CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

TUESDAY, 16 JANUARY 2018 - 2:00PM
HOUGHTON LIBRARY

AGENDA

Item 1	Declaration of Interest		
Item 2	Minutes of the meeting held 31 October 2017	Enc 1	*Ken Bremner* *Chief Executive*
Item 3	Chief Executive's Update	Verbal	*Ken Bremner* *Chief Executive*
Item 4	PLACE 2017 Inspection Report	Enc 2	*Rachael Hutchinson* *Hotel Services Manager*
Item 5	Quality Strategy	Enc 3	*Melanie Johnson* *Director of Nursing &* *Patient Experience*
Item 6	Quality Priorities Mid-term Review 2017/18	Enc 4	*Gary Schuster* *Clinical Governance Manager*
Item 7	Emergency Department National Patient Experience Survey 2016 Report	Enc 5	*Gary Schuster* *Clinical Governance Manager*
Item 8	2016 NHS Staff Survey Results Update: Physical Violence at Work	Enc 6	*Carol Thatcher* *Organisational & Leadership Development Manager* *Learning & Development Centre STFT*

Date and Time of Next Meeting

Tuesday, 27 March 2018 at 10.00am in the Board Room, Sunderland Eye Infirmary

Enclosure 1

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held on 31 October 2017 at Houghton Library.

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

Apologies:
Michael McNulty (MMcN)
Kay Hodgson (KH)
Gillian Pringle (GP)

In Attendance:
Ken Bremner (KWB)
Pat Taylor (PT)
Julia Pattison (JPa)
Denise Horsley (DH)
Julie Porter (JPo)
Melanie Robertson (MR)
Angela Gillham (AG)

Item 1 **Declaration of Interest**

None

Item 2 **Minutes of the Meeting held on 1 August 2017**

Accepted as a correct record.

Item 3 **Matters Arising**

Consultation – KWB to address as part of the CEO Update.

Item 4 **Finance Report**

JP presented the report which reflected the Trust's position as at 30 September 2017. JP advised that the overall financial position was a net deficit of £3,541k against a planned deficit of £3,996k, and therefore £455k ahead of plan. JP stated that the Trust had therefore achieved its Control Total to date and was liable for STF funding of £3,233k.

JP reminded Governors that we had a deficit plan and currently we were ahead on that planned deficit. The improvement in month 6 was largely due to the Trust accessing £2m from the Sunderland, South Tyneside local health economy risk share agreement.

JP informed Governors that pay was currently showing an underspend of £275k against plan. Agency spend was £3,025k, £655k more than the same period last year – the main reason being two more agency consultants in Radiology compared to 2016/17 to cover substantive staffing gaps. JP stated that we were getting close to the notional ceiling set by the Regulator and we needed to get a handle on this as we moved towards winter.

JP advised that non-pay was overspent by £1,912k mainly due to drugs, clinical supplies and offsite CT scans.

JD queried whether we were using the maximum capacity for our CT scanners. JP replied that we were not as because of the challenges in recruiting CT radiographers, for example the emergency department CT scan could only be staffed by closing an existing CT machine. There was also forecasted additional demand.

JD also queried whether the weakening pound had had an impact on clinical supplies. JP confirmed that it had but that the NHS supply chain were trying to manage that closely on our behalf for us and all other Trusts.

JP advised Governors that as at month 6, CIP delivery was £4,949k against a planned delivery of £215k. The shortfall was reflective of the unidentified CIP targets set for the Trust for 2017/18, plus slippage against some high level CIP assumptions for agency cost reductions.

JP stated that the gap was gradually closing month on month and the Trust was anticipating total CIP delivery for 2017/18 to be in line with the plan of £13m.

JP outlined the cash position with the best and worst case scenarios which was an ongoing issue and the Trust was

working with partners to try and resolve the positon. JP commented that the Trust could take out a loan but would prefer not to do that if at all possible.

JP outlined the forecast position giving best case, worse case and likely case positions. JP stated that the Trust had significant concerns around the achievement of the control total by the end of the year but was working closely with the regional NHSI team. At this stage the Trust had declared to NHSI that control total delivery was achievable in 2017/18, however there were risks. GM queried as to what was JP's gut instinct on the end of March position. JP replied that she was minded towards likely and the best case but there were a lot of pressures in the system.

MD queried section 2.1 – clinical income and in particular emergency readmissions.

JP replied that if a patient had previously attended ED and then subsequently re-admitted then we can be penalised. The patient may not have accessed services in the community, or services may not have been available but we would still be penalised.

JD queried costs associated with this. JP replied that we believed the figure to be £200k but commissioners felt it to be £600/700k.

Resolved: To accept the report.

Item 5 **Chief Executives Update**

Consultation – KWB advised that the first phase of consultation had ended on 15 October 2017 for stroke, paediatrics, and maternity and gynaecology.

There had been in excess of 860 paper responses and all responses were to be independently assessed by an external company and there would be some early feedback in December. A decision would be taken by the CCGs in February 2018. Whilst we may have sight of the recommendations we will not know the outcome of consultation until late February which will be shared at a public meeting by the CCGs.

KWB advised that Phase II of the clinical service reviews had started and there had been some tweaking of the process regarding transparency of staff involvement in the design process.

KWB advised that he would keep Governors aware of developments.

Avastin – KWB stated that Avastin was a drug used to treat age-related macular degeneration. Generally the drug Lucentis was used but this was more expensive than Avastin. CCGs in the North East were trying to get a consistent policy but it was anticipated that by using Avastin it could save health services in the North East £50m over 5 years. CCGs also believed that Avastin had the same clinical impact as Lucentis. The drug companies supplying Lucentis stated they believe what CCGs were trying to do was illegal although CCGs have taken legal advice and believe their process is robust.

KWB advised that the issue was now attracting media attention and some filming had been undertaken at SEI but we had not issued any statement.

The Chairman queried that if the evidence was strong then what would the position be going forward. KWB replied that if both drugs were effective then price was an issue but the evidence needed to be robust.

MD queried that if patients had been on Lucentis for a long time would they be given a choice. KWB replied that they would but for all new patients then the drug that would be administered was Avastin. GM commented that if the product was best value and the quality of care was the same then this could only be positive. He also stated that it was helpful to see the pharmaceutical industry being rebutted and was to be applauded. PT queried whether there had been any research programme regarding the efficacy etc. of both drugs. KWB replied that he believed so but did not have the detail.

MD commented that there had been a similar furore some years ago in relation to generic drugs which eventually settled. KWB replied that the main issue was to convince the medical profession.

SC queried whether NICE had given any guidance. KWB replied that at the moment they had not and were generally sitting on the fence although pressure was being applied.

SJ queried the position of the SEI consultants as Avastin had been available for a long time. KWB replied that he could not give a total view of all the ophthalmologists but confirmed that they understood it needed to be addressed but they also needed a body of evidence for them to change practice.

Secretary of State – Jeremy Hunt MP had recently visited both CHSFT and STFT. As part of his visit to Sunderland he undertook an unscheduled visit to our new emergency department and had spoken to staff. The visit had been private

and there had been no cameras etc. The Secretary of State had sent a letter of thanks to the Chairman and KWB for hosting the event and acknowledged the performance of the Trust.

The Chairman informed Governors that a former staff Governor had asked the Minister a question about HCAs and the availability of apprenticeships etc. The Chairman advised that the subject had consequently become a discussed item at the DH.

GM commented that a similar point had been raised at another event to which he had attended.

SC stated that in the past we had offered bursaries to Health Care Assistants to become a registered nurse which supported them through that process which had worked very well.

LH commented that she had attended a lecture last week where Lisa Bayliss Pratt had spoken about different ways of getting into the system. LH stated that it needed some creative thinking but that it also offered carer progression.

SJ stated that the Trust was hosting two new physician assistants and training two physiologists in cardiology and that Sunderland lended itself well to such new initiatives.

Gold Award – Reserve Forces – KWB advised that the Trust had become the first NHS Trust in the North East to receive a Gold Award from the Ministry of Defence, the highest badge of honour for organisations which had signed the Armed Forces Covenant and demonstrated outstanding support for those who serve and have served. KWB explained that we are one of 33 nationally to receive an award and had been singled out as one of two organisations seen to be the best armed forces friendly employer in 2017.

KWB had attended an event in London where HRH Prince Harry had presented the award. KWB had been accompanied by Kelly Bennett, Patient Flow Manager and a Major in the Army Reserves, and Brian Hughes-Mundy, HR Manager.

RVS Gifting Event – KWB informed governors that the RVS had donated a cheque for £400k to the Trust on Monday 30 October 2017. The money, an accumulation of profits taken from the RVS shop, trolley service and coffee shops at SRH and SEI would be used to update medical equipment at both hospitals and to improve facilities in patient environments. KWB stated that this was one of the largest donations we had received from the RVS at any one time and was important because we had resisted pressure to commercialise our coffee shops etc.

City of Culture – Sunderland was one of a number of cities shortlisted as part of the 2021 City of Culture bidding process. KWB advised that the judging panel were to visit the city in the next week and he was to be part of the presentation process. The Trust was also displaying the City of Culture flag on the SRH and SEI sites.

Reward and Recognition Event – KWB reminded those Governors who were attending that the event was taking place on Friday 3 November 2017 at the Stadium of Light. The event celebrated the long service of staff achieving 30 or 40 years service in the NHS and also those awards for whom staff were nominated by their peers. This year had seen the highest ever number of submissions for the awards.

Volunteers Christmas Lunch – KWB stated that Governors were to be invited to the Volunteer Christmas lunch which was to take place on Friday 8 December 2017 in the staff dining room. KWB advised that CH would be sending out a formal invitation.

Item 6 **Internal Operational Winter Plan**

Angela Gillham presented the paper which set out 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.

AG explained that the plan would be issued in conjunction with a number of standard operating procedures and plans available under separate cover. AG stated that to achieve true resilience the plan must be part of a wider city approach.

AG also commented that winter is not just seasonal and many initiatives are embedded throughout the whole year. The plan belongs to different operational managers and reflects how we work as a winter resilience team.

AG highlighted section 2.4 – city wide surge and stated that we received strong support from external partners and meet every monday which included Sunderland Care and Support, the Local Authority, GP Alliance and STFT Community staff.

JD queried section 3.1.1 and how the Trust linked with other Urgent Care Centres. AG replied that the Trust worked closely with Northern Doctors who manage the other centres and we have a very good relationship with them.

RR commented that there was a typo in section 3.1.1 and assumed ‘steamed’ should be ‘streamed’.

JD queried page 9 and Gynae referrals and the possibility of Ward D47 accepting direct referrals from NEAS and whether there was a risk. AG replied that these were experienced individuals with training and we already had similar models in medicine and surgery. JD also queried section 3.3. – capacity modelling and in particular how the predictor indicators were defined.

AG replied that we used historical indicators looking at performance and resilience. NEAS also have a predictor system looking at local communities. In terms of nurse staffing AG advised that we used our e-rostering methodology.

AG also highlighted the complex discharge nursing service and its close links with the Recovery at Home and Hospital Social Work teams. GM commented that he had recently attended a conference in Bournemouth and Sunderland had been ranked as 17th best performing in the country in relation to delayed transfers of care (DTOC) and for that he extended a thank you to everyone involved. GM also stated that in 2010 there had been some national changes but community care has always been strong in the North East and indeed the top quartile of best performing LAs in relation to this area are all in the North East.

AG commented that she had recently attended a DTOC master class and other delegates attending could not quite understand the strong relationships in the North East.

JD queried as to how accurate was the bed management module. AG replied that it reflected the real time position. There had also been a number of audits undertaken to check the validity of the module.

JD also queried whether a risk assessment was undertaken for patients being admitted to the control of infection ward.

AG confirmed that a risk assessment was always undertaken and a patient would not be admitted if this was considered inappropriate. All staff are aware of the protocol even in times of extreme bed pressures. Ward F62 also had 4 ‘Pods’ in place for the management of patients with infections – the ‘pods’ allow isolation of a patient within a patient bay, in the absence of a side room capacity and provide greater flexibility for the management of infection.

LD also stated that as a patient flow manager she confirmed that every patient is managed individually.

PT queried whether patient flow managers were available 24/7. LD confirmed that they were and worked 12 hour shifts. JB commented that they provided a fantastic service.

AG highlighted the flu vaccination programme which had just begun whereby staff were being encouraged to take up the seasonal flu vaccine wherever possible in order to protect patients and other staff as well as themselves.

MD queried what the current uptake was for staff. AG replied that it was 56.4% as of today. MD commented that it did not seem a high uptake given that the campaign had started at the beginning of October.

KWB stated that the target was 70% which we achieved last year. He acknowledged however, that doctors and nurses lag behind in receiving their vaccine and nurses are the largest staff group within the organisation.

LH queried how staff could receive their vaccine. AG replied that there were several methods including drop-in sessions at occupational health and we had a number of ward and departmental vaccinators. LD commented that vaccination was available during the night for night staff.

Resolved: To receive the 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.

Item 7 **National Adult Inpatient Survey 2016**

Diane Horsley (DH), Head of Quality and Improvement and Julie Porter (JP), Practice Development Nurse presented the report which identified the results of the 2016 inpatient survey.

DH stated that the Trust had a response rate of 44% and that there had been small, but statistically significant improvements in a number of questions compared to previous results. Some of the results had been less positive including patients' perceptions of being involved in decisions about their care and treatment, information sharing when leaving hospital, waiting times, and support after leaving hospital.

Out of the 65 individual questions measuring inpatient experience, the Trust achieved 60 scores in the amber 'as expected' category and three red (worst category) rated questions relating to helping patients with their meals, privacy, and provision of information.

SC commented that she was concerned that we consistently fail on pain and nutrition. KWB replied that we had seen them improve but not at the same level of other organisations. KWB stated that it was quite difficult to get underneath the results but given some of our real time feedback etc. the scores just did not feel right.

PT queried that some of the questions were not phrased well for patients etc. CH replied that we do feed our concerns back on a national basis and sometimes questions are changed etc. When that happens however, it is often difficult to do a like for like comparison.

CC queried why on page 3, section 4, the scores were only identified as five. KWB replied that it was about the relativity to other organisations and that national scores must also be pretty low.

DH reminded Governors that the results of the survey are only published in May each year and the next survey questionnaires are being sent to patients in July which affords very little time to effect real change. JP commented that it was really important to get changes embedded into practice. JP also advised that the results would be discussed in certain groups such as the nutritional steering group, ward manager forums etc. and also involving link nurses on each ward.

JP stated that the Trust was developing a patient/carer experience strategy.

JD commented that it would be useful to look at trend lines and other comparators such as friends and family and real time feedback as his perception was that the hospital was better than the figures suggested. DH replied that the questionnaires were a point in time and some months after the patient had been discharged – the results prompted us to look in further detail at specific areas and also to look at practice in other organisations.

Resolved: To accept the report.

Item 8 **<u>Cancer Incidence and Survival Report</u>**

Melanie Robertson (MR) presented the paper which identified cancer survival rates for Sunderland and demonstrated how they compared nationally. CH commented that MR had produced the paper in response to a question raised by MMcN at a previous Governor meeting.

MR explained that the information was publically available data and relates to Sunderland Clinical Commissioning Group and not specific Hospital data – i.e. patients from Sunderland may

have received their treatment at another hospital, not always in Sunderland.

MR advised that the Trust was working closely with the CCG and Cancer Alliance to seek to improve the proportion of patients that initially present with early stage disease. The work was multi-factoral ranging from health promotion work around healthier lifestyles, increasing the uptake of screening, raising awareness of signs and symptoms, ensuring appropriate early referrals from primary care to secondary care and easier access for GPs to specific diagnostics.

