

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS**

**TUESDAY 22<sup>nd</sup> NOVEMBER 2016 - 9.30 AM**  
**HOUGHTON LIBRARY, NEWBOTTLE STREET, DH4 4AF**

**AGENDA**

**Apologies:** Shahid Junejo, Kay Hodgson, Pat Taylor

- |        |   |       |     |
|--------|---|-------|-----|
| Item 1 | Declaration of Interest   |       |     |
| Item 2 | Minutes of the meeting held on 21 July 2016   | Enc 1 | KWB |
|        | Matters Arising   |       |     |
|        | Item 2 Breast Services  |       | KWB |
|        | Item 2 Sustainable Transformation Plan  |       | KWB |
|        | Item 3 NHS Improvement  |       | KWB |
| Item 3 | Chief Executives Update   |       | KWB |
| Item 4 | Quality Priorities  | Enc 2 | MJ  |
| Item 5 | Operational Winter Plan   | Enc 3 | AG  |
| Item 6 | PLACE Inspections   | Enc 4 | RH  |
| Item 7 | Date and Time of Next Meeting:  |       |     |
|        | Council of Governors, Thursday 23 <sup>rd</sup> March 2017, 2pm at Houghton Library,<br>Newbottle Street, DH4 4AF |       |     |

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**

**Minutes of the meeting of the Council of Governors held on Thursday 21<sup>st</sup> July 2016 at 9.30am at The Henry Tudor Room, Age UK, Sunderland.**

**Present:** John Anderson (JNA) - Chair  
Carol Harries (CH) - Trust Secretary  
Danny Cassidy (DC)  
Ruth Richardson (RR)  
Pauline Taylor (PT)  
Susan Pinder (SP)  
Lindsey Downey (LD)  
Pat Taylor (PaT)  
Margaret Dobson (MD)  
John Dean (JD)  
Michael McNulty (MMcN)  
Graeme Miller (GM)  
Gillian Pringle (GP)  
Sue Cooper (SC)  
Liz Highmore (LH)  
Tom Harris (TH)  
Kay Hodgson (KH)  
Jackie Burlison (JB)  
Chris Colley (CC)  
Shahid Junejo (SJ)

**In Attendance:** Ken Bremner (KWB)  
Melanie Johnson (MJ)  
Alison King (AK)  
Gary Schuster (GS)  
David Barnes (DB)

The Chairman asked Governors to join him in a period of reflection to remember Rob Allchin, Governor who had sadly passed away following a short illness. The Chairman offered Chris, Rob's widow and his family kind regards on behalf of the Council of Governors.

**Item 1            Minutes of the meeting of the Council of Governors held on 7<sup>th</sup> June 2016**

Minutes of the meeting of the Council of Governors held on 7<sup>th</sup> June 2016 were accepted as a correct record.

**Item 2            Declaration of Interest**  
None

**Item 3            Matters Arising**

**Breast Services** – KWB advised that the new service was likely to commence in mid-September following some problems with the building which were now resolved. MD stated that access to Grindon is difficult and queried whether anything could be done to improve public transport.

**Junior Doctors** – KWB stated that the new contract was phased from 2016. The recruitment numbers for the August intake this year however were slightly improved which was one of the major risks identified during the recent strike action. PatT queried why a date of October had been agreed for the contract. KWB replied that this was a pragmatic decision taken by the government.

**Sustainable Transformation Plan (STP)** – KWB informed Governors that the STP had to be submitted at the end of June. The outstanding financial gap was not yet resolved and that this was still significant and there was central pressure to resolve that issue. KWB advised that the North East was felt to be more behind in its plan than other areas. There was apperception that it was not a whole geographical plan but rather three separate plans of Northumberland and North Tyneside, Sunderland and South Tyneside and Gateshead and Newcastle. A period of rapid work would be undertaken to get the plan to a state of completion.

**Item 4            Chief Executive's Update**

**NHS Improvement**

KWB informed Governor that NHSI had advised that subject to formal confirmation in writing, the conditions put on our licence last August would be removed. KWB stated that he, the Chairman, JP, CH and David Barnes had had a conversation with NHSI and they were satisfied with our progress to date and the actions that had been undertaken. NHSI believed that our financial performance figures reflected the progress that had been made.

PatT commented that this was significant achievement for the organisation.

## **Item 5                    Quality Risk and Assurance Report**

MJ presented the report which provided an update on the key regulatory, quality and safety standards that the Trust was expected to maintain compliance with and/or improve. MJ advised that she would be happy to meet with new governors in particular outside of the meeting to clarify or discuss any issues. MJ explained that on page 3 the number of pressure ulcers was not where we would want it to be but the actual numbers do not reflect the number of patients as an individual could have more than one pressure ulcer. An improvement plan was being developed and starting to be implemented. MJ commented that any pressure ulcer was stressful for patients and we needed to improve but that this would take some time. DC queried whether pressure ulcers were increasing or levelling out. MJ replied that we were not levelling out at the moment but the improvement plan was based at ward level and provided a clear focus and direction.

MJ highlighted safeguarding and advised that this subject was potentially a discussion item for a future workshop.

MJ also advised that the number of Deprivation of Liberty safeguard applications had increased because of a recent change in legislation.

MJ informed Governors that there had been 35 complaints received during April, compared to a year to date average of 43 per month. MJ also advised that at the end of April, there were 204 unresolved complaints, 15 of those more than 365 days, 6 of which were with the PHSO, 6 had been closed since reporting and there had been 3 returned for further comments / local resolution. MD commented that 15 people waiting for over a year for a response did not seem reasonable. MJ replied that obviously a number were with the ombudsman who were themselves also dealing with a backlog. MD also queried whether some would lead to a legal claim. MJ replied that at the moment that was not clear or certain.

JD sought clarification over the long term trend. MJ replied that we had struggled with the backlog for a while and had put in extra resource to try and tackle the issue. In some instances, however, the family continue to remain unhappy and we have been criticised in the past by the ombudsman for trying too hard.

The Help and Advice Service had also helped to see a reduction in the number of formal complaints by 15% as individuals were getting their issues resolved at an early stage.

GP queried whether we recorded complaints. MJ replied that we did along with comments from the friends and family test and also Real Time feedback surveys.

MJ highlighted incident reporting and advised that work was continuing with directorates to improve their performance against deadlines for Root Cause Analysis Investigation. LH queried what TAAA stood for on page 4 – the incident information. MJ replied that this was Thoracic Aortic Aneurysm and apologised for the acronyms.

MJ explained that in terms of incidents, the Trust held a number of lessons learned seminars to share best practice and raise awareness. JD commented that he would like to attend one of these events. MJ advised that she would share details of the next seminars.

PT queried whether there was an ongoing problem with death certification as one of the issues identified was “Certification of death - delays in issuing certificates”. MJ replied that she was not aware that it was a specific speciality but it sometimes it can relate to delays with the coroner or specific queries.

MJ also highlighted the monthly nursing workforce figures and advised that for SRH the fill rate was 94% and for SEI it was also 94%.

GP queried whether there was a national fill rate. MJ replied that there was not and unfortunately every organisation counted in a different way. PT queried whether the calculation of staff hours included patient dependency. MJ replied that it did not and neither did the new system of the “Care Hours Per Patient Per Day”.

SP asked MJ what was her perception of quality of care within the Trust. MJ replied that generally we gave fantastic care to patients most of the time but there were lapses unfortunately. MJ also stated that she was not satisfied with our position of pressure ulcers and although we had done a lot of work in relation to falls, it remained a key area of focus. MD commented that there had obviously been some issues with fluid balance which was a key area. MJ replied that quarterly audits had now been put in place resulting in improvement but there was a need to ensure that this was sustained.

**Resolved:** To accept the report.

## Item 6 Performance Report

AK presented the report which updated Governors on performance against key national targets and local contractual indicators for May 2016.

AK informed Governors that A&E performance for May was below the 95% target and the STF trajectory (95.87%) at 94.4% which was lower than May last year (-1.2%) with a 9% increase in attendances. AK advised that the national performance for April was 90% with a 0.6% decrease in attendances compared to the previous year. MMcN queried whether type 1, 2, and 3 activity related to time duration. AK replied that generally type 1 activity was on the SRH site, type 2 on the SEI site and type 3 which was low acuity, was the activity at Pallion. AK advised that generally, we were seeing a 5% increase in attendances.

KWB reminded Governors that we were half way through constructing a new Emergency Department which would not be ready until March 2017 and there was not yet clear water until the department was fit for purpose. JD stated that he had recently attended the A&E Department and the staff were to be congratulated doing what they do in the current circumstances.

MD queried the fines for breaches if the STF targets were not achieved which could be a significant amount of money. KWB replied that generally it was not huge sums but accepted that this could add up over time. MD queried whether we paid or did North East Ambulance pay the penalty. KWB replied that generally it was us, but penalties did not apply during quarter one. KWB also advised that there were some tolerances and if we were above 94% then we hit the tolerance and it was a trade-off of what to invest to sort the problem.

AK also highlighted referral to treatment time and advised that performance remained comfortably above the 92% target at 95.6%. At speciality level thoracic medicine and OMFS failed to achieve the 92% target, although plans were in place to improve performance.

AK informed Governors that cancer waiting time standards had been met with the exception of cancer 62 days which was below standard and due to breaches in a number of tumour groups. AK stated that 50% of the total breaches were in urology, however, this was because of the number of different cancers but they also compared well against national performance.

MMcN commented that Head & Neck performance was poor in both 31 and 62 day performance and also with discharge communications. AK replied that the volumes in Head & Neck

were small but the directorate was now in formal escalation and this performance was looked at on a weekly basis.

AK also highlighted discharge communications and outpatient communications. Performance for the former had improved to 85.9% but this was still below the 95% target and performance for the latter was 94.0%, slightly below the contractual target of 95%. JD queried whether there was any measure of accuracy of the outpatient communication. AK replied that there was not but the template was agreed with GPs and some patients also received a copy of the letter. JD stated that he had received a copy of his letter and it was significantly wrong.

PatT queried as to who wrote the discharge communication. AK replied that it was predominantly the consultant medical staff. PT queried whether any changes in medication were included. AK confirmed that these were contained within the letter. KH queried whether the information was transferred electronically from Meditech to ICE, the GP system. AK replied that it was through Medisec. KH also queried whether it went electronically to all GPs. AK replied it was to all GPs in Sunderland and North Easington but the digital roadmap would hopefully enable across a wider patch.

**Resolved:** To accept the report

## **Item 7 Finance Report**

JP presented the report and advised that the overall financial position was a net deficit of £2,020k and therefore £249k ahead of plan.

JP advised that the Trust was reporting an underperformance of £219k against clinical income which was due to lower than expected PbR activity, a 'stretch' target in the Trust clinical income plan and known differences between the plan and agreed contracts. The income had not been profiled in twelfths and therefore the monthly planned surplus or deficit position would vary according to income profiles. The May income profile also took account of lower elective activity as a result of bank holidays. JP advised that it was a challenging position with other commissioners as they had been told to hold a pot of money which they cannot use, as previously they have used this for non-recurring initiatives. Appendix 3 detailed the monitoring against contract, the plan with NHS Improvement and the plan that we believed should be in place. JP stated that there was also the requirement to hit a control total of £2.2m.

Pat T queried whether this was on a monthly basis. JP replied that it was cumulative to the year end. The budgets had been built on any changes etc and we had looked at a reasonable CIP

(£15m) and the STF, but there was still a £4m gap and therefore because of that difference – a stretch target. JP advised that by and large we were in line with the majority of plans.

JP informed Governors that pay was currently showing an underspend of £366k against plan, mainly due to vacant nursing posts across the Trust. Non pay was also underspent by £285k.

The CIP target declared to NHS Improvement was £15m and plans to date totalled £10,288k and therefore still £4,712k of CIP plans to identify. The plan to date was £49k behind plan.

JP advised that the cash balance was £9.48m against a planned figure of £13.75m predominantly attributable to NHS debtors being significantly higher than plan (£6.71m), offset by favourable variances in other areas. PatT commented that most of us would have to abide by the 30 day payment rule. JP replied that there was not a problem with Sunderland CCG. PatT stated that she did not think that there would be but there were clearly problems with other commissioners.

JP replied that we were better than where we planned to be but it would obviously be a tough year going forward. GM commented that he appreciated it was early in the year but it might be helpful to look at Divisional CIPs at a later date.

JD commented that presumably any financial benefits from the alliance with South Tyneside were excluded. JP confirmed that was correct and not likely to be achieved until 2017/18.

**Resolved:** To accept the report.

## **Item 8 National Audit Inpatient Survey 2015**

Gary Schuster presented the report which gave details of the results of the adult inpatient survey 2015. GS advised that the sample size this year had increased from 850 to 1,250 with a Trust response rate of 54%. Pat T commented that that was nearly a 50% increase. GS stated that in reality it was both a financial and work burden as the Trust had always undertaken the work in-house.

GS informed Governors that all eleven aggregated scores, in the 'sections' table were 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 in the red (worse) category and one in the green (better) rating relating to shorter delays in discharge. Overall, patients rated their experience as 8.1/10 which was the same as last year. The



highest national Trust score achieved was 9.0 and the lowest 7.5.

GP queried whether all questions carried the same weighting. GS confirmed that they did not and that there was actually a complex system behind this but that the documents were available should Governors want to have sight. GS stated that for example 'yes definitely' carried more weight than 'yes sometimes'. GP queried whether there was any difference in the weighting of question 8 and 18. GS replied that he would have to check but did not believe that there was.

GS stated that Q22 – 'Did you get enough help from staff to eat your meals?' was disappointing given the work that had been undertaken about the red serviettes etc and queried whether they were just a gesture or were they not actually being put out. GS replied that the detail needed to be looked at more closely and the nutrition steering group would be addressing that issue. GS also advised that the score did not reflect the feedback that we received from real time feedback surveys.

SC stated that there were still issues of adequate nutrition and management of pain and sadly they had been issues for a number of years. GS replied that an 'amber' score was an improved position but that we were not at the point where it needed to be or where we would want to be.

SP commented that help with feeding was a question in real time feedback and was generally not an issue. She felt that sometimes patients just tick a box because they have answered so many questions. GS commented that real time feedback is done direct face to face and this survey is usually undertaken three months after discharge and often it is not clear who actually completes the survey – the patient or family member or carer. LD stated that there had been a recent investment by the Trust to uplift the nursing levels on wards and that there may be better numbers against this question next year reflecting that uplift.

GS advised that the reality was that the survey results are a year old and patients currently in hospital today will be doing the next survey.

PT queried given the results from RTF whether patients perceived the Governors undertaking the survey as staff and were then more positive in their answers. GS replied that this survey was three months after discharge. SC commented that PT's comments were relevant as often patients are vulnerable when in hospital and give the answers that they think that we want.

PT also stated that during the RTF patients were always very positive about management of pain.

JD commented that following a procedure he had been telephoned the following day to see if everything was okay and he found that to be excellent service. MD stated that that was very reassuring to hear. JD replied that it was as there had been unfortunately problems with the process.

GS advised that the results of the survey would be shared with all staff via the intranet and summarised for the Patient, Carer and Public Experience Committee who would oversee the development and implementation of an action plan to address some of the key findings.

**Resolved:**

- To receive the report.
- To note that 1,250 discharges in July would be selected as the cohort for the survey to be carried out later in the year.

**Item 9 Governor Elections**

CH presented the report which gave the results of the 2016 Governor Election held on 22 June 2016.

The patient constituency had two new Governors – Sue Cooper and Gillian Pringle. Tony Foster, one of the previous Patient Governors had not been re-elected, the other Governor, Alex Marshall retiring from office.

All previous Governors in the public constituency - Sunderland were re-elected and two new Governors, Chris Colley and Liz Highmore elected to fill the two remaining seats.

The two Governors in the public constituency – North East had been automatically re-elected as their seats were uncontested.

Two Staff Governors were re-elected – Lindsey Downey and Shahid Junejo and three new Staff Governors were elected to fill those seats vacated as a result of three individuals term of office coming to an end – the new Governors were Tom Harris, Jackie Burlison and Kay Hodgson.

CH advised Governors had been elected for a three year term which would commence on 1 July 2016.

**Resolved:** To receive the report

**JOHN N ANDERSON QA CBE**  
**Chairman**

# CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

## COUNCIL OF GOVENORS

### QUALITY PRIORITIES 2016/17

NOVEMBER 2016

## 1. INTRODUCTION

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 Department of Health (DH) Quality Account regulations and by NHS Improvement.

## 2. 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. Annual Plan, Objectives, goals, strategies and measures (OGSM) framework, Commissioning for Quality and Innovation (CQUIN) scheme etc.,
- Work streams from the Project Management Office where quality forms part of financial recovery plans,
- Feedback from external reviews of Trust services, i.e. Care Quality Commission (CQC) inspections, Clinical Commissioning Group (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.

## 3. QUALITY PRIORITIES 2016/17

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

### 3.1 Patient Safety

- Reduce the number of hospital acquired pressure ulcers

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

### **3.2 Patient Experience**

- Improve the in-hospital management of patients with dementia and collaborate on integrated pathways
- Reduce the percentage of hospital outpatient appointment cancellations which impact on patients.
- Improve the timeliness of responses to patient complaints
- Increase the percentage of inpatients who rated their care at City Hospitals as excellent, very good or good (Inpatient Survey)

### **3.3 Clinical Effectiveness**

- Minimise avoidable deaths
- 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)

### **3.4 Staff Experience**

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

## **4. Quality Priorities 2017/18 and 2018/19**

As part of the national annual planning process our financial, workforce, activity and quality priorities are reviewed and submitted to NHS Improvement.

The process for the annual planning has changed this year, with very short timescales imposed for submission and a requirement to submit plans for 2017/18 and 2018/19. Consequently it is proposed that our 2016/17 Quality Priorities are "rolled over" and that we continue to work on the areas identified above.

In making this proposal, it is recognised that:

- Current quality priorities remain relevant to improving patient care, treatment and experience
- Current priorities are subject to monitoring and review and can be retired or replaced if we achieve our goals earlier than expected or if new quality issues emerge
- We have the opportunity to make longer term plans for quality improvement and sustainability of the changes
- We will make timely contribution to the annual planning process as required.

## **5. QUALITY PRIORITIES PROGRESS REPORTING**

Each Quality Priority is progressed via different working groups within the Trust. The Chair of each group provide an action plan and quarterly update to the Clinical

Governance Steering Group and to the Board via the Governance Committee.

Updates are also given to the Council of Governors as requested.

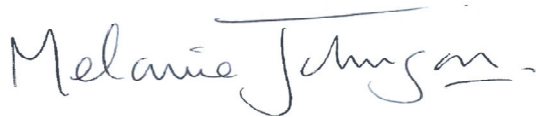
## **6. NATIONAL REQUIREMENTS**

The Quality Priorities noted above meet the requirements laid out nationally by NHS Improvement and NHS England. They are also consistent with the reporting requirements of the Quality Accounts and will be reported in the Trust Annual Report.

## **7. RECOMMENDATION**

The Council of Governors is asked to:

- Note of the requirements for setting Trust quality priorities 2017/19 and 2018/19
- Support the rollover of 2016/17 quality priorities

A handwritten signature in cursive script that reads "Melanie Johnson".

**Melanie Johnson**  
**Executive Director of Nursing and Patient Experience**

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**CHS INTERNAL OPERATIONAL WINTER PLAN**

**COUNCIL OF GOVERNORS**

**NOVEMBER 2016**

**EXECUTIVE SUMMARY**

Each winter brings with it a number of challenges that affect service delivery, including the balance of emergency and elective activity, together with the flow of patients from admission through to discharge to usual or alternative place of residence. This is further impacted by challenges such as severe weather, seasonal flu, Norovirus and the impact of festive public holidays. Winter surge usually occurs each year from the beginning of January until around April, leading into May, although it is recognised that increasingly surge can happen at any point throughout the year. This year's Winter Plan aims to be operational from November 2016 through to May 2017.

