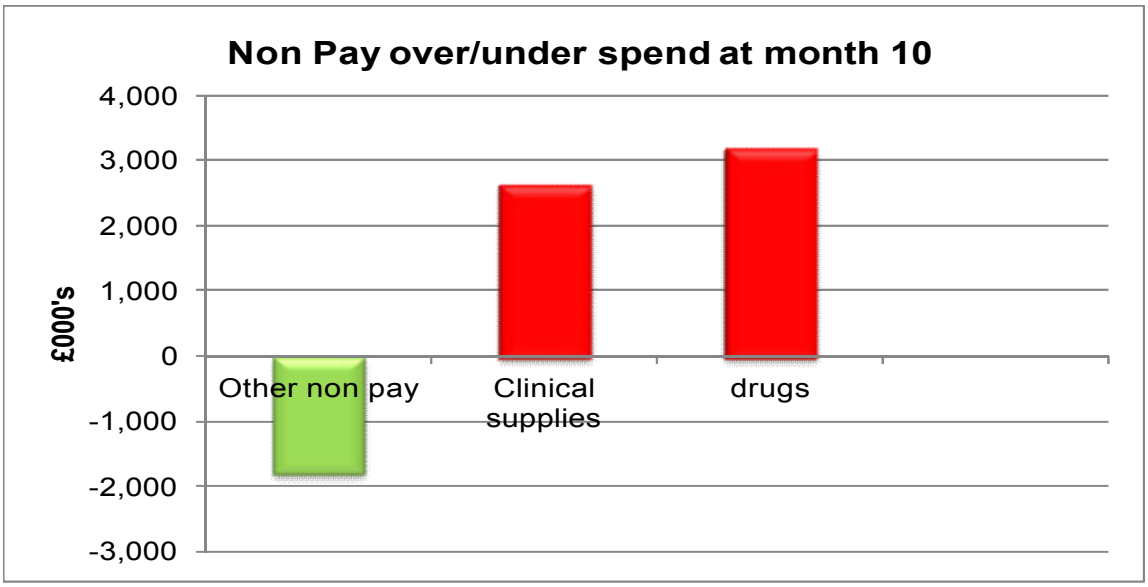


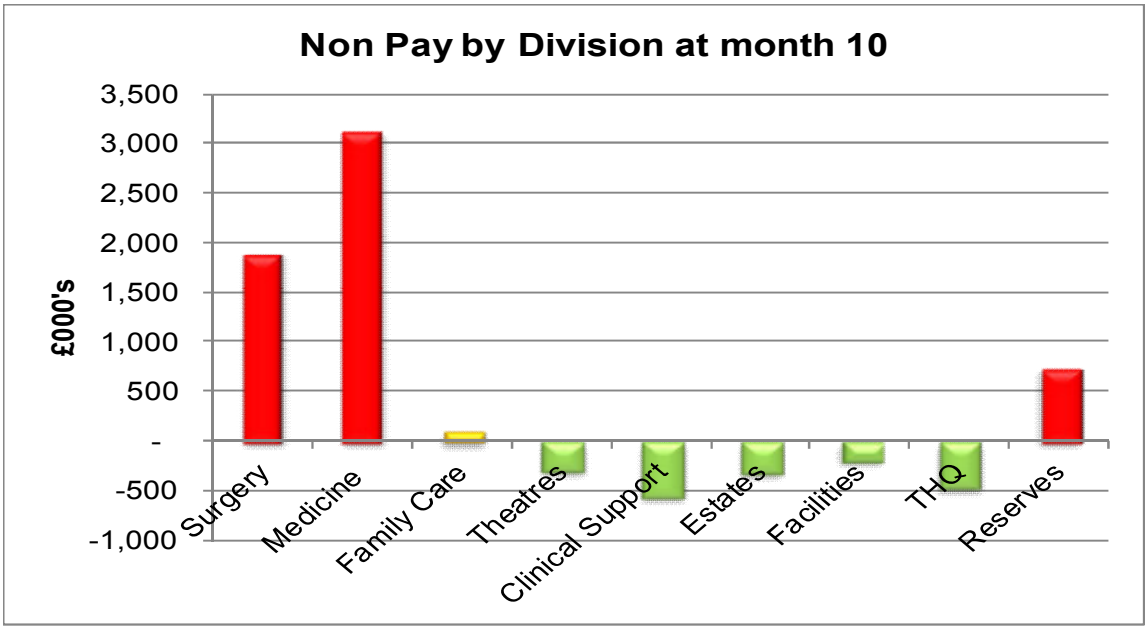
Key Issues on pay

- The WTE numbers as at month 10 were 4,768, which is an increase of 40 WTEs compared to the previous month. The increase is due to 33 new nurses recruited to backfill vacant posts within Medicine, Surgery and Family Care.
- Agency spend to January 2016 was £5,198k against a budget of £5,540k.

Key Actions on Pay

- Further staff groups (Allied Health Professionals) come onto the STAFFflow system will enable efficiency savings in agency staffing costs in these areas.
- In addition delays in getting key agency onto the STAFFflow system has now been overcome. So further saving will be made going forward.





Key issues on non-pay

- Drugs overspend is largely due to an increase in use of Oncology, Rheumatology, Neurology and Ophthalmology (Lucentis) which are all recovered through cross charge to Commissioners which is offset with an over recovery in Clinical Income of £3,253k to date. The remainder is due to a shortfall of CRP delivery to against plan to date.
- Clinical Supplies overspend is largely due to shortfall in CRP delivery to date against plan and an increase in Clinical activity for Ophthalmic Implants, Cardiology pacemakers and Stents which are all recovered through cross charge to Commissioners.
- Other Non Pay is showing a large underspend to date due to the change and reduction in cross charge from Gateshead Health Foundation Trust to CHS for "Pathology Bigger Picture", this is offset with an under recovery in Other Income. Reduction in IT software, maintenance and legal costs have also helped contribute to the underspend to date.

Key actions on non-pay

- Continued focus on the CRP programme relating to procurement across all areas of the Trust with a key focus on clinical supplies.

Appendix 6

CRPs 2015-16

Overall Financial Position & CRP Position - Month 10

	Surgery	Theatres	Medicine	Family Care	Clinical Support	Estates	Facilities	THQ Division	THQ Corporate	Total
Divisional CRP's 15/16 £000's	-3,073	-472	-1,817	-1,195	-1,863	-492	-724	-1,031	-2,333	**-13,000**
Plan to date £000's	-2,427	-392	-1,460	-1,025	-1,447	-417	-595	-859	-1,997	**-10,620**
Actual to date £000's	-2,596	-517	-1,523	-1,287	-1,698	-346	-652	-968	-1,866	**-11,453**
Variance 15/16 £000's	-169	-125	-63	-262	-251	71	-57	-109	131	**-833**
Variance %	7%	32%	4%	26%	17%	-17%	10%	13%	-7%	8%
Financial Position Plan to date £000's	-17,403	731	-7,786	2,059	4,736	9,403	7,818	14,261	1,210	**15,028**
Financial Position Actual to date £000's	-18,222	94	-7,972	457	3,125	9,175	7,665	13,757	4,490	**12,569**
Financial Position Variance to date £000's	-818	-636	-186	-1,601	-1,612	-228	-153	-505	**3,280**	-2,459

Key Issues with the CRP

To the end of January the planned savings are £10,620k actual savings for the period are £11,453k.

Headline CIPs

- The plan to date for Medical Staffing costs was £990k against actual savings delivered of £1153k and hence an over delivery of £163k to January 2016.
- Surgery Bed closure CRPs are behind plan by £42k to date.
- Medicine CRPs are behind plan by £7k from closure of Ward F61 and relocation to Ward D42.

CIP - original Annual Plan vs. actual delivery plan today

	Identified Plans	Procurement Plans	Stretch Target	Total per APR	This is as per Monitor Plan to Month 10 £	Actual to Month 10 £	Variance £
Revenue Generation	833			833	713	2,274	1,561
Pay	5,405		798	6,203	5,014	5,999	985
Clinical Supplies	452	1,000	750	2,202	1,827	488	-1,339
Drugs	175	150	600	925	775	129	-646
Other Non Pay	2,106	481	250	2,837	2,041	2,271	230
Depreciation				0	250	292	42
Total £	**8,971**	**1,631**	**2,398**	**13,000**	**10,620**	**11,453**	**833**

ENCLOSURE 5

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DEPARTMENT OF STRATEGY AND SERVICE DEVELOPMENT

COUNCIL OF GOVERNORS

24 MARCH 2016

PERFORMANCE REPORT

Introduction

Please find enclosed the Performance Report for January 2016 which updates Governors on performance against key national targets and local contractual indicators.

Performance – Monitor Governance Indicators

The Trust's position in relation to Monitor's governance indicators is as follows:

1) Referral to Treatment Time (RTT) i.e. patient length of wait from GP referral to consultant led treatment – performance is comfortably above the standard for January and for the year to date.
2) A&E – wait of 4 hours or less – performance for January was below the 95% target at 89.74% which is an improved position from January last year (+2.5%). This is despite an 11% increase in attendances. The latest published national performance is for January was 88.7%, which was the lowest since monthly data became available in August 2010.
3) Cancer targets (2 week, 31 and 62 day waits) - Due to cancer reporting timescales being 1 month behind, the performance report includes December's confirmed position. The Trust met all cancer waiting time standards with the exception of the 62 day standard (from Consultant Upgrade) which was due to a small number of breaches in lung.
4) Health Care Associated Infections - There was 1 case of hospital acquired *Clostridium Difficile* (C Diff) in January. The year to date position as at the end of January is 47 cases with 24 cases successfully appealed with the Clinical Commissioning Group resulting in 23 cases.

Performance – Other Indicators

1) The Trust continues to exceed the national standard for the proportion of adult inpatients which have had a VTE (blood clot) risk assessment on admission.
2) Patient satisfaction with our A&E and inpatient services remains high as measured by the Friends and Family Test.
3) The Trust continues to strive for 95% harm free care as measured by the NHS Safety Thermometer. Work is ongoing by the Tissue Viability Team around reducing the risk of hospital acquired pressure ulcers.

4) Performance in relation to issuing discharge letters within 24 hours of a patient's discharge has remained below target during the year and remains a key area of focus going into 2016/17.
5) We continue to see an encouraging number of no harm/near miss incidents reported by staff which is reflective of the culture of openness and transparency within the organisation. The Trust was recently rated as 'good' in a new league table around 'learning from mistakes'.
6) Directorates continue to focus on improving complaint response times with work ongoing to reduce the number of unresolved complaints which are within our control.

Recommendation

Governors are asked to accept this report.

Alison King
Acting Director of Performance and Improvement

City Hospitals Sunderland chs

Performance Report
January 2016

City Hospitals Sunderland
Performance Report Overview

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering national performance measures from the 2014/15 to 2018/19 NHS Planning Framework and governance indicators from Monitor's Risk Assessment Framework, local contractual indicators as well as internal metrics, including OGSM level 1 indicators.

Indicator Group	Group Description
National Indicators / Monitor Governance Indicators	National Performance Measures are taken from the 2014/15 to 2018/19 NHS Planning Framework. They are national targets which the NHS must achieve, mostly falling under the domain of quality, which covers safety, effectiveness and experience. These include for example, A&E waiting times, referral to treatment waits, cancer waiting time indicators and ambulance handover delays. A limited set of national standards are used by Monitor to assess the Trust's quality of governance, which also includes achievement of the Clostridium Difficile objective.
National Contractual Indicators	National contractual indicators are part of the NHS Standard Contract, which form information requirements. This includes Friends & Family test and Safety Thermometer.
Local Contractual Indicators	Local contractual indicators are set out as part of the NHS Standard Contract, which applies to agreements made by commissioners with Providers of acute services. These include electronic communication and choose & book indicators.
Internal Indicators	Internal indicators are metrics that do not form part of any of the above categories, which are key to the organisation's success and relate to the 5 corporate objectives. This includes incidents and complaints.

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
- Peer or national benchmark
- Regional benchmark
- Performance achieving the relevant target
- Performance not achieving the relevant target

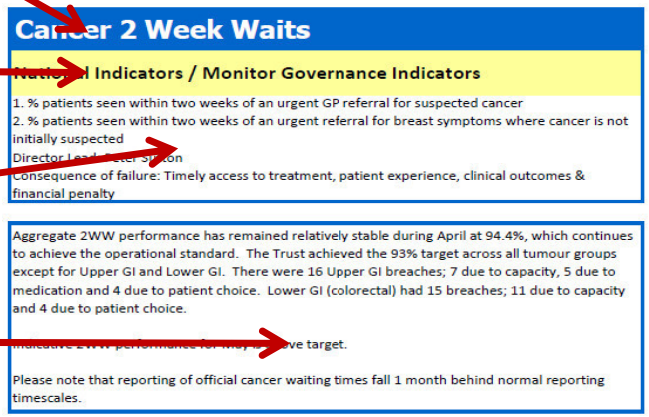
Page title representing a key performance indicator or a

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



Cancer 2 Week Waits

National Indicators / Monitor Governance Indicators

1. % patients seen within two weeks of an urgent GP referral for suspected cancer
2. % patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected

Director Lead: [illegible]

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

Aggregate 2WW performance has remained relatively stable during April at 94.4%, which continues to achieve the operational standard. The Trust achieved the 93% target across all tumour groups except for Upper GI and Lower GI. There were 16 Upper GI breaches; 7 due to capacity, 5 due to medication and 4 due to patient choice. Lower GI (colorectal) had 15 breaches; 11 due to capacity and 4 due to patient choice.

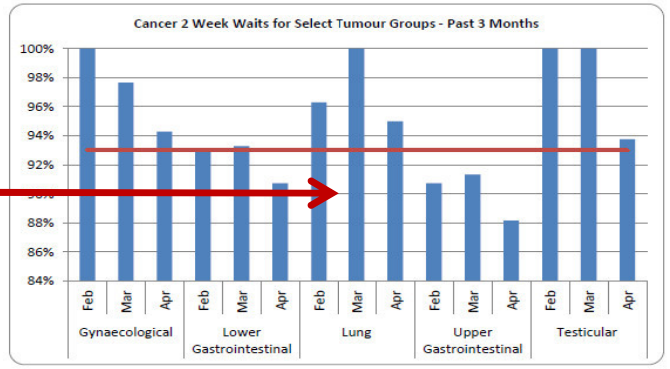
[illegible] target.

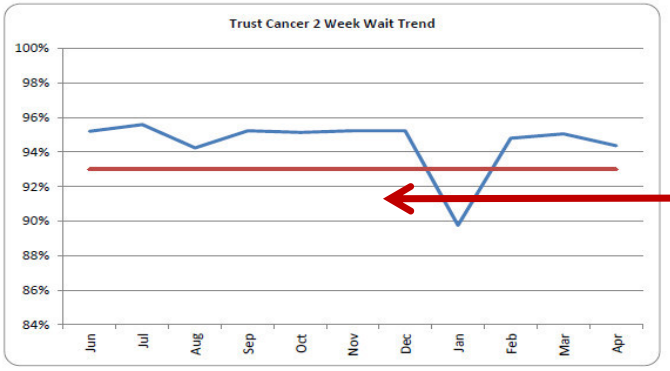
Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales.

Referrals for Suspected Cancer - April 2015	Volume	Total Breached	Performance	YTD
Target			93%	93%
Breast	1	0	100.00%	100.00%
Gynaecological	70	4	94.29%	94.29%
Haematological (Excluding Acute Leukaemia)	9	0	100.00%	100.00%
Head & Neck	181	6	96.69%	96.69%
Lower Gastrointestinal	162	15	90.74%	90.74%
Lung	20	1	95.00%	95.00%
Testicular	16	1	93.75%	93.75%
Upper Gastrointestinal	135	16	88.15%	88.15%
Urological (Excluding Testicular)	241	4	98.34%	98.34%
Trust	835	47	94.37%	94.37%

Referrals for Breast Symptoms				
Breast symptomatic	1	0	100.00%	100.00%

Table showing current performance compared to target (where relevant)





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

Performance Scorecard

Indicator	Director Lead	Target	2014/15	2015/16					Page
			Actual	Month*	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	
National Indicators / Monitor Governance Indicators										
RTT - % admitted seen <18wks	Sean Fenwick	N/A	88.43%	82.12%	84.14%	82.15%	82.59%	82.12%	82.91%	6
RTT - % non admitted seen <18wks	Sean Fenwick	N/A	98.33%	95.20%	97.24%	96.14%	94.18%	95.20%	95.82%	6
RTT - % incompletes waiting <18 wks	Sean Fenwick	≥92%	93.90%	94.34%	93.79%	93.16%	93.58%	94.34%	93.58%	6
RTT - No. incompleted waiting 52+ weeks	Sean Fenwick	0	15	0	2	0	0	0	2	6
% Diagnostic tests ≥6 wks	Sean Fenwick	<1%	0.28%	1.31%	0.45%	0.96%	0.73%	1.31%	0.77%	N/A
A&E - % seen in 4hrs	Sean Fenwick	≥95%	92.11%	89.74%	95.18%	95.11%	92.82%	89.74%	93.88%	7
A&E / ambulance handovers - % <30 minutes	Sean Fenwick	≥95%	94.47%	92.99%	97.52%	97.23%	96.92%	92.99%	96.85%	7
A&E / ambulance handovers - no. 30-60 minutes	Sean Fenwick	0	914	100	45	59	101	100	305	7
A&E / ambulance handovers - no. >60 minutes	Sean Fenwick	0	255	32	7	14	19	32	72	7
Cancer waits - % 2ww	Sean Fenwick	≥93%	94.84%	96.30%	94.94%	91.67%	95.50%		94.06%	9
Cancer waits- % 2ww for breast symptoms	Sean Fenwick	≥93%	98.07%	-	100.00%	100.00%			100.00%	9
Cancer waits - % 31 days	Sean Fenwick	≥96%	98.05%	98.67%	97.97%	99.37%	99.16%		98.87%	10
Cancer waits - % 31 days for subsequent treatment - surgery	Sean Fenwick	≥94%	98.86%	100.00%	100.00%	100.00%	100.00%		100.00%	10
Cancer waits - % 31 days for subsequent treatment - drugs	Sean Fenwick	≥98%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	10
Cancer waits - % 62 days	Sean Fenwick	≥85%	85.71%	85.63%	85.93%	82.12%	82.61%		83.37%	11
Cancer waits - % 62 days from screening programme	Sean Fenwick	≥90%	83.87%	100.00%	75.00%	100.00%	80.00%		85.71%	11
Cancer waits - % 62 days from consultant upgrade	Sean Fenwick	≥85%	86.93%	63.64%	91.67%	69.77%	73.91%		78.03%	11
Cancelled operations 28 day breaches	Sean Fenwick	0	14	2	2	4	4	2	12	N/A
Clostridium difficile cases	Ian Martin	34**	34	1	7	11	12	1	31	12
% VTE risk assessments	Ian Martin	≥95%	97.50%	98.41%	98.18%	98.19%	98.25%	98.41%	98.23%	13
Duty of Candour	Judith Hunter	N/A	84	18	30	27	29	18	104	N/A

*Monthly performance is one month behind normal reporting for all Cancer wait indicators

**Cumulative target for *C. diff* as at quarter 4

Performance Scorecard

Indicator	Director Lead	Target	2014/15	2015/16					Page
			YTD*	Month	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	
National Contractual Indicators										
Friends and family test - % response rate Inpatients	Judith Hunter	≥30%	47.49%	15.33%	21.17%	18.93%	17.04%	15.33%	34.35%	14
Friends and family test - % response rate A&E	Judith Hunter	≥20%	22.14%	8.18%	19.26%	21.00%	17.36%	8.18%	27.36%	14
NHS safety thermometer - % harm free care	Judith Hunter	≥95%	93.33%	92.24%	93.98%	92.80%	93.32%	92.24%	93.25%	15/16
Local Contractual Indicators										
% Discharge comms issued <24 Hours	Ian Martin	≥90%	79.11%	80.47%	86.14%	82.53%	79.46%	80.47%	82.49%	17
% A&E attendance letters issued <24 hours	Ian Martin	≥90%	87.46%	84.78%	90.72%	89.35%	87.85%	84.78%	88.85%	18
A&E time to initial assessment (median)	Sean Fenwick	≤9min	0:12 (h:mm)	0:10 (h:mm)	0:08 (h:mm)	0:07 (h:mm)	0:07 (h:mm)	0:10 (h:mm)	0:08 (h:mm)	7
A&E time to initial assessment (95th percentile)	Sean Fenwick	≤15min	0:52 (h:mm)	0:47 (h:mm)	0:34 (h:mm)	0:32 (h:mm)	0:35 (h:mm)	0:47 (h:mm)	0:33 (h:mm)	7/8
A&E time to treatment (median)	Sean Fenwick	≤60mins	0:53 (h:mm)	0:53 (h:mm)	0:51 (h:mm)	0:49 (h:mm)	0:52 (h:mm)	0:53 (h:mm)	0:51 (h:mm)	7/8
A&E unplanned reattendance rate	Sean Fenwick	≤5%†	7.25%	7.61%	7.52%	7.38%	7.17%	7.61%	7.38%	7/8
A&E left without being seen	Sean Fenwick	≤5%	1.61%	1.73%	1.92%	1.94%	2.03%	1.73%	1.94%	7/8

*Quarter 4 performance displayed against Friends & Family Test and discharge comms indicators

†A&E unplanned reattendance rate is rated as amber between 5% and 7.5%

Referral to Treatment (RTT)

National Indicators / Monitor Governance Indicators

1. Percentage of patients treated within 18 weeks on admitted pathways (reporting only)
2. Percentage of patients treated within 18 weeks on non admitted pathways (reporting only)
3. Percentage of patients waiting less than 18 weeks on incomplete pathways