The Sunderland standardised rate for incidence per 100,000 population was 668 (2014) compared to an England average of 608 – the incidence of lung cancer however, is consistently higher than the national average. The Chairman queried why the data being used was 2014. MR replied that this was the most up to date survival data available.

MR also highlighted that early detection of symptoms and referral was really important. If cancer was diagnosed at stage 1 to 2 then there were better opportunities of survival. If at stage 3 then the cancer will have invaded surrounding areas or lymph nodes and if at stage 4 then survival was much more difficult. MR advised that the Cancer Alliance had been successful in an 'Early Diagnosis' bid for funding to appoint 4 posts across Sunderland and South Tyneside which was about getting patients to access their GPs sooner.

GM commented that often it was difficult to access a GP and quite often the GP practice was running on locums. LH echoed GM's view and that at a GP appointment often you were only allowed to raise one item.

RR commented that some members of the public are reluctant to go and see anyone and bury "their heads in the sand". The 4 new post holders really needed to work on people in the community.

MR informed Governors that improving screening uptake made a huge difference. Some GP practices achieved an 85% uptake and others were as low as 40% in some deprived areas. SC queried how GP practices monitored screening etc. MR replied that a number of GP practice based audits were undertaken. RR commented that presumably GPs have appraisal and need revalidation and the checks and balances re screening, access etc. should be picked up as part of that process.

MR advised that there had been improvements made in direct access for GPs in relation to diagnostics and in particular a neck

to pelvis CT request and the GP then sends the detail to a specific MDT meeting.

DC commented that he was really surprised that smoking was still allowed. MR replied that it was a really difficult issue and the cancer alliance was trying to promote smoke free hospitals.

SJ commented that there needed to be a better more effective way of stopping smoking.

CC stated that often people believe that because they do not smoke that they cannot get cancer. MR replied that promoting a healthy lifestyle was really important.

JD commented that the report had been excellent - very clear and concise.

CH advised that MMcN who could not attend the meeting had sent a note expressing his thanks for such a speedy response to his earlier request made at the last meeting. He was also particularly gratified to read of the recent commendation to SCGG for a most improved performance by the Parliamentary All Party Committee on Cancer despite a relatively poor performance in some respects.

The Chairman thanked MR for the report and suggested that it would be helpful to have an update at some point in the future.

Resolved: To accept the report.

JOHN N ANDERSON QA CBE
Chairman

CITY HOSPITALS INDEPENDENT COMMERCIAL ENTERPRISES

CHoICE Facilities Services

COUNCIL OF GOVERNORS

January 2018

2017 PLACE Report

INTRODUCTION

The following is a report of the PLACE inspections carried out in March 2017 and an overview of the findings and results of the PLACE inspection teams.

BACKGROUND

This round of inspections was the fifth year of PLACE and once again saw a number of changes to the inspection. Most of these were minor but were across all domains having an effect on benchmarking against last year's scores.

We 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 (SRH) - 21st & 22nd March 2017
Sunderland Eye Infirmary (SEI) - 21st March 2017

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

- Cleanliness
- Condition & Appearance
- Privacy Dignity & Wellbeing
- Dementia Environment
- Disability
- 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 (CHSFT) continues to heavily involve patient representatives on our inspection teams, and this year saw a number of new patient representatives, including volunteers, Governors and Healthwatch volunteers 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 the same as in previous years. 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.

NHS Digital determine the week of each assessment and CHSFT were be given 6 weeks' notice. CHS choose 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:

- 11 ward Assessments (10 SRH, 1 SEI)
- 11 Outpatient areas (9 SRH, 2 SEI)
- 2 A & E/Minor Injuries (1 SRH, 1 SEI)
- Internal Areas (both sites)
- External Areas (both sites)
- 6 Food Assessments (5 SRH, 1 SEI)

CHSFT received notification on 13 February (SRH) and 20 February (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, CHoICE Facilities Services
Larry Stores – Head of Facilities, CHoICE Facilities Services
Carol Harries – Director of Corporate Affairs
Debbie Cheetham – Lead Nurse, Patient Safety
Julie Porter – Practice Development Sister

Wendy Hewitt - Matron
Dave Smith – Building Officer, CHoICE Facilities Services
Peter Ingram – Senior Nurse, Infection Prevention & Control
Glen Robinson - Contracts Manager, G4S
Claire Dodds - Hotel Services Manager, CHoICE Facilities Services
Michael McNulty – Council of Governors
Danny Cassidy - Council of Governors
Chris Colley – Council of Governors
Pauline Taylor - Council of Governors
Liz Highmore – Council of Governors/Healthwatch
Kathleen Haq - Healthwatch
Hazel Nicolson – Volunteer
Harry Brown – Volunteer

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

POST INSPECTION PROCESS

The findings from the inspection were entered onto the PLACE Assessment form and submitted to NHS information Centre on 14 April 2017, well within the deadline date.

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.

CHSFT continues to receive results separately for SRH and SEI, in accordance with the established criteria.

INDEPENDENT REVIEW

As the assessment team included at least one member of Healthwatch there was no further need to consider involving an Independent Reviewer.

RESULTS

National results were published on 15 August 2017. A summary of the results is show below by Domain, including the scores of our neighbouring Trusts.

PLACE Inspection Scores 2017	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
National Average	**98.38**	**89.68**	**83.68**	**94.02**	**76.71**	**82.86**
Sunderland Royal Hospital	**99.81%**	**95.83%**	**86.57%**	**94.83%**	**75.19%**	**83.86%**
Sunderland Eye Infirmary	**98.86%**	**99.33%**	**82.20%**	**93.23%**	**80.97%**	**84.98%**

South Tyneside District Hospital	99.42%	94.42%	85.19%	96.75%	82.59%	91.14%
Queen Elizabeth Hospital	99.97%	93.69%	85.01%	97.06%	78.06%	86.45%
Freeman Hospital	99.61%	77.08%	85.86%	95.82%	60.52%	74.13%
Royal Victoria Infirmary	99.95%	90.65%	86.38%	97.31%	71.15%	84.65%
James Cook University Hospital	99.07%	91.30%	86.95%	96.44%	86.30%	85.41%
University Hospital North Durham	98.05%	96.84%	88.06%	95.87%	79.92%	89.83%
Darlington Memorial Hospital	97.60%	97.02%	91.52%	90.73%	77.92%	80.43%

Refer to **Appendix 1 a/b** for results table 2017 across all domains and **Appendix 2 a/b** for comparison of results over the last 5 years

FINDINGS

Some members of the inspection team had been involved in previous inspections and the general feeling was that the standards of CHSFT had improved once again. There was an improvement in the Outpatients scores, a reflection of the developments that have taken place recently, notably Endoscopy, Alexandra Unit and Phoenix Unit. However there are still some areas requiring action with Privacy and Dignity, and Disability the main domains for improvement.

There was an improvement in the Dementia scoring from last year, mainly due to the introduction of “Large Faced Clocks” Ward Information boards, decoration and handrails. Further Charitable Funds have been made available to roll this out across all wards and Departments where Dementia sufferers are likely to attend.

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.

We continue to 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 PLACE results can support a focused approach to improving the environment in the areas that make a real difference to patient care.

The emphasis 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. City Hospitals Infection Prevention Control Group, National Standards of Cleanliness Group, Matron & IPC Inspections, 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.

Areas for action

It is interesting to note that there is a crossover in the scoring across some of the domains with the same questions being scored in more than one section. This has directly impacted on Privacy & Dignity and Disability domains, with lower scoring evident. However improvements made to these areas of action will improve future results in both domains.

The Renal Unit was highlighted during the inspection as an outlier requiring significant improvement across a number of domains. Refurbishment work is already underway as part of the Renal Water Plant replacement project, with the aim of resolving many of these deficits.

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

- Signage around the site, both internally and externally, continues as an area requiring further updating.
- Ward/department based signage and in particular Dementia signage (use of both picture and text)
- Contrasting toilet seats (Dementia)
- Contrasting Paint work (Dementia)
- Audible/verbal appointment alert system for the visually impaired
- Visual appointment alert system for the hearing impaired
- Lack of social spaces – ward day rooms

Funds already identified for dementia clocks, paintwork and toilet furniture.

ACTION PLAN

The findings from the day have been summarised according to the areas visited (**see Appendix 3a & 3b**) and will used to focus actions. 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 have been shared with Divisional General Managers, Directorate Managers, Matrons and Ward/Departmental Managers.

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 are being addressed through the Nutritional Steering Group, with an active action plan already evident.

All outcomes are being discussed at Strategic Infection Prevention and Control Group and Facilities Heads of Department meetings.

CONCLUSION

The Group would like to record its appreciation for the help and assistance given to them by all Ward and Department staff, which 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 volunteers, Governors and Health-Watch for confirming that the process was in accordance with PLACE principles.

The outcome of this year's 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.

RECOMMENDATION

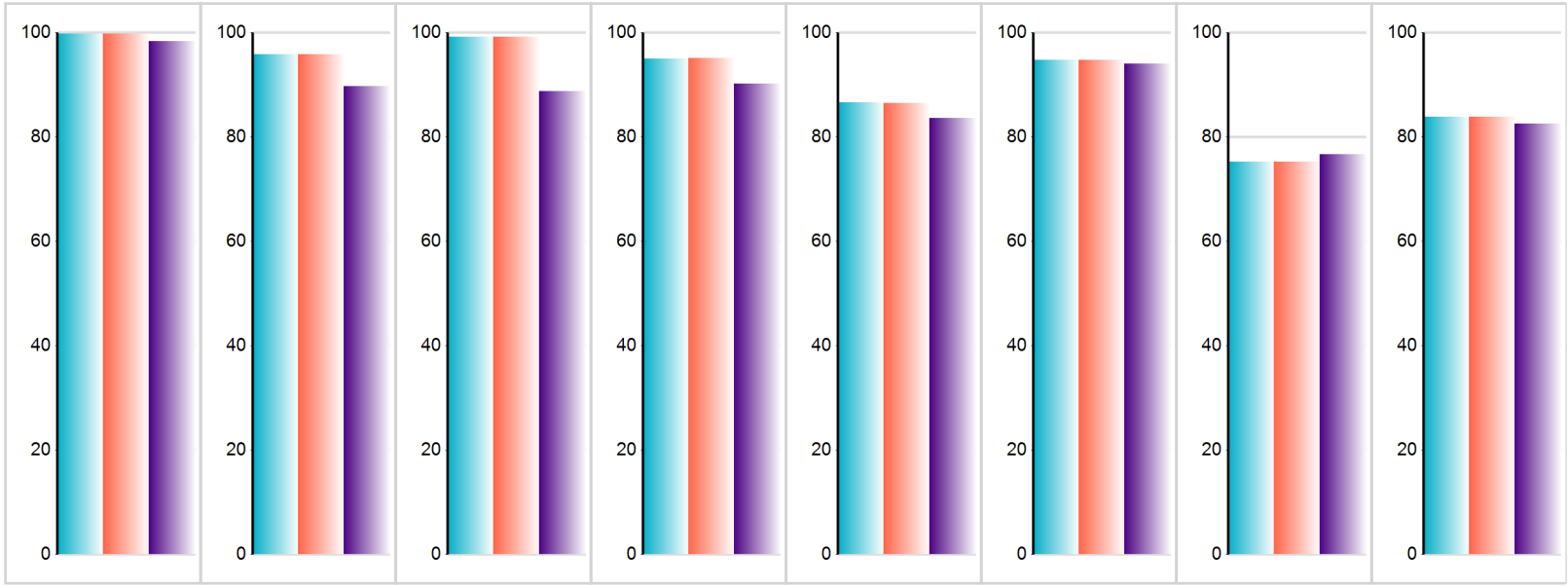
Governors are asked to receive the report.

Rachael Hutchinson
Hotel Services Manager
CHoICE Facilities Service

Summary of Appendices

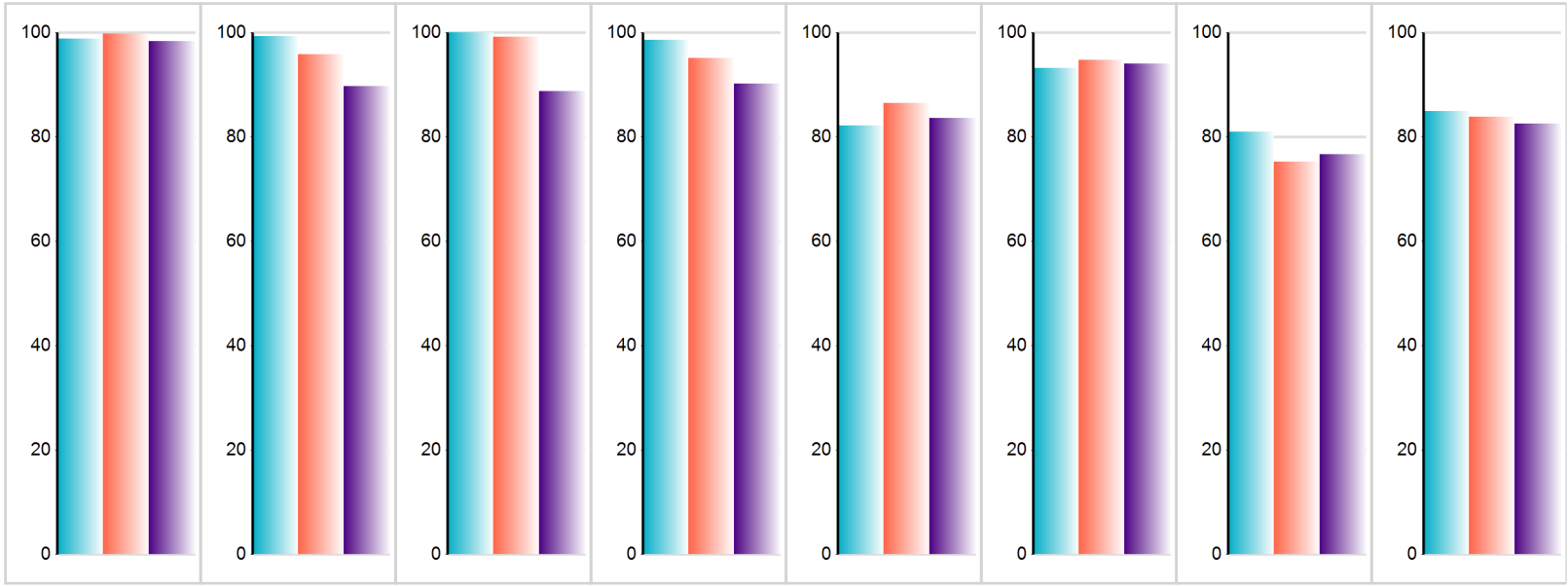
- Appendix 1a & 1b – Site report – 2017 scores
- Appendix 2a & 2b – comparison of results over the last 5 years
- Appendix 3a & 3b – summary of findings

SUNDERLAND ROYAL HOSPITAL- Collection: 2017



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	3713.0000	593.1929	115.6426	477.5503	396.5000	1908.0000	705.9117	607.4243
Available Score (Actual)	3720.0000	618.9744	116.5880	502.3864	458.0000	2012.0000	938.8571	724.3697
Site Score	99.81%	95.83%	99.19%	95.06%	86.57%	94.83%	75.19%	83.86%
Organisation Average	99.80%	95.88%	99.20%	95.11%	86.51%	94.81%	75.27%	83.87%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