This paper seeks to outline the Trust's plans for ensuring proactive management of the patient pathway, maintaining flow, facilitating safe and timely discharge and the efficient use of in-patient bed capacity during the winter surge in addition to utilising support from our external partners

The paper is part of the Trust's approach to managing the winter surge and will be issued in conjunction with the CHS North East Escalation Plan (NEEP), Standard Operating Procedure for Trustwide response to surge (SOP) and the CHS Seasonal Flu Plan and Vaccination Programme.

This paper outlines the internal operational plan but to achieve true resilience must be part of a wider City approach.

**RECOMMENDATION**

Governors are asked to receive this paper as assurance that the organisation has taken steps to plan for winter pressures and minimise the impact of the additional activity and attendances it is anticipated will occur.



Angela Gillham  
Divisional General Manager - Medicine

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**CHS INTERNAL OPERATIONAL WINTER PLAN**

**November 2016**

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## **1. Introduction**

### **1.1 Background**

Pressure on health care services can occur at any time during the year, but are at their highest and most sustained during the winter period. Expectations of the public are that services will be continued in the usual way and therefore robust resilience planning is required to provide assurance during this challenging period. This plan will outline how CHS will prepare, mitigate and respond to these pressures.

Pressures during this period are across the whole health care system and it must be noted that a whole system approach is required and therefore the CHS plan will work in alignment with all others in the City Wide Health Care system.

### **1.2 Scope**

The plan will cover CHS internal response to the winter period but will require delivery of other agency plans to support overall sustainable delivery.

### **1.3 Links to other internal policies / procedures**

This paper should be considered alongside and supports other policies/procedures such as:

-

- CHS North East Escalation Plan
- Transfer of Patients Policy
- Hospital Discharge Policy – *reviewed and awaiting ratification*
- Integrated Admission Unit Operational policy
- Discharge Lounge Standard Operational Procedure
- Escalation Standard Operational Procedure
- Seasonal Flu and vaccination programme
- Directory of services
- Pandemic Flu Plan
- Critical Care Escalation
- Maternity Escalation
- Inclement weather guidance

### **1.4 Monitoring and Implementation**

CHS has a Multi-professional winter planning team which is operational throughout the year and as such falls under the remit of the Safe and Sustainable Emergency Care Group. The group monitors a number of work streams of which winter planning is one. The group is responsible for operational review and implementation of the plan across the organisation and contributes to the content of the final winter plan prior to it being taken forward for Trust Board approval. The work of this group will feed into the external governance structures for Urgent and Emergency Care as part of Winter Planning across the health community.

## 2. Escalation Plans

### 2.1 North East Escalation Plan (NEEP)

The NEEP level status indicates the level of escalation which an organisation is declaring and is reported on a daily basis reflecting the highest NEEP status. For the purposes of SITREP this reflects the previous 24 hours, however when used operationally this is at a point in time. NEEP levels are reported 3 times each day throughout the year via the Flight Deck which is collated by NEAS and overseen by North of England Commissioning Support Resilience Planning, Escalation and Surge Management Team.

The **North East Escalation Plan: NEEP** identifies:

- Baseline capacity data
- Key escalation levels
- Triggers which will influence the level
- Actions to be taken
- Communication to take place at particular level
- The Command and Control Arrangements
- What impacts are expected
- Any implications

It is the intention this winter to introduce a national escalation plan which will be available as of December 2016; for this reason the 15/16 NEEP plan will continue to be used operationally until the new plan comes into force.

### 2.2 Command and Control

The Divisional General Manager has the authority to declare a level or to escalate or de-escalate NEEP levels. Out of hours for the purposes of informing the flight desk the First on call manager has delegated responsibility to declare.

When the Escalation SOP trigger levels have been reached, Bronze Control will be established and this will support the Patient Flow Management team meetings. Bronze Control base is currently located in the Patient Access Team Matron's office on B level. Bronze meetings will be initiated when the Trust is in escalation amber and will be chaired by the Directorate Manager on call.

When SOP trigger levels reach red escalation the Divisional General Manager will be present and will chair the command and control meeting.

When SOP trigger levels reach black escalation the Director of Operations will be present and will chair the command and control meeting. In the absence of the Director of Operations the 2<sup>nd</sup> on call will assume this role.

Once NEEP level 4 is declared then Silver command will be established. Silver command for winter pressures will be the: -

- Lead Director Winter planning/Accountable Emergency Officer
- Director of Nursing
- Director of Operations
- Divisional General Managers
- Medical Director
- Head or Deputy Head of Infection Prevention and Control

This team will meet as required to determine the strategic requirements for winter and to liaise directly with the CCG and other agencies and manage communications relating to actions required. Bronze control can request silver command support at any time during a surge in activity and will automatically be called when trigger level 4 is reached.

Silver command will authorise any decisions to implement Business Continuity Plans. Silver command will be represented out of hours by the 2nd on call Director.

### **2.3 Standard Operating Procedure for the 'Trust wide Response to Surge' (SOP)**

A Standard Operational Procedure is in place to ensure that staff across the organisation are made aware of increasing pressures at an early stage, to take proactive action to try to prevent further escalation (both back and front of house) and to minimise the impact of the surge on patient care and flow. The SOP is available under separate cover.

The SOP has been designed to highlight meaningful triggers, early identification and proactive intervention, with a view to delaying or stopping further escalation and surge.

The key areas of the SOP include:

- Issue escalation process.
- Defining the escalation status.
- Communication of Trust escalation status.
- Response to escalation status.

The escalation status is currently communicated across the bleep system 3 times daily or with an increase in escalation status e.g. from green to amber. In addition the escalation status is communicated 3 times daily via e-mail and updated on the intranet by Corporate Affairs as soon as possible following receipt of the "bleeped" status.

### **2.4 City Wide Surge**

There is a Sunderland Surge Protocol which enables any provider across the City to call for mutual aid during times of pressure. A Surge command meeting can be called any time within or out of hours upon request of CHS or a partner organisation. This may be in the format of a face to face meeting or telephone conference call. This provides the ability to share resources to mitigate surge pressure and de-escalate effectively.

### **3. Managing Patient Flows**

The following section will describe the systems and processes in place to create the capacity required during the winter period and anticipated surge.

#### **3.1 Emergency Department (ED) Capacity**

The current environment is challenging to the ED and this will be further exacerbated during the phasing of the new ED build which is due for completion in May 2017. There are robust plans in place during the phasing period and this is tightly managed through a weekly operational group. Capacity and demand is closely managed using the operational escalation plan which has a trust wide response to the pressure at the front door. Initiatives such as the proactive pull from Emergency Ambulatory Care and NEAS Pathfinder ensure that the patient reaches the right place, first time, supporting positive patient flow in the Emergency Department.

##### **3.1.1 Urgent Care Centre**

CHS has ownership of the 4<sup>th</sup> Urgent Care Centre in Sunderland. Appropriate Type 3 patients are navigated from the ED front door to the 4<sup>th</sup> Urgent Care Centre which supports capacity on the main corridor. The Urgent Care Centre is GP led and part of the 111 DOS.

##### **3.1.2 Patient flow through the Emergency Department (ED)**

CHS ED has both nurse navigator and flow facilitator roles within the Department which support the journey of patients to the most appropriate environment.

The outcome of the patient's journey through ED will result in discharge, emergency ambulatory care or an inpatient admission.

In reach teams support the ED with appropriate timely discharge destination including complex discharge nursing team, interface team, OPAL (Older persons assessment liaison), Frailty and NTW Raid Mental Health Team. .

##### **3.1.3 Ambulatory Care**

A significant proportion of adult patients requiring emergency care can be managed safely and appropriately on the same day as a same day care episode. City Hospitals Sunderland have embraced Ambulatory Emergency Care which has become an accepted and recognised treatment modality.

Encompassed within the Emergency Ambulatory Care Unit (EACU) are processes and pathways to ensure accurate and timely assessment and management.

The purpose of the unit is :-

- a. To facilitate assessment of patients who deemed as suitable for ambulatory care.
- b. To provide rapid assessment, investigation and treatment for patients who do not require admission.

- c. To arrange rapid investigations, treatment and post discharge follow up for patients who do not require admission.
- d. Assessment and investigation and depending upon outcome referral to dedicated daily clinics for those patients who do not require admission to City Hospitals Sunderland.

EACU is co-located with Integrated Assessment Unit (IAU) and short stay surgical ward providing a streamlined assessment footprint. This enables greater flexibility between the units and support admission avoidance, greater interchangeability of admissions and ambulatory care referrals and improved rapid access to senior decision makers

EACU proactively seek and pull patients from the Emergency Department that are deemed suitable for ambulatory management.

## **Speciality Ambulatory Care**

### Urology

The Urology rapid access unit (URAU) is led by Nurse practitioners and supported by Urology Medical staff. The unit is open from 08:00 to 20:00 7 days a week. It delivers emergency urology assessment/input to patients that previously would have attended ED or admitted direct to the ward for their initial assessment.

The unit will accept all acute non - life threatening urology emergencies, provide ambulatory urology care, and receive direct referrals from General Practitioners, District Nurses, and ED from all spoke sites in addition to City Hospitals Sunderland.

All telephone calls will be triaged by experienced Urology Nurse Practitioners, accepted and requested to be transported to URAU or alternative advice given depending on presentation or complaint.

Patients will then attend URAU to be assessed, managed and discharged or admitted direct to the Urology ward if further in-patient management is indicated.

### ENT

The ENT Ambulatory care unit is situated on C33 with 5 Trolley/Chair spaces and a dedicated treatment room for ENT urgent care assessment.

The unit is currently open for referrals between 09:00 – 17:00 and is medically led with Registered nursing support. As of the 31<sup>st</sup> October 2016 the opening hours of the unit will be extended to receive referrals between the hours of 08:00 – 19:00.

The purpose of the unit is:

- a. To facilitate assessment of ENT patients referred from GP's, ED or from other hospitals who: are deemed as suitable for ambulatory care or admission.
- b. To provide rapid assessment, investigation and initiation of therapy for ENT patients who do not require admission.
- c. To arrange rapid investigations, treatment and post discharge follow up for ENT patients who do not require admission.

- d. Assessment and investigation and depending upon outcome referral to dedicated daily clinics for those patients who do not require admission to City Hospitals Sunderland.
- e. To provide rapid assessment, investigation and initiation of treatment for ENT patients that will require admission to the main ward.

## Gynaecology

Patients who present with gynaecological issues are triaged by the ED staff and if appropriate (i.e. patient is stable and does not require resuscitation or immediate transfer to theatre) are referred to Gynaecology. Following agreement between clinical staff, these patients can be transferred to Ambulatory Care on Ward D47 for ongoing investigation and treatment.

Clinical guidelines are in place for patients with a PV bleed related to pregnancy and these should be followed when applicable.

Ambulatory care is open 08:00 to 19:00 but patients can be transferred to the ward subsequently by agreement with the Registrar

EPAU is open mornings six days per week. Patients are seen by appointment.

### **3.2 Services to Support Flow**

#### **3.2.1 Hospital Interface Team**

The team consists of qualified Occupational Therapists, Physiotherapists and Generic Assistant Practitioners. The aim of the team is to provide a rapid multidisciplinary assessment and intervention at Front of House, as well as responding to urgent community referrals via the Intermediate Care Hub. The assessment is aimed at preventing hospital admission and re-admission and facilitating timely discharge. The team work to specific measurable response targets. The service is provided 365 days per year, operating from 08:00 to 19:30.

The team provides a rapid assessment of patients in the ED, the 4<sup>th</sup> Urgent Care Centre, Fracture Clinic and Ambulatory Care; providing functional assessment, provision of aids and adaptations and assessment for support services in the community.

The team also assess relevant patients on IAU and the short stay ward B20, with the aim of returning patients to their own home, either independently, with aids and adaptations, with support from reablement, or by accessing beds in bed based rehabilitation services.

### **3.2.2 Complex Discharge Nursing Service:**

The complex discharge nursing service works collaboratively with both in hospital and out of hospital services in providing a multi-disciplinary approach to patient flow and appropriate and timely discharge destination.

There are Front of House Complex Discharge Sisters and Back of House Complex Discharge Sisters who provide a seven day service at CHSFT

The Front of House Discharge Sisters work in ED and assessment areas to offer specialist advice and assistance in arranging support services in the community rather than an admission to an acute hospital bed. They work closely with the Interface Team, Frailty Team, Community Geriatric Service and the Recovery at Home service.

Back of House Complex Discharge Sisters work closely with the Recovery at Home, Hospital Social Work teams and other members of the Multidisciplinary team to identify patients with complex discharge needs to facilitate a timely discharge for patients who are admitted into the organisation.

### **3.3 Bed Capacity Modelling**

Analytical work has been undertaken whereby occupancy levels have been calculated hourly during each day across the winter period (rather than counts of arrivals) from the perspectives of both beds and the ED. These were reviewed for the previous three years in order to highlight periods of time where occupancy exceeds or was very close to exceeding available rooms and beds. This information can then be used to take decisions regarding when escalation capacity should be opened and also how rotas should be built to cover critical periods in order to ensure appropriate staffing levels were in place to effectively manage flow through the system and to thus minimize the likelihood of stagnant demand building up in the system and causing blockages.

This work has recently been updated and will be available for operational delivery aligned to winter planning timescales.

#### **3.3.1 Escalation Capacity:**

##### Escalation Beds

Recent analysis has confirmed that over the winter period inpatient demand exceeds available inpatient bed capacity. In planning for this 15 additional acute inpatient beds are planned to be in the system as of November 2015. These beds will be available for acute patients and will sit within the Division of Medicine from an organisational structure perspective.

The escalation area will have a dedicated team of nursing staff replicating a base ward nursing structure of ward manager, registered nurses and health care assistants. This will provide leadership and continuity for patient care. The area will be the annexe adjacent to ward E54 and will sit within the Directorate of General Internal Medicine from a Directorate perspective and as such have identified Clinical Director, Directorate Manager and Matron.



Although modelling clearly indicates the requirement for additional bed capacity; it must be acknowledged that nurse staffing support is a risk. A co-ordinated piece of work has been undertaken to identify nursing workforce support from across the organisation to determine how staff can be deployed in the most efficient and effective way. There will be continual assessment of nursing workforce with the nursing workforce tool being updated on a weekly basis by the matron team. The matron for the escalation area has been given delegated authority to have overall management of this supported by the matron team.

### **3.3.2 Non-Elective admissions**

#### **Division of Surgery**

The pressure in terms of non-elective presentations to the Division of Surgery will be managed through command and control to ensure that there is as little impact as possible on elective workload. The teams will promote ambulatory management of patients where possible, access to 'hot clinics' and timely response to both ED and IAU, to promote patient flow. The Directorate of General Surgery will look to provide additional beds within the clinical area, to provide an area of flex to help manage surge within the Directorate. This is likely to be 1 additional bay on Ward D42 (short stay surgical ward).

### **3.3.3 Elective admissions**

The ability to restrict elective activity during the Christmas period is extremely limited due to the nature of the 18-week target and the volume of cancer patients across the division.

The Directorate Managers for each specialty will take responsibility, as part of their actions for surge, to draw up a daily list identifying those patients in series of priority who will have their operations suspended if there is pressure on capacity. These lists will be with the Patient Flow managers by 10am each morning. Care will be taken to ensure that this does not impact on the 18-week pathway or patients referred under the 2 week rule for cancer.

For the full month of January 2017, the Division of Surgery will primarily concentrate on Day Case procedures, to reduce the reliance on in-patient beds during this pressurised month of surge, then revert to usual working and case mix.

Each Directorate will produce a capacity and demand plan for this period, detailing what cases will be done and when, the impact on 18-week RTT, any remedial actions required and any areas where increased OP activity can take place rather than theatre activity, without a detrimental impact on waiting times.

## **3.4 External Capacity**

### **3.4.1 Recovery at Home Service**

The Recovery at Home Service provides time limited health and social care support for patients and carers that will link into and compliment any existing services the patient may have in place.

The Division of Medicine has worked closely with external providers, to identify a number of community options to be made available to us, for those patients who are medically fit for discharge, who may have ongoing nursing needs but are waiting for an element of their discharge arrangements to be complete.

## **Reablement at Home**

There are 15 Reablement teams, city wide, as part of the Reablement at Home Service. This service provides vulnerable people and their carers with high quality personal care, assistance and support; helping them to live as independently as possible at home.

The service aims to maximise customers long-term independence, choice and quality of life and to appropriately minimise ongoing support required and, thereby, minimise the cost of care for all.

This service supports CHS in expediting discharge and step down care.

## **Community Beds**

Access to community beds is available via Integrated Care Hub to support step down care.

- 10 Nursing EMI beds at Maple Lodge Care Home for patients with Dementia or mental health issues, awaiting 24 hour care or complex care packages.
- 7 extra care reablement apartments (4 Cherry Tree Gardens and 3 Bramble Hollow),
- 24 nursing care beds available in Houghton Primary Care Centre for Intermediate Care and Reablement
- 36 residential care beds at Farnborough Court Intermediate Care facility.
- 14 Nursing beds at Farnbrough Court
- 10 beds at Alexander View Nursing Home; currently commissioned as continuing healthcare assessment beds.

## **4. Patient Access**

### **4.1 Emergency Admissions**

Patient flow managers (PFM's) will co-ordinate the flow of emergency patients. There will be two PFM's on duty 24/7, each with distinct areas of responsibility ensuring cover for the whole organisation. This will ensure there is an overview of the current beds state and any issues with capacity. The patient flow managers are mobile and will have real time bed state and capacity available to them via the bed management module.

### **4.2 Admitted Patient Management**

Patient flow needs to be as efficient and effective as possible with no delays in any step of the patient pathway.

All areas within CHS have Safer Bundles in place with a number of these monitored electronically for assurance purposes. .

The electronic bed management module is currently being rolled out with the benefits of real time bed availability and pending discharge function.

Further nationally recommended initiatives are in pilot stages including “red and green days” and discharge to assess; which will be continued and rolled out across 16/17 further supporting effective patient flow

## **Discharge Lounge**

Next day discharges must be brought to the attention of the Patient Flow Managers and Discharge Lounge, who will facilitate transfer of patients to the lounge early on the day of discharge. The Discharge Lounge staff are able to counsel patients regarding discharge medications and will arrange transport for the patient if necessary and will collect the patient from the ward and transfer to the lounge. There are agreed checklists to confirm all clinical queries resolved e.g. medication further reduces patient delays. The Discharge Lounge is open from 08:00 to 20:00 Monday to Friday, Saturday 0800 – 1800 and Sunday 10:00 – 18:00 including Bank Holidays with the exception of Christmas Day which has not seen a value added benefit over recent years to warrant efficient opening hours.

Matrons will carry out at least daily ward rounds to help populate the list above and to resolve EDD or diagnostic delays and to ensure the discharge lounge is being fully utilised.

The Discharge ambulance should be used for same day discharges, where the patient has a clinical need and no other means of transport. The Discharge ambulance is accessed via the Discharge Lounge.

The crews are now part of the core NEAS team who operate in the region as controlled by NEAS.

Palliative Care dedicated ambulance is available Monday to Friday during the hours of 09:00 to 19:00 which have a 1 hour response rate.

### **4.2.1 Critical Care**

Normal procedures for critical care will be maintained with any bed pressures being escalated to the network. A review of current patients will be undertaken by consultant staff to see if any patient’s care can be stepped down before issues are escalated to the network. This may include prioritisation of patients for moves out of critical care as well as those awaiting admission to hospital or from the ED.

### **4.2.2 Control of Infection**

Effective communication and teamwork is essential between the Infection Prevention and Control Team (IPCT) and patient flow managers. They must work in close collaboration for admission, transfer, discharge and movement of patients between departments and other health care facilities. Ambulance services will be involved/informed as necessary.

