ANNUAL REPORT
2016 / 2017

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CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
ANNUAL REPORT & ACCOUNTS 2016/2017

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) (a) of the National Health Service Act 2006.

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Year at a Glance

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Inpatients	58,761	58,698	54,163	56,539	55,706	**55,906**
Day cases	61,922	60,454	62,978	65,223	71,527	**59,486[1]**
Outpatients (Consultant led – New & Review)	334,496	332,443	330,965	344,014	373,429	**385,669[2]**
Nurse Led/ Allied Health Professional/ Midwife Activity	160,379	157,662	113,736	112,815	116,613	**114,591**
A&E Attendances	118,803	125,477	127,226	136,513	144,001	**152,162**
Patient Contacts in the Community	220,960	239,172	230,251	248,753	242,736	**233,139[3]**
Income	£306.02m	£309.55m	£324.32m	£336.37m	£343.36m	**£362.76m**
Surplus (Deficit)	£3.78m	£1.99m	(£373k)	(£7,896k)	(£12,500k)	**£2.82m**
Average Staff Employed (Headcount)	4,973	5,051	4,923	5,119	5,140	**4,961[4]**

Notes:

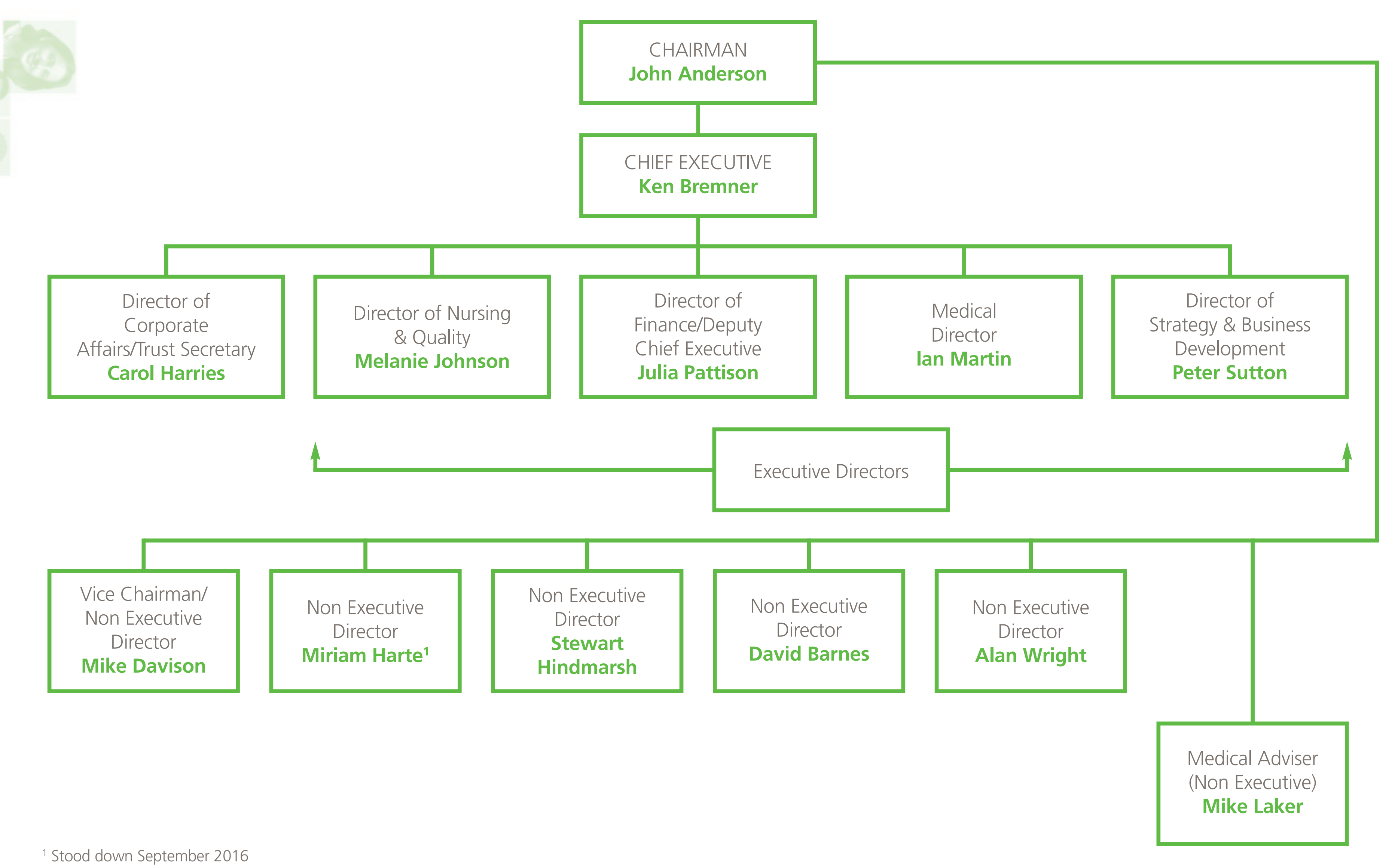
[1] Lucentis daycase procedures were converted to outpatient procedures in 2016/17.

[2] The increase is largely due to the transfer of Lucentis patients from Day Case to Outpatients.

[3] The reduction represents the transfer of community physiotherapy to Durham.

[4] The reduction represents the transfer of Estates and Facilities staff to CHoICE Ltd.

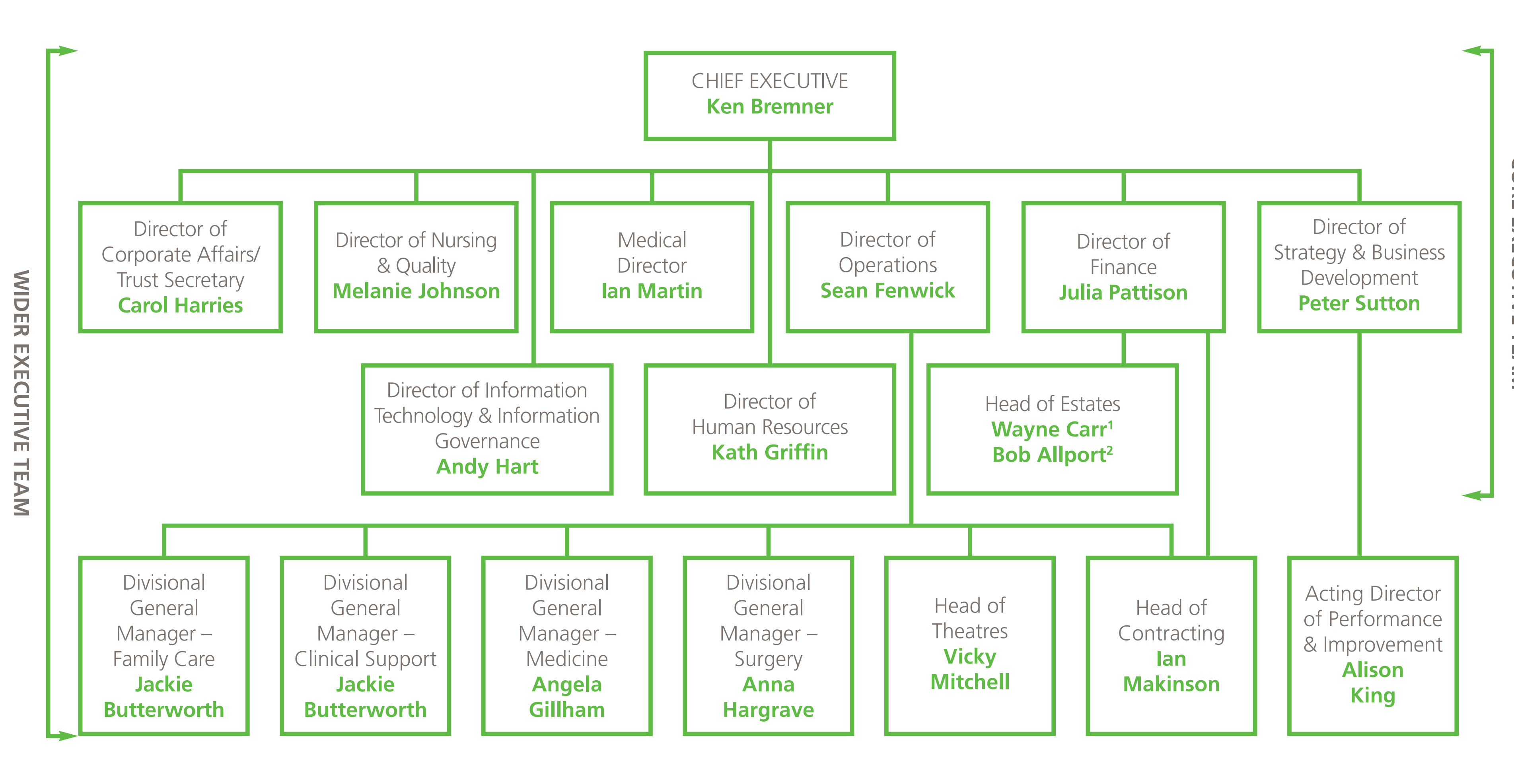
Board of Directors 2016/17



[1] Stood down September 2016

Executive Committee/Team 2016/17

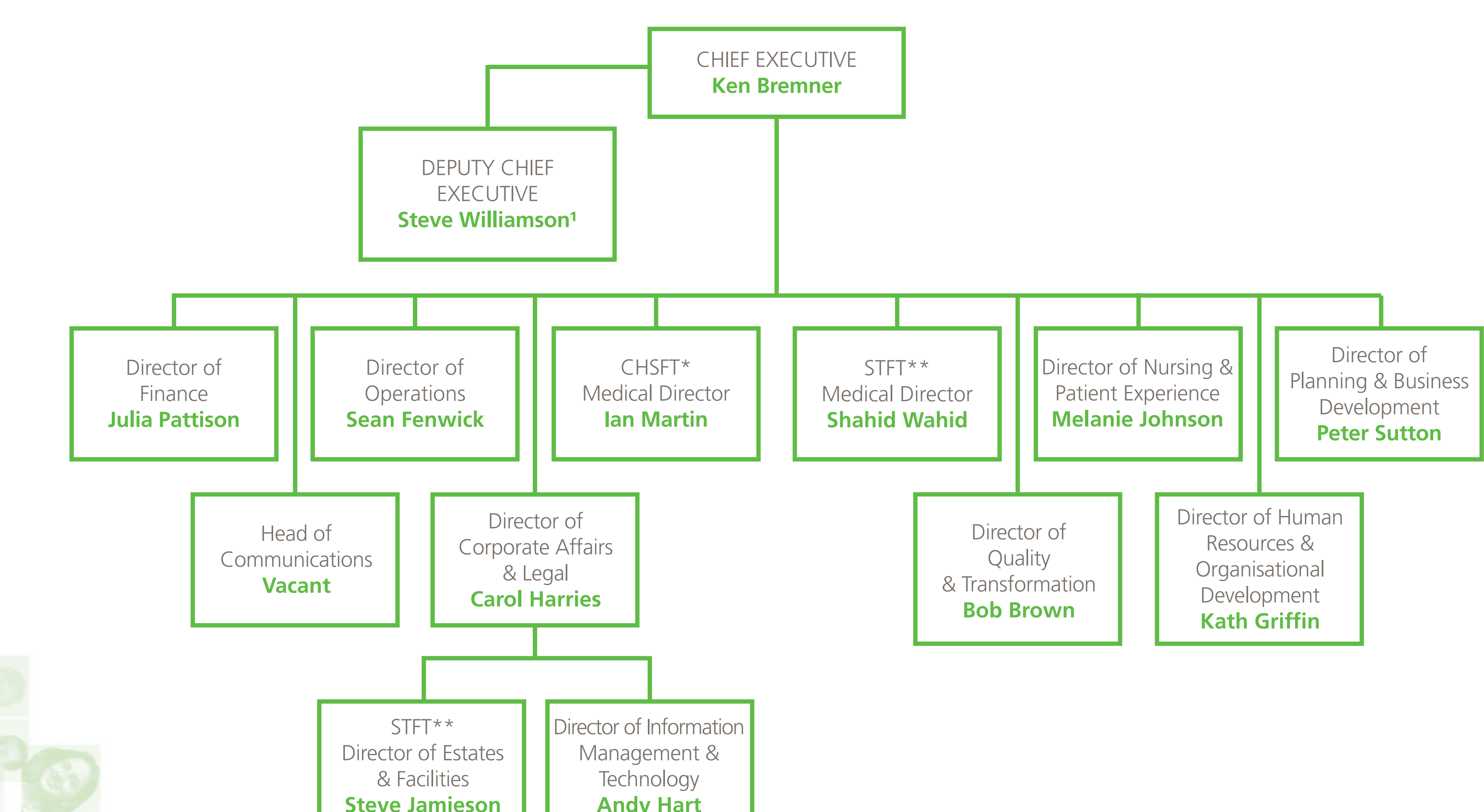
(until November 2016)



[1] Appointed June 2016 until 31 January 2017 after which he transferred to CHoICE Facilities Services
[2] Retired May 2016

Single Executive Team 2016/17

(from November 2016)



[1] From 12 September 2016 to 8 January 2017

* City Hospitals Sunderland NHS Foundation Trust

** South Tyneside NHS Foundation Trust

Chairman's Statement

I usually comment on our staff at the end of my statement but this year I felt it important to mention them first. I am very aware of the pressures our staff have faced during 2016/17. That they have continued to meet these challenges with such commitment and determination and continued to work hard to ensure our patients receive the highest standards of care is a real credit to all our staff working in the Trust.

Like many public sector organisations, the NHS and we are continually challenged by economic and social changes on both a national and local level. Let us not forget however, that our priority is, as always, to put patients at the centre of everything we do and, overall, our year end performance did reflect that ambition.

I stated last year that going forward we had committed to working more closely with South Tyneside NHS Foundation Trust to ensure that the local communities we serve will continue to receive high quality and sustainable hospital and community health services.

I was delighted when, with my fellow chair, Neil Mundy, we were able to launch the alliance which builds on the increasingly close collaborative working arrangements for clinical services across Sunderland and South Tyneside. We are already beginning to see the benefits of this Alliance and NHS Improvement and other organisations within the region and nationally have recognised that strong progress over the past year.

Working with each other as well as with partner organisations we can develop plans to deliver better quality across our local populations so that key quality standards can be achieved, whilst at the same time, recognising the need to be as efficient as possible as a result of the financial pressures facing the local health economy.

Our Governors, who are representatives of our patients and the public, are a driver to ensure that we respond to the challenges facing us whilst delivering the highest quality of care. They will have a key role as we move forward with our clinical services reviews which are the foundations of how we will look at services to improve quality but also to ensure that services continue to be accessed across the local health economy within existing resources.

This year saw some of our Governors standing down having served the maximum term of nine years and I am deeply grateful for their time and commitment – they served the organisation well.

We held elections in June 2016 and I am delighted with the calibre and insight of our new Governors who are beginning to find their feet. They are certainly not afraid to challenge but are also very supportive of the organisation – keen to get involved but also seeking assurance about the services we provide for the patients and members of the public of which they are representative.

It was however, with great sadness that one of our Governors, Rob Allchin sadly passed away after a short illness in July 2016. Rob had been a Consultant Ophthalmologist at the Eye Infirmary and then put himself forward to become a Governor in 2013 following his retirement. He became Chairman of the Organ Donation Group an issue about which he was keen to make a real difference. Rob is greatly missed by everyone who knew him.

My thanks must also go to our Board of Directors and in particular the Non-Executive Directors who give so much of their time in ensuring that we have robust systems in place to give assurance about the quality and safety of the services we provide.

I do however, wish to make special mention of two of our Non-Executive Directors, Miriam Harte and Mike Davison. Miriam stood down at the end of September 2016 and Mike is about to move on to a Non-Executive Director position in South Tyneside NHS Foundation Trust. Miriam Harte joined the Trust in 2007 and chaired our Patient, Carer and Public Experience Committee. Mike Davison joined in 2007 and was chair of our Governance and Policy Committees. He became Vice Chair and Senior Independent Director in 2012. They have both been strong advocates and ambassadors for the organisation. Their challenge and scrutiny at Committees and Board meetings was not only accepted but appreciated by Non Executive and Executive Directors alike. Their commitment to the people of Sunderland and more importantly, to our patients and staff has been tireless and I thank them both for their service.

They are certainly not afraid to challenge...

I am also delighted to welcome Pat Taylor as a new Non-Executive Director from April 2017 – no stranger to City Hospitals having served as an Appointed Governor on our Council of Governors since July 2013.

I have no doubt that 2017/18 will be yet another demanding year as we strive to improve further in delivering the highest level of care for our patients and the best possible experience for them, their families and carers.

I started this statement with reference to our staff and I will end by thanking them again, on behalf of the Board, for their dedication and commitment. Our staff are a source of great strength for the Trust and I have no doubt that they will adapt and change to the challenges facing them.

JOHN N ANDERSON QAEP CBE
Chairman

Chief Executive's Statement

Having worked in the NHS since 1982 I thought that I'd seen most things, but 2016/17 was something completely different! It was in many respects a year when the pressures really caught hold in NHS organisations, and the financial position, particularly in acute providers, became the 'first amongst equals' with our Regulators.

The regime changed this year, moving essentially from 'Payments by Results' to a focus on achieving specific control totals – in our case a deficit of £2.167m. Achieve that figure and significant Sustainability and Transformation Funds (£10.6m) would be made available to the Trust, but it would be 'earned' quarter by quarter and not given. It seems odd being asked to deliver a deficit by our Regulators but that was just one part of trying to reduce the size of the NHS acute sector deficit (£2.8bn) from the previous year. Our financial performance, against this backdrop, has therefore been remarkably good – and the surplus we have generated has in part been due to good stewardship by managers and staff alike – which has been rewarded with extra funds by NHS Improvement. Look at it as a reward for doing well. Whilst financial issues did focus the mind this year, other issues were equally if not more important locally.

Firstly, City Hospitals Sunderland announced early in the year its alliance with South Tyneside NHS Foundation Trust. This has now developed into a single executive team being appointed with effect from November 2016 to lead the alliance and perhaps more importantly, oversee the delivery of the clinical service review process – endorsed by both Foundation Trust Boards in April 2016. I know there has been a little disquiet about this alliance in some quarters and concerns expressed about takeovers, downgrading of hospital services, etc., but for me it is about getting the best for patients and services to ensure we have in the future clinically and financially sustainable high quality services, in light of a rapidly changing external environment, where recruiting and retaining a key workforce is essential to both our survivals. Our joint input into the Sustainability and Transformation Plan(STP) process introduced by the NHS this year (with our 'footprint' covering Sunderland, South Tyneside and North Durham Clinical Commissioning Group areas), simply reflected our clinical service review process, not forgetting that some of our services are provided to wider arenas than even this. By creating the South Tyneside and Sunderland Healthcare Group, we gave our Regulators – NHS Improvement – the confidence that we were taking the right action and best route towards sustainability. So much so that I was very pleased that the conditions that had been placed on our Licence a few years ago were completely removed before Christmas 2016 and we were treated once more as a 'normal' Foundation Trust, ironically just at a time when most other Foundation Trusts around us were experiencing many of the pressures/issues we had two years earlier!

Performance across the board has again been strong this year with only the A&E (95%) and 62 day cancer targets escaping us and we remain well placed with Referral to Treatment and waiting times generally. A&E, again experiencing an increase in demand – this year it was up 6% on 2015/16 (3% in real growth due to an in year counting change), and up 19% over the last five years, did demonstrate improvement against the 95% target and in Q4, normally our busiest quarter, its performance was consistently ranked in the upper middle quartile when measured against the rest of the NHS – which was a good result. Our new Emergency Department – handed over to us in March 2017, first patients expected in May/June will I hope be a fitting environment for even better care in the future and perhaps an improvement in our performance too! Against this backdrop of growing demands the Trust was also able to keep its spend on agency staff (particularly medical) well within the cap/limit given to us by NHS Improvement, and I'm still proud to say that we very rarely use agency nurses at all. It was also pleasing to see that we kept our infection rates under control and mortality remains just below the national benchmark. We won't be complacent with these issues and mortality in particular will get even stronger oversight moving forward.

...our nurses in particular are under pressure and the whole Board wants to attract more...

In September 2016, City Hospitals Sunderland was announced as one of 12 Global Digital Exemplar sites across England (subsequently this has increased to 16). This was a very welcome confirmation of the efforts – and money – that we have invested in this area over the last 20 years or so, principally through our relationship with Meditech, our key partner, based in Boston, Massachusetts, in the USA. This platform, which brings with it up to £10m of external investment in City Hospitals, will I hope, enable us to invest more quickly in the coming 2-3 years in areas

that will showcase the benefits of interoperability, transferability of clinical and other data and security of our systems against cyber-attack and crime. I hope that our alliance partner, South Tyneside NHS Foundation Trust, will have the opportunity during 2017/18 as a fast follower, to move forward together with City Hospitals Sunderland on this agenda in the future. High quality clinical data will enable better clinical decision – making and ultimately better care for our patients. As usual this year we have seen many comings and goings and to those who have left City Hospitals Sunderland my best wishes for the future, and for those who have joined us, then welcome to the rest of your life… I hope you'll all be happy here. To my fellow Executive and Non-Executive Directors a big thank you – it's been an interesting and challenging year for them too – but they've done us all proud. I do want to mention one of our Non-Executive Directors, Mike Davison – who was due to stand down at this year's Annual General Meeting in September, but since he has recently been appointed to a Non-Executive Director role at South Tyneside NHS Foundation Trust, his departure will really now only be an 'au revoir'. My thanks to Mike for all his support. Of course I must also thank my Chairman, John Anderson, for another successful year as Chair of the Board of Directors – he continues to steer us in the right direction, balancing his independence with support and guidance. I was delighted that the Governors agreed to extend his tenure as Chair for another year – recognising the experience and wisdom he brings.

Finally, as usual, a word about staff. They are our biggest asset and yet again this year have performed miracles when the pressure was really on to keep our patients safe and looked after. I appreciate that our nurses in particular are under pressure and the whole Board wants to attract more, high quality nurses to City Hospitals Sunderland. That's no easy task in the current climate but please be assured we are doing all we can to do so – if the right nurses are out there, we will employ them. We have also employed for the first time this year a 'Guardian' to whom staff can raise concerns – and we positively encourage staff to do so without fear or trepidation. We try to use all feedback/concerns to learn and improve ourselves and our services further. It's also great to report that our relationship with local partners continues to flourish too. Both Sunderland Clinical Commissioning Group and Sunderland City Council remain central to our provision and direction going forward – we have I hope, been particularly supportive of the approach taken to improve services for children in the City after the last challenging Ofsted report. I also want to congratulate the University of Sunderland (and partners) who are already seeing the benefits of offering a nursing degree locally (I hope we will see some benefits of this too in due course) and who knows we may see a medical school in Sunderland in the future too – which will be another regional resource to help train and retain more doctors in the North East.

The highlight of my year is our annual staff reward and recognition event, where we get a chance to say thank you to those staff who have given City Hospitals Sunderland long service and say well done to the winners of various awards. It's a great evening and brings home first-hand what great staff we have.

As I look forward for a moment into 2017/18 and beyond – and a snap General Election has just been announced for the 8th June as I write this – then I can't promise the demands on the NHS will abate. However, through our work with South Tyneside and stronger links with North Durham, I can begin to see how we will make our 3rd centre vision a reality, and make all our services safe, high quality and sustainable in the future.

There is a lot to get through before that becomes a reality, but it's important that you the reader of this understand that's not just what I want – it's what our staff and patients want as well. So let's get on with this together.

KEN BREMNER
Chief Executive

Strategic Report

A BRIEF PROFILE OF THE ORGANISATION

City Hospitals Sunderland was established as an NHS Trust in April 1994 and under the Health and Social Care (Community Health and Standards) Act 2003 became an NHS Foundation Trust in July 2004.

Through our membership base and the Council of Governors the Trust plays an active part in our local community and, as a Foundation Trust, is accountable to the communities we serve. We also recognise that collaborative working with our strategic partners on the transformation of healthcare systems is essential for future sustainability and continued quality improvement.

The Trust provides a wide range of hospital services to a local community of around 340,000 residents along with an increasing range of more specialised services provided to patients outside this area, in some cases to a population as great as 860,000.

The Trust also provides a substantial range of community based services, particularly within Family Care and Therapy Services.

The Trust operates from:

- Sunderland Royal Hospital (owned by the Trust)
- Sunderland Eye Infirmary (owned by the Trust)
- The Children's Centre, Durham Road (owned by the Trust)
- Monkwearmouth Hospital (on a limited basis)
- Church View Medical Practice

and provides outreach services at:

- Washington Galleries Health Centre
- Grindon Lane Primary Care Centre
- Bunny Hill Primary Care Centre
- Washington Primary Care Centre
- Houghton le Spring Primary Care Centre
- University Hospital of Hartlepool
- South Tyneside General Hospital
- Queen Elizabeth Hospital, Gateshead
- Bishop Auckland General Hospital
- University Hospital of North Durham
- Shotley Bridge Hospital

The Trust has around 804 acute beds, an annual income of £362.76m and non-current assets of £206.4m. It employs 4,961 people.

KEY AIMS AND OBJECTIVES

The ethos of the Trust is based on:

Excellence in Health, putting People first

The Trust aspires to be a provider of first class NHS services and to be the first choice of patients locally, regionally and in some cases nationally. We will maintain our high quality services and be focused on, and responsive to, the requirements and expectations of our customers.

To support quality we will ensure that our workforce is the best in the healthcare industry. Our staff will have the freedom to act to meet our commitments to high quality and responsiveness, to innovate and to ensure that the patient is put first. Staff will be accountable for their actions and will have the confidence and the support of the organisation for what they do.

The Trust will deliver its vision and aspirations by adhering to the following values:

- ensuring our care is high quality, safe and personal;
- enabling our staff to use their skills to treat patients in clean, comfortable surroundings to the highest quality, offering choice as widely as possible;
- encouraging our patients to come here for their care because we aim for excellence in everything we do – our first priority is our patients; and
- setting high standards of behaviour and professionalism for all our staff.

The Board will continue to drive the Trust's vision and philosophy through a number of key delivery areas:

- **BEST QUALITY**

To deliver the best quality we will:

- put patients at the centre of everything we do
- listen to our patients and staff and respond to their views promptly, openly and honestly
- respect and care for our patients whilst treating them with dignity
- improve our patients' health or quality of life
- deliver care that encourages patients and staff to recommend us to their friends and family

- **HIGHEST SAFETY**

To provide the highest level of safety we will:

- ensure patients are safe in our care
- develop a culture of zero tolerance for failure and learn from all our mistakes
- guarantee all our staff are trained to care for patients

- **SHORTEST LEAD TIME**

To ensure the fastest service for our patients we will:

- treat patients as quickly as possible and not waste their time
- remove all unnecessary waits

- **HIGHEST MORALE**

To ensure the highest staff morale we will:

- ensure our staff are proud to work here
- develop and support staff to be the best at what they do
- provide staff with a good work life balance
- set high standards of professionalism and behaviour for our staff

- **COST LEADERSHIP**

To provide the best value for money we will:

- manage our money well so we can invest in the things patients really need
- challenge the way we do things and innovate for the benefit of both patients and staff

STRATEGIC OBJECTIVES

There are a number of key objectives for the Trust to deliver. These are to:

- improve the patient experience;
- reduce variation in quality;
- reduce mortality rates;
- act promptly on, and learn from, incidents and complaints;
- improve patient safety;
- reduce Healthcare Associated Infection;
- reduce total lead time for patients;
- move all service lines to profitability for reinvestment across the Trust;
- improve efficiency and reduce waste in all areas;
- develop and maintain robust workforce plans;
- ensure staff are proud to work here; and
- secure and increase the range of specialist services it provides (3rd centre).

To deliver these objectives the Trust has a robust planning framework in place which describes the **objectives** of the Trust, the specific **goals** that need to be achieved, the **strategies** that will be adopted and the **measurements** that will be in place to track progress. The OGSM framework is used across the Trust to ensure all plans are aligned to deliver the Trust's key objectives.

The Trust is also committed to ensuring that our environment is of a high quality in which patients can receive treatment and staff can work. This has led to the completion of the following schemes during 2016/17:

- the new Emergency Department scheme was completed in March 2017 providing a state of the art new facility with dedicated X-ray and CT scan facilities;
- a dedicated maternity bereavement suite – the founders of a local charity (4Louis) having lost a baby themselves were keen to provide a dedicated area for bereaved families. As a consequence a self-contained area has been developed providing both a clinical area and also a seating area; and
- the continued investment in reducing backlog maintenance and improving the overall condition of the estate which has included:
  - emergency lighting and fire alarm system upgrades;
  - new flooring in C level theatres to improve infection control;
  - the first phase of dementia works in patient toilet areas; and
  - uninterruptable power supply systems for IT and telephony to ensure system continuity.

We have also started building a new specialist treatment centre in Durham which is due to open in Spring 2018. The two-storey diagnostic and treatment centre has been designed to give people across Durham easier access to key services such as renal dialysis, ophthalmology and day surgery.

STRATEGIC DIRECTION

Our strategy is founded on our commitment to the delivery of high quality services for patients and demonstrated in our values of:

- Best quality;
- Highest safety;
- Shortest lead time;
- Highest morale; and
- Cost Leadership.

The Trust's strategic aim in relation to service provision has been highlighted in previous annual reports and is captured in the concept of 'the 3rd Centre'. It is important to define this further to avoid confusion and provide clarity on exactly what this means. The Trust has no plans to develop a range of specialised services in competition with The Newcastle upon Tyne Hospitals or South Tees Hospitals, the two main tertiary centres in the North East. However, the Trust has always provided a range of services over and above a standard District General Hospital, including Urology, Renal, Ophthalmology, Haematology, Head and Neck and other service lines.

The Trust will build on these services and where clinically appropriate we will provide high quality care for a larger population, thereby becoming the 3rd Centre in the North East region. To achieve this goal we will align our investment in the workforce, technology, equipment and our capital plan to this strategic direction. This direction of travel is also aligned with local, regional and national strategies. The ambition to develop major emergency centres across England, as outlined in the national review of urgent and emergency care conducted by Sir Bruce Keogh is closely aligned to the Trust's vision.

More locally, the work between the Trust and South Tyneside NHS Foundation Trust and the regional plans as outlined in the Sustainability and Transformation Plans (STPs) support the Trust in taking this work forward, all of which should ensure the Trust delivers high quality, safe and sustainable care for our patients.

The Trust's investment strategy over recent years, including 2016/17, supports the delivery of this vision, with major investment in a new Emergency Department and Endoscopy unit demonstrating the commitment to delivery of its vision.

The environment, in which NHS Trusts operate, particularly Foundation Trusts, has changed significantly over the past 10 years. Foundation Trusts, including CHS have used the freedoms available to them to establish new services, create new partnerships and take advantage of opportunities which are wider than the traditional hospital offering of 'outpatients and inpatients'.

Locally, CHS is increasingly recognised as a key partner in the development of the city and has a role to play as a 'good social neighbour'. The Trust has more active work streams and formal partnerships than ever before with the City Council, Sunderland University, Sunderland AFC and other local enterprises. There are frequent opportunities for further joint working with these and other partners and the Trust needs to be clear about what we want to achieve and what we have to offer in order to prioritise and capitalise as and when such developments arise.

Innovation is also being recognised both locally and nationally, and the wider NHS has now well established structures to promote and support innovation through Academic Health Sciences Networks (AHSN) and NHS Innovations North, who have a specific focus on supporting organisations getting new products and services to market. The Trust continues to develop the Research & Innovation (R&I) department recognising the importance and focus on innovation and the associated opportunities.

CENTRE OF EXCELLENCE

The Trust already has a number of 3rd Centre services such as Bariatric surgery, Ear, Nose and Throat, Oral and Maxillofacial Services, Urology, Ophthalmology and Nephrology which operate on a regional/sub regional basis and where part of the services are commissioned by the North of England Specialised Commissioning Group and part by the local CCGs. The Trust's direction of travel to be the 3rd Centre supports the local CCGs in their efforts to demonstrate that they are delivering a key element of their plan to have specialised services concentrated in centres of excellence relevant to the locality.

It is also important to note that such services operate on a hub and spoke model, which ensures local provision of services where possible (outpatients and daycases). The advantage of Sunderland Royal Hospital as the hub is that, with the exception of Ophthalmology, all the key services are delivered on one site, thereby ensuring that patients have the benefit of immediate input from specialist teams at all times.

SOUTH TYNESIDE AND SUNDERLAND HEALTHCARE GROUP

The South Tyneside and Sunderland Healthcare Group (STSHG) is an alliance between City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust. The two organisations have formally committed to collaborating to transform services to ensure that the local communities they both serve will continue to receive high quality, safe and sustainable hospital and community health services in the future.

Looking ahead it is clear that delivering sustainable, high quality services that are financially viable for our local populations is essential for patients and taxpayers alike. As a consequence one of the key priorities of the Healthcare Group is to jointly review and plan services, through a programme of Clinical Service Reviews.

CLINICAL SERVICE REVIEWS

The reviews started in 2016/17 and will continue into 2017/18. They are clinically led and each team is asked to address four key issues:

- clinical efficacy and sustainability;
- accessibility and choice;
- deliverability and capacity; and
- affordability and financial stability.

The first phase of work covered stroke, paediatrics, and obstetrics and gynaecology and these services will be subject to a full consultation exercise during 2017/18.

It is expected that all clinical services will be reviewed as part of the Clinical Service Review programme over the next two years.

THE WIDER HEALTH ECONOMY

The Trust's plans are fully supported by local commissioners and other key stakeholders, and have been discussed through various forums, including executive to executive sessions, and they fully support the Trust's direction of travel. Sunderland CCG has developed a 5-year strategy which describes their vision of achieving "Better Health for Sunderland" and which aims to transform care in and out of hospital through increased integration of services and more person centred care by:

- transforming out of hospital care (through integration and 7 day working);
- transforming in hospital care, specifically urgent and emergency care (7 day working); and
- enabling self-care and sustainability.

Sunderland is one of a small number of health and social care communities across the country to have been awarded national 'Vanguard'* status by NHS England, and as a consequence will be shaping the future of community health and social care delivery for services across the rest of England.

Launched in 2015, 'All Together Better Sunderland' is one of 50 Vanguard sites across the country. Leading the way to test new ways of working, 'All Together Better' is designed to improve care standards for local people in the city while using NHS services in a more cost effective and targeted way. It is doing this by integrating health and social care staff with third sector partners to deliver care to people in the community, keeping them as well as possible and out of hospital wherever possible.

Looking ahead, this integration of health and social care services is expected to continue and there is sign-up amongst partner organisations to explore the feasibility of forming a single Multi-specialty Community Provider (MCP) in Sunderland.

An MCP is about integration and involves redesigning care around the health of the population, irrespective of existing organisational arrangements. The underlying logic is that by focusing on prevention and redesigning care, it is possible to:

- improve health and wellbeing;
- achieve better quality;
- reduce avoidable hospital admissions and elective activity; and
- unlock more efficient ways of delivering care.

This will be an important piece of work during 2017/18 and both the Trust and South Tyneside NHS Foundation Trust are working closely with other partners, including Northumberland, Tyne and Wear NHS Foundation Trust, Sunderland Care and Support, Sunderland City Council and the recently established Sunderland GP Alliance to support the redesign of services and how a MCP could be established going forward.

To support a culture where sharing of best practice and learning from each other is the norm

The Trust is fully engaged in the wider health economy strategies, the Vanguard and MCP work outlined above in relation to integrated care, and the requirement for appropriate patients to be managed outside of hospital. Cooperation within the local health economy is further evidenced by the Trust being represented and fully engaged in key planning forums such as the local Health and Wellbeing Boards and the local CCG's main planning groups in relation to transformational change, urgent care and integrated care.

*The national Vanguard Programme was established in 2015/16 to provide a mechanism to allocate funding from the New Care Models team across a range of initiatives and to review progress on each of the projects.

CONTINUOUS IMPROVEMENT

The Trust has been developing a Lean Continuous Improvement Strategy for 2014-2017 which outlines our approach to continuous improvement within the organisation. Good progress has been made against the goals and objectives of the strategy which are:

- to do things right, first time every time;
- to ensure continuous improvement programmes and projects are clearly linked and aligned to the Trust's vision and priorities identified within our annual planning cycle ensuring quality and performance measures are met;
- to utilise a programme management approach to ensure that new organisational capacity is delivered and benefits realised;
- to continue to build organisational capacity and capability in lean and programme management methodology across corporate and clinical services; and
- to support a culture where sharing of best practice and learning from each other is the norm.

During 2016/17 the Trust continued with a number of transformational programmes, including the Surgical and Theatres Efficiency Programme (STEP), and the Scheduling Programme. These programmes aim to improve efficiency and productivity within our theatre and outpatient processes.

Our Kaizen Promotion Office (KPO) has supported our capital programme during 2016/17 through the use of lean tools and techniques to support patient flow. This includes the Emergency Department new build with support in the modelling of flow and process development to reduce patient waiting times and the Endoscopy new build which opened in March 2016. The team has also supported projects such as improving the discharge planning process for patients in hospital and improving the Therapies appointment scheduling processes.

RISK MANAGEMENT

FINANCIAL RISKS

Key financial risks during 2016/17 included:

- managing the consequences of an investigation by the Foundation Trust external regulator NHS Improvement around financial performance issues;
- delivering the challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- managing the new financial cap process for agency workers;
- delivering against the quality (CQUIN) targets as agreed with the commissioners;
- minimising actions that would have resulted in the application of penalties; and
- achievement of the financial Control Total set by NHSI and the conditions associated with the 'Sustainability and Transformation Fund' (STF).

NON-FINANCIAL RISKS

Non-financial risks for the year included:

- maintaining the relevant performance standards including the 18-week target for 95% of admitted patients in year across all specialties and the maximum 4 hour wait for A&E waits and the 62 day cancer targets. At the end of the year the Trust did not achieve the 95% A&E target (92.97%) and declared non-compliance against the 62 day cancer target for urgent GP referrals at 84% against a target of 85%.
- managing infection rate targets including the *C. difficile* position which showed an improvement from the prior year at 20 cases by the end of the year; and
- maintaining the standards required by the Care Quality Commission to maintain compliance with licence requirements.

DIRECTORS' APPROACH TO RISK MANAGEMENT

Directors' Approach to Risk Management includes:

- a cost reduction plan to reduce the Trust's operating costs during 2016/17 to meet the efficiency target inherent in the national tariffs;
- working with Commissioners to plan service redesign and service capacity requirements including identifying all implications financial and non-financial; and
- managing the levels of actual activity and the costs associated in specialties with capacity constraints.

The Board of Directors is responsible for ensuring that the Trust's system of internal control and risk management is sound and for reviewing the effectiveness of those systems.

The Trust has processes for identifying, evaluating and managing the significant risks faced by the organisation. These processes cover all material controls, including financial, clinical, operational and compliance controls and risk management systems. These processes have been in place for the whole of 2016/17.

One of the key milestones in the Trust's Risk Management Strategy is to achieve progressive compliance with national, general and maternity NHS Litigation Authority (NHSLA) risk management standards. In March 2014 the Trust approved a Risk Management Strategy with the aim of robustly mitigating and managing risks whilst at the same time working closely with the NHSLA to better understand the drivers for the growth in referrals. During 2016/17, the Trust continued with the implementation of a number of schemes funded by the NHSLA in the previous year, targeting those areas at highest risk of claims within the Trust, predominantly in obstetrics.

The Board of Directors has approved an assurance framework that meets national guidance which is managed by the Governance Committee. The framework is subject to annual review and approval by the Board of Directors. The framework is based on the Trust's strategic objectives and contains an analysis of the principal risks to achieving those objectives. It is underpinned by the detailed risks and associated actions set out in the Trust's risk register. During 2016/17 the Trust continued to report the key risks to the Board of Directors. This maintains visibility for the whole Board on an ongoing basis.

Each of the key objectives has been assigned a Board lead and the framework is utilised to ensure that the necessary planning and risk management processes are in place to deliver the annual plan and provide assurance that all key risks to compliance with the Trust's licence have been appropriately identified and addressed.

YEAR END POSITION

Excluding the impact of the consolidation of Charitable Funds, City Hospitals has reported an operational surplus position of £5,362k for the financial year 2016/17. The Trust delivered cost improvements of £13,879k by the year end. The delivery of Cost Improvement targets was closely monitored in year by the Finance Committee, a Sub-Committee of the Board.

For 2016/17, the Trust signed legally binding contracts for its services provided to commissioners. These related to Payment by Results (PbR) activity and services subject to local prices where national tariffs had not been set.

The Trust's largest commissioners had set 2016/17 contract baselines predominantly based on the 2015/16 actual activity delivered with funding specifically relating to the maintenance of all of the relevant targets.

GOING CONCERN

After making enquiries, the Directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the annual accounts and annual report.

K W BREMNER
Chief Executive

Date: 18 May 2017

Performance Analysis

NON-FINANCIAL PERFORMANCE 2016/17

During 2016/17 the Trust has continued to achieve national operational and quality standards across a number of key measures (as shown below), including waiting times for cancer and consultant-led treatment, ensuring patients admitted to hospital are assessed for risk of developing a blood clot (VTE) and reducing the number of hospital acquired healthcare infections year on year.

Some of these indicators are taken into consideration by NHS Improvement, the regulator of Trusts, as part of their regular assessment of governance.

For some indicators the Trust was below the standard set for 2016/17. However, across a number of indicators there has been an improvement (or reduction dependent upon the specific indicator) from the previous year, including waiting times for consultant-led treatment, all cancer waiting time indicators, incidence of *C. difficile*, appointment capacity available on the national e-Referral system and timely communication to patients and GP practices following an inpatient stay, A&E or outpatient attendance.