SUNDERLAND EYE INFIRMARY- Collection: 2017



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	694.0000	221.1216	116.5880	104.5336	97.0000	427.0000	240.3571	200.8697
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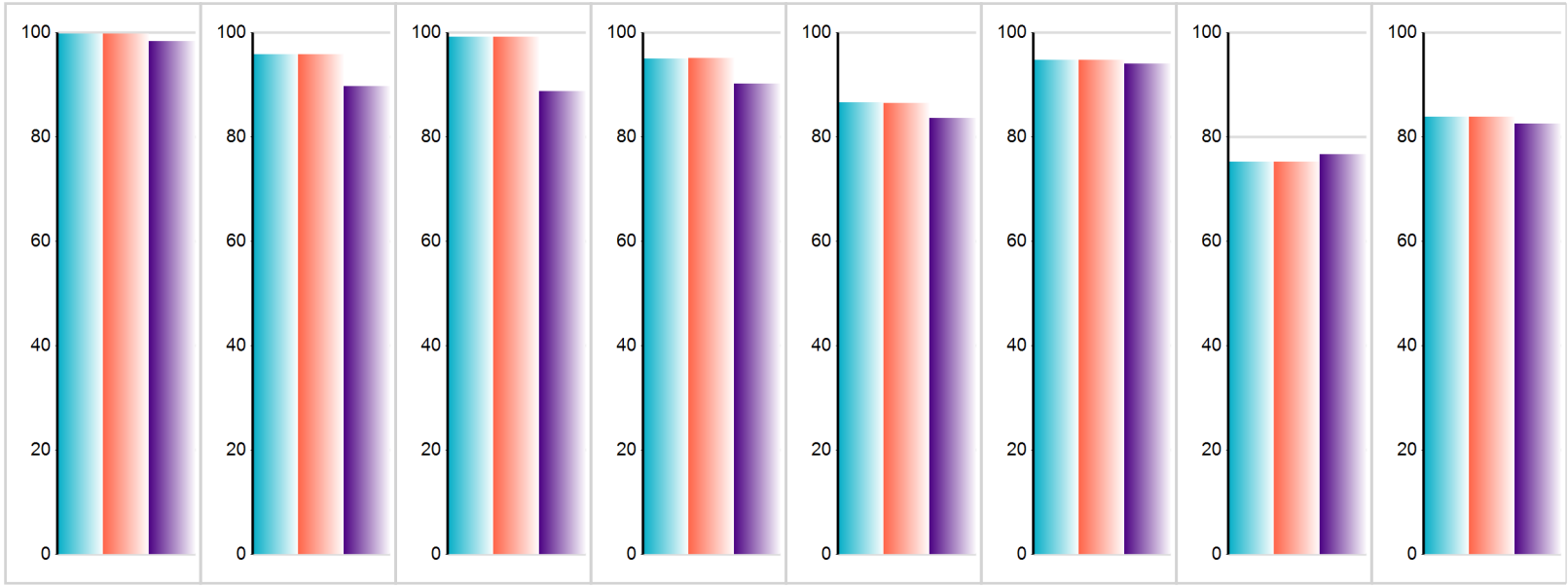

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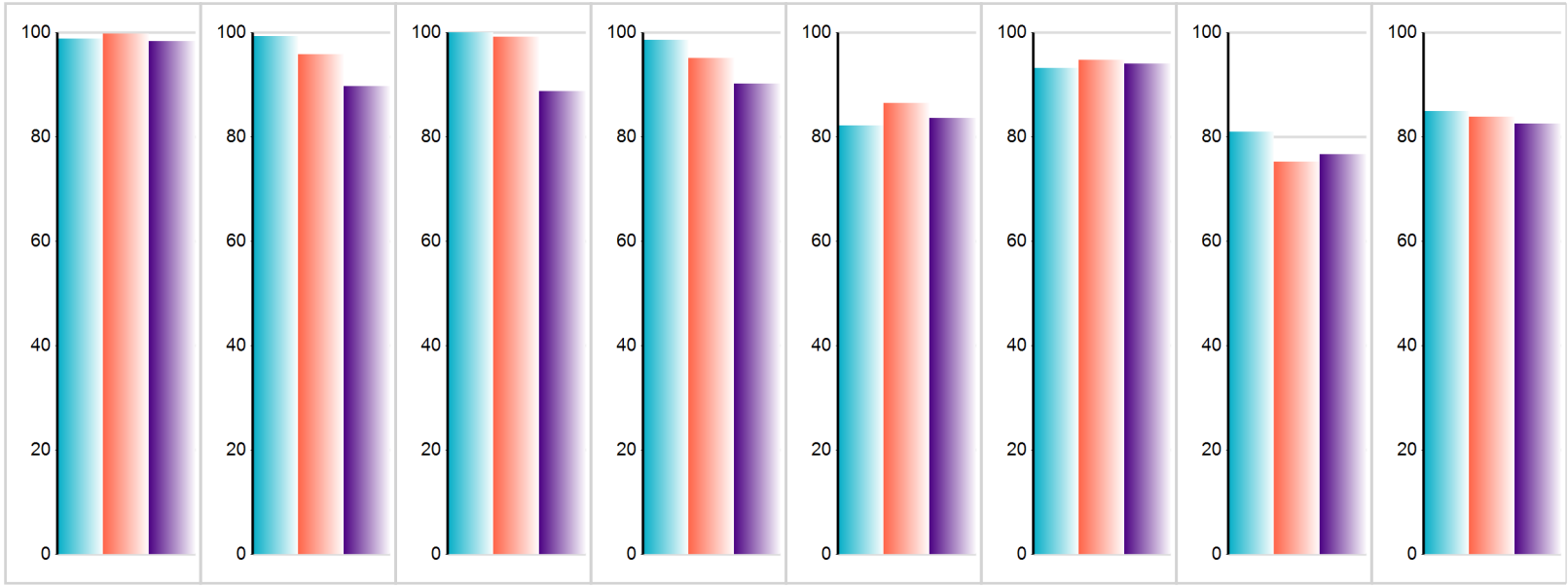

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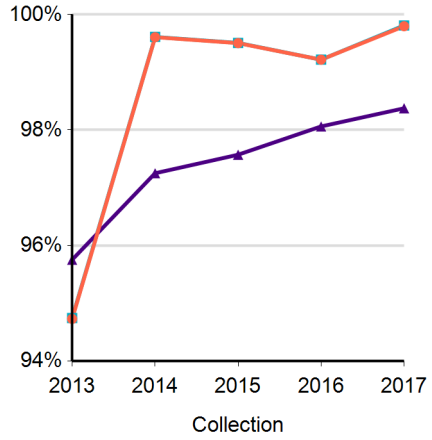
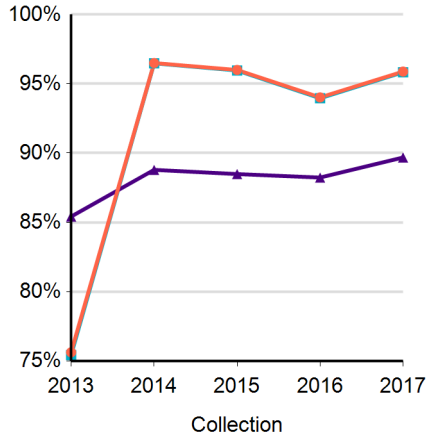
SUNDERLAND ROYAL HOSPITAL

Site Scores Organisation Average National Average

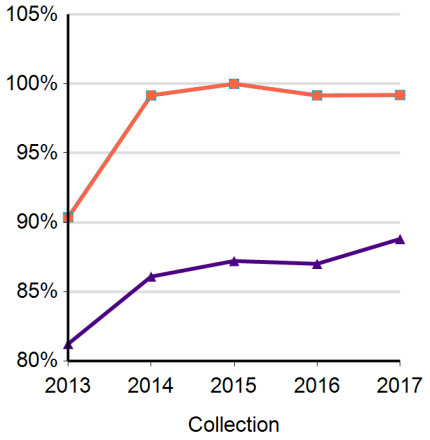
Cleanliness



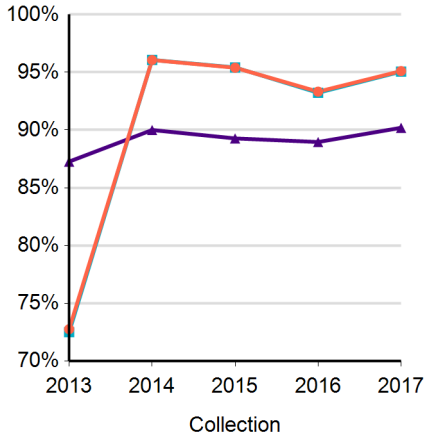
Food



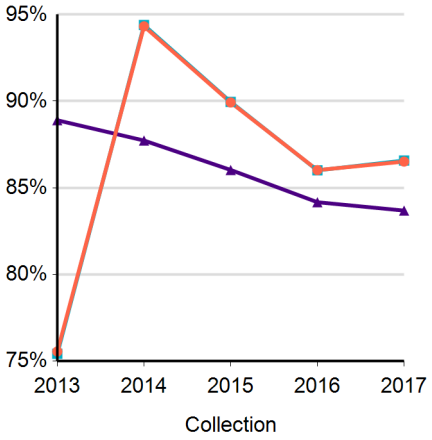
Organisation Food



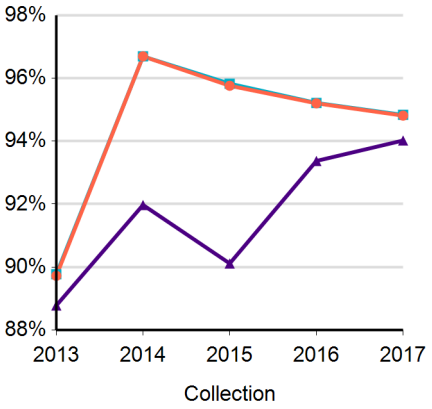
Ward Food



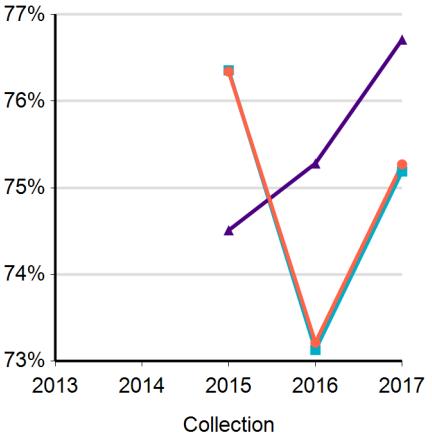
Privacy, Dignity and Wellbeing



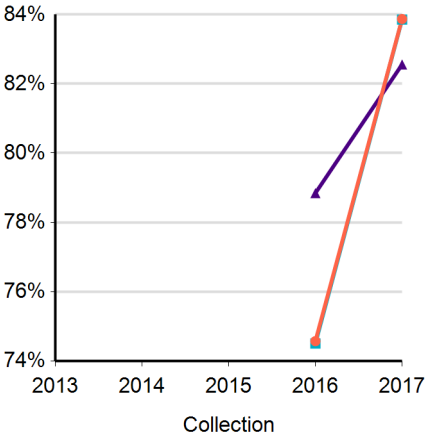
Condition Appearance and Maintenance



Dementia



Disability



CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

EXTERNAL AREA: SRH

SUMMARY OF FINDINGS:

- Main entrance – looks shabby, tired
- Smoking shelter – Perspex needs replacing
- Chester Wing, smoking shelter broken Perspex
- Lots of cigarette ends
- Multi-storey entrance littered, wind tunnel, Staircase dirty
- Litter in gutters
- Front of Ed Centre – litter
- Chester Wing car parking – planting sparse
- Chester Wing smoking shelter, not clean, cigarette ends, cracked glass, signage
- Signage requires a review – some departments moved
- Main entrance smoking shelter tired (painting)
- More waste bins required
- Endoscopy signage – not very visible

GOOD:

ISSUES FOR ACTION:

- Ent 7, litter cage
- Pedestrian access to endoscopy not good.
- Chain rusty in blue fence
- Signage not good – way finding

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

COMMUNAL AREA: SRH

1st Impression: A

SUMMARY OF FINDINGS:

- Main concourse/reception area looking very tired nad in need of redecoration.
- Not a very welcoming entrance to the hospital
- Main Reception- B Floor – Reception desk worn and marked
- Additional seating required on corridors
- Very tidy corridors and concourse – free from cages and trolleys
- Lack of waste bins on corridors
- Internal signage poor – lots of discrepancies where departments have been relocated.
- Signage not prominent and unclear.
- Generally clean and tidy internally
- Some issues at main entrances with cold and litter blowing in,

GOOD:

- Generally very clean, tidy and clutter free

ISSUES FOR ACTION:

- Main concourse area in need of refurbishment
- Internal signage to be reviewed and updated

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

AREA: Emergency department/Minor Injuries Units ED

SUMMARY OF FINDINGS:

- Nice bright waiting room, roomy and pleasant, décor is really good (temp waiting rooms adult/child) Area clean, new, looks very professional
- Chairs all washable
- Corridors nice bright, lighting good, white and green colour scheme looks clean in paediatrics.
- Corridors in adult areas decorated white and blue, lighting good
- Children's waiting area air vent dusty
- No mirrors in toilet area.
- Natural light is excellent (temp waiting rooms adult/child)
- Infant Feeding room 1st class
- Relatives rooms – comfortable and lighting is excellent.
- Assessment rooms 1/2/3/4 excellent, CSSAU 1st class
- High acuity rooms – assessment ward - storage on top of cupboards.
- 1st Waiting area, small but clean and tidy – water available
- 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 1st waiting area
- Clocks in each room
- Disposable curtains need dating when put up

GOOD:

- Can restock cupboards from corridor to avoid going into triage room if in use.
- Bed curtains all disposable, all dated, changed frequently.
- All lighting excellent mix of artificial and natural
- 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 – quiet 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 date of installations or when to be changed.?
- Top of Omnicell cupboard has boxes etc. stored on top in assessment room C6188.
- Temporary adult waiting room, not ideal, approximately 10 seats.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Maternity Unit (ANPR)

1st Impression: A – Very Confident

Lasting Impression: A – Very Confident

SUMMARY OF FINDINGS:

- Clean and tidy
- Up to date
- Staff very efficient
- Post-natal – exceptional, clean and welcoming
- Delivery – exceptionally clean and welcoming

GOOD:

ISSUES FOR ACTION:

- None noted

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: B26

1st Impression: A

Lasting Impression: A

SUMMARY OF FINDINGS:

- "Very hot water" marked
- Corridors clear, ward clean and tidy, good smell. Bright & light, feels well run
- Plastic gloves nearby
- Assisted bath
- Impressive tidy cupboard. They have a 'clean' and a 'dirty' cupboard
- Good atmosphere
- Clean and dirty domestic cupboard
- Accessible toilet shower, tonal contract still to be done to toilet seats
- Orientation board up to date
- Matt flooring, handrails – same colour as walls
- B855A – sign needs replacing
- No clock
- Hoist available
- Tidy notice board
- Restricted use of hand gel on bedside, because of type of ward.
- B854A – sink loose on wall.