A risk assessment must always be made by the nurse/doctor admitting or caring for the patient in conjunction with the Patient Flow Manager and IPCT. Side room capacity is particularly challenging over the winter period, to assist with appropriate allocation of side rooms patient placement should be assessed on admission to hospital and thereafter depending upon clinical changes or notification of infection (via the V6 Patient Prioritisation assessment) The IPCT will assist with the risk assessment of side rooms during times of extreme bed pressures.

Direct admission onto F62 must be considered (providing medical and microbiology approval) for those patients who are admitted with a known or suspected *C. difficile* infection, these patients may require isolation in a side room or Pod until confirmation of the result and an assessment should be completed to ensure appropriate patient placement. The admitting team would need to clerk the patient on the ward.

The use of F62 for MRSA and 'other' infections such as viral gastroenteritis is best practice, as is the transfer of patients with a *C.difficile* indeterminate result as these patients cannot be co horted and require a side room or Pod. This can be facilitated without Microbiologist involvement, provided the ward has sufficient capability to staff the ward.

In times of extreme bed pressures it is acknowledged that there may also be a requirement to use the beds for 'non infective' patients. This can also be facilitated with or without IPC consultation provided every attempt has been made to allocate the beds to patients with infection first (it is useful to wait until after 17:00 hrs at which point all *C.difficile* results for that day should be available – suggest removal). F62 nursing staff will ensure there are no suitable patients for transfer to F62 with alert organisms, such as MRSA, prior to allocation of beds for non-infective patients.

The IPC nurses will be happy to support any risk assessment through attendance at the Bronze control meetings. When patients are to move to ward F62 their own consultant (or team) ought to be aware of the suggestion and agree with it. Specifics about why patients are unsuitable (if this is the case) should be noted. Such patients should remain under review in case they can move to F62 at a later date.

Direct admission to ward F62 from the community for patients with *C.difficile* should continue to be discussed with the microbiologist.

Within ward F62, 4 'Pods' in place for the management of patients with infections. These 'pods' allow isolation of a patient within a patient bay, in the absence of side room capacity and provide greater flexibility for the management of infection.

All IPC procedures, guidelines and policy are available electronically via CHS intranet.

## **5. Workforce**

### **5.1 Nursing Workforce Tool**

A nursing workforce tool has been developed to ensure equity of nursing workforce across the organisation at times of workforce depletion. The staffing risk assessment tool is co-

ordinated by the matron team who update their staffing position on the staffing risk assessment tool on a weekly basis. The document is held in the staffing assurance folder on the central electronic Q Drive. This tool will support any workforce deficiencies further exacerbated by winter pressures such as flu.

The workforce tool will also support the identification of staff to be released to support workforce requirements of the escalation ward.

## **5.2 Enhancement of Current Services**

### **NHS Professionals (NHSP)**

NHSP replaced the Nurse Bank in October 2014. Lynn Tallintire, Matron Patient Access and Discharge is the Trust Led and can be contact on bleep 52591

NHS Professionals and CHSFT work closely together to increase NHSP workforce for winter 2016/2017

Currently NHSP do not offer an outbound calling service as part of CHSFT contact however they do have an office on site, opposite bronze control on staff change corridor. The office is open Monday to Friday 08:00 until 16:00. There is also a 24/7 telephone number available for CHSFT Managers / Matrons only which is 03330 143622

They will support wherever possible and ask the service centre to assist CHSFT.

### **5.2.1. Pharmacy**

Integrated Medicines Management (IMM) is a system whereby pharmacy staff manage the medication pathway from admission throughout the stay and through to discharge with safe and effective transfer and clinical handover for medication back into primary care. It has been shown to reduce the length of stay, reduce readmission rates, improve the appropriate utilisation of medicines, improve patient access to medication both during their stay and on discharge and underlying knowledge of clinical indications and major side effects of their medicines and have reductions of both medical and nursing workload. The Directorate has a 7 day working service in place..

### **5.2.2 Therapy Services**

Occupational Therapy and Physiotherapy provide a 7 day service, however weekend cover does not replicate that of Monday to Friday. The service facilitates timely patient discharge by providing response times of 12 hours to new patients. Concentrating on:

- Treating patients on the acute care wards
- Offering acute respiratory care therapies
- Assisting patients to achieve their rehabilitation goals in a timely way
- Facilitate discharge to support reduction in bed days
- Offer timely communication with MDT and social workers in terms of patient progress, and potential to move patients from the acute care setting back into the community setting
- Liaise with family, carers and community services to ensure successful discharge

- Manage surge in activity, promoting discharge and maintaining flow out of the organisation.

### **5.2.3 Diagnostic Imaging**

Diagnostic imaging currently provides a 7 day service for emergency care and extended existing services, crucially within the cross sectional imaging modalities of CT and MRI. By providing improved access to these diagnostic tests, it is hoped to reduce existing waiting times for both in and out patients. Formal radiological reports are pivotal in diagnosis and treatment planning, thereby streamlining the patient pathway and facilitating early discharge.

### **5.2.4 Social Worker Team**

As of October 2014 CHS have been supported by a 7 day social work service, the aim is a positive impact on increasing weekend discharges, and in addition increasing the number of patients discharged earlier in the week on a Monday and Tuesday.

## **5.3 Senior Clinical, Nursing and Managerial Support**

To ensure that the proposed measures are effective in improving and maintaining patient flow, it is imperative that there is an increase in the support provided by senior clinical, nursing and managerial staff during this Winter Period. This will include: -

- Directorate Managers to be a visible presence at times of escalation to provide support to frontline staff, offering advice, guidance and leadership to break down blocks in the system that may be delaying safe and effective discharge.
- 24/7 decision-making regarding management of patient access, including appropriate escalation through 1<sup>st</sup> and 2<sup>nd</sup> on call system.
- Directorate Manager presence on site at weekends to provide direction and support.
- Infection Prevention and Control (IPC) nurse available via an on call system at weekends.

To ensure the proposed measures are effective in maintaining a safe service for patients, it is imperative that frontline staff have visible leadership and support. This will be achieved by:

- Daily contact by DM/Matron with clinical teams (as per escalation SOP)
- Visible presence of DM/Matron in key teams
- 24/7 rapid access to senior decision makers

## **5.4 Support to CHS Staff in Severe Weather Conditions**

Inclement weather guidance has been developed for use within the organisation and will be communicated to staff, in particular departmental managers, to guide them in supporting staff during times of inclement weather conditions (Appendix 1)

In addition, information relating to severe weather conditions and likely impact on services and public transport will be communicated to all staff via the intranet

The Trust no longer has rooms in Clanny House but has an emergency agreement with Sunderland University whereby they would help to accommodate staff in a crisis.

A severe winter weather plan is in place that includes increased stock piles of gritting salt, real time Met Office weather forecasting, (Open Road 2-5 day forecast & 24 hour site specific weather forecast for CHSFT) 24/7 in-house on-call winter measures team and the provision of four wheel drive taxis.

Advice on safe winter driving will also be provided to staff (Appendix 2)

## **5.5 Flu Vaccination Programme**

All staff, and in particular frontline staff, will be strongly encouraged to take up the seasonal flu vaccine wherever possible in order to protect patients and other staff as well as themselves. Flu vaccinations are currently underway and all staff encouraged to partake. Seasonal influenza clinical evidence and why flu vaccination matters have been circulated via all users emails. A greater emphasis has been placed on professional responsibility to be vaccinated in line with professional standards e.g. NMC, GMC. A flu thank you is being offered to all staff having a flu vaccine this year, this entitles the staff member to a free beverage and a biscuit. The Trust's Occupational Health and Wellbeing Manager produces an internal Flu Vaccination Plan, incorporating regional and national guidance around the subject as appropriate. Regular updates around the campaign will be disseminated, via Team Brief, staff meetings and the intranet. The Occupational Health and Wellbeing Manager and Deputy Head of Corporate Affairs have developed posters specific to the Trust, which have been disseminated amongst wards and departments. The Trust has 111 vaccinators trained this year to deliver flu vaccination to staff within clinical areas. In addition flu drop in clinics are undertaken in the Occupational Health and Wellbeing department and staff can also make an appointment if the drop in sessions are not convenient to them. Plans are in place for the Occupational Health and Wellbeing team to attend Trust events, such as inductions, lessons learnt seminars and study events.

Recording of vaccinations will be undertaken by the Occupational Health and Wellbeing department and will support the reports required both regionally and nationally.

The Trust Pandemic Flu Plan has been updated with recent guidance and is available under separate cover.

## **6. Communication Strategy**

### **6.1 Internal Communications**

The Trust will communicate and raise awareness of the Operational Winter Plan by:

- the intranet;
- Team Brief;
- email; and
- the Grapevine

## **6.2 Escalation Processes**

The Trust will communicate clear escalation processes to staff to ensure timely action is taken at all levels to ensure patient flow and therefore capacity is maximised during particular periods of pressure. This will be done by:

- the bleep system;
- update of the escalation traffic light on the intranet home page to provide a quick and visible prompt to all staff regarding pressures faced by the organisation;
- email to relevant staff depending on the issues affecting the Trust

## **6.3 Support Services (External)**

A winter pack has been developed for over the Christmas and New Year period and this will be distributed to all relevant teams as well as being available on the intranet. The pack will detail opening hours of services across the City and where possible across SOTW, access to community pharmacy, on call rotas, escalation plans and key contacts

The NHS 111 Service, also has a Directory of Services (DOS) which staff are able to access to find appropriate services to meet the needs of their patients, ensuring flow is maintained and discharge continues across 7 days.

## **6.4 Links with other providers**

The Trust's DGM responsible for Winter Planning and CD for Rehabilitation and Elderly Medicine will attend weekly Surge meetings to update other providers on the situation at CHS and ensure effective communication during the peak activity pressures. The DGM team will also partake in the daily teleconference calls, to discuss pressures on the service and remedial actions being taken.

The CHS and CCG Winter Service Directories will identify formal arrangements in both organisations for service provision and senior emergency on call contacts.

## **7 Recovery**

Command and control will need to be maintained to manage the hospitals recovery from a winter surge. Triggers will be reversed to aid step down.

The start up of elective capacity needs to be effective as soon as possible which will mean that discharge and flow management will need to be maintained.

A debrief will take place for the current Winter planning group in May 2017, to look at any lessons learned, in preparation for next year's planning

Angela Gillham  
Divisional General Manager  
Division of Medicine



## **Inclement Weather Guidance**

This guidance aims to ensure that equal and fair treatment is applied as far as possible to staff who are unable to attend work, or who have to work a shorter day than normal, due to inclement weather. While accepting that staff should not take unreasonable risks in attempting to get to work in difficult conditions, there should not be a disincentive to staff that do make a particular effort.

The decisions to be made in the event of severe inclement weather will be a balance between:-

- ensuring patient care is not compromised
- ensuring the safety of staff at work is not compromised

The decision regarding whether or not it is safe to travel to one's normal place of work can only be made at the time, taking into account the particular circumstances which apply and having due regard to the mode of transport, prevailing traffic and weather conditions.

This guidance therefore requires people to exercise responsible decision-making, bearing in mind the needs of the people we serve and the expectations of the organisation in such situations.

### **1 What is Inclement Weather?**

**'Inclement weather'** covers conditions such as snow, ice, fog and/or floods which result in extremely hazardous road journeys by both public and private transport.

**'Extremely hazardous'** is defined as those conditions in which the police and/or appropriate motoring organisations advise people not to make unnecessary journeys or indeed travel at all.

### **2 What if I can't get to work because of the inclement weather?**

In such circumstances, you are expected to make every reasonable effort to get to work, adapting your means of travel if necessary, even if this means you will arrive late.

If you really are unable to attend work because of the weather conditions you must notify your manager as early as possible and certainly no later than one hour prior to your usual start time. In this case you would normally be expected to take the time as annual leave, unpaid special leave or flexi time, at your request, to cover the time lost. Any exceptions to this will be at the discretion of your manager.

Please note that if you fail to notify your own or another appropriate manager that you are unable to attend work due to the weather conditions then the time will be treated as unauthorised absence and appropriate action, in line with the trust's disciplinary procedure, will be taken.

### **3 Alternative Working Arrangements**

In some circumstances, staff may be able to work at an alternative base to the one where they would normally work. They should contact their line manager (or, in the absence of the line manager, another appropriate manager) who will assess the feasibility of this and if appropriate make the necessary arrangements.

If staff are unable to travel to their normal base, they may be able to work from another base which is closer to home and within a reasonable distance subject to approval by their line manager (or, in the absence of the line manager, another appropriate manager).

Where inclement weather disrupts normal activities, every effort should be made by the senior member of staff, who has been able to make it to the team base, to contact those patients considered to be vulnerable or who have appointments that day.

Staff may be able to work from home and if so, should contact their line manager to discuss of this option and the work to be undertaken and to check on the prevailing weather conditions at their normal base.

Where a member of staff considers they may have difficulty in the future as a consequence of inclement weather, they must discuss this with their line manager.

### **4 What if I am late for work due to the inclement weather?**

If you do arrive late because of inclement weather you will not normally be expected to make up the time lost.

### **5 Will it be possible to leave early?**

If you wish to leave work early because of the weather you should consult with your manager. Staff whose circumstances make it essential that they be allowed to leave earlier, e.g. those who have dependents who have no other carers available or those with particular health problems, will be allowed to leave at their manager's discretion and subject to the needs of the service.

In the case of worsening, or particularly hazardous conditions you should be able to leave work earlier than usual (subject to the needs of the service) without having to make up any time lost.

Normally all staff who attend work during such hazardous conditions, but work a shorter day than normal because of the weather, will be granted their standard day.

### **6 What if I am unable to travel home due to the weather?**

Where possible the Trust will endeavour to provide rest facilities for staff who are unable to travel home as a result of the weather.

### **7 What if the office is closed due to bad weather?**

In exceptional circumstances, a decision may be made by the Chief Executive, or other nominated individual, to close the buildings and either send staff home or tell them not to arrive for work. In this instance you would not be required to make up lost hours.

**8. What if my child's school is closed at short notice?**

If your child's school is closed at short notice due to inclement weather then one day paid special leave will be awarded to enable alternative arrangements to be made.

Any further time off for this situation must be taken as annual leave, unpaid special leave or flexi time. It may well be that some managers agree that the time can be made up / paid back at a later stage.

**9. What if the inclement weather continues?**

The nature of this guidance is to cater for initial, emergency situations. However it is recognised that in some instances inclement weather may continue and other services may be affected. In this situation other policies may need to be referred to e.g. annual leave, special leave, flexible working. You should discuss your Individual situation with your manager.

**10. What if the weather prevents me returning to work from a holiday destination?**

If inclement weather prevents you from returning to work from a holiday destination, you should make contact with your manager at the earliest opportunity to let him/her know that your return to work is delayed and when your likely return date will be. On your return to work your manager will discuss with you how this leave can be best managed – depending on the circumstances it may be e.g. short term unpaid leave, make up time lost, annual leave.

**Further information and advice is available in the first instance from your Divisional HR Manager.**

**Advice for Driving / Working in the Snow**

Where snow is forecast, or has fallen already, staff should consider having the following in their car:

- A small spade/shovel
- Blanket(s)
- Thick winter coat
- Gloves
- Sturdy shoes/boots
- Carry some food and a flask of tea/coffee/soup
- Ensure that your mobile phone is fully charged and that you have an in-car charger
- It may also be advisable to keep the petrol tank full and to keep topping it up – you may become blocked in the snow, but remain able to keep the engine running in order to run the heater and lights
- If you become blocked by the snow, you should remain with your vehicle as it provides shelter and warmth. Under no circumstances should you attempt to complete your journey on foot if it is snowing or dark

Contact the Emergency Services with your mobile telephone, giving them your name, vehicle description and location. Remain with your vehicle until the Emergency Services arrive or until it is safe to continue your journey (if possible). If you are able to get to a place of safety, remember to contact the Emergency Services and inform them.

# **CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

## **FACILITIES SERVICES**

### **COUNCIL OF GOVERNORS**

**November 2016**

#### **2016 PLACE INSPECTION REPORT**

## **INTRODUCTION**

The following is a report of the PLACE inspections carried out in April 2016 and an overview of the findings and results of the PLACE inspection teams.

## **BACKGROUND**

This round of inspection was the fourth year of PLACE and once again saw a number of changes to the inspection. Whilst most of these were minor, the main changes related to the Cleanliness and Condition, Appearance and Maintenance sections, where the scoring grids were increased to six separate areas. There were also significant changes around the assessment of the extent to which environments support the care of patients with dementia. A sixth PLACE domain of disability was also introduced. This used existing questions (amended for 2016).

We also took the opportunity to learn from our own local experience and again held training sessions, pilot inspections, and 1:1 meetings mainly for the benefit of staff and patient representatives who were new to the process this year. All training sessions and pilot inspections were well attended and ensured all the inspection team were well prepared for the formal inspections.

The inspections took place over the following dates:

Sunderland Royal Hospital - 6<sup>th</sup> & 7<sup>th</sup> April 2016  
Sunderland Eye Infirmary - 7<sup>th</sup> April 2016

PLACE continues to be an annual assessment and covers the following areas:

- Cleanliness
- Condition & Appearance
- Privacy Dignity & Wellbeing
- Dementia Environment
- Disability (New Domain)
- Food.

PLACE focuses entirely on the care environment and does not stray into clinical care provision or staff behaviours. It extends only to areas accessible to patients and the public (for example, wards, departments and common areas) and does not include staff areas, operating theatres, main kitchens or laboratories.

Results will continue to be reported publicly to help drive improvements in the care environment. The results will show how hospitals are performing nationally. Most importantly, patients and their representatives continue to make up at least 50 percent of the assessment team, which will give them the opportunity to drive developments in the health services they receive locally. City Hospitals Sunderland continues to heavily involve patient representatives on our inspection teams, and this year saw a number of new patient representatives from Healthwatch joining the inspection team.

The requirement for patient representatives to complete the final assessment forms and to agree a score for each area with the rest of the team including CHS staff is similar to last year's process. The Patient Representatives are also required to submit a "Patient Assessment Summary Sheet" containing some questions specifically for patient assessors only to answer. This is to make sure that the patient voice is strong and clear. At the end of the assessment, patient assessors meet alone to answer these questions.

Most aspects of the system continue to be scored on a 3-point scale - Pass, Qualified Pass or Fail, and there is an increased use of yes/no responses or multiple choices. This system is designed to speed up the process and reduce time spent discussing scores.

This year saw the addition of a sixth domain of disability, using existing questions with further amendments for this year. There were also changes to the number of areas included in the cleanliness and Condition & Appearance grids, increasing from three to six. (The revised list includes: Ward, Toilet, Bathroom, Treatment Area, Social and Communal Areas and Other)

There were also some minor changes to the Food section including a change to the scoring, and the removal of some previous questions around menu availability.

The advantage of the PLACE process is that the very good areas will not be pulled down by the not so good areas, and will put a focus on those areas that have failed or only have a qualified pass.

Health & Social care Information Centre determine the *week* of each assessment and CHS were given 6 weeks' notice. CHS chose the day(s) of the week to undertake the assessment with the patient representatives choosing the areas visited on the day of the inspections.

This year the inspections timetable was spread over two days at SRH and one day at SEI on the dates highlighted above.

The inspections were undertaken this year by adopting the national guidance with the following assessments undertaken:

- 19 ward Assessments (18 SRH, 1 SEI)
- 17 Outpatient areas (14 SRH, 2 SEI)
- 2 A & E/Minor Injuries (1 SRH, 1 SEI)
- Internal Areas (both sites)
- External Areas (both sites)
- 8 Food Assessments (7 SRH, 1 SEI)

City Hospitals Sunderland NHS Foundation Trust received notification on 7 March (SRH) and 14 March (SEI), informing that our inspections must be undertaken within 6 weeks of receiving the notification. The inspections, which were unannounced, took place via four teams at SRH and one team at SEI to ensure the maximum number of areas could be inspected.