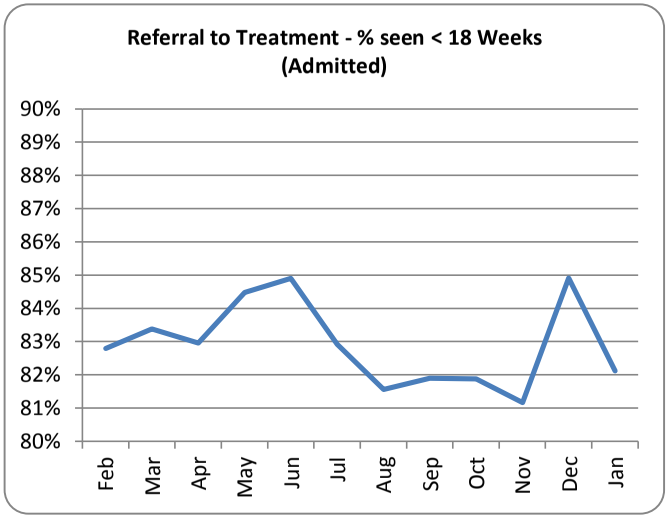
Director Lead: Sean Fenwick

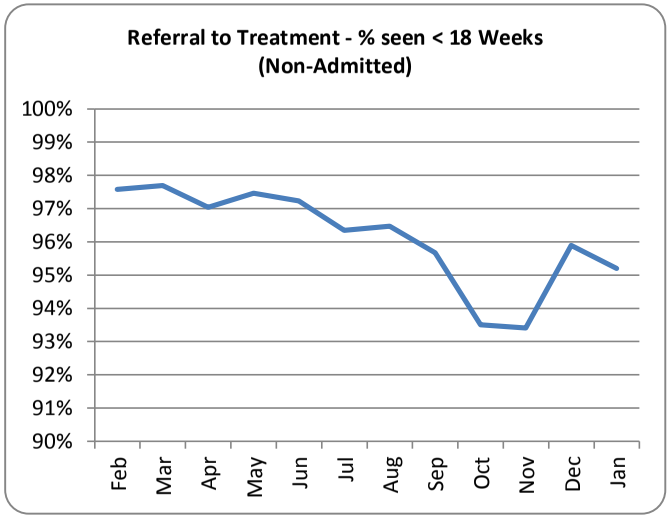
Consequence of failure: Patient experience, quality, access, reputation & financial penalty

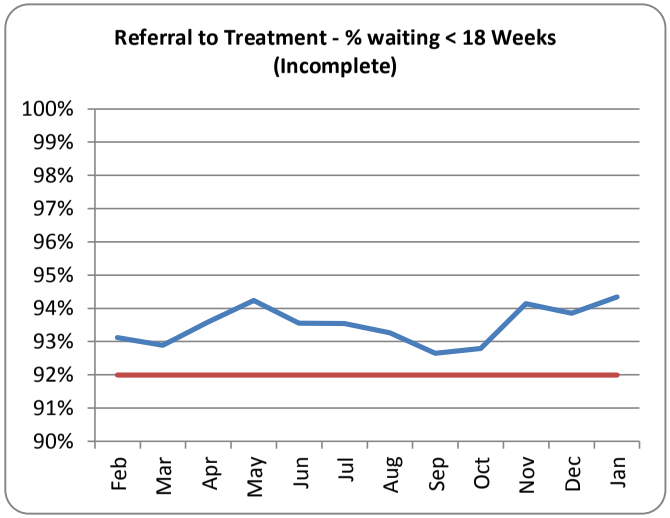
The finalised aggregate level performance for incomplete pathways as at the end of January was above target at 94.3%, which represents an improvement and is the highest performance achieved over the past 12 months.
At specialty level Neurosurgery, Oral & Maxillo Facial Surgery, Trauma & Orthopaedics, Thoracic Medicine and General Surgery failed to achieve the 92% target, however most of these specialties have improved from December. The transfer of the Neurosurgery service to Newcastle Upon Tyne Hospitals is still work in progress. Oral & Maxillo Facial Surgery remain slightly behind their recovery trajectory, which is due in part to a higher demand on the service than expected and the plan is therefore being reviewed. The specialty was expected to achieve the target this month, but this is likely to slip to April 2016. Trauma & Orthopaedics are back on plan from an activity perspective but have more over 18 week waiters than planned. Thoracic Medicine's performance is picked up as part of regular escalation meetings.
General Surgery's under-performance has been investigated and is related to a number of contributory factors, including scheduling, a reduction in the overall number of patients on incomplete pathways and higher volume of referrals during the summer within certain subspecialties. These factors have been highlighted to the Directorate along with recommendations to bring performance back above target; next steps are currently being formulated.
There were no patients waiting 52 weeks or longer for treatment at the end of January.

RTT within 18 Weeks - January 2016	Admitted % <18 wks*	Non Admitted % <18 wks*	Incompletes		
			% <18 wks*	≥18 wks	≥52 wks
Target			≥92%	N/A	0
Cardiology	96.55%	98.33%	97.73%	18	0
Ear, Nose & Throat	93.09%	97.30%	95.36%	125	0
Gastroenterology	98.00%	97.31%	99.00%	2	0
General Surgery	76.98%	91.72%	91.50%	189	0
Geriatric Medicine	-	99.61%	98.95%	5	0
Gynaecology	86.84%	97.83%	96.83%	34	0
Neurology	-	88.99%	93.85%	64	0
Neurosurgery	N/A	82.76%	60.87%	9	0
Ophthalmology	92.95%	99.07%	98.96%	41	0
Oral & Maxillo Facial Surgery	72.28%	87.76%	87.20%	247	0
Rheumatology	-	97.72%	95.90%	21	0
Thoracic Medicine	-	78.31%	89.58%	69	0
Trauma & Orthopaedics	57.61%	81.29%	87.78%	337	0
Urology	82.14%	94.88%	93.70%	170	0
Other	93.55%	99.02%	97.84%	87	0
Trust Total	**82.12%**	**95.20%**	**94.34%**	**1418**	**0**

**De minimis* level >= 20 cases







Accident & Emergency

National Indicators / Monitor Governance Indicators

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. % ambulance handovers that took place with less than 30 minutes delay
3. Time (95th percentile) from arrival (by emergency ambulance) to full initial assessment
4. Time (median) from arrival to treatment
5. % unplanned re-attendances within 7 days of discharge from A&E
6. % patients who leave the department without being seen

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, timely access to treatment, financial penalty & reputation

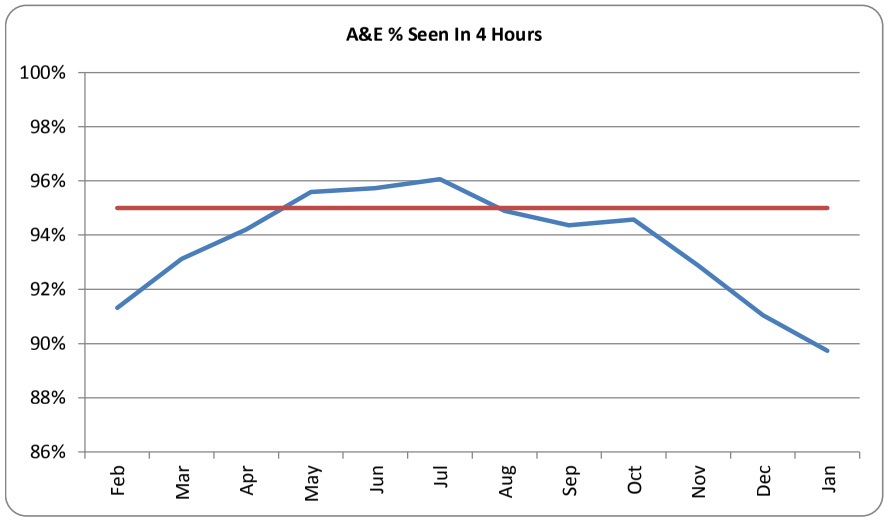
The total proportion of patients seen in A&E within 4 hours has reduced for the third consecutive month to 89.7% in January, which remains below the 95% target. There were 11,886 attendances in total this month, which is 11% higher than January 2015 (type 1 is up by 11% and type 3 by 23%). The overall national performance was below target during December at 91.0% and the national type 1 performance was 86.6%, both of which are about the same as the previous month.

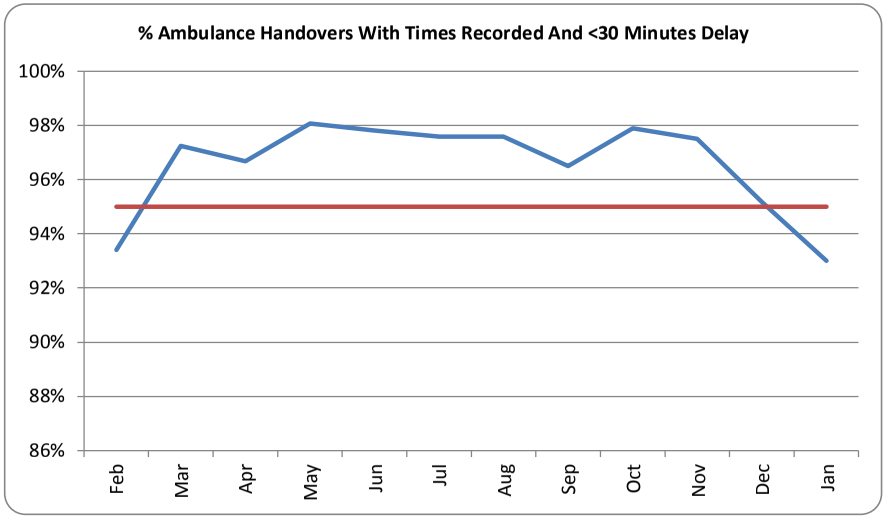
The proportion of ambulance handovers completed in less than 30 minutes dropped below target In January, at 93.0%, this represents the fourth consecutive monthly reduction. This is a result of an increasing number of ambulance handover delays compared to previous months. There were 2,925 ambulance arrivals this month, which is about the same as January 2015. This continues to represent the third highest volume of ambulance arrivals for any hospital across the North East.

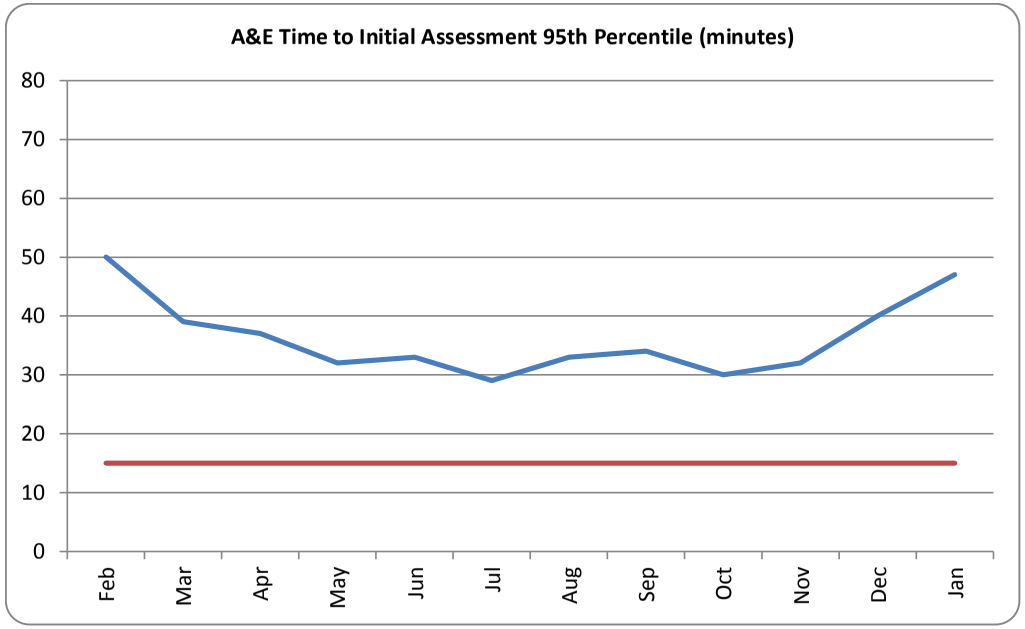
The unplanned re-attendance rate has increased and has now slightly exceeded the contractual target of 7.5%. Time to initial assessment performance has increased to 47 minutes this month and continues to exceed the threshold. Conversely, time to treatment and left without being seen indicators have reduced slightly and both continue to achieve the respective national targets.

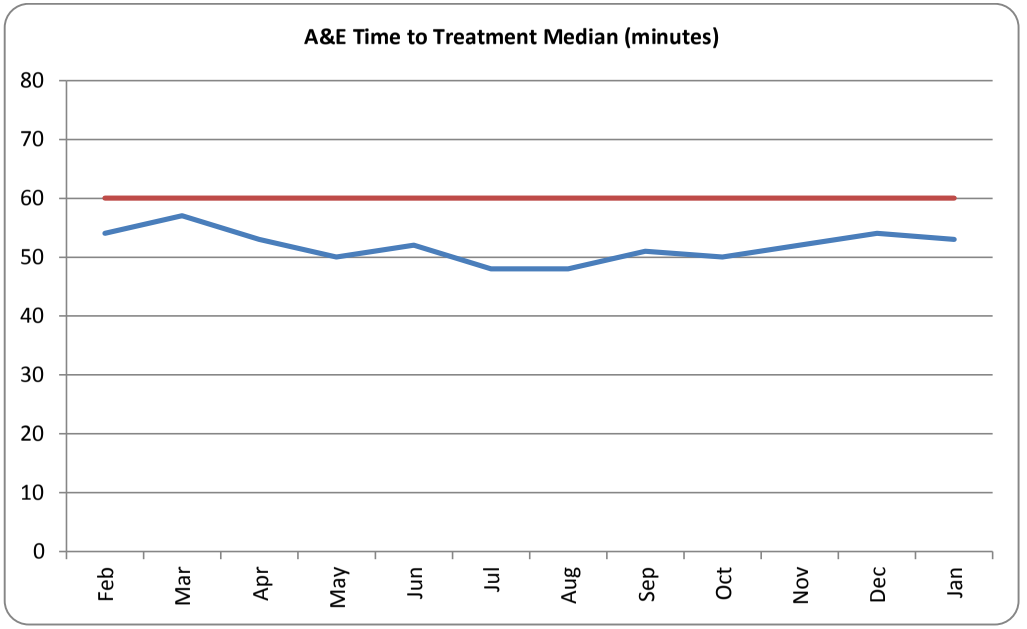
A&E Indicators - January 2016	Target	Month	YTD
A&E % seen in 4hrs - Trust Total	≥95%	89.74%	93.88%
A&E < 4 hrs - Type 1	≥95%	84.23%	90.30%
A&E < 4 hrs - Type 1 - High Acuity	≥95%	68.50%	86.91%
A&E < 4 hrs - Type 1 - Low Acuity	≥95%	82.32%	82.15%
A&E < 4 hrs - Type 1 - Paediatrics	≥95%	98.38%	98.27%
A&E < 4 hrs - Type 2 - SEI	≥95%	99.63%	99.72%
A&E < 4 hrs - Type 3 - Pallion walk in centre	≥95%	99.39%	99.74%
A&E Attendances - Trust Total		11,886	115,051
A&E Attendances - Type 1		7,602	71,405
A&E / ambulance handovers - no. 30-60 minutes	0	100	305
A&E / ambulance handovers - no. >60 minutes	0	32	72
A&E / ambulance handovers - % <30 minutes	≥95%	92.99%	96.85%
A&E time to initial assessment (median)	≤9 mins	0:10 (h:mm)	0:08 (h:mm)
A&E time to initial assessment (95th percentile)	≤15 mins	0:47 (h:mm)	0:33 (h:mm)
A&E time to treatment (median)	≤60 mins	0:53 (h:mm)	0:51 (h:mm)
A&E unplanned reattendance rate*	≤5%	7.61%	7.38%
A&E left without being seen	≤5%	1.73%	1.94%

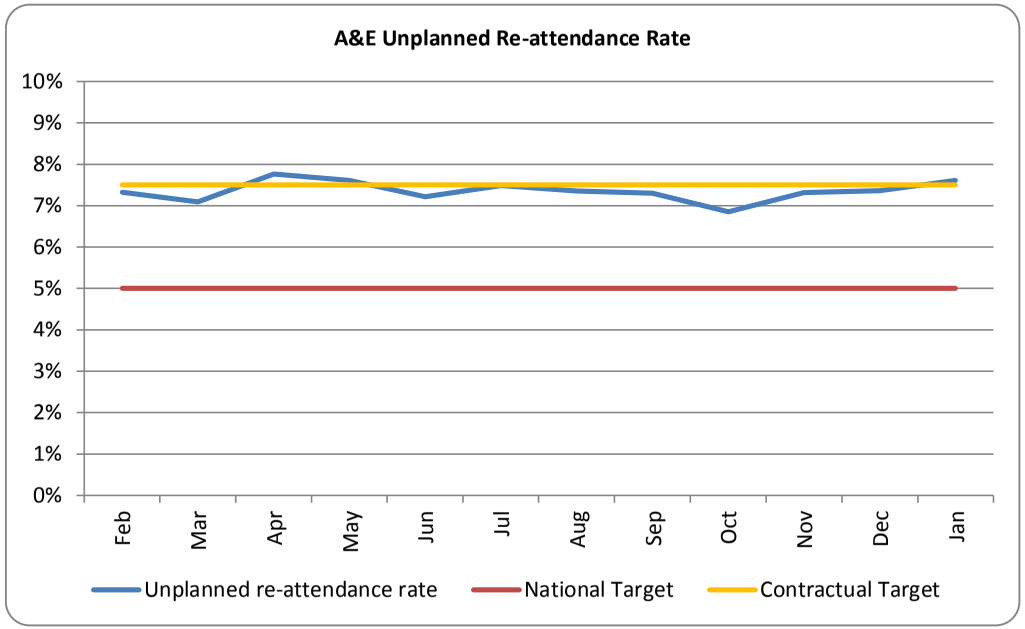
*A&E unplanned reattendance rate is rated as amber between 5% and 7.5%

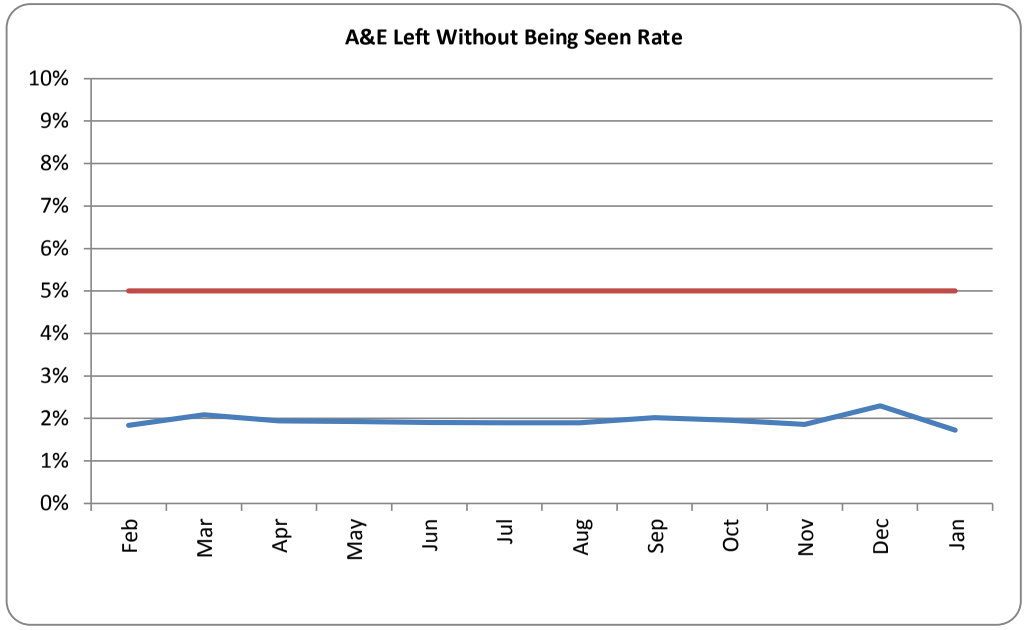





A&E Time to Initial Assessment 95th Percentile (minutes)
80
70
60
50
40
30
20
10
0
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan


A&E Time to Treatment Median (minutes)
80
70
60
50
40
30
20
10
0
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan


A&E Unplanned Re-attendance Rate
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Unplanned re-attendance rate
National Target
Contractual Target


A&E Left Without Being Seen Rate
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan

Cancer 2 Week Waits

National Indicators / Monitor Governance Indicators

1. % patients seen within two weeks of an urgent GP referral for suspected cancer
2. % patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected

Director Lead: Sean Fenwick

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

2WW performance was above target in December, improving to 96.3%, which is the highest performance in the last 12 months. At tumour site level, all areas achieved the target this month. December's performance demonstrated that all tumour groups are performing in line with or better than the equivalent national benchmark.