GOOD:

- Sluice clean and clutter free
- Linen cupboard although small, well maintained and tidy
- Tidy store cupboard
- Bays clean
- Tidy linen
- Dementia board
- Clean fresh sluice
- Tidy store cupboard
- Menus on over bed tables

ISSUES FOR ACTION:

- 1.45 p.m. – toilet checks not completed today or last night either.
- Some shiny floors
- No place to put clean clothes in shower room other than toilet or bin
- Seminar room needs painting – lots of bags and coats.
- Orientation board up to date.
- G4S sheet – not completed in bathroom

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: B28

1st Impression: B

Lasting Impression: B

SUMMARY OF FINDINGS:

- B934 – Treatment room, bottom inspection panel off
- All main bays require redecoration
- Flooring, ceilings and lighting fine.
- Generally clean, but some untidiness given they have good space in which to take equipment.
- 1st impression of toilets in lobby area, not good
- Big linen cupboards and lots of them
- Orientation board up to date
- Good guide rails
- Fairly matt floor – can look shiny at a distance
- Assisted bath not clean
- No pictorial signs on toilet doors
- Ward board has been tampered with
- Low level area to reception point, good.
- Dialyses room floor marked
- Extra space makes a massive difference.
- Hoist available
- Fire doors to 53/54 left hand door closes, not holding back.
- Fire doors to E50 lift hand door closes not holding back
- Female w/c blocked since 20.03.17 reported 11.00 a.m. (not blocked)
- Floors, ceilings, decoration and lighting in good condition

GOOD:

- Contrasting toilet seat/rails
- Tidy linen cupboards
- Orientation board

ISSUES FOR ACTION:

- 3 Trolleys in main lobby gave poor impression, although lots of space some areas in stores – rooms etc could have been a little tidier.
- Some equipment in corridor
- Assisted bath not clean
- Stafffing board – 100 patients - CDiff, 97 patients - pressure ulcer? incorrect
- Bath not clean, hair. It's a bath that warrants a hoist, so staff must have been with patients.
- There's a sign saying 'nurse in charge etc.', but no name shown

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: C36

1st Impression: B

Lasting Impression: B

SUMMARY OF FINDINGS:

- Kitchen door held open with wedge
- Clutter at ward entrance
- Dressing room C872 access hatch to pipe boxing taped up and bay 4.
- Holes in wall outside bay 2 and at nurses station
- Broken ceiling tile outside side ward 3
- Decoration fair – although needs attention in some areas
- Ceilings good, Lighting corridor good, bays fair
- Dressing room – vent taped up
- Nurses station plastic hanging off wall
- Bay 4 – vent damaged
- Ward kitchen – door open, door stop
- Cup on ledge near ward entrance
- Clutter out front of ward – broken lap top, wheelchair, oxy bottle
- Treatment room – sharps box open
- Cupboards and drawers not locked
- Leaflet rack – not full or tidy
- Lots of notices on corridor wall (torn, untidy, put up with cellotape)
- Nurses station untidy – notices stuck on walls
- Case notes not secured
- Curtains – comment from staff – not wide enough –although found to be adequate
- Staff on ward not very welcoming

GOOD:

ISSUES FOR ACTION:

- Tidiness of ward needs addressing
- Nurses station – unsightly, untidy and looks disorganised – not good impression for visitors.
- Lots of paper work in bays – lying on window ledges (B2 & B4)
- Day room/waiting – requires tidying if being used for patients

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: E50

1st Impression: B

Lasting Impression: B

SUMMARY OF FINDINGS:

- Wet floor signs in place
- Toilets clearly marked
- Very busy, ward full
- Access to ward blocked by boxes, bed, no possible space
- Linen store messy, bags on floor
- Laptop broken in room, reported 17.03.17
- Entrance to ward – boxes lying around
- Entrance very cluttered, stores left in corridor, better training needed on how to breakdown cardboard boxes, H&S issue.
- Bay 2 – smelly stain on floor
- Pat slide not on hook
- Colour contrast on toilet door good
- Toilet signs good colour contrast
- Orientation board not completed
- Water out of reach of patient
- One toilet still has high level cistern and chain
- Shiny flooring
- Bins next to bath
- Hoist available

GOOD:

- Sluice very clean and well kept.

ISSUES FOR ACTION:

- Bed in way to get in to ward. Also a hoist and lots of boxes
- Gel dispenser empty
- Empty boxes (lots of them) being flattened by female staff stamping on them
- Orientation board – no date on, i.e. today is……. the date is…..
- Room marked as 'treatment room', but is in fact a meeting room E122.
- Hook for pat-slide broken
- Glove dispenser on main corridor all empty
- Treatment/day room cluttered, messy not purposeful

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: E51

1st Impression: B

Lasting Impression: A

SUMMARY OF FINDINGS:

- Slightly tired looking, but clean and tidy
- Busy ward
- Some storage on corridors, but 'working ward'
- Staff welcoming
- Patients comment on 'lovely staff'

GOOD:

ISSUES FOR ACTION:

- Some leaflet racks empty
- Notice boards to be reviewed for out of date information
- Lots of clutter on bed tables

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: E56

1st Impression: B

Lasting Impression: B

SUMMARY OF FINDINGS:

- Some boxes on windowsills on bathroom
- Equipment in corridor

GOOD:

- Old pictures up on hallway walls
- Chairs for patients at reception desk
- Nice and calm, quiet environment
- Orientation boards at nurses station
- Nice photos of 'old' Sunderland on wards on corridor
- Door open to ward office – staff coats and bags visible and accessible
- Good signage (pictures)

ISSUES FOR ACTION:

- Hand rails same colour as walls
- Bay 3 – clothes in bag on floor
- Cluttered corridor – domestic's trolley, ECG machines, notes trolleys, patient walker and laptops (However ward rounds in progress). NB. Visited at busy time – ward rounds etc.
- Bed area untidy in some bays (patients belongings, not stored in lockers)
- Better use of patients lockers possible.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: E58

1st Impression: A

Lasting Impression: A

SUMMARY OF FINDINGS:

- Lovely bright spacious ward
- Cooking smells in foyer of ward – not good first impression
- Nurses station busy, but tidy
- Liked notice showing staff uniforms
- Bays spaces for patients
- Clean and tidy

GOOD:

- Notice boards/leaflet racks well maintained and full
- Staff helpful

ISSUES FOR ACTION:

- Some patients belongings in en-suite

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: F64

1st Impression: A

Lasting Impression: A

SUMMARY OF FINDINGS:

- Corridor and wards colourful
- Adolescent room nice colour, half murals
- Very welcoming
- Visitors room good
- Adult room good
- Notice board up to date.
- Treatment room cluttered

GOOD:

- Boards for patients to say what they liked on the ward and what they didn't – Patients feedback
- Patients encouraged to stay with child, made welcome provided with sofa bed to sleep overnight
- Notice boards neat and tidy
- Notice boards up to date
- Information boards up to date

ISSUES FOR ACTION:

- Paint chipped on windowsills in adolescent room
- More room required (very tight in places)

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: ICCU

1st Impression: A

Lasting Impression: A

SUMMARY OF FINDINGS:

- Peaceful, calm
- Well organised
- Privacy excellent

GOOD:

- Pass through cupboards
- Waiting room lovely area

ISSUES FOR ACTION:

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Neo Natal

1st Impression: A

Lasting Impression: A

SUMMARY OF FINDINGS:

- Neonatal area waiting room good size and enough chairs
- Neonatal very comfortable and inviting
- Intensive care – waiting rooms clean and comfortable
- Calm atmosphere when entering unit and throughout

GOOD:

- Staff were all pleasant and helpful to the parents and us as visitors.

ISSUES FOR ACTION:

- D2174 – no call bell in room

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Chester Wing General OPD

SUMMARY OF FINDINGS:

- Waiting areas tidy, dust free
- Floors clean, carpeted areas remain in some places.
- Area 4 – Very impressed with how tidy it was, no clutter
- Screened off area in reception area, awaiting improvement work (doors requested and folding)
- Reception area draughty – one set of doors shut (marked 'out of order' to reduce the draughtiness)
- Squeaky doors
- Member of staff available at self-check-in machines (observed to assist patients)
- Member of staff on reception desk extremely helpful
- White boards – hand written and a little messy, would be better to have standardised, pre-printed titles
- Floor lino quite worn in places
- Nice clean and tidy examination rooms, uncluttered.
- FFT cards available, but not actively promoted with patients
- Very pleasant RVS tea bar
- Squeaking automatic doors (inner) – reported at time of inspection
- Notice boards up to date in waiting areas
- Neat and tidy general appearance

GOOD:

- Oxygen cylinder waiting area 4 – crash carts

ISSUES FOR ACTION:

- Dementia – flooring, toilet seats
- Information – notice boards hand written
- Outside doors continually open, cold area in reception
- One large clock only at reception desk
- Waiting area 1 – scuff marks on floor
- Area 2 – scuff marks on wall from chairs
- Better sighting of F.F.T. forms possible

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Fracture clinic

SUMMARY OF FINDINGS:

- Good first impressions, pleasant and welcoming, clean area, although Cold waiting area
- Flooring, decoration, lighting and ceilings in good condition
- C1414 disabled w/c extractor grill hanging from ceiling, mirror missing, nurse call cord tied up (should be plastic cover)
- Chair marked 'do not use' on entrance
- Disabled toilet sign at an angle
- Little variations in seating, Bariatric chairs
- Further work needed to meet dementia standards
- Hand gel very high up
- Good information on walls, notice boards up to date
- Metal based chairs – pads to prevent undue wear on matt floors
- Toys good – need regular cleaning
- LED lighting great improvement
- Plaster area, no moisturiser in dispensers, plaster room and dressing room clean
- Mirror removed but stickers remain
- No handrails or guide rails for visually impaired
- Couple of scratches on wall – due to chairs pushed in
- Loose wires, but probably because of building works
- Recycling bins clearly marked
- Lots of wheelchairs
- Notice boards a little cluttered in dressing room

GOOD:

- Nice pictures in children's area

ISSUES FOR ACTION:

- No clock in main waiting area
- Toys for kids require cleaning
- Chewing gum on carpet (outside of female toilets C1413)
- Hanging signs e.g. (waiting 3) may be a bit low
- Recycling bin in waiting area – stained and needs replacing and outside fracture clinic
- No sign for fracture clinic at entrance
- Ceiling tile outside plaster room stained
- Walls in main reception needs painting
- Poster taped to walls

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: SALT

SUMMARY OF FINDINGS:

- Storage on corridors
- Nice waiting area for patients
- Mixed use of rooms (office and consulting), but a neat/compact unit

GOOD:

- Thoughtful use of radio in waiting area; adjacent office

ISSUES FOR ACTION:

- Some clutter in corridors; boxes on top of Bisley cabinets and lots of Bisley cabinets on the main corridor (lack of storage space identified)
- Thoroughfare for I.T. dept. (due to layout of departments)
- Ceiling needs repair. One light out.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Renal Unit

SUMMARY OF FINDINGS:

- Waiting area – dark, and not very welcoming, lighting dull
- Toilets excellent – newly refurbished, nice, clean and bright
- Area clean but tired looking, and dated in décor and design.
- Poster 'overkill' in waiting area – Better notice boards
- Reception desk – staff photos 'Partying' on view to patients & visitors
- Untidy – cluttered – too many posters on windows
- Dull, requires refurbishment.
- Flooring in all areas requires updating – dark and marked in many areas
-
- Main treatment bay very uninviting, cluttered
- Cluttered, lots of storage on floor, filing cabinets in treatment area. Appears to be issues with lack of storage space in the treatment area although other parts of the unit were very quiet and appear underused
- Nurses station dull, untidy – due to lack of space.

GOOD:

- Very busy unit, approx. 30 patients attend morning, 30 p.m. and 18 evening.
- All patients comfortable

ISSUES FOR ACTION:

- Lighting quite dull in waiting area and darker duller still in corridors
- Needs updating - refurbishment and redecoration
- Storage issues need to be addressed

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Phoenix Unit

SUMMARY OF FINDINGS:

- Entrance good
- Leaflet racks well stocked, tidy
- Blood lab - not very tidy – cluttered with equipment
- Blood lab – diffuser missing
- Corridor, clear, clean
- TV in waiting area
- Stores delivered onto corridor whilst inspection underway - obstruction
- Staff W/C out of order (blocked drain) items from room left outside, unsafe
- Clean and tidy department decoration, flooring and ceilings in good condition.
- Welcoming entrance
- Blood lab – wall paint damage
- Light diffuser
- Lack of file storage
- B01 appearance good
- B02 could be lighter
- B03 much lighter

GOOD:

- Bay areas very bright, clean and welcoming – wall murals excellent.
- Excellent comments received from patients

ISSUES FOR ACTION:

- Blood lab requires tidying

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Endoscopy Unit

SUMMARY OF FINDINGS:

- Waiting area – 3 toilets
- Visited treatment room
- Patients suite
- Good entry and exit routes
- Nice bright clean unit
- Toilets clean, cleaning sheet showed had been cleaned

GOOD:

- Reception
- Spoke to a patient who attended the Endoscopy unit approximately 6 weeks ago, and stated was very well looked after and praised the staff for their care and understanding.

ISSUES FOR ACTION:

- No issues highlighted

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Alexandra Suite

SUMMARY OF FINDINGS:

- Ceiling tiles uneven, need attention
- Bulk head ceiling tiles not seated correctly
- Flooring, decoration, lighting and ceilings in good condition

GOOD:

- Lovely well fitted and maintained area suitable for dementia patient's needs.
- Excellent use of small space to create different zones for different activities.
-

ISSUES FOR ACTION:

- E411a ball catch not allowing door to open both ways

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Discharge Lounge

SUMMARY OF FINDINGS:

- Clean, airy, good facilities
- Male and female bays
- Good toilet facilities
- Feels homely and inviting
- Good guide rails and tonal contrast
- Men's disabled not up to standard, but labelled disabled just hoist available
- Needs contrast colour for toilet seats and rails
- Has dementia friendly clock
- Good range of seating, nice dining area
- No bookcase in male lounge or dining table or plant
- Range of seating - varied chair sizes
- Shiny floors
- Public phone box handy
- Everything in order
- Blinds OK
- Oxygen cylinders – 2 sizes
- Flooring, decoration, ceilings and lighting in good condition.

GOOD:

- Good visible televisions
- Good lighting
- Have hoist available

ISSUES FOR ACTION:

- Old dispensers need to be removed.
- Old dispenser still on walls
- Help improve service poster too high up.
- Old 'hand wash' holder still in place
- Signage on loos unclear e.g. is the men's toilet disabled or not?
- Date wrong on clock in waiting room
- No clock in main male room and dementia clock

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Antenatal Unit

SUMMARY OF FINDINGS:

- Very busy dept. Corridor lighting quite bright when all lights switched on. But area quite cluttered.
- All posters to be laminated
- Sanitary check list only completed on evening, outpatients area 2116 AN3
- Wall lights dusty inside
- Unit very busy
- Antenatal – claustrophobic in places - waiting room is like sitting in a bus

GOOD:

ISSUES FOR ACTION:

- Lack of storage space, boxes in corridor next to lockers and facing lockers near Mrs Emmerson's room.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE FOOD INSPECTIONS 2017

WARD/AREA: B26

SUMMARY OF FINDINGS:

- Food presentation appealing
- Happy to eat food
- Meal service efficient and undertaken very quickly.
- All patient needs catered for - differing size portions depending on patient.
- Staff supported patients with feeding if required.
- Senior staff involved in meal service

WARD/AREA: C31

SUMMARY OF FINDINGS:

- Patient did not eat vegetable soup, so ward staff arranged for mushroom soup
- Patient feedback from ward, food was made available, late back after scan.
- Food was presented lovely patient feedback was very positive.
- Food presentation appealing
- Happy to eat food

WARD/AREA: E50

SUMMARY OF FINDINGS:

- Very efficient service, excellent
- Food presentation appealing
- Happy to eat food

WARD/AREA: E51

SUMMARY OF FINDINGS:

- Food presentation appealing
- Happy to eat food
- Red serviettes and water jugs in use

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE FOOD INSPECTIONS 2017

WARD/AREA: E58

SUMMARY OF FINDINGS:

- Food presentation appealing
- Happy to eat food
- Hungarian Goulash on labels, not beef casserole
- HCA had a list of what patients had ordered and ensured each patient got the meal of their choosing
- Good sized portions, well presented
- Able to make pureed meals on the ward, as they have their own blender; saw staff doing this
- Observed staff to re-plate/reduce portion size in response to patient request
- HCA Kirsty Smith to be commended! (on organisation, efficiency and presentation)
- Observed staff assisting patients who required help to eat and drink
- Standards of food and serving of it both very good
- Patient hand washing, not observed
- Put dishes in oven to keep warm if patient was not at bedside
- Enough staff for meal time
- Change dinner to smaller plate to suit patient
- Well presented

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: SEI External areas

1st Impression: A

SUMMARY OF FINDINGS:

- Gutters and drains require painting
- Main entrance area a potential traffic hazard
- Overloaded with signage, particularly parking
- Good clear signage
- No litter
- Garden, outside grounds well maintained
- Little to no litter
- Good access on foot from road
- Visible hand rail

GOOD:

- Appeared to be adequate in view of this being peak period demand, with car parking at rear a good overflow option
- Entrance – signs well posted, bright colour.