### **TEAM MEMBERSHIP**

The following persons were involved with the inspections.

Rachael Hutchinson - Hotel Services Manager  
Larry Stores – Head of Facilities  
Carol Harries – Director of Corporate Affairs/Operations  
Melanie Johnson – Director of Nursing  
Judith Hunter – Head of Nursing & Patient Safety  
Denise Brown - Lead Matron  
Angie Bell - Matron  
Dave Smith – Building Officer, Estates  
Glen Robinson - Contracts Manager, G4S  
Claire Dodds - Hotel Services Manager  
Pat Taylor – Council of Governors  
Michael McNulty – Council of Governors  
David Green - Community Panel  
Susan Pinder - Council of Governors/Community Panel  
Danny Cassidy - Council of Governors/Community Panel  
John Dean - Council of Governors  
Tony Foster - Council of Governors  
Pauline Taylor - Council of Governors/ Community Panel  
Pat Walker – Healthwatch  
Liz Highmore – Healthwatch  
Kathleen Haq - Healthwatch  
Janet King – Healthwatch  
Trevor Gauntlet – Healthwatch

### **FINDINGS**

This year, four inspection teams were formed to cover the selected areas in a manner so as to avoid any disruption to patient activity, but in particular to assess all areas normally accessed by patients. Each team was required to undertake a series of inspections and the areas inspected were selected by the Patient Representatives within the teams at the start of the day. Following each inspection an assessment form was completed and scoring agreed by all members in the team

The following reports are available from the Centre:

- Exception Report – lists all the questions where top marks were not achieved. **(appendix 1a & 1b)**
- Area Scores – separate scores for each area assessed – each ward, OPD, Communal Areas etc **(Appendix 2a & 2b)**

Some members of the inspection team had been involved in last years inspections and the general feeling of those involved was that the standards of City Hospitals had improved once again, particularly on the wards visited. There was however a

noticeable variation in the condition and appearance of the outpatients areas visited and this is reflected in the lower scoring for these areas.

Due to the detailed and diligent approach of the inspection teams, a series of issues were identified, as would be expected from a very busy working environment, although none of the issues noted presented any immediate impact to the quality of the patient experience. Indeed the majority of patients questioned during the inspection were full of praise for the care they were receiving.

The PLACE process is designed to recognise the age and nature of the buildings that contribute significantly to the patient environment, and this was particularly evident when comparing CHS latest wards with some of the older wards. It is evident that the focus over recent months and years has been on ward areas with some of the outpatients areas visited looking neglected and in need of refurbishment.

We can however learn from the findings as a result of the inspections, and ensure that continuous improvement in patient care standards and their environment is always our main focus.

The focus of the annual PLACE inspection is on improvement, with hospitals required to report publicly, and say how they plan to improve. It is seen as complementing the work undertaken by the many other groups which are active on a regular basis, i.e. Strategic Infection Prevention and Control Group, National Standards of Cleanliness Group, Matron & IPC Inspections, Director of Nursing/Non Executive Director Spot Checks and Facilities Services contract monitoring.

It is generally felt that while improvements and sustained high standards were evident in most areas, work will always be required in those areas where a fail or a qualified pass was evident. During the inspection it was acknowledged that many of the issues identified were temporary incidents, due to daily routine activity, with arrangements already in place to resolve. This was taken into consideration as part of the assessment.

There are some questions on the assessment that would require significant investment from the Trust, across all areas in order to improve the scoring in these categories, but mainly around the dementia assessment. These include:

- Signage and in particular Dementia signage (use of both picture and text)
- Information boards at ward level showing hospital and ward name.
- Contrasting toilet seats
- Secure storage for patient's property at the bedside
- Audible/verbal appointment alert system for the visually impaired
- Visual appointment alert system for the hearing impaired

There continues to be areas where improvements can be made and the most common findings are as follows:

- There was evidence of a lack of nursing input into the preparation of patients and the environment for meal service - patient's areas being readied for service and unnecessary items being removed from the table top.
- Lack of evidence that patients were offered the chance to clean their hands prior to meal service
- Signage around the site, both internally and externally, continues as an area requiring further updating.



The Group would like to record it's appreciation for the help and assistance given to them by all Ward and Department staff who went out of their way to help the teams gain access to as many areas as possible, including access to patients whose views were recorded as part of the findings.

We would also acknowledge the continued commitment from the Community Panel, Board of Governors and Healthwatch for confirming that the process was in accordance with PLACE principles.

## **INDEPENDENT REVIEW**

The requirement for an independent review changed this year; that where the assessment team includes at least one member of Healthwatch then there is no further need to consider involving an Independent Reviewer. As CHS included a number of Healthwatch representatives in the team we did not include an independent reviewer.

This year Rachael Hutchinson, Hotel Services Manager and CHS lead for PLACE, undertook the role of Independent Reviewer at two 2 neighbouring organisations. This was an opportunity to benchmark both the standards assessed and the approach to the inspections. There were some anomalies in the approach to the inspections at one of the organisation and this was flagged to them during the feedback process. Overall it was felt that the CHS approach was robust and transparent and that standards achieved in all areas were comparable with the other organisations.

## **POST INSPECTION PROCESS**

The findings from the inspection were entered onto the PLACE Assessment form and submitted to NHS information Centre by the deadline date of 27<sup>th</sup> May 2016.

We received our draft results as soon as the on-line submission was completed. We were able to compare with our results from last year but as no other data was available we were not able to compare with other Trusts/sites at this time.

National results were published on 10 August 2016. (See **appendix 3a & 3b** for published results)

City Hospitals Sunderland continues to receive results separately for Sunderland Royal Hospital and Sunderland Eye Infirmary, in accordance with the established criteria.

Listed below are our scores and those of neighbouring Trusts and the national average:

<b>PLACE Inspection Scores 2016</b>	<b>Cleanliness</b>	<b>Food</b>	<b>Privacy, Dignity and Wellbeing</b>	<b>Condition Appearance and Maintenance</b>	<b>Dementia</b>	<b>Disability</b>
<b>National Average</b>	<b>98.1</b>	<b>88.2</b>	<b>84.2</b>	<b>93.4</b>	<b>75.3</b>	<b>78.8</b>
<b><i>Sunderland Royal Hospital</i></b>	<b>99.22</b>	<b>93.96</b>	<b>86.00</b>	<b>95.21</b>	<b>73.13</b>	<b>74.50</b>

<b>Sunderland Eye Infirmary</b>	<b>99.25</b>	<b>98.31</b>	<b>87.12</b>	<b>94.37</b>	<b>79.14</b>	<b>79.39</b>
South Tyneside District Hospital	97.91	83.73	86.51	92.52	79.10	81.69
Queen Elizabeth Hospital	99.94	91.36	84.38	96.48	75.59	81.37
Freeman Hospital	99.82	86.11	96.66	96.57	49.53	59.11
Royal Victoria Infirmary	100	90.33	92.72	97.63	67.87	79.44
North Tyneside General Hospital	100	99.79	97.07	88.10	96.65	93.97
James Cook University Hospital	98.63	90.95	81.91	95.68	79.96	84.60
University Hospital Of Hartlepool	98.76	97.00	92.88	95.42	87.19	78.90
University Hospital Of North Tees	98.88	97.05	90.11	95.70	85.27	78.27
University Hospital North Durham	98.81	97.57	92.62	95.70	74.25	80.78
Darlington Memorial Hospital	99.09	95.59	89.72	93.75	72.79	76.67

## **ACTION PLAN**

The findings from the day have been summarised according to the areas visited (**see Appendix 4a & 4b**) and have been developed into an action plan. The suggested approach for this year is for the Multi Disciplinary “National Standards of Cleanliness Group” to drive forward specific actions identified for individual wards and departments. This group will also identify key Trust Wide issues and make recommendations for action.

The findings will be shared with Divisional General Managers at the Operational Management Group (OMG), and cascaded to their teams.

The report has been discussed with the G4S Domestic Team at the recent review meeting and Facilities are working with G4S to establish a follow up action plan, focusing on cleaning and environmental issues. Action is already underway on those areas of particular urgency, with follow-up visits by IPAC and Domestic monitoring Team, who will be working with the ward team to address the issues identified.

The action plan will be measured for effectiveness against National Standards of Cleanliness and progress will be shared via the National Standards of Cleanliness with Matrons and Infection Control.

Any food related issues will be addressed through the Nutritional Steering Group, with an active action plan already evident.

All outcomes will also be discussed at Strategic Infection Prevention and Control Group and Facilities Heads of Department meetings.

## **CONCLUSION**

The outcome of this years PLACE inspection identified many more examples of good practice than last year which is a reflection on the dedicated work and commitment of all involved in improving and maintaining standards.

All the teams involved will continue to have a particular focus on all outcomes from the inspection that offer opportunities for improvement, to achieve the highest standards of patient environment and care.

We would once again like to thank all who were involved not only in the inspection process, but all those who contribute on a daily basis to achieving the current standards.

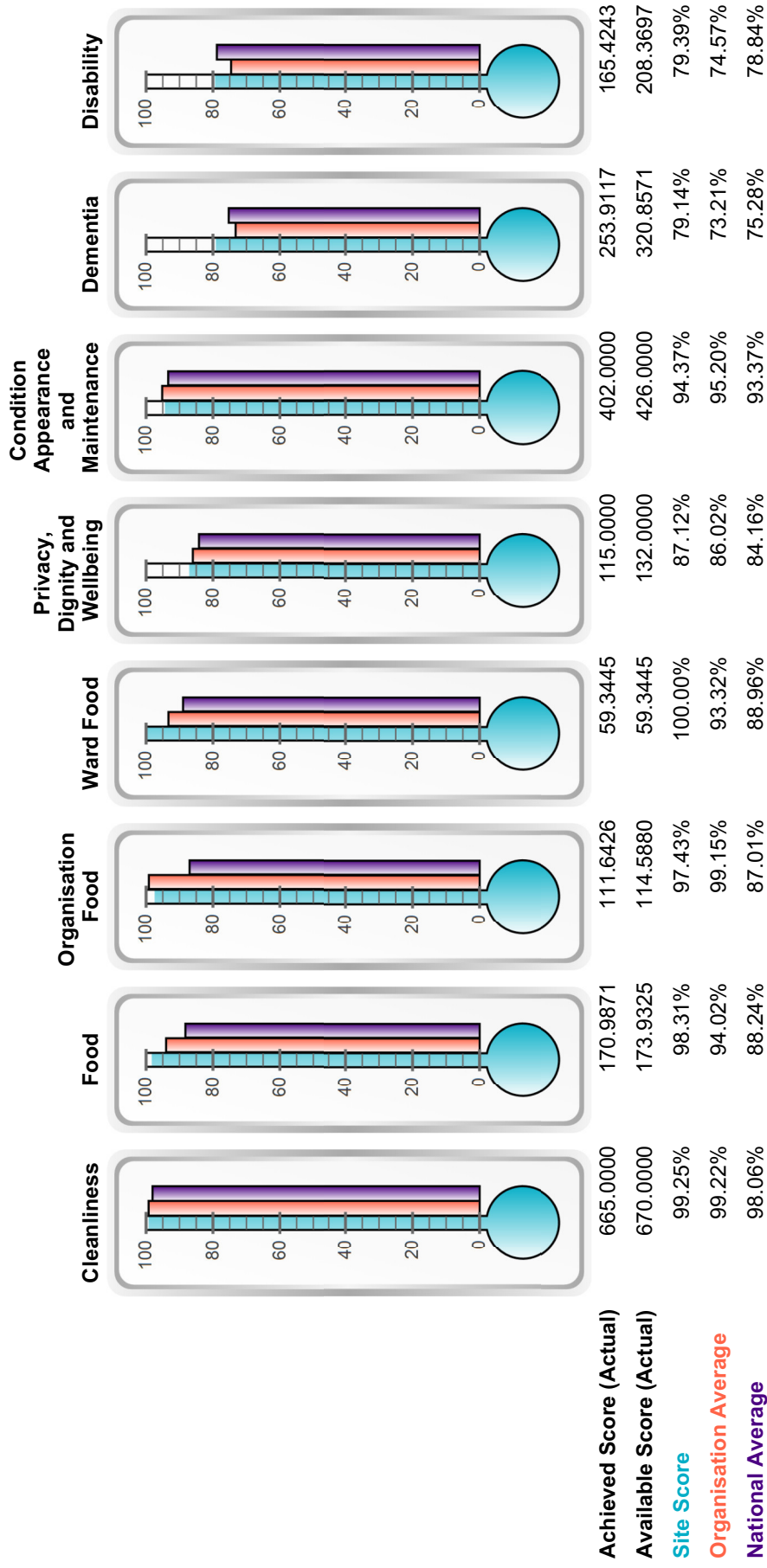
#### **RECOMENDATION**

Governors are asked to receive the report.

A handwritten signature in black ink that reads "Rachael Hutchinson". The signature is written in a cursive, flowing style.

**Rachael Hutchinson**  
**Hotel Services Manager**

# SUNDERLAND EYE INFIRMARY - Collection: 2016





# Exceptions Report

Organisation CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

Site SUNDERLAND EYE INFIRMARY

Collection 2016

Communal areas						
Access						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Are there handrails in corridors		No	0.0000	2.0000		
Is there a hearing loop or other portable assistive system at the reception desk		No	0.0000	2.0000		
Dementia						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Is flooring consistent, matt, non-reflective and non-patterned		No	0.0000	2.0000		
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000		
Can signs to the toilets be seen from all areas		No	0.0000	2.0000		
Do the toilet door signs use both pictures and text		No	0.0000	2.0000		
Where there is more than one toilet, is signage consistent across them all		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000		
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the reception area, prominently displayed, showing the hospital name and the ward/department name		No	0.0000	2.0000		

Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls	No	0.0000	2.0000	
<b>Signs (Inside the hospital)</b>				
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>
Is the number/level of each floor clearly indicated		No	0.0000	2.0000
<b>Organisational questions - food - Acute</b>				
<b>Government buying standards</b>				
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>
Has the organisation assessed it's food procurement and catering practices against the Government Buying Standards for food and catering services		Yes and are actively working towards compliance	1.0000	2.0000
Has the organisation assessed its compliance with the 10 Key Characteristics of Good Nutritional Care		Yes and are actively working towards compliance	1.0000	2.0000
Based on the audit undertaken enter the percentage of patients screened		90 – 99.9	2.8361	3.7815
<b>Organisational questions - facilities</b>				
<b>Buildings and facilities</b>				
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>
Does the organisation charge for patient and visitor parking		Yes	0.0000	2.0000
Can payment be made using notes		No	0.0000	2.0000
Where pay machines only accept coins, do they give change		No	0.0000	2.0000
Where pay machines only accept coins and do not provide change, can change be obtained, and is there clear information on how to do so		No	0.0000	2.0000
Where Pay and Display is not in use, are payment facilities available inside or close to the main entrance		No	0.0000	2.0000
Where pay machines are located outside, are they covered		No	0.0000	2.0000

<b>Privacy, Dignity and Well-Being</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Internet access		Patients do not have access to the internet	0.0000	2.0000		
Where Yes to either above, does/do the room(s)/area(s) provide an appropriate environment - for example appropriately furnished and decorated		No	0.0000	2.0000		
<b>Haygarth</b>						
<b>Cleanliness</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Curtain tracks	Ward	Qualified Pass	1.0000	2.0000		
Medical gas equipment	Ward	Qualified Pass	1.0000	2.0000		
Medical gas equipment	Treatment area	Qualified Pass	1.0000	2.0000		
Mirrors	Treatment area	Qualified Pass	1.0000	2.0000		
<b>Access</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Are there handrails in corridors		No	0.0000	2.0000		
Are there handrails on approaches to bathrooms and toilets		No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Is the flooring noise reducing/noise absorbent		No	0.0000	2.0000		
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000		
Do the toilet door signs use both pictures and text		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
If the bath/shower is visible when the door is open, have privacy curtains been installed		No	0.0000	2.0000		
Television access		All patients have access to TV (shared) e.g. in a 4 bed bay	1.0000	2.0000		

<b>A&amp;E</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Reception/waiting	Qualified Pass	1.0000	2.0000		
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Is there a hearing loop or other portable assistive system at the reception desk	No	0.0000	2.0000		
	Is there an audible/verbal appointment alert system for the visually impaired	No	0.0000	2.0000		
	Is there a visual appointment alert system for the hearing impaired	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Could the lighting, or natural light from windows, make the floor appear to be wet or slippery	Yes	0.0000	2.0000		
	Do the toilet door signs use both pictures and text	No	0.0000	2.0000		
	Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area	No	0.0000	2.0000		
<b>Macular Unit</b>						
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Are there handrails in corridors	No	0.0000	2.0000		
	Is there a hearing loop or other portable assistive system at the reception desk	No	0.0000	2.0000		
	Is there an audible/verbal appointment alert system for the visually impaired	No	0.0000	2.0000		
	Is there a visual appointment alert system for the hearing impaired	No	0.0000	2.0000		
	Is there at least one generally available toilet big enough to allow space for a wheelchair and carer (including staff) to assist when the door is closed	No	0.0000	2.0000	Large room next/adjoined to toilet, but actually toilet area is very small.	