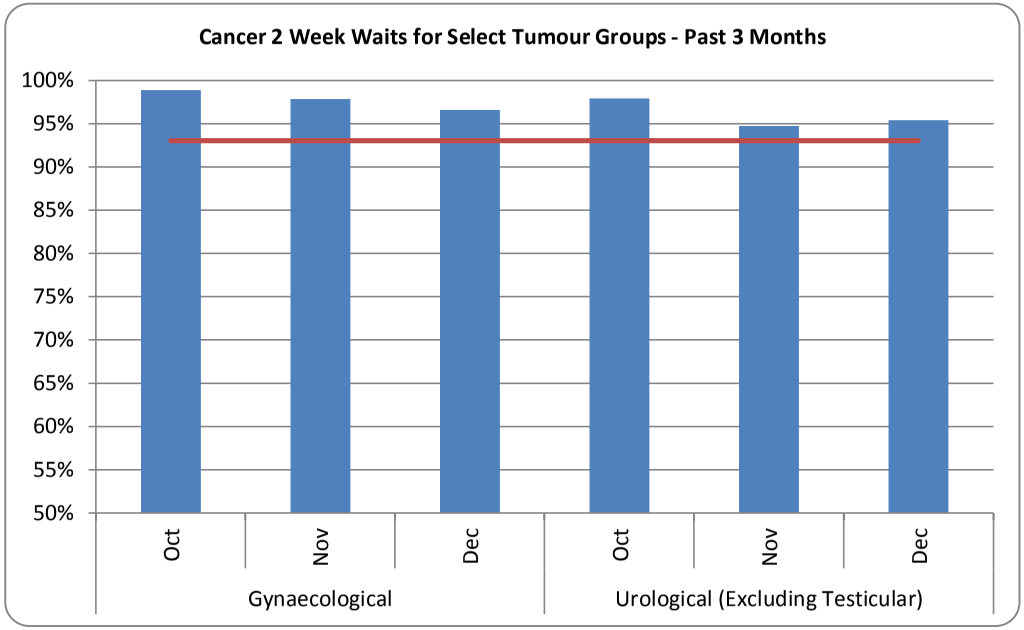
Finalised 2WW performance was above target in quarter 3.

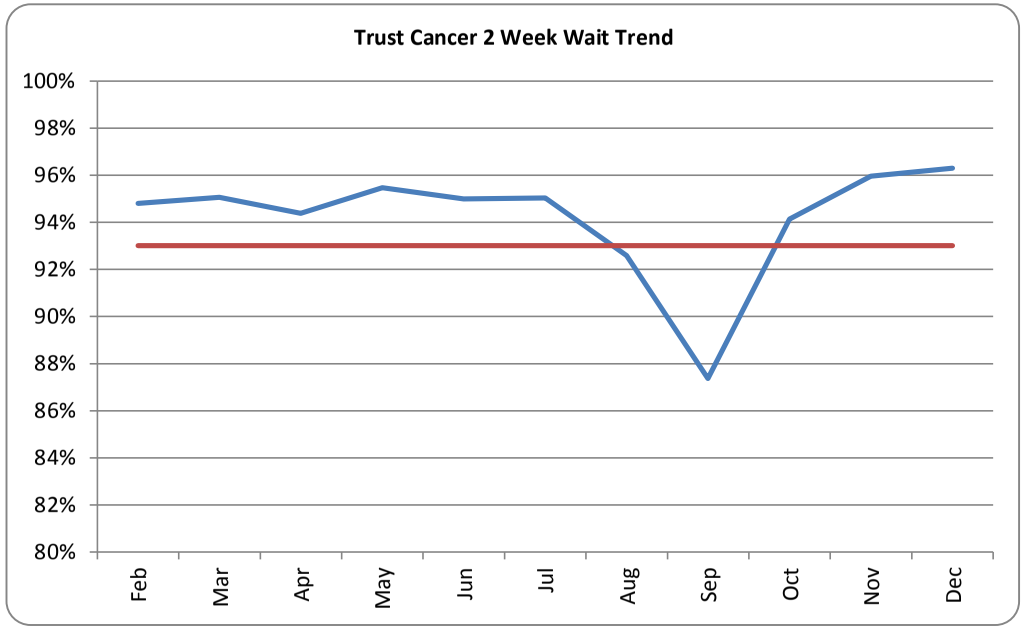
Indicative 2WW performance for January remains above target.

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

Referrals for Suspected Cancer - December 2015	Volume	Total Breached	Performance	National Benchmark	YTD
Target			**93%**	**93%**	**93%**
Acute Leukaemia	0	0	-	-	100.00%
Breast	0	0	-	95.0%	100.00%
Children's Cancer	0	0	-	96.0%	100.00%
Gynaecological	87	3	96.55%	96.0%	97.53%
Haematological (Excluding Acute Leukaemia)	7	0	100.00%	96.8%	98.70%
Head & Neck	162	5	96.91%	96.1%	96.41%
Lower Gastrointestinal	156	6	96.15%	93.1%	92.80%
Lung	28	0	100.00%	96.7%	95.51%
Testicular	8	0	100.00%	98.0%	97.17%
Upper Gastrointestinal	112	4	96.43%	92.7%	85.24%
Urological (Excluding Testicular)	304	14	95.39%	95.8%	96.45%
Total	**864**	**32**	**96.30%**	**94.8%**	**94.06%**

Referrals for Breast Symptoms					
Breast symptomatic	0	0	-	92.4%	100.00%





Cancer 31 Day Waits

National Indicators / Monitor Governance Indicators

1. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
2. % 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 & financial penalty

There were just two 31 day breaches during December. Aggregate performance was consequently above target at 98.7%, which remains roughly in line with recent performance.

The trust performed in line with or better than the equivalent national average at Tumour site level during December.

The Trust has achieved the 96% target in quarter 3.

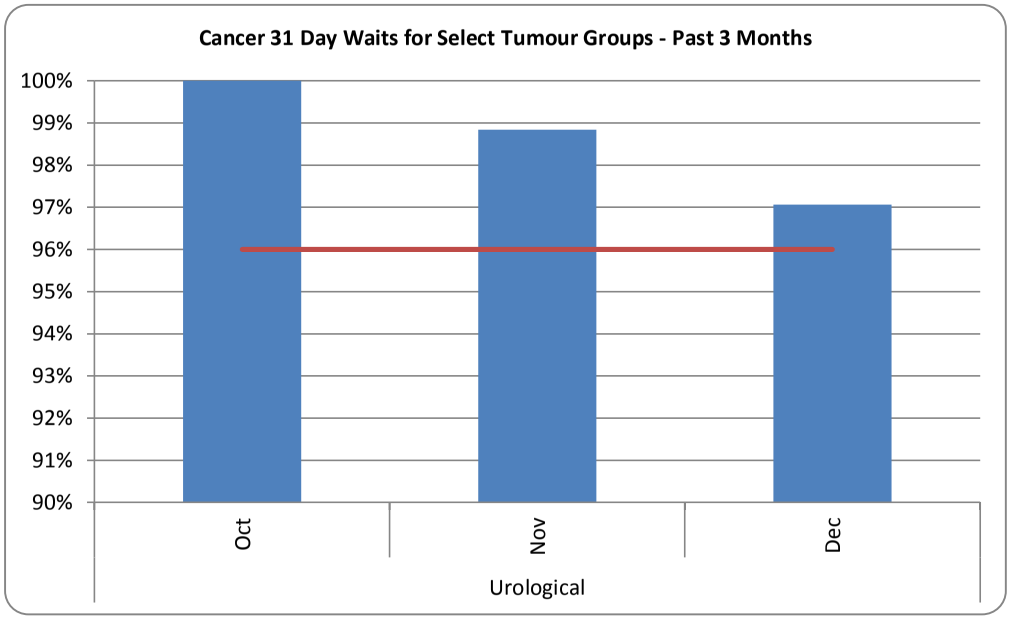
Indicative performance for January is currently above target.

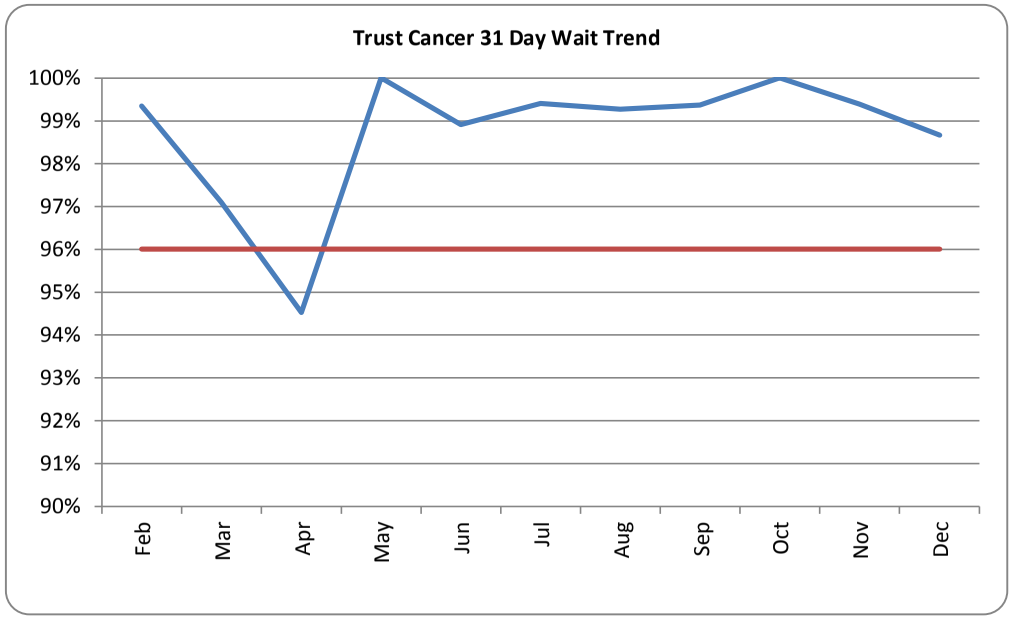
The final performance for subsequent drug and surgical treatments were both above target at 100% during December. These indicators also achieved the target in quarter 3.

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

First Definitive Treatment - December 2015	Volume	Total Breached	Performance	National Benchmark	YTD
Target			96%	96%	96%
Breast	1	0	100.00%	98.8%	100.00%
Gynaecological	2	0	100.00%	97.9%	100.00%
Haematological	14	0	100.00%	99.9%	100.00%
Head & Neck	17	0	100.00%	97.0%	100.00%
Lower Gastrointestinal	15	0	100.00%	97.6%	100.00%
Lung	16	0	100.00%	99.1%	100.00%
Other	0	0	-	99.4%	100.00%
Sarcoma	2	0	100.00%	98.1%	100.00%
Skin	7	0	100.00%	98.0%	97.50%
Upper Gastrointestinal	8	0	100.00%	98.8%	100.00%
Urological	68	2	97.06%	96.1%	97.79%
Total	**150**	**2**	**98.67%**	**98.0%**	**98.87%**

Subsequent Treatments					
Surgery (Target: 94%)	26	0	100.00%	96.5%	100.00%
Drug (Target: 98%)	56	0	100.00%	99.5%	100.00%





Cancer 62 Day Waits

National Indicators / Monitor Governance Indicators

% patients receiving first definitive treatment for cancer within 62 days:
1. from an urgent GP referral for suspected cancer
2. from an NHS Screening Service referral
3. from a consultant upgrade

Director Lead: Sean Fenwick

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

The finalised 62 day performance for December was fractionally above target at 85.6%. Lung, Gynaecological, Urological and Haematological tumour groups failed to achieve the target this month. Aside from Urology, the breaches were mainly attributable to complex patient pathways. Urological breaches however were also due to outpatient, diagnostic & MDT delays, amongst other reasons.

Nationally, most tumour groups have continued to perform below target this month. Aside from low volume areas (which are subject to large variation), the Trust has generally performed better than the equivalent national average, including Urological cancers.

At the end of December there were 5 patients that had waited over 104 days (including 1 consultant upgrade), which were mainly due to complexity and patient choice. These cases are subject to a full RCA and further details will be provided in a forthcoming QRA report.

Indicative performance for January is currently below target.

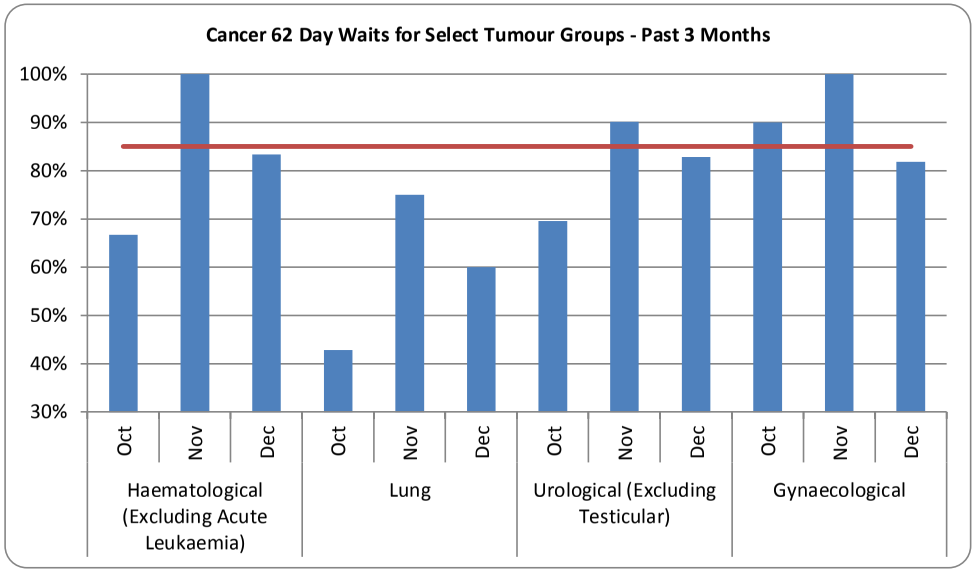
The Trust failed to achieve the 85% target in quarter 3 and this remains a risk for quarter 4.

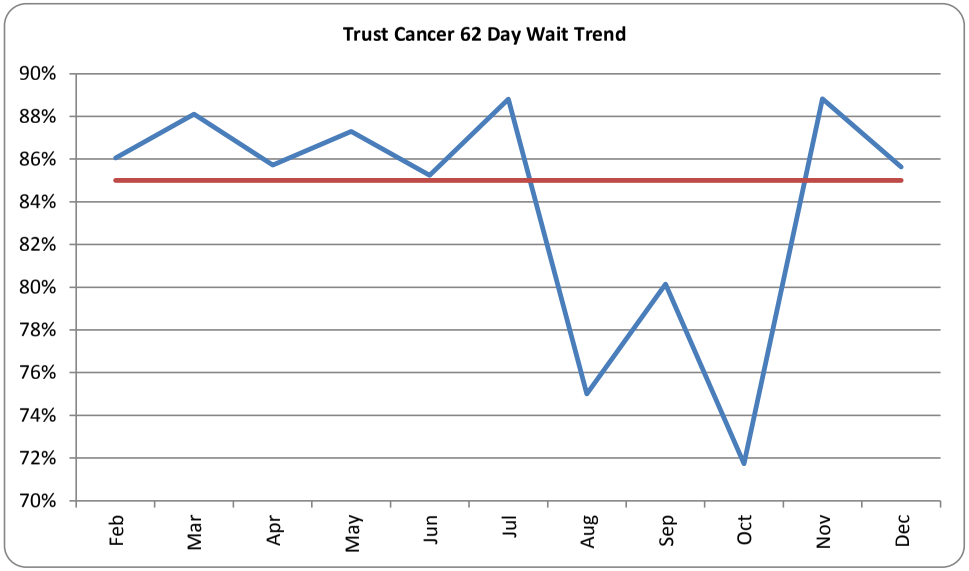
Screening performance was above target this month, whereas consultant upgrades continue to remain below target; low volumes are applicable to both indicators.

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

GP referrals - December 2015	Volume	Total Breached	Performance	National Benchmark	YTD	Number ≥104 days
Target			**85%**	**85%**	**85%**	**0**
Breast	0.0	0.0	-	96.5%	100.00%	0
Gynaecological	5.5	1.0	81.82%	82.4%	92.06%	1
Haematological (Excluding Acute Leukaemia)	3.0	0.5	83.33%	85.4%	94.64%	0
Head & Neck	8.5	0.0	100.00%	73.1%	87.18%	0
Lower Gastrointestinal	7.0	1.0	85.71%	77.4%	90.70%	0
Lung	2.5	1.0	60.00%	75.4%	67.27%	1
Other	0.0	0.0	-	72.4%	94.74%	0
Sarcoma	2.0	0.0	100.00%	77.4%	87.50%	0
Skin	3.0	0.0	100.00%	95.6%	91.43%	0
Upper Gastrointestinal	2.0	0.0	100.00%	76.1%	79.10%	0
Urological (Excluding Testicular)	46.5	8.0	82.80%	81.4%	80.48%	2
Total	**80.0**	**11.5**	**85.63%**	**85.0%**	**83.37%**	**4**

Non GP Referrals						
Screening (Target: 90%)	0.5	0.0	100.00%	93.0%	85.71%	0
Consultant Upgrade (Target: 85%)	5.5	2.0	63.64%	90.8%	78.03%	1





Health Care Associated Infection

National Indicators / Monitor Governance Indicators

1. Number of Trust apportioned Clostridium Difficile cases (Target ≤34, which is set by NHS England)
2. Trust apportioned Clostridium Difficile rate per 100,000 bed days (Target ≤15.4, which is set by NHS England)

Director Lead: Ian Martin

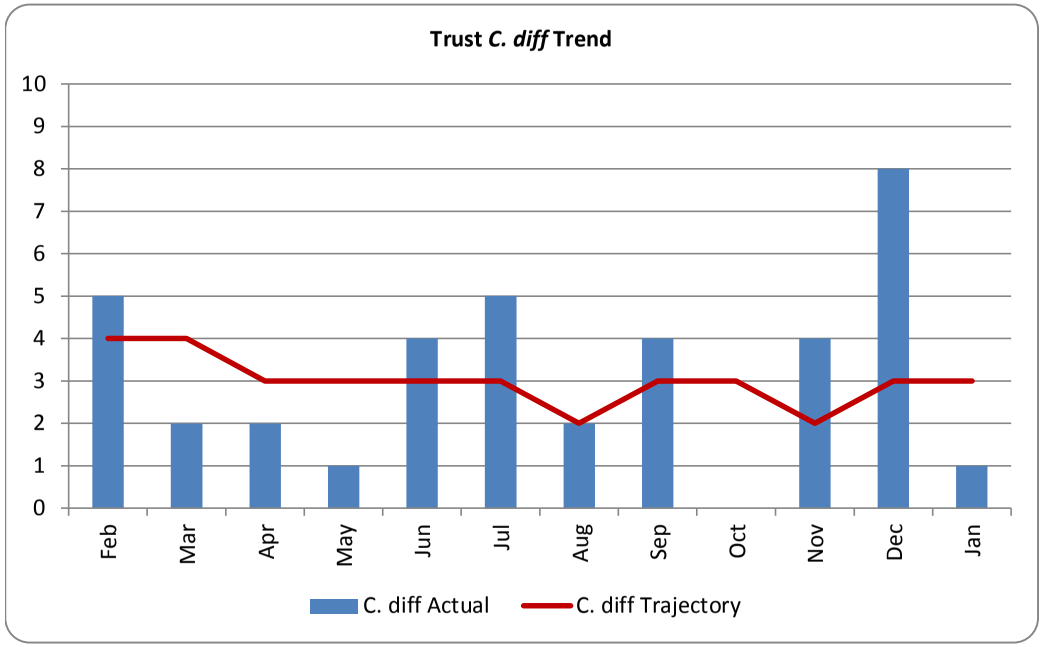
Consequence of failure: Patient safety, patient experience, financial penalty, patient flow / LOS

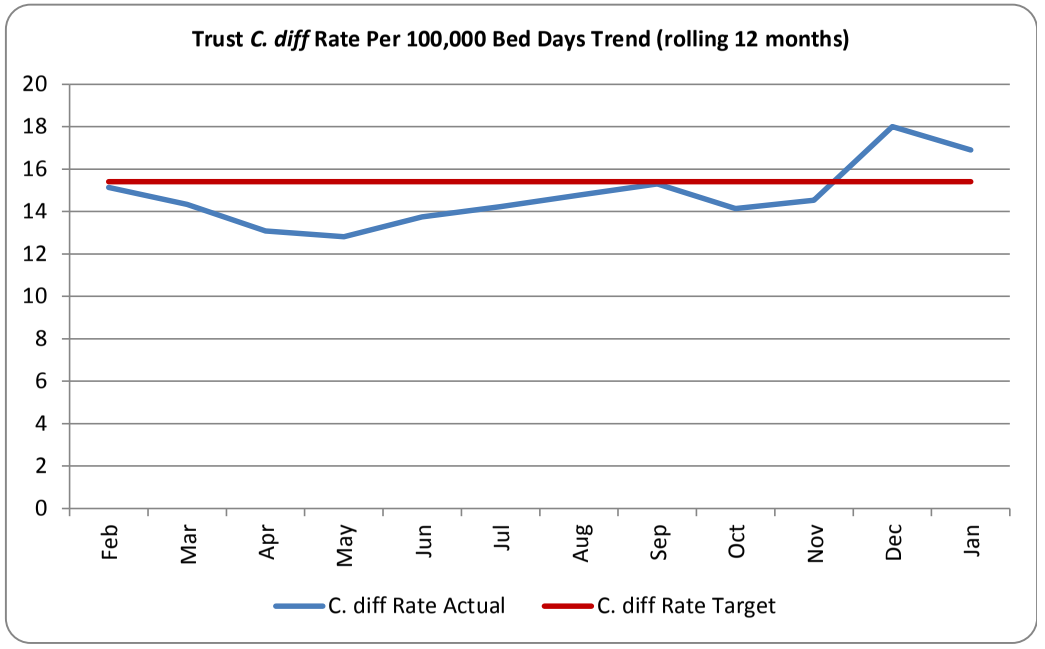
C. diff - January 2016	Month Target	Month Actual	YTD Target*	YTD Actual
Clinical Support		0		0
Family Care		0		0
Surgery		0		8
Medicine		1		23
Trust Total	**3**	**1**	**34**	**31**

C. diff Bed Rate	Target 15/16	12 Months to January 2016
C. diff rate per 100,000 bed days	15.4	16.90

*Cumulative target as at quarter 4

There has been 1 hospital acquired *C. diff* infection in January.
In total 16 cases have been taken to appeal and upheld by Sunderland Clinical Commissioning Group (SCCG), consequently the year to date position currently stands at 31 cases. 47 cases have been reported to Public Health England overall.
There are a further 8 cases subject to the appeals process, therefore the minimum possible number of cases against trajectory would be 23 (if all appeals were successful). The cumulative trajectory / target to the end of January is 28 cases or less.
The *C. diff* rate per 100,000 bed days for the previous 12 months up to December 2015 is currently exceeding the target, at 16.9. By comparison the national rate per 100,000 bed days for the latest 12 month period available (August 2014 to September 2015) is 13.7.