ISSUES FOR ACTION:

- None
- Entrance – few waiting chairs
- City Taxis phone wires exposed (main entrance)
- Entrance (main) dull paint
- No sign on 'staff' door in hallway
- Inconsistent lighting (hallway Macular unit)
- Outside windows (second floor) need cleaning
- Wire case exposed
- Too many signs on walls

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Communal Areas

1st Impression: A

Lasting Impression:

SUMMARY OF FINDINGS:

- Clean
- Well signed
- Well maintained

GOOD:

ISSUES FOR ACTION:

- Additional seating required
- Some posters not laminated in corridor
- No sign for available wheelchairs
- Some dust on hard to reach windows
- Fuse box not covered in Mayling unit corridor
- Corridor door saying staff only, but now has clinical room in it
- Possibly too many signs, could different areas be colour coded?

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Emergency Department (A&E)

1st Impression: A, C, A, B

SUMMARY OF FINDINGS:

- Very busy, demand appears to be outgrowing space available
- Reception area all seats occupied, with some patients standing
- Small reception booking-in area, no privacy
- Some paintwork tired and chipped on walls
- No handrails on walls
- Small waiting area
- Small TV not able to see picture
- See and treatment area very busy
- Clinical notices - clear large print
- Clean and tidy overall

GOOD:

- Staff readily available to help, support and guide patients

ISSUES FOR ACTION:

- lack of space will become an area of growing concern if demand grows at current pace
- Central pillar chipped
- Cups and packets on the floor
- Drinks machine not working (out of order sign)
- Skylight in ceiling needs cleaning out
- Damaged walls in waiting room
- Small waiting room
- Should have wheelchairs at A&E entrance door
- Entry door push panel not working
- A&E entrance/outside door – bottom panel missing on left door (inside)

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: Haygarth Ward

1st Impression: A

SUMMARY OF FINDINGS:

- Clean environment
- Corridor relatively tidy – uncluttered
- Waste storage compound unsightly from window view
- Courtyard needs weeding
- All available space utilised, and appears demand is outstripping space available, therefore staff doing excellent job in sustaining high service levels.
- Out of date PALS poster
- Time to care board information out of date
- Well stocked information leaflets
- Toilet clean disabled facilities, hand rail
- Good patient information boards/health promotion
- Shower room/toilet/clean good facilities
- Handrail on toilet and shower/shower seal
- Outdoor space Haygarth quite sparse weeds and uneven paving
- Lunch –good choice of sandwiches brown/white breads and filling
- Cluttered corridor during meal service, beside bay 3&4
- Bays clean and tidy
- Toilet clean
- Disabled toilet available
- Quiet room small, but suitable
- Food - reasonable selection, patient happy with choices

GOOD:

- All staff appeared committed to all areas of service despite the level of demand apparent.
- Orientation board for dementia patients
- Asked patients what they would like for lunch, hot sandwiches cut up into more manageable size.
- Large mugs for drinks
- Patient info board, lots of clear info
- Chaplaincy quiet room

ISSUES FOR ACTION:

- Space available for service demand
- No help and advice info
- RTF poster out of date
- Only 2 patients toilets
- Step ladders in corner of corridor

- Day room curtains looks missing
- Floor outside of dayroom - Paint spillage?
- Conduit covers missing from wiring
- Splash marks on blinds
- Open window blinds blown outside
- Photocopied information leaflet, out of date leaflets
- Haygarth info board - meal times not same as protected times
- Drinks machine top cracked and broken, rusted at the bottom
- Patient too tall for bed
- Waste bins in hall way, not labelled (grey/yellow bins)
- Room Bay 4.3. extra-large chairs in room, cluttered
- No call light outside room
- Hall narrow, cluttered
- Door to equipment room open, but sign says keep closed
- One corridor cluttered with laptops
- Male toilet also disabled toilet for both sexes
- Not routinely offered napkins with lunch
- Beside tables not cleared prior to meal service

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: SEI OPD A

1st Impression: A

SUMMARY OF FINDINGS:

- Leaflet rack to be took down in Pharmacy
- Paint damage to wall in male toilet
- Overall staff provided an excellent service with positive feedback from patients
- Environmental issues minor and easily resolved.
- Inadequate queuing area for patient to book in
- Chairs in corridor
- Cracked peeling paintwork on the ceiling
- No waiting area signage at small waiting area by entrance
- Waiting time sign not up to date
- Radiator paintwork stripped and dirty outside reception A
- Out of date PALS poster
- Pharmacy small not enough seating

GOOD:

- Staff fully committed
- Good patient information board - displays which clinics and who is working in them.
- Orthoptics – wall mount play equipment

ISSUES FOR ACTION:

- Demand versus current capacity could become more challenging
- Medical photography door open. No privacy for patient treatment
- Cataract treatment centre, waiting area patient chairs facing away from the TV.
- Room (waiting) near exit i.e.no sign
- Open door operator not working
- Medical photography door open while patient was being examined
- Information rack near exit empty

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2017

WARD/AREA: SEI OPD B

1st Impression: A, B

SUMMARY OF FINDINGS:

- A clean and spacious environment
- Appears to have spare space capacity in comparison to OPD A
- Reception B
- Patients standing in front of door to queue
- Two small seating areas
- Very drafty
- FFT cards available
- Good signage
- Corridors clean, some chipped paintwork but well maintained
- Staff board
- RTF info for patient
- Possibly too many signs

GOOD:

- At time of visit, the area appears calm with little apparent activity.
- Clean and well maintained
- Plenty of wheelchairs, well maintained
- Mayling Unit – good info about clinic staff/clinic info boards

ISSUES FOR ACTION:

- Balance of workload between OPD A & B
- RTF info not laminated
- Paper sign for A&E
- Lots of paper laminated signs not in yellow and black
- Cash machine is it in central easy accessible location
- Macular unit boxes on top of cupboards
- Limited seating on corridor
- Conduit cracked and wires visible
- Hospital staff only sign still on door

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE FOOD INSPECTIONS 2017

WARD/AREA: SEI Haygarth

SUMMARY OF FINDINGS:

- Cut up sandwich by nurse to ensure appropriate to elderly patients.
- No protected mealtime evident
- Pre-meal preparation could be better
- Beverage trolley damaged.
- Table top not cleared for meal
- Bay 3&4 cluttered
- Cover of yogurt not peeled back for patient
- Medical carts, food trolley, all at the same time

GOOD PRACTICE:

- Patients all positive about food service and quality of food.

NHS
South Tyneside and Sunderland Healthcare Group

Our Quality Strategy

Melanie Johnson – Director of Nursing

City Hospitals Sunderland
and South Tyneside NHS Foundation Trusts
working in partnership

South Tyneside and Sunderland Healthcare Group

Our vision

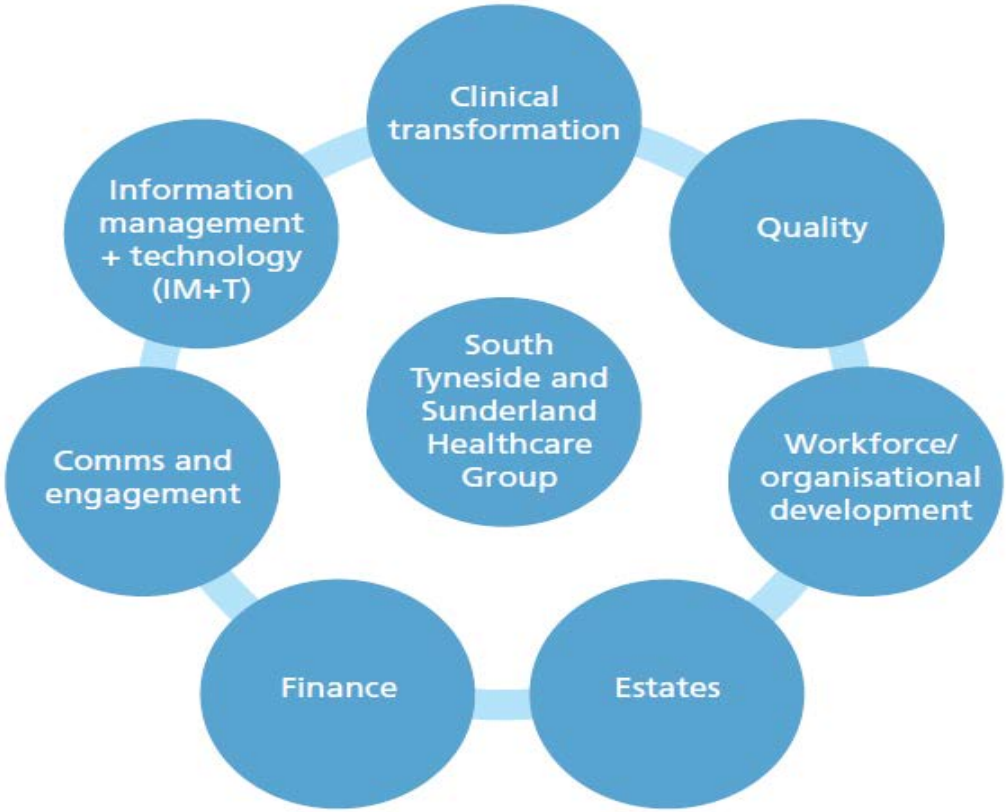
To deliver nationally recognised, high quality, cost effective, sustainable healthcare for the people we serve, with staff who are proud to recommend our services.

Our values

- Compassionate and dignified, high quality, safe patient care always the first priority
- Working together for the benefit of our patients and their families or carers
- Openness and honesty in everything we do
- Respect and encouragement for our staff
- Continuous improvement through research and innovation

The path to **excellence**

Our Strategic Framework



And others…

Our Quality Strategy

- Modelled on Quality Accounts
- Inclusive of Quality priorities

- Focus on
  - Patient Safety
  - Patient Experience
  - Clinical Effectiveness

Patient Safety

also known as aligning the Quality Priorities…2018/19

Reducing avoidable

1. Deaths
2. Falls
3. Healthcare developed pressure ulcers

Improving

1. DNACPR documentation (Do Not Attempt Cardio Respiratory Resuscitation)
2. Fluid management and documentation
3. Management of patients with dementia
4. Positive Patient Experience

Patient Experience

To our patients and their families and carers we will

- Listen and respond to their feedback
- Communicate throughout their healthcare journey
- Deliver compassionate care and ensure respect privacy and dignity
- Meet all essential physical emotional cultural and spiritual needs
- Provide a safe secure clean comfortable environment
- Recognise individuality, involving tem in decisions and enable active participation in their care making any reasonable adjustments where required
- Deliver consistent and coordinated care

Clinical Effectiveness

- Assessment and management of sepsis
- VTEs (Venous Thrombolytic Emboli)
- Avoidable cardiac arrests

- Compliance with National Audits
- Compliance with National Surveys
- Compliance with National NICE Guidance

Key Enablers

- Our patients, their families and carers
- Our staff and staffing levels
- Leadership
- Learning
- Building QI (Quality Improvement) capacity and capability
- Understanding variation
- Health Informatics
- Regulatory Requirements

Measuring Success – work in progress

Need clear understanding of

- Baseline position
- Target
- Measurement
- Outcome

Timescales

December 2017

- Shared with Executive and senior management team

January 2018

- Share with
  - Council of Governors
  - Governance Committees
  - Clinical Governance Steering Groups

February

- Share as part of Team Brief / Staff Briefings
- Update to Governance and Executive Committees

March 2018

- Final draft

April 2018

- Seek Board Approval and launch

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

QUALITY PRIORITIES MID-TERM REVIEW 2017/18

JANUARY 2018

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 Quality Account regulations and the NHS Foundation Trust Annual Report Manual from NHS Improvement.

For 2017/18, we were asked to state our quality priorities for inclusion in Sustainability and Transformation Plans (STP). The compressed national timetable for this resulted in a decision to carry forward all our quality priorities for the next 2 years, i.e. 2017/18 and 2018/19.

This report provides a high-level overview of progress on each of the quality priorities, guided by responses to the following questions:

- What is our current performance and position against target,
- If relevant, what are the reasons for being 'off target', and
- What are the actions agreed to get back on target.

The full year end position will be reported in the Quality Report 2017/18 to be published in May 2018.

2. HIGHLIGHTS OF THE REPORT

The report is positive and offers assurance that we are on track to:

- Meet our improvement trajectory for reducing avoidable hospital acquired pressure ulcers,
- Sustain our position of being below the national average for patients suffering ≥ moderate harm from a fall in hospital (which is good),
- Implement the recommendations from the national 'Learning from Deaths' programme,
- Achieve the target of reducing cancellations of outpatient consultations,
- Consolidate our timeliness of response to formal complaints.

The following areas have been identified as requiring additional work to achieve targets set:

- Increase the proportion of completed clinical reviews for hospital associated thrombosis events,

- Improve the assessment and rapid management of patients with sepsis in both ED and in-patient environments (currently part of CQUIN),
- Improve the quality of DNACPR documentation,
- Following introduction of the new Fluid Monitoring Chart, to improve the recording of fluid management documentation.

For some other priorities, performance will not be known until publication of national reports or data sets, i.e. National Adult Inpatient Survey Report 2017.

3 SELECTION OF GOVERNOR INDICATOR FOR EXTERNAL ASSURANCE

Governors will be aware that NHS Trusts must acquire external assurance on their Quality Reports which includes substantive testing on two mandatory indicators and one local indicator, the latter to be selected by the Council of Governors. The assurance exercise is undertaken by externally appointed accredited auditors.

Whilst national guidance on the external assurance process for 2017/18 has yet to be published it is not expected to change from previous years. Therefore, we expect Governors to continue to be able to have the freedom to select an indicator of their choice although normally they are sourced from the list of quality priorities. Last year, the indicator 'Reducing cancellations of outpatient consultations' was selected for external review by Governors.

4. RECOMMENDATION

Governors are asked to:

- Note the position against each of the quality priorities 2017/18,
- Comment on the actions that are being taken to correct and improve performance, where relevant, and
- Note the requirements for external assurance testing and select one local indicator for external testing that will be included in the Quality Report 2017/18.