<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Can patients/family etc. leave consultation/counselling rooms without having to return through the general waiting area	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Could the lighting, or natural light from windows, make the floor appear to be wet or slippery	Yes	0.0000	2.0000		
	Is the flooring in a colour that contrasts with the walls and furniture	No	0.0000	2.0000		
	Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area	No	0.0000	2.0000		
	Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor	No	0.0000	2.0000		
	Are signs hung (or fixed) at a height that makes viewing them easy	No	0.0000	2.0000		
	Is there a large-face clock easily visible in all areas	No	0.0000	2.0000		
<b>OPD A</b>						
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Is there a hearing loop or other portable assistive system at the reception desk	No	0.0000	2.0000		
	Is there an audible/verbal appointment alert system for the visually impaired	No	0.0000	2.0000		
	Is there a visual appointment alert system for the hearing impaired	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Could the lighting, or natural light from windows, make the floor appear to be wet or slippery	Yes	0.0000	2.0000		
	Do the toilet door signs use both pictures and text	No	0.0000	2.0000		
	Where there is more than one toilet, is signage consistent across them all	No	0.0000	2.0000		
	Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area	No	0.0000	2.0000		





## Area Scores

Organisation CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

Site SUNDERLAND ROYAL HOSPITAL

Collection 2016

Ward Type: A&E/Minor Injuries Units							
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	
Emergency Department 1	98.08%		85.71%	100.00%	78.57%	68.75%	
Ward Type: Food							
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	
B21		93.82%			85.00%	85.00%	
B28		93.84%			70.83%	87.50%	
C30		90.96%			75.00%	75.00%	
E53		95.42%			75.00%	95.00%	
E56		92.72%			83.33%	100.00%	
E58		92.19%			79.17%	95.83%	
IAU (D40)		94.08%			75.00%	75.00%	
Ward Type: Out-Patient Areas							
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	
Cardiology OPD	100.00%		66.67%	93.55%	66.67%	64.71%	
Chest Clinic	100.00%		62.50%	84.48%	35.29%	30.77%	

Discharge Lounge		96.08%			100.00%	100.00%	100.00%	76.92%	73.33%
ECG		92.73%			100.00%	100.00%	63.64%	57.89%	57.14%
Head & Neck Centre		97.27%			80.00%	80.00%	95.00%	85.71%	88.24%
Niall Quinn		100.00%			87.50%	87.50%	98.15%		60.00%
Occupational Therapy		100.00%			57.14%	57.14%	96.77%	68.42%	53.33%
Physiotherapy		100.00%			66.67%	66.67%	90.32%	60.71%	50.00%
Podiatry		93.86%			66.67%	66.67%	91.94%	52.63%	40.00%
PREP		98.11%			75.00%	75.00%	91.07%	68.00%	50.00%
Radiology		98.15%			70.37%	70.37%	81.03%	57.69%	50.00%
RATU/SATU		100.00%			87.50%	87.50%	100.00%	67.86%	64.71%
Rheumatology		97.27%			75.00%	75.00%	93.55%	76.47%	53.85%

**Ward Type: The Ward Assessment - Acute and Community Hospitals**

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
B20	98.51%		89.58%	95.00%	69.23%	81.82%
B21	100.00%		79.69%	100.00%	73.53%	87.50%
B22	100.00%		82.69%	97.54%	76.67%	86.67%
B26	99.63%		85.94%	98.44%	85.29%	93.75%
B28	100.00%		79.17%	98.44%	58.33%	76.92%
C30	98.88%		75.00%	96.88%	66.67%	80.00%
C33	100.00%		92.65%	98.44%	85.29%	81.25%
D40 (IAU)	100.00%		92.65%	91.49%	82.35%	81.25%
D42	100.00%		98.53%	98.44%	73.53%	81.25%
D43	100.00%		86.54%	98.44%	70.00%	80.00%
D44	100.00%		89.58%	98.44%	80.00%	86.67%
D47	100.00%		92.19%	82.26%	82.35%	87.50%
D48	100.00%		90.38%	100.00%	54.17%	69.23%

E53		100.00%			82.69%	98.15%	76.67%	86.67%
E56		99.23%			90.38%	98.44%	79.17%	92.31%
E58		98.48%			92.65%	96.88%	85.29%	87.50%
F61		100.00%			98.44%	100.00%	67.86%	78.57%
F65		99.64%			100.00%	99.22%		100.00%



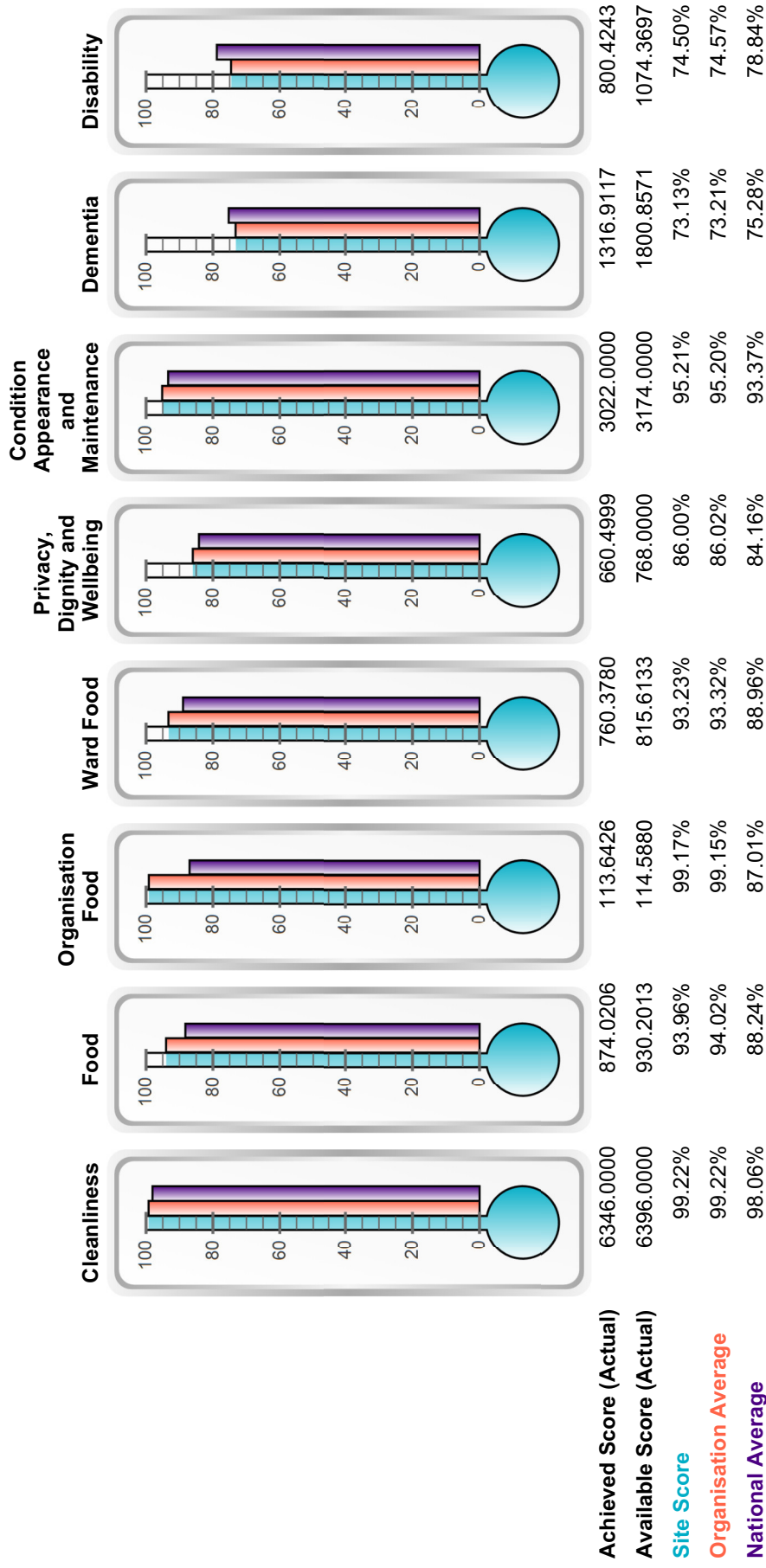
## Area Scores

Organisation CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST  
 Site SUNDERLAND EYE INFIRMARY  
 Collection 2016

Ward Type: A&E/Minor Injuries Units							
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	
A&E	99.04%		87.50%	100.00%	89.29%	76.47%	
Ward Type: Food							
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	
Haygarth		100.00%			100.00%	100.00%	
Ward Type: Out-Patient Areas							
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	
Macular Unit	100.00%		50.00%	96.55%	68.00%	50.00%	
OPD A	100.00%		87.50%	100.00%	85.71%	77.78%	
Ward Type: The Ward Assessment - Acute and Community Hospitals							
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	
Haygarth	98.52%		90.63%	96.77%	81.25%	78.57%	



# SUNDERLAND ROYAL HOSPITAL- Collection: 2016







## Exceptions Report

Organisation **CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

Site **SUNDERLAND ROYAL HOSPITAL**

Collection **2016**

<b>External areas</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Grounds - appearance and tidiness		Qualified Pass	1.0000	2.0000	Main entrance - garden area - no bushes Cigarette ends in garden area	
<b>Communal areas</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Ceilings	Public toilets	Fail	0.0000	2.0000	Male toilets - lighting out - ceiling tiles	
Dispensers - soap etc	Public toilets	Qualified Pass	1.0000	2.0000	Male toilet 2 dispensers broken	
Mirrors	Public toilets	Qualified Pass	1.0000	2.0000		
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Are there handrails in corridors		No	0.0000	2.0000		
Is there a hearing loop or other portable assistive system at the reception desk		No	0.0000	2.0000		
<b>Dementia</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000		

Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area	No		0.0000	2.0000	
Is there clear signage in the reception area, prominently displayed, showing the hospital name and the ward/department name	No		0.0000	2.0000	Reception signage
<b>Organisational questions - food - Acute</b>					
<b>Government buying standards</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
		90 – 99.9	2.8361	3.7815	
Based on the audit undertaken enter the percentage of patients screened					
<b>Organisational questions - facilities</b>					
<b>Buildings and facilities</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
		Assessed and no action taken yet	1.0000	2.0000	
Has the organisation assessed whether its signs (inside and outside the building) are appropriate for the patient population using the building		Yes	0.0000	2.0000	
Does the organisation charge for patient and visitor parking		No	0.0000	2.0000	
Can payment be made using notes		No	0.0000	2.0000	
Where pay machines only accept coins, do they give change		No	0.0000	2.0000	
Where pay machines only accept coins and do not provide change, can change be obtained, and is there clear information on how to do so		No	0.0000	2.0000	
Where Pay and Display is not in use, are payment facilities available inside or close to the main entrance		No	0.0000	2.0000	
Where pay machines are located outside, are they covered		No	0.0000	2.0000	
Do all external steps have high visibility nosing		No	0.0000	2.0000	
Do all internal stairs have high visibility nosing		No	0.0000	2.0000	
<b>Privacy, Dignity and Well-Being</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
		Patients do not have access to the internet	0.0000	2.0000	
Internet access		No	0.0000	2.0000	
Is/are there outdoor area(s) dedicated to and equipped with age appropriate equipment for the purpose of childrens activities and education					

<b>B20</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Bath/shower	Bathroom	Qualified Pass	1.0000	2.0000		
Ceilings	Bathroom	Qualified Pass	1.0000	2.0000		
Curtains/blinds/shower screens	Bathroom	Qualified Pass	1.0000	2.0000		
Floor	Ward	Qualified Pass	1.0000	2.0000		
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Internal decoration	Social and communal areas	Qualified Pass	1.0000	2.0000	Colour on walls don't help - looks 'dingy'. Chips and scratches to walls.	
Internal fixtures and fittings (excluding floors, furnishings and decorations)	Social and communal areas	Qualified Pass	1.0000	2.0000	Doors and frames damaged	
Secure storage of personal possessions	Ward	No	0.0000	2.0000		
General storage	Ward	Qualified Pass	1.0000	2.0000	Notice boards/unitidy.	
General tidiness	Ward	Qualified Pass	1.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000		
Do the toilet door signs use both pictures and text		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000		
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000		

<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Television access		All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there a day room, social/communal area or playroom on the ward		No	0.0000	2.0000		
<b>B21</b>						
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Can signs to the toilets be seen from all areas of the ward		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000		
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000		
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
If the bath/shower is visible when the door is open, have privacy curtains been installed		No	0.0000	2.0000		
Is there a private room on the ward where patients can go for conversations		No	0.0000	2.0000		
Television access		All patients have personal TV at a cost	1.5000	2.0000		

Ward social spaces						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Is there good natural light		No	0.0000	2.0000		
<b>B22</b>						
<b>Condition/Appearance</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Seating	Ward	Qualified Pass	1.0000	2.0000	CPAU - chair legs badly marked/chipped	
Secure storage of personal possessions	Ward	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Do the toilet door signs use both pictures and text		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000		
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000		
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
If the bath/shower is visible when the door is open, have privacy curtains been installed		No	0.0000	2.0000	B104, toilet/bathroom needs privacy curtain	
Television access		All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Is there a day room, social/communal area or playroom on the ward		No	0.0000	2.0000		

<b>B26</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Toilet	Qualified Pass	1.0000	2.0000		
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Ward	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
		Yes	0.0000	2.0000		
		No	0.0000	2.0000		
		No	0.0000	2.0000		
		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
		No	0.0000	2.0000		
		All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
		No	0.0000	2.0000		
		All patients have personal TV at a cost	1.5000	2.0000		
<b>B28</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Ward	Qualified Pass	1.0000	2.0000	Damage to most doors with the ward area and entrance door from waiting room into ward	
	Ward	Qualified Pass	1.0000	2.0000	Sharps boxes not on temporary locked in bays	

<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Could the lighting, or natural light from windows, make the floor appear to be wet or slippery	Yes	0.0000	2.0000		
	Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor	No	0.0000	2.0000		
	Do all signs use large, easily readable text	No	0.0000	2.0000		
	Are signs large enough and use contrasting colours so as to make them easy to see	No	0.0000	2.0000		
	Are signs hung (or fixed) at a height that makes viewing them easy	No	0.0000	2.0000		
	Is there clear signage in the department, prominently displayed, showing the department name	No	0.0000	2.0000		
	Is there a large-face clock easily visible in all areas	No	0.0000	2.0000		
	Is the day and date displayed and clearly visible within the ward	No	0.0000	2.0000		
	Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls	No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Television access	All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Is there a day room, social/communal area or playroom on the ward	No	0.0000	2.0000		
<b>C30</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Bed tables	Qualified Pass	1.0000	2.0000		
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Internal decoration	Social and communal areas Qualified Pass	1.0000	2.0000	Corridors - wall damage	

Linen storage and quality (including towels and curtains)	Bathroom	Qualified Pass	1.0000	2.0000	
Secure storage of personal possessions	Ward	No	0.0000	2.0000	
<b>Dementia-Friendly Environment</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Can signs to the toilets be seen from all areas of the ward		No	0.0000	2.0000	
Do the toilet door signs use both pictures and text		No	0.0000	2.0000	
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000	
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000	
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000	
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000	
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000	
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000	
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000	
<b>Hand Hygiene and equipment cleanliness</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Is clean 'ready for use' patient equipment clearly identified as such		No	0.0000	2.0000	
<b>Privacy, Dignity and Well-Being</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
If the bath/shower is visible when the door is open, have privacy curtains been installed		No	0.0000	2.0000	Main bathroom and treatment room, no privacy curtains
Is there a private room on the ward where patients can go for conversations		No	0.0000	2.0000	
Television access		All patients have personal TV at a cost	1.5000	2.0000	
<b>Ward social spaces</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Is there a day room, social/communal area or playroom on the ward		No	0.0000	2.0000	



<b>C33</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Secure storage of personal possessions	Ward	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Do the toilet door signs use both pictures and text		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Television access		All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Does seating provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs		No	0.0000	2.0000		
<b>D40 (IAU)</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Internal decoration	Ward	Qualified Pass	1.0000	2.0000	Corner protector smashed	
Internal fixtures and fittings (excluding floors, furnishings and decorations)	Ward	Qualified Pass	1.0000	2.0000	D1202 pull cord snapped Ramp on floor unmarked Patient ID need replacing	
Internal fixtures and fittings (excluding floors, furnishings and decorations)	Toilet	Qualified Pass	1.0000	2.0000	D1202 pull cord snapped Ramp on floor unmarked Patient ID need replacing	
Secure storage of personal possessions	Ward	No	0.0000	2.0000		
General storage	Ward	Fail	0.0000	2.0000		

General tidiness	Ward	Qualified Pass	1.0000	2.0000	Fire extinguisher situated away from sign and hidden by cupboard. Toilet handle door screw loose
<b>Dementia-Friendly Environment</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Do the toilet door signs use both pictures and text		No	0.0000	2.0000	
Where there is more than one toilet, is signage consistent across them all		No	0.0000	2.0000	
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000	
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000	
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000	
<b>Privacy, Dignity and Well-Being</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Television access		All patients have personal TV at a cost	1.5000	2.0000	
<b>Ward social spaces</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Does seating provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs		No	0.0000	2.0000	
<b>D42</b>					
<b>Condition/Appearance</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Secure storage of personal possessions	Ward	No	0.0000	2.0000	
<b>Dementia-Friendly Environment</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000	
Do all toilet doors have clear signage		No	0.0000	2.0000	
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000	
Do all signs use large, easily readable text		No	0.0000	2.0000	

Are signs large enough and use contrasting colours so as to make them easy to see	No	0.0000	2.0000	
Is there clear signage in the department, prominently displayed, showing the department name	No	0.0000	2.0000	
Is there a large-face clock easily visible in all areas	No	0.0000	2.0000	
Is the day and date displayed and clearly visible within the ward	No	0.0000	2.0000	
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls	No	0.0000	2.0000	
<b>Privacy, Dignity and Well-Being</b>				
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>
Television access		All patients have personal TV at a cost	1.5000	2.0000
<b>D43</b>				
<b>Condition/Appearance</b>				
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Notes</b>
Secure storage of personal possessions	Ward	No	0.0000	Key holes in place, but not used
<b>Dementia-Friendly Environment</b>				
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000
Is the flooring in a colour that contrasts with the walls and furniture		No	0.0000	2.0000
Do all signs use large, easily readable text		No	0.0000	2.0000
Are signs large enough and use contrasting colours so as to make them easy to see		No	0.0000	2.0000
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000

<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Television access		All patients have personal TV at a cost	1.5000	2.0000		
Radio access		Some patients have access to radio	1.0000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there a day room, social/communal area or playroom on the ward		No	0.0000	2.0000		
<b>D44</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Secure storage of personal possessions	Ward	No	0.0000	2.0000	No keys	
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Can signs to the toilets be seen from all areas of the ward		No	0.0000	2.0000		
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Television access		All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there a day room, social/communal area or playroom on the ward		No	0.0000	2.0000		

<b>D47</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Secure storage of personal possessions	Ward	No	0.0000	2.0000		
General storage	Ward	Fail	0.0000	2.0000		
General storage	Toilet	Fail	0.0000	2.0000		
General storage	Bathroom	Fail	0.0000	2.0000		
General storage	Treatment area	Fail	0.0000	2.0000		
General storage	Social and communal areas	Fail	0.0000	2.0000		
General tidiness	Ward	Fail	0.0000	2.0000		
General tidiness	Toilet	Fail	0.0000	2.0000		
General tidiness	Bathroom	Fail	0.0000	2.0000		
General tidiness	Treatment area	Fail	0.0000	2.0000		
General tidiness	Social and communal areas	Fail	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Can signs to the toilets be seen from all areas of the ward		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000		
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Television access		All patients have personal TV at a cost	1.5000	2.0000		

<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Does seating provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs		No	0.0000	2.0000	No Bariatric	
<b>D48</b>						
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is flooring consistent, matt, non-reflective and non-patterned		No	0.0000	2.0000		
Are the toilet flushes, basins and taps of a familiar design		No	0.0000	2.0000		
Are taps clearly marked as hot/cold e.g. by using red and blue colours		No	0.0000	2.0000	Touch system.	
Do all signs use large, easily readable text		No	0.0000	2.0000		
Are signs large enough and use contrasting colours so as to make them easy to see		No	0.0000	2.0000		
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000		
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000		
Is it possible to cover or remove mirrors		No	0.0000	2.0000	No space between wall and mirror.	
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Television access		All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there a day room, social/communal area or playroom on the ward		No	0.0000	2.0000		

<b>E53</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Secure storage of personal possessions	Ward	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000		
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there a private room on the ward where patients can go for conversations		No	0.0000	2.0000		
Television access		All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there a day room, social/communal area or playroom on the ward		No	0.0000	2.0000		
<b>E56</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Medical gas equipment	Ward	Qualified Pass	1.0000	2.0000		
Medical gas equipment	Treatment area	Qualified Pass	1.0000	2.0000		

<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Secure storage of personal possessions	Ward	No	0.0000	2.0000	Locks available, but keys not used	
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000		
Are signs large enough and use contrasting colours so as to make them easy to see		No	0.0000	2.0000		
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000		
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Television access		All patients have personal TV at a cost	1.5000	2.0000		
<b>Ward social spaces</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there a day room, social/communal area or playroom on the ward		No	0.0000	2.0000		
<b>E58</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Sinks/basins (inc. taps and plugholes)	Ward	Qualified Pass	1.0000	2.0000	Plug holes need looking at.	
Sinks/basins (inc. taps and plugholes)	Toilet	Qualified Pass	1.0000	2.0000	Plug holes need looking at.	
Sinks/basins (inc. taps and plugholes)	Bathroom	Qualified Pass	1.0000	2.0000	Plug holes need looking at.	
Sinks/basins (inc. taps and plugholes)	Treatment area	Qualified Pass	1.0000	2.0000	Plug holes need looking at.	
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Internal decoration	Treatment area	Qualified Pass	1.0000	2.0000		