PERFORMANCE OVERVIEW 2016/17

Indicator	Last Year 2015/16	Target 2016/17	2016/17	Variance	Year
National Operational Standards					
Referral to Treatment waits % incomplete pathways waiting less than 18 weeks[1]	93.82%	92%	94.00%	2.00%	🟢
Diagnostic Test waiting times[1]	0.80%	1%	2.14%	1.14%	🔴
A&E: Maximum waiting time of four hours from arrival to admission/transfer/discharge	93.57%	95%	92.97%	-2.03%	🔴
All Cancer Two Week Wait	94.41%	93%	95.91%	2.91%	🟢
All Cancer 62 day urgent referral to treatment wait	83.10%	85%	84.00%	-1.00%	🔴
62 day wait for first treatment following referral from an NHS Cancer Screening Service	100.00%	90%	100.00%	10.00%	🟢
31 day standard for cancer diagnosis to first definitive treatment	98.48%	96%	98.67%	2.67%	🟢
31 day standard for subsequent cancer treatments – surgery	99.47%	94%	98.40%	4.40%	🟢
31 day standard for subsequent cancer treatments – anti cancer drug regimens	99.88%	98%	99.90%	1.90%	🟢
Cancelled operations not rescheduled within 28 days	13	0	34	34	🔴

[1] Excludes non English commissioners as per NHS England published statistics.

Indicator	Last Year 2015/16	Target 2016/17	2016/17	Variance	Year
National Quality Requirements					
HCAI – MRSA Bacteraemia[2]	3	0	5	5	
HCAI – *Clostridium Difficile*[2]	30	≤34	20	-14	
VTE risk assessment for inpatient admissions	98.26%	95%	98.50%	8.50%	
Ambulance Handover Delays 30-60 minutes	405	0	1349	1349	
Ambulance Handover Delays 60+ minutes	102	0	381	381	
Duty of Candour	138	N/A	118	N/A	N/A
Local Quality Requirements					
eReferral – % appointment slot issues	7.38%	6%	6.64%	0.64%	
eReferral – % utilisation	88.94%	85%	72.77%	-12.23%	
A&E time to initial assessment (median)	8 mins	9 mins	9 mins	0 mins	
A&E time to treatment (median)	52 mins	60 mins	52 mins	-8 mins	
A&E left without being seen	1.94%	5%	1.94%	-3.06%	
Discharge letters issued in 24 hours	82.02%	95%	86.57%	-8.43%	
Outpatient clinic letters issued <14 days	82.44%	95%	88.06%	-6.94%	
A&E attendance letters issued <24 hours	92.87%	95%	94.51%	-0.49%	
Ambulance diverts and deflections from the Trust	65	N/A	66	N/A	N/A
Ambulance diverts and deflections to the Trust	126	N/A	97	N/A	N/A
Maternity – smoking at the time of delivery	18.41%	≤18%	17.23%	-0.77%	
Maternity – breastfeeding initiation	54.23%	58%	54.35%	-3.65%	
Cancer diagnosed at an early stage	46.44%	60%	51.75%	-8.25%	

[2] Cases apportioned to Acute Trust only. *C. diff* cases also exclude cases agreed at local appeals panels as not being genuine CDI or Trust apportioned cases

ACCIDENT AND EMERGENCY (A&E)

During 2016/17 the Trust has continued to receive an increasing number of patients through our A&E departments with a 6% increase compared to 2015/16 (3% real growth due to an in year counting change). As a result we did not achieve the national standard of 95% of patients spending a maximum of 4 hours in the department. Despite the pressures, performance was about the same as the previous year and was better than the national average. We have remained consistently in the upper middle 25% of Trusts nationally throughout the year. The Trust continues to work with our local commissioners and partners as part of the A&E Delivery Board to provide leadership and focus to improve access to urgent and emergency care services.

We have implemented a number of initiatives which have helped to improve waiting times in A&E such as:

- Ensuring patients are directed to the most appropriate service for their needs including Pallion Health Centre which deals with minor illness and injury and provides access to a GP, and ambulatory care services for patients who may need further assessment and treatment but do not need to stay in hospital;
- Ongoing work to optimise the processes on inpatient wards to ensure timely consultant review and discharge where clinically appropriate to minimise delays; and
- The Trust continues with the new Emergency Department build which will provide increased capacity, improved flow and a high quality environment for patients and is due to open in May/June 2017.

The Trust has continued to perform well against quality indicators such as timely assessment by a clinician, time to treatment from arrival and patients who left the A&E department without being seen. Delivery of the 4 hour standard remains a risk for the Trust as we move into 2017/18.

CANCER WAITING TIMES

The Trust has continued to achieve the national waiting time standards for the majority of cancer targets. The only standard not met was for patients treated after being referred from their GP. 85% of patients referred from their GP for suspected cancer should receive treatment within 62 days and the Trust was marginally below this standard in 2016/17 due to increasing numbers of referrals, although performance was consistently above the national average.

Work has been ongoing throughout the year to improve cancer pathways and ensure patients receive timely treatment. We are involved in the local cancer action taskforce group which is overseeing local implementation of the recommendations from the national cancer strategy.

DIAGNOSTIC WAITING TIMES

Unfortunately the Trust did not meet the national standard for patients waiting less than 6 weeks for their diagnostic test. This was due to increased demand and operational issues in cardiology from December onwards, which meant that some patients were waiting more than 6 weeks for an Echocardiogram (ECHO). This remains a risk during quarter 1 of 2017/18, but plans are underway to improve performance.

CORRESPONDENCE TO PATIENTS AND GPs

The Trust has continued to improve performance around the standards agreed with commissioners in relation to issuing correspondence after a patient has been with the Trust. This includes an outpatient appointment, A&E attendance or inpatient stay in hospital. During 2016/17 we have introduced different ways for patients to contact us about their appointments including an electronic form on the internet for patients to cancel an appointment if it is no longer required.

REDUCING HEALTHCARE ASSOCIATED INFECTIONS (HCAIs) – *CLOSTRIDIUM DIFFICILE (C. DIFF)*

The Trust continues to reduce the incidence of hospital acquired *C. diff* infection and we were again below the trajectory set for the year, as well as achieving a further reduction from the previous year.

We are heavily involved in local and regional HCAI prevention groups, which facilitate sharing of best practice and support our efforts to minimise the risk of infection for our patients. The Trust has been set a trajectory of 34 cases for 2017/18.

APPROACH TO MEASURING PERFORMANCE – WHAT AND HOW WE MEASURE

The Trust measures performance across a wide range of indicators including:

- national indicators, Operational Standards and Quality Requirements – these are set by NHS Improvement, the regulator of Foundation Trusts and NHS England;
- local Quality Requirements – agreed with commissioners and included in our contract; and
- internal indicators – these are agreed as part of our annual planning process and KPIs are developed to measure progress against delivery of our corporate objectives.

The Trust measures performance across a wide range of indicators

To support performance improvement, a robust monitoring and reporting system is in place:

- monthly reporting of financial performance to the Executive Committee and Board of Directors measured against areas such as:
  - – income and expenditure performance
  - – cost improvement programme
  - – risk rating metrics
  - – balance sheet and working capital
  - – cash and liquidity
- monthly reporting of cost improvement plan delivery by directorate to the Finance Committee, a formal subcommittee of the Board of Directors;
- monthly reporting of activity, waiting list and key performance indicators by directorate to the Operations Committee, a formal subcommittee of the Board of Directors;
- monthly reporting of complaints and lessons learned to the Patient, Carer and Public Experience Committee, a formal subcommittee of the Board of Directors;
- root cause analysis meetings with the Rapid Review Group to understand in detail the reasons for Healthcare Acquired Infections and Serious Untoward Incidents;
- detailed monthly reports for divisional general managers, directorate managers and clinical directors;
- quarterly review meetings with directorate managers and representatives from the Finance and Performance teams to identify trends and areas of concern in time to plan ahead and agree action plans; and
- quality and contracting review meetings with the Clinical Commissioning Group.

These are reviewed annually and reported through our governance structures to the Board.

FINANCIAL PERFORMANCE

OVERVIEW

At the end of 2014/15, the Trust was subject to a formal investigation by Monitor with respect to the deteriorating financial position in that year and the reasons for the unplanned deficit. In August 2015, Monitor concluded that the Trust may be in breach of its licence and a series of actions were agreed. This resulted in a formal review of the governance and reporting arrangements for the monitoring of cost improvements in year. Additionally a 'Programme Management Office' (PMO) was established. The governance arrangements were further strengthened by the establishment of a Programme Management Group reporting into the Finance Committee. The PMO were drawn from existing experienced staff within the Trust and supported by external consultant expertise. Together they focused on ensuring delivery of existing cost improvement plans, developing new plans and supporting the production of a short term financial recovery plan. Progress during 2016/17 on the implementation of a financial recovery programme was such that by November 2016, the Trust received confirmation from NHS Improvement (the successor body to Monitor) that it had been de-escalated and the conditions on its licence had been removed.

At the start of the financial year, the Trust was given the opportunity of accessing 'Sustainability & Transformation Funds' (STF) of £10.6m, if the Trust agreed to a financial 'Control Total', to be no worse than a £2,167k deficit (after the receipt of STF funding) by the end of the financial year. Despite the scale of the underlying challenge, the Board decided to agree to achieve the control total and the Trust therefore, set an annual plan target of £2,167k deficit for the year. In order to achieve this, the Trust set a challenging £15m cost improvement target plus a level of 'stretch' targets reflecting the impact of agreeing to the control total.

During the year, NHS Improvement introduced an additional scheme whereby those Trusts which were able to improve on their control total targets could access additional STF 'incentive' funds which were on the basis of a £1 for £1 match for every £1 improvement on the plan. A range of initiatives including cost improvement plans meant that the Trust ended the year in a better position than had been envisaged and was therefore able to access the additional incentive funds equating to £3.18m. The Trust was notified of further additional funding of a bonus of £1.25m. As part of this in year achievement, the Trust delivered cost improvements of £13,879k. At the end of the year, taking account of the additional incentive funding and a number of technical adjustments relating to impairments, the net position was a £2,108k surplus.

The Trust ended the year with a 'Use of Resources' risk rating of '2', in line with plan (see pages 146 and 147).

The following sections will provide further information relating to the financial position for the year.

CHoICE LIMITED

During 2016/17, City Hospitals Sunderland Commercial Enterprises Limited (CHoICE Ltd) took on the responsibility for the management and operation of all estates services and the majority of facility services previously managed directly by the Trust. CHoICE is a wholly owned subsidiary of City Hospitals Sunderland NHS Foundation Trust and has been operational since 2014, managing outpatient pharmacy services. From 1st February 2017, CHoICE took on this wider responsibility with over 250 staff transferred to the company under the TUPE regulations and now provides a fully managed service to City Hospitals Sunderland. Given the material scale of the turnover of the company, the accounts have been consolidated into the main NHS Foundation Trust's accounts for the first time in 2016/17 as a wholly owned subsidiary of the Trust.

As a consequence of the transaction, there are a number of material impacts on the accounts. The value of the assets was reviewed by expert valuers Cushman and Wakefield, resulting in a reduction in the value of the assets held by the Trust. In addition, an outstanding creditor balance relating to a Lennartz agreement with HMRC was removed. Details of the adjustments can be found in the main accounts and notes to the accounts with all 'Group' reported figures including the impact of CHoICE and 'Foundation Trust' excluding CHoICE.

INCOME AND CONTRACTS OVERVIEW

The complexity of the clinical income funding system is now such that system wide approaches to service change and transformation are difficult to implement, with transactional engagement from some commissioners hindering those conversations. This has started to be recognised with a change in approach for 2016/17, focusing on a 'place' based approach and the development of wider system 'Sustainability and Transformation Plans' (STPs) during the year.

Ahead of the start of the 2016/17 financial year, new national allocation formulas were released for the next 3 years, with indicative allocations for two further years beyond that. This puts increasing pressure on local CCGs who have seen at best a 'flat cash' position, but in real terms the allocations reflect a cut in funding. In addition to the allocation funding changes, additional funding has been provided for a 'Sustainability and Transformation Fund' (STF) of £1.8billion across the NHS. In 2016/17, this was predominantly focused on sustainability, with the emphasis on patches or local 'places' being in system wide balance and financially sustainable. The approach will continue into 2017/18 and 2018/19. The Trust was notified that a share of the STF was available to support the Trust's financial position for 2016/17 equating to £10.6m. There were conditions associated with the receipt of this funding linked to the delivery of a number of key performance indicators and the delivery of the financial 'control total', with 70% linked to the financial control total and the remaining funding linked to delivery of A&E, RTT and cancer standards. As a result of this approach penalties that commissioners could apply to Trusts under the normal PbR rules were removed to ensure Trusts did not suffer double penalties resulting from penalties from commissioners and loss of STF funding. In addition, NHS organisations were required to engage with 'Sustainability and Transformation Plan' (STP) patches in the development of transformation plans to align with the '5 Year Forward View', by the autumn 2016. Sunderland is within the wider Northumbria, Tyne & Wear and North Durham STP.

Pressures on commissioner funding were such that the Trust started with a variety of different contract approaches to mitigate risk for the Trust and its commissioners wherever possible. The 2016/17 contract with our main commissioner Sunderland Clinical Commissioning Group (CCG) was on the basis of a 'block' arrangement with the intent to manage risk and focus on joint system wide opportunities. For some other commissioners there was agreement to a lower contract reflecting the CCGs' savings target, but acceptance that the CCGs would not destabilise the Trust if those CCG savings plans did not come to fruition and would pay any over-performance. In addition, some commissioners were on a standard 'payment by results' (PbR) contract.

The 'payments by results' (PbR) rules have remained predominantly consistent with prior years. This includes the marginal rate for any emergency admissions seen over and above the 2008/09 level and no payment for any 'avoidable' readmissions within 30 days, remaining unchanged. The principle is that NHS Trusts would be de-funded for any readmissions into the Trust within 30 days irrespective of the cause, subject to a small number of exclusions. The concept is to encourage appropriate support mechanisms for patients so that where avoidable they did not return to hospital. With its commissioners, the Trust underwent a bidding process whereby commissioners agreed to invest in a series of schemes to target reductions in readmissions. In some cases this involved increased patient support arrangements in a community setting, whilst other investments supported developments undertaken within the Trust. To enable the Trust to forward plan and staff appropriately, main commissioners supported schemes over a number of years into 2016/17.

Within this environment, the Trust and commissioners agreed activity levels predominantly based on 2015/16 actual activity plus anticipated additional growth requirements to achieve the necessary targets as appropriate.

> **...the net position was a £2,108k surplus.**

The national tariff assumes a 2% cash releasing efficiency assumption for qualifying services. After the impact of inflation funding at 3.1% the overall price paid by commissioners for patients seen and treated in hospital settings has increased by a net 1.1% compared with 2015/16. The additional funding was reflective of the need to fund nationally introduced changes relating to national insurance and pensions, which have resulted in new costs into the system of 3.3% against all pay costs.

By the end of the financial year all commissioners had over performed against their contracts and agreements were reached with all as part of the year end process. During the year there were challenges in the achievement of the A&E target due to a range of system wide pressures and increases in attendances in particular and appeals were put forward for quarter 2 and quarter 3. The appeals were subsequently approved by NHSI and the Trust therefore received the full £10.6m of STF funding. In addition, not all STF funding was released to NHS providers during the year and a process was put in place to incentivise providers to at least achieve and if possible do better than their financial control totals. Due to a range of factors, the Trust was able to significantly improve against the financial control total, resulting in confirmation of additional incentive STF funding of £3,180k plus a further 'bonus' of £1,250k for achieving the overall control total giving a total of £4,430k extra STF funding for the year.

EXPENDITURE OVERVIEW

During the year the Trust continued to recruit to funded nursing vacancies. However, recruitment proved difficult in some areas particularly with vacancies on Care of the Elderly wards. The issue was one of ensuring the appointment of the right calibre of staff at the same time as many other local organisations were also recruiting or paying premium rates through agencies. Funding for the posts was not the issue as this had been agreed ahead of the start of the financial year.

Agency staffing continued to be a pressure but the downward trend has continued with the Trust spending £4.9m during the year compared to £6.3m in 2015/16. Work had been undertaken to target those high spending areas and identify alternative options such as locum recruitment or alternative means of providing a specific service. In addition, the tightening of the agency 'caps' scheme to provide a consistent approach across the country for in demand staff groups has continued to help stem what has been a steady price increase year on year.

The clinical negligence insurance costs again increased, with a total cost for the year of £12.91m, an increase of £1.13m, equating to a 10% increase on the previous year. This reflects the change of approach by the NHS Litigation Authority (NHSLA) over the last few years whereby premiums reflect a combination of the exposure of the Trust to some of the nationally recognised high risk specialties and its previous claims record. During 2015/16 the Trust worked closer with the NHSLA to look at opportunities to manage this risk which resulted in a successful bid for funds to target those areas at highest risk of claims within the Trust, predominantly in obstetrics. The work and assessment of benefits continued into 2016/17.

COST REDUCTION PLANS

Divisional Plans for cost reductions were agreed at the start of the 2016/17 financial year. Included in the Annual Plan was a target of £15m. By the end of the year, the Trust had delivered £13,879k equating to 92.5% of the target, an under achievement of £1,121k.

Whilst this was an under achievement, it is nevertheless an excellent performance given the multiple challenging issues faced during the year, and equates to 3.9% of the Trusts total turnover.

At the start of the financial year the Trust was deemed by NHS Improvement to potentially be in breach of its licence due to financial performance concerns in the prior year. A range of actions had been agreed and due to good progress being made on the action plans and demonstrable improvement in the financial position including the cost reduction plans, by November 2016 the Trust was deemed to be no longer under the escalation regime.

CAPITAL FUNDING

Capital investment in 2016/17 was funded from internally generated funds, existing and new loans from the Independent Trust Financing Facility (ITFF). Total capital investments included the Emergency Department build scheme which started in 2014/15 (£8.2m in year) and was handed over during March 2017, urgent medical equipment replacements including £0.2m on theatre image intensifiers and IT systems and hardware. In total the Trust spent £10.85m against a plan of £8.2m mainly due to timing differences linked to the new Emergency Department scheme.

At the end of the year, the Trust had an outstanding balance on a number of ITFF loans of £56.8m.

CASH FLOW MANAGEMENT

The cash balances at the year-end were £5.1m (excluding charitable funds), behind the plan of £9.9m by £4.8m. This was predominantly due to a delay in the quarter 4 STF funding of £2.65m which had been assumed to be received in year. This is unlikely to now be received until June 2017. NHS debtor balances were £13.82m, worsening on the prior year position of £6.5m, mainly due to the impact of STF funding. This includes STF core and incentive funding of over £7m which is unlikely to be settled until June 2017.

CHS has maintained the Public Sector Policy regarding payment of creditors during the year.

LOOKING FORWARD

The financial agenda remains challenging. Nationally, over 93% of acute organisations including Foundation Trusts at quarter 3 were forecasting to end the 2016/17 year in deficit despite the benefit of receiving STF funding in year. Without the benefit of STF funds this year, only 28% of Trusts would have been planning for a surplus position. Fundamentally this means that the current funding system for Trusts is not keeping pace with the costs that they are incurring. As a result the NHS is at a crossroads in terms of making some critical decisions about the future and nature of service delivery nationally and locally.

In the autumn of 2016/17 NHS organisations were required to submit an STP across a wider geographical patch, the aim being to develop joined up consistent service, workforce and financial plans over a 5 year period, taking account of known pressures and national and local requirements for the future. The plans were aimed at being ambitious and to look radically at how services could be provided within the resources available. A number of assumptions were made as part of this process, some of which were translated into contractual plans for the year which were required to be submitted by the end of December 2016. At this point, locally it became very apparent that the only way to realistically work together in a more co-ordinated way and make the degree of financial savings required was to develop a new approach. As a result block contracts have been signed with our main commissioners Sunderland and South Tyneside CCGs which equate to approximately 62% of our income, with the intention, working with our partner acute Trust, South Tyneside Foundation Trust, of developing a shared memorandum of understanding and risk share approach, about how we work together. This includes the opportunity of sharing financial and other relevant detail in an open and transparent way to enable the development of the most appropriate services for patients, minimising duplication and waste, and ultimately taking non value added cost out of the four organisations. At this stage, this approach is untested, but all partners are willing to work together for the benefit of all with 2017/18 being the first year of this new approach.

For 2017/18, the full impact of the NHS standard contract will apply. The 'Commissioning for Quality and Innovation' (CQUIN) payment scheme, has again been maintained at 2.5% of overall clinical income and gives an opportunity for the Trust to 'earn' additional funding by delivering a range of improved quality measures. In 2017/18 0.5% of the 2.5% (ie one fifth) must be ring fenced to help manage system risk. The proposed new tariff that had been trailed for some time was formally launched and this was reflected in the contract negotiations for the 2017/18 year.

As a principle the Trust has set budgets for 2017/18 based upon anticipated activity for the year and the national funding uplift of 0.1%.

FINANCIAL RISKS 2017/18

The key financial risks facing the organisation in 2017/18 are expected to be significant. The Trust ended the 2016/17 financial year in a surplus and whilst this was better than planned it was nevertheless heavily dependent upon the receipt of STF 'incentive' funds which may not be available in 2017/18. The plan for the year starts with the closing surplus position adjusted for non-recurrent items and new costs, offset by the proposed sustainability funding of £9.2m and cost improvement plans (CIPs) of £13m. After taking account of these assumptions there remains a gap between the forecast position and the proposed control total. The Board have however, submitted a plan for the year reflecting the achievement of the control total. Therefore, there are risks in this given the continued drive for efficiencies. The Board of Directors have acknowledged this risk and opportunities are being considered particularly in relation to the closer working arrangements with South Tyneside Foundation Trust and with the local CCGs. There is now a joint Programme Management Office (PMO) across both Trusts to ensure joint opportunities are identified and driven forward. In addition, the joint work with the local CCGs has resulted in the establishment of a 'Local Health Economy Efficiency Savings Group' to take forward joint decisions around service change and oversee the financial consequences of these decisions. The Group is comprised of Finance Directors and Commissioning Directors from each of the 4 partner organisations.

...there are risks in this given the continued drive for efficiencies.

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the NHS Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent to which, performance occurs e.g. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

Credit risk is the possibility that other parties might fail to pay amounts due to the Foundation Trust. Credit risk arises from deposits with banks as well as credit exposures to the Foundation Trust's commissioners and other debtors. Surplus operating cash is only invested with the National Loans Fund. The Foundation Trust's cash assets are held with Lloyds and the Government Banking Service (GBS) only. The Foundation Trust's net operating costs are incurred largely under annual contracts with local primary care trusts, which are financed from resources voted annually by Parliament.

The NHS Foundation Trust receives cash each month based on the agreed level of contract activity and there are quarterly payments/deductions made to adjust for the actual income due under the tariff system. This means that in periods of significant variance against contracts there can be a significant cash-flow impact.

RELATED PARTY TRANSACTIONS

The Trust has a system in place to identify all new related party transactions. As NHS Foundation Trusts and NHS Trusts have common control through the Secretary of State, there is an assumption that Government Departments and agencies of Government Departments are related parties. The Department of Health is regarded as a related party. During the 2016/17 financial year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent Department. In addition there are transactions with other government bodies with the most material being the University of Newcastle for the funding of medical education.

NHS bodies are summarised as:

- Care Quality Commission
- County Durham and Darlington NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- Hartlepool and Stockton Clinical Care Commissioning Group
- Health Education North East
- National Blood Service
- NHS Business Services Authority
- NHS Durham, Dales, Easington and Sedgefield Clinical Commissioning Group
- NHS England
- NHS Gateshead/Newcastle Clinical Commissioning Group
- NHS Litigation Authority
- NHS North of England Commissioning Support Unit
- NHS Property Services
- NHS South Tees Clinical Commissioning Group
- NHS South Tyneside Clinical Commissioning Group
- NHS Sunderland Clinical Commissioning Group
- North Durham Clinical Commissioning Group
- Northumberland Tyne and Wear NHS Foundation Trust
- Northumbria Healthcare Foundation Trust
- Prescription Pricing Authority
- South Tyneside NHS Foundation Trust
- The Newcastle Upon Tyne Hospitals NHS Foundation Trust

FINANCIAL PERFORMANCE

For the financial year 2016/17 key headline financial indicators are as follows:

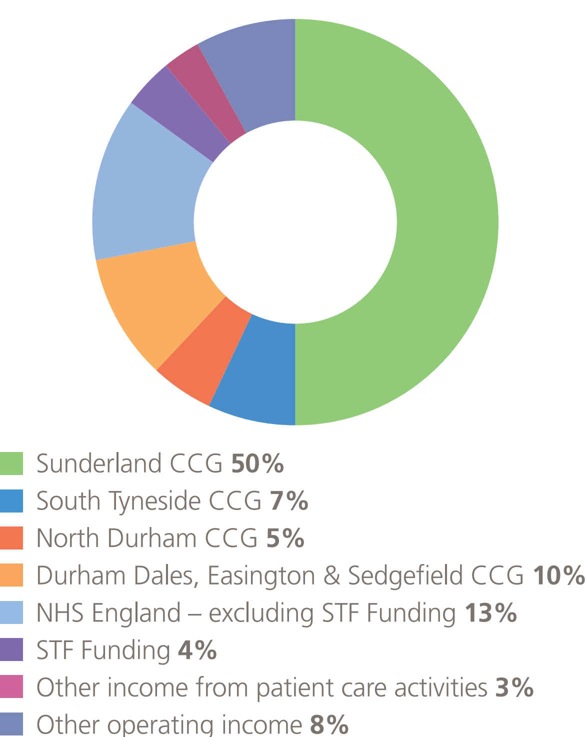
- The year ended with an operating surplus (excluding Charitable Funds of £718k) of £2,108k;
- The year ended with cash balances (excluding Charitable Funds) of £5,084k;
- Capital investment of £10.85m;
- Private Patient Income of £398k

FINANCIAL HEADLINES

2016/17	£ Million
Operating Income	361.83
Charitable Funds Income	0.93
Total Operating Income	**362.76**
Operating Expenses	353.12
Charitable Funds Expenditure	0.34
Total Operating Expenses	**353.46**
Financing Costs – including Dividends paid	6.48
Operational Surplus before Fixed Asset Revaluation	**2.82**
Impairment Losses	14.29
Deficit following Fixed Asset Revaluation	**(11.46)**
Capital Expenditure	**10.85**
Total Fixed Assets	**206.40**

All income totalled £362.76m. A breakdown of the key sources is shown below:

SOURCE OF INCOME 2016/17



- Sunderland CCG **50%**
- South Tyneside CCG **7%**
- North Durham CCG **5%**
- Durham Dales, Easington & Sedgefield CCG **10%**
- NHS England – excluding STF Funding **13%**
- STF Funding **4%**
- Other income from patient care activities **3%**
- Other operating income **8%**

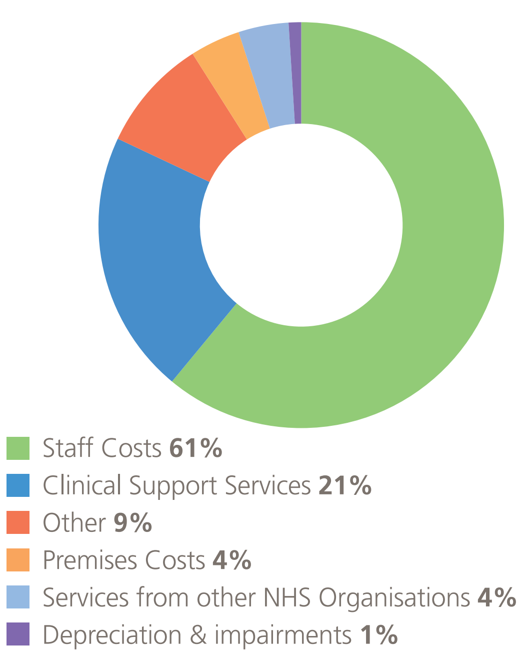
EXPENDITURE

Expenditure amounted to £353.46m, (prior year £345.17m), an increase of £8.3m or 2.4% on the prior year. Of this increase, 39% (£3.25m) related to the impact of impairments.

The majority of expenditure (60%) related to staff costs at £209.9m.

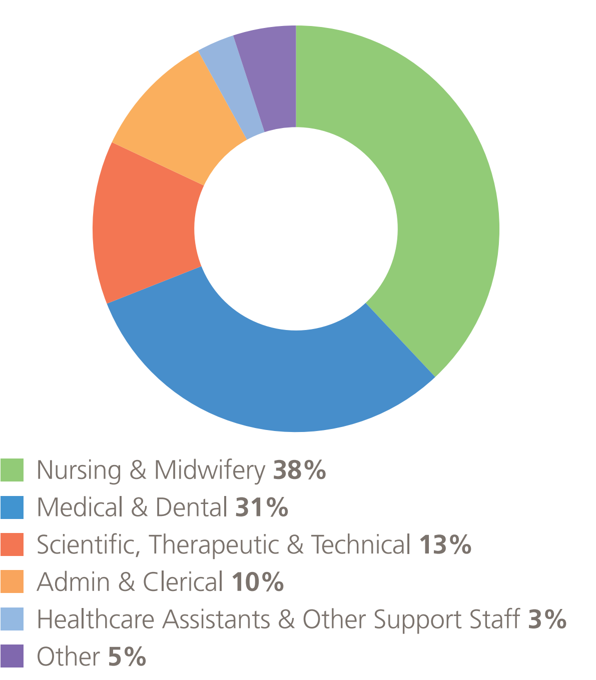
Full Details of Directors' Remuneration are included in the Annual Report on page 173.

EXPENDITURE 2016/17



- Staff Costs **61%**
- Clinical Support Services **21%**
- Other **9%**
- Premises Costs **4%**
- Services from other NHS Organisations **4%**
- Depreciation & impairments **1%**

STAFF ANALYSIS 2016/17



- Nursing & Midwifery **38%**
- Medical & Dental **31%**
- Scientific, Therapeutic & Technical **13%**
- Admin & Clerical **10%**
- Healthcare Assistants & Other Support Staff **3%**
- Other **5%**

PLANNED INVESTMENT ACTIVITY

Capital expenditure in 2016/17 totalled £10.85m with investment in premises, medical equipment, information technology, and (medical) furniture.

	£ Million
Premises (including Backlog Maintenance, Car Parks and Emergency Department)	8.58
IT Systems (of which £0.83m is hardware)	1.41
Medical Equipment (£0.84m) and Medical Furniture	0.86

The value of the Trusts fixed assets, both Tangible and Intangible, at the end of 2016/17 was £206.4m.

CHARITABLE FUNDS

City Hospitals Sunderland NHS Foundation Trust is the Corporate Trustee to The City Hospitals Sunderland NHS Foundation Trust Charitable Funds. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Trust is required to consolidate any material charitable funds which it determines to be subsidiaries. Since the requirement was introduced the Trust has not previously consolidated the charitable fund in the financial statements on the grounds of the fund not being material. From this financial year the Trust has elected to consolidate the charitable funds to be consistent with the consolidation of its other subsidiary.

The City Hospitals Sunderland NHS Foundation Trust Charitable Funds is registered with the Charity Commission (registered number 1052366). As at the 31 March 2016, the value of the funds was £3,458k. As at 31 March 2017 the value of the funds is estimated as £4,176k. This represents an estimated net increase in value of £718k.

The Board of Directors acts as the Corporate Trustee for all "Funds Held on Trust" which are registered with the Charities Commission as a single charity. The Trust continues to receive donations from a wide variety of benefactors for which it is extremely grateful, and continues to utilise these funds for the benefit of both patients and staff in accordance with the terms of the donation. The Charitable Funds Committee represents the Corporate Trustee in the day to day management of the funds.

JULIA PATTISON
Director of Finance

Date: 18 May 2017

INFORMATION GOVERNANCE

Information Governance relates to the way organisations 'process' or handle information. It covers personal information, i.e. that relating to patients/service users and employees, and corporate information, e.g. financial and accounting records. Information Governance provides a way for employees to deal consistently with the many different rules about how information is handled.

The four fundamental aims are:

- to support the provision of high quality care by promoting the effective and appropriate use of information;
- to encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources;
- to develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards; and
- to enable organisations to understand their own performance and manage improvement in a systematic and effective way.

The Information Governance Toolkit is a Department of Health (DH) policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance set out by DH policy and presents them in a single standard as a set of Information Governance requirements.

The Trust is required to carry out a self-assessment of its compliance against each of the 45 Information Governance requirements (Scoring 0, 1, 2 or 3). To be classed as 'Satisfactory – Green' an NHS organisation is required to be level 2 or above across all requirements.

In 2016/17 the Trust updated evidence against all requirements and achieved this 'Satisfactory – Green' rating, the results confirming 17 requirements showing evidence at Level 2, and 28 requirements at Level 3. The total percentage compliance for the 2016/17 submission was 87% (a slight improvement from the 2015/16 submission).

The Trust owns Church View Medical Practice whose submission now forms part of the Trust's overall submission. As a GP practice there are only 13 requirements.

Church View Medical Practice also updated evidence against all requirements, and was assessed as 'Satisfactory – Green',

...it has systems and processes in place to ensure that information risks are reliably identified, prioritised and managed

achieving 4 requirements at Level 2 and 9 requirements at Level 3. The total percentage compliance for the 2016/17 submission was 89%, (consistent with that of 2015/16).

Work is continuing through 2017/18 to review and improve evidence to move, where possible, from a level 2 into a level 3 performance in relevant areas.

The Trust can confirm that it has systems and processes in place to ensure that information risks are reliably identified, prioritised and managed.

During 2016/17 the Trust had one Level 2 Information Governance Serious Incident Requiring Investigation (IGSIR). The incident occurred in August 2016 and resulted in a copy of patient identifiable information pertaining to 4 patients being disclosed in error as part of a Subject Access request. The incident was reported to, and reviewed by the Information Commissioner's Office (ICO) who was happy with the action taken by the Trust to prevent such an incident happening again. The case has been closed and no further actions or recommendations have been made by the ICO.

Quality Report

PART 1: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Each year I feel compelled to reflect on the testing environment in which the Trust aims to provide first class healthcare services in a safe and compassionate way. The financial challenges affecting the NHS are well documented and the task of finding new ways to become efficient and cost effective without compromising quality and safety are understood by all of us. Last year was no different. However I think we have met whatever challenges came our way in a fairly calm, professional and measured way which bodes well for how we succeed in the future.

Part of that future involves working more closely with our health and social care colleagues. At a regional level the Trust has been collaborating with its partners to develop Sustainability and Transformation Plans which set out an ambitious blueprint for better working across the whole health and social care system. With this in mind, I mentioned in last year's statement that we were on a journey, embarking on a new joint health alliance with South Tyneside Hospital. I'm delighted to say that the alliance is progressing well and moving in the right direction.

We have begun our programme to review clinical services across both Trusts which is led by our clinicians and clinical experts. This will continue in phases until the end of 2017/18, with phase one including Stroke, Trauma and Orthopaedics, Obstetrics and Gynaecology, General Surgery and Paediatrics. Change on this scale will inevitably cause some concern to patients and families who use these services as we work through the detail to create the best model of care for both communities. We are also mindful of the impact on our staff. Our commitment has not wavered in making sure that they are fully involved in the process. Our intention is to get our service profile and plans right from the start.

Whilst needing to address and help shape the future it is also important that we take stock and reflect on what has happened during this busy year and, once again I believe that we have achieved a great deal across the Trust. The Quality Report will summarise some of the more notable successes, but it cannot possibly reflect them all. There is also an opportunity to set out our quality priorities for next year.

I'm particularly delighted to report that the new £20m redevelopment of our adult Emergency Department is now 'open for business' providing one of the most spacious, modern and technologically advanced units in the Country. We also opened our new Endoscopy Unit in 2016. The redesign ensures that patients are seen in an environment which meets best practice standards for patient flow, quality, safety and experience.

More recently, the Trust has been identified as one of 12 Global Digital Exemplar sites which will allow us to further enhance our fully integrated electronic patient record system to ensure that we have an IT system fit for the 21st century.

Another year has seen us achieve the vast majority of our Commissioning for Quality and Innovation (CQUIN) targets. This is an excellent achievement. One of the more challenging areas in the scheme is the management of patients with sepsis. Whilst we were able to show incremental progress in identifying and rapidly treating patients with this life threatening condition during the year, we were unable to reach the challenge of the national targets set. Further details about the work we have done and what we plan to do next year are provided in the section on our quality priorities.

The results from our patient satisfaction surveys show that we are meeting patient and public expectations most of the time. During this year we joined the in-patient Friends & Family Test with our Real Time Feedback questionnaire to create a new 'Patient Experience Survey'. This provides us with a rich resource of feedback and comment on which to identify areas for improvement. We also routinely give feedback to wards where patients have told us that we have done well.

At this point it seems only right to acknowledge the contribution of our Community Panel who did so much to raise the profile of patient and public involvement in the Trust over the years. They played a huge part in making real time feedback such a success and gave us valuable information about the experiences of our patients. After 12 years we decided, with their endorsement, to disband the Panel but made sure that their functions and ability to challenge was taken on by our Trust Governors.

On a related matter, we introduced 'Excellence Reporting' throughout the Trust in February 2017. This is a new system whereby staff report what they have observed as being 'excellent' by a team or individual members of staff. Excellence is whatever staff believe is outstanding, for example great care, superb teamwork, service improvements or staff going the extra mile. Capturing these episodes of excellence helps us to appreciate when things go well and by reflecting on these positive events, we can all learn. It is no surprise that the new system has been well used and we have already exceeded the 100 mark!

It is a given that next year will provide the most challenging environment yet for the NHS...

Participation in clinical audit is vital in ensuring that patients receive care that meets national standards. We participate in numerous national clinical audits and the findings suggest that we are providing services that are safe and delivering care that is to a high standard. Where we find any variations in care then we will do our best to make changes to our practices.

We continue to closely monitor and review our mortality performance. We strengthened the governance of our Mortality Review Panel process this year and introduced a new targeted review process for end of life care. Our mortality data show that we are about the same as other similar organisations, although we did receive a mortality alert for bowel obstruction which we have fully investigated and provided satisfactory evidence to the Care Quality Commission.

It is a given that next year will provide the most challenging environment yet for the NHS. We are doing what we can, with our colleagues and wider partners, to focus on the essentials of care in order to continue to improve clinical outcomes and to ensure that our patients have a positive care experience.

We remain, as always, grateful for the ongoing commitment and contribution of patients, staff, governors, members, commissioners and other stakeholders in supporting our quality improvement activities and providing the oversight, scrutiny and constructive challenge that are essential to improving the quality of our services.

The content of this report has been subject to internal review and, where appropriate, to external verification. I confirm, therefore, that to the best of my knowledge and belief, the information contained within this report reflects a true, accurate and balanced picture of our performance.

KEN BREMNER
Chief Executive

Date: 18 May 2017

PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

Last year the Trust identified four quality priorities for improvement 2016/17. This section of the Quality Report shows how the Trust has performed against each of these priorities. In addition, there are a number of indicators of improvement that we have selected and these are described in more detail in Part 3.

	Priority	Objective	Rating
Patient Safety	Reduce the number of hospital acquired pressure ulcers	Reduce avoidable category 2-4 hospital acquired pressure ulcers by 25%	**Fully achieved**
Clinical Effectiveness	Review Trust mortality and minimise avoidable deaths	a) To review > = 80% of patient deaths using the Mortality Review Panel process	**Mainly achieved**
		b) To achieve > = 90% of responses for requests for specialty mortality reviews	**Fully achieved**
		c) Full participation in the national mortality case record review programme	**Not applicable**
Patient Experience	Improve the in-hospital management of patients with dementia	Implement the priorities from the national audit of dementia care in general hospitals	**Fully achieved**
Staff Experience	Increase the number of staff participating in the staff Friends & Family Test	20% improvement in staff participation on the 2015/16 total responses	**Fully achieved**

2.1 REVIEW OF PRIORITIES FOR IMPROVEMENT 2016/17

Each year, we work with our staff, healthcare partners and local stakeholders to agree a number of areas for improvement. These priorities provide our focus for raising standards and improving quality for the coming year and we have put plans in place to continually review and report the progress we are making. Each section summarises the priorities we set for 2016/17; this is followed by a detailed account of our progress and achievements.

Patient Safety	
1. Reduce the number of hospital acquired pressure ulcers (HAPU)	
Lead contact	Debbie Cheetham – Lead Nurse Patient Safety
Target	Reduce avoidable category 2-4 HAPU by 25% in 2016/17 (and over the following 2 years)

Pressure ulcers represent a major burden to the patient and to the NHS; they can have a life changing and devastating impact on patients and their families. They are often associated with an increased risk of secondary infection and are a major cause of morbidity, especially in older people. They are categorised from one to four according to the level of severity, with four being the worst, characterised by a deep, penetrating ulcer. However, even with the highest standards of care it is not always possible to prevent pressure ulcers in particularly vulnerable patients.

Over the last 3 years the Trust has consistently appeared to be an outlier for HAPUs, with a higher incidence than that reported by other Trusts via the national 'Open & Honest' programme. We no longer benchmark our performance against other Trusts using this approach as an increasing number of hospitals have decided to opt out of the programme. However, the same data are collected, validated, internally reported and continues to inform Ward Dashboards on the Trust's Data Information Launchpad.

The Trust's Tissue Viability Steering Group (TVSG) is leading on this quality priority. The purpose of the group is to promote patient safety and harm free care, by making improvements in the prevention and management of pressure ulcers. In June 2016 we initiated a Trust-wide Pressure Ulcer Improvement Plan (2016-2019). This plan outlines the strategies and measures we will put in place to reduce the incidence of hospital acquired pressure ulcers. The improvement goal is a 25% per annum reduction in avoidable category 2-4 HAPUs over the next 3 years. Using the metric of 'rate per 1,000 occupied bed days', this will amount to a gradual reduction from 2.33 (City Hospitals 2015-2016 average) to 0.98. The Trust's Ward Dashboard is being used to map these improvements, in addition to data from another national programme called the 'Safety Thermometer' (provides a 'temperature check' on harm) and ward based audits.