Gary Schuster
Clinical Governance Manager

NHS
City Hospitals Sunderland
NHS Foundation Trust

QUALITY PRIORITIES 2017/18

MID-TERM REVIEW

December 2017

	PATIENT SAFETY	MEASURED BY	MONITORED BY	REPORTED TO
1	**Reduce the number of hospital acquired pressure ulcers (HAPU)**	**Open & Honest Report**	**Tissue Viability Group**	**CGSG**
	Lead Contact(s): Debbie Cheetham – Head of Patient Safety & Experience			
	Target: Reduce avoidable category 2-4 HAPU by 25% in 2017/18 (part of 3-year improvement plan)			

PROGRESS

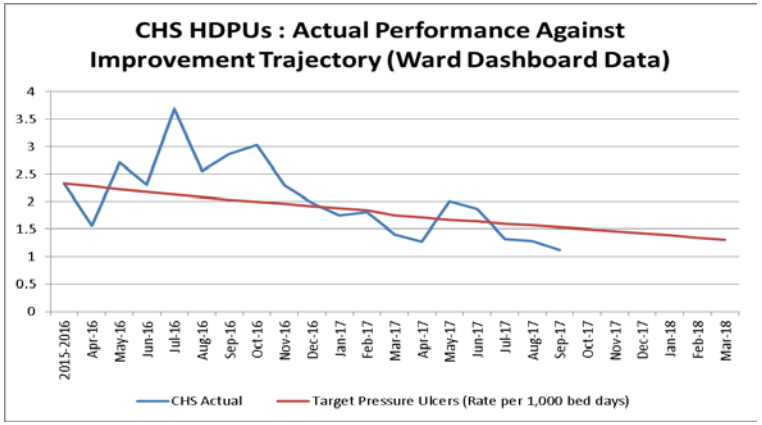
Current performance and position against target

- The Trust agreed a Pressure Ulcer Improvement Plan (June 2016) which outlines the strategies to reduce the incidence of hospital developed pressure ulcers (HDPUs) over 2016-2019
- The improvement goal for CHS is a 25% per annum reduction in avoidable category 2-4 HAPUs over the next 3 consecutive years (2016-2019). Using the metric of 'rate per 1,000 occupied bed days', this will amount to a gradual reduction from 2.33 (CHS 2015-2016 average) to 0.98.
- The Trust's Ward Dashboard (WD) data indicating incidence of cat 2-4 HDPUs is utilised to map improvement.

The table below shows the number of Hospital Developed Pressure Ulcers (HDPUs) April – Sept 2017

2017	April	May	June	July	Aug	Sept
CHS Actual	21	36	31	22	22	18
Rate per 1,000 bed days	1.27	2.01	1.87	1.32	1.29	1.12

Whilst the performance over Q1 & Q2 has been quite variable, with an unexplained increase in HDPUs in May & June, the graph opposite shows a downward trend in the rate of HDPUs per 1,000 bed days and demonstrates that we are currently on track with our improvement trajectory.



Reason if off target (where applicable)

Currently on track.

Actions to get back on target (where applicable) or other comment

The Tissue Viability Steering Group continue to lead on and evaluate the improvement strategies outlined in the Pressure Ulcer Improvement Plan and the Nursing & Patient Experience Team continue to closely monitor performance using Ward Dashboard data, triangulating this with Safety Thermometer results (which indicates prevalence data). Regular audits of practice are also undertaken to assess compliance with the "SSKIN Bundle" and ascertain if there are any deficiencies in the application of theory to practice and to identify the specific actions required to address these. These results are reported to Governance Committee.

	PATIENT SAFETY	MEASURED BY	MONITORED BY	REPORTED TO
2	**Reduce the number of patient falls that result in serious harm**	**Ward Dashboard data**	**Falls Group**	**CGSG**
	Lead Contact(s): Debbie Cheetham – Head of Patient Safety & Experience			
	Target: To sustain our current position of being below the regional and national average for patients suffering harm from a fall in hospital.			

PROGRESS

Current performance and position against target

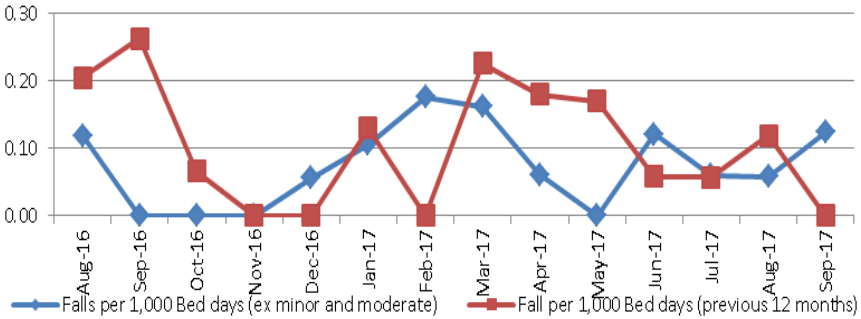
Over the last 3 years the Trust has been consistently below the reported peer average for patients suffering harm from a fall in hospital. The Ward Dashboard data indicates incidence of in-hospital falls resulting in moderate or severe harm or death.

2017	April	May	June	July	Aug	Sept
Moderate Harm	0	0	1	1	1	2
Severe Harm	0	0	1	0	0	0
Death	1	0	0	0	0	0
Total	**1**	**0**	**2**	**1**	**1**	**2**
Rate per 1,000 bed days	**0.06**	**0**	**0.12**	**0.06**	**0.06**	**0.12**

Table - Number and breakdown of Falls April – September 2017

The table above continues to show low numbers of falls resulting in moderate or severe harm or death within CHS. The graph opposite shows the trend over this last year (2016-2017) in comparison with the previous year (2015-2016).

Whilst there is some fluctuations month-by-month, the data shows that the Trust is consistently below the reported national average of 0.19 falls per 1,000 bed days (≥ moderate harm), therefore, we have sustained our position of being below the national average for patients suffering ≥ moderate harm from a fall in hospital.



Reason if off target (where applicable)

Currently on track.

Actions to get back on target (where applicable) or other comment

The Hospital's Falls Reduction Group continues to lead on and evaluate falls prevention strategies in order to maintain and further improve our performance.

The group monitors the Ward Dashboard data and triangulates this with our Safety Thermometer results (which provide prevalence data).

Regular audits of practice are also undertaken to assess compliance with the "The Falls Bundle" and ascertain if there are any deficiencies in the application of theory to practice and to identify the specific actions required to address these.

	PATIENT SAFETY	MEASURED BY	MONITORED BY	REPORTED TO
3	**Improve the reporting and investigation of hospital associated VTE events**	**Internal report**	**Venous Thromboembolism Group**	**CGSG**
	Lead Contact(s): Paul Dunlop, Consultant & Chair VTE Group, Gary Schuster, Clinical Governance Manager			
	Target: To strengthen the investigation and lessons learnt processes for cases of hospital acquired thrombosis			

PROGRESS

Current performance and position against target

The Trust VTE Group introduced a revised process for investigating all cases of hospital acquired thrombosis which is more clinically led and involves oversight from the VTE Group. The process involves triaging a list of patients on a monthly basis who have had either a new episode of VTE during their hospital stay or have been readmitted within 90 of discharge following an inpatient stay of at least 24 hours. This process allows the identification of genuine hospital acquired thrombosis (HAT) cases for clinical review.

The responsible consultant for each confirmed case of HAT is asked to complete a case review and a judgement made on whether the episode could have been prevented. The outcomes of cases, and any lessons learnt for the Organisation, are presented at VTE Group meetings.

The Clinical Review process started in Nov 2017 and data is included from this point to provide the most accurate picture of engagement and outcomes of the process. Information is unavailable for Aug / Sept as patient identification, initial screening, or consultant review has yet to be completed.

2016/17	Nov	Dec	Jan	Feb	Mar
Cases for review	3	4	4	10	2
Actual % reviewed	67%	50%	75%	70%	50%

2017	April	May	June	July	Aug	Sept
Cases for review	4	4	10	5		
Actual % reviewed	75%	75%	50%	60%		

Reason if off target (where applicable)

- The process still requires full engagement of senior clinical staff; clinical commitments and priorities elsewhere have contributed to the modest uptake of review to date.

Actions to get back on target (where applicable) or other comment

- Chair of VTE Group to restate review process to key internal clinical groups, i.e. CD Forum, CG Leads
- Clinical Governance (who co-ordinate the reviews) to add a reminder stage in the process; those who do not undertake reviews will be invited to attend VTE Group to explain their lack of engagement
- To consider a process for escalation if the percentage of cases reviewed does not improve in the next 6 months

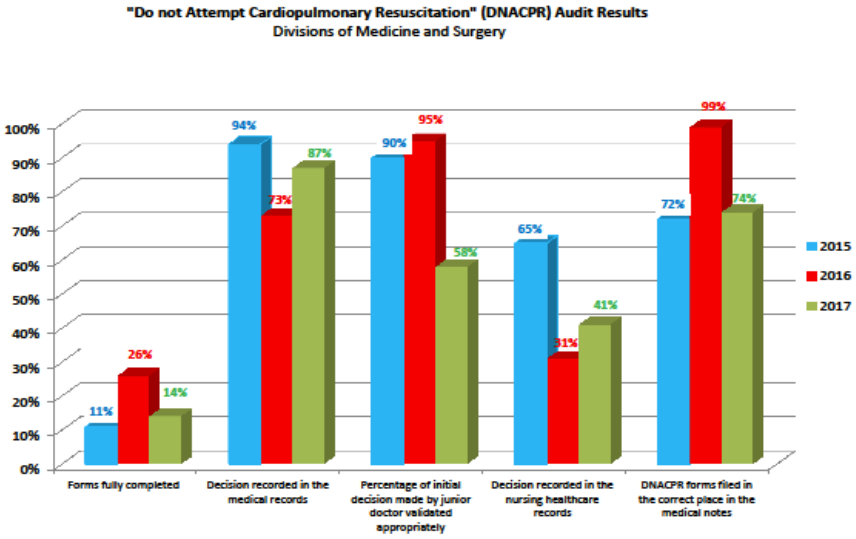
	PATIENT SAFETY	MEASURED BY	MONITORED BY	REPORTED TO
4	**Improve the completion, documentation and visibility of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders**	**Internal Audit and Reporting**	**Resuscitation Group**	**CGSG**
	Lead Contact(s): Diane McDermott – Resuscitation Services Manager			
	Target: 10% improvement by Q4			

PROGRESS

Current performance and position against target

Last year, we were able to report only modest improvements in the completion and communication of DNACPR orders.

The aim was to build on and scale up that progress. The graph below shows a comparison of key audit standards in 2015, 2016 and 2017 across the divisions of surgery and medicine. We have been unable to consolidate the progress made and therefore are currently below the 10% improvement target set for 2017/2018.



Reason if off target (where applicable)

In almost all areas of the audit there has been a decline in the audit results. The main contributing factors appear to be the challenging and demands of busy clinical environments.

Actions to get back on target (where applicable) or other comment

- Resuscitation department to continue to deliver training to all new doctors during their induction. Agreement with other trainers such as End of Life coordinator to reiterate key messages and awareness during their training
- Attendance at relevant Trust groups to highlight what procedurally can be improved, which will also strengthen involvement of clinical leads of both medical and nursing colleagues
- Raise the profile of DNACPR audits by sharing results and discussing actions that can be taken. Request feedback from wards and directorates as to how they are ensuring compliance
- Review and amend Trust policy

A higher proportion of CHS patients sustain their cardiac arrest on day's 2-7 post admission compared to the national average. (43% v 32.5%). The Trust Resuscitation Group recommends that every patient should be assessed within the first 24 hours of hospital admission by a consultant. At the first assessment the question of resuscitation status should be considered and a DNACPR decision put in place where appropriate. Subsequent assessments should also include a consideration of the patient's resuscitation status.

	CLINICAL EFFECTIVENESS	MEASURED BY	MONITORED BY	REPORTED TO
1	**Review Trust mortality and minimise avoidable deaths – implement the recommendations from the national 'Learning from Death' programme**	**Outcomes from the Mortality Review Panel**	**Mortality Review Group**	**CGSG**
	Lead Contact(s): Ian Martin – Medical Director **David Laws – Trust Mortality Lead** **Gary Schuster – Clinical Governance Manager**			
	Target: To implement the new requirements from the national 'Learning From Death' Programme, which includes; **a) Development of 'Learning From Death' policy, c) Introduction of a new 2 stage mortality process,** **b) Quarterly Mortality Dashboard (at public Board), d Annual summary in the Quality Report 2017/18**			
PROGRESS	**Current performance and position against target** a) National Guidance has been issued to hospitals to help them standardise and improve the way they identify, review and learn from patient deaths. One of the key recommendations was for hospitals to have a policy in place setting out how it responds to the deaths of patients who die under its care. The 'Mortality Review & Learning from Deaths' Policy was presented to the public Board meeting in Sept 2017 and is now available on the Trust internet. https://chsft.nhs.uk/application/files/3715/0771/8651/MD25.MRLD.V1.1 - Mortality Review Learning From Death Policy - Sep2017doc.pdf b) An additional requirement from the national guidance was that Trusts needed to publish information on deaths and mortality reviews via a quarterly agenda item and paper to its public board meeting by Q3 2017/18. The first 'mortality dashboard' will be going to a public Board meeting in Nov 2017. c) We have a well-established process in place for reviewing patient deaths and have worked closely with other Trusts in the North East to develop this approach, which uses the Hogan methodology. We have suggested further amendments and enhancements to our two-stage process and we will be working with clinical teams to support implementation.		d) The guidance for the information requirements of the Quality Report 2017/18 has not been released yet. We will ensure that any reference to 'Learning from Deaths are included and meet the specification **Reason if off target (where applicable)** The Trust is currently meeting all national requirements from the 'Learning from Deaths' programme. **Actions to get back on target (where applicable) or other comment** • The Trust Mortality Lead will set up a time-limited working group to support implementation of changes to the two-stage mortality process • Reflect on any comments and feedback from the public-facing 'mortality dashboard' to inform future reporting • Continue our contribution to the Regional Mortality Group for alignment of mortality processes	

	CLINICAL EFFECTIVENESS	MEASURED BY	MONITORED BY	REPORTED TO
2	**Improve the process of fluid management and documentation**	**Local clinical audit**	**Nutrition Group**	**CGSG**
	Lead Contact(s): Debbie Cheetham – Head of Patient Safety & Experience			
	Target: Increase % for each element of the audit			

PROGRESS

Current performance and position against target

Fluid balance chart audits are audited as part of the Trust's Assurance Programme. The results are reported to Governance Committee and discussed at Ward Manager and Matron's Forums and actioned accordingly.
A summary of the results of these audits is presented below.

	May 2015	Jan 2016	Sept 2016	Sept 2017
Any special instructions written?	N/R	15.5%	11.2% ↓	**17.6%↑**
Chart completed fully over 24 hours?	49.5%	78.4% ↑	78.3% ↔	**61.5%↓**
Drinking water available next to patient?	73.9%	80.4% ↑	79.0% ↔	**100%↑**
IV infusions prescribed and given during time period?	18.0%	(no % given)	(no % given)	**13.4%↓**
Were these IV infusions recorded on fluid balance chart?	12.6%	78.3% ↑	67.6% ↓	**86.7%↑**
Does output appear to be accurately recorded?	18.0%	43.3% ↑	28.7% ↓	**29.2%↑**
Number where output not accurately recorded:	82.0%	56.7% ↓	71.3% ↑	**61.5%↓**
If output not accurately recorded, is frequency of passing urine recorded rather than the volume?	28.8%	59.7% ↑	89.2% ↑	**85.7%↓**
Balance box completed?	10.8%	38.1% ↑	31.5% ↓	**15%↓**
Fluid balance summary chart in place?	27.9%	34.0% ↑	44.1% ↑	**34.5%↓**
Does fluid balance summary chart cross check with fluid balance chart?	20.7%	57.6% ↑	71.4% ↑	**51.3%↓**

Reason if off target (where applicable)

The September 2017 audit results demonstrate some improvements but also some deterioration with regard to the various elements of the audit.

Actions to get back on target (where applicable) or other comment

In November 2017 a new Fluid Monitoring Chart was implemented across the Trust, during "FAB Change Week". This was accompanied by a Standard Operating Procedure (SOP) for Fluid Monitoring which had been ratified at Matrons Forum and Nutritional Steering Group in September 2017. The audit was undertaken before its introduction.

