Enclosure 4

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

JULY 2016

QUALITY, RISK AND ASSURANCE REPORT - MAY 2016

EXECUTIVE SUMMARY

The Quality, Risk and Assurance Report is a summary report to provide assurance on the key regulatory, quality and safety standards that the Trust is expected to maintain compliance with and/or improve.

The summary of key risks in this report are:

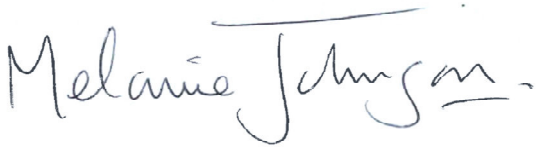
- **Incident Reporting and timescales for completion of root cause analysis (RCA) reports and Serious Incident investigations**
  The Patient Safety and Risk Team continue to work with directorates to improve their performance against deadlines for RCA investigation. A workshop is planned to review the process and outcomes.

- **Complaints Response Time**
  Delays in response times to complaints are distressing and disrespectful to patients and their families and have the potential to impact on the reputation of the Trust and to cause delays in remedying failures in care and other pathways. Current delays are largely due to the time taken to carry out the investigation process within directorates. Work is ongoing to improve this response time and reported in detail to Patient Carer and Public Experience Committee.

- **Safeguarding Children**
  Pressures continue within the Safeguarding Children pathways, with significant numbers of serious case reviews currently in hand and ongoing changes in partnership arrangements.

RECOMMENDATION

Governors are asked to note the report.



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Executive Medical Director

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City Hospitals
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Quality, Risk and Assurance Report for April 2016

Presented to Council of Governors
July 2016

City Hospitals Sunderland NHS Foundation Trust
Council of Governors
Quality, Risk and Assurance Report (April 2016)
July 2016

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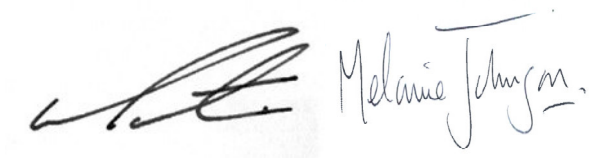

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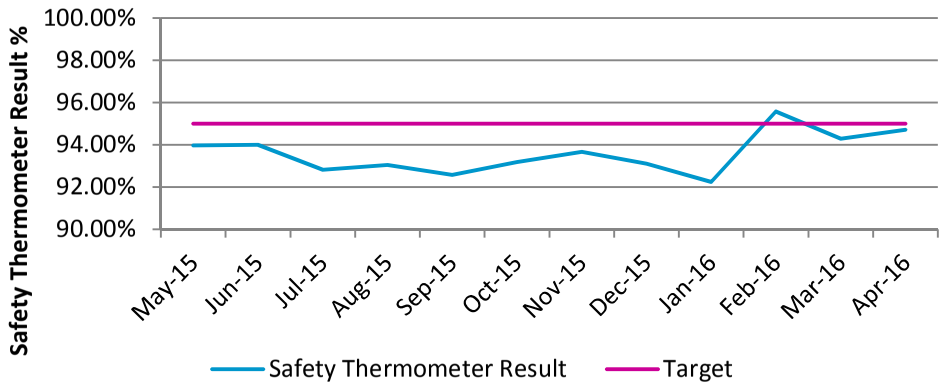
1. QUALITY PRIORITIES

1.1 PATIENT SAFETY

1.1.1 Safety Thermometer

Figure 1 shows Safety Thermometer prevalence data, which for 1st April 2016 is 94.71% (94.29% in March).

Figure 1: Safety Thermometer Results May 2015 to April 2016



Points to note:

- Ten patients are reported as having hospital acquired pressure ulcers, all grade 2.
- No patients fell during the data collection period.
- Two patients developed catheter related UTI.
- One patient developed a hospital acquired PE.

1. QUALITY PRIORITIES (continued)

1.1.2 Pressure Ulcers

Pressure ulcers (PUs) are noted in the report as the Trust is an outlier in the Open and Honest peer group of Trusts. PUs cause significant harm and distress to patients, increase length of stay and increase costs of care. Most PUs are avoidable.

Open and Honest data for April 2016

This month we reported 26 Category 2 - 4 hospital acquired pressure ulcers (HAPUs).

Severity	Number of HAPUs
Category 2	24
Category 3	2
Category 4	0
Total	26

Directorate	Category 2	Category 3	Grand Total
Emergency Care	1		1
General Internal Medicine	3		3
General Surgery	1		1
Medical Specialties	1	1	2
Rehabilitation & Elderly Medicine	14		14
Trauma & Orthopaedics	2	1	3
Urology	2		2
Grand Total	**24**	**2**	**26**

This is a slight increase from last month, when we reported a total of 25 HAPUs.
The number of pressure ulcers per 1,000 bed days has increased from 1.41 in March to 1.56 in April, but is below the reported peer maximum of last month 1.69, but above the peer average of 0.9.

The Tissue Viability Steering Group (TVSG) has devised a Pressure Ulcer Improvement Plan for 2016-2019, which will be presented to Clinical Governance Steering Group in June and Governance Committee in July 2016.

Figure 2: Hospital Acquired Pressure Ulcers (HAPUs) by category and trend from May 2015 to April 2016

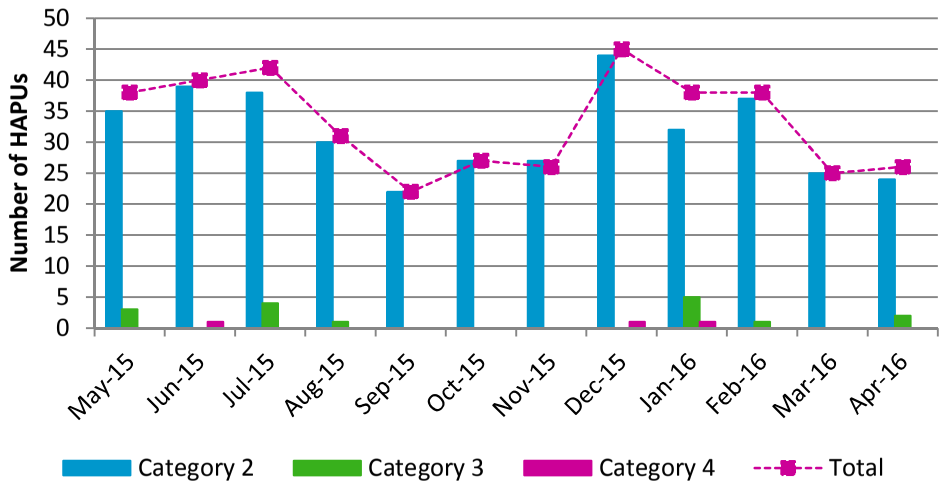
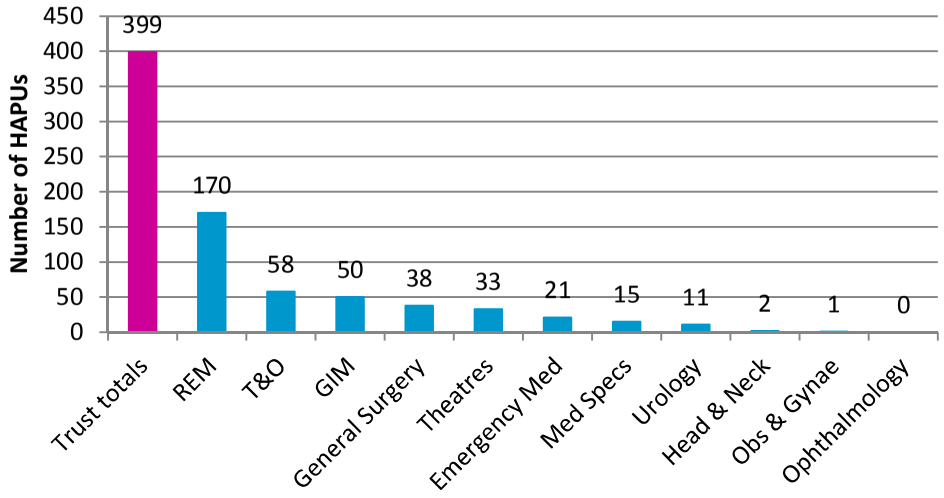


Figure 3: Total number of Hospital Acquired Pressure Ulcers (category 2 and above) May 2015 to April 2016



1. QUALITY PRIORITIES (continued)

1.1.3 Incident Report

This report provides details of the activities of Rapid Review Group during April 2016. Data has been extracted from Ulysses (Safeguard) system on 19th May 2016.

CHS incidents reported

Figure 4 demonstrates the number of CHS related incidents that have been reported via Ulysses each month during the last 13 months. It shows an increase of 62 (5%) in the number of incidents reported compared to the previous month. This is a further increase of 8% compared to the position reported in April 2015.

CHS incidents by actual impact

Figure 5 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 CHS incidents reported is static at around 65% for April 2016, with a cumulative figure of 69% over the 13 month period.

There were 3 incidents categorised as major or extreme 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:

- Patient with known TAAA admitted under General Surgery not vascular surgery without a consultant review. Patient arrested and died.
- Potential missed opportunity to review a CT scan, in which the patient later presented with cauda equina with worsening pathology in abdomen
- Baby may require amputation of left forearm due to inadvertent cannulation of artery rather than intended vein.

Data for Figure 5: Incidents reported by category April 2015 to April 2016

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
No harm/ near miss	859	1110	1117	925	949	903	957	882	757	837	764	798	881
Minor harm	379	339	369	386	377	404	377	391	339	390	375	453	429
Moderate harm	15	14	14	18	26	14	16	29	18	37	21	41	41
Major harm	2	1	1	0	4	3	0	4	0	3	1	0	2
Extreme harm	0	0	0	0	1	1	0	0	0	0	1	0	1
Total	1255	1464	1501	1329	1357	1325	1350	1306	1114	1267	1162	1292	1354

Figure 4: Total number of incidents reported April 2015 to April 2016

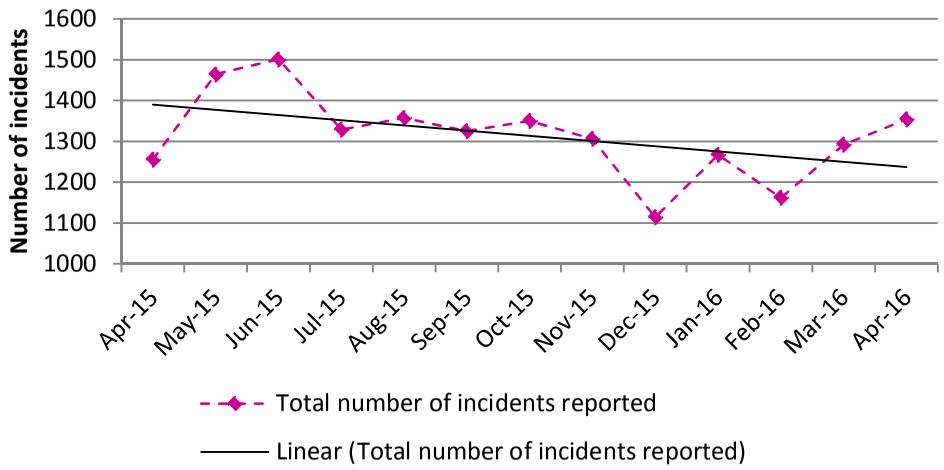
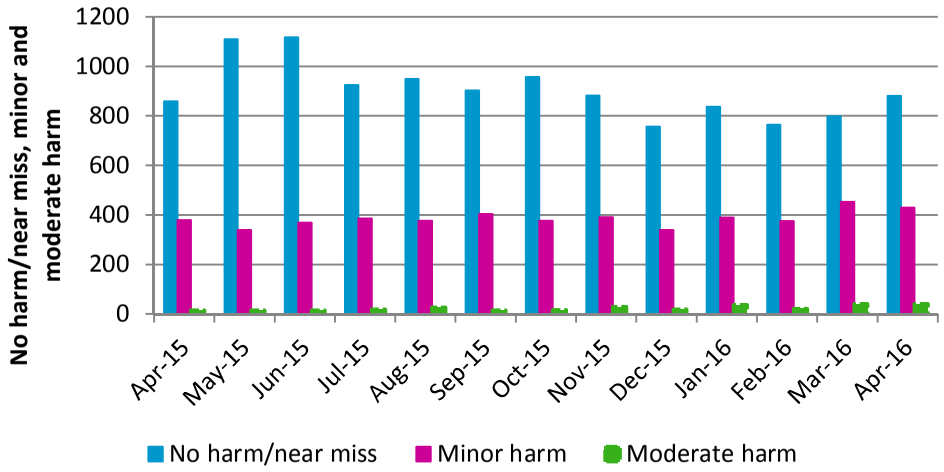


Figure 5: Incidents reported by category May 2015 to April 2016



Additional incident data for April 2016:	
Major harm	Extreme harm
2	1

1. QUALITY PRIORITIES (continued)

1.1.3 Incident Report (continued)

Trends and Themes

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

- Damage to oxygen/vacuum outlets.
- Delays in the running of the Lilie system (a discrete data management system used by sexual health services) impacting on patient flow.
- Decrease in quality incidents due to improvements with data quality across the Trust.
- Certification of death – delays in issuing of certificates.