Summary of performance 2016/17

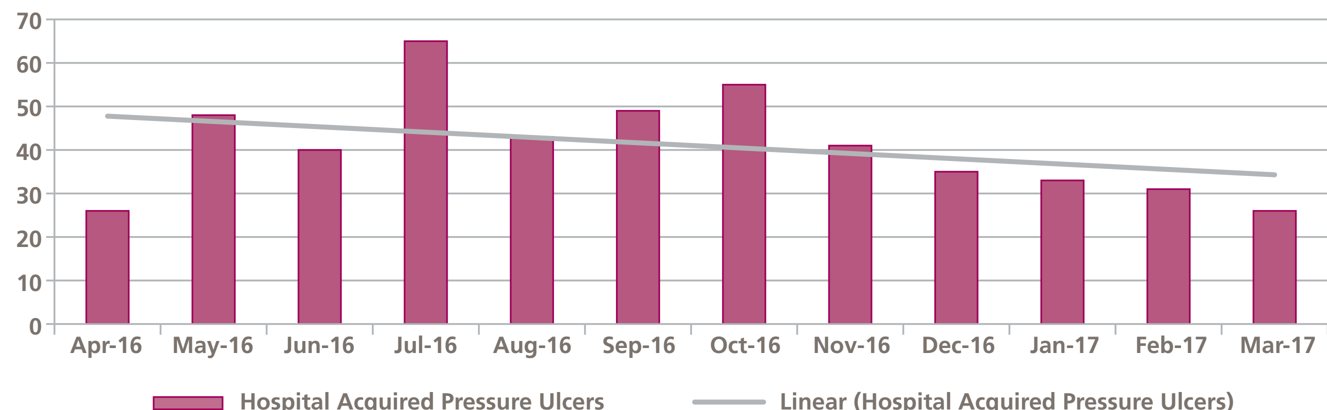
At the end of the first year of the improvement plan, the March 2017 figure shows that Trust performance has culminated in an end of year position of 1.41 HAPUs per 1,000 bed days which is significantly below the improvement trajectory of 1.75 for the first year of the 3 year plan. This March figure represents a 39% reduction in the rate of HAPUs from the 2015/16 baseline (2.33), surpassing the improvement target of 25% for 2016/17.

A detailed breakdown of the categories of HAPUs for 2016/17 from the Ward Dashboard data is shown below:

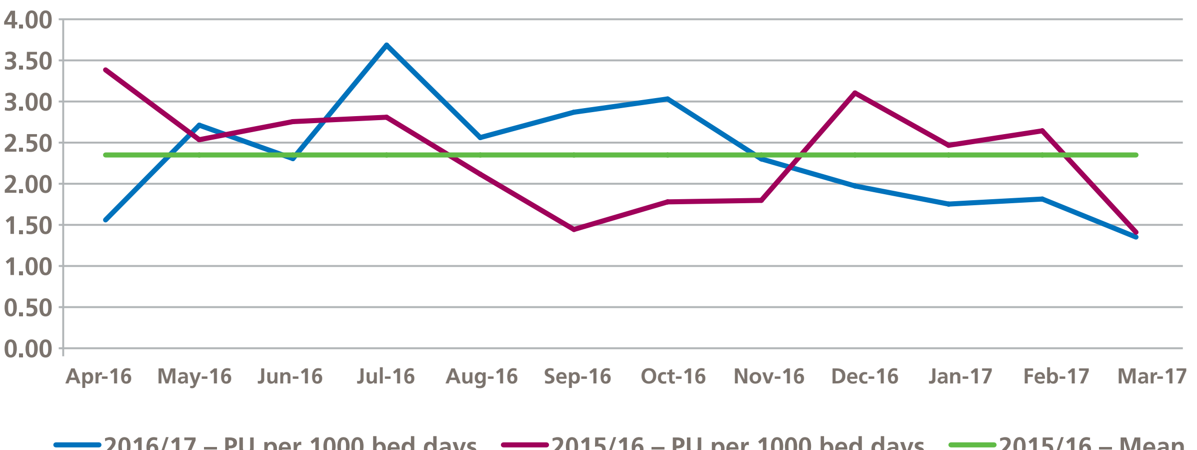
Number of HAPUs	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Category 2	24	48	38	63	39	45	51	40	35	32	29	25
Category 3	2	0	0	1	3	3	2	0	0	1	0	0
Category 4	0	0	2	1	1	1	2	1	0	0	2	1
Total	**26**	**48**	**40**	**65**	**43**	**49**	**55**	**41**	**35**	**33**	**31**	**26**
Rate per 1,000 bed days	1.56	2.71	2.31	3.69	2.56	2.87	3.03	2.30	1.97	1.75	1.81	1.41

When the data is plotted on a bar chart (below) the downward trend line clearly shows the reduction of HAPUs, particular over the second 6 months period.

Number of Hospital Acquired Pressure Ulcers (Ward Dashboard April 16 – March 17)



City Hospitals HAPU: actual performance 2015/16 v 2016/17 per 1,000 bed days (Ward dashboard)



It is not appropriate to compare the average figure over this year to the previous year, as the new initiatives associated with the improvement plan did not commence until Q2. The improvement plan is an incremental journey and a judgement on the performance over the year is based on the end of year position relative to the improvement trajectory, which clearly demonstrates that we are below where we aimed to be. However, whilst comparing 2015/16 and 2016/17 HAPU (above right), it is noted that during 2016/17 there were 7 months where performance was the same as or better than the 2015/16 average and of these 5 consecutive months were during winter pressures (November 16 – March 17).

What did we do in 2016/17?

- Introduced Health Care Assistant Pressure Ulcer Champions in wards to help compliance with the "SSKIN Bundle" (five steps or interventions known to prevent pressure ulcers and/or their deterioration);
- Established a Pressure Ulcer Review Panel to provide the opportunity for a deep dive into the care and management of patients who develop category 3-4 HAPUs so we can learn any lessons;
- Hosted a Pressure Ulcer World Café to help establish a network of people to generate and support ideas and ways to improve pressure ulcer prevention and management; and
- Introduced monthly Matron audits of "SSKIN Bundle" which will be rolled out across the Trust.

Furthermore, in November 2016 we celebrated 'International STOP Pressure Ulcer Day' with our wards engaged in a range of activities to raise awareness among staff, patients and visitors about the prevention of pressure ulcers.

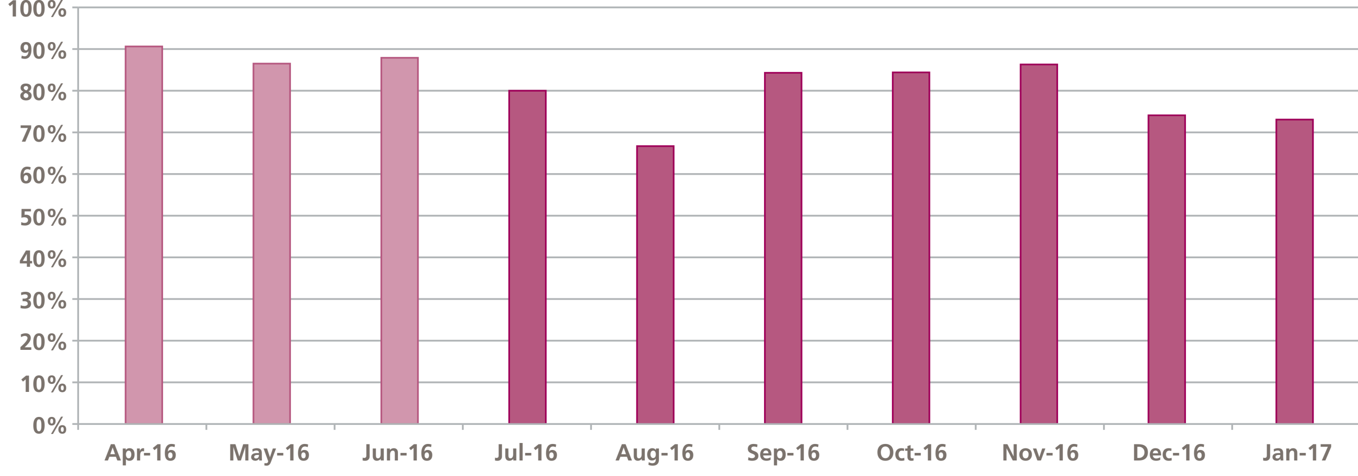
Clinical Effectiveness	
1. Review Trust mortality and minimise avoidable deaths	
Lead contact(s)	Mr Ian Martin – Medical Director Dr David Laws – Consultant Anaesthetist and Chair Mortality Review Panel Gary Schuster – Clinical Governance Manager
Targets	a. To review > = 80% of patient deaths using the Mortality Review Panel process b. To achieve > = 90% of responses for requests for specialty mortality reviews c. Full participation in the national mortality case record review programme

Mortality rates are an important, but controversial, marker of the quality of care that a hospital delivers. The NHS has a number of different ways to measure mortality, which can be confusing, as each method uses slightly different approaches to take account of patient risk adjustments. However, each shares a common understanding of mortality as the measure, either a rate or ratio, of the actual number of deaths against the expected number of deaths. As a single indicator of quality, mortality is akin to a smoke alarm. It may signal something serious, but more often than not it will 'go off' for reasons unrelated to quality of care. But, like smoke alarms, hospital mortality figures should never be ignored. The Trust has a well-established Mortality Review Group (MRG) to monitor and review Trust performance with all the national mortality indicators. We also have a weekly Mortality Review Panel (MRP) to review the care of patients who have died so that we can identify and address any problems in care. However, many deaths in hospital will be a natural terminal event despite medical advances and excellence in care.

a) To review >= 80% of patient deaths using the Mortality Review Panel process.

The Mortality Review Panel (MRP) is a weekly meeting of senior doctors and other clinical staff who critically review all in-hospital deaths. The meeting excludes consideration of child and maternal deaths as they already have their own statutory process. At the conclusion of each case review, the MRP provides a judgement on the preventability of death and whether there are improvements required in any clinical or organisational aspects of care. Some patient deaths are referred for specialty review and opinion regarding any problems or unexplained variability in care. Monthly reports on outcomes from the MRP are presented to Clinical Governance Steering Group and summarised for Governance Committee and the Board of Directors.

Last year we were able to report that the MRP had been able to consistently review a high proportion of in-hospital deaths. In fact, our performance was one of the highest in the region among our peer Trusts. The chart shows the percentage of deaths reviewed by the MRP during 2016/17 where we were able to meet and exceed the target set most of the time.



It is worth noting that in July 2016 the MRP process changed to incorporate a separate end of life care review. In this process all patients who had received either specialist palliative care or general end of life care were subject to a structured review enabling the Trust to assess the quality of end of life care given. The review looks at the five priorities of care for the last few days or hours of a person's life. The specific end of life and general MRP reviews provide important information about the care and treatment patients receive whilst in our care so that we can learn any important lessons. There are also monthly and quarterly reports to the Board regarding the outcomes from our mortality reviews. 2017/18 heralds the introduction of new responsibilities for the NHS regarding how hospitals investigate, report (to the public) and learn from deaths. We are well positioned to meet these expectations.

b) To achieve >=90% of responses for requests for specialty mortality reviews.

During the initial screening of deaths, where any potential concerns with clinical and / or organisational care are identified by the MRP a more detailed specialty review is requested and the clinical team is asked to comment on the Panel's findings. Where the specialty agrees with the comments they are required to set out what actions they feel are needed to address the issues. To date, clinical engagement with the MRP process has been excellent and during 2016/17 we exceeded the target set and achieved 100% of requests for specialty mortality reviews. The responses and actions from the specialty review are included in monthly MRP summaries for assurance.

The process of specialty reviews and the engagement from clinical staff has led to improvements in both clinical and organisational care. Some of the more notable improvements include; more frequent discussions about resuscitation status with patients and families and agreeing 'ceilings of care', better recognition and clinical management of sepsis, the availability of specialty induction programmes and more accurate and contemporaneous clinical documentation.

c) Full participation in the national mortality case record review programme.

The NHS anticipated the introduction of the new national mortality case record review programme during 2016/17. This did not happen as expected. Whilst initial guidance on the methodology has been published by the Royal College of Physicians (who are leading the programme) the first phase of the national programme rollout has not taken place. Having discussed the guidance internally and with colleagues via the North East Regional Mortality Group the Trust will be well placed to incorporate the standardised approach when introduced nationally. In addition, we are delighted to report that the Chair of the Trust Mortality Review Group has been selected as a regional trainer in the new methodology.

What are the plans for 2017/18?

Two important reports were published in 2016/17 which will guide our mortality work in 2017/18. The first was published by the CQC 'Learning, Candour and Accountability' (http://www.cqc.org.uk/sites/default/files/20161213-learning-candour-accountability-full-report.pdf) and reviewed the way NHS Trusts review, investigate and learn from patient deaths. The second is partly in response to the recommendations from the CQC report. 'National Guidance on Learning from Death' (https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf) was published by the National Quality Board and provides a standardised framework for Trusts to implement improvements in how they review and learn lessons following death. There is a strong focus on including families and carers in the investigative process. We have already had an initial discussion with the Board about how the new arrangements will impact on the Trust. We will also continue to work with our peers in the Regional Mortality Group to ensure a consistent approach among all local hospitals.

In addition, and in response to the new national requirements, we will also;

- review and revise the Trust Mortality Review Panel process and enhance our existing mortality governance arrangements;
- embed mortality review processes for some of our most vulnerable groups, i.e. those with learning disability, patients with mental health issues;
- provide training and support for clinicians involved in the investigative process;
- collect and publish quarterly mortality data and information on the outcomes of actions taken by the Trust following patient deaths; and
- develop a policy for the engagement of families in the process of investigating death (if they wish to do so) and provide genuine and compassionate support throughout.

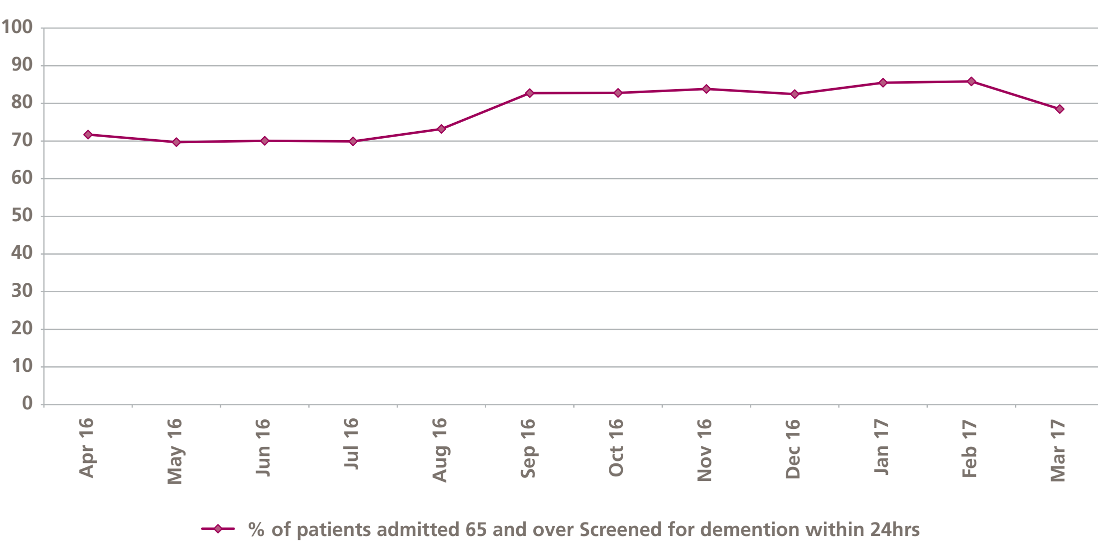
Patient Experience	
1. Improve the in-hospital management of patients with dementia	
Lead contact(s)	Julie McDonald – Deputy Director of Nursing & Patient Experience (Corporate Lead) Dr Lesley Young – Consultant and Clinical Dementia Lead
Target	Implement the priorities from the national audit of dementia care in general hospitals

Evidence shows that a significant proportion of general hospital in-patients are people with dementia. What happens in general hospitals can have a profound and permanent effect on individuals with dementia and their families, not only in terms of their in-patient experience, but also their ongoing functioning, relationships, wellbeing and the decisions that are made about their future. In addition, the pace in acute hospitals places high demands on staff and, in these environments, their priority is focused on monitoring and managing the acute needs of patients which can sometimes compromise the extended time required for dementia patients. City Hospitals has participated in the National Audit of Dementia Care in General Hospitals since it started in 2010. The national report highlights some problems in the care received by people with dementia whilst in hospital. We have an action plan and a well-established Dementia Steering Group which oversees and drives improvements in the care for dementia patients, including the creation of dementia friendly environments. The targets identified for this priority have been informed by key areas within our action plan.

Increase the Identification and Assessment of Patients with Dementia

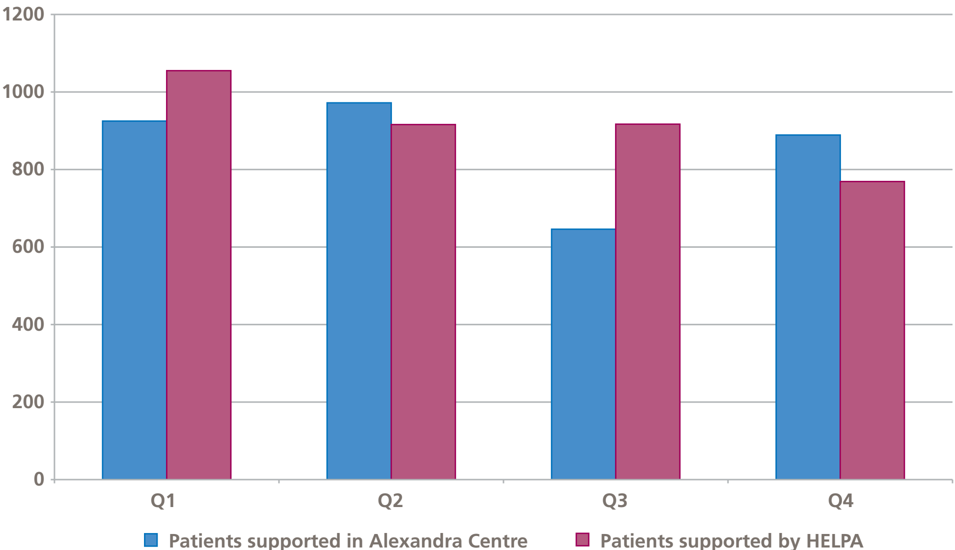
In 2012, the Department of Health required all hospitals to assess people aged 75 years and over, admitted urgently, for the possibility of dementia. The Trust achieved this target throughout 2015/16. This assessment was expanded in 2016/17 to include all patients aged 65 years and over, to ensure compliance with NICE guidelines. This has required significant education of relevant staff and changes made to electronic documentation. In addition, ward level performance against the target has been included on ward dashboards.

% of patients admitted 65+ screened for dementia within 24 hrs



The chart shows a steady trajectory of improvement in the number of patients (65 years and over) admitted to hospital, who were screened for dementia within 24 hours. In February 2017, 86% of patients were screened, compared to 72% in April 2016.

Increase the number of patients seen by the Dementia, Delirium Outreach Team (DDOT)



DDOT support better recognition of, and care for, patients with dementia and/or delirium by outreaching onto wards.

In addition, patients who are well enough can attend the Alexandra Dementia Centre, to receive therapy. For those not able to attend, Hospital Elder Life Programme Assistants (HELPAs) will visit patients on wards to provide support and therapy, such as reorientation and cognitive stimulation therapies, and ensure that any sensory deprivation is addressed e.g. ensuring that hearing aids are working and offer support with hydration.

Improve Carer Involvement with Dementia Patients

Whilst actions to improve involvement of carers are not limited to carers of patients with dementia, it is recognised that most patients with dementia have friends and family members that provide support, although often they do not identify themselves as carers. Our work has focused on identifying carers and empowering them to be as involved in the patient's care as much or as little as they would like.

The Carers' Charter

The Carers' Charter was implemented in 2013 and continues to be displayed in all wards and departments as part of our ongoing initiatives to raise awareness and improve the experience of carers. This is further supported by a more detailed "Caring for Carers" algorithm or pathway. The Carers' Charter has been updated and reprinted in a larger A3 format to ensure visibility for staff, patients and carers.

The key messages for City Hospitals staff are to:

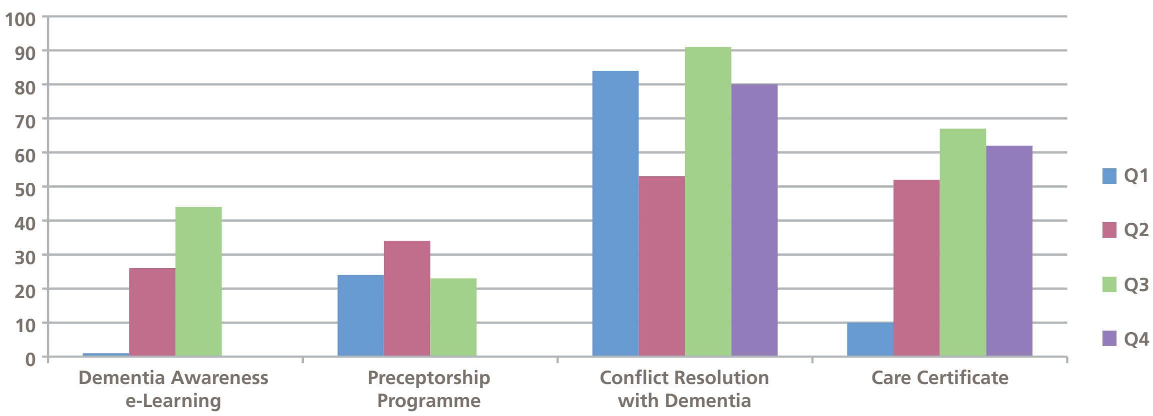
- identify carers early;
- signpost and provide information about Sunderland Carers' Centre; and
- involve carers in delivery and discussions about the patient's care (as appropriate)

John's Campaign and Carer's Passport

John's Campaign is a national campaign, which seeks to increase the number of hospitals where carers of people with dementia are welcome to continue supporting the person they care for outside regular visiting hours and, in some instances, 24 hours a day if they wish to do so.

City Hospitals were one of the first Trusts nationally to pledge support to deliver this campaign, and have actively promoted this during 2016/17, through the carer's passport. The passport encourages carers to "have a conversation" with staff about their caring role and their needs, to ask about visiting outside of normal hours and staying overnight if appropriate.

Monitor the numbers of staff who recieve Dementia Awareness training



Dementia training underpins the delivery of high quality dementia care, and is key to the delivery of the Dementia Action Plan. Training is included in staff induction and has been incorporated into a number of existing Trust-wide courses.

In previous years, much of the training has been delivered locally and it has been difficult to quantify with any certainty how many staff have attended. Baseline data has been collected in 2016/17 and this will be used to inform 2017/18 targets. The chart above shows the number of staff attending dementia and delirium training delivered during 2016/17. In addition 92 staff attended the Annual Safeguarding Symposium which included sessions on mental capacity and deprivation of liberty.

During 2016/17 a new e-learning package has been developed and is currently being rolled out for clinical and non-clinical staff. This training maps to Tier 1 of the National Dementia Core Skills Education and Training Framework.

Dementia Friendly Environments

Hospital stays can have a detrimental effect on people with dementia and evidence suggests that relatively straightforward and inexpensive changes to the design and fabric of the care environment can have a considerable impact on the well-being of people with dementia. The University of Stirling (Design for People with Dementia) have developed an audit tool to provide a framework for assessing existing environments for people with dementia, and these principles have been incorporated into the national PLACE inspection tool.

Dementia environment standards to inform all refurbishment and new build work

Dementia friendly environment standards for inpatient areas were ratified in February 2017, with Trust-wide agreement that these will inform any future work, recognising there is no additional budget for this.

Work has already started to improve hospital and ward based signage, which will include pictures and an example is included below. Toilet seats are being replaced and handrails painted with contrasting colours, in care of the elderly wards, to make them stand out.

Install orientation boards and clocks

It is well recognised that people with dementia are likely to become agitated in unfamiliar surroundings and providing visual clues and prompts, to help them orientate, is particularly important.

Providing visual access to clocks and signs indicating the name/type of department helps with orientation. Orientation boards, purchased from charitable funds, have been installed in all adult in-patient wards and large faced clocks are currently being purchased.

Plans for 2017/18, will include the alignment of practices for patients with dementia across the South Tyneside and Sunderland Healthcare Group. Priorities for improvement include:

- embedding the use of "This is Me" document – "This is Me" or Patient Passports are completed by the patient (if able) and their family members, and include personal information such as likes and dislikes, occupation and family information. This helps the staff to get to know the patient on a personal level. Whilst this documentation is already available its use is not consistent throughout the Trust, and this will be reinforced in 2017/18; and
- development of Enhanced Care Guidance – management of behavioural disturbances such as confusion, and memory problems as a result of delirium or dementia can stop patients from remembering to keep themselves safe, resulting in for example an increased risk of falls. It can be extremely challenging to prioritise patient care in relation to those patients that require additional observation. In such instances, risk management strategies must be used and an enhanced level of continuous observation may become necessary. A Standard Operational Procedure will be developed to assist staff in delivering the least distressing, compassionate and safe level of care to our patients.

Staff Experience

1. Increase the number of staff participating in the staff Friends & Family Test (FFT)	
Lead contact	Julie McDonald – Deputy Director of Nursing & Patient Experience
Target	Increase the number of staff participating in staff FFT – 20% improvement on 2015/16 total responses

From April 2014 all staff have had the opportunity to feed back their views on working in City Hospitals at least once per year. The aim is to help promote a big cultural shift in the NHS where the experiences of staff are increasingly being sought, heard and are acted upon. We want to increase the number of staff who engage in the survey and furthermore to utilise any additional comments so that we can target our actions to improve the workplace and achieve a better work-life balance.

Evidence has shown that the extent to which staff would recommend their Trust as a place to work or receive treatment shows a high correlation with patient satisfaction. Therefore listening to the experiences of staff is also important for improving the patient experience. The Staff FFT consists of two questions through which organisations can take a 'temperature check' of how staff are feeling, by asking:

- how likely are you to recommend City Hospitals Sunderland to friends and family if they needed care or treatment?
- how likely are you to recommend City Hospitals Sunderland to friends and family as a place to work?

Participants respond to FFT using a response scale, ranging from "extremely unlikely" to "extremely likely". In addition, the survey asks staff to provide comments on why they chose their answer to help the hospital to identify what it is getting right and where it can improve. Trust level results for each quarter are published nationally on NHS choices which allows for benchmarking performance, but this should be interpreted with caution as Trusts do not always apply the guidance in a consistent way, e.g. some Trusts survey only a sample of staff each quarter, and there is evidence of high scores with very low response rates.

Data for the two mandated questions is highlighted below:

Staff Friends & Family Test Question	Quarter 1		Quarter 2		Quarter 3*		Quarter 4	
	Trust rate	National Average	Trust rate	National Average	Trust rate	National Average	Trust rate	National Average
How likely would staff be to recommend their organisation to friends and family as a place to work *(Number of staff responses – acute)*	73% (864)	66%	69% (976)	66%	Annual staff survey	Annual staff survey	69% (765)	66%
How likely would staff be to recommend the Trust as a place for their friends and family to receive care and treatment *(Number of staff responses – acute)*	83% (864)	82%	82% (976)	82%	Annual staff survey	Annual staff survey	83% (765)	81%
Total to date: 2605								

* No survey is undertaken in Quarter 3 as it coincides with the annual NHS Staff Survey

Responses have remained consistent throughout 2016/17 and the number of staff participating in Staff FFT was 2,605, a 40% improvement on the 2015/16 total, which far exceeds the 20% target set at the beginning of the year.

The results from Staff FFT have been used to understand staff experience and appropriate actions have been taken as a result. For example, staff did report difficulties in maintaining agreed staffing levels on certain shifts in some of our wards. In order to explain what measures the Trust was taking to recruit and retain nurses, against the background of a national nursing shortage, we delivered a series of 'You Said/We Did' communications, face to face discussions, attendance at staff meetings and development of a YouTube video https://youtu.be/H3iwgyjITGk

In addition, to further assist the increase in response rates, we have used a variety of promotional measures to encourage staff to complete the survey through team brief, social media (including Twitter), posters and screen savers. We will continue to explore these and other options throughout 2017/18.

...results from Staff FFT have been used to understand staff experience and appropriate actions have been taken...

Priorities for quality improvement 2017/18

National guidance continues to state that we group our priorities and plans under the three main quality headings; patient safety, clinical effectiveness and patient experience. In choosing our priorities for the forthcoming year, we have reviewed and reflected upon our performance in 2016/17, which has included the following national and local information sources:

- Trust strategic objectives and service development plans, i.e. annual planning framework; outcomes from the Care Quality Commission Quality inspections;
- feedback from external reviews of Trust services, i.e. Reports from the Care Quality Commission, national clinical audits and registries, Commissioner intelligence etc;
- clinical Benchmarking data and outcomes of Internal Assurance reviews;
- patient safety issues from the Trust incident reporting system;
- participation in national initiatives and campaigns, i.e. 'Sign up to Safety';
- patient, carer and public feedback on Trust services, including Friends & Family Test, national patient surveys and real time feedback;
- learning from complaints, Help and Advice Service, incidents and quality reviews;
- feedback from patient safety initiatives and staff listening events;
- progress on last year's quality priorities; and
- feedback on last year's Quality Report.

Our approach this year to selecting our quality priorities has been influenced by Sustainability and Transformation Plans (STP). These STPs set out how local health and care services will transform and become sustainable over the next five years, building and strengthening local relationships and ultimately delivering the national Five Year Forward View vision. This requires us to work with our partners to make changes to how we access and deliver care and to do things more efficiently.

We were asked to state our quality priorities within the context of our contribution to the STP. The compressed national timetable had the effect of reducing some of the time available to consult with stakeholders. Nonetheless we were able to discuss our priorities with senior managers, (i.e. Corporate Management Team, Executive Committee), a range of clinical professionals, (i.e. Clinical Governance Steering Group) and with our Council of Governors. There was broad agreement that we would carry forward all our quality priorities under the required quality themes for the next 2 years, i.e. 2017/18 and 2018/19. We also agreed that if we felt we had achieved a priority earlier than planned we could 'retire' and replace it with an issue that we felt needed a higher profile. This would help create a more dynamic process that responded to quality issues as they emerged.

...work with our partners to make changes to how we access and deliver care...

For 2017/18, we have revisited each of our quality priorities and proposed indicators for improvement and outlined how each will be measured, monitored and reported. For each priority or indicator a group has been given responsibility to set realistic but challenging targets and highlight key actions necessary. This network of groups will provide an important mechanism for regular monitoring, review and reporting to key internal governance groups. A summary of progress on performance will be presented to the Governance Committee, which is a formal sub-committee of the Board of Directors.

	Patient safety	Measured by	Monitored by	Reporting to
	Indicators for improvement			
1	Reduce the number of hospital acquired pressure ulcers	Ward Dashboard data	Tissue Viability Steering Group	Clinical Governance Steering Group

Reason why we chose this priority

The Trust has prioritised this area of practice for a number of years and has achieved some success in reducing hospital acquired pressure ulcers and their progression to more disabling ulcers. As has already been stated the Trust has embarked on a 3-year improvement plan to reduce category 2-4 hospital acquired pressure ulcers by 25% each year for the duration of the plan. The following initiatives, which have already started in the Trust, will be integral to the Trust achieving its annual target reductions:

- implementation and compliance with the SSKIN care bundle;
- roll out of the Matron-led SSKIN Bundle audits;
- sharing the learning outcomes from the Pressure Ulcer Review Panel; and
- participation in the North East and North Cumbria Pressure Ulcer Reduction Collaborative.

Retaining pressure ulcers as a Trust quality priority will continue to enhance its profile among all those who are involved in their prevention and management.

	Indicators for improvement	Measured by	Monitored by	Reporting to
1	Improve the completion, documentation and visibility of 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) orders across the organisation	Internal reporting and audit	Resuscitation Group	Clinical Governance Steering Group

Reason why we chose this indicator

Healthcare professionals are aware that decisions about whether or not CPR will be attempted raise very sensitive and potentially distressing issues for patients and those emotionally close to them. In 2016, the guidance on CPR decision-making for professional staff was revised and new recommendations have been incorporated into our own guidance for staff which confirms that patients, who are not to be resuscitated in the event of a cardiopulmonary arrest, are clearly identified and that the decision is documented and communicated to all staff directly involved with that patient's care. The decision should also involve and be communicated to the patient's family and carers.

Whilst we have been able to report some improvements in the completion and communication of DNACPR orders in 2016/17, the outcomes from our end of life clinical reviews continue to show that we need to scale up that progress. The target for 2017/18 will be a 10% improvement in DNACPR documentation based on delivery of an agreed action plan. Getting the process right for these decisions is critically important to prevent inappropriate, undignified and futile attempts at CPR which may cause significant distress to patients and their families.

	Indicators for improvement	Measured by	Monitored by	Reporting to
2	Improve the reporting and investigation of hospital associated venous thromboembolism (VTE) events	Internal reporting and audit	VTE Group	Clinical Governance Steering Group

Reason why we chose this indicator

During 2016/17, the Trust Venous Thromboembolism Group introduced a new clinically-led process for reviewing all confirmed case of thrombosis occurring during hospital admission or within 90 days of discharge from hospital. The process will continue to develop in 2017/18 with the following:

- raising the profile of the clinical review process and securing widespread clinical engagement from all relevant specialties;
- refining the reporting format to the internal VTE Group and for our Commissioners; and
- maximising and strengthening learning opportunities when the outcome from reviews shows that certain preventative measures could have been put in place.

	Patient safety	Measured by	Monitored by	Reporting to
	Indicators for improvement			
3	Reduce the number of patient falls that result in serious harm	Incident reporting system	Falls Reduction Group	Clinical Governance Steering Group

Reason why we chose this indicator

We know that patients fall whilst they are in our care and a small number do suffer harm as a consequence. This tends to be the most common harm that is reported by NHS Trusts. We have identified this as a priority for a number of years and have reported many developments and achievements into how we assess and manage those patients most vulnerable to falling. We know that we require a wholesale cultural change to embed many of the elements of how we effectively prevent and manage falls, and this takes time. For 2017/18 our target will be to maintain our position of being below the regional and national averages for patients suffering harm from a fall in hospital.

	Clinical effectiveness	Measured by	Monitored by	Reporting to
	Priorities for improvement			
1	Review Trust mortality and minimise avoidable deaths	Outcomes from the Mortality Review Panel	Mortality Review Group	Clinical Governance Steering Group

Reason why we chose this priority

The national picture is changing quickly with regard to how hospitals investigate and learn from the care provided to patients who die. April 2017 coincided with new requirements for Trusts to review and strengthen how they involve and support families and carers in investigations following death. The arrangements also require the collection and public reporting of patient deaths, including those that are assessed as having been more likely than not to have been caused by problems in care. It goes on to state that organisations must also publish evidence of learning and action as a result of any problems in care.

The targets for our mortality priority will therefore reflect the direction of travel of the new national agenda aimed at improving learning opportunities from deaths, and will include:

- strengthening the internal Mortality Review Panel process so that it is able to meet the new national requirements of learning from deaths;
- publishing quarterly 'dashboard' information on deaths, including estimates of how many deaths were thought more likely than not to have been related to problems in care; and
- public reporting of the impact of actions that the Trust has taken as a result of the review process.

The implementation of the new arrangements will be overseen by the Trust Mortality Group. In addition, City Hospitals will continue to play its part in the Regional Mortality Collaborative.

	Indicators for improvement			
1	Improve the process of fluid management and documentation	Local assurance audit	Nutrition Group	Clinical Governance Steering Group

Reason why we chose this indicator

Our internal audits and staff observations continue to show that the standard of some of our fluid balance recordings could be improved. There remain ongoing issues of data completeness and accuracy of some charts on wards and evidence that trends which give cause for concern are not escalated appropriately. Against this background of variability in practice, the Trust Nutrition Group will continue to raise awareness and drive improvements, such as the introduction of the new fluid monitoring chart.

	Clinical effectiveness	Measured by	Monitored by	Reporting to
	Indicators for improvement			
2	Improve the assessment and management of patients with sepsis	National Unify reporting system	Sepsis Group	Clinical Governance Steering Group

Reason why we chose this indicator

The Government has made a firm commitment to improving the assessment and management of patients who have the potentially life threatening infection known as sepsis. The national campaign to raise awareness among healthcare professionals and the general public alike has gained wide exposure and momentum. The improvements in sepsis care will continue to be an integral part of our national quality scheme (CQUIN) for the next 2 years. New national guidance from the National Institute of Health & Clinical Excellence (NICE) published last year provides the evidence source for making sure we give the right care to those who need it most.

We know that poor initial assessment and delays in treatment can have a major negative impact on patients and can contribute to potentially high mortality. The aim of the national campaign is to develop and implement protocols for screening for sepsis within emergency departments, medical and surgical admission units and in-patient wards. This includes adults and children where sepsis screening is deemed clinically appropriate. The focus is then to ensure that intravenous antibiotic treatment is initiated quickly in those with the most severe forms of sepsis.

The targets set for 2017/18 within the CQUIN scheme are challenging but we will continue to work hard to ensure that patients with sepsis are appropriately assessed and given treatment in a timely way. The targets to achieve next year apply both to adult and paediatric Emergency Departments and in-patient ward areas and include the following :

- timely identification of sepsis – greater than or equal to 50% (partial achievement), greater than or equal to 90% (full achievement);
- timely treatment for sepsis (rapid administration of antibiotics) – greater than or equal to 50% (partial achievement), greater than or equal to 90% (full achievement); and
- antibiotic review – quarter 1 (25%), quarter 2 (50%), quarter 3 (75%) and quarter 4 (90%).

Performance monitoring and assessing the impact of Trust sepsis initiatives will continue to be overseen by the Trust Sepsis Group.

3	Reduction in the number of avoidable (predictable) cardiac arrests	National Cardiac Arrest Audit	Resuscitation Group	Clinical Governance Steering Group

Reason why we chose this indicator

We have previously reported that nationally two thirds of all cardiac arrests are predictable events. Often these happen because of a failure to assess, recognise and respond adequately to those patients whose condition deteriorates. Timely response and intervention by the clinical team can prevent cardiac arrest and improve outcomes for patients. The drive therefore is to prevent cardiac arrests through appropriate management of acutely ill people to maximise their chance of recovery.

We only partially achieved our target reduction in 2016/17 from data published in the National Cardiac Arrest Audit. We will continue to use this information source as we seek further reductions next year.

	Patient Experience	Measured by	Monitored by	Reporting to
	Priorities for improvement			
1	Improve the in-hospital management of patients with dementia and collaborate on integrated pathways	Local action plan	Dementia Group	Patient, Carer and Public Experience Committee

Reason why we chose this priority

Hospitals can be overwhelming places for patients with dementia. There is now strong evidence to suggest that creating dementia-friendly environments can help mitigate against the deleterious effects of coming into an acute hospital. However, becoming a dementia friendly hospital requires huge commitment, focus, time and energy to succeed. Nationally, different hospital Trusts are at different stages on the journey to becoming dementia friendly and at City Hospitals we want to be at the forefront of this movement.

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. We have contributed to the audit since its inception and now have a clear understanding about what the problems are and what solutions are needed for supporting this frail and vulnerable group. Making changes to the physical environment and re-designing processes of care will of course take time but we are totally committed to the ambition. Once again, the scope of improvements will be guided and overseen by our Dementia Group.

	Indicators for improvement			
1	Reducing cancellations of outpatient consultations	Internal performance data	Service Improvement / Performance	Operations Committee

Reason why we chose this indicator

This area of improvement 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. Patient feedback continues to show that they remain deeply concerned and dissatisfied about the issue and the potential reputational impact for the organisation could therefore be considerable. There continues to be significant work undertaken throughout the Trust to reduce the number of cancelled outpatient consultations. .

2	Improve the timeliness of responses to patient complaints	Internal performance data	Directorates Help & Advice Service	Patient, Carer and Public Experience Committee

Reason why we chose this indicator

City Hospitals provides a comprehensive range of services for thousands of people every day and we know we get it right most of the time. But sometimes things do go wrong and when this happens and patients tell us about it, how we respond determines whether confidence and trust in the service has been restored.

A key part of the complaints process is the timeliness of response to patients and their families. The Trust has taken steps, and had some success, in improving the turnaround times for providing formal complaint responses. We know we need to continue with that improvement, including a commitment to learning from mistakes and show evidence in an open way of what we have done.

	Patient Experience	Measured by	Monitored by	Reporting to
	Indicators for improvement			
3	Increase the percentage of inpatients who rated their care at City Hospitals as excellent, very good or good (Adult In-Patient Survey)	National Adult In-Patient Survey	Patient Experience / Clinical Governance	Patient, Carer and Public Experience Committee

Reason why we chose this indicator

The survey of adult inpatients is now well established in the NHS and remains one of the biggest surveys of its kind. The survey will move into its 14th year in 2017/18 and our participation enables the Trust to understand more about the patient experience whilst in hospital and to identify areas where we can make further improvements.

As an organisation we examine the survey results carefully with other information collected and reported to make changes to our care and services. Collecting feedback by itself has no value. It needs to be used by staff to identify areas that need to be improved through deliberate actions.

This final question from the national survey enables patients to give an overall rating of their stay in hospital. We want to increase the percentage of patients who rate their care at the Trust as excellent, very good or good so that we achieve one of the highest composite scores in the North East.

	Staff Experience	Measured by	Monitored by	Reporting to
	Priorities for improvement			
1	Increase the number of staff participating in the Staff Friends & Family Test (FFT)	Staff Friends & Family Test scores	Nursing & Quality	Patient, Carer and Public Experience Committee

Reason why we chose this priority

All our staff continue to have the opportunity to feed back their views on the Trust at least once per year. This feedback is different to the annual NHS staff survey in that it is designed to complement the survey and give a more up-to-date picture of staff experience. It is also a quick method of feedback, which is easy for staff to complete and the results are available much quicker than the staff survey. In addition it allows the Trust to respond swiftly and act on the results within a short period of time.