The SOP places responsibility on the nurses/doctors to ensure that the appropriate level of fluid monitoring is in place for appropriate patients and that fluid monitoring charts are completed regularly and with accuracy. Once the new chart has been fully embedded into practice a repeat audit will be undertaken in 2018 and it is expected that results will show an increase in percentages across the audit standards.

	CLINICAL EFFECTIVENESS	MEASURED BY	MONITORED BY	REPORTED TO
3	**Improve the assessment and management of patients with sepsis**	**CQUIN tracker and upload to national Unify system**	**Sepsis Group**	**CGSG**
	Lead Contact(s): Aly Roy – Chair Sepsis Group, Tallulah Armit – Clinical Governance Facilitator, Gary Schuster – Clinical Governance Manager			
	Target: Implementation of CQUIN targets for ED, PED, Paediatric and adult in-patient areas (sepsis screening, administration of antibiotics and empiric review). a) % of ED/ PED / IP admissions who are screened according to local protocol – 90% (partial payment 50-89.8%) b) % of ED / PED/ IP patients receiving antibiotics within 1 hour – ED& IP combined 90% (partial payment 50-89.8%) c) % of ED / PED / IP admissions with Empiric Review within 24-72 hours (sample) - Q1 25%, Q2 50% Q3 75%, Q4 90%			

PROGRESS

Current performance and position against target

ED is screening above the threshold of partial payment (50-89.9%), IP screening remains below this threshold, although improvements are being made. Antibiotics given within 60 minutes are above the threshold for partial payment. Empiric review between 24 and 72 hours is achieving full payment.

	Screening			Abx within 1 hour		Empiric Review		Key
	ED	IP	Target	Trust	Target	Trust	Target	Full Payment
Q1	75.1%	32.2%	90%	57.2%	90%	73.3%	25%	Partial Payment
Q2	71.9%	36.1%	90%	61.5%	90%	90.0%	50%	Nil Payment

Reason if off target (where applicable)

Trusts are all approaching CQUIN using different methodologies as the guidance states "as per local protocol". This includes only screening Inpatients on their first elevated NEWS. CHSFT Trust Sepsis Group decided to focus on patient safety aspects of sepsis recognition and management and therefore have a more robust screening process (than other Organisations) where patients are rescreened for any further increase in their NEWS. This approach is similar to the approach taken with MRSA, where again patient safety was the focus and as with any change of this scale, a period of time is required to 'bed-in' new processes before tangible and sustained improvements can be made. Also the buy-in from senior medical staff is crucial to the process across the in-patient areas.

Actions to get back on target (where applicable) or other comment

To encourage clinical teams to take ownership and act on areas of low compliance:

- Ward managers and matrons continue to be provided with performance reports (regarding screening) each fortnight. They are expected to reflect and act on the results
- Clinical Directors, Clinical Governance Leads, Directorate Managers and Divisional General Managers are also provided with performance reports regarding screening and sepsis grading. They are expected to follow up poor performance with their respective clinical teams
- A patient level report is sent to Matrons and Ward Managers fortnightly to identify screening compliance, including those ' missed opportunities'

Qualitative feedback is that we are recognising and treating patients with sepsis however the documentation of practices is not being used appropriately. This impacts on our screening rates as screening prompts continue to be generate by Meditech V6.

Data from the Intensive Care National Audit and Research Centre (ICNARC) shows that ICCU are not admitting more sepsis patients which may suggest that we are treating sepsis appropriately. However, documentation needs to improve.

	CLINICAL EFFECTIVENESS	MEASURED BY	MONITORED BY	REPORTED TO
4	**Reduction in the number of avoidable (predictable) cardiac arrests**	**Local action plan**	**Resuscitation Group**	**Clinical Governance Steering Group**
	Lead Contact: Dianne McDermott – Resuscitation Services Manager			
	Target: Improvement of 5% for 2017/18			

PROGRESS

Current performance and position against target

The table below shows the number of cardiac arrest calls that were made to the hospital switchboard for the year 2017. This may not show all of the patients who suffered cardiac arrest as the emergency call is not always instigated, in such places as cardiology and the emergency department where they have senior staff available with advanced life support skills. In the five months to Oct 2017 the number of cardiac arrests has fallen to single figures, which shows an improvement to the first quarter (Jan – March 2017) actual arrests. In fact, there has been a 50% reduction compared to Jan 2017 (14 as opposed to 7).

MONTH	NUMBER OF 2222 CALLS	STATED IT WAS A CARDIAC ARREST	NO. OF ACTUAL CARDIAC ARRESTS
Jan-17	49	20	14
Feb-17	48	13	11
Mar-17	45	14	10
Apr-17	41	14	9
May-17	42	21	18
Jun-17	44	13	8
Jul-17	29	13	8
Aug-17	36	9	4
Sep-17	36	10	6
Oct-17	38	16	7
TOTAL	408	143	95

Reason if off target (where applicable)

The indicator is currently on track to meet target set.

Actions to get back on target (where applicable) or other comment

The reasons for the gradual fall in actual cardiac arrest calls are multi-factorial, but are likely to be due to two main issues:

- Firstly, an increase in appropriate use of DNACPR decisions,
- Secondly, appropriate use of the National Early Warning Score (NEWS) system and improved recognition of the critically ill patient, resulting in earlier initiation of appropriate treatment and prevention of cardiac arrest.

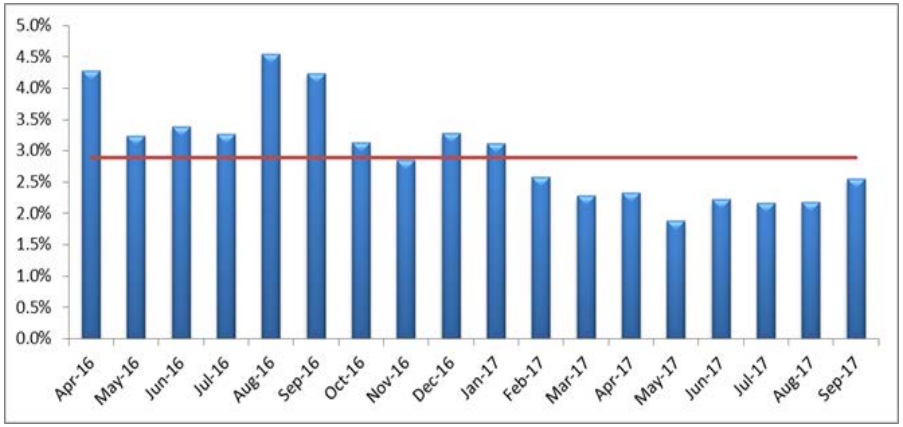
	PATIENT EXPERIENCE	MEASURED BY	MONITORED BY	REPORTED TO
1	**Improve the in-hospital management of patients with dementia**	**Local action plan**	**Dementia Group**	**PCPEC**
	Lead Contact: Louise Burn – Deputy Director of Nursing & Quality (Corporate Lead) / Julie Porter – Practice Development Sister Dr Lesley Young – Consultant and Clinical Lead for Dementia (Clinical Lead)			
	Target: Implement the priorities from the national audit of in-hospital management of patients with dementia			
PROGRESS	**Current performance and position against target** The National Audit of Dementia Care in General Hospitals assesses the extent to which acute hospitals meet certain standards relating to the care delivery for people admitted with dementia. The Dementia Group continue to work with key stakeholders to improve practice and the working environment for this vulnerable group. The Clinical Lead for Dementia attended Clinical Governance Steering Group in November 2017 to highlight the main findings from Round 3 of the National Audit of Dementia. These results will augment the current action plan which is oversight by the Trust Dementia Group. A summary of achievements to date and ongoing actions are included below: • Compliance with NICE guidelines 103 to screen all adult in-patients aged 65years + • Ward compliance with cognitive screening of patients 65years+ which are displayed on ward dashboards (available from the 'Launchpad') • Development of environment standards forms part of the action plan and information is feedback to the Patient, Carer, Public Experience Committee. These standards are applied to any area that requires decoration or refurbishment and are taken account with any new build in the Trust • Mental Capacity Act training is now included in the safeguarding adults e-learning programme which is mandated for all clinical staff • Embedding the core principles of the carers charter, including carers passport, caring for carers algorithm etc • Safeguarding adults e-learning programme is now available via ESR			
		Following the request and subsequent approval of £15,000 charitable funds the PLACE guidance on Dementia Environment was amended and not only asks "Is there a large face clock clearly visible from all patient bedside areas and in day rooms?", but in addition "Is the day and date displayed and clearly visible from all patient bedside areas?" The original request for funding was based on the provision of large faced clocks only and the subsequent addition of "Day and Date" has increased the cost of these clocks significantly. The original funding has been used to purchase orientation boards for all ward areas and 100 large faced clocks with day and date. A further bid was placed with the charitable funds committee this has been successful and large faced clocks have been ordered. **Actions to get back on target (where applicable) or other comment** We are delivering key aspects of the action plan **Reason if off target (where applicable)** To continue to work with the action plan which will be amended following publication and reflection of the results of the National Audit of Dementia.		

	PATIENT EXPERIENCE	MEASURED BY	MONITORED BY	REPORTED TO
2	**Reducing cancellations of outpatient consultations**	**Local performance data**	**Performance / Service Improvement**	**Operations Committee**
	Lead Contact: Alison King – Acting Head of Performance & Improvement, Laura Bond – Service Improvement Manager			
	Target: Reduce the number of outpatient cancellations by 10% during 2016/17			

PROGRESS

Current performance and position against target

This issue has been previously highlighted by our Council of Governors and has been discussed regularly at their Governor meetings. The unexpected cancellation of outpatient appointments has a profound effect on a patient's experience and feedback has shown that they remain deeply concerned and dissatisfied about the issue.



Performance for the first 6 months of 2017/18 shows that the Trust has been achieving the target of 2.89% consistently

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
2.33%	1.88%	2.22%	2.17%	2.18%	2.56%

Reason if off target (where applicable)

Currently on track

Actions to get back on target (where applicable) or other comment

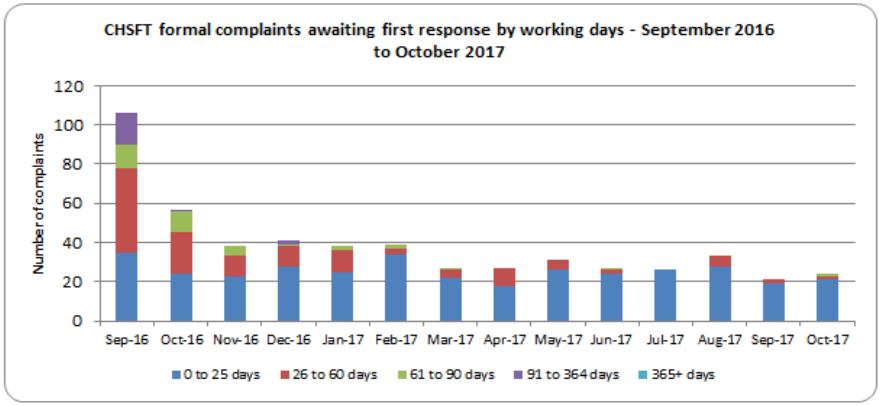
We continue to focus on ensuring that clinical teams proactively plan for any reductions in capacity, with capacity tools now in place for all consultant led specialties. These tools make it easier to see further ahead and we have seen a sustained reduction in appointment cancellations linked to annual leave, study leave and staff training.

	PATIENT EXPERIENCE	MEASURED BY	MONITORED BY	REPORTED TO
3	**Improve the timeliness of response to patient complaints**	**Local performance data**	**Directorates / Help & Advice Service**	**PCPEC**
	Lead Contact: Melanie Johnson – Executive Director of Nursing & Patient Experience			
	Target: To consolidate improvement with the timeliness of response to patient complaints (with a view to 'retiring' indicator in 2018/19)			

PROGRESS

Current performance and position against target

A key part of the complaints process is the timeliness of response to patients and their families. The Trust reviewed the complaints process and took steps to improve the turnaround times for formal complaint responses. The Trust has made significant improvements in responding to complaints in a timely manner. The majority are now being responded to within the Trust's target of 25 working days. Those complaints that take longer to respond to are usually due to the complex nature of the complaint involving a number of directorates and external organisations. There are no complaints waiting for responses over 90 days and these improved standards are being maintained.



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
0 to 25 days	35	24	23	28	25	34	22	18	26	24	26	28	19	21
26 to 60 days	43	21	10	10	11	3	4	9	5	2	0	5	2	2
61 to 90 days	12	11	5	1	2	2	1	0	0	1	0	0	0	1
91 to 364 days	16	1	0	2	0	0	0	0	0	0	0	0	0	0
365+ days	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Reason if off target (where applicable)

Currently on track

Actions to get back on target (where applicable) or other comment

It is felt that the current level of performance is now fully embedded into Trust systems. Performance is still being closely monitored through weekly meetings and therefore given the consolidated improvement, there is a strong desire to 'retire' this priority at the end of the performance year as it has become normal business within the Trust.

	PATIENT EXPERIENCE	MEASURED BY	MONITORED BY	REPORTED TO
4	**Increase the % of patients who reported they had a positive experience (Q72 - Overall……..)**	**National Adult Inpatient Survey**	**Patient Experience / Clinical Governance**	**PCPEC**
	Lead Contact: Debbie Cheetham – Head of Patient Safety & Experience / Gary Schuster – Clinical Governance Manager			
	Target: Improve overall score against 2015 and 2016 performance (2016 = 7.9/10, 2015 = 8.1)			

PROGRESS

Current performance and position against target

The table below provides a breakdown of results (from Question 71) from the NHS Adult Inpatient Survey 2016. It presents the percentage and count of patients that gave a particular response to the survey question.

Q74: Overall...

	%	Number
0 (I had a very poor experience)	.96	5
1	.96	5
2	1.15	6
3	1.92	10
4	2.30	12
5	6.32	33
6	6.70	35
7	11.49	60
8	21.65	113
9	19.54	102
10 (I had a very good experience)	27.01	141
Total specific responses	100.00	522
Missing responses	.00	32

Answered by all

Reason if off target (where applicable)

Actions to get back on target (where applicable) or other comment

The Trust is currently carrying out the fieldwork for the 2017 National Inpatient Survey with the results expected to be published in Autumn 2018. The exact publication date will be made in due course. Therefore the score for this particular question is unknown.

	STAFF EXPERIENCE	MEASURED BY	MONITORED BY	REPORTED TO
1	**Increase the number of staff participating in the staff FFT**	**National FFT data**	**Human Resources**	**PCPEC**
	Lead Contact: Jan Armstrong – Deputy Director of Human Resources			
	Target: No national target is set and no internal target was agreed			

PROGRESS

Current performance and position against target

The Standard

The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.

	Total Responses		Recommended	
How likely are you to recommend this organisation to friends and family if they needed care or treatment	Q1 409	Q2 xxx	Q1 85%	Q2 83%
Total to date				

Reason if off target

No internal target has been set.

Actions to get back on target (where applicable) or other comment

Gary Schuster
Clinical Governance Manager

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

EMERGENCY DEPARTMENT SURVEY 2016

JANUARY 2018

1 INTRODUCTION

This sixth survey of emergency department patients involved 137 acute and specialist NHS Trusts with a Type 1 accident and emergency department (a major 24-hour department that is consultant-led). Forty nine of these Trusts also had direct responsibility for running a Type 3 department (generally an Emergency Department/Minor Injury Unit) and patients from these were included within the survey for the first time. Nationally, responses were received from 45,597 people, a response rate of 27%. City Hospitals received completed surveys from 302 patients and a response rate of 33% which is better than the national rate of 28%.