High Impact Safety Messages

There were no high impact safety messages issued in April.

Headlines

Key messages from RRG are cascaded across the Trust on a regular basis. In April, the key headlines focused were:

- When recording patient observations, record these directly into the computer to facilitate the recording of a contemporaneous record for patient care.
- When discharging patients ensure they have their correct discharge medications
- Raise the importance of taking a holistic approach to patient care.
- Adherence to the Trust Record Keeping Policy in particular making entries which are dated and timed, using the 24 hour clock.
- Use of current approved job titles for medical staff within statements, complaints etc, and not to use obsolete terms such as SHO, SpR.
- Reminder that reporting an incident does not replace the need to make an entry in the clinical records.

Top 5 incidents by cause group

Top 5 cause groups for incidents reported in April 2016 are:

- Tissue viability
- Slips/trips/falls
- Assessment/diagnosis/investigation
- Consent/Communication/Confidentiality
- Documentation

Figure 6: RCAs commissioned by category April 2015 to April 2016

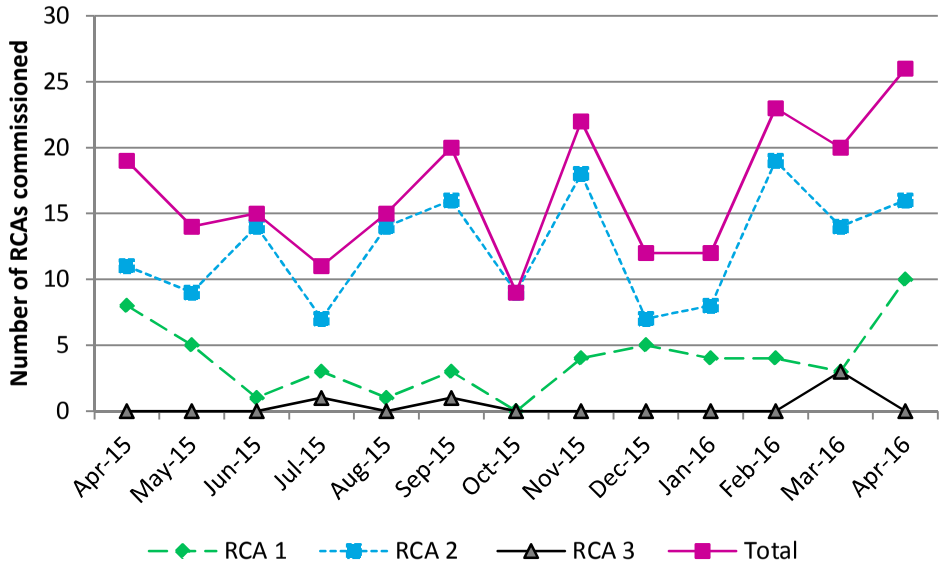


Figure 7: Status of current RCAs

	Overdue <3 months	Overdue >3 months	Within	Total
RCA Level 1	5	6	14	25
RCA Level 2	37	53	10	100
RCA Level 3	3	1	0	4
Total	45	60	24	129

1. QUALITY PRIORITIES (continued)

1.1.4 Duty of Candour

During April, 22 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.

1.2 SAFEGUARDING

1.2.1 Safeguarding children monthly report

In April, 85 referrals were made, 43 by the Adult/Paediatric Emergency Department, 37 by Maternity and five from other areas within the Trust. Child safeguarding themes continue to be related to parental and child mental health, parental and child substance misuse and domestic abuse.

Sunderland LSCB has a new Chair and the decision to publish four outstanding Serious Case Reviews (SCRs) has been agreed. A report outlining all the learning from four of the SCRs will be commissioned by the LSCB ready for media meeting in June.

The Chair's decision to remove a SCR involving five children was supported by the LSCB Board due the similarities in a case which will commence in June.

A decrease in formal child protection supervision taking place due to capacity within the team has been identified and additional key staff will be receiving child protection supervision training. In particular midwife team leaders, due to the activity of child protection cases.

1.2.2 Safeguarding adults monthly report

Referrals

This month, 10 Safeguarding Adult Referrals were made, which was an increase to the seven referrals made the previous month.

Mental Capacity Act: Deprivation of Liberty Safeguards (DoLS)

This month, we had 90 urgent DoLS authorisations; a decrease from the 112 the previous month. A total of 751 DoLS notifications have been submitted to the CQC for April 2014 to January 2016, leaving a backlog of 333. Plans are in place to clear the CHS backlog by the end of June.

Case Reviews

There is currently one open Safeguarding Adult Review (SAR), which is a case of domestic violence. This has yet to be signed off by the Sunderland Safeguard Adults Board (SSAB).

Figure 8: Numbers of child safeguarding referrals received - April 2016

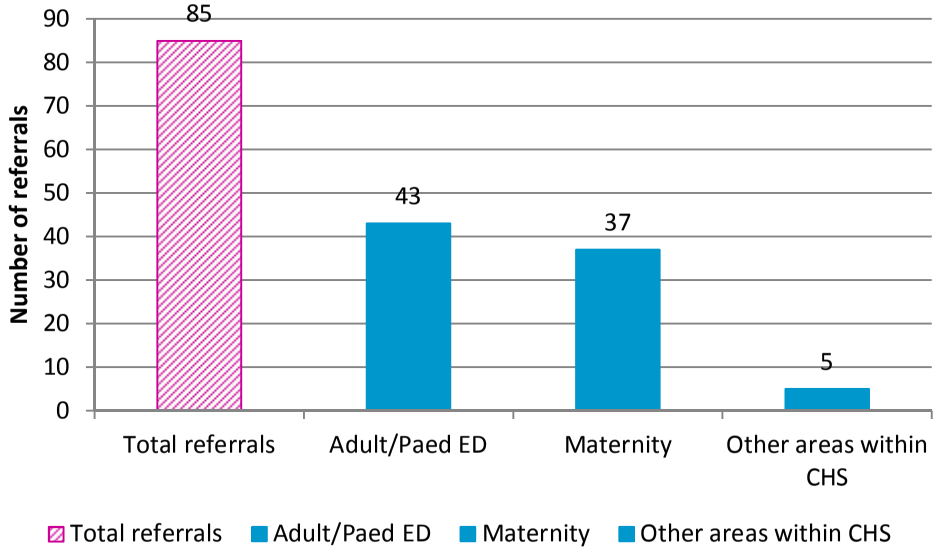
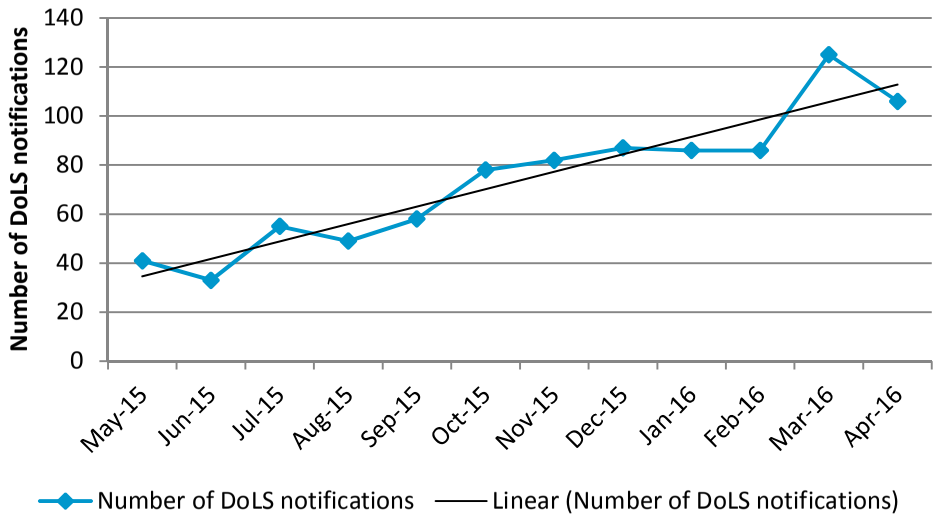


Figure 9: Number of DoLS notifications received May 2015 to April 2016



1. QUALITY PRIORITIES (continued)

1.4 PATIENT EXPERIENCE

1.4.1 Complaints

During April there were 35 complaints received, compared to a year to date average of 43 per month.

During April there were 35 complaints acknowledged; 25 (72%) within the Trust standard of 3 working days. Failure to achieve the target, was as a result of pressures within the Help and Advice service. Staffing requirements are currently under review.

Unresolved complaints include those complaints where a first response has not yet been sent (all will have had an acknowledgement), and also include those complaints being investigated by the PHSO, those where the complainant has received an initial response but the complaint remains unresolved and requires further investigation or explanation, which may include a face to face meeting with relevant staff.

At the end of April there were 204 unresolved complaints, 15 of these more than 365 days; 6 are with the PHSO, 6 have been closed since reporting, and 3 have been returned for further comments/local resolution.

67 complaints were unresolved at 91-354 working days; 17 have received a first response, however, are not yet resolved. The remaining 50 which have not yet received a first response have been escalated and prioritised.

A weekly Complaints Review Group, chaired by the Director of Nursing has been established, and is actively monitoring progress of outstanding complaints, initiating actions to expedite responses where appropriate.

Figure 10: Acknowledgement of complaints March 2015 to February 2016

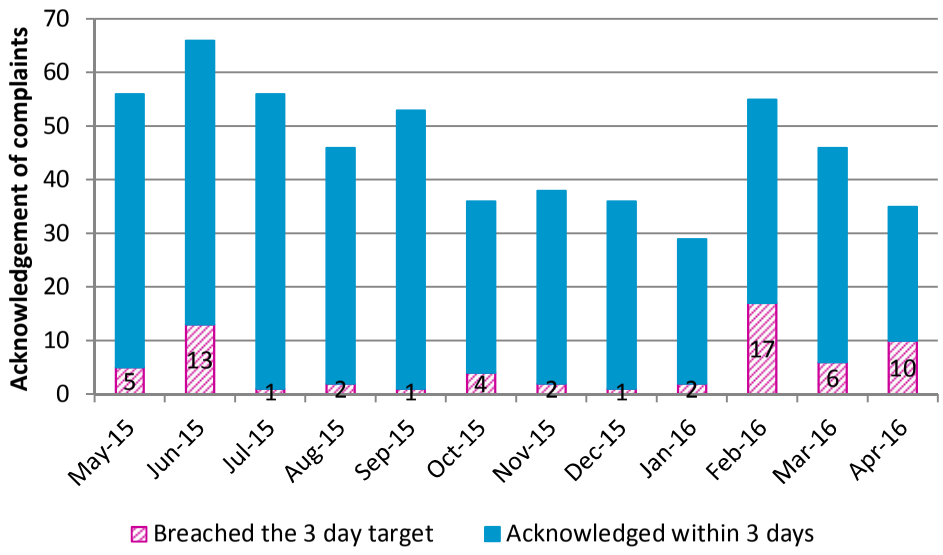
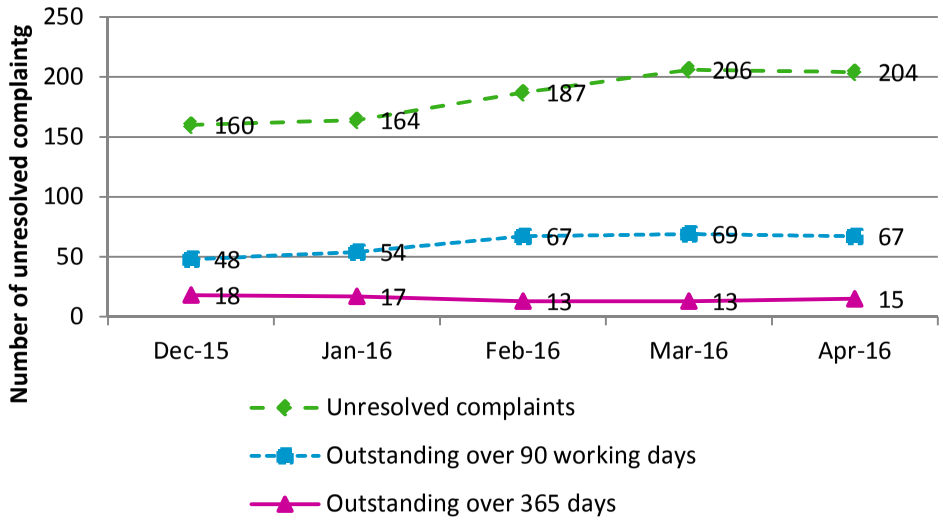


Figure 11: Breakdown of unresolved complaints December 2015 to April 2016



1. QUALITY PRIORITIES (continued)

1.5 MORTALITY REVIEW PANEL (February 2016)

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 133 deaths in February, 123 (92.5%) of these were reviewed by the Mortality Review Panel (MRP). There were 7 deaths where departmental review was requested, 6 responses have been agreed and one deadline extended due to mitigating circumstances. This continues the excellent feedback from directorates asked to comment on the initial Panel findings. In many cases the responses include a commitment to raise awareness of events with clinical staff and to make changes in practice to prevent reoccurrence.