VTE

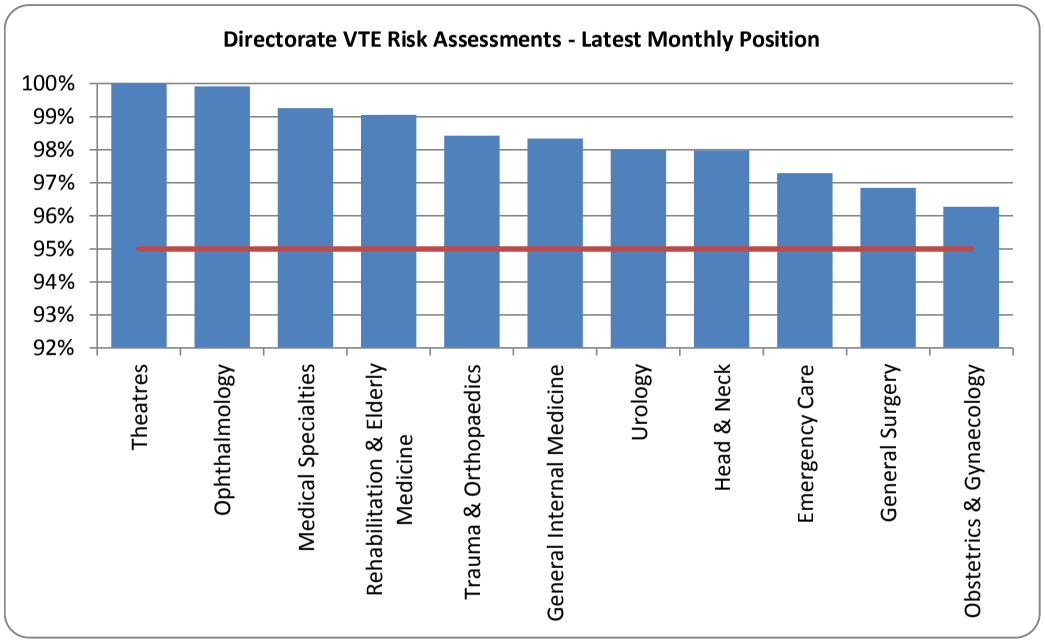
National Indicators / Monitor Governance Indicators

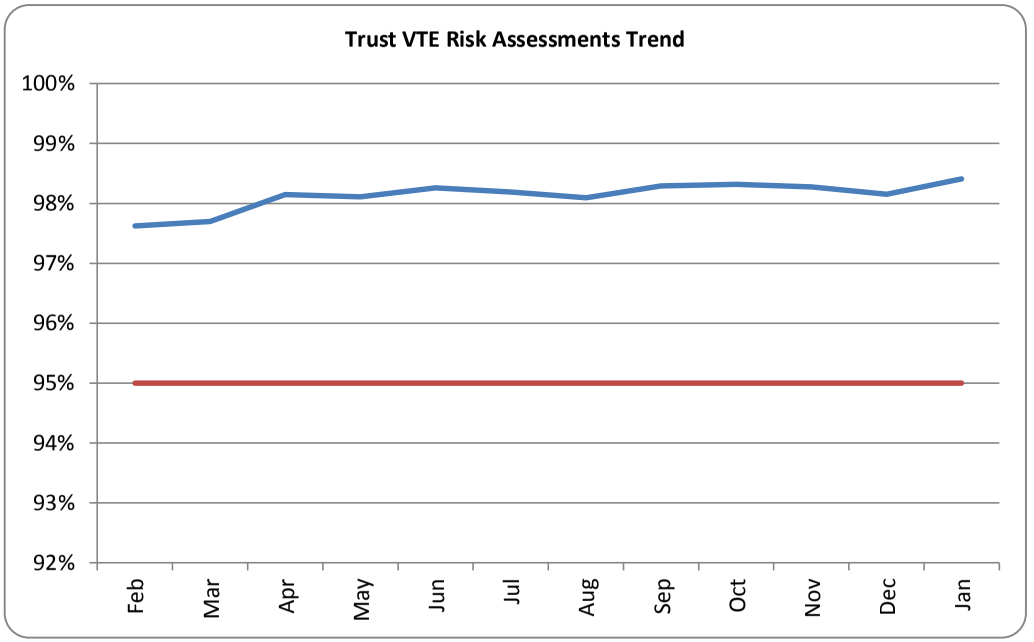
Proportion of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool
Director Lead: Ian Martin
Consequence of failure: Clinical outcomes, patient safety & financial penalty

The preliminary VTE risk assessment performance for January currently stands at 98.4%, which is in line with recent performance and continues to achieve the national target.
Performance at this stage of the month can be affected by the completeness of admissions data and clinical coding, consequently the monthly positions will be refreshed prior to the quarterly national submission deadlines. Performance tends to improve marginally when refreshed at a later date.
All Directorates remained above the 95% target in January.

VTE - January 2016	Month*	YTD*
Target	**≥95%**	**≥95%**
Emergency Care	97.28%	96.99%
General Internal Medicine	98.34%	98.91%
General Surgery	96.84%	96.68%
Head & Neck	97.97%	97.19%
Medical Specialties	99.25%	99.52%
Obstetrics & Gynaecology	96.27%	96.45%
Ophthalmology	99.91%	99.62%
Rehabilitation & Elderly Medicine	99.05%	97.93%
Theatres	100.00%	99.88%
Trauma & Orthopaedics	98.42%	98.43%
Urology	98.00%	97.41%
Trust Total	**98.41%**	**98.23%**

**De minimis* level >= 20 cases





Friends & Family Test

National Contractual Indicator

1. Percentage of patient responses (Target for inpatients ≥30%, Target for A&E ≥20%)
2. Patient satisfaction scores (% recommended & % not recommended)

Director Lead: Judith Hunter

Consequence of failure: Patient experience, reputation & contractual implications

Inpatient response rates remain low in comparison to the wards in the following areas: paediatrics, day cases and ambulatory care. The overall inpatient response rate stands at 15.3%, which is below the local target of 30%. The percentage of responders who recommend the Trust continues to be positive at 97.8%, which is more favourable than the latest regional and national benchmarking positions.

The A&E response rates have reduced across all departments this month; as a result this represents the lowest overall response rate observed over the past 12 months. This is due in part to the recent move at SRH and embedding data collection processes into the news ways of working, which is currently being reinforced. Nevertheless, the proportion of patients recommending ED remains high at 96.9%; this is also better than the latest regional and national benchmarking positions.

Maternity response rates are reported nationally on question 2 only (birth experience). The response rate on this question has improved once again from 16.6% in December to 17.3% this month. The percentage of patients that would recommend the Maternity Department currently range between 88.9% and 100%.

The aggregate satisfaction score for outpatient services was 97.5%, which is slightly lower than the previous month.

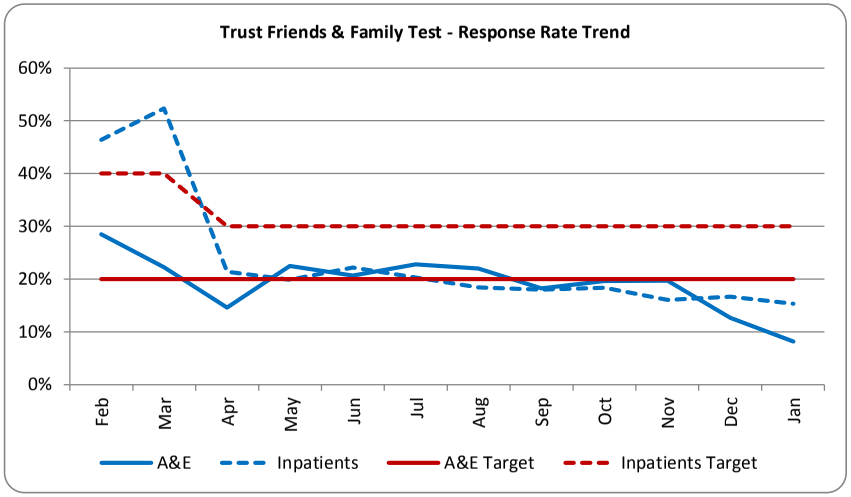
Church View Medical Practice responses have increased once again, with 48 responses in January and this represents the highest number of responses across the YTD. 93.8% of responders would recommend the practice.

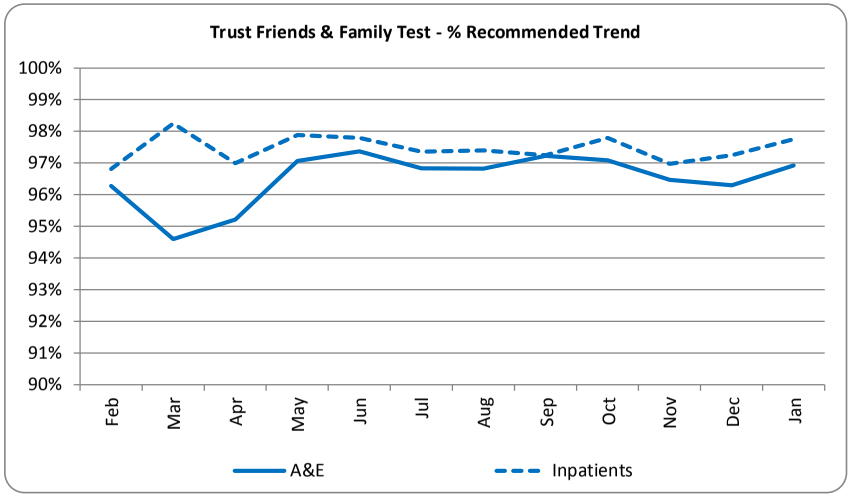
Friends & Family Test - January 2016	Response Rate	% Recommended	% Not Recommended
Emergency Medicine	20.05%	97.56%	1.22%
General Internal Medicine	60.14%	95.86%	1.18%
General Surgery	35.93%	97.88%	0.00%
Head & Neck	40.37%	98.86%	0.00%
Medical Specialties	25.69%	96.43%	0.00%
Obstetrics & Gynaecology	28.32%	97.96%	0.00%
Ophthalmology	49.57%	100.00%	0.00%
Paediatrics	12.78%	96.20%	2.53%
Rehabilitation & Elderly Medicine	40.95%	98.34%	0.00%
Trauma & Orthopaedics	47.64%	100.00%	0.00%
Urology	16.22%	100.00%	0.00%
Daycase Unit	0.69%	89.29%	10.71%
IP Total	15.33%	**97.76%**	**0.75%**

Sunderland Royal Hospital A&E	6.87%	98.65%	0.34%
Pallion Walk In Centre	2.26%	90.91%	6.82%
Sunderland Eye Infirmary A&E	16.50%	96.19%	2.05%
A&E Total	8.18%	**96.92%**	**1.61%**

Maternity Services FFT			
Question 1 - antenatal care		88.89%	0.00%
Question 2 - birth	17.32%	97.73%	0.00%
Question 3 - care on postnatal ward		100.00%	0.00%
Question 4 - postnatal community provision		100.00%	0.00%

Outpatient Services FFT		97.51%	1.25%





Safety Thermometer

National Contractual Indicator

The NHS Safety Thermometer allows frontline teams to measure patient safety and to deliver improvement locally. This data collection takes place one day per month and records patient harms including: venous thromboembolism, pressure ulcers, falls and urinary tract infection in patients with a catheter

Director Lead: Judith Hunter

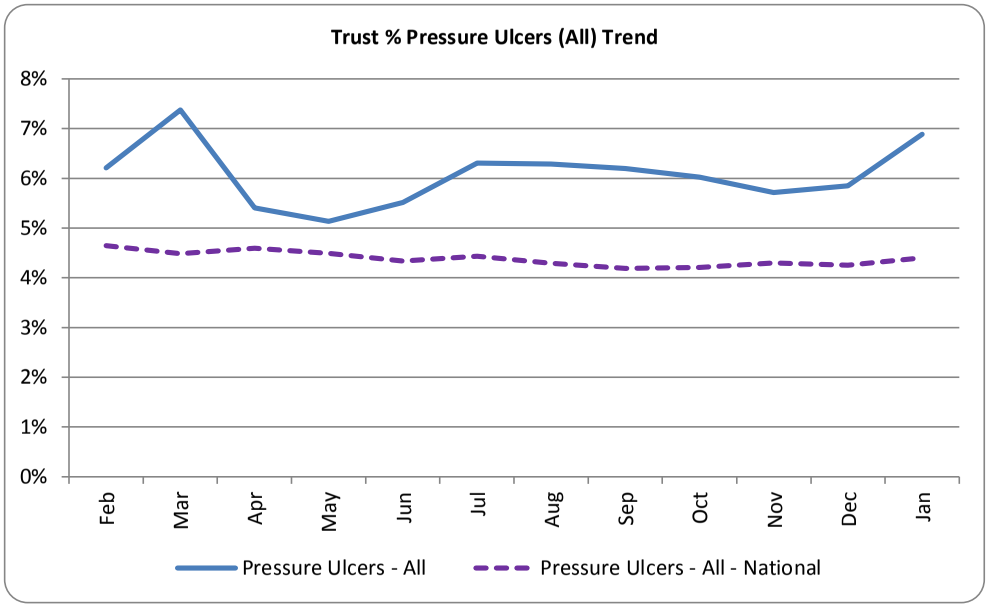
Consequence of failure: Patient experience, reputation & contractual implications

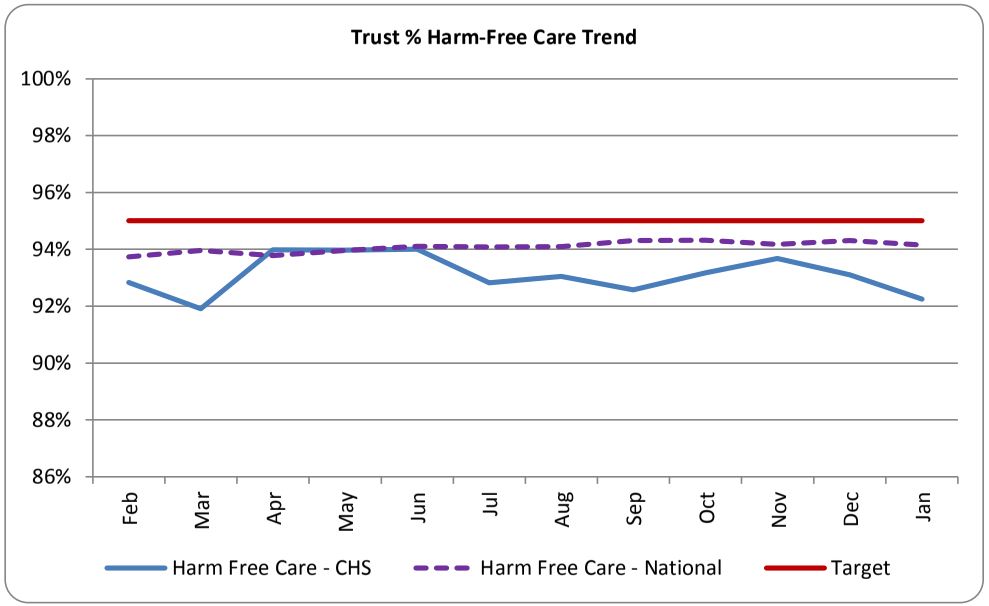
The results of the NHS Safety Thermometer survey for January demonstrated that 92.2% of patients received harm free care whilst in hospital. This is based upon a point prevalence survey of 683 patients across 33 wards. This result is slightly lower compared to the previous month and performance consequently remains below the latest national benchmarking position, as well as the suggested national target of 95%.

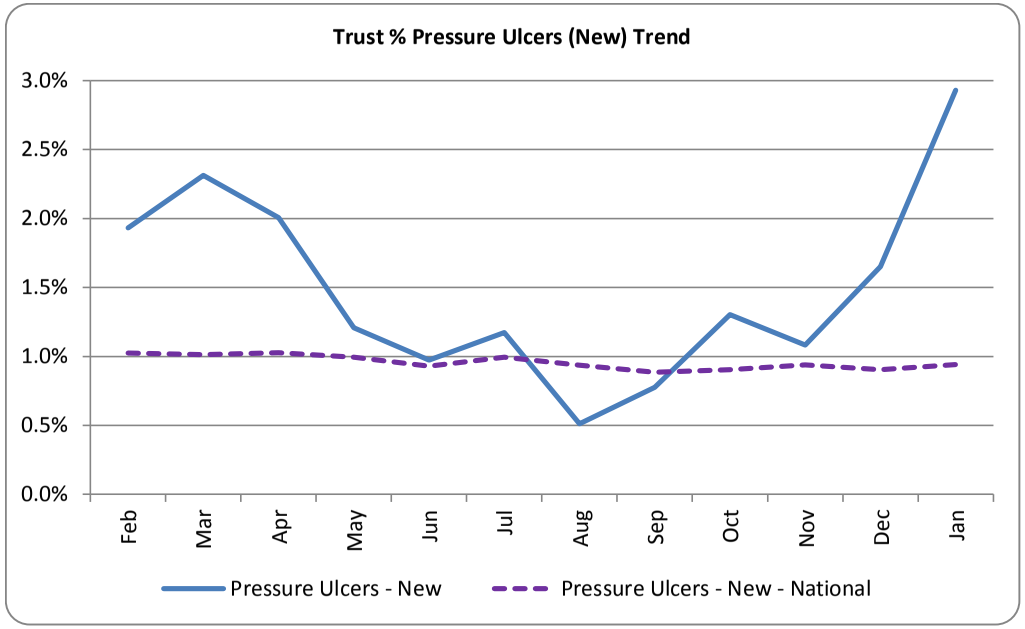
Pressure ulcers (PUs) continue to represent the highest incidence of harm. The overall proportion is higher than the previous month, at 6.9% (47 patients) and continues to exceed the latest national benchmarking performance. Within this group, the proportion of newly (hospital) acquired PUs has increased to 2.9% (20 patients), which is also higher than the latest national benchmarking position. These patients were all identified as being at increased risk of developing a pressure ulcer due to their acuity. The clinical team have conducted an audit during January which has identified opportunities for improvement in compliance with 2 hourly positional changes and skin checks which will be addressed.

Compared to the previous survey results, the proportion of harms relating to patient falls (0.2% or 1 patient) has improved, catheter & UTI harms (0.7% or 5 patients) has increased, whereas new VTE harms (0.3% or 2 patients) is about the same. These are all in line with or more favourable than the national benchmarking position.