Patients were eligible for the survey if they were aged 16 years or older, had attended an emergency department during September 2016 and were not staying in hospital during the sampling period. City Hospitals sampled 950 patients from Type 1 departments and 300 from Type 3 department. Questionnaires and reminders were sent to patients between October 2016 and March 2017. Similar surveys of emergency department patients have taken place previously, with the last report published in 2014. Due to changes to the sampling and analysis strategies, the Care Quality Commission (CQC) has advised Trusts not to compare results to previous years.

In setting out the benchmarked results (comparative data is only available for Type 1 departments) it is important to recognise that the emergency department was undergoing a huge structural rebuild during the fieldwork and the service had to be temporarily relocated into alternative accommodation. Undoubtedly, patient experience was affected during this difficult and challenging period despite the best efforts from staff.

2 NATIONAL OVERVIEW OF RESULTS

The results of the 2016 survey indicate some positive aspects of care. Patients were generally positive when answering questions about their interactions with staff (doctors and nurses). For example, most people said that they:

- had enough time to discuss their health or medical problem,
- had confidence and trust in the doctors and nurses examining and treating them,
- were listened to, and
- felt they were treated with respect and dignity.

Positive responses were also received to questions asking about information provision and communication regarding care and treatment whilst in the emergency department.

However, there were less positive results for questions asking about:

- receiving timely pain relief.
- emotional support (if needed), and
- information provision when leaving the emergency department.

3 TRUST RESULTS – SECTION SCORES

The report includes Type 1 department results only and shows how Trusts scored for each question in the survey, compared with the range of results from all other Trusts that took part. It uses an analysis technique called the 'expected range' to determine if each Trust is performing 'about the same', 'better' or 'worse' compared with others.

A 'section' score is generated using scores from individual questions grouped thematically, for example 'Waiting times', 'Doctors and Nurses' and 'Care and Treatment' etc. These are based out of 10 and Trusts are also given an overall performance rating; a rating of 'about the same' means that the Trust is about the same as most other Trusts who took part in the survey. City Hospitals achieved this rating for all nine section themes.

Trust Score out of 10	Lowest National Score	Highest National Score	Section themes	Rating compared with other Trusts
7.6	6.6	8.8	Arrival at the emergency department	WORSE / ABOUT THE SAME / BETTER
6.1	5	6.7	Waiting times	WORSE / ABOUT THE SAME / BETTER
8.2	7.5	8.8	Doctors and nurses	WORSE / ABOUT THE SAME / BETTER
7.6	7	8.5	Care and treatment	WORSE / ABOUT THE SAME / BETTER
8.1	7.6	9.1	Tests	WORSE / ABOUT THE SAME / BETTER
7.9	7.3	9	Hospital environment and facilities	WORSE / ABOUT THE SAME / BETTER
6.0	5.1	7.4	Leaving the emergency department	WORSE / ABOUT THE SAME / BETTER
8.6	7.9	9.4	Respect and Dignity	WORSE / ABOUT THE SAME / BETTER
7.9	7.2	8.6	Experience overall	WORSE / ABOUT THE SAME / BETTER

Each individual question is also scored out of 10. A score of 10 represents the best possible experience as rated by patients with 0 the worst. The higher the score for each question, the better the Trust is performing. Not all of the questions in the survey have been scored as not all of the questions assess Trust performance, i.e. some are filter or directional questions.

The full national results (alongside the technical document outlining the methodology and the scoring applied to each question) can be seen at:
http://cqc.org.uk/emergencydepartmentsurvey

4 SECTION RATINGS ACHIEVED IN REGIONAL NORTH EAST TRUSTS

The availability of all Trusts' survey results enables comparison between aggregated section scores. The table below shows a summary of section scores (out of 10) and final ratings for local Trusts.

	Arrival at the emergency department	Waiting times	Doctors and nurse s	Care and treatment	Tests	Hospital environment and facilities	Leaving the emergency department	Respect & Dignity	Experience overall
City Hospitals	7.6	6.1	8.2	7.6	8.1	7.9	6	8.6	7.9
South Tyneside FT	8	6.1	8.6	8.3	8.4	8.7	6.4	9.1	8.2
C. Durham & Darl FT	7.8	6	8.2	7.9	8.6	8.5	6.1	8.9	8
Gateshead FT	8.6	6.4	8.7	8.4	8.7	9	7.4	9.4	8.6
Northumbria FT	7.9	5.8	8.6	8.3	8.6	8.8	6.8	9	8.2
Newcastle Hospitals	7.9	6	8.6	8	8.4	8.8	6.8	8.9	8.2
North Tees FT	8	6	8.6	8.3	8.6	8.4	7.3	9.2	8.3
South Tees FT	8.4	6.7	8.3	8.2	8.9	8.4	6.9	9.2	8.5

Worse	About the same	Better

5 INDIVIDUAL SCORES FOR CITY HOSPITALS

Out of 35 individual questions measuring emergency department performance the Trust achieved 32 (91.4%) scores in the amber category and an 'about the same' rating. Two questions (5.7%) were rated 'Better' (green) than other Trusts; these were related to waiting times to speak to or being examined by a doctor or nurse (Questions 8 & 9). There was only one question given a 'Worse' (red) rating (2.8%); this was Q35 – Were you able to get suitable food or drinks when you were in the emergency department?

The full set of performance scores and any associated ratings are shown below:

		Performance TYPE 1		
Question number	Survey question	Number of respondents (2016)	2016 score	2016 banding
Section 1	**Arrival at the emergency department**		**7.6**	
5	How long did you wait with the ambulance crew before your care was handed over to the emergency department staff?	**124**	**8.5**	
7	Were you given enough privacy when discussing your condition with the receptionist?	**222**	**6.8**	
Section 2	**Waiting times**		**6.1**	
8	How long did you wait before you first spoke to a nurse or doctor?	**277**	**7.2**	**Better**
9	How long did you wait before being examined by a doctor or nurse?	**269**	**7.1**	**Better**
10	Were you told how long you would have to wait to be examined?	**193**	**3.0**	
11	Overall, how long did your visit to the emergency department last?	**273**	**7.3**	
Section 3	**Doctors and nurses**		**8.2**	
12	Did you have enough time to discuss your health or medical problem with the doctor or nurse?	**286**	**8.6**	
13	Did a doctor or nurse explain your condition and treatment in a way you could understand?	**280**	**8.0**	
14	Did the doctors and nurses listen to what you had to say?	**285**	**8.8**	
15	If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	**213**	**7.1**	
16	Did you have confidence and trust in the doctors and nurses examining and treating you?	**287**	**8.6**	
17	Did doctors or nurses talk to each other about you as if you weren't there?	**289**	**8.8**	
18	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	**212**	**7.5**	
Section 4	**Care and treatment**		**7.6**	
19	While you were in the emergency department, how much information about your condition or treatment was given to you?	**292**	**8.4**	
20	Were you given enough privacy when being examined or treated?	**297**	**8.6**	
21	If you needed attention, were you able to get a member of medical or nursing staff to help you?	**223**	**7.9**	
22	Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	**295**	**8.7**	
23	Were you involved as much as you wanted to be in decisions about your care and treatment?	**266**	**7.7**	
24	If you were feeling distressed while you were in the emergency department, did a member of staff help to reassure you?	**162**	**6.7**	
31	How many minutes after you requested pain relief medication did it take before you got it?	**68**	**5.7**	
32	Do you think the hospital staff did everything they could to help control your pain?	**165**	**7.1**	
Section 5	**Tests**		**8.1**	
26	Did a member of staff explain why you needed these test(s) in a way you could understand?	**231**	**7.9**	
27	Before you left the emergency department, did you get the results of your tests?	**189**	**7.7**	
28	Did a member of staff explain the results of the tests in a way you could understand?	**140**	**8.6**	
Section 6	**Hospital environment and facilities**		**7.9**	
33	In your opinion, how clean was the emergency department?	**288**	**8.8**	
34	While you were in the emergency department, did you feel threatened by other	**298**	**9.3**	
35	Were you able to get suitable food or drinks when you were in the emergency department?	**169**	**5.6**	**Worse**
Section 7	**Leaving the emergency department**		**6.0**	
38	Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	**51**	**8.7**	
39	Did a member of staff tell you about medication side effects to watch for?	**37**	**4.0**	
40	Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	**91**	**4.6**	
41	Did hospital staff take your family or home situation into account when you were leaving the emergency department?	**83**	**5.7**	
42	Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	**117**	**6.0**	
43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the emergency department?	**158**	**7.2**	
Section 8	**Respect and dignity**		**8.6**	
44	Overall, did you feel you were treated with respect and dignity while you were in the emergency department?	**297**	**8.6**	
Section 9	**Experience overall**		**7.9**	
45	Overall…	**284**	**7.9**	

6 WHERE THE DEPARTMENT HAS DONE WELL

Given the demands and challenges of providing urgent and emergency services, against a background of major internal redevelopment, it is encouraging to see that the majority of patients who had attended our emergency department were positive about their experience and had confidence in the care they received.

In particular the survey notes that patients (*percentages sourced from site results report*);

- experienced shorter waits in the department before being spoken to *(90% of patients less than 60 minutes – 247/277)* or examined by a doctor or nurse *(80% of patients less than 60 minutes – 215/269)*,
- felt they had enough time to discuss their health or medical problems with the clinical team *(over 95% of patients said yes, definitely or to some extent – 273/286)*,
- felt confident and had trust in the staff that were looking after them *(94% said yes, definitely or to some extent – 269/287)*,
- were given reassurance by staff if they felt distressed *(82% said yes, definitely or to some extent – 131/162)*,
- reported that the department was clean *(95% said very clean or fairly clean – 273/288)*,
- felt staff took into account the patient's family or home situation when leaning the department *(63% said completely or to some extent – 52/83 for those who thought it was necessary)*,
- felt overall that they had had a good experience whilst in the department *(94% said yes, all of the time or some of the time – 279/297)*.

7 WHERE THE DEPARTMENT NEEDS TO TARGET ITS IMPROVEMENTS

As previously highlighted, the emergency department was undergoing significant redevelopment work at the time of the survey and the alternative environment and facilities used didn't always meet the expectations of patients and their families all of the time. The 'Worse' rating for Q35 probably reflects this scenario. We would not expect a similar rating next year given the opening of the new emergency department. This is equally applicable to other aspects of the survey which are highlighted below.

Q35: Were you able to get suitable food or drinks when you were in the emergency department?

	Type of emergency department			
	Type 1		Type 3	
	%	Number	%	Number
Yes	44.38	75	40.48	17
No	31.36	53	45.24	19
I was told not to eat or drink	11.24	19	7.14	3
I did not know if I was allowed to eat or drink	13.02	22	7.14	3
Total specific responses	100.00	169	100.00	42
I did not want anything to eat or drink	.00	120	.00	42
Cleaned responses	.00	0	.00	0
Missing responses	.00	13	.00	2

Answered by all.

Other areas within the survey that the clinical and management team may wish to focus on includes;

- attention to privacy when patients are discussing their condition with the receptionist, when being examined or treated *(just over 20% of patients reported that they did not have privacy – 45/222)*,
- provision of information on delays when patients are waiting to be examined *(65% of patients weren't told how long they would have to wait – 125/193)*,
- making sure that conversations about the patient includes the patient *(18% of patients felt that staff talked in front of them as though they weren't there – 53/289)*,
- making sure everything is done to manage patients pain *(17% of patients felt that staff didn't help control their pain - 28/165*), and
- explaining to patients what medication side effects to watch out *(54% of patients felt that staff did not explain – 20/37)*.

8 DIRECTORATE COMMENT

The Directorate Manager commented that there were some very positive results in the overall survey, which it is hoped will improve even further with the new build.

The Clinical Governance Lead felt that it (the survey) was overall quite positive, especially given that the data was collected before the service moved into the new department. It was particularly reassuring that the ED scored better for some questions regarding waiting times.

9 CONCLUSION

The Care Quality Commission has published its 2016 emergency department survey, which surveys more than 45,000 people who received urgent and emergency services provided by 137 NHS trusts across England.

City Hospitals achieved an 'about the same' rating for each of the 9 section scores. Out of 35 individual performance questions 32 (91.4%) were in the amber category, 2 (5.7%) were rated 'Better' (green) than other Trusts; these were related to waiting times. There was only 1 question given a 'Worse' (red) rating (2.8%) which focused on the availability of food or drinks within the department.

The report identifies areas of good performance as well as those which require action. In reflecting on the overall results it needs to be appreciated that the survey took place during major structural changes and temporary relocation of the emergency services.

10 RECOMMENDATIONS

Governors are asked to receive the report.

Gary Schuster
Clinical Governance Manager

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

JANUARY 2018

2016 NHS STAFF SURVEY RESULTS

Introduction

The purpose of this paper is to give Council of Governors an update, following the meeting in June 2017, on actions taken in response to specific feedback from the 2016 Staff Survey indicating that some of our staff had experienced physical violence at work from staff or managers.

Background

For the first time, a number of staff at City Hospitals Sunderland reported via the 2016 Staff Survey, that they had experienced physical violence from a colleague or their manager in the last 12 months. The results showed that there were 18 incidents reported across 8 directorates:

- Emergency Medicine
- General Surgery
- Obstetrics and Gynaecology
- Paediatrics
- Rehabilitation and Elderly Medicine
- Pharmacy
- Theatres
- Trauma and Orthopaedics

4 staff reported that they had experienced physical violence from managers and 14 from colleagues. Of the 18 reported incidents, the survey results show that 2 were from BME staff.

The Organisational and Leadership Development Manager held a series of meetings with each of the Directorate Managers to share and discuss the survey data and to agree what actions could be take.

Outcome of meetings and actions

Each of the Directorate Managers expressed concerns about the results and confirmed that they had not had reported to them or were aware of any incidents of physical violence towards staff from colleagues or managers. They also confirmed that none had been reported to them via the Trust's incident reporting system.

In response to the results, Directorate Managers agreed to a number of actions including the following:

- Further investigation, including 'asking around' informally and checking for any other evidence e.g. incident reports of which they had not been made aware.

- Cascading the survey results and discussing 'next steps' with their managers at various forums including team and clinical governance meetings

- Raising awareness through briefing sessions facilitated by the OD team with the aim of reminding staff about the Trust's zero tolerance policy and how to raise a concern with the Dignity at Work Advisors or Freedom to Speak Up Ambassadors/Guardian.

- Cascading information and raising awareness of staff via e-mail.

- Raising awareness / sharing information on 'walkabouts' / 'walkarounds' and as well as team meetings.

Conclusion

All of our staff should be able to come to work without fear of violence, abuse or harassment from any source - patients, relatives and most importantly their colleagues and managers. City Hospitals Sunderland does not ignore or dismiss the chances of violence towards staff and as part of our duty of care, will do whatever we can to protect their health, safety and welfare.

In practical terms, this includes assessing the risk of violence and taking steps to reduce it as required under the Management of Health and Safety at Work Regulations 1999, establishing procedures to be followed in the event of incidents being reported as well as training and raising awareness of the standards of behaviour and conduct expected from all staff.

During the summer, a series of Staff Survey Focus Groups also took place, which gave an opportunity to reinforce messages around zero tolerance and acceptable standards of behaviour.

Following these and the recent meetings referred to above a couple of Directorate Managers are now working with the OD team to arrange some awareness raising sessions during audit days in surgery and as part of Pharmacy team meetings.

The OD team is also compiling information that can be used by Directorate Managers in those areas where physical violence from colleagues or managers was reported, to remind staff about our zero tolerance policy and to sign post them to the range of support that is available.

Recommendations

Council of Governors is asked to note the contents of this paper.

pp

Kath Griffin
Director of Human Resources and Organisational Development