Using the Hogan Quality of Care scale, 89.4% (110/123) of patients had excellent or good quality of care; no care was found to be poor or very poor. 95.9% (118/123) of deaths reviewed were definitely not preventable on the Hogan Preventability scale. 26.0% (32/128) of deaths reviewed had room for improvement in clinical or organisation care or both. Once again, improvements have been identified in the quality and completeness of documentation (18) and in resuscitation status decisions (4).

In the 4 cases (in 1 case we are awaiting comment) where improvements were identified in both clinical and organisational care these include;

- An 81 year old lady who had previously had an endovascular aneurysm repair (EVAR) in 2015 was transferred from STDGH with a suggestion of an endoleak. She was noted to have both acute kidney and liver injury. Supportive care was provided and she was transferred to elderly medicine to manage her complex medical conditions and ongoing delirium.

  Issues:
  - Poor initial clerking of patient
  - Poor documentation of communication with junior medical staff

- A frail 84 year old lady was admitted for an urgent palliative radical mastoidectomy for a temporal bone squamous cell carcinoma. She made an initial slow recovery and developed a hospital-acquired pneumonia with associated acute kidney injury.

  Issues:
  - Ceilings of care to have been considered by senior clinician (ideally consultant) when the patient deteriorated
  - To clearly document intention to treat in the clinical records
  - Better documentation of discussions with the coroner

- A 92 year old lady with history of COPD, dementia, breast cancer and MI. Admitted with community acquired pneumonia and new problem of Atrial Fibrillation. The patient was treated with intravenous antibiotics. The patient suffered a cardiac arrest but died following unsuccessful CPR (no DNACPR in place).

  Issues:
  - Absence of a valid DNACPR decision despite discussions with the family
  - Poor clinical handover between shifts
  - Monitoring of fluid balance was very poorly recorded and there was no analyses of this important information.

1. QUALITY PRIORITIES (continued)

1.6 HOSPITAL ACQUIRED INFECTIONS

1.6.1 MRSA bacteraemia

The Trust reported one new case of MRSA bacteraemia in April 2016 against a target of 0 avoidable cases.

Total cases for 2015/16 was 3 against a target of no more than 0.

1.6.2 C. *difficile* infection (CDI)

One case was reported as Trust apportioned in April 2016 against an annual target of 34.

Total cases for 2015/16 was 30 against a target of no more than 34.

1.6.3 Hand Hygiene

Hand Hygiene results showed 96.7% compliance with hand decontamination for April (1290 observations). Further analysis of compliance is presented as 97.2% medical, 96% nursing and 97% for other staff.

1.6.4 Bare Below Elbows

'Bare below the elbows' monitoring demonstrated 96.8% compliance from 1293 observations.

1.6.5 Aseptic technique

Aseptic technique will be reported by exception when compliance is below 95%.

Figure 12: Clostridium difficile cases May 2015 to April 2016

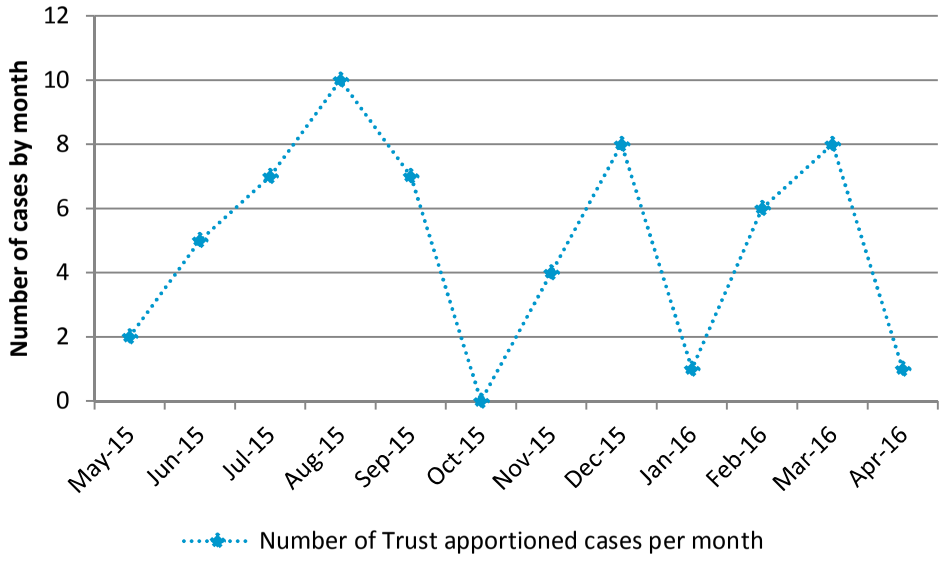
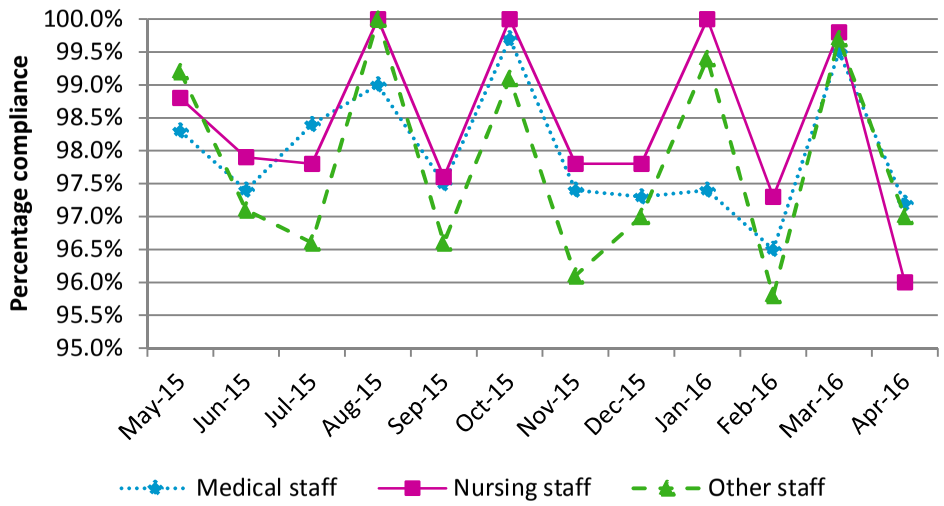


Figure 13: Hand hygiene results May 2015 to April 2016



1. QUALITY PRIORITIES (continued)

1.7 WORKFORCE

1.7.1 Monthly Nursing Workforce

Fill rates for April 2016:

- SRH total = 94% (92% March)
- SEI total = 94% (95% March)

In April there were 26 incident forms relating to nursing and midwifery staffing, which is a significant decrease from March (69) (note these were not isolated to ward areas).

There were 8 incident forms submitted by 5 wards when RN staffing was below "trigger" numbers. On all occasions the duty matron implemented the nurse staffing escalation plan; this sometimes meant that where possible HCA's were used to replace RN's resulting in the right number of staff but wrong skill mix.

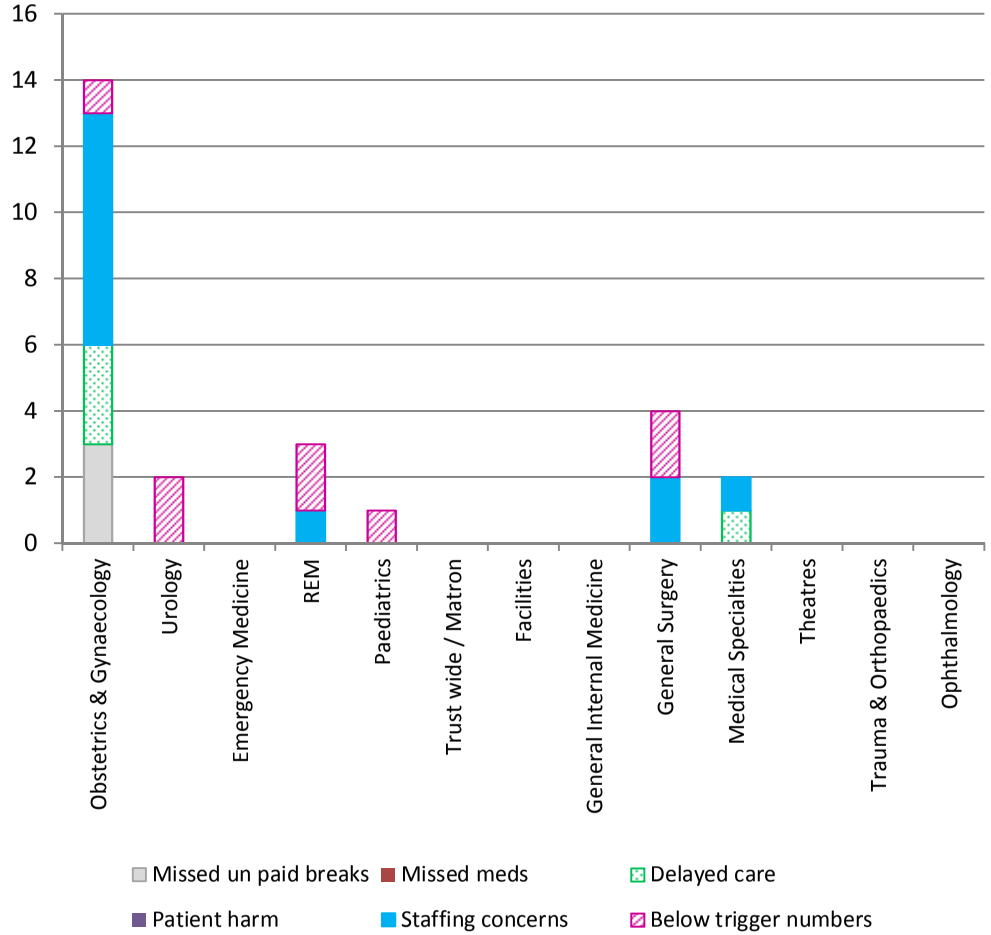
Maternity services continue to submit the highest number of incidents, 14 submitted this month, a slight decrease from 39 submitted in March. This is due, in part, to staff shortages as a result of long term sickness, and maternity leave. Following the national maternity review, when staff are unable to provide 1:1 care to a labouring women it is identified as a red flag and as such must be incident reported. On all occasions the maternity staffing escalation plan was implemented to ensure safe minimum numbers of midwives were available.

Next steps

The Lord Carter of Coles (February 2016) identifies a number of issues for nurse staffing including:

- Ensuring e-rostering is implemented and used robustly (By October 2016) - CHS is on target to meet this requirement.
- Reviewing arrangements for enhanced care (1:1 care) and implementing good practice guidance (due to be published October 2016) - CHS currently developing Trust guidelines for staff.
- Monitoring of safe in patient staffing through Care Hours Per Patient Per Day (CHPPD), and associated external reporting - CHPPD is calculated by adding the total number of hours for RN and care staff HCA available and dividing by actual number of patients, at set times during the day. National guidance confirms that CHPPD must be published monthly along with fill rates. The CHPPD must be calculated using bed occupancy at midnight, and will be published from May 2016.