Safety Thermometer - January 2016	% Harm Free	% All Pressure Ulcers	% New Pressure Ulcers	% Falls in past 72 hrs	% Catheter & UTIs	% New VTE
Emergency Care	96.97%	0.00%	0.00%	0.00%	3.03%	0.00%
General Internal Medicine	89.02%	10.98%	0.00%	0.00%	0.00%	0.00%
General Surgery	95.95%	4.05%	1.35%	0.00%	0.00%	0.00%
Head & Neck	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Intensive Care	86.67%	13.33%	0.00%	0.00%	6.67%	0.00%
Medical Specialties	93.94%	6.06%	6.06%	0.00%	0.00%	0.00%
Obstetrics & Gynaecology	96.88%	0.00%	0.00%	0.00%	3.13%	0.00%
Paediatrics	98.18%	1.82%	0.00%	0.00%	0.00%	0.00%
Rehabilitation & Elderly Medicine	87.62%	11.88%	5.94%	0.00%	0.50%	0.00%
Trauma & Orthopaedics	91.57%	6.02%	6.02%	1.20%	0.00%	2.41%
Urology	95.83%	4.17%	0.00%	0.00%	0.00%	0.00%
Trust Total	**92.24%**	**6.88%**	**2.93%**	**0.15%**	**0.73%**	**0.29%**
Trust Total Volume	**630**	**47**	**20**	**1**	**5**	**2**






Trust % Pressure Ulcers (New) Trend
3.0%
2.5%
2.0%
1.5%
1.0%
0.5%
0.0%
Feb
Mar
Apr
May
Jun
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Aug
Sep
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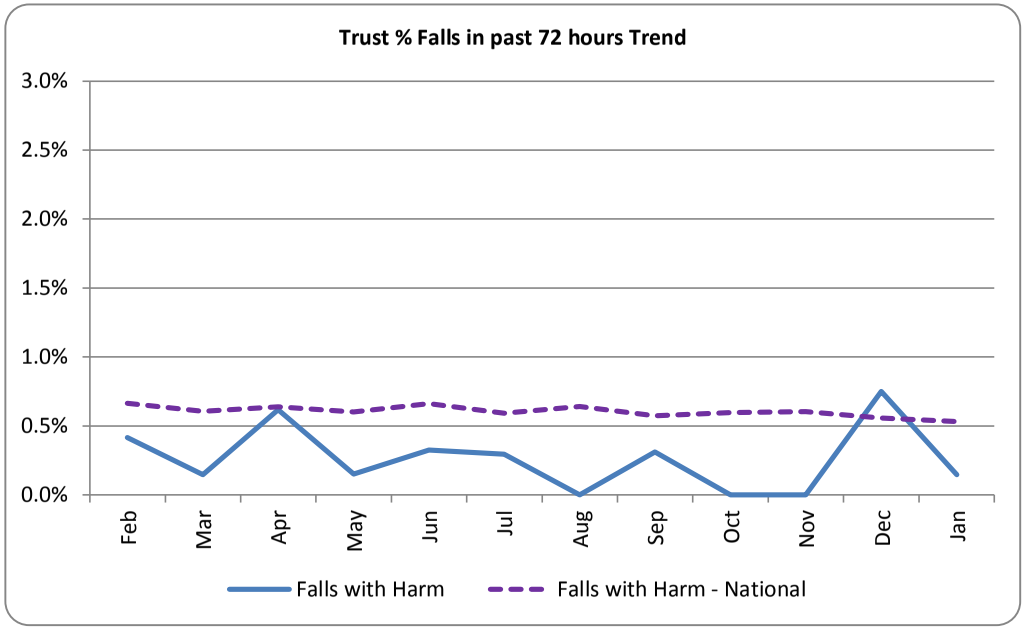
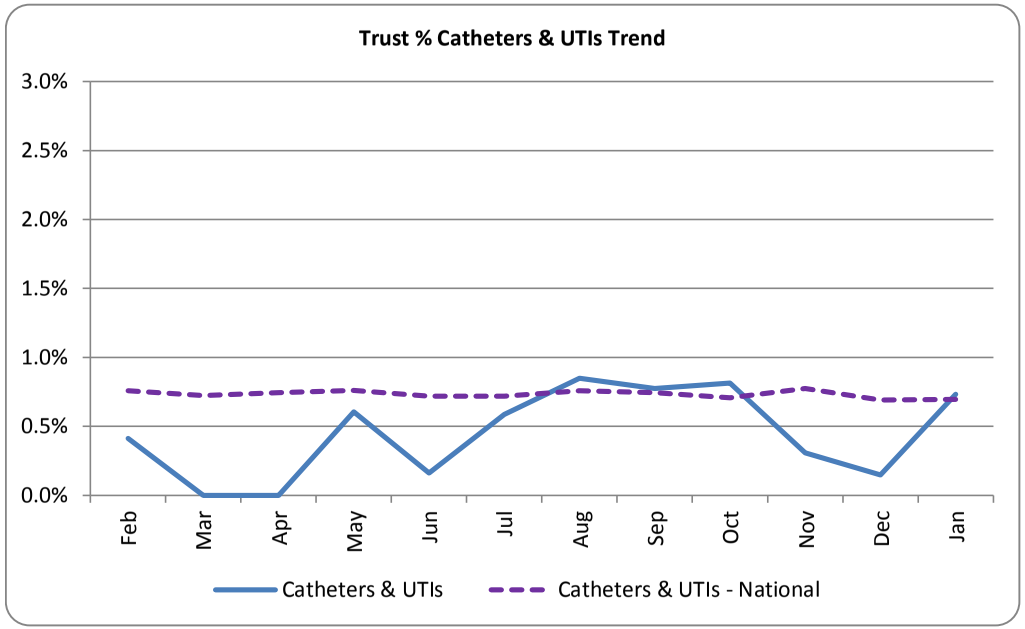
Nov
Dec
Jan
Pressure Ulcers - New
Pressure Ulcers - New - National


Trust % Falls in past 72 hours Trend
3.0%
2.5%
2.0%
1.5%
1.0%
0.5%
0.0%
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Falls with Harm
Falls with Harm - National


Trust % Catheters & UTIs Trend
3.0%
2.5%
2.0%
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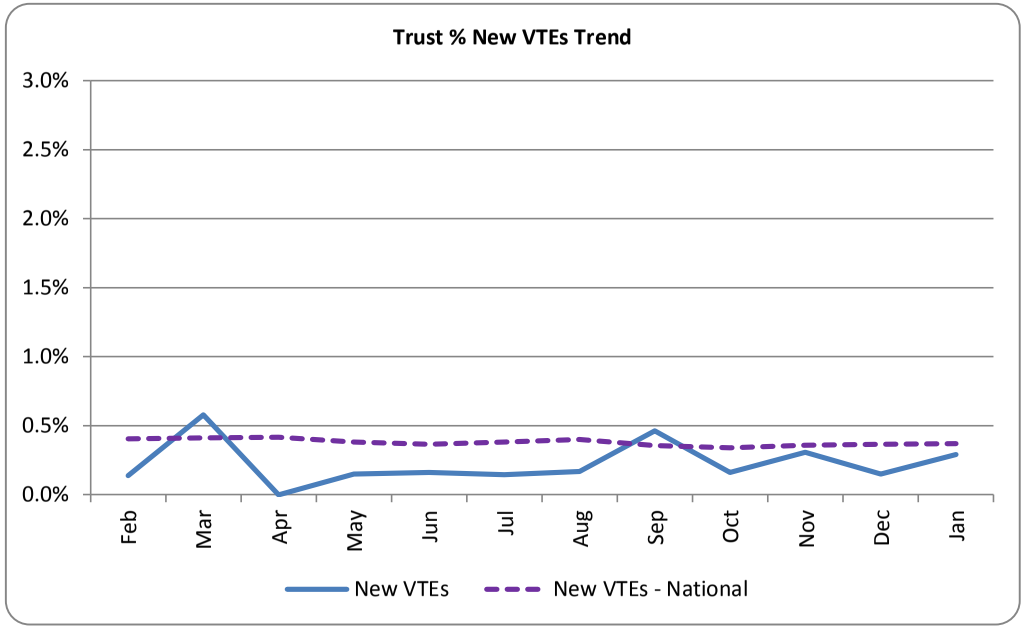
Catheters & UTIs
Catheters & UTIs - National


Trust % New VTEs Trend
3.0%
2.5%
2.0%
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Feb
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New VTEs
New VTEs - National

Discharge Communications

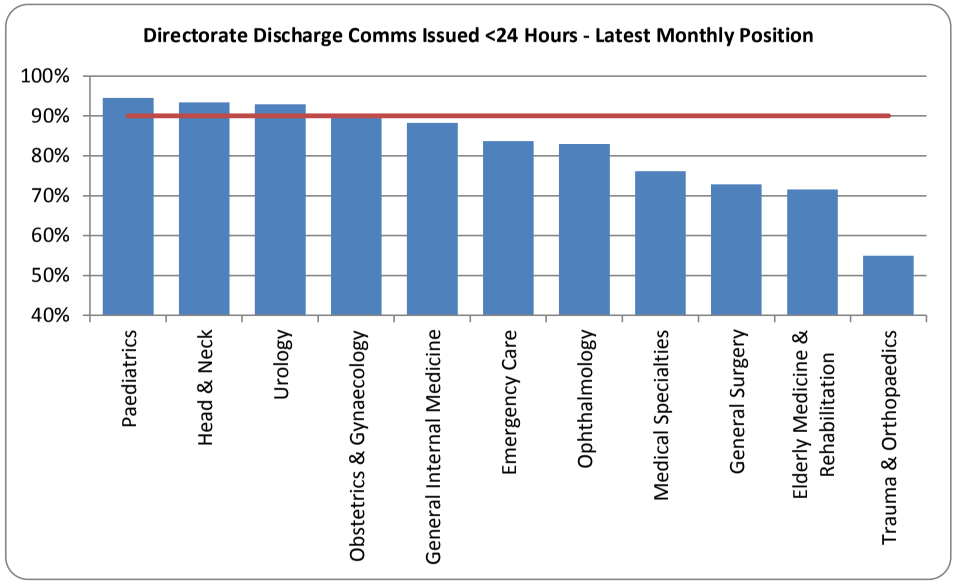
Local Contractual Indicator

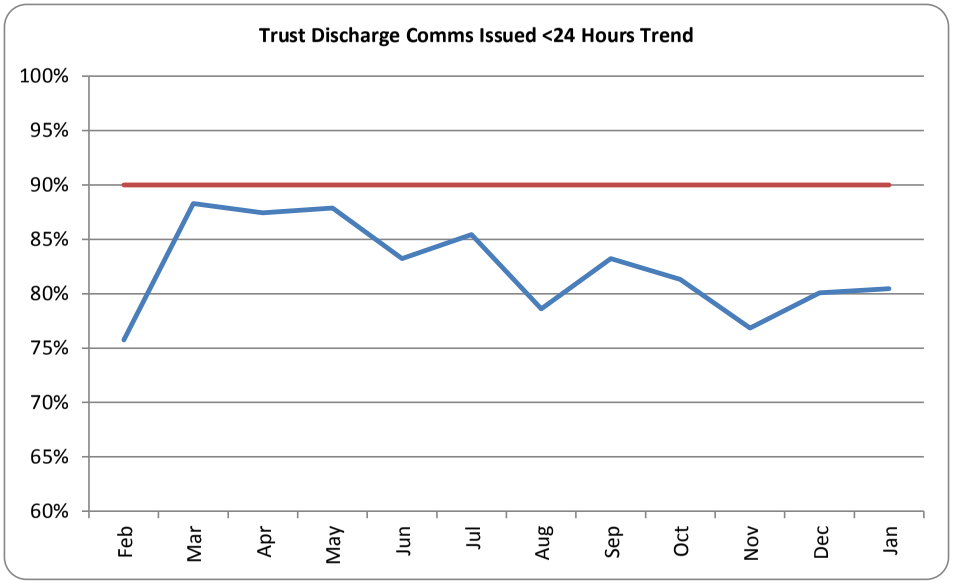
Percentage of electronic discharge communications that were issued to the GPs within 24 hours of patient discharge
Director Lead: Ian Martin
Consequence of failure: Clinical outcomes, reputation, patient experience, financial penalty & quality of care

Discharge communications performance has remained relatively stable in January at 80.5%, which continues to perform below the contractual target of 90%. 13.2% of letters were completed and issued at a later date but 6.4% remained outstanding at the time of reporting, both of which are about the same as the previous month.
Most Directorates were below the 90% target in January, with only Paediatrics, Head & Neck and Urology managing to achieve the target this month.
Most Directorates have maintained or improved performance in January, however, similarly to December's position, the net effect of this improvement has been offset by a decline in a few other areas. The main areas of improvement between December and January were Obstetrics & Gynaecology (+13%), Paediatrics (+7%) and General Surgery (+5%), whereas the main areas of deterioration were Rehabilitation & Elderly Medicine (-9%) and Ophthalmology (-9%).
Performance is monitored weekly and any significant deterioration is raised with the relevant areas.
It is encouraging to see that General Surgery continue to improve in line with their recovery trajectory, which plans to achieve the target from March 2016. Trauma & Orthopaedics and Rehabilitation & Elderly Medicine now have the largest opportunity for improvement, in terms of their impact on the bottom line. Trauma & Orthopaedics are currently in escalation; improvement is discussed on a regular basis however they remain behind plan. Rehabilitation & Elderly Medicine are being managed in line with the Trusts performance improvement framework.

Discharge Comms - January 2016	Month*	YTD*
Target	**≥90%**	**≥90%**
Emergency Care	83.62%	87.08%
General Internal Medicine	88.27%	89.96%
General Surgery	72.82%	66.51%
Head & Neck	93.37%	93.43%
Medical Specialties	76.09%	79.57%
Obstetrics & Gynaecology	89.52%	78.17%
Ophthalmology	82.91%	92.44%
Paediatrics	94.46%	87.96%
Elderly Medicine & Rehabilitation	71.53%	80.79%
Trauma & Orthopaedics	54.91%	66.06%
Urology	92.86%	92.88%
Trust Total	**80.47%**	**82.49%**

**De minimis* level >= 20 cases





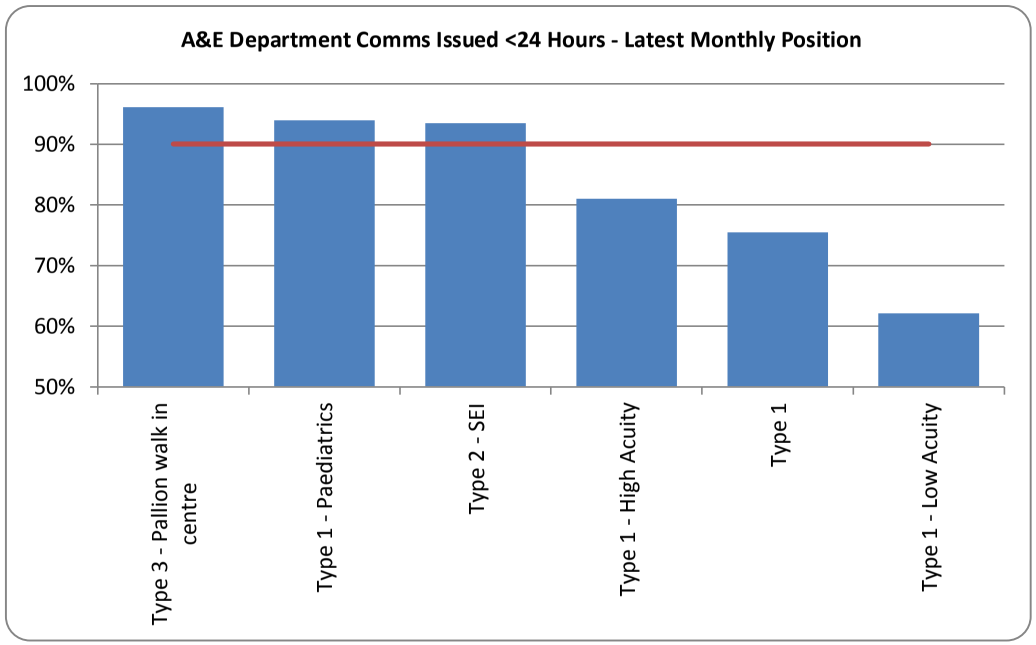
A&E Communications

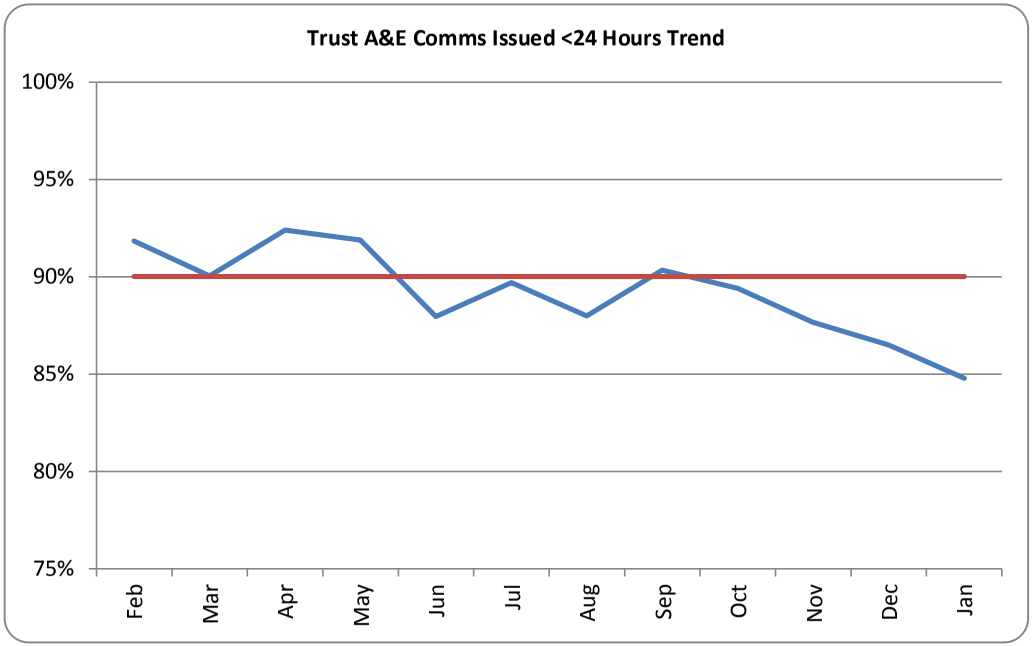
Local Contractual Indicator

Percentage of electronic clinical communications that were issued to GPs within 24 hours following an A&E attendance, excluding those patients who are admitted as a result of their attendance.
Director Lead: Ian Martin
Consequence of failure: Consequence of failure: Clinical outcomes, reputation, patient experience, financial penalty & quality of care

A&E Comms - January 2016	Month	YTD
Target	**≥90%**	**≥90%**
Type 1	75.46%	83.21%
Type 1 - High Acuity	81.00%	79.11%
Type 1 - Low Acuity	62.11%	62.40%
Type 1 - Paediatrics	93.94%	94.94%
Type 2 - SEI	93.44%	93.64%
Type 3 - Pallion walk in centre	96.09%	95.58%
Trust Total	**84.78%**	**88.85%**

Emergency Department (ED) communications performance in January saw 84.8% of letters being issued within 24 hours of patients being discharged from ED, which has reduced for the fourth consecutive month and remains below target. Aside from the pressures in ED that have been impacting upon performance in January, the daily report which is used to monitor performance was also disrupted due to technical issues, linked to the ED move / tracker update. This issue has since been resolved. ED are also experiencing staffing shortages, which directly impact on their ability to review new tracker routinely and take appropriate action. This is likely to be an ongoing risk.
The year to date position remains below the 90% target.



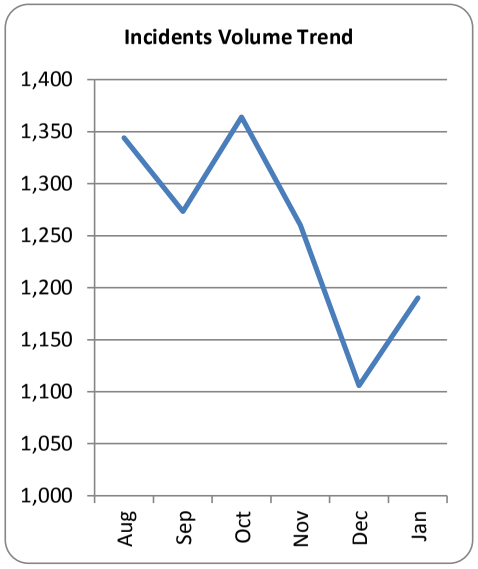


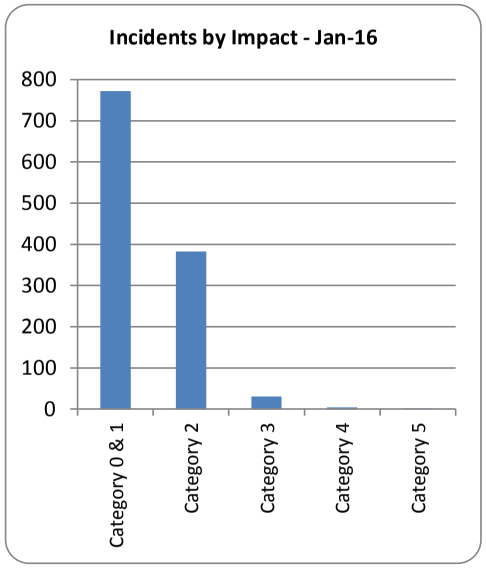
Incidents

Internal Indicator

Number of incidents recorded on Safeguard Incident Reporting system shown by category of actual impact as per NPSA categorisations
Director Lead: Judith Hunter
Consequence of failure: Patient safety, patient experience, quality/outcomes, reputation & financial

The initial results for the number of incidents reported in January shows that there has been fewer incidents reported compared to recent months, although there has been an increase compared to December alone. The refreshed position for December demonstrated that there were 1,106 incidents reported in total (compared to 1,062 initially). The number of no harm / near miss incidents continues to account for the majority of incidents recorded, which represents 64.8% of all incidents this month; this is slightly lower than December's profile.
There have been 4 category 4 and 1 category 5 incidents reported in January, which are associated with the cause groups 'Clinical Care Ongoing & Review' (3), 'Assessment/Diag/Investigation' (1) and 'Treatment / Procedure / Op'. All category 4 & 5 incidents are investigated via the root cause analysis process and reports provided to the Rapid Review Group.
The Patient Safety and Risk Team continually work with staff groups to assist their understanding of the risk systems and importance of incident reporting, in particular the no harm / low harm incidents.