Last year we reported a higher proportion of staff completing the Staff FFT. We want this trend to continue particularly at a time when the organisation is going through substantial change and transformation. The Staff FFT will give us an important 'temperature check' on how we are managing the transition and how well we are involving our greatest asset.

PART 2.2 STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

REVIEW OF SERVICES

During 2016/17 City Hospitals Sunderland provided and/ or sub-contracted 40 relevant health services.

City Hospitals Sunderland has reviewed all the data available to them on the quality of care in 40 of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by City Hospitals Sunderland for 2016/17.

The Trust routinely analyses organisational performance on key quality indicators, benchmarked against national comparisons, leading to the identification of priorities for quality improvement.

The Board of Directors and the Executive Committee review the Service Report and dashboards monthly. There is a Quality Risk and Assurance Report presented monthly to the Board of Directors from the Governance Committee to provide further assurance from external sources such as the Care Quality Commission monitoring reports against core standards of care and service, nationally reported mortality and outcomes data, information from our CHKS clinical benchmarking system, the results of national audits and external inspections, data from the NRLS, complaints, inquests and information from the Parliamentary and Health Service Ombudsman, the Trust Assurance Programme and patient experience data such as the Friends and Family Test and the Patient Experience Survey, etc. The Governance Committee therefore provides assurance on the adequacy and effectiveness of risk management and integrated governance within the organisation.

Participation in Clinical Audit and the National Confidential Enquiries

Clinical audit is a way to find out if healthcare is being provided in line with standards and allows care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally in hospitals or GP practices or indeed anywhere where healthcare is provided.

Participation in relevant national clinical audits (in a programme called the National Clinical Audit and Patient Outcomes Programme or NCAPOP) and national confidential enquiries (a form of national audit) is now required by the NHS England Standard Contract and Care Quality Commission guidance. The NCAPOP comprises more than 30 national audits related to some of the most commonly-occurring conditions. It involves the collection and analysis of data supplied by local clinicians to provide a national picture of care standards for any specific condition which is the subject of an audit. On a local level, NCAPOP audits provide local Trusts with individual benchmarked reports on their compliance and performance, feeding back comparative findings to help organisations identify necessary improvements for patients.

As well as the 30-plus national clinical audits, NCAPOP also encompasses the national confidential enquiries. These have now been rebranded and are known as Clinical Outcome Review Programmes (for consistency and clarity these will continue to be called national confidential enquiries in this report). Participation in some of these has to be reported in Trust Quality Reports 2016/17. These enquiries help assess the quality of healthcare and stimulate improvement by enabling clinicians and managers to learn from adverse events and other relevant data.

During 2016/17, 45 national clinical audits and 6 national confidential enquiries covered relevant health services that City Hospitals Sunderland provides.

During that period City Hospitals Sunderland participated in 93% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that City Hospitals Sunderland was eligible to participate in during 2016/17 are as follows: (see tables on pages 64 and 65).

The national clinical audits and national confidential enquiries that City Hospitals Sunderland participated in during 2016/17 are as follows: (see tables on pages 64 and 65).

The national clinical audits and national confidential enquiries that City Hospitals Sunderland participated in, and for which data collection was completed during 2016/17, are listed overleaf alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits and National Confidential Enquires 2016/17

National Clinical Audits 2016-2017	Eligible	Participation	Comment
Older People			
Falls and fragility fractures audit programme including:			
– National hip fracture database	✓	✓	371 cases (100%)
– Fracture liaison service database	✓	✓	1624 cases (100%)
– National inpatient falls audit	✓	✓	To commence May 2017
Sentinel stroke national audit programme (SSNAP)	✓	✓	528 (100%)
National audit of dementia	✓	✓	Fully compliant with study criteria. 80 clinical cases, Organisational proforma, carers' survey and staff survey completed
Women and Children's Health			
Neonatal intensive and special care (NNAP)	✓	✓	326 cases (100%)
Paediatric diabetes	✓	✓	192 children audited in 2016/17 based on 2015/16 patients
Paediatric intensive care (PICANeT)	N/A	N/A	
UK cystic fibrosis registry	N/A	N/A	Regional Centre Royal Victoria Infirmary
Paediatric pneumonia	✓	✓	77 cases (100%)
Acute Care			
Adult critical care (Case mix programme)	✓	✓	894 cases (100%)
National emergency laparotomy audit	✓	✓	168 cases (100%)
National joint registry	✓	✓	973 cases January to December 2016
Severe trauma (Trauma audit and research network)	✓	✓	335 cases (78.5%) January to December 2016
Nephrectomy audit (BAUS)	✓	✓	Data analysis is taking place by the national BAUS organisation of the 2016 submissions
Percutaneous nephrolithotomy (BAUS)	✓	✓	Data analysis is taking place by the . national BAUS organisation of the 2016 submissions
Radical prostatectomy (BAUS)	✓	✓	Data analysis is taking place by the national BAUS organisation of the 2016 submissions
Severe sepsis and septic shock in emergency departments (CEM)	✓	✓	100 cases (100%)
Asthma (paediatric and adult) care in emergency departments (CEM)	✓	✓	100 cases (100%) 43 paediatric and 57 adult cases

National Clinical Audits 2016-2017	Eligible	Participation	Comment
Cancer			
Bowel cancer (NBOCAP)	✓	✓	336 cases (100%)
Head and neck cancer (DAHNO)	✓	✓	259 cases (100%)
Lung cancer (NLCA)	✓	✓	361 cases (100%)
Oesophago-gastric cancer (NAOGC)	✓	✓	23 cases (100%)
Prostate cancer	✓	✓	493 cases (100%)
Long term conditions			
Chronic kidney disease in primary care	✓	✗	Incompatible information systems
Inflammatory bowel disease – IBD registry	✓	✗	Not able to participate due to time constraints and staffing
Adult asthma	✓	✓	22 cases (76% of eligible cases) and Organisational proforma
Endocrine and thyroid	✓	✓	Data not available
Learning disability mortality review programme (LeDeR)	✓	✓	12 patients eligible for LeDeR Review (aged 4-74). Of these, 7 LeDeR notifications, were made, 4 initial reviews and 1 multi-agency review
National chronic obstructive pulmonary disease audit programme	✓	✓	Moved to continuous data collection Feb 2017
National diabetes audit programme including:			
– Adult diabetes audit	✓	✓	2520 patients submitted Aug 2016 for 2015/16 patients
– National diabetes inpatients audit	✓	✓	109 patients submitted September 2016
– National foot care audit	✓	✓	154 cases July 2014 to April 2016
– National pregnancy in diabetes audit	✓	✓	19 cases (100%)
National ophthalmology audit	✓	✗	Issues of software compatibility and costs
Renal replacement therapy (Renal Registry)	✓	✓	635 cases (100%)
UK cystic fibrosis registry	N/A	N/A	Regional Centre Royal Victoria Infirmary
Rheumatoid and early inflammatory arthritis	✓	✓	59 patients recruited at baseline for year 2 of audit
Stress urinary incontinence audit (BAUS)	✓	✓	34 cases (100%) data for 2016.)
Heart			
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	354 cases (100%)
Adult cardiac surgery audit (adult)	N/A	N/A	

National Clinical Audits 2016-2017	Eligible	Participation	Comment
Heart continued			
Cardiac rhythm management	✓	✓	218 (100%)
Congenital heart surgery (paediatric and adult cardiac surgery)	N/A	N/A	
Coronary angioplasty/national audit of PCI	✓	✓	723 (100%)
Heart failure	✓	✓	239 (68.5%)
National cardiac arrest audit	✓	✓	103 (100%) April to December 2016
National vascular registry	✓	✓	188 cases (100%)
Pulmonary hypertension	N/A	N/A	
Mental health			
Prescribing observatory for mental health	N/A	N/A	
Blood and transplant			
National comparative audit of blood transfusion programme including:			
– Audit of red cell transfusion in palliative care	N/A	N/A	
– Blood management in scheduled surgery	✓	✓	13 cases submitted (93%) of eligible cases
– Audit of transfusion associated overload	✓	✓	Audit commenced March 2017
Other			
Elective surgery (National patient reported outcome measures programme)	✓	✓	1,768 patients eligible for all elective procedures, pre-operative questionnaires completed 1155 (65.3%). April 2016 to Jan 2017
Specialist rehabilitation for patients with complex needs following major trauma	N/A	N/A	
National neurosurgery audit programme	N/A	N/A	
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)			
NCEPOD Mental Health	✓	✓	5 cases / 5 returned (100%)
NCEPOD Acute Pancreatitis	✓	✓	5 cases / 5 returned (100%)
NCEPOD Acute Non Invasive Ventilation	✓	✓	4 cases / 4 returned (100%)
NCEPOD Chronic Neurodisability	✓	✓	11 cases / 11 returned (100%)
NCEPOD Young People's Mental Health	✓	✓	6 cases / 6 returned (100%)
NCEPOD Cancer in Children, Teens and Young Adults	✓	✓	No eligible cases identified for City Hospitals.

Source: Quality Accounts Resource 2010-2016 (Healthcare Quality Improvement Partnership)

National Confidential Enquires (Clinical Outcome Review Programmes)

As has been stated earlier these are collectively known as Clinical Outcome Review Programmes. We have amended our Trust guidance to reflect these changes. These enquiries or types of audit are designed to help assess the quality of healthcare by examining the way patients are treated in order to identify ways to improve the quality of care. City Hospitals continues to take part in all relevant enquiries. A detailed overview of our specific contribution to the medical and surgical programme: National Confidential Enquiry into Patient Outcome and Death is highlighted below.

The full list of current Clinical Outcome Review Programmes are noted below:

Enquiry title	Organisation	Acronym
Child death review database	In development – the National Perinatal Epidemiology Unit & University of Leicester	NPEU
Child health outcome review programme	The three year programme is delivered by National Confidential Enquiry into Patient Outcome and Death in collaboration with The University of Cardiff	NCEPOD
Learning disability mortality review programme	Run by NHS England, the Healthcare Quality Improvement Partnership (HQIP) and the University of Bristol.	LeDeR
Maternal, newborn and infant clinical outcome review programme	National Perinatal Epidemiology Unit and the Department of Public Health	MBRRAC E-UK
Medical and Surgical programme: National Confidential Enquiry into Patient Outcome and Death	National Confidential Enquiry into Patient Outcome and Death	NCEPOD
National Confidential Inquiry into Suicide and Homicide by people with Mental Illness	Centre for Suicide Prevention, University of Manchester	NCISH
National retrospective case record review programme	Royal College of Physicians	RCP

National Confidential Enquiry into Patient Outcome and Death

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is concerned with maintaining and improving standards of medical and surgical care. During 2016/17 City Hospitals was eligible to enter data into 4 NCEPOD studies. The tables below provide a summary of our participation:

Mental Health – reviews the quality of mental health and physical health care provided to patients with a significant mental disorder who are admitted to a general hospital

Cases included	Cases excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites participating	Organisational Q returned*
5	2	5	2	5	1	2	2

Acute Pancreatitis – refers to inflammation of the pancreas, an organ that lies in the abdomen, which produces digestive juices and certain hormones, including insulin

Cases included	Cases excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites participating	Organisational Q returned*
5	0	5	0	5	0	1	1

Acute Non-Invasive Ventilation – explores avoidable and remediable factors in the process of care for patients who require support with breathing (ventilatory support through the patient's upper airways)

Cases included	Cases excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites participating	Organisational Q returned*
4	3	4	1	4	1	1	1

Chronic Neurodisability – reviews and identifies remediable factors in the quality of care provided to children and young people with chronic disabling conditions, focusing in particular on cerebral palsies

Cases included	Cases excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites participating	Organisational Q returned*
11	1	11	0	10	0	1	10

(Please note this study is still open and the figures have not been finalised)

Young People's Mental Health – identify the remediable factors in the quality of care provided to young people treated for mental health disorders, with specific reference to: self-harm, eating disorders, depression and anxiety

Cases included	Cases excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites participating	Organisational Q returned*
6	0	6	0	6	0	NA	NA

(Please note this study is still open and the figures have not been finalised)

Cancer in Children, Teens and Young People – to study the process of care of children, teens and young adults under the age of 25 years who died/ or had an unplanned admission to critical care within 30 days of receiving systemic anti-cancer therapy

Cases included ICU	Cases excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites participating	Organisational Q returned*
0	0	0	0	0	0	NA	NA
Cases included SACT	**Cases excluded**	**Clinical Q returned***	**Excl. Clinical Q returned***	**Case notes returned***	**Excl. Case notes returned***	**Sites participating**	**Organisational Q returned***
0	0	0	0	0	0	NA	NA

(Please note this study is still open and the figures have not been finalised)

*Number of questionnaires/case notes returned including blank returns with a valid reason, questionnaires marked NA = not available, and case notes missing with a valid reason.

National clinical audits

The reports of 10 national clinical audits were reviewed by the provider in 2016/17 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided. These have been presented to Clinical Governance Steering Group although the reports of all national audits are reviewed through local clinical governance arrangements.

Audit title	Good outcomes / Actions taken
National Diabetes Foot Care Audit	• This audit was a continuous collection of data from 14th July 2014 up to 8th April 2016 and involved 154 patients; • Basic demographics, Male, age 63yrs (younger than national average), either current or ex-smoker (42%) with a higher than national average level of social deprivation (52%), but better than national average level of diabetes control 52% on reaching NICE targets (43%); • 37.7% of patients with active ulcers were seen within 2 days compared to 13.4% nationally for the same time period, although we had a lower rate of self-referral 7% compared to national 29%. Active implementation of a self-referral process will address this; • Ulcer healing at 12 weeks was 50% compared to national average 44%, and at 24 weeks healing was 57% compared to national average 58%; and • Overall the diabetes foot MDT service at Sunderland is achieving above national average outcomes. By implementing and effectively recording a self-referral pathway we can aim to see patients presenting in a timely fashion with less severe ulcers, which should heal completely.
National Diabetes Audit – Care Processes (2016) – Sunderland Royal Hospital	• The audit looks at the structure, process and outcome of diabetes services, in firstly attaining the 8 key care processes in people with both type 1 (insulin dependent) and Type 2 diabetes, and secondly the attainment of three key essential treatment targets for blood pressure, cholesterol and glucose control. The data reported is from April 2015 – April 2016; • Care process completion for people with Type 1 diabetes (61% vs 37%) and Type 2 diabetes (65% vs 53%), this was higher than expected as compared to national figures for all 8 key care processes – this data is consistent with previous years report; • Attainment of all 3 treatment targets: treatment target achievement for people with Type 1 diabetes 11% vs 18% nationally. There has been improvement in blood pressure (52% increased to 65%) and cholesterol (29% increased to 33%) targets attained, blood glucose targets have only marginally improved compared to previous years (20% increased to 22%); • Attainment of all 3 treatment targets: treatment target achievement for people with Type 2 diabetes 20% vs 40% nationally. There has been improvement in blood pressure (50% increased to 59%) and blood glucose targets have only marginally improved compared to previous years (35% increased to 37%); and • Overall there has been improvement in attaining these targets as compared to previous data, a more structured approach in collaboration with patients as part of a Shared Decision Making process with great use of medication will be required, and incorporating the "Right Care" pathway could facilitate this.

Audit title	Good outcomes / Actions taken
National Inpatient Diabetes Audit	• The audit is a snapshot of diabetes in-patient care at City Hospitals Sunderland, which occurred on the 26th September 2016; • Only 32% of patients were seen by a member of the Diabetes Team during their stay, compared to 34% nationally. This is less that previous years; • 90% of patients admitted with an active foot problem were seen within 24hrs by a member of Diabetes MDT, compared to national 56%. This high level has been maintained as part of the foot Protection Team service incorporating Podiatry, Vascular Surgery, DSN, Tissue viability and Diabetes Team; • Harm resulting from in-patient stay: **Medication Errors** 25% compared to 37% nationally. **Prescription Errors** 9% compared to 21%. **Management Errors** 19% compared to 24%. **Insulin Errors** 19% compared to 22%. There has been year on year sustained improvement in these parameters above national average, but further IT solutions need to be established for safe insulin prescribing; • Patient feedback report highlight lower levels of satisfaction with meal timing (56% satisfied, national %) and choice of meals (46% satisfied, nationally 54%), It also highlights a knowledge gap and training needs for ward staff. Across the Trust only 59% of patients felt that all or most staff knew enough about diabetes to meet their needs (nationally 65%); and • Patients report high satisfaction levels with their overall care while in Sunderland Royal hospital 86% (nationally 83%).
National Care of the Dying Audit Hospitals	• The aim is to improve the care for dying patients and those close to for them in hospital settings. Comprises an organisational element and a case note review of selected patients; • The introduction of a new process for coordinating care for the dying will help with documentation; • Some issues continue around communicating with those that are dying and their families. The Trust is reviewing how the views of bereaved relatives can be sensitively taken into account; • Our new End of Life Facilitator will orientate staff training and awareness sessions following the audit findings; and • The Trust now undertakes detailed end of life reviews as part learning lessons from patient deaths.
UK Rehabilitation Outcomes Collaboration (UKROC)	• This is a national database of specialist rehabilitation activity and outcomes using validated measurement tools; • Data is used to benchmark units against peers, to inform commissioning bodies of the cost and cost-effectiveness of rehabilitation, and to identify national trends; • Our scores are consistent with peers for length of stay and referral-to-assessment time. We also have a shorter than average referral-to-admission time; and • Our measures of disability (Functional Independence Measure & Functional Assessment Measure) efficiency at 0.8 points/day exceeds the national average of 0.5 which is good.

Audit title	Good outcomes / Actions taken
Sentinel Stroke National Audit Programme	• This is a continuous web-based data collection on the management of acute stroke and rehabilitation. Audit results are produced quarterly and available in the public domain; • Stroke performance is assessed on 10 domains of care covering all aspects as the patient moves through the service; • Some issues with data entry which has affected the quality of data submitted and the outcomes published; • Some areas of good practice, i.e. access to quick brain scanning, availability of specialist assessments, appropriate stay on a stroke unit; • Other areas require improvement, i.e. availability of therapy services across the full 7 day service, nurse staffing in the stroke unit; and • Opportunity to improve audit performance with the local reconfiguration of stroke services.
Rheumatoid Arthritis and early Inflammatory Arthritis (2nd national report)	• Includes patients aged 16 and over with inflammatory arthritis; • Measures performance against 7 NICE Quality Standards – 'markers of excellence'. It also reports patient outcome measures, i.e. the RAID score (Rheumatoid Arthritis Impact of Disease Score); • There has been an improvement in performance in most of the standards compared with the first audit. In two standards (access advice via help-line & the availability of a yearly review) the Trust achieved 100% in each; • In only one standard was there a slight drop in performance, i.e. offering patients monthly treatment escalation; and • City Hospitals had the best improvement in RAID score in the region.
National hip fracture database (Annual report 2016)	• The database is a clinically led, web-based audit of hip fracture care and secondary prevention. The aim is to improve the delivery of care for patients having falls or sustaining hip fracture; • The Trust was in the top range of scores for: – patients being admitted to a ward <4 hours, – having a perioperative medical assessment (providing better conditions for patients before operation, during operation, and after their operation), – achieving the 'best practice tariff', i.e. elements of care that improve patient outcomes, – surgery on day of or day after admission, – return to original residence within 30 days • No measures of standards were in the bottom quartile of scores.

Local clinical audit

The reports of 125 local clinical audits were reviewed by the provider in 2016/17 and City Hospitals Sunderland intends to take the following actions to improve the quality of healthcare provided.

Audit title	Good outcomes / Actions taken
Trauma & Orthopaedics – National Fracture Liaison Service (FLS)	• The FLS sees all patients aged 50 and over presenting to T&O with a fragility fracture (defined as a fracture sustained from a low impact fall from a standing height). The service has systems in place to identify and see patients on first presentation to T&O; • The FLS provides full bone health and falls screening and routinely submits data to the national database; and • The Trust is performing above the national average in the following areas: DEXA scan offered (a special type of X-ray that measures bone mineral density) = 64.2% (all eligible patients) compared to national fig. Of 37.1%, patients undergoing falls assessment 70.8 % (national fig. 66.3%) and patients offered bone protection 69.7% (national fig. 52.1%).
Management of patients presenting with out of hospital cardiac arrest	• Audit identified that clinical outcomes following cardiac arrest outside of hospitals are similar to published registry data; and • Audit identified the parameters which can be used to predict good and bad patient outcomes. Using this data we will be producing a joint management algorithm (a set of instructions) for use in the emergency department, cardiology and the integrated critical care unit.
Quality of discharge letters in vascular surgery	• An audit was done to evaluate the content of discharge letters, to make sure that appropriate information about the procedures was available to GPs, and on occasions, to hospital doctors if that patients was re-admitted; • Following the initial audit, an induction booklet was designed and made available to all incoming junior doctors; and • A re-audit was undertaken in August 2016 involving a new intake of junior doctors rotating onto the unit, which showed 100% attainment of audit standards in discharge letters.
Management of supracondylar fractures in children (fractures above the elbow)	• This work audited records against several standards from the British Orthopaedic Association standards for trauma. It included only those cases that required surgical intervention. 65 children in total (aged 2–13); • Generally good evidence of post-operative standards; and • Recommendation – development of standardised operation notes and follow-up protocol.
The quality of trauma theatre records: an audit using the Royal College of Surgeons 'Good Surgical Practice' as a Standard	• Theatre records are required to document operative findings and set out post-operative plans. They are an important communication tool; • Audit reviewed 93 records and compared compliance with a range of documentation standards; • Repeat audit has shown many improvements in the quality of operation notes in trauma surgery; and • The introduction of an aide-memoire has been used to heighten awareness of the royal college standards to relevant staff.

Audit title	Good outcomes / Actions taken
Ears, Nose & Throat (ENT) – Vestibular Testing Audit (tests the 'balance' part of the ear)	• The audit evaluated appropriateness of referral for testing, management of the outcomes following investigations and cost effectiveness; • Findings show some time-consuming diagnostic tests were performed, which had minor contribution to the final diagnosis and treatment of the patient; • Modification in the assessment methods of dizzy patients with emphasis on history and clinical presentation are required. As a result of the audit findings ENT will revisit joint clinics along with audiology.
Ophthalmology – Lower Lid Surgery Audit	• The aim of the audit was to assess patient reported outcome measures after lower lid surgery. Results show the following: • For Entropion (eyelid folds inward) patients 100% had an improved symptom score (14 patient in total); • For lower lid laxity (sagging of eyelid) patients 13/15 (87%) had an improved score, 1/15 (7%) had unchanged score and 1/15 (7%) had a worse score; • Patients' comments were very positive for entropion patients: 'very pleased', 'best thing I had done'; • Mixed comments from lid laxity patients: 100% delighted with result, 'better than it was' and 'symptoms initially improved but returned'; and • The audit provides a new type of outcome data for lower lid surgery.

Research and Innovation

Clinical Research is core NHS business (NHS Constitution, 2009). City Hospitals Sunderland is committed to providing quality healthcare by ensuring world class clinical services are seamlessly integrated with Research and Innovation in line with the Government agenda. The NHS England "Research and Development Strategy 2013-2018", published in 2013 identified priorities for the promotion of research. "Innovation Health and Wealth" (2011) described the gap between the invention of new ideas and identification of best practice and their adoption and spread. Great innovations are often implemented quickly in one or two places but in the NHS, as in other health care systems, diffusion is slow, often taking many years.

The Research and Innovation Department are encouraging, enabling and extending research and innovation activity throughout the Trust, as evidence confirms that patients who participate in research trials have better clinical outcomes. We are working closely with both the National Institute for Health Research, Clinical Research Network Northeast & North Cumbria (NIHR CRN NENC) and the NENC Academic Health Sciences Network (AHSN) to ensure both research and innovation are supported and expanded within City Hospitals. We will continue to offer more opportunities for patients to be part of clinical research (supported by the NIHR CRN NENC) and will ensure we extend our links with local and nationally-based Small & Medium-sized Enterprises (SMEs) as part of the 'Technology Transfer' initiative (supported by the AHSN NENC).

Research delivery

It has been a very successful year for the Research and Innovation Department, delivering the National Institute for Health Research (NIHR) 'Portfolio' of research trials (i.e. clinical research trials with direct benefit to NHS patients). This is our main workload: the majority of these trials are based in other centres in the UK (or indeed abroad) with an appointed Principal Investigator ('PI'). This is the clinician at City Hospitals with overall responsibility for running the trial locally. Although historically, these have usually been consultants, we are keen to encourage research development in non-medical allied health professionals (NMAHPs). This year we have appointed members of our generic research nurse team as PIs to relevant trials.

We are also expanding the number of Chief Investigators ('CI') in the Trust; where City Hospitals is the trial centre leading our own research studies. We endeavour to ensure that wherever possible, these are adopted as NIHR NHS 'portfolio' trials. Mr David Steel (Ophthalmology), Mr Stuart McCracken (Urology) and Dr Ruppa Geethanath (Neonatology) are all Chief Investigators for commercially sponsored studies. Dr Nick Jenkins (Cardiology) will be CI in a joint study with the University of Sunderland (UoS) investigating coronary plaque disease. We have non-medical CIs and in particular Dr Jo Patterson in Speech & Language Therapy, who also holds a prestigious NIHR Academic Lecturer position. The Research and Innovation Department works closely with the UoS and other external bodies to develop our own joint research projects and to secure external funding. We continue to support student based research and non-portfolio trial work. Dr Karen Horridge (Paediatric Consultant) is a recognised lead in the UK and beyond in her specialty field of childhood disability. She has recently published guidelines which will guide good practice at both national and European levels, just one example of the far-reaching beneficial effects of work undertaken here in our Trust.

The number of patients receiving relevant health services provided or sub-contracted by City Hospitals in 2016/17 who were recruited during that period to participate in research approved by a Research Ethics Committee was 2,098.

Target recruitment set for City Hospitals by the NIHR CRN NENC for 2016/17 was 1648 and therefore we have exceeded the target by 450 (27.3%). This is the second year in a row that we have increased our total accrual, at a time when overall local network and national recruitment has fallen.

We have ensured that our annual NIHR CRN NENC budget (£1,158,079) was apportioned appropriately and delivered within variance. Our successful involvement in NHS commercially-sponsored research trials has brought in a total of £239,650 to the Trust in 2016/17. This has been distributed to those clinical directorates involved in the research ensuring that their costs are covered, but importantly this also means that the Research and Innovation Department has additional funds which will be used to support researchers at the Trust in implementing our Research and Innovation Strategy.

City Hospitals Sunderland is a member of the NIHR CRN NENC which delivers research under six clinical research delivery collective groups, i.e. Cancer, Circulatory and Endocrine, Medical Specialties, Children, Haematology, Reproductive Health and Childbirth, Genetics (CHaRGe) etc. Mr Kim Hinshaw is Clinical Research Lead for CHaRGe and is a member of the NIHR CRN NENC Executive Committee. A number of the Trust's consultants are also appointed to Specialty Group Lead (or Deputy Lead) roles for some of the 30 clinical specialties. Mrs Deepali Varma is Specialty Group Lead for Ophthalmology, Dr Peter Carey is Specialty Group Lead for Diabetes, Dr David Coady is Specialty Group Deputy Lead for Musculoskeletal Diseases and Ms Yitka Graham is Specialty Group Lead for Health Services and Delivery Research. Neil Jennings has the role of Surgery (Endocrine and Upper Gastrointestinal) Sub Specialty Lead. Several Consultants across the Trust have shared the 13.4 Research PA sessions awarded and funded by the CRN NENC.

Dr Rachel Davison (Consultant Nephrologist) was awarded a competitive 'Greenshoot' research session to support commercial research and is now PI on a commercial study that is recruiting well. Julie Sheriff (Research Nurse in Critical Care) was also awarded a 'Greenshoot' research session to enhance clinical research activity in the ICCU here at City Hospitals working closely with Dr Alistair Roy who is PI in several clinical trials based in the unit.

We have a balanced research portfolio across many specialties and work closely and collaboratively with other Trusts within the network. The "Gastroenterology collaboration" has worked very well, increasing our involvement in trials in that clinical area. We are promoting collaborative working for cancer studies, with successful appointment of a Band 6 research nurse working across City Hospitals, South Tyneside Hospital and Queen Elizabeth Hospital, Gateshead. The Research Department continues to grow; we now have seven generic research nurses and two data managers to support research delivery across the Trust.

New appointments

We are very pleased to have recently appointed Dr Julie Cox (Consultant Radiologist) to the role of Deputy Director of Research and Mr Steven Hogg as our first Patient Research Ambassador. Steven will be involved in initiatives to raise awareness of research participation. Our aim is to appoint further Patient Research Ambassadors, involving them more and more in delivery of our research strategy. Pauline Oates, Senior Research Nurse at City Hospitals is working closely with the Deputy Director of Research on several patient and public research initiatives at the Trust. We are planning several patient and public-orientated seminars to increase research awareness and these are being run collaboratively with our research colleagues at South Tyneside Hospital. Part of our five year Research and Innovation Strategy is to encompass working together as a single research unit, in line with the overall linkage developing across the South of Tyne.

We have developed a functional five year Research and Innovation Strategy (2016-21) which was presented to, and approved by the Trust Board in 2016.

The Innovation Department continues to work closely with the AHSN NENC and NHS Innovations North to facilitate and manage new innovative ideas generated within the Trust. We were very pleased with the recent appointments of two Deputy Directors for Innovation;

- Mrs Deepali Varma (Consultant Ophthalmologist) leading developments in 'Point of Care' and clinical pathways; and
- Dr Imran Ahmed (Consultant Neonatologist) leading developments in 'Devices' and digital pathways.

Our new Deputy Directors encourage the submission of innovative ideas throughout the Trust and use their expertise to link with local SMEs and Universities to boost innovation development and output within City Hospitals. They work closely with our four 'Innovation Scouts' who continue to support ideas submitted from within their staff areas: Dr Dave Bramley (medical), Ruth Rayner (NMAHPs), Helen Nesbitt (nursing & midwifery) and Claire Dodds (support services). Finally, we were also pleased to appoint Dr Niall Mullen (Consultant in paediatric A&E) as City Hospitals Clinical Lead for Simulation. Niall will work closely with the Simulation team at the University of Sunderland to enhance simulation training across the Trust, with access to the new 'Living Labs' facilities at the University. The 'Labs' include a state of the art, high fidelity simulation suite, as well as simulated wards etc. He will also work closely with the simulation group at Health Education England North East (HEENE), looking at postgraduate training opportunities for medical, nursing, midwifery and non-medical allied health professionals.

Innovation recognition

The 'Bright Ideas' Awards is an annual ceremony to recognise innovative ideas from NHS Trusts throughout the region. This year saw two concepts developed in the Trust shortlisted for the annual awards:

- Dr Prashant Kumar (Consultant Paediatrician) was shortlisted in the Innovation device/technology category for developing an 'Improved Spacer' for small children; and
- Gary Musgrove (Urology Nurse Practitioner) and his team won the Service Improvement Award for developing, implementing and evaluating a 'Urology Rapid Access Unit'.

The City Hospitals/QHS ('Quality Hospital Solutions') ward beverage trolley was developed with the help of catering staff here at the Trust. Having won several innovation awards, it is now being marketed successfully across the UK, with an impressive increase in sales to other Trusts and non-medical companies this year. This generates funds which support delivery of our NHS work here at City Hospitals.

As an interactive department keen to develop a strong innovation culture, we continue to host multi-disciplinary seminars with invited external speakers. The seminars aim to enhance knowledge on pipeline treatments/devices, digital technology, new ways of clinical delivery and point of care and to also raise awareness on regional infrastructure in research and innovation. Our seminars are delivered by academic staff from local universities, industry experts from SMEs and research delivery leads from the CRN. This year the Department supported a SME ('Tookie') to help develop their innovative 'Tookie® vest' which helps patients to manage indwelling lines which allow long-term access to their veins etc. Dr Saeed Ahmed (Consultant Renal Physician) led the initiative, setting up patient focus groups to help develop a version of the 'Tookie Vest' which will fulfil the needs of renal patients undergoing regular haemodialysis.

Information on the use of the Commissioning for Quality and Innovation (CQUIN) framework

The Commissioning for Quality and Innovation (CQUIN) framework enables commissioners to reward excellence by linking a proportion of the hospital's income to the achievement of local quality improvement goals.

A proportion of City Hospitals Sunderland's income in 2016/17 was conditional upon achieving quality improvement and innovation goals agreed between City Hospitals Sunderland and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at www.chsft.nhs.uk.

For 2016/17, approximately £6.25m of income (£6.32m in 2015/16) was conditional upon achieving quality improvement and innovation goals through the CQUIN framework. The Trust achieved the majority of these quality goals and has received a monetary total of £5.86m (93.8%) (£5.84m in 2015/16) for the associated payment in 2016/17 relating to delivery of these schemes.

The full CQUIN scheme 2016/17 and where we have achieved our targets are highlighted below:

No	Topic	Indicator	Priority	Achievement*
1	Introduction of health and wellbeing initiatives	Improve staff access to musculoskeletal services and introduce mental health initiatives	National	
		Provision of healthy food options for all NHS staff, visitors and patients		
		Improve the uptake of flu vaccination among Trust staff		
2a	Sepsis Screening and management	Sepsis in Emergency Department (includes, screening, rapid antibiotic administration and review)	National	
2b		Sepsis in acute inpatient settings (Department (includes, screening, rapid antibiotic administration and review)		
3a	Reduction in antibiotic consumption	Reduction in antibiotic consumption per 1,000 admissions	National	
3b		Senior review within 72 hours of antibiotic prescriptions		
4a	Digital Roadmap	Optimising the e-discharge process	Local	
4b		Reducing Paper Information Flows		
4c		Active participation in the Local Digital Roadmap		
4d		Interoperability & Application Programming Interface (API) Capability		
4e		Access to the GP record		
4f		Deployment of solutions supporting Sunderland Vanguard		
5a	Physical health	Frailty – Promote a system of timely identification and proactive management of frailty	Local	
5b		Liver Cirrhosis – improve care and management within 24 hours (introduction of 'care bundle')		
6	Ambulance pre-booking	To increase the number of pre-planned discharge ambulance bookings to help facilitate patient discharge	Local	

*based on indicative position to be agreed with Sunderland Clinical Commissioning Group

Key

- Full achievement
- Partial achievement or further work on-goingt
- Not achieved

Information relating to registration with the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. From April 2010, all NHS trusts have been legally obligated to register with the CQC. Registration is the licence to operate and to be registered, providers must, by law, demonstrate compliance with the regulatory requirements of the CQC (Registration) Regulations 2009. From April 2015 all providers had to meet the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

City Hospitals Sunderland is required to register with the Care Quality Commission and its current registration status is without conditions for all services provided.

Activities that the Trust is registered to carry out	Status	Conditions apply
Assessment or medical treatment for persons detained under the Mental Health Act 1983	✓	No conditions apply
Diagnostic and screening procedures	✓	No conditions apply
Family planning	✓	No conditions apply
Maternity and midwifery services	✓	No conditions apply
Surgical procedures	✓	No conditions apply
Termination of pregnancies	✓	No conditions apply
Treatment of disease, disorder or injury	✓	No conditions apply

The Care Quality Commission **has not** taken enforcement action against City Hospitals Sunderland during 2016/17.

City Hospitals Sunderland **has not** participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

City Hospitals Sunderland was visited by the CQC between 16 – 19th September 2014 as part of their planned inspection programme. The CQC visit included services at Sunderland Royal, the Eye Infirmary and an assessment was made against the key questions; are services safe, effective, caring, responsive and well-led?

The inspection report was published in January 2015 and ratings received were:

- **City Hospitals Sunderland (Overall Provider)** **Good**
- **Sunderland Royal** **Requires Improvement**
- **Sunderland Eye Infirmary** **Good**

A breakdown of the ratings awarded for each of the five key questions used by the CQC in their inspection of services is highlighted below:

Overall rating for this Trust	Good ●
Are services at this Trust safe?	Requires improvement ●
Are services at this Trust effective?	Good ●
Are services at this Trust caring?	Good ●
Are services at this Trust responsive?	Requires improvement ●
Are services at this Trust well-led?	Good ●

Following publication of the report, an action plan was agreed at the Quality Summit in January 2015, which included 'must do' areas for improvement, with the CQC also identifying a number of 'should do's'. The majority of these actions have been completed although both nurse staffing issues and performance within the Emergency Department reflect long standing national issues and therefore local resolution has been particularly challenging. Given the nature of these issues and in the knowledge that progress and achievements has been made in all the other areas it was agreed by the CQC that we could 'close' the action plan. However, these areas would continue to be monitored through existing Trust governance systems.

Church View Medical Centre (owned and run by the Trust) was also inspected at the same time as City Hospitals. The findings of this inspection were reported separately, but before ratings were introduced for primary care locations. A further inspection by the CQC in September 2015 gave the GP practice an overall rating of 'Good' with all the inspection elements also rated as 'Good' as shown below:

Overall rating for this Service	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Good ●

The practice has addressed all of the issues identified during the previous inspection (September 2014) with the exception that the practice could not demonstrate their approach to clinical audit and how they used this information to improve clinical practice. In October 2016 the CQC undertook a focused inspection where they asked the Trust to send them information to evidence that they had addressed the outstanding areas. The findings from the subsequent CQC report were as follows:

- The practice had taken action in relation to the requirements we issued at the last inspection. The practice had increased focus on clinical audit. There was a clinical audit plan in place and there was evidence this was discussed regularly through clinical and team meetings. The Trust provided us with several examples of completed clinical audit cycles; and
- The practice had also addressed those areas we told them they should consider improving. They had carried out a formal legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). They had also updated their complaints leaflet to detail the arrangements for external resolution.

Care Quality Commission Mortality Alert (Intestinal Obstruction without hernia)

In October 2016 City Hospitals received a mortality outlier alert from the Care Quality Commission. Their analysis of mortality data showed a higher than average rate for the intestinal obstruction (without hernia) primary diagnosis group compared with peers. The alert asked the Trust to provide evidence of any analysis it had undertaken to review individual cases. It also asked for information to be provided about any improvements the service had made or planned to take. The Trust carried out an investigation of the identified cases and used the outcomes from the mortality case note reviews undertaken by the Mortality Review Group in its response to the CQC.

The Trust found no evidence of any serious issues relating to the quality of surgical intervention and in all cases the deaths were viewed as not being preventable given the patient's condition and presence of co-morbidities. Some actions were required to help improve the documentation of preoperative care for patients requiring emergency surgery. A revised care pathway for emergency surgical patients was introduced in 2016. In addition, there were some improvements required for recording of death certificate details in the patient records and for completing electronic discharge summaries. The Trust submitted its detailed report to the CQC and shared the findings with Commissioners. A subsequent letter from the CQC in December 2016 confirmed that they were happy with the review and response we had provided. They suggested that the monitoring of actions would be picked up by the local inspection team.

NHS Number and General Medical Practice Validity

City Hospitals Sunderland submitted records during 2016/17 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are then included in the latest published data and SUS dashboards. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS number was:		Which included the patient's valid General Medical Practice Code was:	
Percentage for admitted patient care	99.9%	Percentage for admitted patient care	99.9%
Percentage for outpatient care	100%	Percentage for outpatient care	100%
Percentage for accident and emergency care	99.6%	Percentage for accident and emergency care	99.9%

Actions taken to improve documenting the NHS number and General Medical Practice codes were:

- Increased frequency of the NHS Number batch trace process to daily from fortnightly.
- All staff who register new patients now have access to the National Spine and trained how to search for the NHS Number to always enter a complete record. This is monitored closely by Data Assurance.
- A daily report is generated to determine NHS number for patients attending ED. This is checked against the spine and entered retrospectively by the admin staff.
- Data Quality regularly run missing Master Patient Index reports and manually searches and fixes any records with blank NHS Number.
- Data Quality worked with Outpatient and Reception teams to script the booking in process. Patients are always asked to confirm their General Medical Practice and specified GP and the teams update the records appropriately at the point of patient contact.
- Prior to SUS transmission, Data Assurance 'bounce' all the General Medical Practice codes for all patient activity off the National Spine and add all exceptions to an error log which is then validated.

Quality of data – Information Governance Toolkit

The Information Governance (IG) toolkit is a mechanism whereby all NHS Trusts assess their compliance against national standards such as the Data Protection Act, Freedom of Information Act and other legislation which together with NHS guidance are designed to safeguard patient information and confidentiality. As part of the annual year-end self-assessment exercise, City Hospitals and Church View Medical Centre completed a review of all evidence against the Information Governance (IG) requirements within the IG Toolkit. Each requirement is scored from level '0' (i.e. worst) to level '3' (best). The final submission of the Toolkit was made by the 31 March 2017.

City Hospitals Sunderland's Information Governance Assessment Report overall score for 2016/17 was 87% (a slight increase to the compliance score from last year) and was graded Green (satisfactory). Church View Medical Centre's submission for 2016/17 was 89% (maintaining last year's compliance score) and is also graded Green (satisfactory).

The breakdown of the level scores is highlighted below:

City Hospitals Sunderland NHS Foundation Trust	Church View Medical Centre
This showed that of the 45 requirements, 45 were assessed as being at Level 2 or Level 3. In detail: • 17 show evidence that complete to Level 2; • 28 show evidence to Level 3 **The total percentage compliance for all initiatives is 87% = Satisfactory (coloured green).**	This showed that of the 13 requirements, 13 were assessed as being at Level 2 or Level 3. In detail: • 4 show evidence that complete to Level 2; • 9 show evidence to Level 3 **The total percentage compliance for all initiatives is 89% = Satisfactory (coloured green)**

Quality of data – Clinical coding error rate

Ensuring that the clinical information recorded for our patients is complete, accurate and reflective of the care and treatment given, is important to the effective management of our clinical services and the recovery of income for the care we deliver. The Trust has a continuous programme of audit and training in place to ensure high standards of clinical coding are delivered. City Hospitals Sunderland was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. This was in recognition that the Trust had achieved the highest attainment level (Level 3) as part of the annual Information Governance Toolkit *(No. 14.515 – an audit of clinical coding, based on national standards, has been undertaken by a Clinical Classifications Service (CCS) approved clinical coding auditor within the last 12 months).*

PART 2.3 REPORTING AGAINST CORE INDICATORS

NHS Foundation Trusts are required to report performance against a number of core mandatory indicators using data made available by NHS Digital (the new name for the Health and Social Care Information Centre). For each indicator the value or score for at least the last two reporting periods are presented. In addition, a comparison is made against the national average and those Trusts with the highest and lowest scores, where the information is publicly available.