Figure 14: Incidents Relating to Nursing & Midwifery Staffing - April 2016



Absence/ Turnover April 2016	Absence					Turnover	
	Absence FTE (hrs)	Available FTE (hrs)	Absence Rate	Short Term Absence	Long Term Absence	Headcount	WTE
HCAs	1559.51	18752.70	8.32%	3.28%	5.04%	0.92%	0.90%
RNs	1579.69	41377.22	3.82%	1.94%	1.91%	0.68%	0.67%
RMs	323.71	3535.38	9.16%	1.97%	7.18%	0.61%	0.59%
Overall	3462.91	63665.30	5.43%	2.34%	3.13%		

2. ASSURANCE

2.1 ASSURANCE REPORT

The CQC held a scheduled Engagement meeting with the Trust on the 13th April. At this meeting the new regional Head of Hospital Inspections- Amanda Stanford introduced herself. Issues discussed at the meeting included:

- How to move from Good to Outstanding
- If the Trust would be interested in participating in a regional shared learning event
- Future CQC Inspection plans- this is still be finalised at a national level and is likely to be on a risk basis with Trusts identified as Requiring Improvement or Inadequate being prioritised. Therefore there are no immediate or short term plans for CHS to have a planned re-inspection although of course the CQC have the potential to carry out an unannounced inspection at any time
- The alliance with South Tyneside
- Complaint information received by the CQC
- Never events
- Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) notifications of patient safety incidents
- Deprivation of Liberty Safeguards (DOLS)

Meetings will be scheduled quarterly if possible with the CQC team to improve communications and better information sharing.

3. OTHER ISSUES TO NOTE

3.1 MIDWIFERY SUPERVISION

A national consultation is in progress to review statutory midwifery supervision. The consultation also seeks to streamline working practices of the Nursing and Midwifery Council (NMC).

Failures in midwifery care at Morecambe Bay University Hospital (2004 – 2013) were reviewed in reports by the PHSO (2014), Department of Health (Kirkup Report 2015) and the King's Fund (commissioning by the NMC 2015). All were critical of the current process of midwifery regulation which includes statutory supervision.

The consultation proposes to remove statutory supervision and bring the regulation of midwives in line with all other nurses across the UK. It recommends that clinical supervision is implemented to support midwives in their role.

The Nurse Director is responding to the NMC, on behalf of CHS, in favour of the changes.

4. CORPORATE RISK

4.1 Policies

Amendments to the Medicines Management Policy required by the CQC have been made. The policy has been reviewed and significantly abridged and will be presented to Executive Committee for approval this month, prior to submission to Policy Committee for ratification.

The Incident Policy is being reviewed following receipt of Internal Audit Report CVHS2016/04 Incident Management and Lessons Learned. A deadline of October 2016 has been set for completion of this corrective action.

4.2 Corporate Risk Register

The corporate risk register for 2015/2016 Q4 was presented to and approved by Corporate Governance Steering Group this month and the Group's report to Governance Committee gives detail of the 24 key risks documented on the register. Governance Committee is asked to consider whether it requires tabling of the quarterly risk register for information at future meetings, after it has been approved by Corporate Governance Steering Group.

The corporate risk register does not currently document the risks inherent in the Trust's joint working with South Tyneside; these risks are being articulated and will appear in the 2016/2017 Q1 corporate risk register. Local risks i.e. those impacting at a directorate level are already being documented on local risk registers where appropriate and thus will be included in future corporate risk register reports if they are scored at a risk score of 15 or higher.

4.3 CANCER BACKSTOP POLICY

In April, there were **3.5** patients who breached over 104 days (0.5 patients shared with other Trust). The impact of the shared breach will also be reviewed at that Trust (North Tees), but communications have occurred to agree breach reason following review of patient pathways. Local investigation identified breach reason associated with patient choice to delay diagnostics resulting in late referral to CHS. The other 3 breaches were all diagnostic delays and one also had a heart condition delaying treatment.

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.

5. CONCLUSION

5.1 SUMMARY OF KEY RISKS

5.1.1 Incident Reporting and timescales for completion of root cause analysis reports and Serious Incident investigations

The Patient Safety and Risk Team continue to work with directorates to improve their performance against 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.

5.1.2 Complaints response time

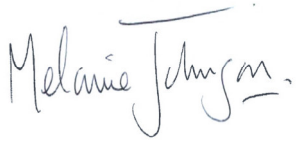
Delays in response times to complaints have the potential to impact on the reputation of the Trust and to cause delays in remedying failures in care and other pathways. Current delays are largely due to the time taken to carry out the investigation process within directorates. Work is ongoing to improve this response time and the Patient Safety and Risk Team continue to support directorates in this respect.

5.1.3 Safeguarding Children

Pressures continue within the Safeguarding Children pathways, with significant numbers of serious case reviews currently in hand and ongoing changes in external partnership arrangements.

Recommendation:

Members are asked to note the report.



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CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

JULY 2016

NATIONAL ADULT INPATIENT SURVEY 2015

SUMMARY

On the 8th June 2016 the Care Quality Commission (CQC) published the national and individual Trust results for the Adult Inpatient Survey 2015. The 13th survey of adult inpatients (aged 16 years or older) involved 149 acute and specialist NHS Trusts and over 83,000 patient experiences. This increase in the number of responses was due to a change in the size of the patient sample drawn which increased from 850 in 2014 to 1,250 this year.

Nationally, the results of the 2015 survey indicate that there have been small, but statistically significant improvements in a number of questions, compared with results dating back to earlier surveys. This includes patients' perceptions of the quality of communication between medical professionals and patients, the standards of hospital cleanliness, the availability of help to eat when needed, the number of nurses on duty, and being involved in decisions about their care and treatment. However, the results also indicate that some questions around being discharged from hospital have been less positive.

For City Hospitals, all 11 aggregated scores in the 'sections' table are rated as 'Amber' (about the same as other Trusts). Out of the 63 individual questions measuring inpatient experience, the Trust achieved 62 (98.4%) scores in the amber 'as expected' category. There were no questions positioned in the red (worse) category but the Trust did have 1 green (better) rating (Q55 related to shorter delays in discharge). When looking at the shift in absolute index scores from the 2014 survey, there is a net increase of 3.9 (7.9 in 2014) points across 63 questions which could be directly compared. Overall patients rated their experience in City Hospitals as 8.1/10 which is the same as last year. The highest Trust score achieved in the survey was 9.0 and the lowest 7.5.

Our performance when compared with other North East Trusts can be best described as modest with Newcastle FT and Northumbria once again the stand out organisations. North Tees appears to show the weakest results profile in the region.

The Patient, Carer and Public Experience Committee will oversee the development and implementation of an action plan to address some of the key findings.

Initial communications from the Patient Survey Co-ordination Centre about the 2016 survey have now been received. It confirms that July will be used as the patient cohort month. This gives the Trust an opportunity to actively review and act on the current findings with this in mind. In addition, the Care Quality Commission is proposing a number of changes to the coverage and timeliness of the national survey programme and is seeking feedback on how they can enhance the quality and presentation of survey results. City Hospitals intends to contribute to the consultation which ends on the 21 July 2016.

1. INTRODUCTION

The 2015 inpatient survey involved 149 NHS acute and NHS foundation Trusts in England who sent questionnaires to a total of 177,534 patients. Responses were received from 83,116 people, a response rate of 47% (City Hospitals had a higher rate of 54% and 657 patients). Trusts selected a sample of patients who received care in hospital during July 2015 by including every consecutive discharge counting back from 31 July until they had selected 1,250 patients. People were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Fieldwork for the survey took place between August 2015 and January 2016.

The results of the survey are primarily used by Trusts to help them identify and improve areas of performance across the patient journey. The CQC also use the results in their regulation, monitoring and inspection of acute Trusts in England.

The report shows the full set of results for the inpatient survey, against national benchmarks, and compares scores from the 2014 survey, where questions are the same.

2. NATIONAL OVERVIEW

The 2015 survey is the 13th annual survey of adult inpatients. The summary below shows areas where improvements have been made and in others where a decline in performance is noted:

Improvements

- There have been some consistent small improvements in the quality of communication between medical professionals (doctors and nurses) and patients.
- In 2015, a smaller proportion of patients than ever before said that doctors spoke in front of them as if they weren't there. A greater proportion of respondents reported that doctors answered their questions in a way they could understand (71% compared with 68% in 2011 and 69% in 2014) and 71% said the same was true of nurses in 2015, compared with 66% in 2011 and 69% in 2014.
- Questions that asked about information given before and after operations or procedures all showed small improvements.
- People's perceptions of the standard of hospital cleanliness continue to improve. 71% of respondents in 2015 said their room or ward was 'very clean', which is an increase of 18 percentage points over the past 10 years (53% in 2006).
- A greater proportion of respondents in 2015 reported that toilets and bathrooms were 'very clean' (64%), compared with 47% in 2006, 61% in 2011 and 62% in 2014. This is an increase of 17 percentage points since 2006.
- Over the last 10 years, a growing number of patients say that they 'always' received help to eat if they needed it (58% in 2006, 62% in 2011, 64% in 2014 and 66% in 2015).
- In 2015, 62% of respondents felt there were 'always or nearly always enough' nurses on duty to care for them (compared with 56% in 2006, 58% in 2011 and 60% in 2014).
- Encouraging patients to be involved in their healthcare contributes to improved outcomes. The survey showed gains in the proportion of respondents who felt they were 'definitely' involved in decisions about their care and treatment; 60% in 2015 said they were involved as much as they wanted to be, compared with 53% five years ago (2011) and 57% in 2014.

Declines over time

- Results for some questions that relate to patients' experience of being discharged from hospital have declined. Information given to patients before being discharged from hospital was an area where there has been some deterioration.
- A smaller proportion of patients in 2015 said they were given information to take home about what they should or shouldn't do after leaving hospital (66% compared with 69% in 2014). Compared with 2014, a smaller proportion of patients thought their family (or someone else close to them) had been given all the information they needed to help care for them (48% in 2015 down from 50% in 2014).
- A greater proportion of patients said hospital staff did not discuss whether they might need any further health or social care services after leaving hospital even though they would have liked this to happen (17% in 2015 compared with 15% in 2014).

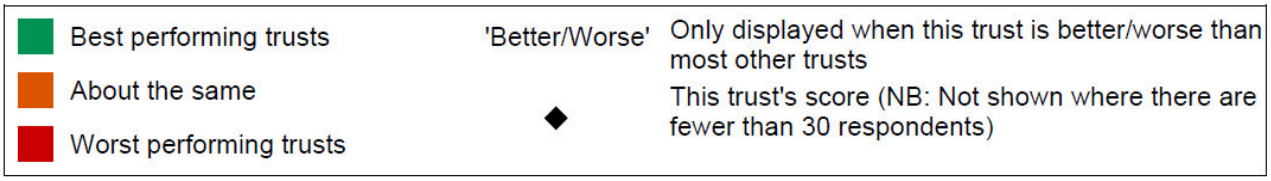
3. SCORING METHODOLOGY

The full set of results for City Hospitals is enclosed in the **Patient Survey Report 2015** (Appendix 1).

The report shows how the Trust scored for each question in the survey, compared with the range of results from all other Trusts that took part. It uses an analysis technique called the 'expected range' to determine if the Trust is performing 'about the same', 'better' or 'worse' compared with other trusts. For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the Trust is performing.

A 'section' score is also provided, labelled S1-S11 (page 5 of the site report). The scores for each question are grouped according to the sections of the questionnaire, for example, 'the hospital and ward,' 'doctors and nurses' and so forth.

The graphs in the report show how the score for the Trust compares to the range of scores achieved by all Trusts taking part in the survey. The black diamond shows the score for City Hospitals. The graphs are divided into three coloured sections as summarised below:



The text to the right of the graph states whether the score for the Trust is 'better' or 'worse' compared with most other Trusts in the survey. If there is no text the score is 'about the same.' These groupings are based on a rigorous statistical analysis of the data.

At the end of the site report a set of tables contains the data used to create the graphs. These tables also show the response rate for the individual Trust and background information about the people that responded. Scores from last year's survey are also displayed. The column called 'change from 2014' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2014. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance.

4. SUMMARY OF FINDINGS FOR CITY HOSPITALS

The following table (Table 1) provides an aggregated score for questions grouped according to the sections in the inpatient questionnaire. A higher score is better. Each Trust is also assigned a category, to identify whether their score is better, about the same, or worse than most other Trusts who carried out the survey. City Hospitals achieved an 'about the same' rating for each of the 11 sections compared with other Trusts.

The public can view this section table on the Care Quality Commission website and drill down in individual questions under each section theme.