Incidents by Impact - Jan-16	Category 0 & 1	Category 2 & 3	Category 4 & 5	Total	YTD
Control of Infection	0	0	0	0	4
Corporate Function	18	6	0	24	467
Diagnostic Imaging	12	1	0	13	204
Emergency Medicine	138	59	2	199	2,037
Estates	10	5	0	15	153
Facilities	20	3	0	23	274
General Internal Medicine	39	38	1	78	1,245
General Surgery	37	26	0	63	680
Head & Neck	12	8	0	20	264
Medical Specialties	40	20	0	60	715
Obstetrics & Gynaecology	110	38	0	148	1,375
Ophthalmology	11	1	0	12	384
Other	1	0	0	1	39
Paediatrics	21	8	0	29	362
Patient Access And Discharge	25	2	0	27	66
Pharmacy	22	1	0	23	188
Rehabilitation & Elderly Medicine	107	122	1	230	2,279
Theatres	79	34	0	113	1,211
Therapy Services	17	3	0	20	191
Trauma & Orthopaedics	30	25	0	55	650
Urology	22	13	1	36	354
Trust Total	**771**	**413**	**5**	**1,189**	**13,142**

Top Ten Cause Groups	Category 0 & 1	Category 2 & 3	Category 4 & 5	Total	YTD
Slips/trips/falls	117	53	0	170	1,518
Tissue Viability	13	126	0	139	1,007
Resource/Infrastructure Inc HR	91	20	0	111	850
Consent/Communication/Confidentiality	81	20	0	101	1,119
Environment / Hazard	35	48	0	83	636
Medication / Bloods /Gasses	61	12	0	73	1,266
Documentation (Incl ID)	62	8	0	70	849
Equipment Inc /Medical Devices	48	6	0	54	596
Access/ Xfer / Discharge	46	7	0	53	504
Assessment/Diag/Investigation	42	9	1	52	1,020
Top Ten Total	**596**	**309**	**1**	**906**	**9,365**

Complaints

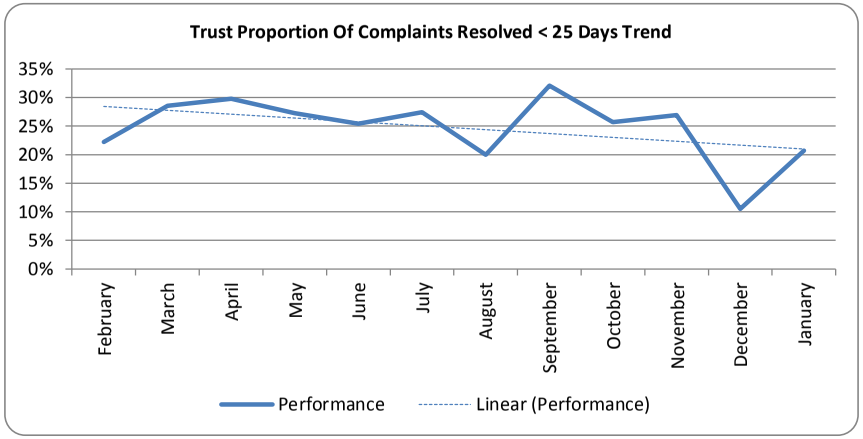
Internal Indicator

1. Number of complaints recorded on Safeguard (a. during month b. during past 12 months)
2. Number of complaints resolved during the past 12 months
3. Percentage of complaints resolved within 25 working days
4. Number of complaints currently unresolved (sub-categorised by time elapsed to date)

Director Lead: Judith Hunter

Consequence of failure: Patient experience, outcomes, financial

There were 29 formal complaints received in January compared to a YTD average of 44 per month. The highest number of complaints relates to aspects of care (45%), which is a consistent trend. The only other themes with 5 or more complaints this month relates to communication (21%). The highest number of complaints at Directorate level was received by Emergency Medicine (6).
Over the past 12 months 24.9% of complaints have been resolved within the Trust standard of 25 working days. There are currently 164 unresolved complaints with 71 of those outstanding by over 90 days. Unresolved complaints include those where the complainant has received a response but require further information that may involve further investigation and/or a face to face meeting with the complainant and relevant members of staff. Work is on-going with the Directorates to address the backlog.
Note: this report is based on complaints where consent has been received within the month and will not include complaints received where consent has not been obtained.



Complaints - January 2016	Month	Past 12 months				Unresolved Complaints (working days)				
	1a. No. Complaints Received	1b. New Complaints Received	2. All Resolutions	3. Number resolved ≤25 days	3. % Resolutions ≤25 Working Days	4a. Ongoing ≤60	4b. Ongoing 61-90	4c. Ongoing 91-364	4d. Ongoing ≥365	4e. Total
Corporate Function	0	7	9	6	66.67%	0	0	0	0	0
Diagnostic Imaging	0	18	15	7	46.67%	1	2	1	0	4
Emergency Medicine	6	94	92	15	16.30%	19	5	5	2	31
Estates	0	1	1	0	0.00%	0	0	0	0	0
External	0	2	2	2	100.00%	0	0	0	0	0
Facilities	4	23	22	13	59.09%	3	1	0	0	4
General Internal Medicine	3	50	53	13	24.53%	6	0	5	2	13
General Surgery	3	59	63	15	23.81%	6	3	3	6	18
Head & Neck	1	29	31	6	19.35%	6	2	5	0	13
Medical Specialties	0	22	15	3	20.00%	4	2	5	1	12
Obstetrics & Gynaecology	1	30	29	7	24.14%	1	0	5	0	6
Ophthalmology	1	6	5	1	20.00%	2	0	0	0	2
Other	0	3	5	3	60.00%	0	0	0	0	0
Paediatrics	3	15	16	10	62.50%	2	0	0	0	2
Rehabilitation & Elderly Medicine	4	53	66	7	10.61%	4	2	4	1	11
Theatres	0	11	11	6	54.55%	0	0	0	0	0
Therapy Services	0	9	8	4	50.00%	0	0	1	0	1
Trauma & Orthopaedics	1	62	64	18	28.13%	4	5	15	3	27
Urology	2	46	59	5	8.47%	11	2	5	2	20
Trust Total	**29**	**540**	**566**	**141**	**24.91%**	**69**	**24**	**54**	**17**	**164**

Top Five Complaint Categories - January 2016	Month	Past 12 months				Unresolved Complaints (working days)				
	1a. No. Complaints Received	1b. New Complaints Received	2. All Resolutions	3. Number resolved ≤25 days	3. % Resolutions ≤25 Working Days	4a. Ongoing ≤60	4b. Ongoing 61-90	4c. Ongoing 91-364	4d. Ongoing ≥365	3e. Total
Aspects Of Care	13	289	311	43	13.83%	38	18	30	12	98
Communication	6	80	77	20	25.97%	11	0	15	3	29
Estates/Support/Hotel Services	4	22	20	12	60.00%	3	1	0	0	4
Appts Delay /canc (OP)	2	36	41	22	53.66%	4	1	2	0	7
Admission / Disch/ Transf	2	19	14	0	0.00%	7	2	3	1	13
Top Five Total	**27**	**446**	**463**	**97**	**20.95%**	**63**	**22**	**50**	**16**	**151**

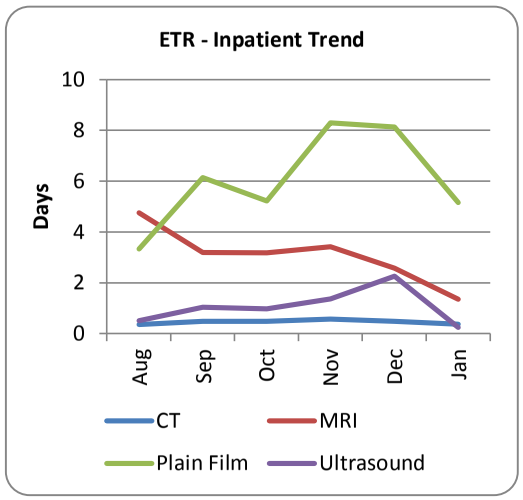
Radiology Exam to Report Times

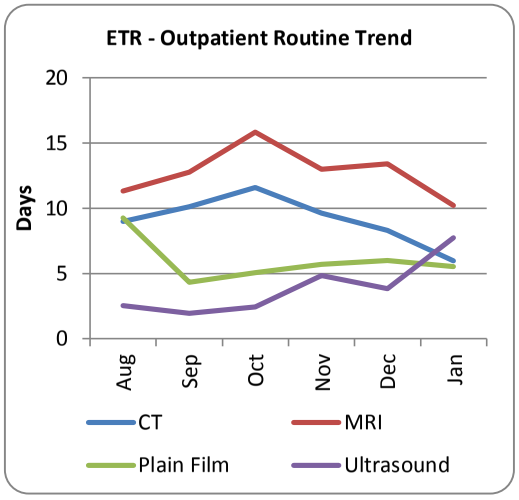
Internal Indicator

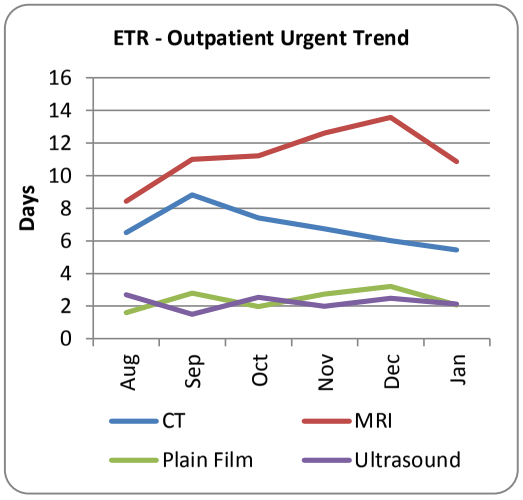
Average exam to report time and activity for MRI, CT, Plain Film and Ultrasound scans, derived from the time elapsed between the exam date and the date the results were reported. The reporting month is based upon the reported date
Director Lead: Sean Fenwick
Consequence of failure: Timely access, outcomes, LOS, reputation & patient flow

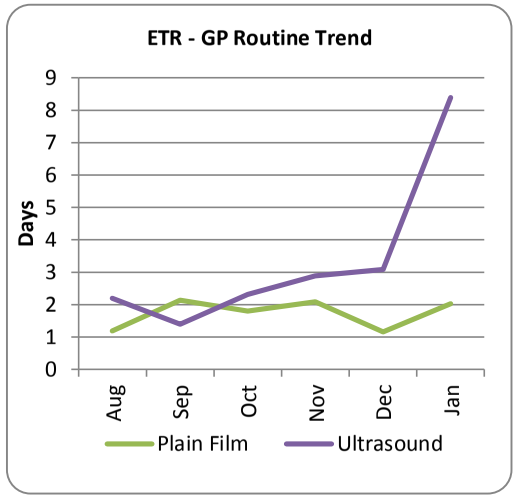
Exam Type - January 2016	MRI		CT		Plain Film		Ultrasound	
Type	No	Ave EtR	No	Ave EtR	No	Ave EtR	No	Ave EtR
Inpatient	200	1.4	903	0.4	2,923	5.2	518	0.2
Outpatient Routine	711	10.2	547	6.0	1,548	5.5	584	7.7
Outpatient Urgent	182	10.9	623	5.4	322	2.1	235	2.1
GP					2,274	2.0	904	8.4

The average exam to report time for inpatient MRI, CT and ultrasound scans has continued to reduce.
Outpatient exam to report times have generally improved in January, most significantly for MRI urgent scans after a period of gradual deterioration relating to a shortfall of specialist reporting resources. The improvement in relation to MRI reporting is due to the use of additional PA sessions internally, although this is a temporary solution. The Directorate have progressed plans to utilise an independent specialist reporting company going forwards in order to recover and sustain performance. Conversely, ultrasound exam to report times have increased for OP routines.
GP plain film reporting remains within expected timelines, however ultrasound have increased significantly once again in January, to 8.4 days.
The increase to GP and OP routine US scans is related to the training of newly qualified sonographers. This training exercise has since been completed and therefore performance is expected to improve next month in line with previous months.









CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MARCH 2016

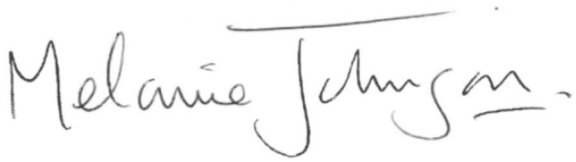
QUALITY, RISK AND ASSURANCE REPORT

EXECUTIVE SUMMARY

The Quality, Risk and Assurance Report is a summary report to provide assurance to the Board on the key regulatory, quality and safety standards that the Trust is expected to maintain compliance with and/or improve. The report triangulates various sources of data to enable the detection and mitigation of any emerging risks. The report should be considered alongside the Trust Performance Report which includes mandatory reporting on quality indicators. This report provides a summary of the key issues considered in more detail by the Governance Committee (and its subgroups the Clinical Governance Steering Group and Corporate Governance Steering Group) and also information from the Patient, Carer and Public Experience Committee (PCPEC). It includes the monitoring of the Quality Priorities 15-16 as indicated as part of the Trust Annual Quality Report and the recommendations from the Francis Inquiry 2, and the Trust's response to that Inquiry. The report is presented to the Board of Directors on a monthly basis.

RECOMMENDATION

Council of Governors are asked to note the report.



IAN MARTIN
Executive Medical Director

MELANIE JOHNSON
Executive Director of Nursing & Quality

1. CLINICAL EFFECTIVENESS

1.1 Mortality Review Panel – Update

The Mortality Review Panel (MRP) is a screening process that reviews in-hospital deaths. At the conclusion of each patient review, the MRP provide a judgement on the preventability of death and whether there are improvements required in any clinical or organisational aspects of care.

There were 118 deaths in October, 115 (97.5%) of these were reviewed by the Mortality Review Panel (MRP). There were 4 deaths in October where departmental review was requested and all responses (100%) have been received.

Using the Hogan Quality of Care scale, 90.7% (107/118) of patients had excellent or good quality of care, 1 patient had poor care and no care was found to be very poor. 98.26% (113/115) of deaths reviewed are definitely not preventable on the Hogan Preventability scale. The full breakdown for each score is highlighted below;

Hogan - Quality of care	No.	%
1. Excellent	43	37.39%
2. Good practice	64	55.65%
3. Adequate	7	6.09%
4. Poor	1	0.87%
5. Very poor	0	0.00%

Hogan - Preventability	No.	%
1. Definitely not	113	98.3%
2. Slight evidence	1	0.9%
3. Possibly <50-50	1	0.9%
4. Probably >50-50	0	0.0%
5. Strong Evidence	0	0.0%
6. Definitely	0	0.0%

23.5% (27/115) of deaths reviewed had room for improvement in clinical or organisation care or both. These include improvements around the quality of documentation (15), completion of death certification (3), notifying resuscitation status (1) and end of life provision (1) etc.

The case judged as 'poor care' involved a patient with known metastatic prostate cancer and suspected metastatic spinal cord compression who was transferred to Freeman hospital for radiotherapy treatment. His documentation was lost during transfer to and from Freeman hospital. In addition the review found there were missed opportunities to discuss resuscitation status with the patient and the family, which would have prevented the patient receiving inappropriate resuscitation attempts.

1.2 Mortality Outlier Alert (Peripheral & visceral atherosclerosis)

A mortality alert was issued by the Care Quality Commission in March 2015 for the vascular condition peripheral & visceral atherosclerosis (*Period Sept 2013 – August 2014*). There were 36 deaths identified in this period and a case note review of 33 deaths was undertaken by the vascular surgeons with the outcomes presented to CGSG in April. A full copy of the mortality report, including individual clinical vignettes, and an action plan was then submitted to the CQC. A 6 month update was scheduled for CGSG.

The update in mortality performance would take two forms; review of HSMR (the measure used in the original alert) and outcomes from the Trust Mortality Review Panel.

The trust's HSMR for the 12 months ending in the last month of the alert (August 2014) was 149.2 with 37 actual deaths against 24.8 predicted deaths. For the period September 14 - August 15 the HSMR fell to 124.2 a decrease of 25, representing 35 actual deaths against 28.2 predicted deaths. The decrease in the HSMR is caused by a decrease in the number of deaths and an increase in the predicted mortality. An increase in predicted mortality can be due to a more acutely ill demographic, an increase in the recording of co-morbidities, and increase in patients admitted with that condition.

Twenty one deaths between April and September 2015, with a primary diagnosis of peripheral and visceral atherosclerosis have been reviewed by the Mortality Review Panel. 95.5% (20/21) were 'definitely not preventable' on the Hogan scale. One review had slight evidence for preventability where the final comment on the review stated that there was 'apparent delay in responding to electrolyte abnormalities' and the reason for the outcome of the review was 'review issues'. 85% (18/21) of deaths had 'excellent' or 'good' quality of care on the Hogan Quality Scale. One death was reviewed as having 'adequate' quality of care and two had 'poor care',with the main improvement areas around the quality of documentation.

The low number of deaths with this particular condition combined with improved depth of coding and recording of co-morbidities appears to have had a positive effect on the HSMR since the alert period. The outcomes of reviews from the Trust Mortality Review Panel process gives additional assurance that in most cases the patient deaths were unavoidable and that the quality of care was either excellent or good. The report will be shared with Commissioners as part of information exchange and assurance.

1.2 National Vascular Registry – Annual Report (2015)

The National Vascular Registry (NVR) was established in 2013 to measure the quality and outcomes of care for patients who undergo major vascular surgery in NHS hospitals. Its primary purpose is to provide comparative figures on the performance of vascular services to support quality improvement. The current report provides information on the process and outcomes of care for:

- patients undergoing the elective repair of abdominal aortic aneurysms (AAA),
- patients undergoing emergency repair of a ruptured AAA, and
- patients having a carotid endarterectomy

The results are based primarily on vascular interventions that took place between 1 January 2014 and 31 December 2014. The national report shows that Trust case ascertainment for carotid surgery is high (103%) but aortic ascertainment is 86% compared to Hospital Episode Statistics (HES) data. Case ascertainment for amputations and endovascular procedures is poor. This has not been mandated by the Vascular Society and is not commented on in this report. The Directorate have a part-time data clerk who now enters the initial patient data on the database and individual consultants have been reminded to complete the clinical data before it can be submitted.

Trust mortality and stroke rates are within the expected range and are in fact both slightly lower than the national mean. The median delay from symptom to surgery for carotid endarterectomy is acceptable at 11 days (national 5-35).

The British Society for Interventional Radiology has recommended that its members engage with the database as they feel it can be a useful tool to demonstrate the work that they do. The vascular team are encouraging colleagues in Radiology to engage with the Registry to review and improve their performance in the vascular pathway.

1.3 Quality Report 2015/16 (Mid-term Review)

A Quality Account is a report about the quality of services provided by an NHS healthcare provider which is published annually and made available to the public. All hospitals are required to publish Quality Accounts each year, as required by the NHS Act 2009 and their amendments (collectively 'the Quality Accounts Regulations'). Foundation Trusts are required to publish a Quality Report which incorporates all the requirements of the Quality Account Regulations as well as a number of additional reporting requirements set by Monitor.

The Regulations require that organisations agree to measure, monitor and report at least 1 clinical priority under the themes of patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided. Monitor's additional reporting require an overview of performance in 15/16 against a local indicator set which must include at least 3 indicators for patient safety, clinical effectiveness and patient experience.

The paper provides an update on progress with the Trust quality priorities for the first 6 months 2015/16 (April – September 2015). The Trust is on target to achieve most of the priorities using the information available at the time of writing. However, in other areas interim performance suggests that targets are currently not being met (at the mid-point) and it is unlikely that performance will improve sufficiently in the next 6 months to reach the set targets. This position applies to the following areas;

- Achieving 95% overall harm-free care from all elements of the NHS Safety Thermometer,
- Reducing the incidence of avoidable hospital acquired pressure ulcers (category 2-4) by 50%,
- Implementing the CQUIN Sepsis target regarding patient assessment and rapid administration of antibiotics (within 1 hour).

Indicator leads are well aware of the shortfalls in performance and are asked to review or draw up additional plans to improve performance in the following 6 months. The final Quality Report will be completed in May 2016.

1.3 Infection Prevention and Control

MRSA bacteraemia

The Trust reported one new case of MRSA bacteraemia in January 2016. Performance to date (April – Jan) is 3 cases against a target of 0 avoidable cases.

C. *difficile* infection (CDI)

One case was reported as Trust apportioned in January 2016. CDI performance to date (Apr-Jan) is 47. Sixteen cases have been taken to appeal and upheld by Sunderland Clinical Commissioning Group (SCCG), therefore current Trust attributed cases are 31 against an annual target of 34.

There are 8 more cases to appeal. Therefore by the end of January the minimum possible number of cases against trajectory would be 23 if all appeals were successful.

Themes and actions from Infection RCA Panels

Clinical review followed the CDI case in January 2016 to inform escalation to Trust Rapid Review Group (RRG). The lesson learned was a delay in submission of specimen. This issue continues to be addressed Trust wide through training and education.

Escalation to RRG following the previous case of bacteraemia informed an amendment to the MRSA procedure. All patients admitted with a previous history of MRSA will be given standard decolonisation on admission irrespective of screening results.

Healthcare Associated Infection Action Plan

Compliance with the Healthcare Associated Infection Action Plan for 2015/16 continues to be monitored on a monthly basis.

Hand Hygiene/Aseptic Technique

Hand Hygiene

Hand Hygiene results showed 97.4% compliance with hand decontamination for December (1241 observations). Further analysis of compliance is presented as 97.3% medical, 97.8% nursing and 97% for other staff. 'Bare below the elbows' monitoring demonstrated 97.5% compliance from 1241 observations. The SIPCG has decided that those wards which consistently demonstrate 100% hand hygiene compliance, and meet all other infection control targets, will from now on only be required to report on a 3 monthly basis, but any failures will trigger escalation back to monthly reporting.

Aseptic technique

Aseptic technique results showed 100% compliance in December (160 observations)

2. PATIENT EXPERIENCE

2.1 Friends and Family Test (FFT)

The Trust continues to achieve the highest FFT scores in the North East for inpatients and A&E, this is a Quality Priority for 2015/16. The scores in both areas have also been consistently been higher than national average.

The overall inpatient response rate in December was 17%, significantly short of the 30% internal target. Low response rates are lower than local and national average, and continue to be attributed, in the main, to those areas where data collection has been introduced more recently and processes are not embedded; paediatrics, day cases and ambulatory care. The percentage of responders who recommend the inpatient services remains positive at 97%.

The combined A&E response rate was significantly below the 20% internal target, at 12.6% in December, the lowest performance in 2015. This can be attributed to the SRH Emergency Department move resulting in 8.5% response rate, Pallion 6.8% and SEI 26.8%. The proportion of patients recommending the Trust remains high at 96%.

Maternity response rates are reported nationally on question 2 only (birth experience). The response rate on this question was 16.5% this month. The percentage of patients that would recommend the Maternity Department currently range from 87% to 100%, with an aggregate score of 97%.

The aggregate satisfaction score for outpatient services was 99% slightly higher than the 98% in November. There is no requirement to monitor response rate.

Church View Medical Practice had 35 responses during December a significant improvement to the 4 in November, 86% of respondents recommended the service.

All wards and departments are expected to review free text comments and take action to improve the patient experience.

2.3 Complaints

There were 38 complaints received in December compared to a year to date average of 45 per month.

Over the past 12 months 25% of complaints have been resolved within the Trust standard of 25 working days. There are currently 160 unresolved complaints (163 in November) with 66 of those outstanding by over 90 working days (70 in November). Work is ongoing with the Directorates to manage the outstanding complaints. Three very complex complaints have been returned from an independent reviewer and the nature of draft responses is currently being discussed.