Domain 1: Preventing people from dying prematurely

Summary hospital-level mortality indicator (SHMI)

SHMI is a hospital-level indicator which measures whether mortality associated with a stay in hospital was in line with expectations. SHMI is the ratio of observed deaths in a Trust over a period of time, divided by the expected number given the characteristics of patients treated. A score above 1 indicates that a Trust has a higher than average mortality rate, whilst a score below 1 indicates a below average mortality rate, which is associated with good standards of care and positive outcomes. Each SHMI score reported is accompanied by a banding decision, either Band 1 (mortality rate is 'higher than expected'), Band 2 (mortality rate is 'as expected') or Band 3 (mortality rate is 'lower than expected').

This indicator is divided into two parts:

- (a) SHMI values and banding for the reporting period; and
- (b) percentage (%) of patient deaths with palliative care coded at either diagnosis or specialty level for the reporting period.

(a) SHMI values and banding

Indicator	Oct 14 – Sep 15	Jan 15 – Dec 15	Apr 15 – Mar 16	Jul 15 – Jun 16	Oct 15 – Sep 16
Month of release	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17
City Hospitals SHMI	0.99	0.98	0.98	0.97	1.00
SHMI banding	Band 2	Band 2	Band 2	Band 2	Band 2
National average	1.00	1.00	1.00	1.00	1.00
Highest SHMI value – national *(high is worse)*	1.18	1.17	1.18	1.17	1.16
Lowest SHMI value – national *(low is better)*	0.65	0.67	0.68	0.69	0.69

Data Source – NHS Digital http://content.digital.nhs.uk/qualityaccounts

(b) Percentage (%) of patients whose treatment included palliative care

The coding of palliative care in a patient record has a potential impact on hospital mortality. The SHMI however makes no adjustments for palliative care coding (unlike some other measures of mortality). This is because there is considerable variation between Trusts in the coding of palliative care. Therefore all patients who die are included in the SHMI measure, not just those expected to die.

Indicator	% of provider spells with palliative care coding (at diagnosis level)					% of deaths with palliative care coding				
	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16
Trust	1.7	1.6	1.5	1.4	1.3	25.1	22.0	20.3	18.8	17.3
National average	1.5	1.4	1.5	1.4	1.5	26.6	27.9	28.4	29.1	29.6
Highest national	3.6	3.3	3.3	3.6	3.7	53.5	54.7	54.6	54.8	56.3
Lowest national	0	0	0	0	0	0.2	0.2	0.6	0.6	0.4

Data Source – NHS Digital http://content.digital.nhs.uk/qualityaccounts

City Hospitals Sunderland considers that this data is as described for the following reasons: The data is nationally mandated and internal data validation processes are in place prior to release. The Trust has approximately as many deaths as would be expected, given the range of services it delivers and the type of patients who are admitted to the hospital. The categorisation of the SHMI into Band 2 means that mortality is within the expected range.

City Hospitals Sunderland has taken / intends to take the following actions to improve the indicator and percentages in a) and b), and so the quality of its services, by:

- the ongoing strategic work of the Trust Mortality Review Group which monitors, reviews and challenges Trust mortality performance. The focus of its work and reporting format to the Board has been influenced by NHS England's Mortality Governance Guide which amongst others suggests that hospitals should receive information about overall crude mortality and numbers of deaths in high risk diagnostic groups, i.e. stroke, pneumonia, sepsis, fractured neck of femur etc;
- strengthening the governance of the Trust Mortality Review Panel process which has moved into its third year;
- improving aspects of clinical coding where data suggests our performance is below peer performance, i.e. recording of co-morbidities and the application of palliative care coding rules;
- continuing our participation in the Regional Mortality Group and associated streams of work. For example, the Trust contributes data to the Regional Serious Infection Project (Sepsis and Community Acquired Pneumonia). Both these conditions have a major impact on patient mortality;
- continuing to work on quality improvements that might reasonably be expected to impact on mortality indicators. These include improving the identification and management of deteriorating patients, the screening and rapid treatment of patients with sepsis, ongoing work to refine emergency care, the prevention of falls and reduction in hospital acquired pressure ulcers and infections; and
- ensuring that information on all mortality measures is reported to and scrutinised by the Mortality Review Group, Governance Committee and Board of Directors when published.

Domain 2: Enhancing quality of life for people with long-term conditions

Indicators within this domain are not relevant to City Hospitals.

Domain 3: Helping people to recover from episodes of ill health or injury

Patient reported outcome measures (PROMs)

Patient Reported Outcome Measures (PROMs) aim to measure improvement in health following certain elective (planned) operations. This information is derived from questionnaires completed by patients before and after their operation. The difference between the two sets of responses are analysed to determine the amount of 'health gain' that the surgery has delivered from the viewpoint of the patient. The greater the perceived health gain, the greater the associated PROM score. The notion of health gain is determined from the EQ-5D Index score, this is derived from a profile of responses to five questions about health 'today', covering activity, anxiety/depression, discomfort, mobility and self-care. A weighting system is applied to the responses in order to calculate the 'index' score. All five questions have to be answered in order to do this. The higher the index score the better the patient feels about his or her health, with one (1) being the best possible score.

Information about our PROMs performance across the four elective procedures is highlighted below.

PROMs measure (EQ-5D index) Patients reporting improvement following:	2014/15 Adjusted average health gain	2015/16 Adjusted average health gain	2016/17 Adjusted average health gain	National England average 2016/17**
Hip replacement	0.394	0.429	*	0.449
Knee replacement	0.331	0.334	*	0.337
Varicose vein procedures	0.079	0.075	0.075	0.099
Groin hernia procedures	0.054	0.045	0.034	0.089

Data source – NHS Digital – Dataset 18: PROMs
* Less than 30 questionnaires, data is unreliable and therefore not published
**Reporting period covering April – Sept 2016 (provisional date published 9 Feb 2017)

City Hospitals Sunderland considers that this data is as described for the following reason:

- the Trust follows nationally determined PROMs methodology and the administration of the process is undertaken internally by the Clinical Governance Department working with Quality Health as our external analytics provider. PROMs data show that in some of our elective procedures we are below the national averages although patients are still reporting health benefits from their surgery.

City Hospitals Sunderland intends to take the following actions to improve these outcomes, and so the quality of its services, by:

- reviewing routine PROMs outcomes data and sharing the information with clinical teams so that they can target improvements where necessary;
- reporting and reviewing PROMs performance at the Clinical Governance Steering Group and sharing the data with our Commissioners;
- investigating outlier PROMs performance to establish whether changes in the patient pathway are required; and
- exploring the potential to retrieve PROMs scores at individual consultant level as a mechanism to reflect and review surgeon's performance.

Emergency readmissions to hospital within 28 days of discharge

Emergency readmission indicators help the NHS monitor success in avoiding (or reducing to a minimum) readmission following discharge from hospital. Not all emergency readmissions are likely to be part of the originally planned treatment and some may be avoidable. To prevent avoidable readmissions it may help to compare figures with, and learn lessons from, organisations with low readmission rates.

This indicator looks at the percentage of patients aged (i) 0 to 15 and (ii) 16 and over readmitted to hospital within 28 days of being discharged.

% of patients readmitted to hospital within 28 days of being discharged from hospital (Large acute or multi service)	City Hospitals	National average	Highest national	Lowest national
2016/17*				
0 – 15 years	7.7%	9.3%	15.69%	0.45%
16 and over	6.9%	7.6%	10.44%	4.01%
2015/16				
0 – 15 years	7.1%	9.2%	18.7%	0.3%
16 and over	5.8%	6.6%	9.6%	3.2%
2014/15				
0 – 15 years	6.2%	8.5%	14.8%	0.6%
16 and over	5.3%	6.4%	9.3%	2.9%

Source – This indicator on the NHS Digital Indicator Portal was last updated in December 2013 and the next update is yet to be confirmed. Therefore, in the absence of national data information has been provided from our CHKS clinical benchmarking system.
*CHKS data only available April 16 – Dec 16

City Hospitals Sunderland considers that this data is as described for the following reason:

- the data is reported locally on the Trust's electronic performance monitoring system. Reducing readmissions remains a high priority for the Trust.

City Hospitals Sunderland intends to take the following actions to improve this data, and so the quality of its services, by:

- continuing to review readmission data to identify emerging trends, i.e. the rate rising in a particular specialty, for a particular procedure or for a particular consultant. Where a trend occurs, we will undertake an audit of practice to see if we could have done anything differently to prevent the readmission;
- using our CHKS clinical benchmarking system to drill down to patient level data so that individual cases can be reviewed in detail, if required; and
- discussing readmission activity data and plans to reduce unnecessary readmissions at quarterly performance reviews with relevant directorates.

Domain 4: Ensuring that people have a positive patient experience

i) Responsiveness to patients' personal needs

The measure is based on a composite score calculated on the average from five individual survey questions from the National Adult Inpatient Survey (Care Quality Commission). A high responsiveness rate suggests that a Trust is meeting the needs of its patients and acting effectively on their feedback.

The results are shown in the table below; the higher the score out of 100 the better the patient experience.

Composite score	2012/13	2013/14	2014/15	2015/16	2016/17
City Hospitals Sunderland	68.9	64.4	68.8	68.1	63.8
National average	68.1	68.7	68.9	69.6	Not available
Highest national	84.4	84.2	86.1	86.2	Not available
Lowest national	57.4	54.4	59.1	58.9	Not available

Data source – National Adult Inpatient Survey 2015 (Care Quality Commission)

City Hospitals Sunderland considers that this data is as described for the following reason:

- the Trust has a strong culture of quality and improvement and a good track record of receiving positive patient feedback most of the time. Where we have not achieved certain standards in the eyes of our patients we will do what we can, as quickly as we can, to address these issues. Strategic oversight of results from the National Adult Inpatient Survey is undertaken by the Patient, Carer and Public Experience Committee.

City Hospitals Sunderland intends to take the following actions to improve this data, and so the quality of its services, by:

- demonstrating through changes in practice and our delivery of services that we have listened and acted on the patient feedback we receive. The results of this national survey will be used alongside our programme of local patient experience surveys, including our new 'Patient Experience Survey' to identify areas for improvement; and
- sharing results of local patient feedback with internal groups, wards and departments to enable them to reflect and then act on the results.

ii) Percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their family or friends

How members of staff rate the standard of care in their local hospital is recognised as a meaningful indication of the quality of care and a helpful measure of improvement over time. One of the questions asked in the annual NHS Staff Survey includes the following statement: "If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust".

Indicator (Acute Trusts only)	2013	2014	2015	2016	National average	Highest national	Lowest national
"If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust"*	59%	65%	70%	70%	70%	85%	49%

Source – NHS Staff Survey 2016 (Picker Institute)
* Percentage calculated by adding together the staff who agree and who strongly agree with this statement

City Hospitals Sunderland considers that this data is as described for the following reasons:

- the data published by the Picker Institute is consistent with the staff survey results received by the Trust for the 2016 staff survey.

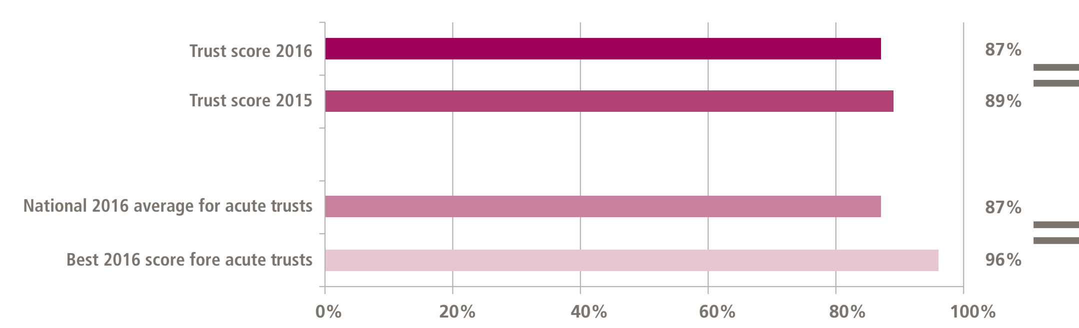
City Hospitals Sunderland intends to take the following actions to improve this percentage, and so the quality of its services, by:

- maximising staff participation in the Staff Friends & Family Test and the NHS Staff Survey and using the additional information provided to make changes to the work environment for all staff; and
- continuing to develop and monitor the Trust's action plan in response to the findings of the staff survey with updates for staff available on the Trust Intranet.

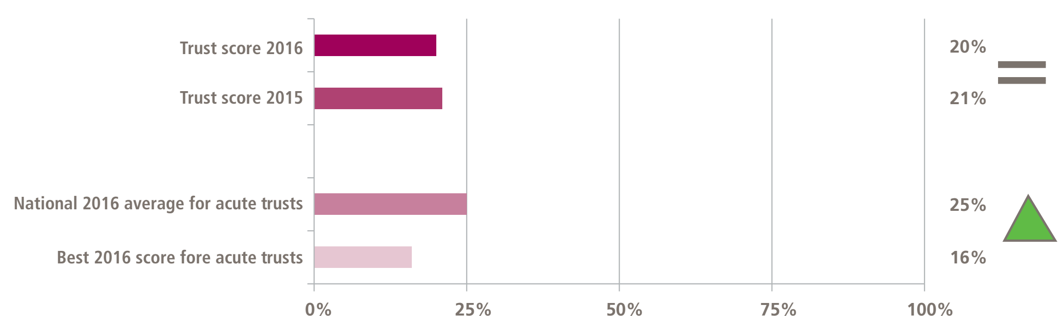
Last year, two additional indicators from the NHS Staff Survey were required to be included in Quality Reports. That request applies to the following two indicators:

Indicator (Acute Trusts only)	2014	2015	2016
KF21 – Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	88%	89%	87%
KF26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	18%	21%	20%

KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
(the higher the score the better)



KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
(the lower the score the better)

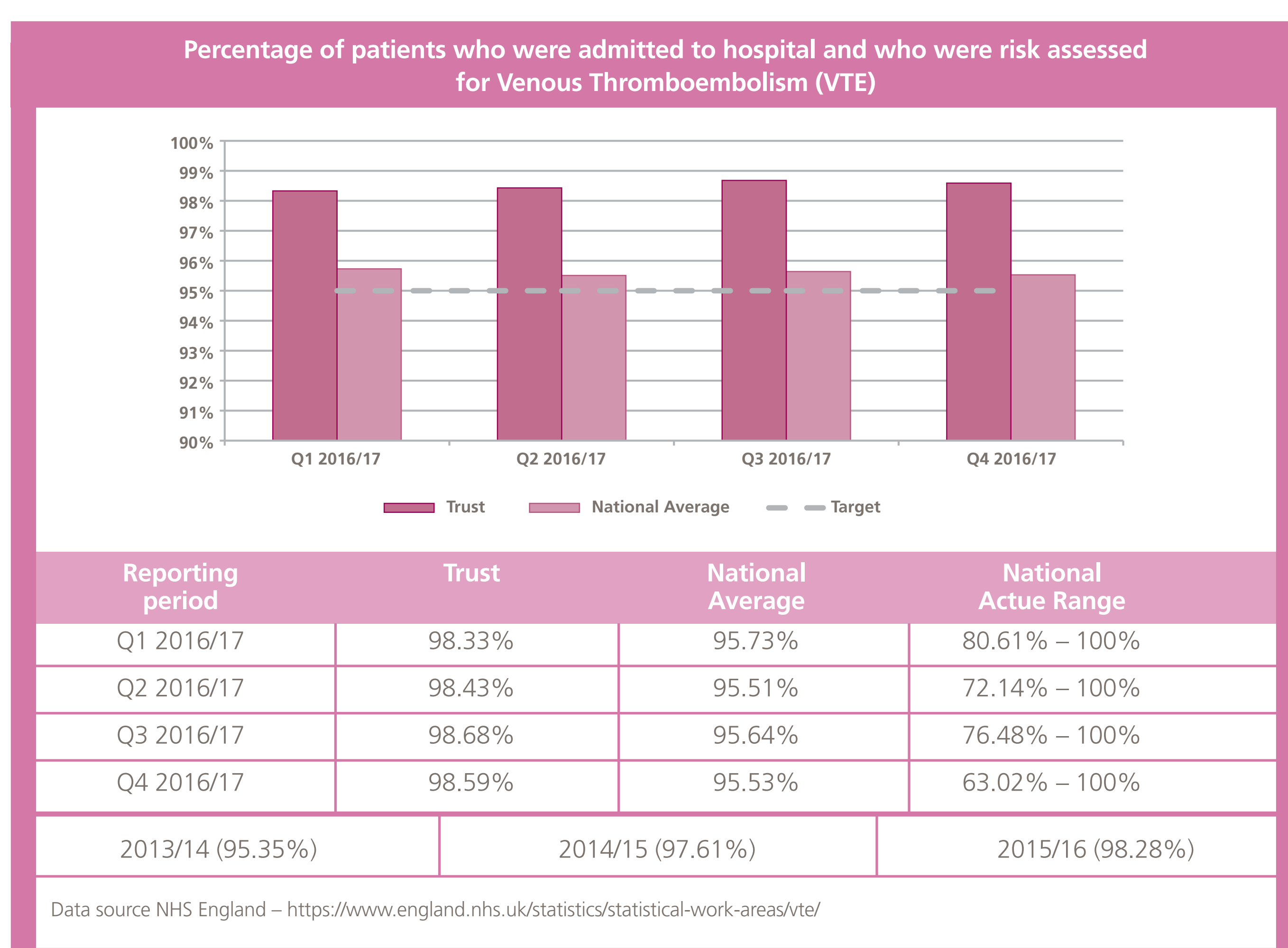


Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

i) Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)

National guidance has advised healthcare professionals, that all adults (older than 18 years of age) who are admitted to hospital should have a risk assessment completed to identify those patients most at risk of developing a blood clot. A high level of VTE risk assessments shows that a Trust is doing all it can to identify and address the factors that increase a patient's risk.

Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE)



Reporting period	Trust	National Average	National Actue Range
Q1 2016/17	98.33%	95.73%	80.61% – 100%
Q2 2016/17	98.43%	95.51%	72.14% – 100%
Q3 2016/17	98.68%	95.64%	76.48% – 100%
Q4 2016/17	98.59%	95.53%	63.02% – 100%

2013/14 (95.35%)	2014/15 (97.61%)	2015/16 (98.28%)

Data source NHS England – https://www.england.nhs.uk/statistics/statistical-work-areas/vte/

City Hospitals Sunderland considers that this percentage is as described for the following reasons:

- compliance with VTE assessments is reported monthly via the Performance Report. The above data is consistent with locally reported data and the Trust has consistently met and exceeded the national 95% target during the year.

City Hospitals Sunderland intends to take the following actions to improve this percentage, and so the quality of its services, by:

- reviewing the Trust policy on the prevention of venous thromboembolism and restating the guidance on which patients should be subject to risk assessment (for some patients a risk assessment may not be clinically appropriate) so that they receive prompt and effective preventative measures;
- undertaking an audit of practice to ensure that patients who are assessed as 'at risk' of developing venous thromboembolism are prescribed appropriate anti-coagulation therapy in a timely and safe way;
- updating and revising the patient information leaflet on preventing venous thromboembolism; and
- responding to the findings from local clinical reviews if it is indicated that cases of VTE could have been prevented.

ii) Rate of *Clostridium difficile* infection

Clostridium difficile is a bacterium (bug) that can be found in the bowel. It is found in healthy people and those who are unwell. About 3% of the population carries *Clostridium difficile* in their bowel without causing harm. There are millions of normal bacteria that live in the bowel which help keep *Clostridium difficile* under control. *Clostridium difficile* can become harmful when found in large numbers. When there is an imbalance of the normal bacteria of the bowel, *Clostridium difficile* may become present in large numbers. When this happens it produces toxins (like a poison) that affects the lining of the bowel and gives rise to symptoms such as mild to severe diarrhoea.

This measure looks at the rate per 100,000 bed days of cases of *C.difficile* infection reported within the Trust among patients aged 2 or over.

Rate per 100,000 bed days for specimens taken from patients aged 2 or over (Trust apportioned cases)*

	2013/14	2014/15	2015/16	2016/17
City Hospitals	18.1	18.7	29.2	9.02**
National average	14.7	15.0	14.9	Not available
Highest national	37.1	62.2	66.0	Not available
Lowest national	0.00	0.00	0.00	Not available

Source – NHS Digital Indicator Portal
* Some of the data values have changed following final publication
** Figure is post appeal process and measures against our nationally prescribed *C. diff* objective.

City Hospitals Sunderland considers that this data is as described for the following reasons:

- the Trust has continued to work hard to reduce the numbers of *C.difficile* infection. This improving trend has continued into the current year as described later in the report.

City Hospitals Sunderland intends to take the following actions to improve this rate, and so the quality of its services, by continuing with our initiatives to reduce *C.difficile* infection, monitoring of infection prevention practices, and continuing with our antimicrobial stewardship programme.

iii) Rate of patient safety incidents and percentage resulting in severe harm or death

All Trusts have a responsibility to ensure that there are measures put in place to report and learn from incidents and near misses. The table below shows the comparative reporting rate, per 1,000 bed days, for acute (non-specialist) NHS organisations for the most recent data period (1st April – Sept 2016). This data is based on incidents submitted to the National Reporting and Learning System by the 30 November 2016.

CHS reporting	Rate*	National average	Highest national	Lowest national
1 April 2016 – 30 September 2016	62.51	40.80	71.80	21.20
1 October 2015 – 31 March 2016	63.54	39.60	75.90	14.80
1 April 2015 – 30 September 2015	74.52	39.30	74.67	18.07
1 October 2014 – 31 March 2015	72.79	37.15	82.21	3.57
1 April 2014 – 30 September 2014	41.33	35.90	75.00	0.20
1 October 2013 – 31 March 2014	43.30	33.30	74.90	5.80

Source – Organisation Patient Safety Incident Reports (acute – non specialist) via NHS Improvement (latest data published 22nd March 2017)
* Incidents reported per 1,000 bed days

Incidents reported by degree of		City Hospitals	National average	Highest national	Lowest national
1 April 2016 – 30 September 2016	Severe Harm	16 (0.2%)	0.3%	1.4%	0.0%
	Death	3 (0%)	0.1%	0.5%	0.0%
1 October 2015 – 31 March 2016	Severe Harm	5 (0.1%)	0.3%	1.7%	0.0%
	Death	1 (0%)	0.1%	1.1%	0.0%
1 April 2015 – 30 September 2015	Severe Harm	9 (0.1%)	0.4%	2.9%	0.0%
	Death	3 (0%)	0.1%	0.7%	0.0%
1 October 2014 – 31 March 2015	Severe Harm	4 (0%)	0.4%	5.2%	0.0%
	Death	0 (0%)	0.1%	1.1%	0.0%
1 April 2014 – 30 September 2014	Severe Harm	10 (0.25%)	0.4%	2.3%	0.0%
	Death	1 (0.0%)	0.1%	0.8%	0.0%
1 October 2013 – 31 March 2014	Severe Harm	14 (0.23%)	0.5%	2.97%	0.01%
	Death	3 (0.05%)	0.1%	0.31%	0.0%

Source – Organisation Patient Safety Incident Reports (acute – non specialist) via NHS Improvement (latest data published 22nd March 2017)

City Hospitals considers that this number and rate is as described for the following reasons:

- the Trust actively promotes the reporting of patient safety incidents and has revised its internal processes for staff during 2016. These enhancements will improve even further incident reporting among Trust staff.

City Hospitals Sunderland intends to take/has taken the following actions to improve this number and rate, and so the quality of its services, by continuing to develop our programme of patient safety and quality initiatives, i.e. local campaign to 'Keep calm and carry on reporting incidents' and frequent 'Lessons learnt' seminars accessible to all hospital staff.

PART 3: OTHER INFORMATION – REVIEW OF QUALITY 2016/17

Part 3 provides an opportunity for the Trust to report on progress against additional quality indicators. We agreed to measure, monitor and report on a limited number of indicators selected by the Board in consultation with key stakeholders. Some of the indicators are more difficult to provide a strict measure of performance than others, but nonetheless they are important aspects of improving overall quality for patients. Also some of these continue from last year given their scope, complexity and requirements for improvement.

In keeping with the format of the Quality Report, indicators will be presented under the headings of patient safety, clinical effectiveness and patient experience. Later in this section, performance will be summarised against key national priorities.

	Indicator	Objective	Rating
Patient Safety	Improve the completion, documentation and visibility of DNACPR orders	10% improvement by Quarter 4	Partially achieved
	Improve the reporting and investigation of hospital associated VTE events	Implementation of a revised process for RCA investigations	Fully achieved
	Reduce the number of patient falls that result in serious harm	To sustain position of being below the regional and national averages	Fully achieved
Clinical Effectiveness	Improve the process of fluid management and documentation	Increase% for each element of the assurance audit undertaken in Jan 2016	Partially achieved
	Improve the assessment and management of patients with sepsis	– 90% of patients are screened for sepsis; – 90% of patients are given intravenous antibiotics within 1 hour of arrival in the Emergency Departments or 90 minutes from the possibility of sepsis for inpatients with the most severe form of sepsis; – 95% of patients have their antibiotics and are reviewed within 72 hours of admission	Fully achieved
	Reduction in the number of avoidable cardiac arrests	Improvement of 5% for 2016/17	Partially achieved
Patient Experience	Reducing cancellations of outpatient consultations	10% reduction during 2016/17	Partially achieved
	Improve the timeliness of response to patient complaints	Reduce the backlog of complaints to <20%	Fully achieved
	Increase the % of patients who reported they had a positive experience (Q72 – Overall……..)	Improve score against 2015 performance (2015 = 8.1/10)	Data not yet published

3.1 Indicators for Improvement

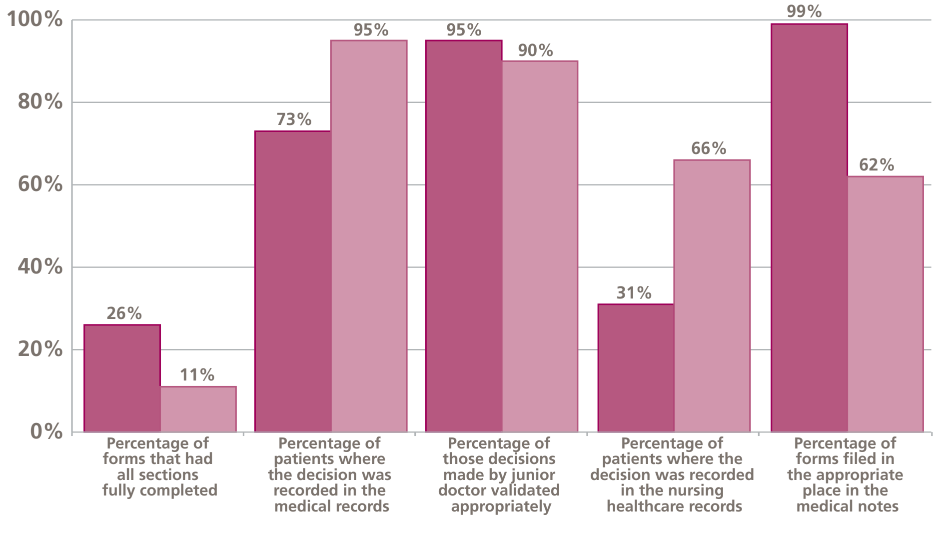
Indicators for improvement	Focusing on Patient Safety
1	Improve the completion, documentation and visibility of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders
2	Improve the reporting and investigation of hospital associated VTE events
3	Reduce the number of patient falls that result in serious harm

1 Improve the completion, documentation and visibility of DNACPR orders

Communicating DNACPR decisions can be particularly challenging for healthcare professionals. However, failures to explain clearly to patients or those close to them why decisions about cardiopulmonary resuscitation (CPR) are needed, and in particular the basis for a DNACPR decision, can lead to misunderstanding, potentially avoidable distress and dissatisfaction, and in some instances complaints or litigation. The chance of survival following CPR in adults is between 5-20% depending on the circumstances. Although CPR can be attempted on anyone, there comes a time for some people when it is not in their best interests to do this. It may then be appropriate to consider making a DNACPR decision to enable the person to die with dignity.

A DNACPR decision is a clinical one based on the patient's best interests, but it is important that the patient and relatives (if the patient is happy for them to be included) are involved at an early stage. Communication around DNACPR is very subjective and it is difficult to ensure that this communication has been effective and understood by patients and their family. In order to assess whether communication regarding DNACPR has taken place with patients and families, the Resuscitation Department undertake a twice yearly audit of documentation in medical and nursing notes to assess whether all sections of the DNACPR form have been completed. This does not measure the effectiveness of the communication, only that it has taken place.

Do not attempt cardiopulmonary resuscitation (DNACPR) audit results – Medicine and Surgery



The adjacent graph shows a comparison of the completeness of DNACPR documentation during 2015 and 2016. The picture is mixed with some evidence of improvement, i.e. a 22% increase in the times the decision is documented in the medical notes and a 35% increase in recording in the nursing notes. However, in some other areas documentation has failed to improve.

During the year the Resuscitation Trainers have delivered training to junior doctors at their induction about the process and documentation of DNACPR, including when to involve patients and families. They have adapted for use the national DNACPR patient information leaflet produced jointly by the Resuscitation Council, British Medical Association and the Royal College of Nursing. They have also developed a standardised DNACPR training package which includes communication with patients and families that all staff can access via electronic staff record.

We hope that in consolidating these training and educational initiatives we can show more sustained improvements in 2017/18. We will explore the possibility of introducing an electronic DNACPR form linked to our Meditech system (electronic record) to help with compliance. In addition, the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) is being devised by the UK Resuscitation Council with other national bodies, to improve the frequency and quality of recording DNACPR decisions.

2 Improve the reporting and investigation of hospital associated VTE events

Venous Thromboembolism (VTE) assessment is a national patient safety initiative to reduce avoidable deaths from blood clots that may develop as a result of admission to hospital. When patients are assessed and treated appropriately, it can significantly reduce rates of mortality associated with this condition. National guidance states that Trusts should undertake an investigation of all confirmed cases of thromboembolism acquired in hospital or occurring within 90 days after discharge following a hospital stay of at least 24 hours. The findings from any investigations should be reported internally to a relevant Trust Committee and any learning points should be shared with Commissioners.

During 2016, the Trust Venous Thromboembolism Group coordinated a review of the current investigatory process and strengthened governance arrangements in key areas, such as;

- Ensuring that the new process is much more clinically led, i.e. involving the Consultant who has clinical responsibility for the patient and making sure that the VTE Group has oversight of the whole process;
- The Chair of the VTE Group is now responsible for reviewing a cohort of patients on a monthly basis to ensure that they appropriately meet the review criteria, i.e. a new episode of VTE occurring during a hospital stay or a patient having been readmitted within 90 of discharge following an inpatient stay of at least 24 hours. This will allow identification of genuine cases for clinical review;
- The responsible consultant for each confirmed case now undertakes a case review using the national proforma and a judgement is made on whether the episode could have been prevented and what should have happened; and
- The outcomes of all cases, and any actions needed by the Trust, is presented at the quarterly VTE Group before a composite report is shared with Commissioners.

The revised process was introduced later than planned with the first summary report presented to the VTE Group in February 2017. The process is working well and the findings from these reviews will provide valuable information as to how we can further improve our assessment and management of this largely preventable condition.

3 Reduce the number of patient falls that result in serious injury

In-hospital falls are among the most common incidents reported in hospital and are a leading cause of death in people aged 65 or older. Patients of all ages can fall in hospital but the rate is likely to be higher in the elderly, particularly when they are acutely unwell. Of particular concern are those falls where actual harm occurs, such as fractures, since these may decrease the likelihood of a return to previous levels of independence for patients following a prolonged hospital stay.

Over the last 3 years the Trust has been consistently below the reported peer average for patients suffering harm from a fall in hospital. This position is supported by the results from the last national audit of inpatient falls (Royal College of Physicians), which shows that City Hospitals is the top performing Trust in the region. The audit measures practice against NICE guidance on falls assessment and prevention (NICE Clinical Guideline No.161) as well as other patient safety guidance on preventing falls in hospital.

The Trust has used data from the NHS Safety Thermometer to review the success of its approaches to falls prevention and management. The tables below show a consolidation of our position of being below (which is good) the regional and national averages for patients suffering harm from a fall in hospital.

Number of Patient Falls 2016/17

	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Total
Low Harm	0	0	2	0	2	1	1	0	3	2	2	0	13
Moderate Harm	0	0	0	0	0	0	0	0	2	0	0	0	2
Severe Harm	0	0	0	0	0	0	0	0	1	0	0	0	1
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**2**	**0**	**2**	**1**	**1**	**0**	**6**	**2**	**2**	**0**	**16**
Total for 2015/16	4	1	2	2	0	2	0	0	5	1	2	3	22

Source – NHS Safety Thermometer Data

Falls Harm Rate

	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Ave
Peer Min	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer Max	2.11	2.07	1.77	1.89	4.21	2.69	2.50	2.15	2.22	3.58	2.74	1.68	**2.47**
Peer Ave	0.45	0.43	0.43	0.39	0.43	0.44	0.43	0.39	0.45	0.45	0.41	0.37	**0.42**
Trust	**0**	**0**	**0.33**	**0**	**0.33**	**0.15**	**0.16**	**0**	**0.91**	**0.30**	**0.28**	**0**	**0.21**

The Hospital Falls Reduction Group has responsibility for leading the strategic work of the Trust and for ensuring that our initiatives succeed in preventing and managing patient falls. They also regularly review performance data and target their expertise and support to areas that require it. The reduction of patient falls is an ongoing priority for the Trust and we will continue to work to sustain our reputational position as being one of the best Trusts in region. We look forward to our participation in the next round of the national RCP audit due to start in 2017/18.

Other Information – Sign Up to Safety Campaign

The national Sign Up to Safety Campaign aims to strengthen patient safety in the NHS and make it the safest healthcare system in the world. We wanted to translate that ambition to some of our local patient safety work and that is why we joined the campaign and pledged to reduce:

- the number and severity of hospital acquired pressure ulcers;
- the number of serious patient falls; and
- those medication errors that cause harm to patients.

We initially developed an overarching patient safety improvement plan but over time this has changed as we moved some of the topics to become our quality priorities. Therefore we have signed up to detailed improvement plans to support each of the quality priorities where appropriate e.g. Pressure Ulcer Improvement Plan, Fall Reduction Plan etc. Progress and achievements in reducing pressure ulcers and patient falls causing injury can be found in the section 2.1 – Review of Priorities for Improvement 2016/17. In addition, we were successful in bidding for national funding in 2015 to help the Trust mitigate risk and improve safety in three initiatives within Maternity and the Emergency Department.

These projects included:

- introduction of a computerised system for the centralised monitoring of women whilst in labour;
- the introduction of high-tech support for the identification of high risk cases early in pregnancy; and
- collaboration between our Emergency Department and Radiology Service to improve reporting times for X-rays during evenings and weekends.

All three funding initiatives have now been implemented although the joint Emergency Department / Radiology work did suffer from some delay but is now under way.

Duty of Candour

When things go wrong it's important to our patients that we are open and honest regarding what has happened.

We have a duty to do this – the duty of candour. The duty of candour is now a statutory requirement, complementing the existing professional duty for healthcare professionals. Our aim is that in all cases where duty of candour is applicable we will discharge our obligation to:

- notify the relevant person that the incident has occurred;
- apologise;
- provide reasonable support to the relevant person in relation to the incident;
- provide details of any investigations that will be required;
- provide results of any further enquiries into the incident; and
- write to the relevant person detailing all of the points above.

The Patient Safety and Risk Team collate details of patient incidents of a moderate/serious nature where duty of candour applies via the Trust incident reporting system. During 2016/17 the following incidents which require duty of candour have been reported;

	Q1	Q2	Q3	Q4
Incidents which require duty of candour 2016/17	60	42	10	6

During 2016/17 work has been ongoing to ensure the appropriate classification of the actual impact of reported incidents in accordance with both local and national guidelines, this means that publishing of data is delayed by 1 month to allow for thorough analysis and investigation. As the work has progressed during Q1 and Q2 there was a marked reduction in the number of confirmed Duty of Candour cases, this has now begun to plateau. By ensuring that incidents are appropriately classified this allows resources to be effectively targeted and to further progress this work during Quarter 1 of 2017/18 there will be staff awareness raising sessions and additional guidance provided to assist staff in effectively discharging their duty of candour responsibilities.

Patients involved in incidents where harm has occurred receive an apology from staff and are provided with a full and clear explanation. The Trust Rapid Review Group will commission an investigation into each incident and following completion patients are invited to receive feedback via a face to face meeting and receive a copy of the investigation report.

Never Events

Never events are patient safety incidents that are serious and largely preventable. They have the potential to cause serious patient harm or death. Any report of a never event is escalated via our serious incident process and subjected to root cause analysis investigation, so that learning is identified and shared appropriately. The Trust declared three never events during 2016/17, but none of the patients came to serious harm or death. A brief description of what happened in each case is provided below:

Description of Goal	12/13	13/14	14/15	15/16	16/17
Preventing occurrence of any 'Never Events'	1	1	1	3	3

Source – Strategic Executive Information System (STEIS)

Patient 1 – Wrong route administration of medication. A patient requested analgesia. A registered nurse measured out the prescribed liquid oramorph in a syringe, intended for oral administration, but was interrupted by an agitated visitor. The nurse asked a student nurse to give the patient the medication so that she could deal with the visitor at the nurses' station. The student nurse realised she had administered the oramorph via the wrong route: the patient had stretched out their arm and she gave it intravenously rather than orally. The incident caused minor harm to the patient. The incident was discussed at the Trust Rapid Review Group and a comprehensive investigation as to what happened was undertaken. Relevant learning points are being implemented by the Trust.

Patient 2 – Retained foreign object post-procedure. A female patient in our Maternity department had an instrumental delivery and subsequent delivery of her baby. During the postnatal period the lady complained of a foul smelling discharge. The community midwife examining the lady observed what appeared to be a retained swab and referred her for immediate medical review. The woman was seen by medical staff at the Antenatal Day Unit and the swab was removed. This incident was graded as having caused minor harm and action is now being taken by the Trust following investigation and reflection on the findings.

Patient 3 – Wrong-site surgery. A female patient required a surgical 'taping' procedure to help manage stress incontinence. The procedure involves making a small incision however this was wrongly located for the type of procedure. The error was immediately identified and corrected. The incident was graded as having caused minor harm and the Trust is currently carrying out a full investigation, the learning and any resulting actions from this will then be put in place.

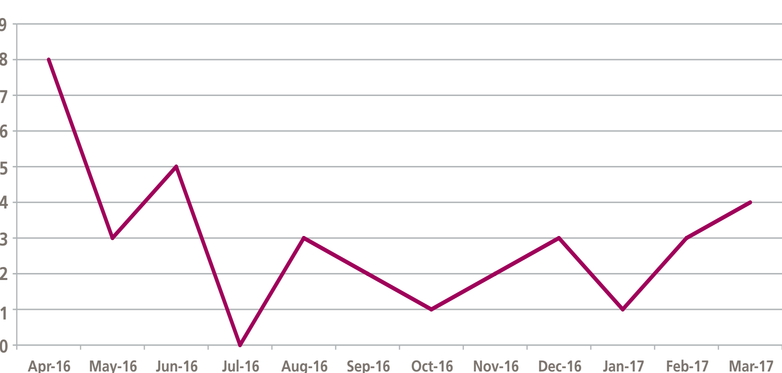
Serious Incidents

Serious Incidents (SIs) in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. The Trust is committed to identifying, reporting and investigating SIs, and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence.

SIs are reported via the Strategic Executive Information System (STEIS) and monitored through the North East Commissioning Support Unit (NECSU). Each incident is subject to a full root-cause analysis and the deadline for completing SI investigations is 60 working days from the date reported to STEIS. There are occasions when the Trust has not been able to meet this reporting standard and completed its investigations. The risk team are working closely with directorates to assist in completing all overdue SI investigations. Sunderland Clinical Commissioning Group has an established Serious Incident Panel in place to review all completed root-cause analysis reports, consider requests for 'downgrading' incidents and for closing investigations.

The chart and table below show the number of SIs reported to STEIS (April 2016 – March 2017); 35 Serious Incidents have been declared by City Hospitals in 2016/17. The top five cause groups are also shown:

Number of Serious Incidents reported to STEIS (April 16–March 17)



Serious Incidents – top five cause groups (April 16-March 17)

Cause Group	Number
Tissue Viability	9
Slips/Trips/Falls	5
Surgical invasive procedures	3
Delay in attending to patient	2
Medicines administration	2

As can be seen elsewhere within the Quality Report, the top cause groups are identified within our Trust quality priorities and each has a plan for improvement with targets set to measure progress and achievement. So for example, we have a 3-year Trust-wide Pressure Ulcer Improvement Plan and the Hospital Falls Reduction Group is leading on a number of initiatives to reduce falls that cause injury to patients.

Indicators for improvement	Focusing on Clinical Effectiveness
1	Improve the process of fluid management and documentation
2	Improve the assessment and management of patients with sepsis
3	Reduction in the number of avoidable (predictable) cardiac arrests

1 Improve the process of fluid management and documentation

Accuracy in recording fluid intake and output is vital to the overall management of certain patient groups and facilitates the assessment and evaluation of the patient's condition. However, recordings on fluid balance charts are often being inadequately and inaccurately completed. This was one of the findings from the quality inspection undertaken in 2014 by the Care Quality Commission. Subsequent audits undertaken as part of the Trust's Assurance Programme over 2015 and 2016 have revealed similar findings that the standard of some of our fluid balance recordings must be improved.