Score	Section themes	Rating compared with other Trusts
8.7/10	The Emergency Department / A&E Department	WORSE / ABOUT THE SAME / BETTER
8.9/10	Waiting list and planned admissions	WORSE / ABOUT THE SAME / BETTER
8.0/10	Waiting to get to bed on a ward	WORSE / ABOUT THE SAME / BETTER
8.2/10	The hospital and ward	WORSE / ABOUT THE SAME / BETTER
8.7/10	Doctors	WORSE / ABOUT THE SAME / BETTER
8.5/10	Nurses	WORSE / ABOUT THE SAME / BETTER
7.9/10	Care and treatment	WORSE / ABOUT THE SAME / BETTER
8.4/10	Operations and procedures	WORSE / ABOUT THE SAME / BETTER
7.2/10	Leaving hospital	WORSE / ABOUT THE SAME / BETTER
5.5/10	Overall views of care and services	WORSE / ABOUT THE SAME / BETTER
8.1/10	Overall experience	WORSE / ABOUT THE SAME / BETTER

Table 1: Ratings against each Inpatient survey section

For 2015, the results show that across the 63 questions which measure performance from the patient's perspective, 62 (98.4%) are in the amber 'as expected' category, meaning that we are about the same as most other Trusts in the survey.

Table 2 compares Trust performance from 2008 to the present, with the caveat that the scoring methodology was changed following the 2011 survey.

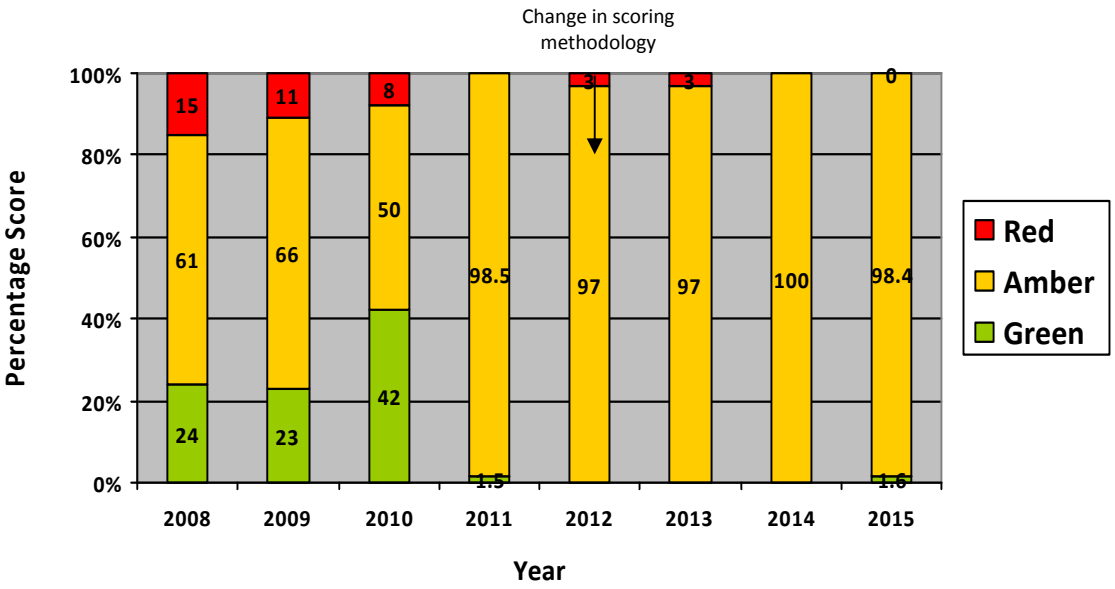


Table 2: Breakdown of Trust performance 2008-2015

5. COMPARISON AMONG LOCAL PEERS (SECTION SCORES AND RATINGS)

The availability of all acute Trust's inpatient survey results enables comparison between aggregated section scores and individual results for each question. The table below shows a summary of section scores (out of 10) and overall ratings for local Trust's.

Both Northumbria FT and The Newcastle Hospitals NHS Foundation Trust continue to show the strongest performances in the region. In 10 out of the 11 sections they combine to achieve the highest aggregated scores across the region. North Tees have the most number of lowest aggregated scores. City Hospitals has the joint lowest scores for leaving hospital (with North Cumbria and North Tees) and overall views and experiences (With Co Durham & Darlington). No Trusts in the North East have a red category (worse than others) for the section scores.

Section scores	Emergency/A&E Department	Waiting list and planned admissions	Waiting to get to bed on a ward	The hospital and ward	Doctors	Nurses	Care and treatment	Operations and procedures	Leaving hospital	Overall views and experiences	Overall experience
City Hospitals Sun	**8.7**	**8.9**	**8.0**	**8.2**	**8.7**	**8.5**	**7.9**	**8.4**	**7.2L**	**5.5L**	**8.1**
C. Durham & Darl	8.6	8.9	8.2	8.3	8.6	8.4	7.9	8.4	7.3	5.5L	8.0
Gateshead FT	8.9	9.1	7.6L	8.5	8.8	8.4	8.0	8.9H	7.4	5.7	8.1
Newcastle Hospitals	9.4H	9.2H	8.6	8.7	9.2H	9.1H	8.5 H	8.8	7.7	5.9H	8.6H
Northumbria FT	9.2	9.1	8.7H	8.8H	9.1	8.9	8.5H	8.7	7.8H	5.9H	8.5
North Cumbria	8.5	8.8	7.7	8.4	8.7	8.6	8.0	8.3L	7.2L	5.6	8.2
North Tees FT	8.3L	9.2H	7.9	8.1L	8.5	8.2L	7.7L	8.5	7.2L	5.6	7.8L
South Tees FT	9.1	9.0	8.5	8.4	8.8	8.8	8.3	8.5	7.4	5.7	8.4
South Tyneside FT	8.9	9.1	7.6L	8.3	8.4L	8.5	8.0	8.5	7.5	5.7	8.1

Table 3: Comparison of local NHS Trusts section scores and ratings category

H = highest aggregated score in the region

L = Lowest aggregated score in the region

Worse | About the same | Better

6. COMPARISON AGAINST THE HIGHEST AND LOWEST ACHIEVED TRUST SCORE

The benchmarking report provide the highest and lowest scores achieved for each of the inpatient survey sections, by all participating Trusts. The table below plots the section scores for City Hospitals against the highest and lowest thresholds. The profile suggests that the Trust aggregated scores occupy the middle ground or aligns to the lower threshold rather than the highest. The section on "overall views and experiences" approximates to the lower threshold more than any other section.

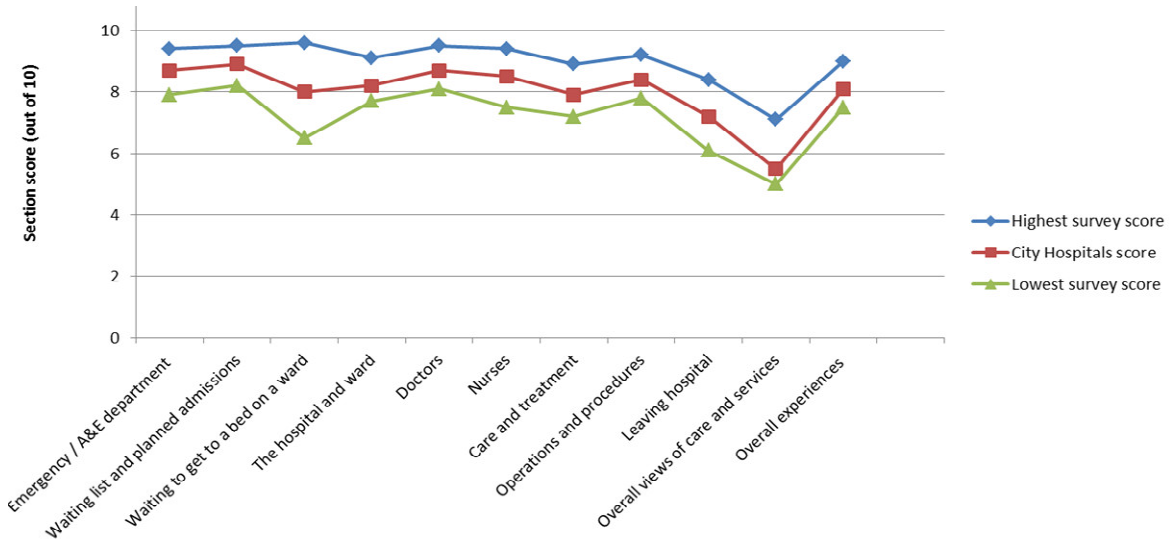


Table 4: Trust comparison against the highest and lowest achieved Trust scores

7. COMPARISON BETWEEN 2014 AND 2015 RESULTS

When looking at the shift in absolute index scores from the 2014 inpatient survey, there is a net increase of 3.9 (7.9 in 2014) points across 63 questions which could be directly compared. The breakdown and shift in positive and negative scores are highlighted in Table 5.

Survey theme	Shift in absolute scores compared with 2014		
	Positive	Negative	No change
Emergency / A&E Department	+0.2 (1 question)	-0.1 (1 question)	None
Waiting list/ planned admissions	+0.7 (2 questions)	- 0.1 (1 question)	None
Waiting to get to a bed	+0.2 (1 question)	None	None
The hospital and ward	+1.9 (8 questions)	-1.3 (3 questions)	None
Doctors	+0.5 (3 questions)	None	None
Nurses	+0.8 (3 questions)	None	1 question
Care and treatment	+1.0 (6 questions)	-0.5 (3 questions)	1 question
Operations and procedures	+0.3 (1 question)	-0.3 (3 questions)	1 question
Leaving hospital	+2.1 (9 questions)	-1.5 (5 questions)	1 question
Overall views of care and services	+0.2 (1 question)	-0.2 (1 question)	2 questions
Overall experience	None	None	1 question
Total (2014)	+10.8	-2.9	7 questions
Total	**+7.9**	**-4.0**	**7 questions**

Table 5: Shift in absolute index scores compared with 2014 survey results

The tables below show where the Trust has achieved the largest increase and decrease in individual scores compared to the last survey in 2014.

Survey questions – comparison of 2014 and 2015 results		2014	2015	
Questions where scores have increased the most				
Q8	Had the hospital specialist been given all necessary information about your condition / illness from the person who referred you?	8.7	9.2	+5
Q18	How clean were the toilets and the bathrooms that you used in the hospital?	8.5	8.9	+4
Q27	When you had important questions to ask a nurse, did you get answers that you could understand?	7.9	8.3	+4
Q52	Were you given enough notice about when you were going to be discharged?	7.1	7.5	+4
Q60	Did a member of staff explain the purpose of the medicines you were to take home in a way that you could understand?	8.2	8.6	+4
Q15	Were you ever bothered by noise at night from other patients?	6.4	6.7	+3
Q21	How would you rate the hospital food?	5.1	5.4	+3
Q24	When you had important questions to ask a doctor, did you get answers that you could understand?	7.9	8.2	+3
Q30	In your opinion, were there enough nurse on duty to care for you in hospital?	7.5	7.8	+3
Q32	Did a member of staff say one thing and another say something different?	8.0	8.3	+3
Q49	Did the anaesthetist of another member of staff explain how he or she would put you to sleep or control your pain?	9.0	9.3	+3
Q68	Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	8.0	8.3	+3

Table 6: Questions which have the largest increase in scores

Survey questions – comparison of 2014 and 2015 results		2014	2015	
Questions which show the greatest lose in scores				
Q23	Did you get enough help from staff to eat your meals	7.7	7.0	-7
Q64	Did a member of staff tell you about danger signals you should watch for after you went home?	5.7	5.1	-6
Q69	Did hospital staff discuss with you whether you may ned any further health or social care services after leaving hospital?	8.5	8.1	-4
Q41	Do you think the hospital staff did everything they could to help control your pain?	8.4	8.1	-3
Q61	Did a member of staff tell you about medication side effects to watch for when you went home?	5.2	4.9	-3

Table 7: Questions which have the greatest lose in scores

For the two questions with the greatest loss of scores (Q23, Q64) the tables below show the percentage of respondents who gave a particular response to each question, alongside the total

number of respondents (total specific responses) and the number of 'missing' 'not applicable' or unclear responses. For Q23 a fifth of patients (21.08%) reported that they did not get enough help from staff with their meals. For Q46 four out of every six patients (41.35%) were not told about danger signals to watch out for at home following discharge.

Q23: Did you get enough help from staff to eat your meals?

	%	Number
Yes, always	63.78	118
Yes, sometimes	15.14	28
No	21.08	39
Total specific responses	100.00	185
I did not need help to eat meals	.00	448
Missing responses	.00	24

Answered by all

Q64: Did a member of staff tell you about any danger signals you should watch for after you went home?