The highest number of complaints relates to aspects of care (22), which is a consistent trend, this includes complaints about medical care (12), end of life (5) nursing care (1).

The highest numbers of complaints at Directorate level were received by Emergency Medicine (8), Urology (7) and Head & Neck (6).

Unresolved complaints include those complaints where a first response has not yet been sent (this is usually due to the complexity of the investigation), and complaints where the complainant has received an initial response, however, the complaint remains unresolved and requires further investigation or explanation, (this may include a face to face meeting with relevant staff) and complaints that are being reviewed by the Ombudsman. Work is on-going with the Directorates to address the backlog and to provide more detailed information for future reports.

Since April 2015 the Trust has received 12 requests for information from the Ombudsman in relation to complaints of which 10 are awaiting a decision.

2.4 Ombudsman Recommendations

When fully or partially upholding complaints, the Ombudsman is increasingly making recommendations which involve making payments to the complainant. Such recommendations should not be made where there is a remedy in law for the complaint. Early analysis would seem to show that payments are being recommended in cases where legal action could be taken to resolve the matter. The Head of Corporate Risk has reported the matter to Corporate Governance Steering Group and will be considering next steps with both the Director of Finance and the Director of Nursing and Quality. She will report back to the Group on progress.

2.5 Patient Story

A Care of the Elderly Nurse Practitioner has described how an in-patient from Northumberland Tyne and Wear Trust, Marsden Ward, (a ward for patients with challenging behaviour), developed an intermittent fast heart rate and required the intervention of cardiology services from City Hospitals Sunderland.

The patient has learning disabilities and new onset dementia, resulting in violent behaviour when anxious. It was appreciated that this behaviour could be very frightening to other patients and staff who were not familiar with the patient. The patient was also known, on occasion, to become anxious and therefore violent, when treated by female staff.

When it was identified the patient required cardiology intervention, the nurse practitioner (who is a City Hospitals Sunderland employee providing care within the mental health setting) contacted the cardiologist to discuss how best to manage this patient. It was agreed that an echocardiograph as an out-patient prior to consultant review would minimise disruption for the patient and an appointment.

An appointment for this was made and the nurse practitioner contacted the Echocardiography Department to discuss how best to manage the appointment to try to ensure the patient did not become unduly anxious. It was established that the clinic that day was very busy, there were no private waiting facilities available and only female staff were on duty. After discussion, the appointment was rearranged to another date, over a lunch time when there would be no other patients within the department and a male member of staff would be able to undertake the scan.

As a result of the adjustments made the patient was able to have this important diagnostic test without incident or distress. The patient has now been seen by the cardiologist and a treatment plan is in place.

3. PATIENT SAFETY

3.1 Safety Thermometer

The Safety Thermometer denotes the prevalence (i.e. a “snapshot”) of “harm” from pressure ulcers, falls, veno-thromboembolism (VTE) and catheter acquired infection on a stipulated date and time period. Data is gathered on a designated day each month over a three hour period; this is in accordance with national guidelines.

Safety Thermometer data for January 2016 was 92.24% (93.10% December):

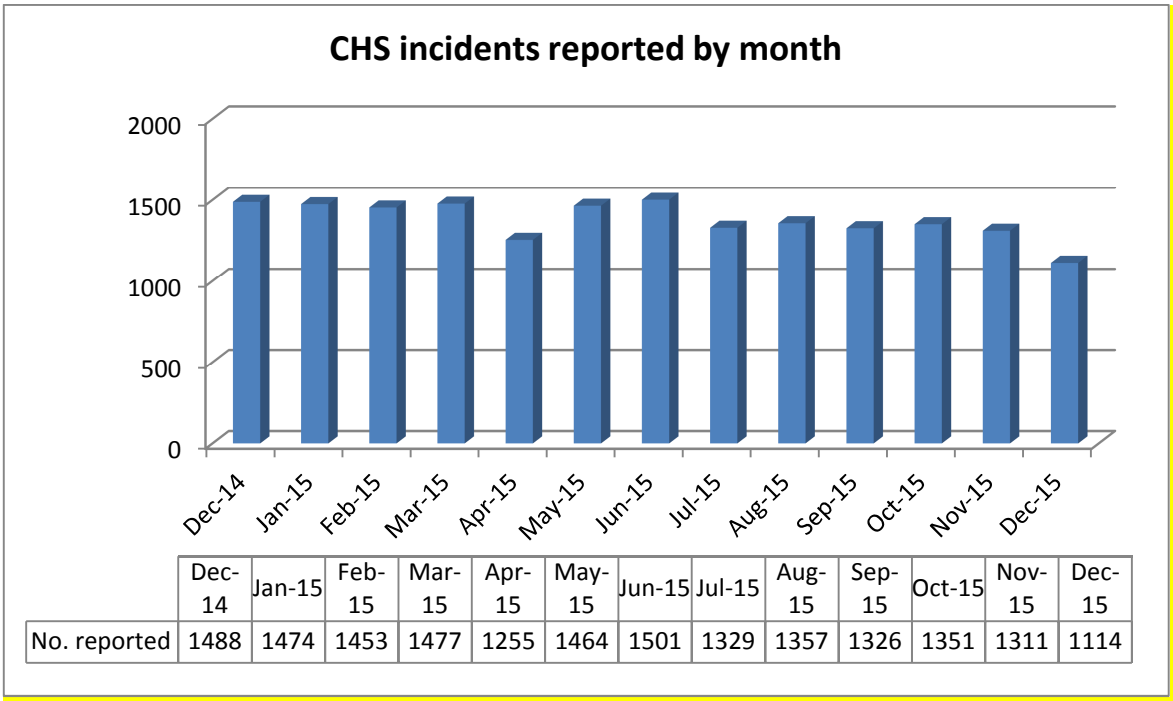
- Twenty patients with hospital acquired pressure ulcers.
- One patient had a low level fall with harm.
- Five patients developed catheter related UTI.
- Two patients developed hospital acquired VTE.

3.2 Rapid Review Group (RRG) Report

Figure 1 demonstrates a decrease (15%) from the previous month and a decrease of 25% compared to the figure reported in December 2014. Further data analysis suggests that there has been a decrease in incidents reported from the Division of Medicine from Q2 to Q3. The data indicates that there has been a drop in incidents reported (around 50%) regarding the transfer of patients from ED to IAU. This implies that there has either been an

improvement with the transfer of patients from ED or there is reporting fatigue. A further sense check with the directorate will be carried out to review this in more detail. Similarly it is noted that there has been a lower number of incidents reported from obstetrics, which typically report regularly; however a positive increase in incidents reported from gynaecology (ward D47).

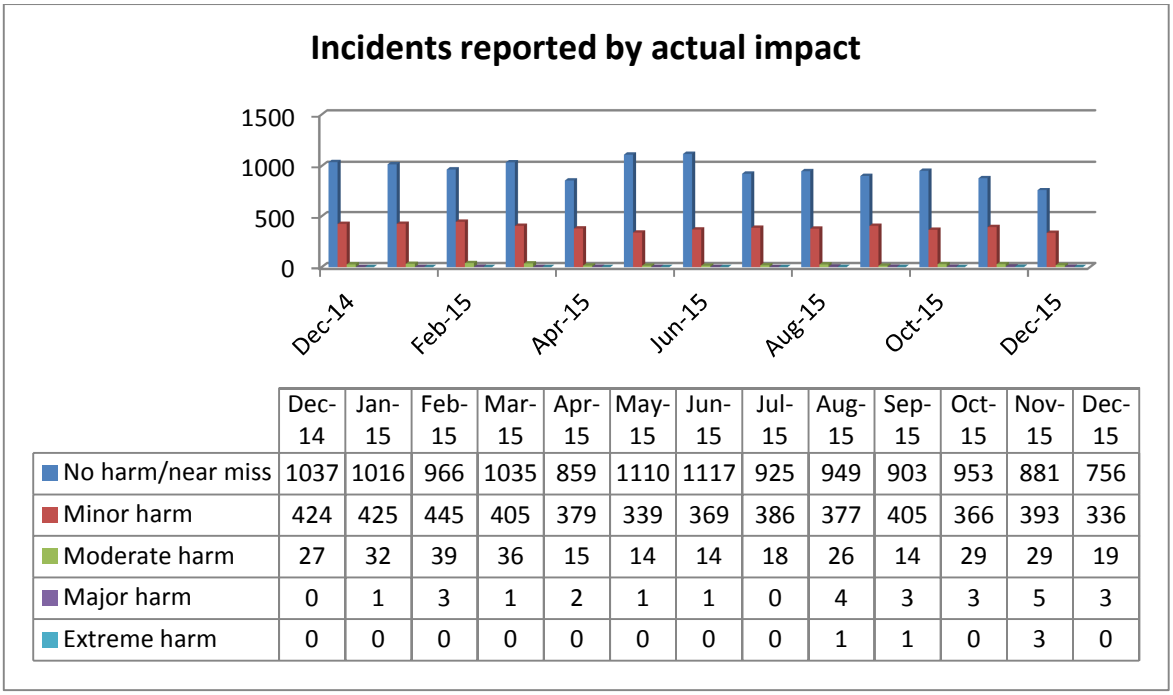
Fig 1- Number of CHS incidents reported per month



	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
No. reported	1488	1474	1453	1477	1255	1464	1501	1329	1357	1326	1351	1311	1114

Fig 2 CHS incidents by actual impact

Figure 2 shows the incidents reported by actual impact over the last 13 months period. The percentage of no harm/near miss incidents as a proportion of the incidents reported is 68% for December 2015.



	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
No harm/near miss	1037	1016	966	1035	859	1110	1117	925	949	903	953	881	756
Minor harm	424	425	445	405	379	339	369	386	377	405	366	393	336
Moderate harm	27	32	39	36	15	14	14	18	26	14	29	29	19
Major harm	0	1	3	1	2	1	1	0	4	3	3	5	3
Extreme harm	0	0	0	0	0	0	0	0	1	1	0	3	0

There were 3 incidents categorised as major harm at the time of reporting. The actual impact of these incidents is subject to change following investigation. The details of these incidents are summarised below:

- Clinical handover failure in ED to IAU resulting in a significant delay in obtaining the CT scan and a 12 hour delay in accessing theatre
- Prescription error - Dalteparin stopped and patient became hypoxic and tachycardic two weeks later, showing PE and oesophagitis.
- Intraoperative complication - Oesophageal perforation at the time of food bolus removal (recognised complication)

Fig 3 Incidents reported to the NRLS (patient safety incidents)

This table shows that the number of patient safety incidents reported to the NRLS is less than the previous month (4%); however these figures are subject to validation before the next NRLS upload.

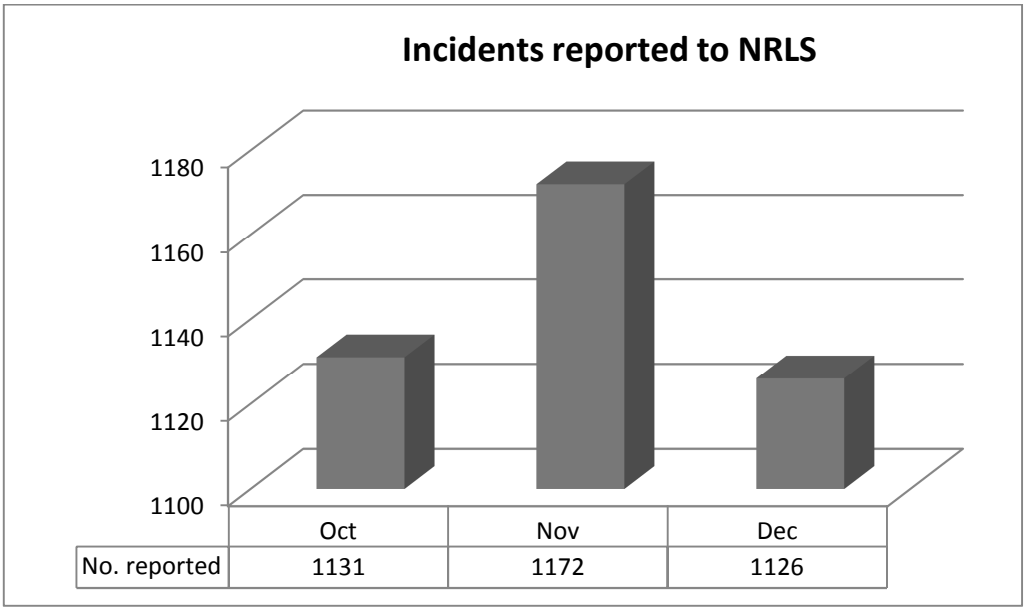
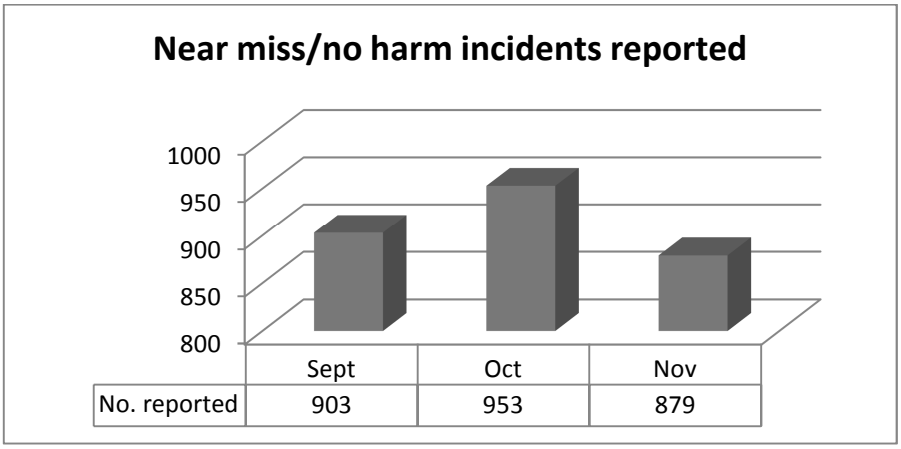


Fig 4 – No harm/near miss incidents reported

Figure 4 demonstrates a decrease of 14% in no harm/near miss incidents reported in December 2015 compared to the previous month. A deeper analysis of this indicates that areas which previously reported regularly have not done so in December.

There were regular reports from audit findings, for example the incorrect use of MUST leading to inappropriate referrals to the dietetics service; however there were none of these incidents reported in December. Similarly, there has been a reduction in data quality incidents such as the incorrect date of discharge or death recorded in V6. The patient safety and risk team will review the reduction in reporting with these teams to establish if this is due to improvements that have been made as a result of previous incident reporting.



Promotion of reporting no harm/near miss incidents is made regularly through corporate induction, bespoke training and in the RRG headlines.

Trends and Themes

Potential trends and themes from incidents are highlighted and considered by RRG. During December the following key issues were raised:

- Lack of dialysis slots in the Renal Unit.
- Pharmacy dispensing errors in Ophthalmology.
- Histology results returned to the wrong.
- Duplicate CT requests with the potential for over-exposure.
- Patients presenting with venflons left in-situ by ED.
- ED re-build relating to room capacity issues, security and privacy and dignity of patients.

Headlines

Key messages from RRG are cascaded across the Trust on a regular basis. In December the headlines focused on:

- Ensuring wards and departments have sufficient drug stock to provide treatment to patients
- Following up any form of investigations for patients and acting on the results.
- When undertaking patient observations, ensuring the accurate recording of information and escalating any concerns to the supervisor/nurse/midwife in charge.
- Providing a clear, concise handover whilst highlighting any specific concerns or details of the treatment plan
- Ensuring staff that are uncertain of how to use Meditech V6 alert their line manager
- Informing line managers if staff are approached by any external agencies i.e. the police.

Inquests

There were 5 new case opened during December and 7 cases closed.

Of the 7 cases closed 3 closed on paper without the need for staff attendance (1 accident relating to a fall pre-hospital admission and 2 natural causes), the other four cases were full court hearings.

Case 1 TM – child with chronic asthma condition managed by STDH and accessing IP care at both CHS and RVI. This case attracted a regulation 28 report, issued to primary and secondary care with regard to co-ordination of care and cross organisational communication. CHS provided the Coroner with a detailed action plan in response

Case 2 - Patient requiring amputation of toe due to infected necrosis developed a rash which was suspected to be necrotising fasciitis. There was lack of clear communication between the clinical teams at CHS and UHND and this resulted in missed opportunities which would have impacted upon the quality of care provided but would not have affected the outcome. A joint action plan has been developed by the two organisations and has been shared with the Coroner. Implementation of this plan will be monitored

Case 3 WD - Reoccurrence of an oral cancer – family believed this should have been identified and acted upon earlier. Inquest concluded that death was due to natural causes and that staff had acted appropriately and there had been no avoidable delays.

Case 4 - EV admitted following a fall at home, no clear history provided and no clinical signs of a head injury. Patient admitted for social reasons and deteriorated suddenly and a chronic sub dural haematoma diagnosed. At post mortem further injuries to ribs and spine were also noted. The conclusion given was accident however it was highlighted that NICE guidelines for head injuries had not been followed in ED and this led to a missed opportunity to scan and detect the bleed earlier. This would not however have affected the outcome. Practice in ED has been reviewed and the correct pathway to follow reinforced with all staff.

3.3 Duty of Candour

During December, ten incidents have occurred where patient harm resulted in the formal requirements of Duty of Candour to be applied i.e. patients/families have received an apology and been offered a copy of any investigation reports. Data for January is not yet available.

4. MEDICAL AGENCY SPEND

In the month of January we have reported to Monitor between 10 and 89 shifts per week that were paid above the pay cap. This compares to between 40 and 88 shifts per week the previous month. The total spend has fallen due to a combination of volume and price. The cap reduces in February and we may see a deterioration in cap breaches without an increase in monetary spend.

5. ASSURANCE

5.1 Assurance Programme

A combined assurance review was planned and carried out in collaboration with the Lead Nurse- Patient Safety and the Tissue Viability Team over a two week period in January. The team visited the adult in patient wards to review pressure ulcer risk assessment, drug security and fluid balance charts.

a) Pressure ulcer risk assessment and actions

A new Pressure Ulcer Risk Assessment (PURA) was developed and implemented across the Trust in December 2015. A sample of patients were identified on each ward as being at high risk of developing pressure ulcers and then documentation was reviewed.

If the PURA shows that a patient is at high risk of developing a pressure ulcer they should have a Patient Care Chart commenced with a range of care and checks including 1-2 hourly positional changes and nutrition/hydration documented. All patients included in the chart checks were patients who had been assessed as being at high risk of pressure ulcers. Main results are as below:

	Total Yes N=108	%
Does the patient have a Patient Care Chart?	79	73.1
Is a pressure ulcer leaflet available in the patient's bed area?	6	5.6
	Total Yes N=79	
Has skin been checked 2 hourly and documented on chart?	29	36.7
Is the bed surface appropriate for the patient's needs?	71	65.7
Have positional changes been documented 1-2 hourly?	38	48.1
Are nutrition, hydration and mealtimes completed on the chart?	56	70.8

Of particular concern is the number of patients at high risk of developing pressure ulcers who have not had the required skin checks (36.7%) and positional changes (48.1%) documented 2 hourly despite the identified risk and recommended care necessary. There are also issues with the provision and use of the patient information leaflet for this issue. These have been highlighted with the Lead Nurse-Patient Safety and the Tissue Viability team to determine how to address these issues.

The nurse in charge of the ward and other Registered Nurses were also asked if they were aware that the risk assessment had changed and their knowledge of the key elements. High levels (90.5%) of staff were aware that there had been a recent change from the Braden Score to using the Pressure Ulcer Risk Assessment (PURA).

The PURA has seven high risk factors which mean that the patient is at increased risk of developing pressure ulcers. Staff were asked to name two of these and 76.2% were able to do so. The high risk factors most frequently stated were immobility and malnutrition. Staff also named other factors which would make the patient more susceptible to ulcer formation but aren't high risk factors in the PURA.

The PURA details six actions that staff should take when the assessment shows that the patient is at high risk. Staff were asked to name two of these actions and 86.9% were able to do so, most frequent answers being the use of an appropriate pressure relieving mattress and starting a SSKIN bundle.

If the patient has developed a pressure ulcer then referrals should be made to three identified teams i.e. tissue viability, dietetics and medical photography plus referral to podiatry and safeguarding if appropriate. Staff were asked who they would refer a patient with a pressure ulcer to and the majority stated the three departments required.

b) Fluid Balance Charts

A sample of five patients who had fluid balance charts in progress were also reviewed during the visits. The charts were audited as per previous rounds of fluid balance chart checks i.e. checking charts that had been completed in the preceding 24 hours and with a degree of professional judgement being used as to accuracy of completion.

The main points from the results are outlined below:

	Trust totals January 2016 n=92		Change from June 15
	Number Yes	%	+/-
Any special instructions written?	15	16.3%	
Chart completed fully over 24 hours?	76	82.6%	+20.5%
Drinking water available next to patient?	78	84.8%	-12.0%
IV infusions given during time period?	23		
Was this recorded on fluid balance chart?	18	78.3%	+28.3%
Output appears to be accurately recorded?	42	45.7%	+5.7%
If no, is frequency recorded?	40	59.7%	-25.3%
Balance box completed?	37	40.2%	+29.7%
Fluid balance summary chart in place?	33	35.9%	-5.2%
Does this cross check with fluid balance chart?	19	57.6%	+1.2%

Overall, the audit showed improvement in most areas with the exception of the three areas above.

c) Drug security

Review of drug security was carried out during the visit using the same methods and tools as previous round of drug security checks in July 2015 i.e. was the drug storage area secure and were all drug cupboards and fridges locked.

The previous round of checks had highlighted significant issues across many areas in the Trust with drug storage areas and cupboards being unsecured leading to security and

health and safety risks. The findings had resulted in a high level communication to Ward Managers to remind them of their responsibilities with regard to drug and key security.