Secure storage of personal possessions	Ward	No	0.0000	2.0000	
General storage	Treatment area	Qualified Pass	1.0000	2.0000	Treatment room used for storage
<b>Dementia-Friendly Environment</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000	
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000	
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000	
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000	
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000	
<b>Privacy, Dignity and Well-Being</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Are all patients appropriately dressed to protect their dignity at all times		No	0.0000	2.0000	
Television access		All patients have personal TV at a cost	1.5000	2.0000	
<b>F61</b>					
<b>Dementia-Friendly Environment</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000	
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000	
Do all signs use large, easily readable text		No	0.0000	2.0000	
Are signs large enough and use contrasting colours so as to make them easy to see		No	0.0000	2.0000	
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000	
Is there clear signage in the department, prominently displayed, showing the department name		No	0.0000	2.0000	
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000	
Is the day and date displayed and clearly visible within the ward		No	0.0000	2.0000	

Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000	
<b>Privacy, Dignity and Well-Being</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Television access		All patients have personal TV at a cost	1.5000	2.0000	
<b>F65</b>					
<b>Cleanliness</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Floor	Treatment area	Qualified Pass	1.0000	2.0000	Treatment room floor not clean
<b>Condition/Appearance</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Seating	Ward	Qualified Pass	1.0000	2.0000	Bed settee in room 12 had tear in material
<b>Emergency Department 1</b>					
<b>Cleanliness</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Glazing - internal	Reception/waiting	Qualified Pass	1.0000	2.0000	Paedareas hand marks on windows
Glazing - internal	Treatment areas	Qualified Pass	1.0000	2.0000	Paedareas hand marks on windows
<b>Access</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000	Not necessary in this area
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000	
<b>Privacy, Dignity and Wellbeing</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Are toilets and bathrooms designated for single sex use and have appropriate signs		No	0.0000	2.0000	Temporary location

<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Can signs to the toilets be seen from all areas of the department	No	0.0000	2.0000		
	Do the toilet door signs use both pictures and text	No	0.0000	2.0000		
	Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area	No	0.0000	2.0000		
	Are signs hung (or fixed) at a height that makes viewing them easy	No	0.0000	2.0000		
	Is there clear signage in the reception area, prominently displayed, showing the department name	No	0.0000	2.0000		
	Is there a large-face clock easily visible in all areas	No	0.0000	2.0000		
<b>Cardiology OPD</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Internal fixtures and fittings (excluding floors, furnishings and decorations)	Qualified Pass	1.0000	2.0000	Tom couch in treatment room	
	General storage	Qualified Pass	1.0000	2.0000	Storage on floor - corridor	
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Is there space in reception areas for wheelchairs and for those accompanying patients to sit together	No	0.0000	2.0000		
	Is there an audible/verbal appointment alert system for the visually impaired	No	0.0000	2.0000		
	Is there a visual appointment alert system for the hearing impaired	No	0.0000	2.0000		
<b>Changing and Waiting Facilities</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Changing and waiting facilities	Patients change and wait away from the main waiting area in single-sex areas	1.3333	2.0000		

<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Is there sufficient space at reception desks so that conversations between staff and patients are not overheard	No	0.0000	2.0000		
	Can patients/family etc. leave consultation/counselling rooms without having to return through the general waiting area	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Could the lighting, or natural light from windows, make the floor appear to be wet or slippery	Yes	0.0000	2.0000		
	Can signs to the toilets be seen from all areas of the department	No	0.0000	2.0000		
	Do the toilet door signs use both pictures and text	No	0.0000	2.0000		
	Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area	No	0.0000	2.0000		
	Are signs hung (or fixed) at a height that makes viewing them easy	No	0.0000	2.0000		
	Is there clear signage in the reception area, prominently displayed, showing the department name	No	0.0000	2.0000		
	Is there a large-face clock easily visible in all areas	No	0.0000	2.0000		
	Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls	No	0.0000	2.0000		
<b>Chest Clinic</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Internal decoration	Qualified Pass	1.0000	2.0000	C.room 1 - wall scraped C.room 4 - wall scraped	
	Internal fixtures and fittings (excluding floors, furnishings and decorations)	Qualified Pass	1.0000	2.0000	Ceiling tiles in treatment room 3 and reception (1 tile)	
	General storage	Qualified Pass	1.0000	2.0000	Equipment stored within treatment room	

<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Are there handrails in corridors		No	0.0000	2.0000		
Does seating provided in reception/waiting areas provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs		No	0.0000	2.0000	2 bariatric chairs	
Is there space in reception areas for wheelchairs and for those accompanying patients to sit together		No	0.0000	2.0000		
Is there a hearing loop or other portable assistive system at the reception desk		No	0.0000	2.0000		
Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000		
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there sufficient space at reception desks so that conversations between staff and patients are not overheard		No	0.0000	2.0000		
Can patients/family etc. leave consultation/counselling rooms without having to return through the general waiting area		No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000		
Is the flooring in a colour that contrasts with the walls and furniture		No	0.0000	2.0000		
Do all signs use large, easily readable text		No	0.0000	2.0000		
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the reception area, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000		
Is it possible to cover or remove mirrors		No	0.0000	2.0000		

<b>Discharge Lounge</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Surfaces - high	Reception/waiting	Qualified Pass	1.0000	2.0000	Some high dust	
Surfaces - high	Treatment areas	Qualified Pass	1.0000	2.0000	Some high dust	
Surfaces - high	Toilet	Qualified Pass	1.0000	2.0000	Some high dust	
Surfaces - low/visible (incl. fire extinguishers)	Reception/waiting	Qualified Pass	1.0000	2.0000		
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000	Not applicable	
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000	Not applicable	
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000		
Can signs to the toilets be seen from all areas of the department		No	0.0000	2.0000		
Do the toilet door signs use both pictures and text		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the reception area, prominently displayed, showing the department name		No	0.0000	2.0000		
<b>RATU/SATU</b>						
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000	Not applicable	
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000	Not applicable	

Changing and Waiting Facilities						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Changing and waiting facilities		Patients change in private but return to the main waiting area	0.0000	2.0000		
Dementia-Friendly Environment						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Do all toilet doors have clear signage		No	0.0000	2.0000		
Do the toilet door signs use both pictures and text		No	0.0000	2.0000		
Where there is more than one toilet, is signage consistent across them all		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Do all signs use large, easily readable text		No	0.0000	2.0000		
Are signs large enough and use contrasting colours so as to make them easy to see		No	0.0000	2.0000		
Is there clear signage in the reception area, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Have strong patterns been avoided in wall coverings, curtains, furnishings and screens		No	0.0000	2.0000		
ECG						
Cleanliness						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Floor	Treatment areas	Fail	0.0000	2.0000		
Surfaces - high	Treatment areas	Fail	0.0000	2.0000	Dust on window ledge	
Condition/Appearance						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Internal decoration	Reception	Fail	0.0000	2.0000	Paintwork all requires redecoration	
Internal decoration	Treatment Area	Fail	0.0000	2.0000	Paintwork all requires redecoration	
Internal fixtures and fittings (excluding floors, furnishings and decorations)	Reception	Qualified Pass	1.0000	2.0000	Ceiling tiles stained in multi purpose area. Floors - scuff marks - multi purpose room	
Internal fixtures and fittings (excluding floors, furnishings and decorations)	Treatment Area	Fail	0.0000	2.0000	Ceiling tiles stained in multi purpose area. Floors - scuff marks - multi purpose room	

Lighting/natural light	Treatment Area	Fail	0.0000	2.0000	Lighting dim in all rooms, no natural light
General tidiness	Reception	Fail	0.0000	2.0000	Temporary signs at reception require replacement. Poster withing pacing room hanging off wall. Departure notice stuck on window very tatty.
General tidiness	Treatment Area	Fail	0.0000	2.0000	Temporary signs at reception require replacement. Poster withing pacing room hanging off wall. Departure notice stuck on window very tatty.
Waste management	Treatment Area	Qualified Pass	1.0000	2.0000	Sharpsmart boxes full, not closed off and on floor.
<b>Access</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Is there space in reception areas for wheelchairs and for those accompanying patients to sit together		No	0.0000	2.0000	
Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000	
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000	
<b>Hand Hygiene and equipment cleanliness</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Is antibacterial hand-rub available within arm's reach in treatment areas		No	0.0000	2.0000	
Are cleaning schedules available in the area		No	0.0000	2.0000	
<b>Dementia-Friendly Environment</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000	
Do all signs use large, easily readable text		No	0.0000	2.0000	
Are signs large enough and use contrasting colours so as to make them easy to see		No	0.0000	2.0000	
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000	
Is there clear signage in the reception area, prominently displayed, showing the department name		No	0.0000	2.0000	
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000	
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000	



<b>Head &amp; Neck Centre</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Ceilings	Reception/waiting	Qualified Pass	1.0000	2.0000		
Radiators/heating panels and pipework	Reception/waiting	Qualified Pass	1.0000	2.0000	Stale bread on top	
Seating	Reception/waiting	Qualified Pass	1.0000	2.0000	No bariatric chairs	
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Internal decoration	Toilet	Qualified Pass	1.0000	2.0000	Chipped contiboard in male toilet	
Internal fixtures and fittings (excluding floors, furnishings and decorations)	Toilet	Qualified Pass	1.0000	2.0000	No instructions displayed on how to report.	
Seating	Reception	Qualified Pass	1.0000	2.0000		
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Can patients/family etc. leave consultation/counselling rooms without having to return through the general waiting area		No	0.0000	2.0000	Fail	
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Is there clear signage in the reception area, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000		

<b>Niall Quinn</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Reception	Qualified Pass	1.0000	2.0000	Small repairs to wall in reception	
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
		No	0.0000	2.0000		
		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
		No	0.0000	2.0000		
		No	0.0000	2.0000		
<b>Occupational Therapy</b>						
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
		No	0.0000	2.0000		
		No	0.0000	2.0000		
		No	0.0000	2.0000		
		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
		No	0.0000	2.0000		
		No	0.0000	2.0000		

<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Is flooring consistent, matt, non-reflective and non-patterned	No	0.0000	2.0000	Most areas are carpeted	
	Are signs hung (or fixed) at a height that makes viewing them easy	No	0.0000	2.0000		
	Is there clear signage in the reception area, prominently displayed, showing the department name	No	0.0000	2.0000		
	Is there a large-face clock easily visible in all areas	No	0.0000	2.0000		
	Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls	No	0.0000	2.0000		
<b>PREP</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Pull cords/switches	Qualified Pass	1.0000	2.0000	None in toilet	
	Pull cords/switches	Qualified Pass	1.0000	2.0000	None in toilet	
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Toilet	Qualified Pass	1.0000	2.0000	Previous nails removed and hole not refilled. No emergency pull cord.	
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Are there handrails in corridors	No	0.0000	2.0000		
	Does seating provided in reception/waiting areas provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs	No	0.0000	2.0000		
	Is there a hearing loop or other portable assistive system at the reception desk	No	0.0000	2.0000		
	Is there an audible/verbal appointment alert system for the visually impaired	No	0.0000	2.0000		
	Is there a visual appointment alert system for the hearing impaired	No	0.0000	2.0000		

<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Can patients/family etc. leave consultation/counselling rooms without having to return through the general waiting area	No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Is flooring consistent, matt, non-reflective and non-patterned	No	0.0000	2.0000		
	Can signs to the toilets be seen from all areas of the department	No	0.0000	2.0000		
	Do the toilet door signs use both pictures and text	No	0.0000	2.0000		
	Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor	No	0.0000	2.0000		
	Is there clear signage in the reception area, prominently displayed, showing the department name	No	0.0000	2.0000		
	Is there a large-face clock easily visible in all areas	No	0.0000	2.0000		
<b>Physiotherapy</b>						
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Internal fixtures and fittings (excluding floors, furnishings and decorations)	Qualified Pass	1.0000	2.0000	Ceiling tiles in ortho gym stained	
	Lighting/natural light	Qualified Pass	1.0000	2.0000	Orthopaedic gym lighting dim (diffusers)	
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
	Does seating provided in reception/waiting areas provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs	No	0.0000	2.0000		
	Is there space in reception areas for wheelchairs and for those accompanying patients to sit together	No	0.0000	2.0000	Not within hydro pool and neuro gym	
	Is there a hearing loop or other portable assistive system at the reception desk	No	0.0000	2.0000		

Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000	
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000	
<b>Privacy, Dignity and Well-Being</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Is there sufficient space at reception desks so that conversations between staff and patients are not overheard		No	0.0000	2.0000	
Can patients/family etc. leave consultation/counselling rooms without having to return through the general waiting area		No	0.0000	2.0000	
<b>Dementia-Friendly Environment</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Can signs to the toilets be seen from all areas of the department		No	0.0000	2.0000	
Do all toilet doors have clear signage		No	0.0000	2.0000	
Do the toilet door signs use both pictures and text		No	0.0000	2.0000	
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000	
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor		No	0.0000	2.0000	
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000	
Is there clear signage in the reception area, prominently displayed, showing the department name		No	0.0000	2.0000	
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000	
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000	
<b>Podiatry</b>					
<b>Cleanliness</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Ceilings	Treatment areas	Qualified Pass	1.0000	2.0000	Ceiling tile in surgery 3 requires replacement
Floor	Reception/waiting	Qualified Pass	1.0000	2.0000	Entrance to dept floor requires clean
Surfaces - low/visible (incl. fire extinguishers)	Treatment areas	Qualified Pass	1.0000	2.0000	Surgery 2 - window dust

Toilet	Toilet	Qualified Pass	1.0000	2.0000	2.0000	
TV/entertainment equipment	Reception/waiting	Qualified Pass	1.0000	2.0000	2.0000	
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Floors	Reception	Qualified Pass	1.0000	2.0000	Mark on door into entrance to deaprtment	
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Does seating provided in reception/waiting areas provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs		No	0.0000	2.0000		
Is there space in reception areas for wheelchairs and for those accompanying patients to sit together		No	0.0000	2.0000		
Is there a hearing loop or other portable assistive system at the reception desk		No	0.0000	2.0000		
Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000		
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000		
<b>Hand Hygiene and equipment cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Are cleaning schedules available in the area		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is there sufficient space at reception desks so that conversations between staff and patients are not overheard		No	0.0000	2.0000		
Can patients/family etc. leave consultation/counselling rooms without having to return through the general waiting area		No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Is the flooring in a colour that contrasts with the walls and furniture		No	0.0000	2.0000		
Are signs large enough and use contrasting colours so as to make them easy to see		No	0.0000	2.0000		

Are signs hung (or fixed) at a height that makes viewing them easy	No			0.0000	2.0000	
Is there clear signage in the reception area, prominently displayed, showing the department name	No			0.0000	2.0000	
Is there a large-face clock easily visible in all areas	No			0.0000	2.0000	
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls	No			0.0000	2.0000	
Is it possible to cover or remove mirrors	No			0.0000	2.0000	
<b>Radiology</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Doors and frames	Toilet	Qualified Pass	1.0000	2.0000	Room 6 & 7 door frames	
Surfaces - low/visible (incl. fire extinguishers)	Reception/waiting	Qualified Pass	1.0000	2.0000		
<b>Condition/Appearance</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Internal decoration	Reception	Qualified Pass	1.0000	2.0000	New toolers very good. Some require refurbishing	
Internal fixtures and fittings (excluding floors, furnishings and decorations)	Reception	Fail	0.0000	2.0000	Chair damage in a number of waiting areas	
General storage	Reception	Qualified Pass	1.0000	2.0000	MR1 2 waiting room used as equipment store.	
General storage	Treatment Area	Qualified Pass	1.0000	2.0000	MR1 2 waiting room used as equipment store.	
<b>Access</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Are there handrails in corridors		No	0.0000	2.0000		
Does seating provided in reception/waiting areas provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs		No	0.0000	2.0000	In some waiting rooms, but not all	
Is there space in reception areas for wheelchairs and for those accompanying patients to sit together		No	0.0000	2.0000	Limited	
Is there a hearing loop or other portable assistive system at the reception desk		No	0.0000	2.0000		
Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000		
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000		

<b>Changing and Waiting Facilities</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Changing and waiting facilities		Patients change and wait away from the main waiting area in mixed-sex areas	0.6667	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Can patients/family etc. leave consultation/counselling rooms without having to return through the general waiting area		No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery		Yes	0.0000	2.0000		
Can signs to the toilets be seen from all areas of the department		No	0.0000	2.0000		
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area		No	0.0000	2.0000		
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the reception area, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
Are doors to exits clearly marked, but doors to 'staff-only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls		No	0.0000	2.0000		
Is it possible to cover or remove mirrors		No	0.0000	2.0000		
<b>Rheumatology</b>						
<b>Cleanliness</b>						
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>	
Floor	Reception/waiting	Qualified Pass	1.0000	2.0000	Crisps on floor W/A5	
Sinks/basins	Treatment areas	Qualified Pass	1.0000	2.0000		
Surfaces - low/visible (incl. fire extinguishers)	Reception/waiting	Qualified Pass	1.0000	2.0000	Window frames	



<b>Condition/Appearance</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Internal decoration	Reception	Qualified Pass	1.0000	2.0000		
Internal fixtures and fittings (excluding floors, furnishings and decorations)	Reception	Qualified Pass	1.0000	2.0000	Socket hanging off wall	
<b>Access</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Does seating provided in reception/waiting areas provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs		No	0.0000	2.0000		
Is there a hearing loop or other portable assistive system at the reception desk		No	0.0000	2.0000		
Is there an audible/verbal appointment alert system for the visually impaired		No	0.0000	2.0000		
Is there a visual appointment alert system for the hearing impaired		No	0.0000	2.0000		
<b>Privacy, Dignity and Well-Being</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Is there sufficient space at reception desks so that conversations between staff and patients are not overheard		No	0.0000	2.0000		
<b>Dementia-Friendly Environment</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Are signs hung (or fixed) at a height that makes viewing them easy		No	0.0000	2.0000		
Is there clear signage in the reception area, prominently displayed, showing the department name		No	0.0000	2.0000		
Is there a large-face clock easily visible in all areas		No	0.0000	2.0000		
<b>E58</b>						
<b>Service and Presentation</b>						
Row	Column	Answer	Achieved Score	Available Score	Notes	
Is there a separate area, away from the bed-side, where patients can take their meals	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000		

Water availability	Enter Yes, No or Not Applicable as appropriate below	Non-chilled fresh water is has a prominent place on the ward and is constantly available self-service at all times so that patients who are able to independently access it can do so	1.5000	2.0000	
<b>E53</b>					
<b>Service and Presentation</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Is there a separate area, away from the bed-side, where patients can take their meals	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
Water availability	Enter Yes, No or Not Applicable as appropriate below	Non-chilled fresh water is has a prominent place on the ward and is constantly available self-service at all times so that patients who are able to independently access it can do so	1.5000	2.0000	
<b>B28</b>					
<b>Service and Presentation</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Is there a separate area, away from the bed-side, where patients can take their meals	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
Water availability	Enter Yes, No or Not Applicable as appropriate below	All patients have a water jug at their bedside and at the time of the assessment none were empty	0.5000	2.0000	
<b>IAU (D40)</b>					
<b>Service and Presentation</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Were patients offered the chance to wash/clean their hands prior to the food service	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
Were patients made ready for the meal service, i.e. helped to sit up in bed, or sitting out	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
Is there a separate area, away from the bed-side, where patients can take their meals	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	

Water availability	Enter Yes, No or Not Applicable as appropriate below	Non-chilled fresh water is has a prominent place on the ward and is constantly available self-service at all times so that patients who are able to independently access it can do so	1.5000	2.0000	
<b>E56</b>					
<b>Service and Presentation</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Were patients offered the chance to wash/clean their hands prior to the food service	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
Is there a separate area, away from the bed-side, where patients can take their meals	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
<b>C30</b>					
<b>Service and Presentation</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Were the patients' areas clearly readied for the meal service - e.g. all unnecessary items removed from the table top	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
Were patients made ready for the meal service, i.e. helped to sit up in bed, or sitting out	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
Is there a separate area, away from the bed-side, where patients can take their meals	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	
Water availability	Enter Yes, No or Not Applicable as appropriate below	Non-chilled fresh water is has a prominent place on the ward and is constantly available self-service at all times so that patients who are able to independently access it can do so	1.5000	2.0000	
<b>B21</b>					
<b>Service and Presentation</b>					
<b>Row</b>	<b>Column</b>	<b>Answer</b>	<b>Achieved Score</b>	<b>Available Score</b>	<b>Notes</b>
Were the patients' areas clearly readied for the meal service - e.g. all unnecessary items removed from the table top	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000	