	%	Number
Yes, completely	41.80	186
Yes, to some extent	16.85	75
No	41.35	184
Total specific responses	100.00	445
It was not necessary	.00	189
Missing responses	.00	23

Answered by all

7. CONCLUSION

The results from the national Adult Inpatient Survey 2015 have been published by the Care Quality Commission. It remains one of the biggest surveys of the patients' experience in hospital in the UK.

In total 657 patients gave their opinion on the care and service provided by City Hospitals. All 11 aggregated scores in the 'sections' table are rated as 'Amber' (about the same as other Trusts) and 98.4% of the individual questions (62/63) were also rated as amber. There were no questions in the red (worse) category but the Trust did have 1 green (better) rating. Drilling down into the data there is a smaller increase in actual scores across the full survey compared to last year (3.9 points compared to 7.9 in 2014). The overall rating of the patient experience in City Hospitals is the same as last year (8.1/10). When benchmarked with other local Trusts both Newcastle FT and Northumbria maintain their strong overall position. North Tees appear to show the weakest results profile in the region.

Details about the 2016 survey have been published and we have the opportunity to reflect on our results in advance of the July patient cohort. In addition, the Trust will contribute to the current consultation on the future format of the national survey programme.

The results of the national adult inpatient survey will be:

- Shared with all staff via the Trust intranet,
- Summarised for the Patient, Carer and Public Experience Committee, who will also oversee the development and implementation of an action plan to address some of the key findings, and
- Exchanged with Sunderland Clinical Commissioning Group and progress with actions will be reported through the joint Quality Review Group.

8. RECOMMENDATIONS

Governors are asked to:

- Receive and comment on the results from the adult in-patient survey 2015, and in particular any views on what may be driving our less favourable patient experiences,
- Take note that 1,250 discharges in July will be selected as the cohort for the survey to be carried out later in the year.

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MELANIE JOHNSON
Executive Director of Nursing & Quality

Patient survey report 2015

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

Survey of adult inpatients 2015

Making patients' views count

NHS patient survey programme
Survey of adult inpatients 2015

The Care Quality Commission

The Care Quality Commission is the independent regulator of health care and adult social care services in England. Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and we encourage care services to improve. Our role is to register care providers, and to monitor, inspect and rate services. If a service needs to improve we take action to make sure this happens. We speak with our independent voice, publishing regional and national views of the major quality issues in health and social care.

Survey of adult inpatients 2015

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used health services to tell us about their experiences.

The thirteenth survey of adult inpatients involved 149 (one trust was excluded from the national results due to errors when drawing their sample) acute and specialist NHS trusts. Responses were received from 83,116 people, a response rate of 47%. Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Trusts sampled patients discharged during July 2015[1]. Trusts counted back from the last day of July 2015, including every consecutive discharge, until they had selected 1250 patients (or, for a small number of specialist trusts who could not reach the required sample size, until they had reached 1st January 2015). Fieldwork took place between September 2015 and January 2016.

Similar surveys of adult inpatients were also carried out in 2002 and annually from 2004 to 2014. They are part of a wider programme of NHS patient surveys, which cover a range of topics including A&E services, children's inpatient and day-case services, maternity services and community mental health services. To find out more about our programme and for the results from previous surveys, please see the links contained in the further information section.

The Care Quality Commission will use the results from this survey in our regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in our system of CQC Insight, which provides inspectors with an assessment of risk in areas of care within an NHS trust that need to be followed up. The survey data will also be included in the data packs that we produce for inspections. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The NHS Trust Development Authority will use the results to inform quality and governance activities as part of their Oversight Model for NHS Trusts.

Interpreting the report

This report shows how a trust scored for each question in the survey, compared with the range of results from all other trusts that took part. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with other trusts. For more information, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

A 'section' score is also provided, labelled S1-S11 in the 'section scores'. The scores for each question are grouped according to the sections of the questionnaire, for example, 'the hospital and ward,' 'doctors and nurses' and so forth.

This report shows the same data as published on the CQC website (http://www.cqc.org.uk/surveys/inpatient). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

[1] 43 trusts sampled additional months because of small patient throughputs.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have more male inpatients than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we standardise the data. Results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-sex-admission type profile reflects the national age-sex-admission type distribution (based on all of the respondents to the survey). Standardisation therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts. For example, they may be descriptive questions such as Q1 asking respondents if their inpatient stay was planned in advance or an emergency; or they may be 'routing questions' designed to filter out respondents to whom following questions do not apply. An example of a routing question would be Q43 "During your stay in hospital, did you have an operation or procedure?" For full details of the scoring please see the technical document (see further information section).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most other trusts in the survey.
- If your trust's score lies in the red section of the graph, its result is 'worse' compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse' compared with most other trusts in the survey. If there is no text the score is 'about the same'. These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no red and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible for all trusts score (no red section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great. A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see further information section).

Tables

At the end of the report you will find tables containing the data used to create the graphs. These tables also show the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed. The column called 'change from 2014' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2014. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test.

Where a result for 2014 is not shown, this is because the question was either new this year, or the question wording and/or the response categories have been changed. It is therefore not possible to compare the results as we do not know if any change is caused by alterations in the survey instrument, or variation in a trust's performance. Comparisons are also not able to be shown if a trust has merged with other trusts since the 2014 survey, or if a trust committed a sampling error, in 2014. Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

Notes on specific questions

Please note that a variety of acute trusts take part in this survey and not all questions are applicable to every trust. The section below details modifications to certain questions, in some cases this will apply to all trusts, in other cases only to some trusts.

All trusts

Q11 and Q13: The information collected by Q11 "When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?" and Q13 "After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?" are presented together to show whether the patient has ever shared a sleeping area with patients of the opposite sex. The combined question is numbered in this report as Q11 and has been reworded as "Did you ever share a sleeping area with patients of the opposite sex?" Please note that the information based on Q11 cannot be compared to similar information collected from surveys prior to 2006. This is due to a change in the question's wording and because the results for 2006 onwards have excluded patients who have stayed in a critical care area, which almost always accommodates patients of both sexes.

Q31: "In your opinion, did the members of staff caring for you well work together?" is a new question in 2015 and it is therefore not possible to compare with 2014.

Q53 and Q54: The information collected by Q53 "On the day you left hospital, was your discharge delayed for any reason?" and Q54 "What was the main reason for the delay?" are presented together to show whether a patient's discharge was delayed by reasons attributable to the hospital. The combined question in this report is labelled as Q54 and is worded as: "Discharge delayed due to wait for medicines/to see doctor/for ambulance."

Q55: Information from Q53 and Q54 has been used to score Q55 "How long was the delay?" This assesses the length of a delay to discharge for reasons attributable to the hospital.

Q56, Q57 and Q58: "Where did you go after leaving hospital?", “After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition? and “When you transferred to another hospital or went to a nursing or residential home, was there a plan in place for continuing you care?” are new questions in 2015 and it is therefore not possible to compare with 2014.

Q58: This question does not contribute to the Section score for 'Leaving hospital' (Section 9), though is displayed for trusts where 30 or more respondents answered this question. In the instances where 30 or more respondents answered this question, the question score is displayed for the trust. If the row for Q58 is blank, this means that less than 30 responses were received for this question.

Trusts with female patients only

Q11, Q13 and Q14: If your trust offers services to women only, a trust score for Q11 "Did you ever share a sleeping area with patients of the opposite sex?" and Q14 "While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?" is not shown.

Trusts with no A&E Department

Q3 and Q4: The results to these questions are not shown for trusts that do not have an A&E Department.

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):
http://www.cqc.org.uk/inpatientsurvey

The results for the adult inpatient surveys from 2002 to 2014 can be found at:
http://www.nhssurveys.org/surveys/425

Full details of the methodology of the survey can be found at:
http://www.nhssurveys.org/surveys/833

More information on the programme of NHS patient surveys is available at:
http://www.cqc.org.uk/content/surveys

More information about how CQC monitors hospitals is available on the CQC website at:
http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

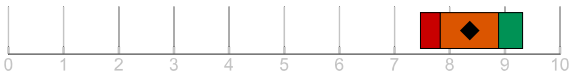
Section scores

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2015
City Hospitals Sunderland NHS Foundation Trust

The Emergency/A&E Department (answered by emergency patients only)

Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you?

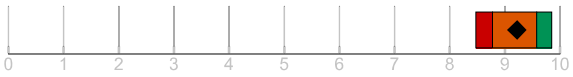


Q4. Were you given enough privacy when being examined or treated in the A&E Department?

Waiting list and planned admissions (answered by those referred to hospital)

Q6. How do you feel about the length of time you were on the waiting list?

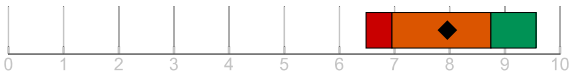
Q7. Was your admission date changed by the hospital?



Q8. Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?

Waiting to get to a bed on a ward

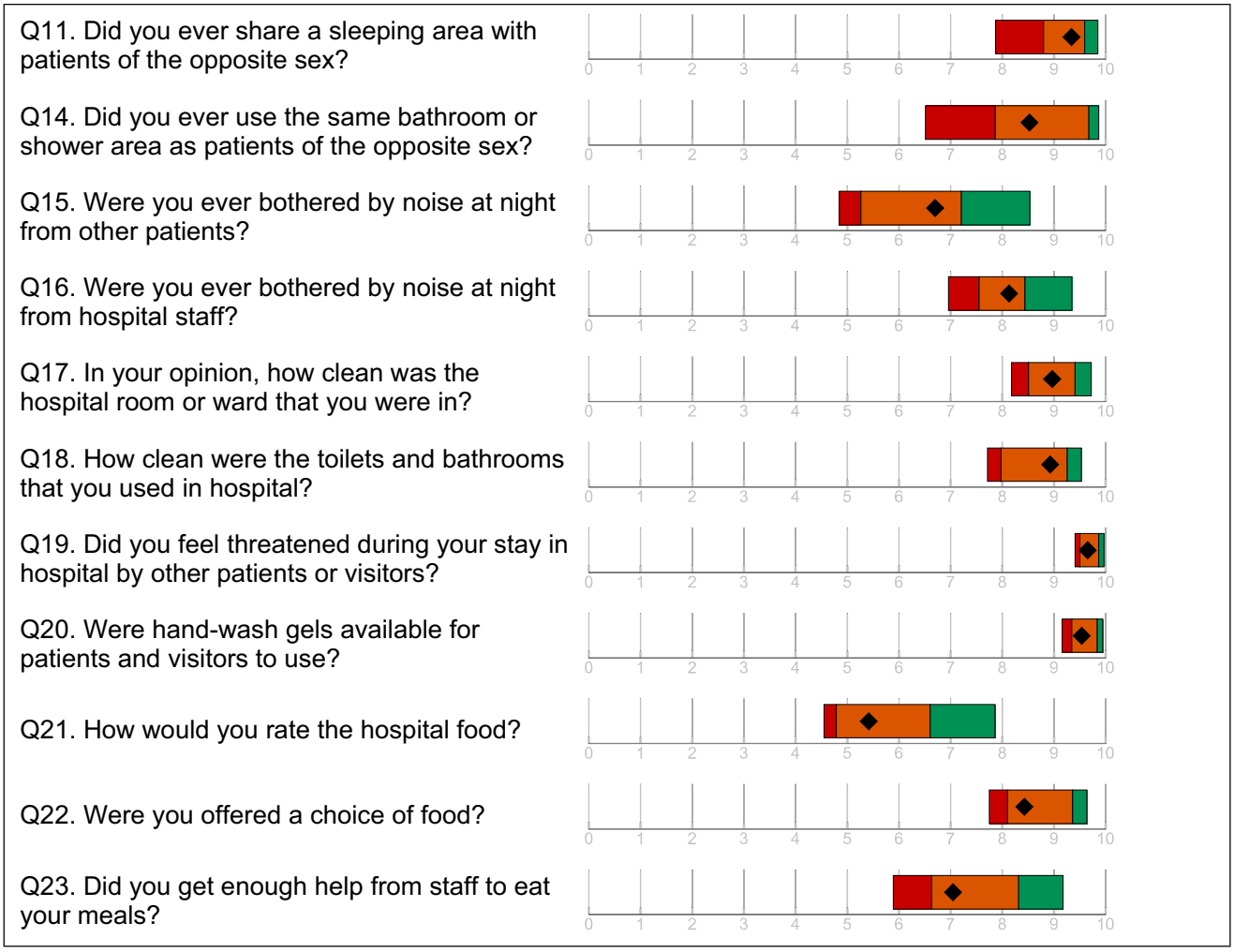
Q9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?