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

The results of the latest audit undertaken in Sept 2016 show improvement in some areas but deterioration in others.

A review of practice revealed that the fluid balance charts were being utilised to merely monitor and record fluid input in patients where their output/balance was not necessarily critical to their clinical condition.

The Nutrition Steering Group has set up a "Task and Finish" group to improve practice in this area.

Following the latest set of audit results, the Task and Finish group has developed a Fluid Balance and Fluid Management Improvement Plan with an associated action plan. The focus of the plan is to ensure that robust patient assessment determines the patient's individual monitoring requirements, in terms of either fluid intake and output or merely fluid intake monitoring and recording. The group re-designed the existing Trust fluid balance chart, adding an explicit monitoring section onto the chart to clearly identify the patient's monitoring requirements and renaming it a "fluid monitoring chart". This chart was piloted in Quarter 4 2016/17 and evaluated extremely positively.

Plans for 2017/18

- The Task and Finish group will ask the Clinical Governance Steering Group to approve the new fluid monitoring chart and lead on the implementation and roll out of new chart across the Trust;
- To define the required standards for fluid monitoring and recording within the Nutrition and Hydration policy and develop an associated Standard Operating Procedure (SOP);
- Assurance Team to re-audit fluid monitoring and recording charts in Q2 2017/18 (following roll out); and
- Nutrition Steering Group will continue to drive improvements in relation to nutrition and hydration across the Organisation.

Nutrition and hydration week (13th – 19th March 2017)

The Trust's Nutrition Steering Group (NSG) co-ordinated and led on a range of themed events over the week, under the strapline *"Eating for Health"*. The purpose of the week was to highlight the importance of adequate nutrition and hydration within the healthcare sector.

The Trust's Nutritional Link Nurses played a key role by "championing" the week's activities and also promoting protected mealtimes for our patients. The highlight of the week was undoubtedly the "Afternoon Tea Event" on Wednesday 15th March, which was funded using charitable funds supplemented by a contribution from G4S. A range of volunteers assisted our catering and domestic teams in preparing and serving the teas. The event was extremely well received by patients, visitors and staff alike and seemed to strike a real chord with our care of the elderly patients in particular, with several patients asking for seconds and even getting themselves out of bed to get them!

Thank you to all involved – a great example of real teamwork in CHS!

2 Improve the assessment and management of patients with sepsis

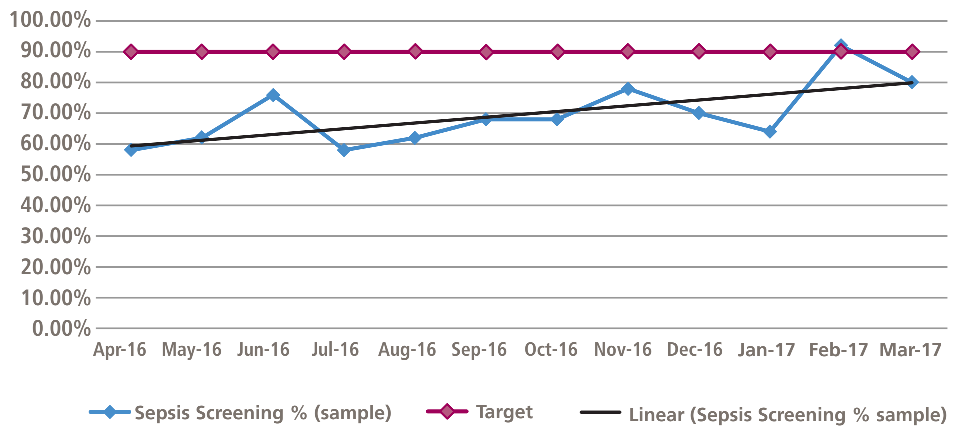
Sepsis is one of the leading causes of death in hospital patients and severe sepsis has a significantly high mortality rate despite various campaigns and the availability of good evidence for treatment. The high death rate associated with sepsis is mainly due to poor identification and delayed intervention. Sepsis is now part of CQUIN and hospitals are expected to set up systems for screening patients for sepsis for whom it may be appropriate. The aim is to identify quickly those patients with sepsis and who require rapid antibiotic treatment within 1 hour.

The Trust has a sepsis screening process now in place in adult and paediatric Emergency Departments, medical and surgical admissions units and across all in-patient wards. The targets set within the national quality scheme (CQUIN) for 2016/17 in Emergency Departments were:

- 90% of patients are screened for sepsis (where clinically appropriate);
- 90% of patients are given intravenous antibiotics within 1 hour of arrival in the Emergency Department; and
- 95% of patients who receive antibiotics have an antibiotic review within 72 hours of first administration (target applies from quarter 2 onwards).

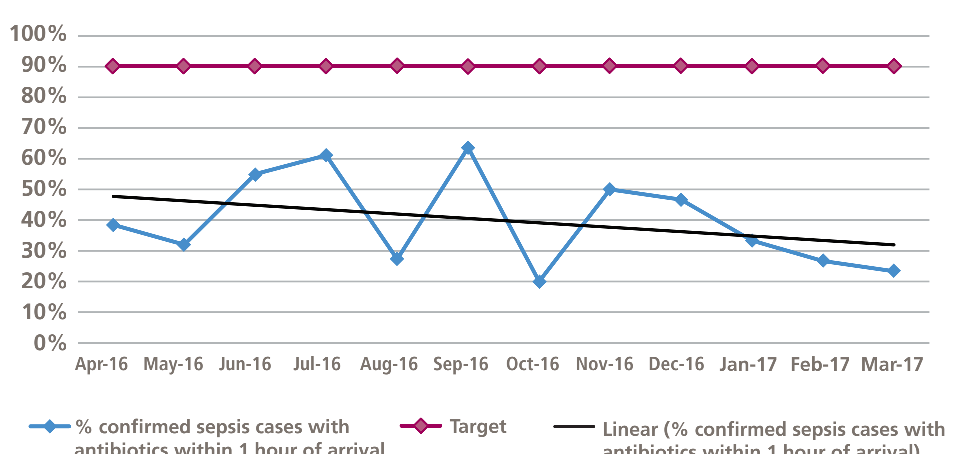
Emergency Departments

Percentage of patients (adults and children) screened in the Emergency Department 2016/17 (sample)



CQUIN recognises partial achievement as performance above 50% throughout the year and 90% and above as full achievement. The chart shows incremental improvement and an upward trend line trajectory during the year (which is good). The 90% threshold was first achieved in Feb 2017.

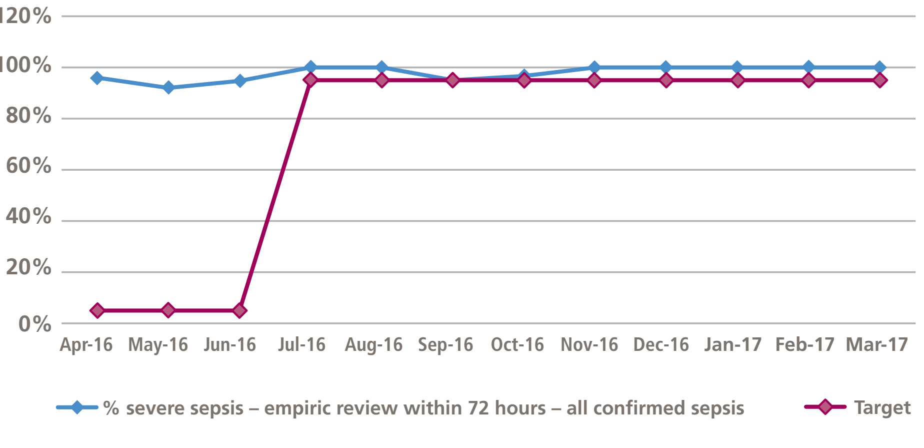
Percentage of patients (adults and children) given antibiotics in the Emergency Department within 1 hour of arrival 2016/17 (sample)



CQUIN recognises partial achievement as above 50% throughout the year and full achievement would be 90%. We were only able to meet the partial achievement threshold on a limited number of occasions.

NHS England has now changed the criteria that will be applied to antibiotic administration and the Trust will therefore see an improvement in compliance in 2017/18.

Percentage of patients (adults and children) with antibiotic review in the Emergency Department within 72 hours (sample)

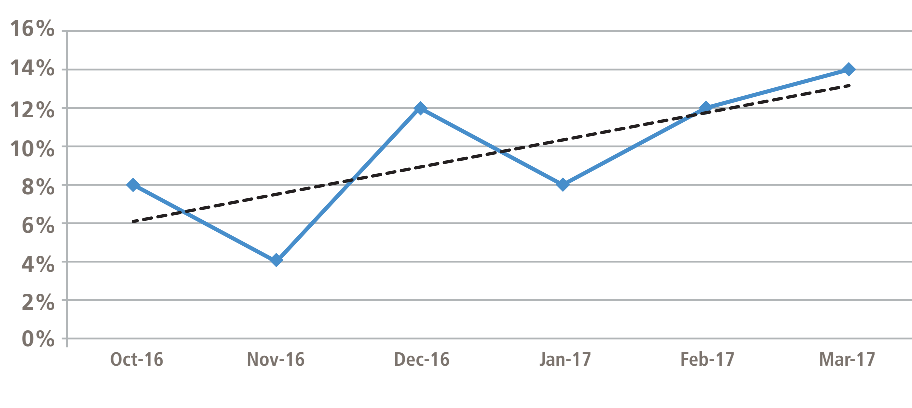


The initial target set with Commissioners was 5% for the first quarter 2016/17. This was revised and substantially increased to 95% following the first quarter data submission. The chart shows that the Trust consistently achieved this high threshold of performance throughout the full CQUIN year. Timely antibiotic review is important as it ensures that patients are on the right drugs, at the right dosage given at the most appropriate intervals.

Inpatient wards

For 2016/17, the CQUIN guidance confirmed that the screening process and instruction for rapid administration of antibiotics for patients with the most severe form of sepsis should apply to all inpatient areas. This presented an even greater challenge to the Sepsis Group who were leading the Trust-wide implementation and to those wards asked to incorporate a new electronic screening tool into their admission process. The guidance would also apply to patients whose clinical condition deteriorated at any time during their hospital stay.

Percentage of patients (adults and children) screened for sepsis in the Inpatient environment (sample)



Between April–September 2016, the Trust rolled out sepsis screening to all inpatient wards on a phased basis. Between October – December 2016 we were able to collect and verify data to provide a baseline figure for setting a target with Commissioners for quarter 4. This was agreed outside the national targets. We achieved the target set.

From a low starting point we can see an encouraging upward trajectory. However, inpatient wards present many different challenges regarding implementation and embedding practices.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Antibiotics within 90 minutes	–	–	100%	100%	88.9%	75%
Antibiotic review within 72 hours	–	–	100%	100%	100%	100%

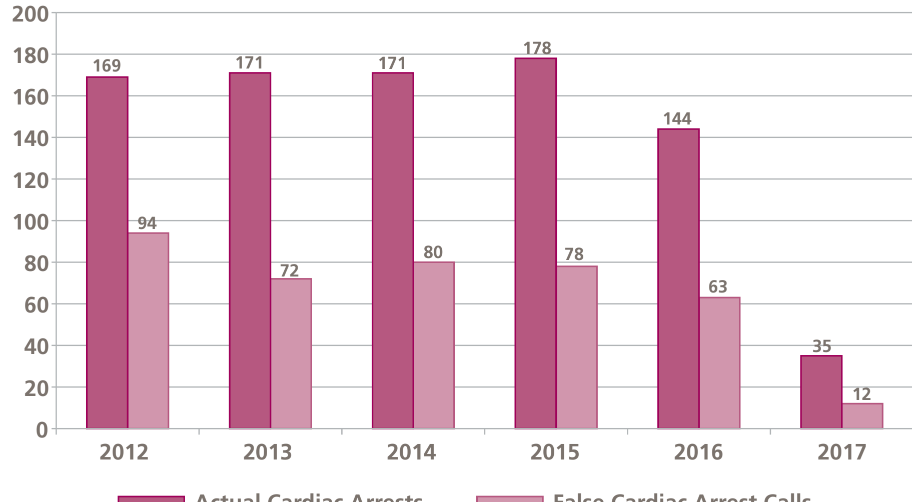
What have we done this year?

- City Hospitals has participated in a regional Sepsis Group chaired by Health Education England to look at standardising the tools used to recognise sepsis and to raise awareness and educate staff about sepsis;
- Our sepsis process has taken account of recent NICE guidance on sepsis and moved to the Sepsis 3 international definition of sepsis;
- We have held a series of educational 'lessons learnt' seminars open to all staff around the recognition, treatment and management of sepsis (see adjacent poster);
- A number of drop-in-sessions were arranged by the Critical Care Outreach Team to answer any queries staff have about sepsis;
- Targeted and visible support is being provided to wards by Clinical Governance and the Critical Care Outreach Team;
- The Trust Sepsis Group has been reconvened with a wider clinical membership, including the appointment of senior 'sepsis champions' to support the roll-out of sepsis screening across Medicine and Surgery; and
- We have started to develop and populate with information a dedicated sepsis intranet webpage for staff.

During 2017/18, the Trust will consolidate and embed improvements around sepsis recognition and treatment. Clinical areas will continue to have access to creditable advice and expertise, particularly those wards where performance data suggests they are experiencing difficulties. We will explore new and novel ways to raise awareness and further develop our intranet resources for staff. We will also continue our participation in the Regional Sepsis Group and plan to provide a Trust-wide event in recognition of World Sepsis Day on the 13th September 2017.

3 Reduction in the number of avoidable (predictable) cardiac arrests

Nationally it has been shown that two thirds of all cardiac arrests are predictable events. A recent review into deaths across England (National Confidential Enquiries into Patient Outcomes and Death – Time to Intervene?) showed there was often a failure to assess, recognise and respond adequately to those patients whose condition deteriorates. The report's main conclusions were that care should be focused on preventing cardiac arrests, through appropriate management of acutely ill people, to maximise their chance of recovery. This priority has focused on improving Trust implementation of National Early Warning Score (NEWS) and management of the deteriorating patient.



The graph shows the number of cardiac arrest calls made and those that were false cardiac arrest calls. False cardiac arrest calls are those patients who were either not for active resuscitation (DNACPR decision was already made) or did not suffer a genuine cardiac arrest. There was a noticeable decline in the number of cardiac arrest calls during the year 2016 as well as the number of false calls.

For 2017 the figures are only up to the end of March.

In an attempt to reduce the number of avoidable cardiac arrest calls, the Trust has:

- encouraged staff to recognise deterioration of a patient by utilising NEWS (a guide used by staff to quickly determine the degree of illness of a patient);
- incorporated NEWS into immediate and advanced life support training;
- trained staff to assess critically ill patients using an airway, breathing and circulation approach to recognise and treat life threatening problems; and
- ensured that all clinical staff attend annual training to a minimum of basic life support.

The incidence of cardiac arrests attended by the Trust Cardiac Arrest Team per 1000 hospital admissions for the year 2015/16 was 1.45 and the target for a 5% reduction was 1.37. In the 1st Quarter 2016/2017 the Trust exceeded this target and achieved a rate of 1.35; however it then increased to 1.70 in the following Quarter (Source – National Cardiac Arrest Audit NCAA). The overall resuscitation training compliance rate for Quarter 3 2016/17 for clinical staff is 84% which increased to 86% in the last Quarter of the year.

The Trust will continue to participate in the NCAA to enable us to benchmark against other trusts in the UK. This will also help in scaling up any improvements. We will also target simulation training for acute clinical staff to include NEWS and recognition of the seriously ill patient.

Other Information – Reducing Healthcare Associated Infection

The Infection Prevention and Control Team (IPCT) have continued throughout this year to drive strategies which promote a zero tolerance for preventable infection.

For a further year the target set by the Department of Health for 2016/17 remained zero for MRSA bacteraemia. This has proven to be another significant challenge for the organisation. Despite continued efforts with improving hand hygiene, asepsis, and surveillance and responding to learning points from investigations, we have reported 5 cases of healthcare associated bacteraemia which is an increase on last year's figure (3 cases 2015/16).

The IPCT continue to work closely with directorate teams to complete a detailed root cause analysis of each case of MRSA bacteraemia. Where lessons have needed to be learnt, these have been shared throughout the organisation, for example, ensuring staff consistently complete intravenous device assessment, reducing the incidence of contaminated blood culture samples, and reminding staff to document the clinical reasons when patient cannulaes are left insitu longer than 72 hours. We will continue to drive improvement in these areas via our Healthcare Associated Infection (HCAI) Plans, with particular emphasis on best practice in the management of intravenous devices.

The target for *Clostridium difficile* infection (CDI) set by the Department of Health remained at 34 Trust apportioned cases. The total number of positive toxin tests reported externally for City Hospitals in 2016/17 was 29. Following detailed examination of each case we have agreed via the appeals process with Sunderland CCG that 9 of these were not genuine infection or infections developing in hospital. Therefore, the Trust apportioned cases is confirmed at 20 against the target of 34 cases which represents a 33% reduction compared to last year. Despite this achievement we continue to identify some recurrent themes, for example; delays in submission of samples, delays in isolation of patients with suspected infection and failure to consistently complete the Bristol stool chart. These areas form part of our HCAI Plans so that the organisation is focused on the appropriate infection prevention measures.

The IPCT can report a number of achievements during 2016/17, which include:

- the continued use of total room decontamination with hydrogen peroxide vapour (a treatment know to be effective at reducing hospital infection). We have also introduced another infection control measure using ultraviolet light;
- increased screening of high risk patients who may have *C. difficile* colonisation;
- continued review and analysis of antimicrobial prescribing with particular reference to the 2016/17 antimicrobial stewardship CQUIN targets;
- increased engagement by IPCT staff with wards, departments and directorates;
- the development of an IPC dashboard to monitor the success of infection control in the hospital;
- the introduction of root cause analysis for E. coli bacteraemia related to urinary catheters;
- our significant contribution to the Trust flu vaccination programme;
- the introduction of cleanliness audits in outpatient areas; and
- the development of a multidisciplinary group to inform strategy for the management of intravenous devices.

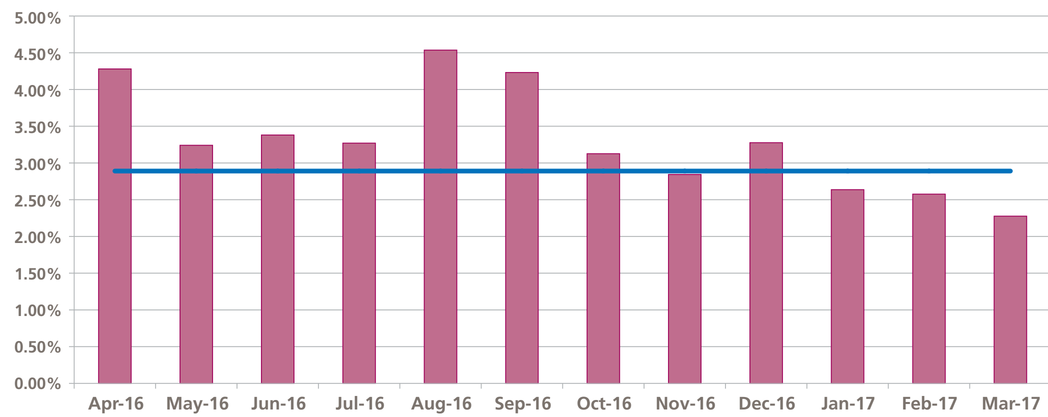
Some of the key areas that the IPCT will be involved with next year include; carrying out monthly cleanliness audits in high risk clinical areas, assessing compliance with IV devices, developing a care pathway for the management of the patients with diarrhoea, enhancing surveillance of the Bristol stool chart and undertaking a review of medical staff training for aseptic technique. The IPCT will remain committed to driving the strategies which promote safe, effective infection prevention and control practices across the Trust. The IPCT will also continue to work closely with clinical staff to inform and deliver a robust strategy for the management of infection outbreaks and serious infections.

Indicators for improvement	Focusing on Patient Experience
1 Reducing cancellations of outpatient consultations	
2 Improve the timeliness of response to patient complaints	
3 Increase the % of patients who reported they had a positive experience (Q72 – Overall……….)	

1 Reducing cancellations of outpatient consultations

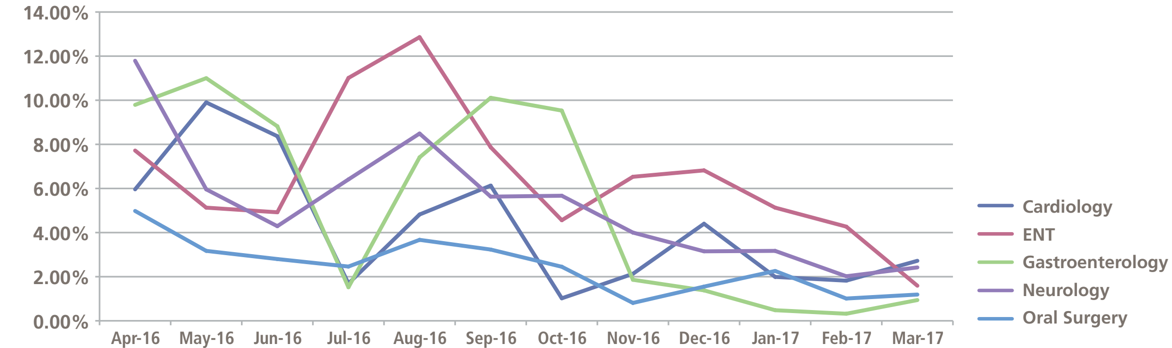
Reducing the number of outpatient appointments which are cancelled is a key quality priority for the Trust. This priority was developed in response to feedback from Trust Governors in order to reduce those cancellations which negatively impact patients. We do acknowledge that some cancellations will be required i.e. to move patients to a more appropriate service for their needs. Reducing cancellations is part of the Trust's improvement programme around scheduling which ensures we provide efficient and effective outpatient services. The baseline cancellation rate was 3.21%, with a target set for a 10% reduction in 2016/17 i.e. 2.89%.

Performance at Trust level for the 12 month period April to March is shown in the chart below. Increases in cancellations in April, August, September were due to issues such as staff sickness, annual leave, and Doctor availability (registrar). We have seen improvement to under target for the last 3 months of the year.



There has been a focus on ensuring that clinical teams proactively plan for any reductions in capacity with demand and capacity models now in place for the majority of specialties. It is now easier to see further ahead and plan to increase appointments when required to ensure minimal impact on the service and patients. This should reduce the number of cancellations due to annual leave and staff training. However, the national consultant contract only requires 6 weeks' notice to be given by consultants and some services have longer waiting times therefore it is more challenging to avoid cancellations in these services.

The specialties with the largest improvement in their cancellation rate over the year is shown below.



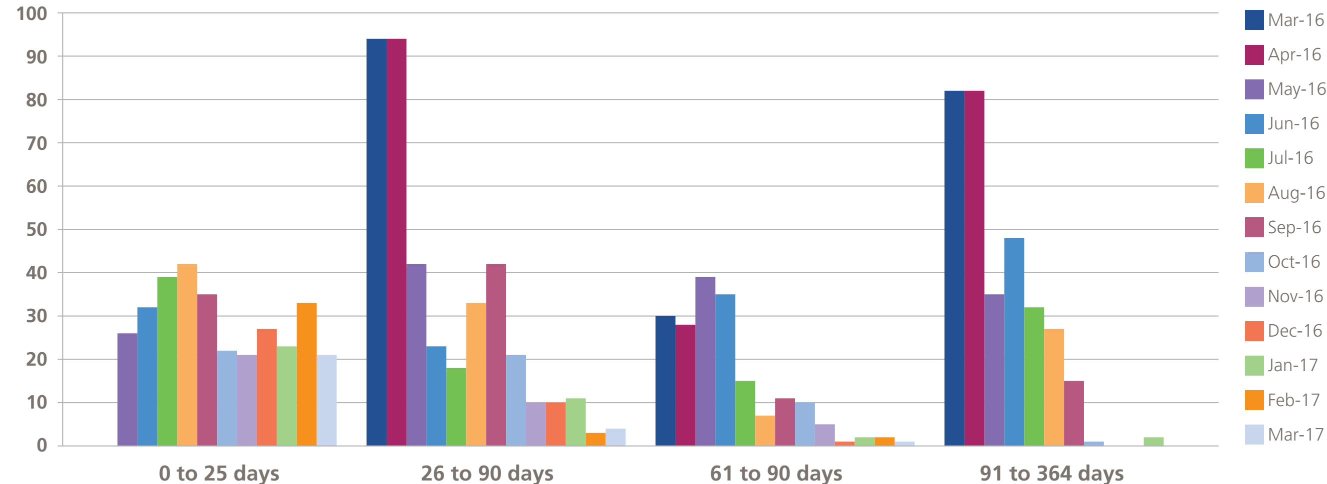
Further improvement actions in 2017/18 are:

- Monthly analysis is provided to Divisional General Managers, Directorate Managers and Scheduling Managers to identify the reasons for cancellations to inform actions.
- We are looking at ways to ensure there is capacity to accommodate patients when they cancel or when the hospital cancels to ensure they are given a further appointment in a reasonable timescale.
- We look at outpatient appointment cancellations in under 6 weeks for this measure as this is the point at which we send letters to patients to confirm their appointment. As previously indicated, many cancellations are due to unforeseen circumstances such as sickness, patient booked outside of the e-referral system, reason not specified and no Dr available (registrar). If a patient books their appointment through the NHS e-Referral system (previously Choose and Book) and this is then cancelled, often the cancellation reason recorded is 'booked outside of the e-referral system'. We do know that this is not the primary reason for the cancellation and it is used where the cancelled appointment cannot be re-booked in the e-referral system due to capacity issues. Recently, administrative processes have been reviewed and refined so that the actual reason for the cancellation is recorded. This will improve our analysis and ability to take appropriate remedial action.

This indicator has been reviewed by our external auditors who have provided feedback in a private report to the Council of Governors.

2 Improve the timeliness of response to patient complaints

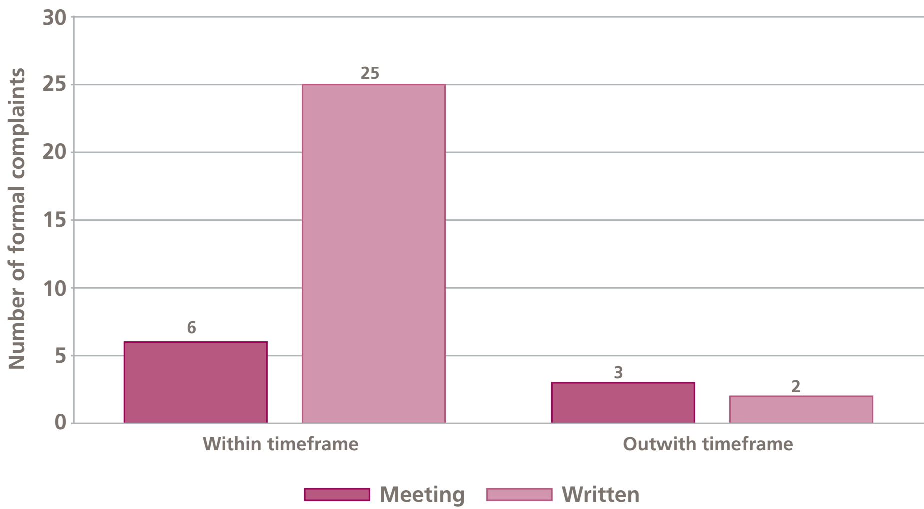
City Hospitals provides a comprehensive range of services for thousands of people every day and we know we get it right most of the time. However, we recognise that there may be occasions when things go wrong and patients and their families may not be entirely satisfied with the level of service they have received. The Trust has an established complaints handling policy in line with the Department of Health's NHS and Social Care Complaints Regulations. In 2015, we introduced the 'Help and Advice Service' which provides support to resolve both formal and informal concerns and this has resulted in a year on year reduction in formal complaints. However, we have not always been able to respond to our complaints in a timely manner and we know that this delay can cause frustration among families.



Formal complaints – working days awaiting first written response

In April 2016, prior to the significant upgrade of the Trust's complaints management system (Ulysses Software System), there was no mechanism to measure against the policy response times, however a number of reports were developed to provide visibility of response times, and progress over the year can clearly be demonstrated. The chart opposite shows the substantial improvements made to the response time of complaints over the financial year. At the beginning of 2016/17, there were 82 complainants that had waited over 91 days for a first written response. By the end of March 2017, this was zero, with only one complainant waiting more than 61 days. This is a significant improvement in our complaints handling during 2016/17.

All complaints awaiting first response: written or meeting



At the end of March 2017, there were only 5 complaints awaiting a first response, demonstrating significant improvements in the process and far exceeding the 20% improvement target.

3 Increase the % of patients who reported they had a positive experience (Q72 – Overall……….)

The national survey of adult inpatients is one of the biggest surveys of its kind and is well established and trusted in the NHS. The aim of the survey is to understand more about patient experiences whilst receiving their care in hospital. It also helps us focus on the right issues as perceived by patients themselves.

The Quality Report has previously shown where we have acted on the results from this survey and made changes and improvements to our service. One of the concluding questions in the survey is about the patients overall rating of their stay in hospital. We wanted to increase the percentage of patients who rate their care at the Trust as excellent, very good or good so that we achieve one of the highest composite scores in the North East.

The field work for the 2016 survey is complete and we are waiting for the national release of the results and how we benchmark against our peers. Individual hospital survey reports are normally available in the Spring.

Other Information – National Patient Surveys

The thoughts, opinions and observations of patients and relatives who use our hospital services are very important to us. Our aim is that every patient's experience is a positive one and understanding what matters most for them and their families is a key factor in achieving this. We collect patient feedback in many different ways, including local patient experience questionnaires and through the Friends and Family Test and alongside this we also take part in the annual National Patient Survey Programme. These mandatory surveys allow us to compare our performance with other Organisations and, equally as important, it allows us to see whether any actions we have taken in response to previous surveys have actually improved our services.

For 2016/17 City Hospitals participated in the following national patient surveys:

Type of survey	Data collection
Children & Young People's Inpatient and Day Case Survey 2016	Jan 17 – Jun 17
Emergency Department 2016	Oct 16 – Mar 17
Cancer Patient Experience Survey 2016	Oct 16 – Feb 17
Adult Inpatient Survey 2016	Aug 15 – Jan 17

The later than usual publication of the 2015 adult inpatient survey meant that we were not able to include the results in last year's Quality Report. Therefore, we include a summary of our performance below with the full benchmarking report available from the following link **(http://www.nhssurveys.org/Filestore/Inpatient_2015/BMK%20reports/IP15_RLN.pdf).**

National Patient Survey Programme	Adult Inpatient Survey 2015
We asked patients about their most recent hospital stay	

The Adult Inpatient Survey gives patients the opportunity to give their views about their most recent stay in hospital. The questionnaire asks for feedback on a number of topics such as admission, contact with doctors and nurses, privacy and dignity, cleanliness, hospital food and their involvement in discharge planning. The results are used to identify and drive improvements where it is felt necessary. In total 657 patients gave their opinion on the care and service provided by City Hospitals. This was a higher response rate than in previous years and was due to changes in the sampling methodology where the size of the patient sample drawn increased from 850 to 1,250.

The table opposite provides an aggregated score for questions grouped according to the sections in the inpatient questionnaire. A higher score is better. Each Trust is also assigned a category, to identify whether their score is better, about the same, or worse than most other Trusts who carried out the survey. City Hospitals achieved an 'about the same' rating for each of the 11 sections compared with other Trusts. The public can view this section table on the Care Quality Commission website **(http://www.cqc.org.uk/provider/RLN/survey/3)** and drill down in individual questions under each section theme.

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

The results show that across the 63 questions which measure our performance from the patient's perspective, 62 (98.4%) were rated in the amber 'expected range' category, meaning that we are about the same as most other Trusts in the survey. There were no questions in the red or 'worse' performing category but the Trust did have 1 question rated as green or 'better' than other Trusts; this was related to shorter delays for patients being discharged home.

Areas where the Trust improved and achieved the largest increase in individual scores compared to the last survey in 2014:

- Cleanliness of the toilets and the bathrooms that were used in the hospital;
- Patients were given answers to questions that they could understand;
- Patients felt that they were given enough notice about when they were going to be discharged;
- Staff explained the purpose of the medicines patients were going to take home in a way that they could understand;
- More patients rated their hospital food;
- The anaesthetist and other members of staff explained to patients how they would be put to sleep or have their pain controlled; and
- Staff did discuss with patients what additional equipment or adaptations were needed at home.

Areas where the Trust failed to increase its individual scores compared to the last survey in 2014:

- Patients felt that they did not get enough help from staff to eat their meals;
- Hospital staff did not tell sufficient patients about danger signals to watch out for after they went home;
- On occasions, hospital staff did not discuss with patients about whether they needed any further health or social care services after leaving hospital;
- Patients felt that some hospital staff did not do everything they could to help control their pain; and
- Hospital staff did not tell sufficient patients about medication side effects to watch for when they went home.

The results of the national adult inpatient survey has been shared with staff and presented to key internal groups, including the Patient, Carer and Public Experience Committee; they are responsible for ensuring that actions for improvement are undertaken and reported.

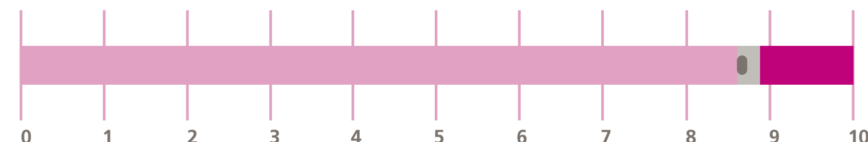
National Patient Survey Programme	Cancer Patient Experience Survey 2015
We asked patients about their experiences of our cancer services	

The National Cancer Patient Experience Survey is an annual survey which asks cancer patients specific questions about their experience in hospital Trusts in England. The aim of the survey is to measure patient satisfaction and experience, and provide important information for Trusts to improve their cancer services. The survey included all adult patients (aged 16 and over) admitted as an inpatient or day case with a primary diagnosis of cancer in the months of April, May and June 2015. In total, 806 eligible patients were invited to participate in the survey and 482 completed questionnaires were returned, this representing a response rate of 65%, (56% last year so a 9% increase).

The survey consisted of 50 questions where patient experience could be measured. In view of the fact that a number of significant changes were made to the 2015 survey, we are unable to directly compare data from the 2015 survey to the findings of previous surveys.

Asked to rate their care on a scale of zero (very poor) to 10 (very good), patients who responded to the survey gave an average rating of **8.6**.

Q59 Patient's average rating of care scored from very poor to very good



The following questions are also included in phase 1 of the Cancer Dashboard which is developed by Public Health England and NHS England:

- 78% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment,
- 94% of respondents said that they thought the GPs and nurses at their general practice would support them through their treatment,
- when asked how easy or difficult it had been to contact their Clinical Nurse Specialist 91% of respondents said that it had been 'quite easy' or 'very easy',
- 82% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital,
- 95% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital, and
- 61% of respondents said that hospital staff definitely did everything they could to support them while they were having cancer treatment

The table overleaf lists the questions which are scored outside the 'expected range'; the range of scores that would be expected for Trusts of the same size. Those questions rated as higher than expected (which is good) are in dark blue and those which are lower than expected (requires improvement) in pale blue. The table also shows the upper and lower limits as well as the national averages.

Question		Number of responses for this Trust	2015 Percentage for this Trust	Lower limit of expected range	Upper limit of expected range	National Average Score
		2015 Case-mix Adjusted				
Deciding the best treatment for you						
Q15	Patient definitely told about side effects that could affect them in the future	429	59%	50%	59%	54%
Clinical Nurse Specialist						
Q17	Patient given the name of the CNS who would support them through their treatment	459	94%	86%	93%	90%
Hospital care as an inpatient						
Q34	Always given enough privacy when discussing condition or treatment	297	80%	81%	89%	85%
Q37	Always treated with respect and dignity by staff	297	82%	84%	91%	87%
Hospital care as a day patient / outpatient						
Q44	Beforehand patient had all information needed about radiotherapy treatment	83	78%	78%	93%	86%
Home care and support						
Q51	Patient definitely given enough support from health or social services after treatment	185	52%	38%	52%	45%
Your overall NHS care						
Q55	Patient given a care plan	383	42%	27%	39%	33%

As in previous years the key findings from the survey are presented to the Patient, Carer and Public Experience Committee and action plans are developed for each of the cancer site multidisciplinary teams.

The full set of results from the Cancer Patient Experience Survey 2015, published in July 2016, can be found from the following link **http://www.ncpes.co.uk/index.php/reports/local-reports/trusts/3135-rln-city-hospitals-sunderland-nhs-foundation-trust-2015-ncpes-report/file**

Our new local 'Patient Experience Survey'

During 2016 we introduced changes to the existing Friends and Family Test and Real Time Feedback data collections. Both these processes were separate but we decided to combine them and create a new Patient Experience Survey (see image of the new front page design opposite) for our adult inpatient services. The changes did not apply to our Outpatient Department, Maternity Services, Paediatric Wards or our Intensive Care Unit and they will continue to use separate real time feedback questionnaires and the FFT postcards. However, we will look to see whether these areas move to the new format during 2017.

For all adult inpatients, at the point of discharge, they are now offered a short survey which combines the questions from the real time survey and the Friends & Family Test question. A free text option is still available within the new design to enable patients to add any further positive or negative comments.

The surveys are completed by patients themselves, posted in a collection box on the ward and analysed in-house. Staff can give patients help and support if required. Wards are sent monthly reports highlighting their results, which include transcriptions of any free text comments. The results are also included in ward performance dashboards and are viewable to the public.

The graphic below shows the total number of completed surveys received for each type of patient experience collection. For 2016/17 the Trust has received nearly 10,000 questionnaires which is more than double last year (4032). This is a substantial increase to the Trust-wide collection and provides a huge amount of intelligence about the patients' stay in hospital.

PATIENT EXPERIENCE COLLECTIONS 2016/17						
	'Patient Experience Survey	Maternity 'Real Time Feedback'	Paediatrics (Parents) RTF	Paediatrics (Child) RTF	Neonatal Real Time Feedback	ICCU RTF
April 2016 – March 2017	8,422	410	343	207	130	90
TOTAL = 9,602						

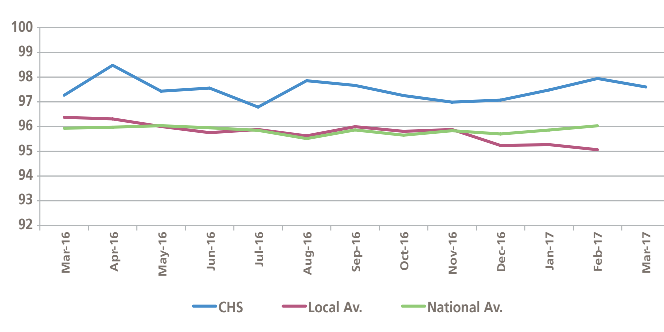
High level summaries of the patient experience, on a ward by ward basis, together with 'word cloud' illustration of any free-text comments are presented at the Patient, Carer and Public Experience Committee. Each ward also receives their own monthly report to share with their staff. The aggregated data is also shared with our Commissioners as part of information exchange and assurance.

Friends and Family Test

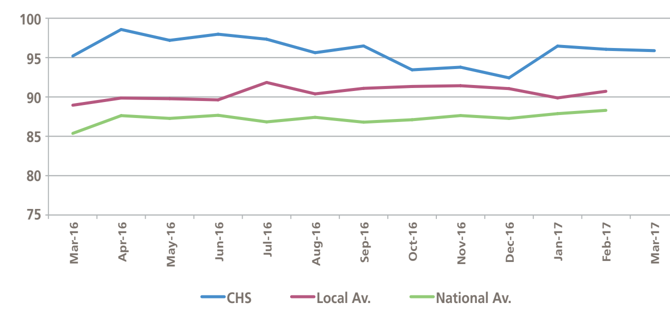
The Friends and Family Test (FFT) gives every patient the opportunity to provide feedback on the services they have received, and enables the public to make better informed choices about the services they use. The FFT now includes all our inpatient wards, including children and maternity, out patients, day cases and our GP Practice, Church View Medical Centre. As previously mentioned the process for administering the FFT system has recently changed for the adult inpatient areas. The charts below show the patient scores (as a measure of whether they would recommend the hospital to family and friends) achieved in 2016/17 for selected areas, with many showing performance above the national and local averages.

Response rates within ED remain low however; the recommended rate remains high and above the national average. The patient experience team has worked with the ED team to improve response rates and this has included previously identifying FFT champions, displaying the FFT scores and patient free text comments in the main corridors, increasing the number of FFT post boxes, and improving the visibility of FFT communications/literature and posters for both patients and staff. This focused work with the teams was temporarily halted whilst the ED moved into temporary premises. Once the new adult ED opens this work will recommence.