Were patients offered the chance to wash/clean their hands prior to the food service	Enter Yes, No or Not Applicable as appropriate below	No	0.0000	2.0000
Water availability	Enter Yes, No or Not Applicable as appropriate below	All patients have a water jug at their bedside and at the time of the assessment none were empty	0.5000	2.0000

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: B20**

**1<sup>st</sup> Impression:** C (Not very confident )

**Lasting Impression:** B (Confident)

**SUMMARY OF FINDINGS:**

- Cluttered slightly dated, but clean and fit for purpose
- Bay 4 & toilet – floors grubby at 10.30 a.m., not cleaned yet; Tea stains and bits on floor and corners ground in dirt.
- Busy ward, but looks a little untidy at entrance/toilets etc. Lots of staff from other areas – interface team/alcohol liaison etc., so general impression of busyness etc. – still clean.
- Busy ward, curtains used for privacy, space around beds adequate. Cleaning ongoing at time of inspection.
- Patients appear contented and relaxed.
- No handrails
- Very busy – cluttered area

**GOOD:**

**ISSUES FOR ACTION:**

- Shower – Mould on ceiling, high on walls and extractor, and silicon in corners. Query over whether the extractor is working
- Due for refurb?
- Notices at entrance (near sink) – little untidy
- B1215 (bathroom) – trainers, towels and white plastic bags left.
- Hole in wall next to fire extinguisher – caused by handle
- Leaflet holders generally untidy.
- Boxes in entrance not in way of access – moved whole here
- Clothes in bathroom B1215
- Shower (B1202) extractor not working – mould on walls
- Items in hole zimmer/walking stick
- Clinical waste bin in toilet – to query need with waste manager
- Toilet – hand towels
- Blue tac marks on walls

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: B21**

**1<sup>st</sup> Impression: B (Confident)**

**Lasting Impression: B (Confident)**

**SUMMARY OF FINDINGS:**

- First impression – calm, no odour, clean, tidy
- Nurses station – tidy
- Women's ward – (6 bed) lockers available, all clean and tidy
- Patient room – multi-purpose
- Quite light ward with calm atmosphere.
- Flooring decoration, ceiling and lightning good
- Leaflet displays good
- Pleasant atmosphere
- Clean and efficient

**GOOD:**

- Ward now carries out snack rounds in the afternoon to improve nutrition, offer yogurts, cheese and crackers.
- Calm and peaceful

**ISSUES FOR ACTION:**

- Patient room – not very well laid out, but a good space to have, but 'room for improvement'. Also used by staff to have breaks, lunch etc. as there nowhere else to go
- Patients families also here longer than visiting hours,
- Hand sanitisers not on all of the beds
- No Menu's
- Staff and patient facilities together
- Gel dispensers empty

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: B22/CPAU/CCU**

**1<sup>st</sup> Impression: B (Confident)**

**Lasting Impression: A (Very Confident)**

**SUMMARY OF FINDINGS:**

- Bay area – clean tidy, uncluttered, bright
- Clean, no odour
- Chipped patients chairs
- CCU – door badly chipped/nurses station badly chipped
- Equipment clean, labelled
- First Impression – bright, clean and calm
- Great beds
- Toilets clean – check sheets up to date
- Utility good, tidy
- Pillows replaced half sleep angel
- Emergency exit doors
- Corridor some door damage
- Note: floor in CPAU – not dementia friendly – very speckled

**GOOD:**

- Bright clean and calm
- Equipment clean, labelled

**ISSUES FOR ACTION:**

- Inappropriate storage of reusable items in a 'clean' side room
- Lino damaged SW6
- B22 – no privacy curtain
- No hand gel at entrance
- CPAU very clean. Menu on all tables. TV available to pay for
- Some dust in male bay (very limited)
- B22 bay 1(F) very clean and bay 2 (M) very clean
- CCU bay very clean.
- Lots of green 'I am clean' stickers – good practice – noticeable to visitors
- Split lino in bay 6
- No privacy curtain in toilet B1041 (Cardio ward)
- Little bits of rubbish on floor
- Privacy curtain needed for bathroom

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: B26**

**1<sup>st</sup> Impression: B (Confident)**

**Lasting Impression: A (Very Confident)**

**SUMMARY OF FINDINGS:**

- Busy, functional ward
- Messy notices at sink (bay 1)
- Ward where cleaning staff take ownership of the wards cleanliness
- Relatives room (in use)
- Sink cracked in bay 4 en suite toilet
- Some wear and tear, but generally very clean/tidy for such a busy area
- Overall good environment

**GOOD:**

- Very frequent cleaning schedule
- Staff with patients, positive caring, interactions observed
- Ward Manager very helpful/responsive
- Ward where cleaning staff take ownership of the wards cleanliness

**ISSUES FOR ACTION:**

- Sink in bay 3 mould in plug, needs maintenance
- Handrails good, but no contrast
- Bathroom opposite bay 3, no curtain (being replaced?)
- Walls have blue tac marks in many areas
- Outside of lock on bathroom broken, can't tell if occupied, middle ward
- Shower screen, no privacy curtains all bays
- Modesty Curtain needed in assisted bathroom
- Copper pipes look untidy, hot to touch, maybe needs covering.
- B867, assisted shower, no curtain, extractor not working grab rails chipped, staples in back of door
- Main door scuffed
- Lack of dementia friendly signage
- Some notice could be updated



**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: B28**

**1<sup>st</sup> Impression: B (confident)**

**Lasting Impression: A (Very Confident)**

**SUMMARY OF FINDINGS:**

- First impression clean and tidy, light clam atmosphere calm/hotel like, Nice art work
- Reception area – portable leaflet rack poorly stocked. Notice boards - too much information
- Reception – various size chairs including bariatric, not variable height. Plenty hand washing, lovely décor, entrance door damaged (frame on internal part)
- Information boards/leaflets – plenty of information for patients
- Flooring is clean
- Corridor – lighting good
- Planning board – not up to date 06.04.16
- Ward doors damaged by trolleys
- Hand gel not available at all beds
- Cleaning sheet completed in ensuite/Cleaning schedules in place
- Menu's available
- Treatment room – hole in linen on couch – floor marked
- Dust on handrail in corridor
- Bay 4 – damaged nurses station bench
- Entrance door to ward frame around glass off
- Chair worn in ensuite in bay 2
- No privacy curtain, cleaning sheet completed
- Remains of tape all around window and cupboard
- SR8 Remains of tape all around window, cleaning check sheet completed in ensuite,
- Sharps box not locked
- Bays – lovely, spacious, bed lockers,
- Nurse's station – appears tidy and well organised, lighting good.
- Neat and tidy linen cupboard
- Bathroom tidy/clean
- Sharps smart box left open
- Store cupboard – equipment charging

**GOOD:**

- Linen room – well stocked, no items on floor, clean and tidy
- Fridges in all side rooms for patients own food and drinks, temperature checked daily by domestic cleaned and dated of foods checked.

- Lovely pictures on walls along corridor of side rooms
- Sharps bins in the bays – but not all locked
- En-suite facilities
- Clean/tidy

**ISSUES FOR ACTION:**

- Scuffed doors/Door damage
- Sharps bin open/not locked in a number of areas
- Scraped floor outside SR4
- Damage to some of the doors/Door edges
- Limited storage for large items of kit
- Not enough sockets for the amount of kit that needs charging.

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: C30**

**1<sup>st</sup> Impression: A (Very confident)**

**Lasting Impression: A (Very confident)**

**SUMMARY OF FINDINGS:**

- Clean, bright, airy, calm
- Staff friendly, welcoming
- Floors clean
- Storage boxes in corridor opposite switch room
- New chairs look easy to clean
- Toilets clean
- Bay 1 – untidy, patients belonging scattered around
- Shower smells a bit (C1202)

**GOOD:**

- New visitor chairs excellent
- Very positive comments re food
- All areas very clean

**ISSUES FOR ACTION:**

- No privacy curtain (C1215)
- Linen trolley chipped
- Shower curtain – black marks
- Laptops – need cleaning
- Generally untidy in bays, not enough storage space for patient property
- Entrance doors unsecured at visiting times (free access)
- Storage room messy
- PC's don't have I'm clean stickers – bit dusty

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: C33**

**1<sup>st</sup> Impression: A (Very Confident)**

**Lasting Impression: A (Very Confident)**

**SUMMARY OF FINDINGS:**

- Shower check sheet in toilet C131B – signed and up to date
- Centre glove dispenser empty
- Dirt around screws on window fixings – all windows
- Wall trim off
- HDU shower – unmarried hump in floor
- Day room very clean and pleasant
- Generally clean and corridors clear
- Linen cupboard neat and tidy
- Drip stands and zimmer frames in small corridor
- Cleaning schedule for shower room in toilet

**GOOD:**

- Good day room
- Generally clean and tidy
- Day room lovely
- Bathroom cleanliness sheet signed
- Good impression on entrance which continued throughout the visit.

**ISSUES FOR ACTION:**

- Shower locked out of use.
- Drain access by sisters room open
- Dirty wall suction in treatment room (blood)
- No bariatric chairs in day room

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: D40 IAU**

**1<sup>st</sup> Impression: B (Confident)**

**Lasting Impression: ??**

**SUMMARY OF FINDINGS:**

- Appeared cluttered in corridors on entering
- Ward bays clean
- Hostess asks patients what they want before serving
- Nurse's stations laptops are in corridor
- D1202 ramp in floor not marked, pull cord too short
- Fire extinguisher sign, no extinguisher
- Lots of equipment in corridor and two cages with cardboard and linen
- Light switch in shower only half on
- Daily shower check not complete
- Toilet door handle screw loose

**GOOD:**

- All cleaning schedules up to date

**ISSUES FOR ACTION:**

- Kitchen door held open with bin
- No fire exit signs noticeable
- Store room door open
- Raised area at front of shower (room 1202)
- Fire extinguisher sign in wrong place at bottom ward, fire extinguisher covered by mobile computer trolley
- Patient ID board very tatty
- Clinical waste in bin under nurse station
- Walls in need of repair

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: D42**

**1<sup>st</sup> Impression: A (Very confident)**

**Lasting Impression: A (Very confident)**

**SUMMARY OF FINDINGS:**

- Nice clean ward, Calm and quiet, Clean and fresh
- Dining room for patient if required – good
- Bright, uncluttered
- Lack of patients
- Cleaning in progress
- Some equipment on corridor

**GOOD:**

- Care wards poster prominent

**ISSUES FOR ACTION:**

- Entrance door locks not working – reported to Bureau
- Grubby pat slide
- Mental capacity act poster a poor photocopy

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: D43**

**1<sup>st</sup> Impression: A (Very confident)**

**Lasting Impression: A (Very confident)**

**SUMMARY OF FINDINGS:**

- Tidy ward
- Clean, various nursing staff visible
- Checked bed space that was empty, all curtains etc. fine
- Normal clocks only – not dementia friendly
- Very high praise from patient on involvement in decision about care
- No equipment in corridor
- Busy ward, but clean and calm

**GOOD:**

- Sister very helpful
- Language chart prominent
- Toilet - contrast colour toilet seat
- Care rounds poster displayed – but a bit too high up
- Very high praise from patient on involvement in decision about care

**ISSUES FOR ACTION:**

- None noted
- Bay 4 – windows still taped up
- Redundant fire alarm sign
- None visible
- Patient files trolley - problem of positioning in front of side ward (adequate explanations from staff)

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: D44**

**1<sup>st</sup> Impression: A (very confident)**

**Lasting Impression: A (very confident)**

**SUMMARY OF FINDINGS:**

- Cleaning in progress
- No tonal contrast on toilet seats
- Not all beds had hand gel
- Very clean and fresh, nice and bright
- No sign of any dementia awareness
- Shower door showed engaged, but computer trolley in front of it.
- Positive feedback from matron regarding domestic team
- Bright, pleasant smell
- Very good

**GOOD:**

- Floors very clean
- Domestic team
- Bathroom actually had somewhere to put clothes and towels (good).
- 

**ISSUES FOR ACTION:**

- No hand rails
- Dirty gown in make toilet D206, cleared whilst visit in progress.
- Broken machine left in side corridor from 18 – 3.
- Ward entrance information board patient feedback
- Infection Control and patient safety data for February – out of date



**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: D47**

**1<sup>st</sup> Impression: C (Not very confident)**

**Lasting Impression: C (Not very confident)**

**SUMMARY OF FINDINGS:**

- Beds etc., clean
- Ladies shower – equipment on shelf
- Day room used for equipment store
- No bariatric chairs in day room
- Too many notices on wall (corridor)
- Toilet curtain too short
- Relaxed atmosphere
- PPE in use/domestic, personal care
- Vomit bowls kept on window sills
- Patient feedback – staff lovely, very friendly
- Only one exit form ward in case of fire
- Out of date signage on stairs
- Way out signs on long corridors
- Ward performance board displaying January information
- Corridors cluttered with equipment
- Three broken hand gel dispensers

**GOOD:**

- Cleaning file up to date

**ISSUES FOR ACTION:**

- Both entrance corridor and main corridor untidy & cluttered– linen trolley/tea trolley, obs machine/laptop. IVAC machines x4 on floor waiting for collection.
- Day room – cluttered with equipment; walking frames, drip stands - could be hidden behind curtain
- Vomit bowls on window sills
- 4 gel dispensers empty or not working
- Information board – January date
- Shower curtain only covers half of shower
- Clean commodes stored in shower room
- Ward area lacks appropriate storage facilities.

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: D48**

**1<sup>st</sup> Impression: A (very confident)**

**Lasting Impression: A (very confident)**

**SUMMARY OF FINDINGS:**

- Extra space makes it appear much neater
- No contrast on toilet seats
- Nice to see a lower counter area at reception
- Empty sanitiser gel dispenser
- Very clean and fresh
- Assisted shower room has got a contrasting toilet seat
- Excellent
- Very clean and corridor free of equipment
- Very large ward area

**GOOD:**

- Really pleased there is now hand moisturiser available
- Hand rails
- Assisted shower room has got a contrasting toilet seat

**ISSUES FOR ACTION:**

- Empty sanitiser gel dispenser
- No contrast on toilet seats

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: E53**

**1<sup>st</sup> Impression: B (Confident)**

**Lasting Impression: B (Confident)**

**SUMMARY OF FINDINGS:**

- Bit cluttered, but OK
- Bay 4 – windows has sticky film on now, look messy
- Corridor handrails need re-varnishing
- Bay 2 – washbasin silicone sealant mouldy, needs replacing
- Older ward in need of paint and redecoration, when its turn comes
- Although busy ward, first impressions = clean and tidy

**GOOD:**

- Busy ward, but calm/professional

**ISSUES FOR ACTION:**

- Handrails need repainted
- Room corners
- Confused signage on toilet - male/female
- Cannot find ladies toilets
- Lack of relatives room
- Small domestic cupboard
- Apparent lack of female toilet – 1 signed wc/shower, but actually only shower

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: E56**

**1<sup>st</sup> Impression: A (Very confident)**

**Lasting Impression: A (Very confident)**

**SUMMARY OF FINDINGS:**

- Lighting at entrance - calming
- Very good – no issues
- Had orientation board, but no dementia clock
- Nice old photos on wall
- Coloured chairs make environment much more homely
- Patient toilet and shower, nowhere to put clean clothes and towels
- Guide rails no tonal contrast
- Clean and fresh
- Pleasant waiting room, shame also been used for storage
- No tonal contrast on toilet seat, dripping tap waste bin label damaged
- No tonal contrast – toilet seat
- Mental capacity act notice visible

**GOOD:**

- Thorough bed cleaning in progress
- Orientation board good, but needs better position
- Hand hygiene prior to eating meals

**ISSUES FOR ACTION:**

- Equipment stored on corridor

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: E58**

**1<sup>st</sup> Impression:** A (Very confident)

**Lasting Impression:** A (Very confident)

**SUMMARY OF FINDINGS:**

- Excellent first impression - Busy efficient
- Overall good/spacious/bright
- Busy area
- Staff very friendly/caring, professional
- Visitors toilet, sink plughole needs cleaning
- Work station clean, tidy and functional
- Large face clocks – excellent
- Orientation board – very good
- Treatment room a little untidy, wall damage, too many chairs

**GOOD:**

- Very friendly caring staff at all levels
- Excellent patient interactions
- Spacious
- Privacy curtains in place

**ISSUES FOR ACTION:**

- First assisted bathroom flush not clearing paper
- Bay 9 – 12 beds window frame covered in sticky residue from duct tape
- Treatment room being used for storage - a little untidy
- Blu tac on walls
- Window clear glass – looks straight into other building
- Lady dressed only in pants

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: F61**

**1<sup>st</sup> Impression:** A (Very confident)

**Lasting Impression:** A (Very confident)

**SUMMARY OF FINDINGS:**

- Excellent, no issues
- Busy ward, Lots of therapy services
- Clean, tidy, but busy
- Staff friendly and helpful
- Unpleasant odour
- No dementia clock
- Toilets and shower engaged, so could not check
- Bathroom – nowhere to put clean clothes, towels etc while bathing

**GOOD:**

- Friendly staff
- COI Infection practices
- Handrails fine

**ISSUES FOR ACTION:**

- Linen trolley on corridor although ward busy with daily duties
- Appearance and décor could do with updating

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: F65**

**1<sup>st</sup> Impression:** A (Very confident)

**Lasting Impression:** A (Very confident)

**SUMMARY OF FINDINGS:**

- Overall excellent, Good impression leading to and entering ward, ward looked clean and tidy and welcoming
- Linen OK
- Nice bright entrance for kids, nice deco and themes for young
- Nurses station – tidy
- Floors, ceilings, walls and lighting good
- Room 12, split in settee
- Clean and efficient ward
- Walls in corridor on the way to ward very colourful, painted with characters suitable for children
- Spoke to two parents in side room, who stated 'staff were excellent and couldn't do enough for them or their baby'
- Patient toilet good
- Lighting excellent
- Nurses use staff room for breaks

**GOOD:**

- Calm, pleasant atmosphere
- Bed in babies room to allow parent to stay with baby overnight

**ISSUES FOR ACTION:**

- Hole in a settee – room 12
- Bags of waste in corridor – moved while we were there
- Treatment room – dirty floor
- Split in sofa in room 12

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**AREA: Emergency department**

**SUMMARY OF FINDINGS:**

- Clean, new, looks very professional
- 1<sup>st</sup> Waiting area, small but clean and tidy – water available
- Second area – clean, tidy entrance
- Family quiet room – clean tidy, nice but very cold.
- Dusty computer trolley in hall – ED adult
- Children's area – 1 painted play cube slightly grubby, probably due to alcohol wipes
- 1 toilet floor grubby, Windows lots of hand marks
- Storage is an issue but everything neatly stored
- Ripped seats in 1<sup>st</sup> waiting area
- Clocks in each room
- Disposable curtains need dating when put up

**GOOD:**

- Generally tidy given temporary facility - this will not be their permanent home.
- Very nice area

**ISSUES FOR ACTION:**

- Torn seating in waiting area
- Toys need cleaning with different product
- Some High level dust
- Soap holder needs cleaning assessment ward
- Family room – quite room chair torn
- C6170 – dirty toilet area – cleaning ongoing in the area
- Uncovered clean linen
- Family room – slightly cool, although recognise a temporary facility
- Disposable curtains – do they need a data of installations or when to be changed.



# CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

## PLACE INSPECTIONS 2016

### COMMUNAL AREAS:

#### **SUMMARY OF FINDINGS:**

- Main concourse – Initially the impression is of a clean and tidy main entrance, lighting good. Could definitely do with more seating for visitors and people waiting – only 3 seats
- Wheelchairs available
- Clear signage - toilets
- Reception desk – manned
- Chapel facility – good first impression, feet washing facility available
- Chaplaincy – lovely welcoming, calm room + outdoor space. Very clean and tidy
- Seminar room – available for people wishing to speak to chaplain
- Help and advice centre – very welcoming, lovely area, immaculate
- Lighting good. Decoration and flooring good/concourse (2 lights out in male toilets, 4 badly water stained ceiling tiles – 2 broken soap dispensers, mirror marked)
- Chapel
- Toilets clean and tidy
- RVS café and shop  
Entrance area and disposal of butt ends
- Ladies toilets clean and tidy, all taps fully functional, toilets flushing, hand dryers working

#### **GOOD:**

- Lighting new lights are excellent

#### **ISSUES FOR ACTION:**

- No hearing loop available
- Check reception posters – very cluttered
- Reception could be signposted more clearly
- Smoking area – smell drifts into main concourse

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**OUTSIDE AREA:**

**SUMMARY OF FINDINGS:**

- Entrance from Kayll Road – directional signage
- Cigarette ends a problem
- Garden areas look good (with exception of cigarette ends)
- Window frames look OK
- Considering there's extensive building work – ED - the outside area is reasonably tidy.
- All areas – fine
- (Smoking area) spoils everything – cigarette ends littered, surrounding grounds including seating area.

**GOOD:**

**ISSUES FOR ACTION:**

- Cigarette ends in gardens - Garden area outside main entrance
- Cigarettes ends – lots, mainly in garden area Hylton Road car park-signs misleading
- Hylton Road main entrance (reception) – garden area needs replanting
- Smoking area – cigarettes all over ground area outside of smoking areas and also around non-smoking areas and garden areas leading to main concourse entrance.

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Cardiology and Cath Labs**

**SUMMARY OF FINDINGS:**

- Waiting area bright
- Potentially light
- Very good, clean, calm

**GOOD:**

- Small waiting area, very clean
- Notice board OK
- Consulting room very clean

**ISSUES FOR ACTION:**

- Tear in treatment couch
- Storage an issue
- Lots big boxes in corridor – inappropriate storage location
- Beds in corridor
- Small waiting area – could be difficult if lots of people accompanying

## CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

### PLACE INSPECTIONS 2016

#### WARD/AREA: Chest Clinic

##### **SUMMARY OF FINDINGS:**

- First impression light and quite bright
- Cold blowing from the air conditioning unit making sure the atmosphere is fresh, always welcome for patients with chest conditions
- O2 stored at main door to clinic – is this necessary?
- Portable suction unit fully charged
- Very busy environment – narrow corridors – not good for people with chest conditions
- The key issues – lack of space for a service that continues to grow.
- Reception/Nurses station clean, tidy
- Treatment room clean, gel available, scuff marks on wall. Paper rolls for beds
- Corridor – clean, clear, waste bins available
- Ceiling, floors OK, area very clean – no dust
- Pleasant atmosphere – no patients at time on unit so calm
- Door frames OK, two lot of scuff marks at bottom
- Nurse says once patients arrive, space is very congested, especially if in wheelchairs.
- Room 4 – Wall scraped behind and beside door
- Clinic room 1 – scrapes on wall – chipped paint
- Small waiting areas. Two bariatric chairs, no different height chairs.
- Hand wash – only available in treatment rooms
- Walls – require painting
- Treatment room – shared sink – used as store room for equipment
- Corridor at bottom – stores in corridor
- Lighting fine
- IG breach – consultant rooms unlocked

##### **GOOD:**

- Smart sharp box wall mounted and functional
- Pulmonary function lab 3 clean/spacious
- Lovely welcoming staff
- Clean walls/good condition

##### **ISSUES FOR ACTION:**

- Clinic room 4 – suction unit has standing dust on it, as does the lamp. Number of offices with piles of notes – IG issue
- Gowns look as if they have been used
- Clinic room 3 – tile in ceiling discoloured – looks horrid if being

examined on couch and looking up!

- Treatment room used as a store for equipment/sink discoloured,
- Fridge locked, but key in door!
- Lots of clutter in corridors probably nowhere else to put things
- Confidential waste disposal unit in the corridor
- Corridors very small for sub waits
- Storage areas required for deliveries and stock

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Discharge Ward**

**SUMMARY OF FINDINGS:**

- First impression clean, friendly, professional
- Very shiny floor
- Some wall damage
- Different chairs – different heights – very good
- Over bed table chipped
- Clean tidy and light, pleasant
- Ladies area clean pleasant environment
- Male area not as many distractions

**GOOD:**

- Excellent facility for discharging patients – easy access for relatives – warm friendly atmosphere.

**ISSUES FOR ACTION:**

- Really shiny floor – need to review cleaning arrangements
- Some wall damage above bed space
- Not dementia friendly floors
- Pictures need dusting/high dusting

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: RATU/SATU**

**SUMMARY OF FINDINGS:**

- Waiting area pleasant, water provided, comfortable chairs
- Pat slide grubby
- Beds 19 – 24 hand gel not on every bed
- Shower – no shelf or hooks for user to keep clothes dry
- No tonal contrast on toilets
- No shower available for those with mobility issues
- Clock for dementia needed
- Busy ward
- Visibly clean in all areas, but tired paint work
- Staff friendly
- Bright
- Very good area – calm

**GOOD:**

- Cleanliness
- Water and cups taps at each table in waiting area
- Very good hand rails

**ISSUES FOR ACTION:**

- Décor – appearance and condition
- Wooden clocks
- Door
- Sheet/Mattress cover in male (19-24) - Small holes and stains

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: ECG**

**SUMMARY OF FINDINGS:**

- IG breaches noted
- Signs on reception desk require updating (new)
- Walls in ECG recording room need decoration
- Machine not clean in ECG recording room
- Door frames – MP room requires decoration – stores on floor and benches, marked floors, not good lighting
- Pacing room – crash trolley not clean, heavy dust, poster off wall, walls require decoration Also chipped paint. Also window sill dusty
- Rooms/storage/dumping – near to emergency exit
- Some blue tack visible on walls, must have previously had notice displayed wall
- Info racks well stocked, wall protector scraped behind chairs
- Poster hanging off wall
- An area that is – very busy and has a high foot full of patients
- Cluttered – too much storage overflow in the clinical areas
- Gel at entrance
- Entrance probably busiest in hospital
- LED lighting required

**GOOD:**

- Open/welcome clinical staff who are patient focussed, busy dealing with patients.

**ISSUES FOR ACTION:**

- Corridor leading to emergency exit had cleaning machines, walking aids and bags of rubbish.
- Notice for department stuck on window – looks tatty/walls lots of notices stuck on walls. Blu tack/micropore
- ECG recording room – all patient information for day out ready to use/results clipped together (paper) not filed in notes or awaiting file.
- Smartsharp box open when not in use/others full.
- ECG machine covered in hair.
- Walls damaged.
- Pacing room – dusty (lots) equipment needs good clean
- Filing cabinets all open and patient notes ( IG issue) look tatty.
- Echo room – cluttered, no windows
- Painting required and generally not up to to standard



**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Head and Neck**

**1<sup>st</sup> Impression: A, B-C, B, B**

**Lasting Impression:**

**SUMMARY OF FINDINGS:**

- First impression – looks a bit tired, overall neat and tidy
- Clean, corridors clear
- Ladies toilet clean
- Drinking water machine available, but cups not in proper dispenser
- Good notices, good advice
- No bariatric chairs
- Tatty chair in Children's area
- Debris on radiator
- Gents toilet panel damaged, screw caps missing.
- Cons room 7 and 2 top of door dusty
- Intumescent Strip covered in foam everywhere (Estates)
- Utility room door propped open with bin
- Quiet, TV on for patients
- Plenty of chairs, some need replacing, no bariatric chairs
- Sign on door needs replacing (dental X-Ray)
- Floors – lost shine, look dirty, but were clean
- Role of matron information - Outdated
- Oral corridor – tidy free from clutter
- Holes in wall in waiting room where sign removed
- Wet floor sign left in waiting room toilet and on corridor
- Water dispenser in ENT waiting room 2 in need of repair
- Stationary cupboard in corridor – open doors
- Friends and family box label requires replacing

**GOOD:**

- Notice boards organised and informative

**ISSUES FOR ACTION:**

- Some notices not laminated
- F&FT box signs need replacing
- Fan in treatment room
- Patient treatment rooms and secretary office in same corridor - potential for Information governance issues
- Ceiling tile stained in oral corridor

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Niall Quinn**

**SUMMARY OF FINDINGS:**

- Pleasant atmosphere – light and airy, clean and tidy
- Nice reception area
- Toilets clean
- Plug ‘protectors’ in socket all area
- Male toilet - top of door dusty
- Central area – 13 A plug hanging from ceiling
- Baby feeding area door top dusty
- Toys clean
- Nicely decorated – very welcoming
- Signage on approach requires full review
- Paint flaking from wall at entrance canopy
- Signage in toilets lying on benches
- Vending machine contents to be reviewed
- Unfinished plaster work to tiles

**GOOD:**

- Child size toilets

**ISSUES FOR ACTION:**

- Plug safety socket
- Drinks machine
- Vending machine and unhealthy contents
- Small repairs needed on wall
- Plug hanging down from fairy lights

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Occupational Therapy**

**SUMMARY OF FINDINGS:**

- Flooring, decoration and ceilings in good condition
- Lighting and cleanliness good
- Clean, tidy waiting area, bathroom, toilet
- Board in patient waiting area with names? For the staff on duty or out?  
Is this in right area
- Good assessment area, to assess abilities to manage at home prior to discharge e.g. kitchen, toilet, bedroom
- Paediatric assessment room purposefully plain walls, so that the children wouldn't be distracted when being assessed.
- Mild dementia sometimes treated
- Reception area - is name board necessary?
- Overall good

**GOOD:**

- Assessment areas kitchen, bedroom, bathroom

**ISSUES FOR ACTION:**

- Staff in/out board in waiting area - not appropriate
- Corridors – wheelchairs and walking frames stored

## CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

### PLACE INSPECTIONS 2016

#### WARD/AREA: PAAC

##### **SUMMARY OF FINDINGS:**

- Inviting atmosphere
- Generally good, Visibly clean, Bright, pleasant smell
- Large waiting area, IU, seating
- Staff friendly
- Excellent, clean well run department
- Few minor wear and tear issues
- Needs new clock!!
- Much lighter and brighter than expected
- Corners not fitted with tonal contrast panels as elsewhere
- No hoist – should have dedicated one not have to use outpatients
- No tonal contrast in WC i.e. white toilet seat and white panel behind basin
- Clinical waste bin should be in corner as it affects turning space for wheelchairs
- Tactile material on tap for hot and cold would be useful
- Bits of poster still on wall – no emergency call system
- Range of seating not as great as had been expected

##### **GOOD:**

- F&F data displayed
- Friendly helpful staff
- Very clean, very quiet
- Excellent notice board display
- Nice light waiting area

##### **ISSUES FOR ACTION:**

- Wet floor notice needs removing – was removed during visit
- Board in waiting area to display
- Fire door wedged open
- Some minor scuff marks on corridor wall
- Empty plastic docket on room 1 and 2
- plastic docket empty – blu tack unsightly
- No large face clock for dementia sufferers
- Variety of chairs needed to suits - small people/bariatric patient, perching chair

## CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

### PLACE INSPECTIONS 2016

#### WARD/AREA: Physiotherapy

##### **SUMMARY OF FINDINGS:**

- Physio, gym, hydrotherapy, neurology, assisted shower room – good
- The new LED fittings are much superior to old - Quite dim in orthopaedic gym - the physio room could do with LED lights
- Floors are acceptable
- Recessed area in waiting room does not look clean, staff concerned this was area that housed vending machine, which has been removed
- Treatment room; clock needs fixing back on wall (Gym). Lots of magazines for patients to read whilst waiting for appointment.
- No different size chairs in hydro waiting area/physio treatment area
- Toilet male/female
- Ceiling tiles marked physio gym
- Waiting area above flooring marked and covered in paint where vending machine has been removed
- Reception all very utilitarian, clean signage
- Clean tidy – clam as not busy
- Lighting poor in Ortho gym
- Hydro-therapy – very clean,
- Assisted shower – immaculate public joint m/f toilet – clean
- Ortho gym – stained ceiling tile, dim lighting
- Equipment clean
- Neurology gym – immaculate, curtains fine
- Physio – general appointments, treatment room, reception, waiting area all immaculate

##### **GOOD:**

- Areas generally clean
- Hydro-therapy – very clean

##### **ISSUES FOR ACTION:**

- Lighting - poor lighting in physio gym
- No gel dispensers hand cleaning
- Stain on ceiling tile in ortho gym
- Couches cleaned with clinelll wipes, but pillow cases, not changed between patients.

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Podiatry**

**SUMMARY OF FINDINGS:**

- Another busy environment - calm – lots of patients attend department who have mobility problems
- Surgery 1 – Chairs a little worn on corners and window sill dusty, 1 ceiling tile stained
- Surgery 2 – Hoover for podiatry staff, Trolley dusty
- Surgery 3 – Hoover in clinical room, stock on floor, ceiling tile requires replacing, splash back behind hand basin remains of sticky tape, generally clean and good effective decorating
- Surgery room 4 needs fitting out correctly – used for storage
- entrance floor, stores in corridor
- Info leaflet rack poorly stocked
- Waiting area – chairs no different heights, none with arms
- Corridor – boxes in corridor should be in storage
- Reception – Wall gel empty, seats (6) all same size
- Corridor OK – door frames OK, scuff marks bottom ceiling
- Flooring clean and non-slip
- Clean tidy
- Store cupboard – use of NHS Supplies boxes needs to stop and other means for store.

**GOOD:**

- Floor – wooden, very nice
- Notice board full of thank you cards, lovely, but untidy and probably over the top.

**ISSUES FOR ACTION:**

- Could do with more area for treatment and storage.
- Leaflet rack half empty – looks surplus to requirements
- Couch room 3 starting to split – staff aware and have reported.
- Ceiling tile – surgery room 1
- Surgery 4 – needs to be kitted out correctly, but clean/tidy.

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Radiology**

**SUMMARY OF FINDINGS:**

- First Waiting area - seating torn – different colours, chipped paint in entrance, floor scuffed
- New toilet doors – look good, Dementia friendly
- Posters up with micro tape
- Sticky marks on mattress (trolley on corridor) - cleaned immediately on request
- Good children's waiting room – bright tidy. Children's X-Ray age appropriate
- Waiting area MRI - wall damage
- MR2 waiting room, equipment store
- Room 6 & 7 – toilet not cleaned yet – area by door hinge needs cleaning, dusty – paint needs renewal on shelf
- Ceiling tiles loose/damaged/stained/missing throughout

**GOOD:**

- Very helpful friendly staff
- MRI 2 - different height chairs, arms or no arms
- Wall murals in children X-ray very good for distraction, beautifully done
- U/sound w/area – new seating much better
- Toys in children's waiting area.

**ISSUES FOR ACTION:**

- Blue tack marks need removing
- Cubical 1 door obstructed by table
- Door damage
- MRI 2 - better chairs needed
- Cubicle 28 near rooms 6/7 ceiling tiles badly marked, Ceiling in waiting area water marked
- Kevin Ball plaque – MR1 needs polish
- Finger marks on windows
- MRI waiting area – windows need to be opaque
- Window ledges – rear corridor dust, window frames dirty
- Torn chair in waiting area 2 & 3
- MR1 high dusting MR1 door paint chip – seat very low
- No handrails
- Need leaflets in racks

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Rheumatology**

**SUMMARY OF FINDINGS:**

- Waiting area 5 crisps on floor – vacuumed on request
- Water available
- Is TV still required? - TV out of order
- Notice board required as notices on walls with blue tack untidy – out of date
- 1<sup>st</sup> waiting area bit grubby, sockets hanging off wall (phone) water cooler overflowing
- 2<sup>nd</sup> waiting area OK,
- Office treatment room – treatment room clean and tidy

**GOOD:**

- Leaflet racks very good – high up (not easy for staff to reach)
- Leaflet displays very clean and tidy
- Patient comment ‘care very good, staff excellent’
- Patients known and addressed by name
- Plenty leaflets in office
- Disabled access door

**ISSUES FOR ACTION:**

- Cons/exam room 2 – sink plug hole - rusty? Marked
- Some dust - low level
- Friend & Family box – new label
- Wall damage – protector needs a clean
- Notes trolleys dusty
- Patient comment – lack of privacy at reception – poor design - No privacy at reception
- No toilets in department - patients must leave dept.



**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Macular Unit, SEI**

**SUMMARY OF FINDINGS:**

- Very impressed by overall standard of cleanliness
- Good display of relevant leaflets
- An old building, but equipment is modern and staff are exceedingly helpful
- Very clean and tidy.

**GOOD:**

- Good communication between staff and patients.
- Welcoming environmentally

**ISSUES FOR ACTION:**

- Cluttered entrance at rear of unit.
- Corridor – concern re boxes stored on top of cupboards; H&S issues (corridor outside of corneal excimer unit – leading to macular unit)

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: A&E**

**SUMMARY OF FINDINGS:**

- Wiring exposed entrance to A&E, should be in trunking
- Signage could be – additional notices necessary
- Loose notices, out of date 1 month
- Debris on roof light A&E waiting
- Seating capacity poor
- Empty pamphlet rack in pharmacy should be taken out
- Walls require plastering in pharmacy entrance
- unsightly paintwork towards toilet
- Disabled toilet out of order OPD3

**GOOD:**

- Outpatient B – Disabled toilet good

**ISSUES FOR ACTION:**

- Roof light - dust, loose plaster work
- Display of cleaning schedule – available to public
- Remove wood board on wall opposite reception A
- Notices reception 'A' automatic doors not working

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: Haygarth Ward**

**1<sup>st</sup> Impression: A**

**Lasting Impression: A**

**SUMMARY OF FINDINGS:**

- Clock on winter time in Haygarth waiting room
- Curtains need attention in day room
- Check appropriateness of “no mobile phones” signs
- Cleaning in progress at 11.30 a.m.
- Sanitise gel dispenser
- Writing on medication too small
- Clean, welcoming, good temperature
- Good information board for paediatric patients
- Chaplaincy quiet room – good
- Day room nice, clean, variety of chairs and communal TV.

**GOOD:**

- A good ambient atmosphere
- Suggestions – remove lean champion notices and yellow clean your hands badges

**ISSUES FOR ACTION:**

- None

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: SEI Communal areas**

**SUMMARY OF FINDINGS:**

- Well maintained, clean, no obvious problems
- Corridor leading to Macula unit cluttered boxes stores on top of bisley units.
- Areas clean and bright

**GOOD:**

- All areas good, well maintained, clean

**ISSUES FOR ACTION:**

- Macular unit corridor cluttered

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**PLACE INSPECTIONS 2016**

**WARD/AREA: SEI External areas**

**SUMMARY OF FINDINGS:**

- Well maintained grounds and buildings some minor points

**GOOD:**

- Good entrance signage
- Well maintained grounds
- Good maintenance

**ISSUES FOR ACTION:**

- Pedestrian access from bus top signage to wall of front entrance would assist.
- Ambulance parked at bottom of ramp
- Toilet paper blowing around in grass outside children's area
- Rubbish to remove from outside workshops
- Signage to car park damaged
- Pedestrian access, frontage needs signage, plus parking an issue
- Toilet paper outside ward window
- Dirty rusty door near large car park
- Dead bush main car park
- Electric substation doors poor shape