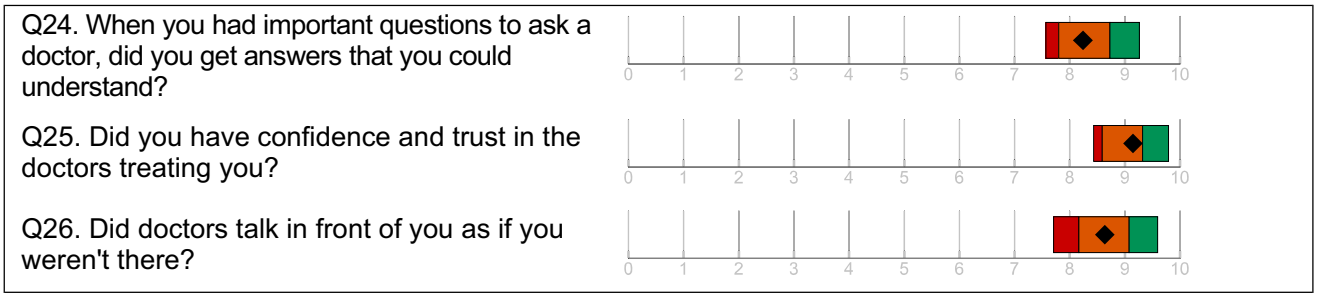
Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2015
City Hospitals Sunderland NHS Foundation Trust

The hospital and ward



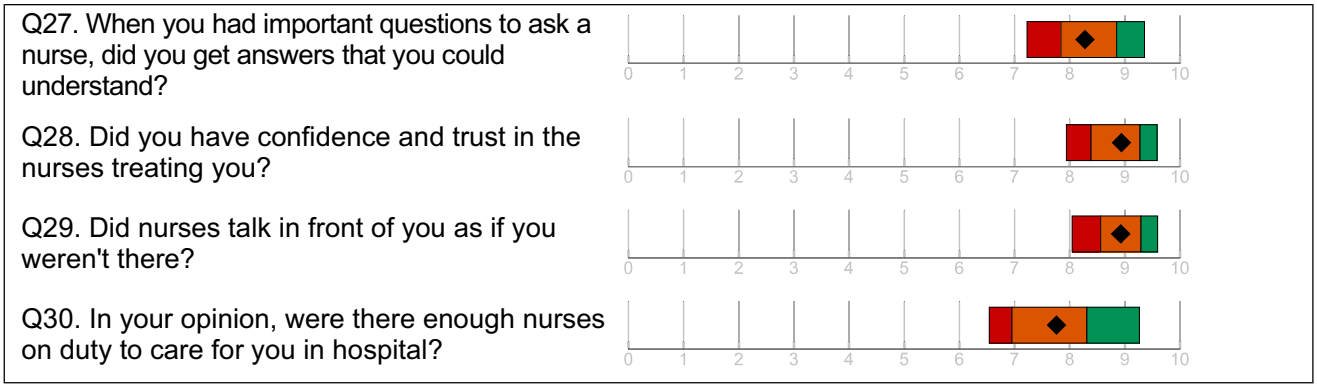
Doctors



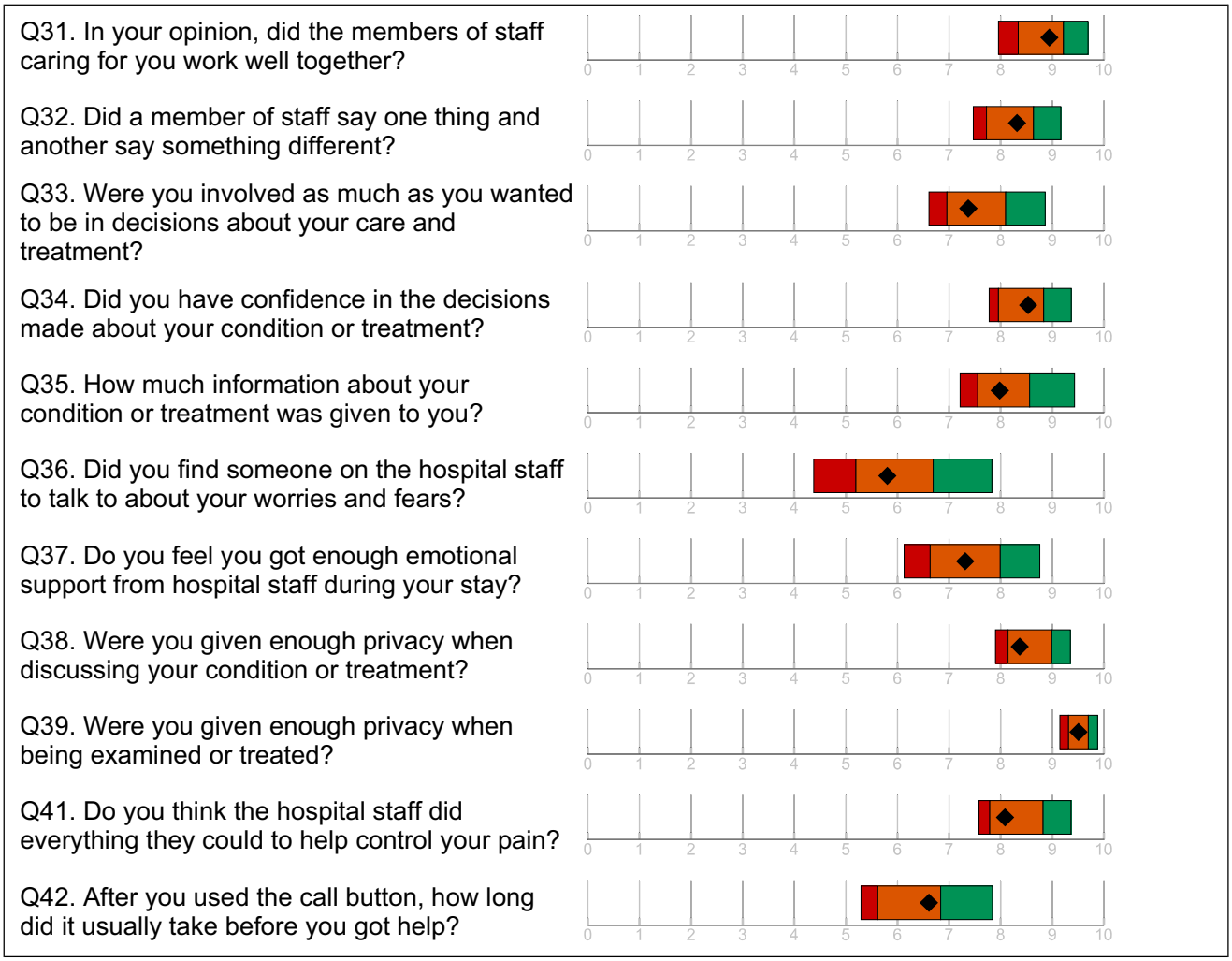
Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2015
City Hospitals Sunderland NHS Foundation Trust

Nurses



Care and treatment

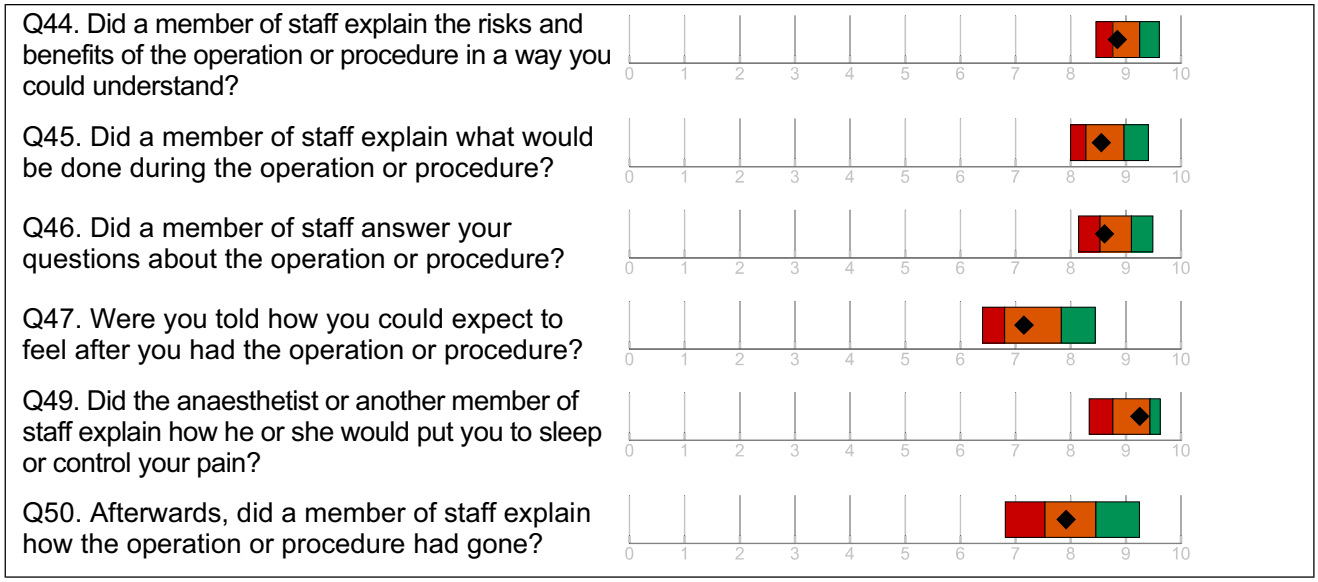


Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

Operations and procedures (answered by patients who had an operation or procedure)

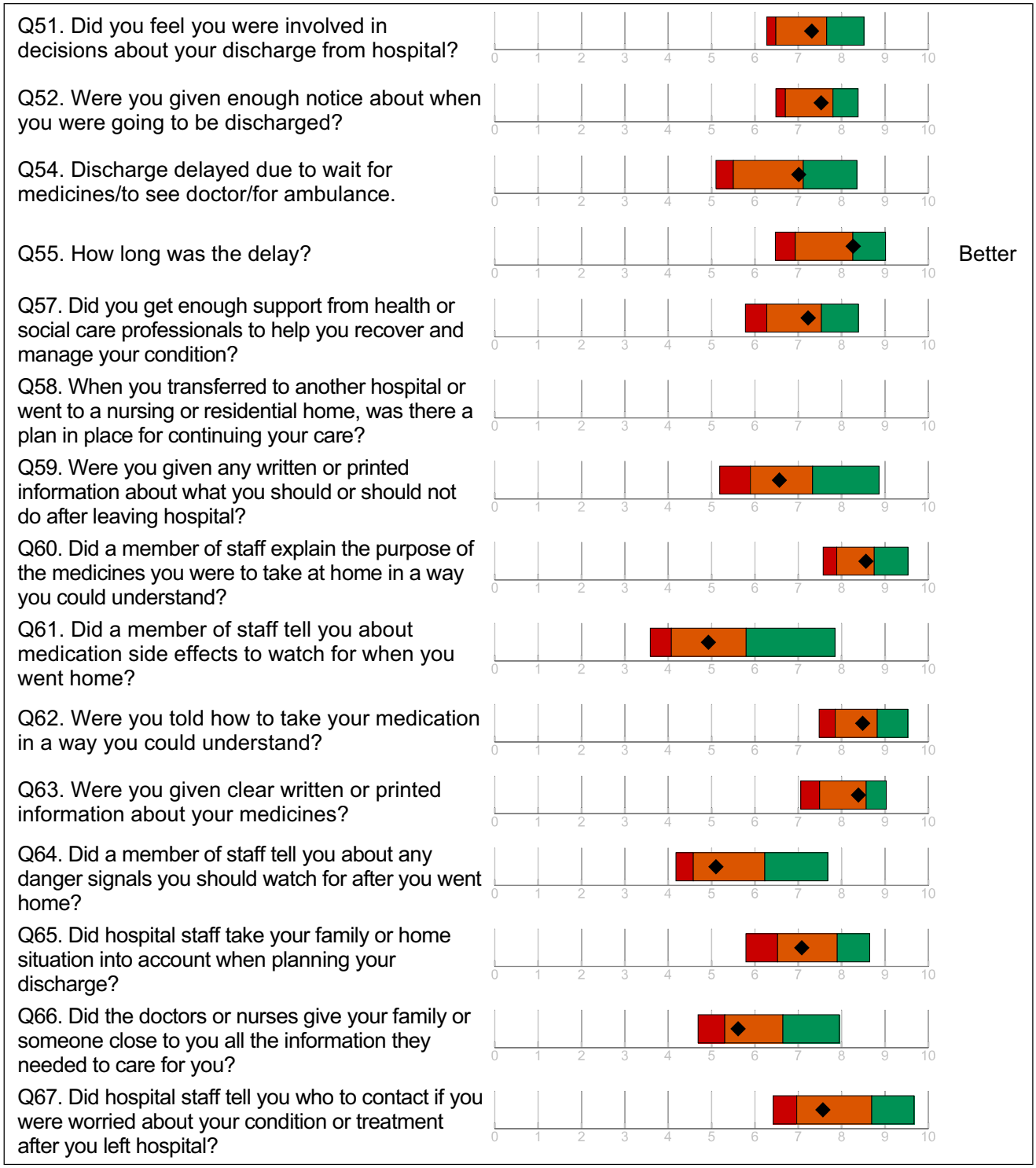


Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

Leaving hospital



Best performing trusts

About the same

Worst performing trusts

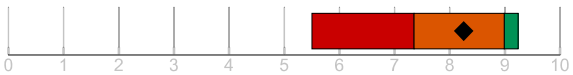
'Better/Worse' Only displayed when this trust is better/worse than most other trusts

◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)

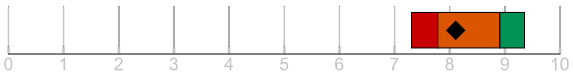
Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

Q68. Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?