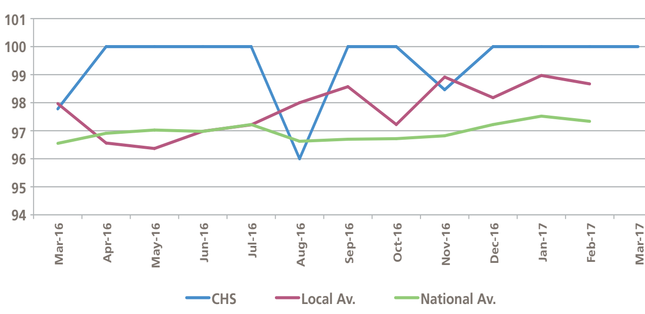
Friends & Family Test – Inpatient score



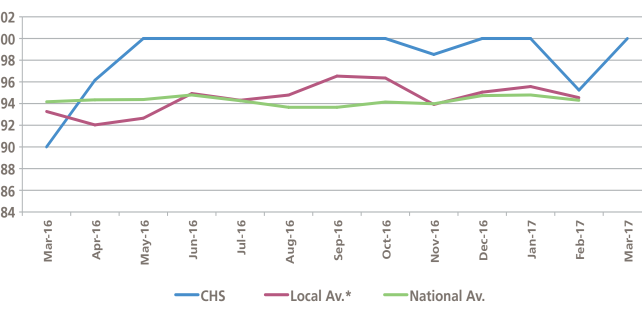
Friends & Family Test – Emergency Department score



Maternity Q2 – Labour Ward

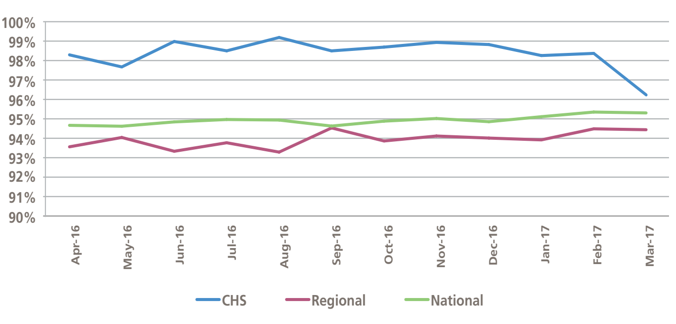


Maternity Q3 – Postnatal Ward

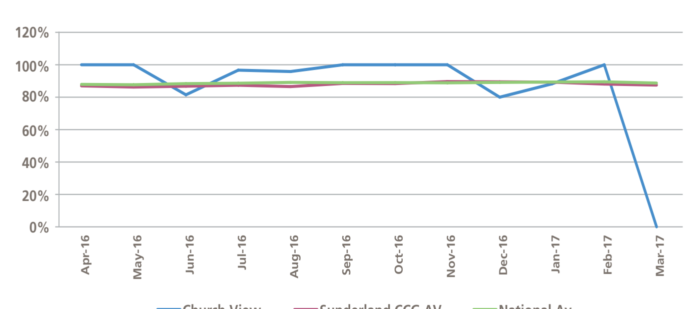


*No data submitted from North Tees and Hartlepool NHS Foundation Trust: June 2015 and November 2015 and South Tyneside NHS Foundation Trust: May 2015 and January 2016.

Outpatients – % recommended



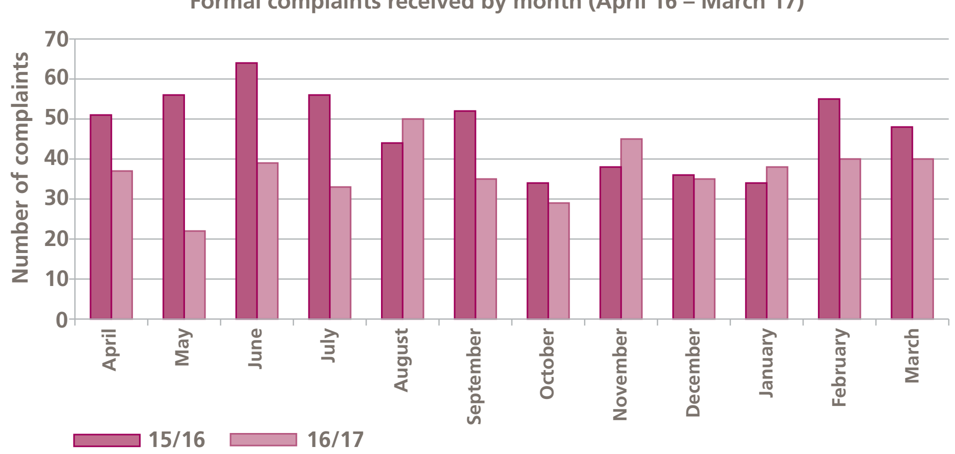
Church View Medical Centre (GP) – % recommended



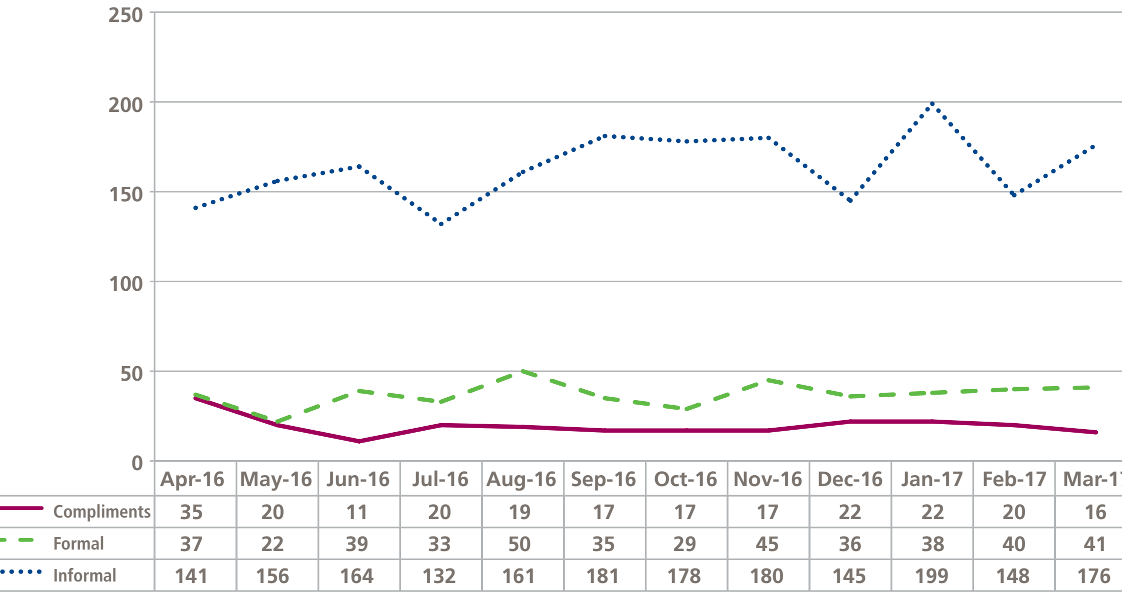
Complaints

The Trust has an established complaints handling policy in line with the Department of Health's NHS and Social Care Complaints Regulations. This policy confirms that the Trust has a robust system in place to allow patients (or their nominated representative) the opportunity to have their concerns formally investigated and to receive a comprehensive written response from the Chief Executive.

The Trust welcomes both positive and negative feedback from our patients as a contribution towards improving the services we deliver. To ensure that the Trust is learning from experience, a Complaints Report is submitted each month to the Patient, Carer and Public Experience Committee regarding complaints activity. This data is also included in the Trust Quality, Risk and Assurance Report which is presented to the Governance Committee. Themed complaints are considered by the relevant organisational group for example, End of life, Dementia, etc., and this enables the Trust to identify and monitor trends and themes, and ensure organisational action to reduce the risk of recurrence.



The chart shows that there were 445 formal complaints received in 2016/17, an average of 37 per month. In 2015/16 there were 532 formal complaints received, an average of 44 per month, demonstrating a 20% reduction this year.



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Compliments	35	20	11	20	19	17	17	17	22	22	20	16
Formal	37	22	39	33	50	35	29	45	36	38	40	41
Informal	141	156	164	132	161	181	178	180	145	199	148	176

The chart above includes all feedback; compliments, formal and informal complaints. In 2016/17 there were 1961 informal concerns received by the Help and Advice Service, a 10% increase on the 1775 received in 2015/16. There were 236 compliments recorded but, it is recognised that many compliments received are not recorded.

What changes have been made in response to patients (and their families) raising concerns?

An important part of our complaints work in the Trust is to understand what went wrong and, where possible, to take action to prevent reoccurrence. The following examples highlight where we have made changes to our service as a result of patient complaints.

What Patients /Carers Said	Changes We have Made
They wanted to be more involved in supporting the person they care for whilst in hospital *(Carers)*	We introduced a carers' passport, which provides carers with information that reinforces John's Campaign; that they can visit outside of core visiting hours, including staying overnight if appropriate
Sometimes information leaflets are not easy to understand for patients with communication difficulties	We worked with local people with Learning Disabilities to develop a range of easy read leaflets
They were not always clear about plans for discharge	We have implemented "Red and Green Days" across the Division of Medicine to support the smooth management of a patient's medical care plan, including discharge planning. Red and Green Days is a simple visual management system to assist in the identification of delays in a patient's journey. The initiative aims to ensure patients get the appropriate interventions, diagnostics, specialist opinions and discharge planning without delay
They miss their pets when in hospital	For some time, Buster the dog and Julie, his volunteer handler have been visiting the Stroke Unit (E58). In 2016/17 we recruited two more the Pets as Therapy (PAT) dogs and their owners
They received too much information at the time of diagnosis, and this was often difficult to take in and understand *(Head & Neck Cancer patients)*	Before patients start their treatment they now attend a nurse led clinic to discuss their treatment journey and potential side-affects
When their baby died in the Maternity Unit they felt the environment was unsuitable	We are now developing a purpose built bereavement suite
That because it was difficult for him to communicate with staff, they did not always understand information about him as an individual person *(Stroke patient)*	The Stroke Unit have installed "All about me" visual boards above the patient's bed. The boards are completed by the patient (if able) and their family members, and include personal information such as likes and dislikes, occupation and family information. This helps the staff to get to know the patient on a personal level
They were worried that their elderly relatives were not eating enough whilst in hospital *(from families)*	We know that many patients, especially the elderly, lose their appetite whilst in hospital. One of our Care of the Elderly wards introduced a snack round, in addition to the usual meal times, offering all patients a choice of high calorie snacks such as scones, fruit, cakes, cheese and crackers, biscuits, thick and creamy yoghurts, jelly, and fortified milk to drink

What Patients /Carers Said	Changes We have Made
They often feel depressed, and can have low self-esteem following cancer treatment *(cancer patients)*	Our Macmillan Centre has worked with Look Good Feel Better, an international charity, to establish workshops for our cancer patients. The workshops, supported by trained beauty therapists from local shops, help women combat the visible side effects of cancer treatment. This support improves the wellbeing of women receiving cancer treatment
They could not get through to the outpatient department to cancel/amend their appointment	In response, we have extended the opening times of our call centre to 7pm Monday to Friday and Saturday mornings. We have increased the number of staff on duty at the call centre to ensure all patients calls are answered promptly. We have also introduced a system where patients can cancel or reschedule their appointment electronically
The experience was very frightening and intimidating for their family member who has learning disabilities. This resulted in them displaying their anxiety as agitation, and aggression, which resulted in unpredictable behaviour (family carer of a patient who attended the Day of Surgery Admission Unit)	In response to this experience, the Day of Surgery Admission Unit has made a number of changes, including: • Specific arrival times; • Trolleys and non-essential medical equipment are now removed from rooms; • Rooms are decorated with personal pictures; • iPods are available to play personal and favourite music; • Depending on the surgical procedure, patients may wear their own clothes rather than changing into a theatre gown; • Carers are able to remain with patients and accompany them to theatre if necessary and are with them when they wake up; • Patients may walk to theatre instead of going on a trolley or chair; • Post-operative medication and discharge documentation is made available immediately post-surgery; and • Same nurse allocation if a return visit is necessary.

Help and Advice Service

The City Hospitals Sunderland Help and Advice Service is an easily accessible service for families, providing support to resolve both informal and formal concerns in a timely way and hopefully reduce the number of complaints. The service incorporates the previous PALS and Complaints Service but also brings a new "customer care" approach to our patients and their families.

The service is open Monday to Friday between 8.00 am and 5.00 pm supported by volunteers who are able to assist the public with general enquiries, including signposting them to wards/departments, offering relevant information leaflets or escalating any concerns to the Help and Advice Service Assistants.

If a concern cannot be resolved by the Help and Advice Service Assistants or the wards or departments, then the situation will be managed as a formal complaint by the Help and Advice Service Co-ordinators.

During 2016/17 there were 1,961 informal concerns received by the Help and Advice service, a 10% increase on the 1,775 received in 2015/16. There were 236 compliments recorded, however, it is recognised that many compliments received by the Trust are not recorded.

Carers

The Trust is committed to giving carers the recognition, involvement opportunities and support necessary to improve the experience of the many patients and carers who have access to our services. A carer is someone who, without payment, provides help and support to a friend, neighbour or relative who could not manage otherwise because of frailty, illness or disability. Some of the carer related initiatives and activities that the Trust has been involved with during 2016/17 include:

Carers' Week 6-12 June 2016 – as part of the Carers Week celebrations, in partnership with Sunderland Carers' Centre, we held a carers coffee morning in our Education and Training Centre. The event was supported by other agencies such as The Stroke Association, Age UK, CHS Carer Co-ordinator, Macmillan services and the Independent Living Centre. Unfortunately only a small number of carers were able to come along however the event was well attended by Trust staff, which increased their awareness of the needs of carers and those staff who have caring responsibilities.

Sunderland Safe Place Scheme – Carers of adults with learning disability told us of concerns they had when the person they cared for faced difficulties when they were unaccompanied and about a "Safe Place Scheme" which had been developed to address this. The scheme provides vulnerable adults with a safe place to visit if they are alone and feel worried, concerned, bullied or lost. This programme is currently being rolled out across the City of Sunderland, including within the Trust and is also supported by Northumbria Police. The reception areas in the hospital have been identified as "safe place" areas and designated stickers are now displayed. Staff awareness sessions have been provided by Sunderland People First, a self-advocacy group for people with learning disabilities

Volunteers

Volunteers play an important role in delivering our services and we know that their hard work and friendliness enhance the patient and family/carer experience at City Hospitals. Our volunteers are not directly involved in patient care but help provide extra support to patients and staff and we are extremely grateful for all the support we receive. There are a number of reasons why people volunteer. For many it is a chance to do something positive and to help others. For others they simply have time to spare that they wish to give to something that matters to them. City Hospitals actively encourages local people to volunteer their time and talents for the benefit of our patients, staff and visitors. Volunteering can be very rewarding and can be used to develop new skills, confidence and meet new friends.

We had a successful recruitment drive in early 2016 in order to increase our team of volunteers and hope to repeat the process later this year. All volunteers are asked to commit to at least one 2 hour shift per week and to engage in volunteer roles on a regular basis for a minimum period of 6 months. Some of the roles undertaken by our current hospital based volunteers include; helping vulnerable and frail patients on wards, acting as 'hospital navigators' to make sure visitors can get to the right place in time and supporting the work within the Help and Advice Service. Other volunteering opportunities exist within the Chaplaincy and the Macmillan Services. A number of our volunteer teams have been actively involved in the PLACE inspections this year as well as participating in the Trust Nutrition & Hydration Week helping to serve afternoon tea to patients.

Patient-Led Assessment of the Care Environment (PLACE)

PLACE provides an annual snapshot to organisations of how their environment is seen by those using it, and provides insight into areas for improvement. The assessments focus on how the environment supports service provision and patient care, looking at non-clinical aspects such as cleanliness, food, maintenance, as well as the extent to which the environment supports privacy and dignity and compliance with dementia standards.

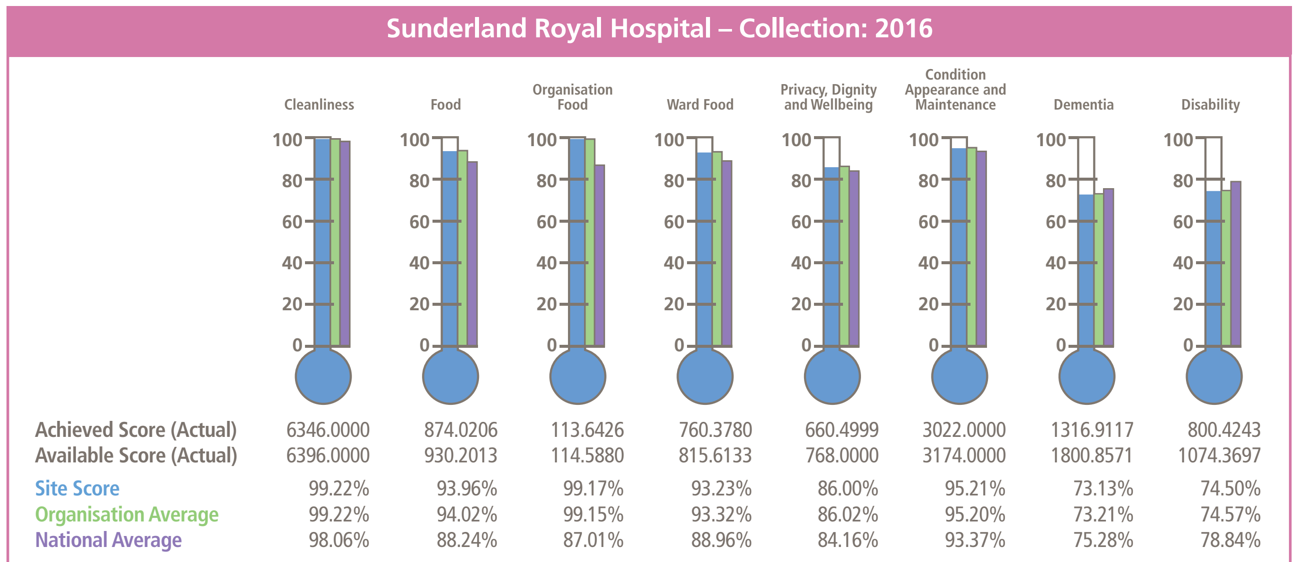
This round of inspection was the fourth year of PLACE and once again saw a number of changes to the inspection. Whilst most of these were minor, the main changes related to the scoring methods in some of the key categories and the extent to which environments support the care of patients with dementia. A new, sixth PLACE domain looking at disability standards was also introduced for the first time this year.

The focus of the annual PLACE inspection is on improvement, with hospitals required to report publicly, and say how they plan to improve. It is seen as complementing the work undertaken by the many other active groups in the Trust, i.e. Strategic Infection Prevention and Control Group, National Standards of Cleanliness Group, Matron and IPC Inspections, Director of Nursing/Non-Executive Director Spot Checks and Facilities Services contract monitoring. Once again the PLACE process benefited from the continued commitment of representatives from the Board of Governors, the Trust Community Panel and Sunderland Healthwatch.

The PLACE process is designed to recognise the age and nature of the buildings that contribute significantly to the patient environment, and this was particularly evident when comparing some of the Trusts newer, purpose built wards with the older areas. It was evident that the focus over recent years has been on the refurbishment of inpatient ward areas with some of the outpatients areas visited looking slightly tired looking and in need of renewal and some redecoration.

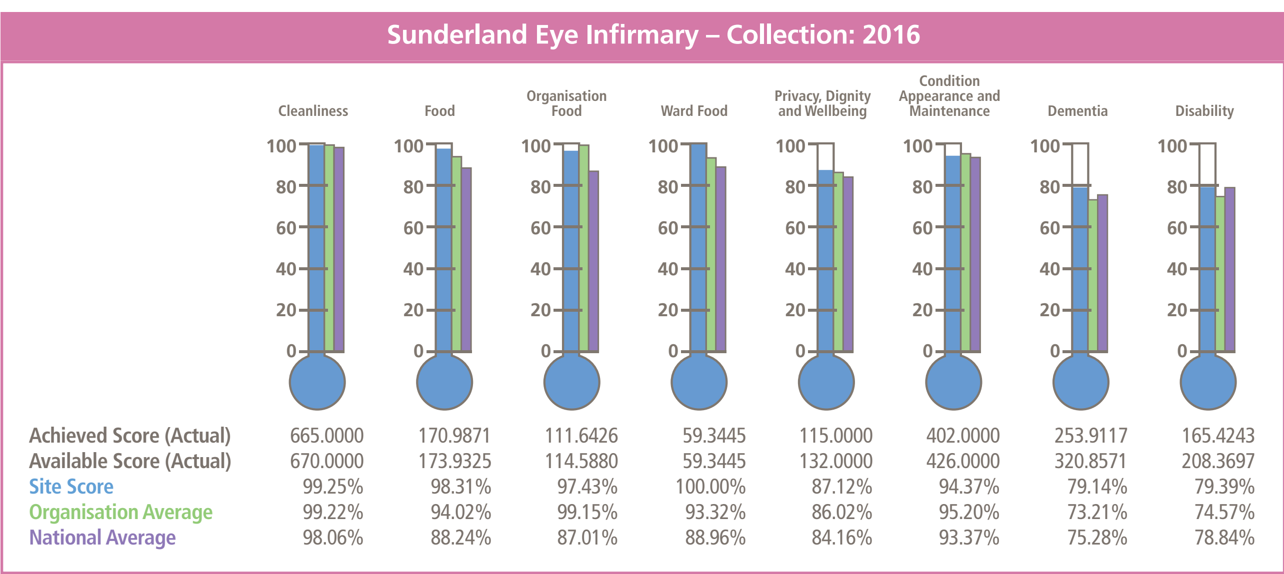
Due to the detailed and diligent approach of the inspection teams, a number of issues were identified, as would be expected from a very busy working environment, although none of the issues noted presented any immediate impact on the quality of the patient experience. In many cases, the issues identified were temporary incidents, due to daily routine activity, with arrangements already in place to resolve them.

The results for both the Sunderland Royal Hospital and Eye Infirmary site show continued strong performances against national averages with only the dementia and the new disability domains slightly below the national average thresholds. Similarly when compared against our local Trusts we do particularly well. The tables below show the scoring for the Sunderland Royal Hospital and Eye Infirmary sites against the national averages:



Sunderland Royal Hospital – Collection: 2016

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	6346.0000	874.0206	113.6426	760.3780	660.4999	3022.0000	1316.9117	800.4243
Available Score (Actual)	6396.0000	930.2013	114.5880	815.6133	768.0000	3174.0000	1800.8571	1074.3697
Site Score	99.22%	93.96%	99.17%	93.23%	86.00%	95.21%	73.13%	74.50%
Organisation Average	99.22%	94.02%	99.15%	93.32%	86.02%	95.20%	73.21%	74.57%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%



Sunderland Eye Infirmary – Collection: 2016

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	665.0000	170.9871	111.6426	59.3445	115.0000	402.0000	253.9117	165.4243
Available Score (Actual)	670.0000	173.9325	114.5880	59.3445	132.0000	426.0000	320.8571	208.3697
Site Score	99.25%	98.31%	97.43%	100.00%	87.12%	94.37%	79.14%	79.39%
Organisation Average	99.22%	94.02%	99.15%	93.32%	86.02%	95.20%	73.21%	74.57%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

The findings from the PLACE inspections have been shared with Divisional General Managers at the Operational Management Group, and cascaded to their teams. The report has also been discussed with the G4S Domestic Team 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 the Domestic Monitoring Team, working closely with individual wards. The multi-disciplinary Trust National Standards of Cleanliness Group was the key overarching group identified to drive forward specific actions identified for individual wards and departments as well as Trust-wide issues.

PART 3.2 PERFORMANCE AGAINST KEY NATIONAL PRIORITIES 2016/17

PERFORMANCE AGAINST NATIONAL MEASURES

During 2016/17 the Trust has continued to achieve national operational and quality standards across a number of key measures (as shown below), including waiting times for cancer and consultant-led treatment, ensuring patients admitted to hospital are assessed for risk of developing a blood clot (VTE) and reducing the number of hospital acquired healthcare infections year on year.

Some of these indicators are taken into consideration by NHS Improvement, the regulator of Trusts, as part of their regular assessment of governance.

For some indicators the Trust was below the standard set for 2016/17. However, across a number of indicators there has been an improvement (or reduction dependent upon the specific indicator) from the previous year, including waiting times for consultant-led treatment, all cancer waiting time indicators, incidence of *C. difficile*, appointment capacity available on the national e-Referral system and timely communication to patients and GP practices following an inpatient stay, A&E or outpatient attendance.

Performance overview 2016/17

Indicator	Last Year 2015/16	Target 2016/17	2016/17	Variance	Year
National Operational Standards					
Referral to Treatment waits % incomplete pathways waiting less than 18 weeks[1]	93.82%	92%	94.00%	2.00%	
Diagnostic Test waiting times[1]	0.80%	1%	2.14%	1.14%	
A&E: Maximum waiting time of four hours from arrival to admission/transfer/discharge	93.57%	95%	92.97%	-2.03%	
All Cancer Two Week Wait	94.41%	93%	95.91%	2.91%	
All Cancer 62 day urgent referral to treatment wait	83.10%	85%	84.00%	-1.00%	
62 day wait for first treatment following referral from an NHS Cancer Screening Service	100.00%	90%	100.00%	10.00%	
31 day standard for cancer diagnosis to first definitive treatment	98.48%	96%	98.67%	2.67%	
31 day standard for subsequent cancer treatments – surgery	99.47%	94%	98.40%	4.40%	
31 day standard for subsequent cancer treatments – anti cancer drug regimens	99.88%	98%	99.90%	1.90%	
Cancelled operations not rescheduled within 28 days	13	0	34	34	
National Quality Requirements					
HCAI – MRSA Bacteraemia[2]	3	0	5	5	
HCAI – *Clostridium Difficile*[2]	30	≤34	20	-14	
VTE risk assessment for inpatient admissions	98.26%	95%	98.50%	8.50%	
Ambulance Handover Delays 30-60 minutes	405	0	1349	1349	
Ambulance Handover Delays 60+ minutes	102	0	381	381	
Duty of Candour	138	N/A	118	N/A	N/A

Indicator	Last Year 2015/16	Target 2016/17	2016/17	Variance	Year
Local Quality Requirements					
eReferral – % appointment slot issues	7.38%	6%	6.64%	0.64%	
eReferral – % utilisation	88.94%	85%	72.77%	-12.23%	
A&E time to initial assessment (median)	8 mins	9 mins	9 mins	0 mins	
A&E time to treatment (median)	52 mins	60 mins	52 mins	-8 mins	
A&E left without being seen	1.94%	5%	1.94%	-3.06%	
Discharge letters issued in 24 hours	82.02%	95%	86.57%	-8.43%	
Outpatient clinic letters issued <14 days	82.44%	95%	88.06%	-6.94%	
A&E attendance letters issued <24 hours	92.87%	95%	94.51%	-0.49%	
Ambulance diverts and deflections from the Trust	65	N/A	66	N/A	N/A
Ambulance diverts and deflections to the Trust	126	N/A	97	N/A	N/A
Maternity – smoking at the time of delivery	18.41%	≤18%	17.23%	-0.77%	
Maternity – breastfeeding initiation	54.23%	58%	54.35%	-3.65%	
Cancer diagnosed at an early stage	46.44%	60%	51.75%	-8.25%	

1 Excludes non English commissioners as per NHS England published statistics

2 Cases apportioned to Acute Trust only. *C. diff* cases also exclude cases agreed at local appeals panels as not being genuine CDI or Trust apportioned cases

Referral to treatment (RTT) pathways

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to below:

- The indicator is expressed as a percentage of incomplete RTT pathways waiting less than 18 weeks out of all patients on incomplete RTT pathways at the end of the period;
- The indicator is calculated as the arithmetic average derived from the monthly performance as reported to the Department of Health between April 2016 to March 2017;
- The clock start date is defined as the date that the referral is received by the Foundation Trust, meeting the criteria set out by the Department of Health guidance; and
- The indicator includes only referrals for consultant-led services, which meets the definition of service whereby a consultant retains overall clinical responsibility for the service, team or treatment.

A&E waiting times –total time in the A&E department

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to below:

- The indicator is expressed as a percentage of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge;
- The indicator is calculated as the arithmetic average derived from the monthly performance as reported to the Department of Health between April 2016 to March 2017;
- The types of A&E services included are: type 1 A&E department (a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients), type 2 A&E department (a consultant led single specialty accident and emergency service with designated accommodation for the reception of patients) and type 3 A&E department (other types of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients, which can be doctor led or nurse led);
- The clock starts from the date and time that the patient arrives in A&E, or for ambulance arrivals, the arrival time is when hand over occurs or 15 minutes after the ambulance arrives at A&E, whichever is earlier; and
- The clock stops when the patient leaves the department on admission, transfer from the hospital or discharge.

Accident and Emergency (A&E)

During 2016/17 the Trust has continued to receive an increasing number of patients through our A&E departments with a 6% increase compared to 2015/16 (3% real growth due to an in year counting change). As a result we did not achieve the national standard of 95% of patients spending a maximum of 4 hours in the department. Despite the pressures, performance was about the same as the previous year and was better than the national average. We have remained consistently in the upper middle 25% of Trusts nationally throughout the year. The Trust continues to work with our local commissioners and partners as part of the A&E Delivery Board to provide leadership and focus to improve access to urgent and emergency care services.

We have implemented a number of initiatives which have helped to improve waiting times in A&E such as:

- Ensuring patients are directed to the most appropriate service for their needs including Pallion Health Centre which deals with minor illness and injury and provides access to a GP, and ambulatory care services for patients who may need further assessment and treatment but do not need to stay in hospital;
- Ongoing work to optimise the processes on inpatient wards to ensure timely consultant review and discharge where clinically appropriate to minimise delays; and
- The Trust continues with the new Emergency Department build which will provide increased capacity, improved flow and a high quality environment for patients and is due to open in May/June 2017.

The Trust has continued to perform well against quality indicators such as timely assessment by a clinician, time to treatment from arrival and patients who left the A&E department without being seen. Delivery of the 4 hour standard remains a risk for the Trust as we move into 2017/18.

Cancer Waiting Times

The Trust has continued to achieve the national waiting time standards for the majority of cancer targets. The only standard not met was for patients treated after being referred from their GP. 85% of patients referred from their GP for suspected cancer should receive treatment within 62 days and the Trust was marginally below this standard in 2016/17 due to increasing numbers of referrals. Performance was however consistently above the national average.

Work has been ongoing throughout the year to improve cancer pathways and ensure patients receive timely treatment. We are involved in the local cancer action taskforce group which is overseeing local implementation of the recommendations from the national cancer strategy.

Diagnostic Waiting Times

Unfortunately the Trust did not meet the national standard for patients waiting less than 6 weeks for their diagnostic test. This was due to increasing demand and operational issues in cardiology from December onwards, which meant that some patients were waiting more than 6 weeks for an Echocardiogram (ECHO). This remains a risk during quarter 1 of 2017/18; however plans are underway to improve performance.

Correspondence to patients and GPs

The Trust has continued to improve performance around the standards agreed with commissioners in relation to issuing correspondence after a patient contact with the Trust. This includes an outpatient appointment, A&E attendance or inpatient stay in hospital. During 2016/17 we have introduced different ways for patients to contact us about their appointments including an electronic form on the internet for patients to cancel an appointment if this is no longer required.

Approach to measuring performance – what and how we measure

The Trust measures performance across a wide range of indicators including:

- National indicators, Operational Standards and Quality Requirements – these are set by NHS Improvement, the regulator of Foundation Trusts and NHS England;
- Local Quality Requirements – agreed with commissioners and included in our contract; and
- Internal indicators – these are agreed as part of our annual planning process and KPI's are developed to measure progress against delivery of our corporate objectives

To support performance improvement, a robust monitoring and reporting system is in place:

- Monthly reporting of activity, waiting list and key performance indicators by Directorate to the Operations Committee, a formal subcommittee of the Board of Directors;
- Detailed monthly reports for divisional general managers, directorate managers and clinical directors; and
- Performance and contract meetings with directorate managers and external meetings with the Clinical Commissioning Groups.

ANNEX 1: STATEMENT FROM COORDINATING COMMISSIONERS: NHS SUNDERLAND CLINICAL COMMISSIONING GROUP, NHS DURHAM DALES, EASINGTON AND SEDGEFIELD (DDES) CLINICAL COMMISSIONING GROUP, NHS NORTH DURHAM CLINICAL COMMISSIONING GROUP AND NHS ENGLAND

Sunderland, DDES and North Durham Clinical Commissioning Groups (CCGs) aim to commission safe and effective services that provide a positive experience for patients and carers. Commissioners of health services have a duty to ensure that the services commissioned are of high quality. This responsibility is taken very seriously and considered to be an essential component of the commissioning function.

SCCG coordinates commissioning with City Hospitals Sunderland NHS Foundation Trust (CHSFT) on behalf of the other commissioners.

The CCGs would like to thank the Trust for sharing the 2016/17 Quality Report and for the opportunity to comment upon it. We would like to acknowledge the openness and transparency in the work the Trust has achieved to date, in the delivery of the 2016/17 priorities and in the on-going delivery of the quality measures.

Throughout 2016/17 Quality Review Group (QRG) meetings with representation from the CCGs have taken place with CHSFT on a bi-monthly basis. These are a well-established mechanism to monitor the quality of the services provided by the Trust and aim to encourage continuous quality improvement. The QRG has remained sighted on the Trust's priorities throughout the year for improving the quality of its services for its patients, and have continued to provide robust challenge and scrutiny at the QRG meetings with the Trust.

SCCG, with representation from DDES and NDCCGs, has conducted a programme of clinical quality assurance visits to the Trust in 2016/17. Their purpose is to gain further insight and assurance into the quality of care and experience provided for patients. This has resulted in valuable partnership working with the Trust and given the CCGs the opportunity to make recommendations for suggested areas of improvement to services. The continuation of a programme of CCG visits has been planned and agreed for 2017/18.

There a number of areas where the Trust has made quality improvements in 2016/17 that have been important for patient care. We would like to congratulate the Trust on the implementation of measures to reduce the incidence of Hospital Acquired Pressure Ulcers and note the improvements to date. The CCGs acknowledge the plan for continuous improvement as a priority for 2017/18 and will continue to monitor the Trust's position on this through the QRG alongside the Trust's position documented on the Safety Thermometer.

The CCGs wish to thank the Trust for their openness regarding the issue of mortality and commend the Trust on their clinical engagement and full participation in the national mortality case record review programme and Regional Mortality Group to address this. The Trust's response to the Care Quality Commission mortality outlier alert was robust, with the investigation revealing that no deaths were avoidable however positive improvements were identified and action plans implemented which will reflect in improved patient care and experience. It is positive that the Trust has identified this issue as a priority for improvement and will be encouraged to meet the targeted 80% review of patient deaths using the Mortality Review Panel process and monitored through the QRG.

We would like to commend the work carried out to date with regards to improving the hospital experience of patients with dementia and the implementation of the priorities from the national audit of dementia care within the Trust. The CCGs agree that this continues to be a priority for improvement for 2017/18 and beyond and look forward to receiving updates in respect of this priority at QRG. Furthermore the CCGs would like to acknowledge the Trust's reported engagement in national and local clinical audits and confidential enquiries and look forward to receiving further information on planned improvements and services as a result. Equally the Trust is congratulated on its proactive approach to innovation, research and collaborative working in the NHS and across industry and hope that this work continues.

We would like to acknowledge that the Trust is below the national trajectory for *Clostridium Difficile* following the appeals process agreed with the CCG. It is disappointing that for the fourth year, the Trust has not achieved the zero tolerance target for MRSA bacteraemia with 5 confirmed cases recorded in 2016/17. It is however, encouraging that the Trust has a proactive approach for reviewing each case and is analysing themes arising from these investigations, identifying key improvements. The Joint Health Care Associated Infection Improvement (HCAI) group will continue its positive contribution to this agenda and remain sighted on the issues.

It is encouraging that the Trust exceeded its 2016/17 target of staff participation in the Friends and Family Test with the results being utilised to improve communication within the Trust. It is hoped that this positive response rate and subsequent communication continues into 2017/18.

Increased communication and the improvement of patient experience is a theme and the CCGs wish to recognise and commend the work of the Trust in achieving the 2016/17 priority of focusing on patient experience and improving the timeliness of response to patient complaints. The development of the complaints handling policy and the implementation of software to monitor the progress of complaints within the Trust has had a significant effect on response times. The CCG is pleased to observe that the Trust demonstrates rigour in wishing to learn from patient experience with complaints being themed to identify and monitor trends and acting to prevent reoccurrence. It is encouraging that the obtaining of feedback from both patients/carers and employees about their experiences continues to be a priority for 2017/18.

The CCGs acknowledge the Trust's ongoing work in respect of Duty of Candour and await the data for 2016/17. The Trust continues to be a high performer in reporting incidents to the National Reporting & Learning System. The Trust reported a further 3 Never Events in 2016/17; which is disappointing as these are serious, largely preventable patient safety incidents that should not occur if providers have appropriate preventative measures in place. However, we are satisfied to see that following the Trust's root cause analysis investigations, there is no theme to the incidents and prompt identification of learning has taken place and a review of the Trust's policies and training took place to prevent their recurrence. The CCG would like to acknowledge the work done to date by the Trust in reducing the backlog of outstanding Serious Incident Root Cause Analysis reports and this will continue to be monitored by the CCG Serious Incident Panel and QRG.

The CCGs welcome the Trust's specific quality priorities for 2017/18 and consider that these are appropriate areas to target for continued improvements, which align to the CCGs commissioning priorities. We recognise the value of all of the priorities identified and appreciate the continuation of targets from 2016/17 some of which we acknowledge are recently implemented such as the revised process for reporting and investigation of hospital associated VTE events and some only partially met. We look forward to sustained improvements in sepsis management and implementation of the action plans to improve documentation in respect of Do Not Attempt Cardio Pulmonary Resuscitation orders and improvements in the patient fluid management and documentation. We are pleased to see that for each priority, a dedicated group will have responsibility for driving forward the changes.

In the coming year, the CCGs will be working with the South Tyneside and Sunderland Healthcare Group to implement transformation whilst ensuring the goal of ensuring that quality and safety of care remain at the heart of the partnership.

Much of the information contained within this Quality Report is routinely used as part of the quality monitoring process as described above. As required by the NHS Quality Reports regulations, the CCGs have taken reasonable steps to check the accuracy of this information and can confirm that it is believed to be correct. To conclude, the CCGs remain committed to working closely with City Hospitals Sunderland NHS Foundation Trust, in an open and transparent way, to ensure that the care provided for patients and carers is maintained at the highest possible quality standard in the most cost effective way.

Ann Fox
Director of Nursing,
Sunderland CCG

Claire Bradford
Medical DirectorQuality and Safety
Sunderland CCG

Date: 16 May 2016

ANNEX 2: STATEMENT FROM SUNDERLAND SCRUTINY COMMITTEE

Sunderland City Council's Overview and Scrutiny members are pleased for the opportunity to comment on this year's Quality Report. The report provides a detailed account of the quality of services and the key priorities for the year ahead. Scrutiny Members have a constructive relationship with City Hospitals Sunderland NHS Foundation Trust while at the same time providing a critical friend challenge, voicing the concerns of the public and acknowledging good practice and improvements in service delivery.

In looking at key priorities, the Health and Wellbeing Scrutiny Committee acknowledges the key aspects of patient safety, clinical effectiveness and the patient experience that the Trust is focusing on. In particular the Committee welcomes the level of work that has, and continues to be taken, around the in-patient management and care of patients with dementia, including the creation of a dementia-friendly environment.

In a period of prolonged austerity, where many public bodies are looking to new models and ways of working, the Scrutiny Committee is pleased to see the recognition for innovation in the Quality Report as well as the active promotion and encouragement of new ideas across the Trust.

The Scrutiny Committee is also satisfied that the Trust is continuing to achieve national operational and quality standards across a number of key measures. The Committee recognises the work being undertaken to improve those indicators which are below the standard set for 2016/17, and would welcome further performance information in the coming year to provide assurances around these indicators.

The formation of the South Tyneside and Sunderland Healthcare Group and the development of the Pathway to Excellence programme led to the creation of a Joint Health Scrutiny Committee between Sunderland and South Tyneside. The Joint Scrutiny Committee will work with both Trusts through this ambitious programme of reconfiguring services. The Path to Excellence is preparing for the first phase of consultation and the Joint Health Scrutiny Committee will be consulted formally on these specific service options, along with a wide range of stakeholders and the service users. The Joint Scrutiny Committee will endeavour to act as the voice of local people throughout this programme, and work with the Trusts to ensure the best outcomes for local people.

The City Hospitals Sunderland NHS Foundation Trust and the local scrutiny function have a healthy relationship which has allowed for a robust collaboration over a wide range of health issues and local scrutiny members hope that this relationship will continue and are therefore happy endorse the Quality Report for 2016/17.

Date: 12 May 2017

ANNEX 3: STATEMENT OF DIRECTORS' RESPONSIBILITIES FOR THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2016 to March 2017;
  - papers relating to quality reported to the board over the period April 2016 to March 2017;
  - feedback from commissioners dated 16 May 2017;
  - feedback from governors dated 21 March 2017;
  - feedback from Overview and Scrutiny Committee dated 12 May 2017;
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 27 April 2017;
  - the 2015 national patient survey dated 8 June 2016;
  - the 2016 national staff survey dated 7 March 2017;
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 17 May 2017; and
  - CQC Inspection report dated 20 June 2015.
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report.

By order of the Board

J N ANDERSON
Chairman
Date: 11 May 2017

K W BREMNER
Chief Executive
Date: 11 May 2017

LIMITED ASSURANCE REPORT ON THE CONTENT OF THE QUALITY REPORT AND MANDATED PERFORMANCE INDICATORS

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of City Hospitals Sunderland NHS Foundation Trust to perform an independent assurance engagement in respect of City Hospitals Sunderland NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

SCOPE AND SUBJECT MATTER

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period (see page 124); and
- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge (see page 124).

We refer to these national priority indicators collectively as the 'indicators'.

RESPECTIVE RESPONSIBILITIES OF THE DIRECTORS AND AUDITORS

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified below; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2016 to March 2017;
- papers relating to quality reported to the Board over the period April 2016 to March 2017;
- feedback from NHS Sunderland Clinical Commissioning Group, dated 9 May 2017;
- feedback from Sunderland City Council's Overview and Scrutiny Committee dated 12 May 2017;
- the Trust's annual complaints report 2016/17;
- Care Quality Commission Patient Survey Report 2015;
- 2016 National NHS Staff Survey Results from City Hospitals Sunderland NHS Foundation Trust;
- Care Quality Commission inspection, dated 20/06/2015
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 11 May 2017.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales ('ICAEW') Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of City Hospitals Sunderland NHS Foundation Trust as a body, to assist the Council of Governors in reporting City Hospitals Sunderland NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and City Hospitals Sunderland NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

ASSURANCE WORK PERFORMED

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

LIMITATIONS

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by City Hospitals Sunderland NHS Foundation Trust.