The main points from the results are outlined below:

	Jan 16 (n=24)	July 15 (n=33)	Change
Was clean utility secure?	79.2%	42.4%	+36.8
Were drugs on clean utility bench?	70.8%	27.2%	-43.6
Was drug fridge locked?	66.7%	78.7	-12
Were all drug cupboards locked?	91.7%	51.5	+40.2

As can be seen above there has been some significant improvements in the security of clean utilities and drug cupboards since July 2015.

5.2 Deprivation of Liberty Safeguards (DoLS)

Following discussion with the CQC with regards to the difficulties with the process and the delays in obtaining outcome information from the Local Authority (LA) for DoLS applications, the CQC obtained guidance and advised that these difficulties were widespread nationally but that the outstanding forms would still need to be submitted. The 353 outstanding forms for April 14- June 15 have now been submitted to the CQC however no outcome data for July 15 onwards is yet available from the LA. The Lead Nurse-Patient Safety is working with the LA to obtain this information and then the remaining backlog of forms (440) will be completed and submitted.

6. RISK REGISTER

Organisational risks are now routinely captured on the Ulysses system. Corporate Governance Steering Group received an options paper from the Trust Risk Team in January 2016 and has agreed that all risk registers should be visible to all members of staff. It should be noted that the ability to amend the content of the risk registers is restricted to risk owners and risk handlers. The agreed permissions will give “read only” access to all staff but will not grant them amendment rights. Making all registers visible should increase awareness of the risk register system and also means that there is no need to dedicate staff resource within the Trust Risk Team to the maintenance of tailored access lists.

7. CANCER BACKSTOP POLICY

October 2015
There were **8** patients who breached over 104 days.
Local investigation identified complex and multiple diagnostics as a trend overall, as well as some diagnostic delays which included outpatient capacity within a specific tumour group.

There was **no** impact on patient harm therefore no requirement for SI to be raised and escalated to RRG, with a view to an RCA/SI being commissioned.

November 2015
There were **3** patients who breached over 104 days.
Local investigation identified first outpatient capacity as a trend for a specific tumour group, with patient choice and complexities factoring as breach reason.
There was **no** impact on patient harm therefore no requirement for SI to be raised and escalated to RRG, with a view to an RCA/SI being commissioned.

8. Commissioning for Quality and Innovation (CQUIN) 2015/16 Q3 update

The key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2015/16 is to support improvements in the quality of services and creation of new, improved patterns of care. National emphasis continues to concentrate efforts on a small number of high impact goals and as a result there are 6 overarching goals.

CQUIN for 2015/16 is set at a level of 2.5 per cent value (approx. £6.3M based on 2015/16 contract value) of the NHS Standard Contact, excluding high cost drugs, devices and listed procedures. There are four national CQUIN goals for 2015/16:

- Goal 1 Improving the provision of 4 key Acute Kidney Injury (AKI) items for GPs at the time of discharge
- Goal 2 Improving the provision of Sepsis screening and antibiotic administration within an hour of attendance in according to local protocol
- Goal 3 Improving dementia and delirium care, including sustained improvement in Finding people with dementia, Assessing and investigating their symptoms, Refer and Inform (FAIRI).
- Goal 4 Improving the recording of diagnosis in A&E

The table (**Appendix 2**) illustrates the underpinning metric detail, the financial weighting and Q3 indicative risk profile. The indicator key identifies whether the indicator is, CCG, Specialised Commissioning or Dental. The Board will continue to receive quarterly reports on 2015/16 CQUIN framework, including progress made with each metric and its associated goals, residual risk rating and supporting narrative.

The national guidance for CQUIN for 2016/17 is yet to be published, however it is likely to be based around national picklists.

9. SUMMARY TOP ORGANISATIONAL RISKS

A summary of all of the top organisational risks is included at Appendix 1. This is a one-page summary of the Assurance Framework which the Board review in detail periodically. This summary is provided at a high level to raise awareness of the key risks facing the organisation and give context to other reports provided to the Board.

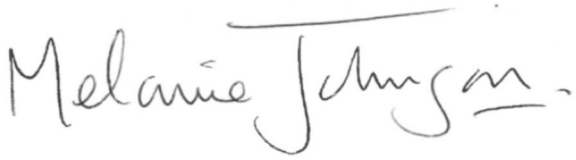
10. SUMMARY OF KEY RISKS

10.1 Incident Reporting and timescales for completion of root cause analysis

The Patient Safety and Risk Team continue to work with Directorates to ensure they are able to meet the deadlines for RCA investigation. Any serious incident report investigations notified via STEIS are submitted to the CCG, with a member of the team attending the Serious Incident Review Panel.

10.2 Complaints response time

Delays in response times to complaints have the potential to impact on the reputation of the Trust and remain an area of concern. The delays are mostly due to the time taken to carry out the investigation process in the Directorates. An updated action plan has been presented to the Patient, Carer and Public Experience Committee, and includes Nursing and Quality Directorate staff supporting Directorate Managers to draft responses and the new Quality and Risk Facilitators who are supporting the investigation of both incidents and complaints.



IAN MARTIN
Executive Medical Director

MELANIE JOHNSON
Executive Director of Nursing & Quality

APPENDIX 1

Assurance Framework

Top Organisational Risks 2015/16

1. Risk that activity **demand** is greater than available **capacity**

2. Risk around knowing that clinical staff are **competent**

3. Risk around the delivery of the objectives as set out in the quality report, particularly around **patient care** and **safety**

4. Risk of increasing **mortality** due to preventable reasons

5. Risk that the Trust cannot deliver its future ambitions of **service expansion**

6 Risk that the **patient information system** is not fit for purpose

7. Risk that the Trust is not compliant with the statutory or licence requirements of the various **regulatory bodies** including Monitor, CQC and HSE

8. Risk that **services provided** are not of the highest standard for patients

9. Risk that we do not implement improvements in the **patient pathway**

10. Risk of **financial sustainability** of the organisation

CHS ACUTE CQUIN SCHEME 2015/16 MONITORING TABLE
VALUE = 2.5% OF TOTAL ELECTIVE CONTRACT * based on current figures as at 02/06/15

City Hospitals Sunderland chs

CCG	£	5,574,492
Special.	£	521,428
Dental	£	151,361
Total	**£**	**6,247,281**

Goal Number	Description of Goal	Weighting (%)		Total Incentive	Target				Quarterly Performance				YTD	Risk Assessment	Comment
		CCG	Special.		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4		Qtr 3	
1	**AKI**	**10.0%**		**£557,449**											
1	% of AKI key items found on discharge summary	10.0%	0.0%	£557,449	Baseline agree target Q2 and Q3	50%	70%	90%	23.74%	41.67%	85.00%		56.57%	G	Electronic data capture is in place to ensure that AKI stage, medication review, U&E monitoring test and frequency are recorded on the discharge summaries; relevant fields have now been made mandatory. During December 92% of data items were recorded on the discharge summary and as a result the Trust is on trajectory to achieve the Q4 target.
2	**Sepsis**	**10.0%**	**0.0%**	**£557,449**											
2a	% of Acute Sepsis admissions Screening according to local protocol	5.0%	0.0%	£278,725	Q1 share baseline and agree targets for Q2 and Q3		40%	90%	31.00%	31.33%	36.67%		33.25%	R	Electronic data capture has been in place from May onwards to capture screening and antibiotic prescribing. a) Screening within the sample remains short of the target at 36.67%; however performance for all patients with NEWS>=5 demonstrating that screening has improved from 30.2% to 43.8%. b) Antibiotic prescribing within 1 hour of attendance is marginally below target for Q3 at 38.9%. The importance of screening and antibiotic prescribing has been reinforced by the Clinical Lead. Reconciliation for Q4 is based
2b	% Acute Admission Sepsis patients Administered Antibiotics within 1 hour	5.0%	0.0%	£278,725	Q1 (N/A), Q2 share baseline and agree targets for Q3		40%	90%		28.89%	38.89%		33.89%	R	

														on a sliding scale above 50% attainment.
3	**Dementia**	**10.0%**		**£557,449**										
3a	i) % of all patients aged 75 and over who have been screened following admission to hospital, using the dementia screening question	6.0%	0.0%	£334,470	90% three consecutive months in each quarter			99.89%	99.66%	99.89%		99.82%	G	a) FAIRI part i) Screening part ii) assessment are well established and a high level of performance has been sustained. b) Training plan detailing the number of staff trained during Q3 will be shared with the CCG's. c) Carer's survey results are produced bi-annually and will be shared as part of Q4 evidence.
	ii) % of all patients aged 75 and over, who have been screened as at risk of dementia, who have had a dementia risk assessment within 72 hours of admission to hospital, using the hospital dementia risk assessment tool							100%	100%	100%		100%	G	
3b	Dementia - Clinical Leadership	1.0%	0.0%	£55,745	Training plan to cover types of training, dates planned, target audience by speciality, ward and discipline, including number of places offered total numbers, quarterly progress report required.								G	
3c	Dementia - Supporting Carers of People with Dementia	3.0%	0.0%	£167,235	Bi-annual report to be submitted as evidence			N/a		N/a			NA	
4	**Acute/Urgent Care**	**35.0%**	**0.0%**	**£1,951,072**										
a	% of ED records with a valid A&E or ICD10 diagnosis	20.0%	0.0%	£1,114,898	90% target based on Q4 achievement			83.09%	88.89%	90.88%		87.62%	G	a) From September onwards the % of ED records coded has been sustained above 90%. b) The % Estimated Date of Discharge completed within 24 hours has improved and is on trajectory to also achieve the Q4 target. c) Medicine Reconciliation within 24 hours is on trajectory with the Q3 target being achieved and on to track for Q4. A Q3 action plan update is to be shared d) NEAS Ambulances booked 24h in advance of discharge goal is action plan
b	% Estimated Date of Discharge Complete within 24 hours	15.0%	0.0%	£836,174	Q1 share baseline from perfect week and agree targets for Q2-4 and develop action plan with key milestones. Q2-Q4 action plan updates	70%	80%	68.69%	74.11%	77.95%		72.98%	G	
c	% of Emergency Admission Medicines Reconciled within 24 hours					50%	65%	35.0%	49.67%	62.83%		48.99%	G	

d	Increase Ambulance booked 24hours in advance of discharge				Development and Implementation of plan							G	focused with key deliverables. NEAS have not progressed with the web development as agreed; this has been escalated to CCG.
5	**Local Patient Experience**	**10.0%**	**0.0%**	**£557,449**									
	Local Patient Experience	10.0%	0.0%	£557,449	Annual plan to be shared in Q1, with progress to be shared on a quarterly basis against plan.							G	Q3 update against annual plan of patient/carer experience activity to be shared outlining activity to be taken to record patient / carer views across the organisation. Reporting on performance in National Surveys in which the Trust has participated and highlight where changes have been made as a result of patient feedback.
6	**Long Term Conditions**	**25.0%**	**0.0%**	**£1,393,623**									
a	Macmillan Documentation	10.0%	0.0%	£557,449	Progress report against Macmillan Treatment Summary implementation plan. Q4 Progress report to be shared.							G	a) All 10 tumour groups have developing the electronic 24 hour notification, initial assessment and Macmillan Treatment Summaries which are now live. Q3 action plan update to be shared.
b	Learning Disabilities Adult (>= 18 years)	2.0%	0.0%	£111,490		1.2 19%	1.2 19.5%	1.2 20%	18.72%	18.35%	17.32%	A	b) Adult Learning Disabilities- 1.2 proportion of acute attendances with LD code and 2.2 proportion of acute admissions with LoS >2 days with risk assessment and adjustment documented are below target to help invigorate data collection the electronic assessment and adjustment documentation has been combined. Q3 action plan update to be shared.
						2.1 5%	2.1 7%	2.1 10%	4.37%	8.85%	10.00%		
						2.2 N/A	2.2 15%	2.2 20%	6.60%	13.91%	14.13%		
						2.3 N/A	2.3 90%	2.3 95%	75.00%	100%	94.44%		c) Paediatric Learning Disabilities – 1.2 proportion of acute admissions with LD code is below target, a shortfall in flagging has been addressed which should invigorate data collection. Q3 action plan update to be shared.
c	Learning Disabilities Paediatric (<18 years)	3.0%	0.0%	£167,235		1.2 9.5%	1.2 9.7%	1.2 9.9%	9.33%	7.66%	7.04%	A	d) Electronic Liver Cirrhosis bundle completed within 24 hours of admission is
						2.1 N/A	2.1 30%	2.1 40%	9.09%	23.53%	71.15%		

						2.2 N/A	2.2 40%	2.2 50%	14.29%	22.73%	83.67%				on trajectory with the Q3 target being achieved. The Alcohol Liaison Nurses are now completing the bundle as part of their ward round of IAU.
						2.3 N/A	2.3 80%	2.3 85%	100%	80.00%	93.33%				
d	% of Liver Cirrhosis patients with bundle completed within 24 hours	10.0%	0.0%	£557,449			19%	22%	7.69%	15.63%	30.30%		18.68%	G	
Spec	**Specialised CQUIN**	**0.0%**	**100.0%**	**£521,428**											
Spec 1	To reduce delayed discharges from ICU to ward level care and transfers back to host hospital	**0.0%**	**11.3%**	**£59,083**	Y1 data to be submitted to ICNARC				2%	11%	25%			NA	1. An alternative baseline for ICCU Delayed discharges for 2014/15 has been sourced which is more reflective of practice. This has been shared along with the associated action plan as part of the Q3 evidence. 2. 2 year outcome review completed for 3/4 patients during Q3 and year to date position is ahead of the 40% target at 75%. 3. Lower Limb Amputation Mortality within 90 days; baseline of 11.9% 2014/15 Clinical team are unwilling to agree improvement target due to complexity of cohort group and small numbers. 4. Payment based on Breast patients receiving Oncotype tests; there were 3 patients during Q3. 5. QIPP is based on key items from PMO targeting cost recovery, which is on track.
Spec 2	2 Year outcomes for infants <30 weeks gestation	**0.0%**	**11.3%**	**£59,083**	Annual Target 40%				80%	80%	75%		78.95%	NA	
Spec 3	Vascular services Quality improvement programme for outcomes of major lower limb amputation.	**0.0%**	**11.3%**	**£59,083**	TBC				18%	17%	17%			A	
Spec 4	Eligible Breast patients receiving a NICE DG10 compliant test (Oncotype) with provision of monitoring data	**0.0%**	**5.4%**	**£28,080**										G	
Spec 5	QIPP	**0.0%**	**56.7%**	**£295,415**			50% Saving	50% Saving						G	
Dental	**Quality Dashboard**	**0.0%**	**100.0%**	**£151,361**											
1	Develop and share Quality Dashboard information	0.0%	100.0%	£151,361										G	Tier of patient identified on triage, data transposed into Meditec and dataflow shared as part of Q3 evidence.

= Specialised Commissioning only improvement goals

= Dental

R = High Risk in reconciliation

A = Moderate Risk in reconciliation

G = Low Risk in reconciliation

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

QUALITY PRIORITIES 2016/17

MARCH 2016

1. INTRODUCTION

1.1 Every year, the Trust is required to identify its quality priorities, explaining why they are important to patients and how they are expected to be achieved. These are included in the annual Quality Report, which incorporates the requirements set out by the DH Quality Account regulations and the Annual Report Manual from Monitor.

1.2 The purpose of this paper is to seek support from the Council of Governors Committee on the quality priorities for the Trust to take forward during 2016/17. These will be highlighted in the 'forward look' part of the Quality Report 2015/16 to be published in June 2016.

The paper also summarises the mandated external assurance process which involves substantive sample testing on two mandated performance indicators by external auditors.

These arrangements also require the selection and testing of one quality indicator chosen by the Council of Governors. This was identified in a joint Board of Directors/ Council of Governors workshop in February 2016.

2. THE NATIONAL REQUIREMENTS

2.1 The Quality Report must meet all the requirements of the Quality Account Regulations as well as a number of additional reporting items set out by Monitor. These are highlighted in Monitor's Annual Report Manual 2015/16 with the format similar to previous years.
The guidance ask that organisations agree to measure, monitor and report at least 1 clinical priority under the themes of patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Monitor's additional reporting for all Foundation Trusts (FT) requires a local quality indicator set which must include at least 3 indicators for patient safety, clinical effectiveness and patient experience.

All Trusts (FT and non-FT) are also required to report against a mandatory core set of indicators aligned to the NHS Outcome Framework domains. Trusts are only required to include indicators that are relevant to the services they provide.

The current list of indicators relevant to City Hospitals are:

Outcome Framework domain	Indicator
Domain 1: Preventing people from dying prematurely	Summary hospital-level mortality indicator (SHMI)
Domain 3: Helping people to recover from episodes of ill health or injury	Patient reported outcome scores (PROMS)
	Emergency readmissions to hospital within 28 days of discharge
Domain 4: Ensuring that people have a positive patient experience	Responsiveness to inpatients' personal needs
	Percentage of staff who would recommend the provider to friends or family needing care
Domain 5: Treating and caring for people in a safe environment and protecting then form avoidable harm	Percentage of admitted patients risk assessed for VTE
	Rate of *Clostridium difficile*
	Rate of patient safety incidents and percentage resulting in severe harm or death

Trusts are directed to use the Quality Account portal within the NHS Health & Social Care Information Centre for sourcing the information required for each indicator. In addition, each indicator has an instruction in terms of how the data should be presented, reported and over what comparative period.

3. SETTING OUT THE QUALITY PRIORITIES 2016/17

Priorities for 2016/17 have been drawn from consideration of the national quality and improvement agenda, review of local strategic planning and service transformation as well reflection on Trust internal and external intelligence across all elements of quality.

Some of the information sources have included:

- Trust strategic objectives and service development plans, i.e. Monitor Annual Plan, Objectives Goals Strategy and Measures (OGSM) framework, CQUIN scheme etc,
- Work streams from the Project Management Office (PMO) where quality forms part of financial recovery plans,
- Feedback from external reviews of Trust services, i.e. CQC inspections, CCG intelligence, Internal Audit reviews, Clinical Accreditation Schemes and other external audits,
- Patient safety issues from the Trust incident reporting system,
- Patient, carer and public feedback on Trust services, including Friends Family Test, national patient surveys and real time feedback,
- Learning from complaints, patient advice and liaison service (PALS), incidents and quality reviews,
- Feedback from patient safety initiatives and staff listening events,
- Progress and feedback from last year’s quality priorities.

In determining quality priorities it is entirely appropriate and acceptable to continue to focus on areas identified from previous years where the Trust believes further work still needs to be done. New priorities may be selected in response to local issues that have emerged during the year or are part of existing quality plans.
A draft list of quality priorities was presented to Clinical Governance Steering Group in January 2016. These were further discussed with refinements made at a joint Board of Directors / Council of Governors meeting in February 2016. The Trust has also consulted with some key stakeholders, including senior managers and clinicians.

4. QUALITY PRIORITIES 2016/17

The Trust has identified the following quality priorities to take forward in 2016/17:

4.1 Patient Safety

Priorities for improvement

- Reduce the number of hospital acquired pressure ulcers

Indicators for improvement

- Improve the completion, documentation and visibility of 'Do Not Attempt Cardio Pulmonary Resuscitation' orders across the organisation *(NEW)*
- Improve the reporting and investigation of hospital associated venous thromoboemolism (VTE) events *(NEW)*
- Reduce the number of patient falls that result in serious harm

4.2 Patient Experience

Priorities for improvement

- Improve the in-hospital management of patients with dementia and collaborate on integrated pathways

Indicators for improvement

- Reduce the percentage of hospital cancellations which impact on patients. (NEW)
- Improve the timeliness of responses to patient complaints *(NEW)*
- **I**ncrease the percentage of inpatients who rated their care at City Hospitals as excellent, very good or good (Inpatient Survey) *(NEW)*

4.3 Clinical Effectiveness

Priorities for improvement

- Minimise avoidable deaths

Indicators for improvement

- Improve the process of fluid management and documentation
- Improve the assessment and management of patients with sepsis
- Reduction in the number of avoidable (predictable) cardiac arrests (NEW)

4.4 Staff Experience

Priorities for improvement

- Increase the number of staff participating in the Staff Friends & Family Test

5. EXTERNAL ASSURANCE ARRANGEMENTS

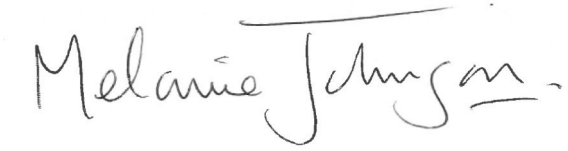
- Foundation Trusts are also required to have external assurance on their Quality Reports. As part of the external assurance arrangements Trust auditors must undertake substantive sample testing on two mandated performance indicators and one local indicator selected by the Trust is Council of Governors.
- After testing, auditors will provide a report on whether the mandated indicators have been reasonably stated in all material respects within the Quality Report.
- It is proposed to mandate the indicator 'A&E: maximum waiting time of four hours from arrival to admission / transfer / discharge' for the first time, subject to the outcome of consultation.
- The local indicator to be selected by the Governors was discussed at a recent joint meeting with the Board of Directors. The indicator finally selected for external review is:

> **"Achieve 95% overall harm-free care from all elements of the NHS Safety Thermometer"**

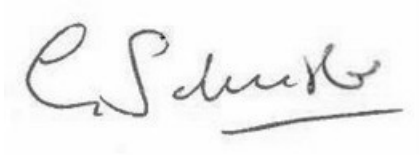
6. RECOMMENDATION

The Council of Governors is asked to:

- Note of the requirements for setting Trust quality priorities 2016/17.
- Note the arrangements for the external assurance process and specifically the indicator selected by the Council of Governors.
- Support the quality priorities 2016/17.



Melanie Johnson
Executive Director of Nursing & Quality



Gary Schuster
Clinical Governance Manager