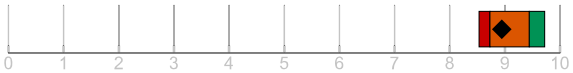


Q69. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?



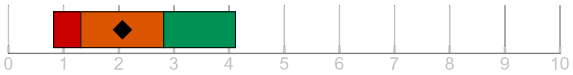
Overall views of care and services

Q70. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

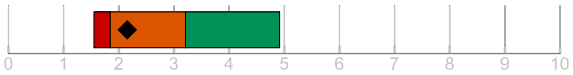


Q71. During your time in hospital did you feel well looked after by hospital staff?

Q73. During your hospital stay, were you ever asked to give your views on the quality of your care?

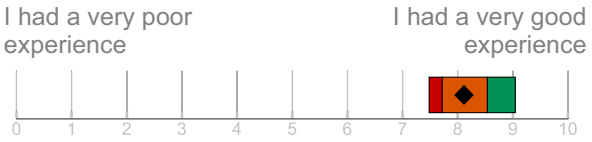


Q74. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?



Overall experience

Q72. Overall...



Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
The Emergency/A&E Department (answered by emergency patients only)							
S1	Section score	8.7	7.9	9.4			
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.4	7.5	9.3	334	8.2	
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	9.0	8.1	9.5	363	9.1	
Waiting list and planned admissions (answered by those referred to hospital)							
S2	Section score	8.9	8.2	9.5			
Q6	How do you feel about the length of time you were on the waiting list?	8.2	6.9	9.4	232	8.3	
Q7	Was your admission date changed by the hospital?	9.2	8.5	9.9	242	9.0	
Q8	Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.2	8.2	9.5	232	8.7	
Waiting to get to a bed on a ward							
S3	Section score	8.0	6.5	9.6			
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.0	6.5	9.6	646	7.8	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of adult inpatients 2015
City Hospitals Sunderland NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
The hospital and ward							
S4	Section score	8.2	7.7	9.1			
Q11	Did you ever share a sleeping area with patients of the opposite sex?	9.3	7.9	9.8	535	9.2	
Q14	Did you ever use the same bathroom or shower area as patients of the opposite sex?	8.5	6.5	9.9	553	8.3	
Q15	Were you ever bothered by noise at night from other patients?	6.7	4.8	8.5	641	6.4	
Q16	Were you ever bothered by noise at night from hospital staff?	8.1	7.0	9.3	642	8.3	
Q17	In your opinion, how clean was the hospital room or ward that you were in?	9.0	8.2	9.7	648	8.8	
Q18	How clean were the toilets and bathrooms that you used in hospital?	8.9	7.7	9.5	629	8.5	↑
Q19	Did you feel threatened during your stay in hospital by other patients or visitors?	9.7	9.4	10.0	648	9.5	
Q20	Were hand-wash gels available for patients and visitors to use?	9.5	9.2	9.9	630	9.6	
Q21	How would you rate the hospital food?	5.4	4.5	7.9	608	5.1	
Q22	Were you offered a choice of food?	8.4	7.8	9.6	634	8.2	
Q23	Did you get enough help from staff to eat your meals?	7.0	5.9	9.2	184	7.7	
Doctors							
S5	Section score	8.7	8.1	9.5			
Q24	When you had important questions to ask a doctor, did you get answers that you could understand?	8.2	7.6	9.3	547	7.9	
Q25	Did you have confidence and trust in the doctors treating you?	9.1	8.4	9.8	646	9.0	
Q26	Did doctors talk in front of you as if you weren't there?	8.6	7.7	9.6	645	8.5	
Nurses							
S6	Section score	8.5	7.5	9.4			
Q27	When you had important questions to ask a nurse, did you get answers that you could understand?	8.3	7.2	9.4	549	7.9	
Q28	Did you have confidence and trust in the nurses treating you?	8.9	7.9	9.6	645	8.9	
Q29	Did nurses talk in front of you as if you weren't there?	8.9	8.0	9.6	647	8.8	
Q30	In your opinion, were there enough nurses on duty to care for you in hospital?	7.8	6.5	9.3	646	7.5	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Care and treatment							
S7	Section score	7.9	7.2	8.9			
Q31	In your opinion, did the members of staff caring for you work well together?	8.9	8.0	9.7	626		
Q32	Did a member of staff say one thing and another say something different?	8.3	7.5	9.2	645	8.0	
Q33	Were you involved as much as you wanted to be in decisions about your care and treatment?	7.4	6.6	8.9	646	7.5	
Q34	Did you have confidence in the decisions made about your condition or treatment?	8.5	7.8	9.4	648	8.5	
Q35	How much information about your condition or treatment was given to you?	8.0	7.2	9.4	644	7.8	
Q36	Did you find someone on the hospital staff to talk to about your worries and fears?	5.8	4.4	7.8	358	5.7	
Q37	Do you feel you got enough emotional support from hospital staff during your stay?	7.3	6.1	8.8	390	7.4	
Q38	Were you given enough privacy when discussing your condition or treatment?	8.4	7.9	9.4	644	8.3	
Q39	Were you given enough privacy when being examined or treated?	9.5	9.1	9.9	645	9.4	
Q41	Do you think the hospital staff did everything they could to help control your pain?	8.1	7.6	9.4	417	8.4	
Q42	After you used the call button, how long did it usually take before you got help?	6.6	5.3	7.8	364	6.4	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Operations and procedures (answered by patients who had an operation or procedure)							
S8	Section score	8.4	7.8	9.2			
Q44	Did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	8.8	8.5	9.6	363	8.9	
Q45	Did a member of staff explain what would be done during the operation or procedure?	8.6	8.0	9.4	359	8.7	
Q46	Did a member of staff answer your questions about the operation or procedure?	8.6	8.1	9.5	297	8.7	
Q47	Were you told how you could expect to feel after you had the operation or procedure?	7.2	6.4	8.4	365	7.2	
Q49	Did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain?	9.3	8.3	9.6	298	9.0	
Q50	Afterwards, did a member of staff explain how the operation or procedure had gone?	7.9	6.8	9.2	362	7.9	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Leaving hospital							
S9	Section score	7.2	6.1	8.4			
Q51	Did you feel you were involved in decisions about your discharge from hospital?	7.3	6.3	8.5	618	7.1	
Q52	Were you given enough notice about when you were going to be discharged?	7.5	6.5	8.4	640	7.1	
Q54	Discharge delayed due to wait for medicines/to see doctor/for ambulance.	7.0	5.1	8.4	594	6.8	
Q55	How long was the delay?	8.3	6.5	9.0	585	8.1	
Q57	Did you get enough support from health or social care professionals to help you recover and manage your condition?	7.2	5.8	8.4	359		
Q58	When you transferred to another hospital or went to a nursing or residential home, was there a plan in place for continuing your care?	-	6.1	8.8			
Q59	Were you given any written or printed information about what you should or should not do after leaving hospital?	6.6	5.2	8.9	621	6.5	
Q60	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.6	7.6	9.5	474	8.2	
Q61	Did a member of staff tell you about medication side effects to watch for when you went home?	4.9	3.6	7.8	378	5.2	
Q62	Were you told how to take your medication in a way you could understand?	8.5	7.5	9.5	408	8.3	
Q63	Were you given clear written or printed information about your medicines?	8.4	7.1	9.0	442	8.3	
Q64	Did a member of staff tell you about any danger signals you should watch for after you went home?	5.1	4.2	7.7	442	5.7	
Q65	Did hospital staff take your family or home situation into account when planning your discharge?	7.1	5.8	8.6	411	7.2	
Q66	Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	5.6	4.7	7.9	444	5.6	
Q67	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	7.6	6.4	9.7	574	7.7	
Q68	Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	8.3	5.5	9.2	204	8.0	
Q69	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.1	7.3	9.4	324	8.5	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of adult inpatients 2015

City Hospitals Sunderland NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Overall views of care and services							
S10	Section score	5.5	5.0	7.1			
Q70	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	8.9	8.5	9.7	644	8.9	
Q71	During your time in hospital did you feel well looked after by hospital staff?	8.9	8.3	9.7	638	8.7	
Q73	During your hospital stay, were you ever asked to give your views on the quality of your care?	2.1	0.8	4.1	567	2.1	
Q74	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	2.2	1.5	4.9	516	2.4	
Overall experience							
S11	Section score	8.1	7.5	9.0			
Q72	Overall...	8.1	7.5	9.0	612	8.1	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of adult inpatients 2015
City Hospitals Sunderland NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	657	83116
Response Rate (percentage)	54	47

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	51	47
Female	49	53
Age group (percentage)	(%)	(%)
Aged 16-35	6	6
Aged 36-50	10	10
Aged 51-65	26	24
Aged 66 and older	58	60
Ethnic group (percentage)	(%)	(%)
White	96	90
Multiple ethnic group	0	1
Asian or Asian British	0	3
Black or Black British	0	1
Arab or other ethnic group	0	0
Not known	3	5
Religion (percentage)	(%)	(%)
No religion	11	15
Buddhist	0	0
Christian	85	78
Hindu	0	1
Jewish	0	0
Muslim	0	2
Sikh	0	0
Other religion	2	1
Prefer not to say	1	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	93	94
Gay/lesbian	1	1
Bisexual	0	0
Other	1	1
Prefer not to say	4	4

Enclosure 6

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

2016 Governor Elections

July 2016

Background

The Trust has recently held an election for all elected Governors as the existing Governors' term of office expired on 30 June 2016.

The election was managed and organised by the Offices of the Electoral Team of the City of Sunderland Local Authority.

The election count was held on 22 June 2016.

Results

The results of the election process was as follows:

Patient Constituency (2 Governors)	Votes	
Sue Cooper	336	Elected
Tracy Foster	154	
Graham Mountford	124	
Gillian Pringle	168	Elected

Public Constituency – Sunderland (7 Governors)

Chris Colley	345	Elected
John Dean	243	Elected
Margaret Dobson	396	Elected
Derek Duggan	197	
Liz Highmore	238	Elected
Thomas Johnson	182	
Vassiliki Konlou	102	
Michael McNulty	328	Elected
Susan Pinder	427	Elected
Ted Salmon	130	
Pauline Taylor	427	Elected
Ian Thurlbeck	194	

Public Constituency – North East (2 Governors)

Danny Cassidy	Uncontested
Ruth Richardson	Uncontested

Staff Constituency – Clinical Class (2 Governors)

Lindsey Downey	257	Elected
Tom Harris	176	Elected
Nicola Herraghty	120	

Staff Constituency – Medical Class (1 Governor)

Deepali Varma	25	
Shahid Junejo	98	Elected

Staff Constituency – Other (2 Governors)

Jackie Burlison	281	Elected
David Henriksen	66	
Kay Hodgson	110	Elected
Tracy Simms	61	

Governors have been elected for a three year term which will commence on 1 July 2016 until 30 June 2019.

The remaining two Governors are:

- The appointed Governor from the City of Sunderland Council – Cllr Graeme Miller
- The appointed Governor from the Sunderland Clinical Commissioning Group – Pat Taylor

Recommendation

Governors are asked to note the report that all Governor Constituency seats are taken.

Carol Harries
Director of Corporate Affairs / Trust Secretary