CONCLUSION

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified above; and the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance.

Ernst and Young LLP
Newcastle upon Tyne
May 2017

The maintenance and integrity of the City Hospitals Sunderland NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of the Quality Report may differ from legislation in other jurisdictions.

Accountability Report

DIRECTORS' REPORT

The Companies Act 2006 requires the company to set out in this report a fair review of the business of the Trust during the financial year ended 31 March 2017 including an analysis of the position of the Trust at the end of the financial year and a description of the principal risks and uncertainties facing the Trust.

BUSINESS REVIEW

The information which fulfils the business review requirements can be found in the following sections of the Annual Report which are incorporated into this report by reference:

- Chairman's statement on page 10
- Chief Executive's statement on page 12
- Board of Directors on pages 148 to 157
- Income disclosures on page 38
- Register of Interests on page 187

QUALITY GOVERNANCE

It is vitally important that the Board ensures that governance arrangements remain fit for purpose. Good governance is essential in addressing the challenges the Trust faces and the Board must ensure it has oversight of care quality, operational matters and finance. The Board achieves this through detailed discussion at its various formal sub committees of the Board of Directors.

The Trust has an independent assurance function which reports directly to the Governance Committee.

Details of how the Board ensures arrangements are in place are identified within the:

- performance report;
- quality report;
- annual governance statement; and
- assurance report.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury. There has been no interest paid under the Late Payment of Commercial Debts (Interest) Act 1998.

The Trust can confirm that it has made no political donations during 2016/17.

The Trust has complied with all relevant guidance relating to the better payment practice code, calculation of management costs and declaration of the number and average pension liabilities for individuals who have retired early on ill health grounds during the year. The relevant declarations are detailed in the Annual Accounts.

In addition the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2016/17.

So far as each Director is aware there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware. All Directors have taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

This section together with the sections of the Annual Report incorporated by reference constitutes the Directors' report that has been drawn up and presented in accordance with the guidance in the Foundation Trust Annual Reporting Manual (FT ARM).

KEY CONSTRAINTS ON TRUST ACTIVITIES

Neither NHS Improvement, the Care Quality Commission, nor any other regulatory body has placed any restrictions on the activities of the Trust.

The Directors consider that this Annual Report and Accounts, taken as a whole, is fair, balanced and understandable. It also provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

ARRANGEMENTS FOR MONITORING IMPROVEMENTS

ASSURANCE PROGRAMME

The Assurance function within City Hospitals Sunderland provides an independent test of the organisation's compliance against regulatory and evidence based standards through a structured and responsive programme with four main streams of work plus emerging issues as required.

The four work streams group together the elements of the Assurance Framework and schedule projects against these for the coming year. The Assurance Programme is agreed by the Governance Committee and is updated in line with the revised Assurance Framework. It includes: Assurance visits, lessons learnt, clinical action plans, and corporate action plans.

- Assurance Visits

  These are conducted by the Assurance Manager and Programme co-ordinator on a regular basis and involve a visit to a ward or department to talk to patients, question staff and perform an environmental check against an agreed proforma. Any issues which are identified during the visit and any positive feedback are discussed with the person in charge at the time of the visit and this is followed by a written report to the directorate team.

  All wards and the majority of departments received an assurance visit in 2016/17 and most were revisited at least once to check that actions had been taken.

  The visits have been effective in identifying:
  – environmental issues;
  – patient feedback on their care; and
  – staff knowledge.

  Common themes which have emerged have been incorporated and checked as part of the wider Assurance Programme.

  The feedback from patients has been overwhelmingly positive in that they feel cared for and safe with overall satisfaction about staff communications, pain control and food quality. There have been some suggestions that communications with regard to keeping patients informed as to the plan of care could be improved on some occasions, but generally patients feel that staff are polite and caring.

  Going forward, the intention is to build upon this positive response for 2017/18 and the programme will be refreshed in the near future. The follow up of actions from other visits including the CCG and patient safety walkabout visits will now also be included in the revisits

- Lessons Learnt

  This part of the programme has been completed during the year and involved looking at a sample of complaints, claims and incident investigations to identify agreed actions and check if they have been completed as planned. This is an area that continues to be challenging and lessons learnt are not always clearly identified and even then, they are difficult to measure if it is some time after the event. Disappointingly the quality of actions identified remains quite poor.

  The intention for 2017/18 is to explore the action planning capabilities within the Ulysses system to make it easier for teams to identify actions and measure progress towards completion. This will in turn make the review and assurance of these actions clearer and easier to complete.

- Clinical action plans

  A number of key elements of patient care have been reviewed in collaboration with clinical staff. These have included:

  – pressure area care;
  – fluid balance charts; and
  – drug security.

  Details of the outcomes of this assurance work are included within the Quality Report.

- Corporate Plans

  Following the CQC inspection in September 2014 there has been ongoing monitoring of the subsequent action plan. All of the 'must do' and 'should do' recommendations have been actioned and completed with the exception of:

  – the ongoing nurse and medical staffing issues; and
  – the A&E 4 hour target.

  The recommendations relating to staffing and achievement of the A&E 4 hour target remain national and local issues which cannot be resolved by CHS in isolation. Considerable work has been undertaken but the national issues were discussed and accepted at the Quality Summit. The action plan has been agreed as completed by the Board and the CQC informed of ongoing monitoring plans.

Church View Medical Centre underwent a desk top review of the action plan from their CQC inspection in September 2015 and this confirmed the rating for the practice as 'Good'.

Relationship meetings with the CQC have taken place throughout the year. Although there is still some uncertainty about the precise future of inspection plans, the meetings are helpful as a two way communication of issues.

The Assurance Programme has been effective in identifying areas where improvements are necessary and then checking the effectiveness of those improvements.

The Governance Committee, a formal sub-committee of the Board of Directors receives regular reports from the Assurance Manager.

COMPLAINTS HANDLING

City Hospitals Sunderland NHS Foundation Trust strives to provide the highest level of service to our patients. However, we recognise that there may be occasions when things go wrong and patients/relatives may not be entirely satisfied with the level of service they have received.

The Trust has an established complaints handling policy in line with the Department of Health's NHS and Social Care Complaints Regulations. This policy confirms that the Trust has a robust system in place to allow patients (or their nominated representative) the opportunity to have their concerns formally investigated and to receive a comprehensive written response from the Chief Executive.

The concerns and complaints handling policy is based on the principles of Good Complaints Handling published by the Parliamentary and Health Service Ombudsman. The key principles are as follows:

- getting it right;
- being customer focused;
- being open and accountable;
- acting fairly and proportionately;
- putting things right; and
- seeking continuous improvement.

Whilst the current regulations stipulate a maximum timescale of six months to respond to a complaint, the Trust aims to respond to complaints as soon as possible, and within timescales negotiated with individual complainants.

The process involves triaging of complaints into three levels:

- red: response within 6 months;
- amber: response within 2 months; and
- green: response within 2 weeks

The relevant declarations are detailed in the Annual Accounts...

The aim is that all complainants receive early contact by telephone to agree the issues, response time and response format. We do recognise however, that this does not always happen and work is ongoing to improve the new process. If a complaint is complex, additional time can be negotiated to allow a thorough and comprehensive investigation to be undertaken.

Complainants are also given information about the Independent Complaints Advocacy (ICA), who can support them in making a complaint if that were necessary.

During 2016/17 significant action was undertaken to review the complaints handling process and as a consequence the timeliness of responses has significantly improved as outlined on page 108.

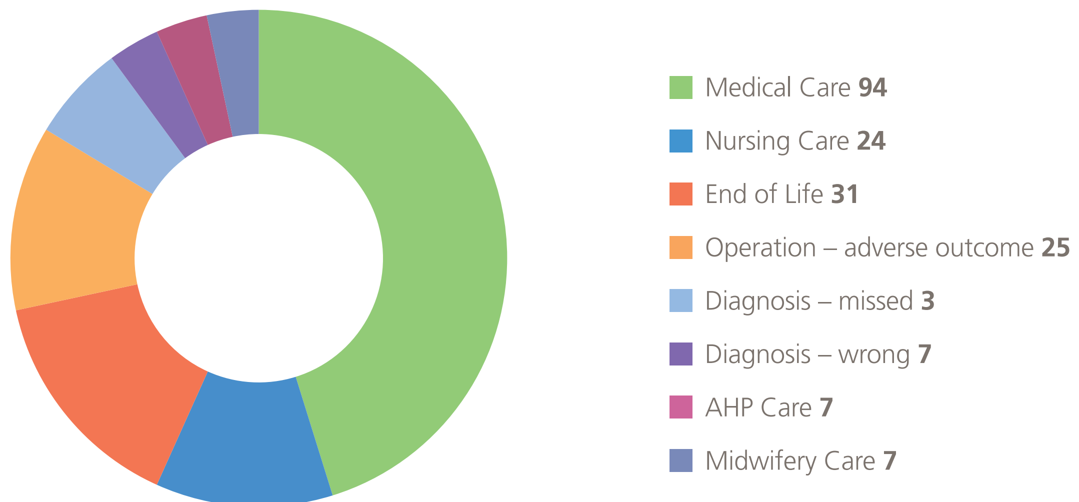
From 1 April 2016 to 31 March 2017 the Trust received 445 formal complaints from patients or their representatives, a decrease of just over 16% on the 532 received in 2015/16.

CATEGORIES OF COMPLAINTS

Whilst most complaints have more than one theme, all are allocated a "primary theme". During 2016/17 the following primary themes were attributed to the 445 complaints received and investigated:

Top Primary Themes	Total	%
Aspects of care	208	47%
Communication	76	17%
Appointments delay/cancelled (OP)	36	8%
Attitude of staff	60	14 %
Admission/discharge/transfer	27	6%
Estates/Support/Hotel Services	15	3%
Appointments delay/cancellation (IP)	10	2%
Information governance	5	1%
Patient property and expenses	4	1%
Aids and appliances	4	1%

Aspects of care account for the highest number of complaints and the top issues identified within this theme are detailed below:



It is a requirement that the Trust reports the number of complaints that are "well founded". In 2016/17 we have attempted to make a judgement, following investigation, as to whether complaints were justified. Of the 595 complaints responded to:

- 145 (24%) were upheld;
- 184 (31%) were partially upheld;
- 221 (37%) were not upheld; and
- 45 (8%) still waiting coding.

There were 150 complaints responded to in 2016/17 which were originally opened during 2015/16. A key focus of work during 2016/17 has been the timeliness of response so that patients and their relatives can, where possible, receive early resolution to the concerns that they have raised. There has been a significant improvement in the timeliness of responses during 2016/17 which will be sustained and hopefully improved upon during 2017/18.

COMPLAINTS INVESTIGATION

Formal complaints are allocated to an Investigating Officer within a Directorate, usually the directorate manager, who has responsibility for ensuring that a comprehensive investigation is undertaken, a key role being carried out by our Quality Risk facilitators. The Directorate Manager, in conjunction with his/her colleagues is, however, responsible for highlighting areas for improvement and ensuring appropriate action is taken.

The Chief Executive provides a formal written response to the complainant who is given the opportunity should they wish to contact the Investigating Officer to discuss any outstanding concerns. If the complainant remains dissatisfied following this conversation, they are offered the opportunity to attend a formal meeting with appropriate staff members to allow a more personal and open discussion in an attempt to provide further clarification and resolve any outstanding concerns.

PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

Where complainants remain dissatisfied after conclusion of the meeting, and the Investigating Officer feels we have provided the complainant with as much information as possible then local resolution has been exhausted. In such cases, we would suggest the complainant contacts the Parliamentary and Health Service Ombudsman who may agree to undertake an independent review of their complaint.

During 2016/17, the Ombudsman requested information from the Trust in relation to 14 complaints, a decrease of 39% compared to 23 in 2015/16. The outcomes of all investigations concluded by the PHSO are identified below (including 3 from 2015/16).

- 8 cases – closed without any further action identified by the Ombudsman;
- 7 cases – partially upheld; and
- 2 cases – upheld

LEARNING FROM COMPLAINTS

To ensure that the Trust is learning from experience, a complaints report is submitted each month to the Patient, Carer and Public Experience Committee, a formal sub-committee of the Board regarding complaints activity and outcomes.

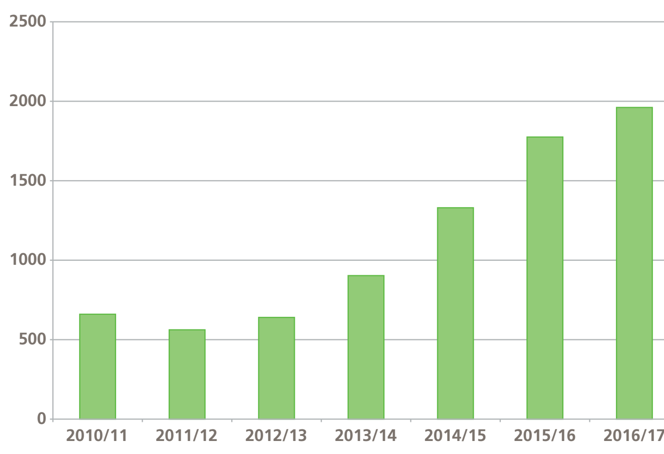
The Complaints data are also included in the Trust's Quality, Risk and Assurance report which is presented to the Governance Committee to triangulate with the patient safety data enabling it to identify and monitor trends and themes, and ensure organisational action is taken to reduce the risk of recurrence.

A number of initiatives which have been introduced as a result of complaints have been highlighted on pages 119 and 121.

HELP AND ADVICE SERVICE

The Help and Advice Service (HAAS) is available to provide advice, support and to signpost patients, relatives and/or carers on a wide range of issues. HAAS is responsible for dealing with enquiries which can be resolved by liaising with staff to reach a quick and effective resolution. During 2016/17, HAAS received 1,961 contacts compared to 1,775 in 2015/16 which reflects a 10% increase.

HAAS CONTACTS



We continue to encourage feedback either positive or negative so that we can ensure that when things go wrong, or are not as they should be, lessons can be learned.

It is also important to share what is working well and during 2016/17, the Trust launched a new online system for 'Excellence Reporting' – a system whereby staff can report what they have observed as being excellent practice of another staff member or team so that this can be celebrated, captured and the learning shared.

The new system, which has been welcomed by all staff has been well supported with over 150 staff having already submitted a report.

CONSULTATION AND INVOLVEMENT

The Trust continues to develop the work of the Patient, Carer and Public Experience Committee, a formal sub-committee of the Board of Directors. The committee is chaired by one of the Non-Executive directors and has Governor, Healthwatch and the Carer Centre representation. Its key responsibilities are to ensure that patient, carer and public involvement is integral to the Trust's overall strategy and to ensure that the Trust takes account of the NHS Constitution in its decisions and actions – in particular the rights and pledges to which patients, carers, the public and staff are entitled.

The committee also monitors the outcomes and resulting actions from national surveys such as the inpatient survey, maternity services survey, and the cancer patient experience survey. These provide valuable feedback by patients on how services are being delivered but more importantly how they can be improved.

The Trust has previously used a real time feedback system which provided valuable information across a range of inpatient areas. It used a core questionnaire of 19 questions and required a minimum of ten questionnaires per adult inpatient ward per month.

This information was gathered alongside the Friends and Family Test and although in 2015/16 nationally mandated response rates were removed, the Trust set an internal target of 30% for inpatients and 20% for A&E. These targets were however, rarely achieved despite active monitoring and action planning.

As a consequence the collection of Friends and Family Test data whilst still required was combined with the real time feedback process. The new system means that patients are now offered a short survey on discharge (replacing the Friends and Family postcard and including some existing Real Time Feedback questions) and the opportunity to add any additional comments to their completed questionnaire. These free text comments are reported back to each individual ward to assist local action planning.

The Trust is receiving significantly more completed forms – an average of 2,000 per quarter as opposed to previous quarterly periods which averaged 750-800 submissions. The information allows patients and carers to reflect on their views/opinions of their stay in hospital but importantly allows wards to reflect on what works well and what could be improved upon, and to be able to change practice.

In April 2016 the South Tyneside and Sunderland Healthcare Group was established – an alliance between City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust. The two organisations have formally committed to collaborating in the transformation of services to ensure that the local communities they both serve will continue to receive high quality safe and sustainable hospital and community health services in the future.

Both Trusts recognise the importance and value of having a local hospital providing a range of emergency and planned services, but equally recognise the urgent need to rebalance services across South Tyneside and Sunderland. As a result an ambitious programme of reconfiguring services across South Tyneside and Sunderland has begun in a way that delivers the best patient outcomes.

The need to communicate and engage well with patients, staff, governors and members of both City Hospital Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust, as well as members of the public, partners and stakeholders is central to the success of the work of the Healthcare Group.

There have been no formal consultations undertaken by the Trust during 2016/17.

The first elements of the three year clinical service review programme were scheduled to commence consultation in March 2016 led by the North East Commissioning Support Unit on behalf of Sunderland and South Tyneside Clinical Commissioning Groups.

Following discussion at the Joint Overview and Scrutiny Committee consultation was deferred until further work regarding transport and access could be undertaken. The announcement of a forthcoming General Election also meant that the revised May date is deferred until at least after 8 June 2017.

Key objectives going forward will be:

- to provide a robust programme of engagement to ensure that all external stakeholders are aware and informed about changes in progress;
- to ensure that all those with an interest have an effective opportunity to give their views on proposals and plans when consultation is required; and
- to raise awareness of the developing potential solutions of care arising from the individual clinical service reviews.

Meetings of the Board of Directors and the Council of Governors are all held in public and members of the public are very welcome to attend. The meetings are advertised in the local press and on the internet.

A number of regular attendees are mailed papers in advance of any meeting.

Governors and Directors are available at the end of every meeting to discuss any issues or concerns.

Communication and consultation with employees has been detailed in the staffing report.

SIGNIFICANT PARTNERSHIPS

The Trust has worked hard to develop strong and effective partnerships not only within the health and social care economy in Sunderland but also across NHS North East.

Within the South of Tyne and Wear area there has always been a strong track record of partnership working, clinical networks and a general willingness to engage with each other to help overcome the many challenges that arise when working within the NHS.

In December 2015 the NHS planning and guidance outlined a new approach to help ensure that health and care services were built around the needs of local populations. As a result working with colleagues from South Tyneside NHS Foundation Trust, South Tyneside and Sunderland Clinical Commissioning Groups and the two local authorities we have developed a Sustainability and Transformation Plan (STP) across that geographical patch.

In forming the STP the following factors were taken into account:

- geography (including patient flow, travel links and how people use services);
- scale (the ability to generate solutions which will deliver sustainable, transformed health and care which is clinically and financially sound);
- fit with footprints of existing change programmes and relationships;
- the financial sustainability of organisations within the area; and
- leadership capacity and capability to support change.

In parallel to the STP approach the Trust and South Tyneside NHS Foundation Trust have formed a health alliance, working together as "South Tyneside and Sunderland Healthcare Group" embarking on an ambitious programme of reconfiguring services across South of Tyne and Sunderland in a way that delivers the best patient outcomes. This approach builds on previous collaboration to jointly provide a range of clinical services, (stroke and paediatrics for example), in a way in which the local communities get the best and safest healthcare using the resources and specialist skills available.

This new approach is predicated on a range of clinical service reviews between both organisations. The work of the Healthcare Group is also supported by the introduction of a single Executive Management team across the two sites.

We continue to have a strong relationship with our main commissioner, Sunderland Clinical Commissioning Group, and now South Tyneside Clinical Commissioning Group, who like ourselves want to achieve better health for the people of Sunderland and South Tyneside. Our challenge will be to do that by not only improving the integration of services across health and social care but also by underpinning any developments with more effective clinical decision making.

Partners in the local health economy were successful in becoming one of the national "Vanguard" sites and as a consequence the CCG launched "All Together Better". This is a trailblazing partnership that brings together health and social care professionals with a range of local support. The aim is to improve the lives of people in Sunderland who need the most help and support to live independently – usually people with several complex conditions or who are too frail to look after themselves fully. The Trust is one of the organisations working in partnership to make sure that "All Together Better" is the best service it can be for local people.

The Trust has also continued to work closely with the City of Sunderland and is an active member of a number of city wide groups:

- Sunderland Partnership Board (chaired by Ken Bremner, Chief Executive of CHS);
- Sunderland Innovation and Improvement Group;
- Economic Leadership Board;
- Adult Partnership Board;
- A&E Delivery Board
- Children's Board;
- Local Safeguarding Children's Board and associated sub committees;
- Safeguarding Adults Partnership Board and associated sub committees;
- NHS Provider Forum (advisory committee of the Health and Wellbeing Board); and
- Sunderland City of Culture 2021 Steering Group.

The Trust is a member of Durham County Council's Health and Wellbeing Board and has been since its inception. The Board promotes integrated working between commissioners and providers of health services and public health and social care services, with the main purpose of being the advancement of health and wellbeing of the people in County Durham.

REGULATORY RATING PERFORMANCE

The Trust is required to submit performance information to the Foundation Trust regulatory body 'NHS Improvement' on a monthly basis in line with their requirements. At the start of each financial year, the Trust is required to submit an annual plan identifying the expected performance against financial targets and a range of national targets set by the Department of Health and other regulatory bodies.

The financial performance is assessed over a range of metrics including liquidity and in year income and expenditure performance. The financial system ranges from 1 to 4 with 4 being the best. For governance and quality risk the scale is a traffic light system with ranges from red (poor) to green (good). During the year NHS Improvement revised the Financial Sustainability Risk Rating scoring approach which resulted in the introduction of a new financial risk assessment measure called 'Use of Resources'. Unfortunately the risk assessment score was reversed from the previous system, meaning that in the new system an assessment of '1' is deemed to be the best.

The Trust submits actual performance information compared to the plan and NHSI assesses this performance with formal feedback provided each quarter on the rating of the Trust. The planned versus actual performance for the 2016/17 and the 2015/16 financial years is detailed in the tables below. The quarter 4 position detailed in the table is based on submitted information and is subject to confirmation by NHS Improvement.

The A&E performance has been a challenging target all year and subject to close scrutiny within the Trust, with Commissioners and with NHSI. Trajectories were submitted as part of the Annual Plan process and these were monitored every month as part of the STF requirements. Despite missing a number of the targets during the year, mitigating factors were put forward to NHSI as part of the appeal process and these appeals were deemed to be successful resulting in the receipt of the total STF allocation for the year. The 'Governance Rating' only applies to 2015/16; for 2016/17 this requirement was removed.

In terms of financial reporting, the Trust had planned to deliver an overall deficit of £2.167m with significant liquidity risks. The planned and delivered 'Use of Resources' metric was a '2'.

2016/17	Annual Plan	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Financial Sustainability Risk Rating	2	2	3		
Use of Resources			2	3	2

2015/16	Annual Plan	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Continuity of service rating	1	2	2	N/A	N/A
Financial Sustainability Risk Rating	N/A	N/A	2	2	2
Governance Risk Rating	Amber	Red	Red	Red	Red

Notes:
'Financial Sustainability Risk Rating' (FSRR) relates to financial performance, with a score of 4 being the best, 1 being the poorest.
'Use of Resources' was introduced from quarter 3 and replaces FSRR. In this system a score of 1 is the best, with 4 being the poorest.

SINGLE OVERSIGHT FRAMEWORK

The Single Oversight Framework (SOF) came into effect on 1st October 2016 which outlines the approach of NHS Improvement to regulate and support NHS providers. It is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding', with providers segmented, based on the level of support each Provider requires across the five themes of: quality of care; finance and use of resources; operational performance; strategic change; and leadership and improvement capability. The latest segmentation report published on 8th March placed the Trust in segment 2. The definitions of the supported required for each segment is:

- **Segment 1** Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance
- **Segment 2** Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support
- **Segment 3** Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements
- **Segment 4** Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures

In addition to this, the financial performance of Trusts will be assessed using the use of resources score (scoring providers from 1 (best) to 4 (worst)) using metrics relating to: capital service capacity; liquidity; I&E margin; variance from financial plan; and agency spend. As at 31st March 2017, the Trust's use of resources rating is 2.

Area	Metric	2016/17 Q3 score	2016/17 Q4 score
Financial Sustainability	Capital service capacity	4	2
	Liquidity	4	3
Financial Efficiency	I&E margin	3	1
Financial Controls	Distance from financial plan	2	1
	Agency spend	1	1
Overall Scoring		3	2

Board of Directors

STATEMENT OF COMPLIANCE WITH THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

The Board of Directors and the Board of Governors of the Trust are committed to the principles of good corporate governance as detailed in the NHS Foundation Trust Code of Governance.

City Hospitals Sunderland NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The area where the Trust this year has not complied with the Code is section C.2.1 and the reasons are explained on page 154.

BOARD OF DIRECTORS 2016/17

John Anderson QA CBE, Chairman

Initial Appointment: October 2008
Reappointed: September 2011 (3 yrs)
Reappointed: September 2014
(3 yrs but renewable on an annual basis)

Mr Anderson sold his main business (Mill Garage Group) in 1993 and has since devoted his time to Public/Private Partnerships. He is Regional Chairman of Coutts & Co (Private Banking) RBS Group, Sun FM and Durham FM Radio. He is Executive Chairman of Milltech Training Ltd, a company that assists young people into work through apprenticeships. He is Chairman of the North East Business and Innovation Centre.

Committee Member: Board of Directors; General Purposes Committee.

David Barnes, Non Executive Director

Initial Appointment: January 2012 (9 mths) Shadow Appointment
Substantive Appointment: September 2012 (3 yrs)
Reappointed: September 2015 (3 yrs)

Mr Barnes is a Chartered Accountant and retired Non-Executive Chairman of TTR Barnes Ltd based in Sunderland. He was a Trustee and Audit Chair of United Learning, a national group of schools and academies until his retirement on 31 March 2013. He was a Non-Executive Director of Sunderland Teaching Primary Care Trust and also held its appointed Governor position to the Trust's Council of Governors until December 2011.

Committee Member: Board of Directors; General Purposes Committee; Finance Committee; Charitable Funds Committee; Audit Committee. Counter Fraud Champion, Security Champion

Mike Davison, Vice Chairman, Non-Executive Director and Senior Independent Director

Initial Appointment: April 2007
Reappointed: April 2009 (18 mths)
Reappointed: September 2010 (2 yrs)
Reappointed: September 2012 (1 yr)
Reappointed: September 2013 (1 yr)
Reappointed: September 2014 (1 yr)
Reappointed: September 2015 (1 yr)
Reappointed: September 2016 (1 yr)

Mr Davison is a qualified Chartered Management Accountant and until his retirement at the end of March 2008 was Finance Director at the Port of Tyne Authority from 1995 and has recently been appointed as a Trustee of the Pension Scheme. He is a lay member of the Newcastle University Council and Chairman of the Audit Committee. He is also a Church Elder. Mr Davison was appointed Vice Chairman and Senior Independent Director in October 2012.

Committee Member: Board of Directors; General Purposes Committee; Tendering Committee; Governance Committee; Policy Committee; Audit Committee; Remuneration Committee.
Revalidation Champion.

Miriam Harte, Non-Executive Director

Initial Appointment: September 2007
Reappointed: September 2009 (2 yrs)
Reappointed: September 2011 (2 yrs)
Reappointed: September 2013 (1 yr)
Reappointed: September 2014 (1 yr)
Reappointed: September 2015 (1 yr)
Stood down: September 2016

Ms Harte studied law at University and is a qualified Chartered Accountant. She worked for 12 years for Proctor and Gamble and then moved to the Museum Sector. She was the Director of Bede's World, Jarrow (1998-2001) and then Beamish Museum (2001-2007) and now works as a Consultant on museum/heritage projects, including the redevelopment of the National Glass Centre at the University of Sunderland. She is a Deputy Lieutenant of County Durham.

Committee Member: Board of Directors; General Purposes Committee; Audit Committee; Tendering Committee; Patient, Carer and Public Experience Committee; Charitable Funds Committee; Remuneration Committee.
Equality and Diversity Champion.

Stewart Hindmarsh, Non-Executive Director

Initial Appointment: January 2012 (2 yrs and 9 mths)
Reappointed: September 2014 (3 yrs)

Mr Hindmarsh is Chairman and Managing Director of SHA Advertising and Marketing in Sunderland. He is also Chairman and Managing Director of The Cedars Nursery Ltd, Chairman and Managing Director of A and R Healthy Living and Grainger CD, Chairman and Director of JG Windows, the music store and Managing Director of Cedar Grove Developments.

Committee Member: Board of Directors; General Purposes Committee; Operations Committee; Human Resources Committee; Finance Committee; Remuneration Committee; Communication and Marketing Committee.
Safeguarding Champion, Control of Infection Champion.

Alan Wright, Non-Executive Director

Initial Appointment: June 2012 Shadow Appointment
Substantive Appointment: September 2012 (3 yrs)
Reappointed: September 2015 (3 yrs)

Mr Wright is chair of Soundswright Ltd which has built a national reputation for its work on media training and consultancy. He was previously Chief Executive of Durham County Cricket Club and a founder member of the Advisory Committee for England for Ofcom. He is Chairman of UK Regions and Nations for the leading children's charity the Lord's Taverners.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee, Patient, Carer and Public Experience Committee; Communication and Marketing Committee; Tendering Committee; Operations Committee
Emergency Planning Champion.

Mike Laker, Medical Adviser (Non-Executive)

Initial Appointment: November 2014
Reappointed: November 2015 (1 yr)
Reappointed: November 2016 (1 yr)

Dr Laker was Medical Director at Newcastle Hospitals NHS Foundation Trust from 1998 until 2006. He was also an adviser in Patient Safety for the North East Strategic Health Authority until 2010. He was lead clinician in the Independent Case Note Reviews at the Mid-Staffordshire NHS Trust. He is currently a member of Newcastle University Audit Committee.

Committee Member: Board of Directors; General Purposes Committee.

Ken Bremner

Chief Executive From February 2004
Chief Executive of City Hospitals Sunderland NHS Foundation Trust (CHSFT) and South Tyneside NHS Foundation Trust (STFT) From September 2016

Mr Bremner is a qualified accountant and joined the Trust in 1988 becoming the Finance Director in 1994. He became Deputy Chief Executive in 1998 and Chief Executive in 2004. Mr Bremner is a member of the SAFC Foundation of Light Development Board and chairs the Sunderland Partnership Board. He is also a Non-Executive Director of the Academic Health Science Network for the North East and North Cumbria.

Committee Member: Board of Directors; General Purposes Committee; Remuneration Committee (for Executive Directors only); Finance Committee.

Melanie Johnson

Director of Nursing and Quality From January 2016
Director of Nursing and Patient Experience – CHSFT and STFT From November 2016

Mrs Johnson is a registered nurse who has worked in the NHS since 1985 and joined the Trust in January 2016. She has held a variety of clinical and management posts in London, Leeds and was Director of Nursing in Newcastle and Edinburgh.

Ian Martin

Medical Director (CHSFT only) From January 2013

Mr Martin joined City Hospitals in 1993 as a Consultant Oral Maxillofacial surgeon and continues to combine this role with that of Medical Director. He has previously held the posts of Deputy Medical Director and Clinical Director for Head and Neck within the Trust. Mr Martin was Lead Clinical Co-ordinator for NCEPOD. He is Vice-President and President Elect of the British Association of Oral and Maxillofacial Surgeons. He is past President of the Federation of Surgical Specialty Associations and the immediate past President of the European Association for Cranio-Maxillofacial Surgery.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee

Julia Pattison

Director of Finance From July 2008
Director of Finance – CHSFT and STFT From November 2016

Mrs Pattison is a qualified accountant and has worked in the NHS since 1989. She joined the Trust in May 2006 as Head of Finance and Contracting previously working as Head of Finance and Service Level Agreements at North of Tyne Commissioning Consortium. Mrs Pattison became Director of Finance in July 2008.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Tendering Committee; Finance Committee; Charitable Funds Committee.

Peter Sutton

Director of Strategy and Business Development From September 2013
Director of Planning and Business Development – CHSFT and STFT From November 2016

Mr Sutton has worked in the NHS since 1995. He joined the Trust in 1999 and previously held the post of Director of Service Transformation working on behalf of NHS South of Tyne and Wear, South Tyneside NHSFT, Gateshead NHSFT and City Hospitals Sunderland NHSFT. Mr Sutton became Director of Strategy and Business Development in September 2013.

Committee Member: Board of Directors; General Purposes Committee; Governance Committee; Operations Committee, Communications and Marketing Committee; Finance Committee.

Carol Harries

Trust Secretary, Director of Corporate Affairs From 1999
Director of Corporate Affairs & Legal/Trust Secretary* – CHSFT & STFT From November 2016

Mrs Harries has worked in the NHS since 1971 and joined the Trust in 1996 from the post of Unit General Manager at South Durham Healthcare Trust. Mrs Harries became Trust Secretary in 1999. She is a Trustee of Age UK Sunderland.

* Trust Secretary at CHSFT only

REGISTER OF INTERESTS

A Register of Interests for the Board of Directors is maintained by the Trust Secretary. The format of this register was agreed by the then Board of Governors in August 2004. The register is available for inspection by members of the public via application to the Trust Secretary.

APPOINTMENT OF THE CHAIRMAN AND NON-EXECUTIVE DIRECTORS

It is for the Board of Governors at a general meeting to appoint or remove the Chairman and other Non-Executive Directors. Removal of a Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors.

The Chairman, John Anderson, was appointed to the Trust on 1 October 2008 for an initial three year term. The Council of Governors extended Mr Anderson's appointment in September 2011 for a further three years. His appointment was extended for a further three years (renewable on an annual basis) in September 2014.

Mr David Barnes, Non-Executive Director was appointed in a "shadow" capacity from 18 January 2012 and then took up the substantive appointment from 1 October 2012 for an initial period of 3 years. His appointment was extended for a further 3 years in September 2015.

Mr Mike Davison, Non-Executive Director was appointed in April 2007 for an initial period of two years. Mr Davison was re-appointed in January 2009 for a further eighteen months until September 2010 and again for a further two years until September 2012 and an additional year until September 2013. Mr Davison was re-appointed for a further one year until September 2014 and a further year until September 2015. Mr Davison became Vice Chairman and Senior Independent Director in October 2012. Mr Davison was reappointed for a further one year until September 2016. Given the due diligence work involved in the alliance with South Tyneside NHS Foundation Trust, Mr Davison was re-appointed for a further final year until September 2017.

Although this extension was outwith the NHS Foundation Trust Code of Governance, the Council of Governors felt this approach was important to both organisations at this particular time.

Ms Miriam Harte, Non-Executive Director was appointed in September 2007 for a period of two years. Ms Harte was re-appointed in September 2009 for a further two years until September 2011 and again for a further two years until September 2013. Ms Harte was reappointed for a further one year term until September 2014 and a further one year term until September 2015. She was re-appointed for a further one year term until September 2016. Ms Harte stood down in September 2016.

Mr Stewart Hindmarsh, Non-Executive Director was appointed in January 2012 for an initial period of two years and nine months. He was reappointed by the Council of Governors for a further three year period until September 2017.

Dr Mike Laker, Medical Adviser (Non-Executive) was appointed in November 2014 for an initial period of one year. He was reappointed for a further year until November 2016. Dr Laker was re-appointed for a further year until November 2017. It is a non-voting position to provide challenge and assurance alongside the Medical Director's role.

Mr Alan Wright, Non-Executive Director was appointed in a 'shadow' capacity from June 2012 and then took up the substantive appointment from 1 October 2012 for an initial period of 3 years. He was reappointed by the Council of Governors for a further three year period until September 2018.

All appointments are made for a period of office in accordance with the terms and conditions of office decided by the Council of Governors. At its meeting in January 2009 Governors agreed that renewal dates would be adjusted for approval at future AGMs held in September to allow orderly succession.

The Board as of April 2017 is at full strength following Ms Harte's departure and the appointment of Mrs Pat Taylor as a new Non-Executive Director. It has a balance of skills and experience for the business of the Trust. The Board, excluding the Chairman, has a 50/50 split of Executive and Non-Executive Directors.

The Non-Executive Directors bring an independent judgement on issues of strategy, performance, risk, quality and people through their contribution at Board and workshop meetings.

The Board has concluded that each of the Non-Executive Directors is independent in accordance with the criteria set out in the NHS Foundation Trust Code of Governance. At the time of his appointment, the Chairman, Mr John Anderson, was considered independent in accordance with the Code of Governance.

The Chairman and the Non-Executive Directors meet regularly without the Executive Directors being present.

The roles of the Chairman and the Chief Executive are separate.

All Directors both Executive and Non-Executive meet the "fit and proper" persons test as described in the provider licence.

BOARD EVALUATION

Individual evaluation of both the Executive and Non-Executive Directors was undertaken in 2016/17. As part of this process the Chairman undertook one-to-one sessions with the Non-Executive Directors and Chief Executive.

The Chief Executive carried out formal appraisals of each of the Executive Directors. The Vice Chairman met all Non-Executive Directors and the Lead Governor individually to review the Chairman's performance.

Following this evaluation, the Directors have concluded that the Board and its Committees operate effectively and also consider that each Director is contributing to the overall effectiveness and success of the Trust and demonstrates commitment to the role.

BOARD PURPOSE

The Board of Directors provides entrepreneurial leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. It determines the strategic direction of the Trust and reviews and monitors operating, financial and risk performance.

A formal schedule of matters reserved to the Board includes:

- approval of the Trust's Annual Plan;
- adoption of policies and standards on financial and non-financial risks;
- approval of significant transactions above defined limits; and
- the scope of delegations to Board Committees and the senior management of the Trust.

The Executive Committee of the Trust is responsible to the Board for:

- developing strategy;
- overall performance of the Trust, and managing the day to day business of the Trust

The matters reserved to the Council of Governors are:

- to appoint, or remove the Chairman and the other Non-Executive Directors of the Trust;
- to decide the remuneration and allowances of the Chairman and Non-Executive Directors;
- to appoint or remove the Trust's auditor;
- to be presented with the annual accounts and annual report;
- to approve an appointment by the Chairman and Non-Executive Directors of the Chief Executive;
- to give the views of the Council of Governors to Directors for the purpose of preparing by the Directors, the Trust's Annual Plan;
- to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors;
- to represent the interests of the members of the Trust as a whole;
- to approve "significant transactions";
- to approve an application by the Trust to enter into a merger, acquisition, separation or dissolution;
- to decide whether the Trust's non-NHS work would significantly interfere with its principal purpose; and
- to approve amendments to the Trust's constitution.

MEETINGS OF THE BOARD OF DIRECTORS

		Number of Meetings	Actual Attendance
Board of Directors			
John Anderson	Chairman	6	6
David Barnes	Non Executive Director	6	6
Ken Bremner	Chief Executive	6	6
Mike Davison	Non-Executive Director	6	5
Miriam Harte[1]	Non-Executive Director	3	2
Stewart Hindmarsh	Non-Executive Director	6	6
Melanie Johnson	Director of Nursing & Quality	6	6
Ian Martin	Medical Director	6	3
Julia Pattison	Finance Director	6	5
Peter Sutton	Director of Strategy & Business Development	6	5
Alan Wright	Non-Executive Director	6	5
Mike Laker	Medical Adviser (Non-Executive Director)	6	6
General Purposes Committee			
John Anderson	Chairman	4	4
David Barnes	Non-Executive Director	4	4
Ken Bremner	Chief Executive	4	4
Mike Davison	Non-Executive Director	4	4
Miriam Harte[1]	Non-Executive Director	2	1
Stewart Hindmarsh	Non-Executive Director	4	2
Melanie Johnson	Director of Nursing & Quality	4	3
Ian Martin	Medical Director	4	2
Julia Pattison	Finance Director	4	2
Peter Sutton	Director of Strategy & Business Development	4	2
Alan Wright	Non-Executive Director	4	4
Mike Laker[1]	Medical Adviser (Non-Executive Director)	4	2
Audit Committee			
David Barnes, Chair		6	6
Mike Davison		6	3
Miriam Harte[1]		3	3
Charitable Funds Committee			
David Barnes, Chair		3	3
Miriam Harte[1]		2	1
Julia Pattison		3	3
Alan Wright[2]		1	1
Communications and Marketing Committee			
Alan Wright, Chair		5	5
Stewart Hindmarsh		5	5
Peter Sutton		5	4

	Number of Meetings	Actual Attendance
Finance Committee		
David Barnes, Chair	10	10
Ken Bremner	10	8
Stewart Hindmarsh	10	8
Julia Pattison	10	8
Peter Sutton	10	7
Governance Committee		
Mike Davison, Chair	11	11
Melanie Johnson	11	10
Ian Martin	11	7
Julia Pattison	11	5
Alan Wright	11	9
Nominations Committee		
John Anderson, Chair	1	1
Ken Bremner	1	1
Mike Davison	1	1
Michael McNulty, Governor	1	1
Susan Pinder, Governor	1	1
Operations Committee		
Stewart Hindmarsh, Chair	9	9
Melanie Johnson[3]	4	1
Peter Sutton	9	7
Alan Wright	9	8
Patient, Carer and Public Experience Committee		
Miriam Harte[1], Chair	5	5
Melanie Johnson	9	8
Alan Wright	9	9
Policy Committee		
Mike Davison, Chair	8	8
Melanie Johnson	8	7
Remuneration Committee		
Mike Davison, Chair	2	2
Miriam Harte[1]	2	1
Stewart Hindmarsh	2	2
Ken Bremner (for Executive Directors only)	2	2
Tendering Committee		
Miriam Harte[1], Chair	2	2
Mike Davison	5	3
Julia Pattison	5	5
Alan Wright[2]	3	3

[1] Stood down 30 September 2016
[2] Joined Committee October 2016
[3] Stood down from Committee July 2016

Audit

AUDIT COMMITTEE

The Audit Committee has reviewed and commented upon the internal and external audit plans and the Local Counter Fraud plan. With regard to internal audit and Local Counter Fraud Service (LCFS) reports it has reviewed their reports and updates on the basis of the report recommendations, and on a sample basis, the complete report.

The Committee has reviewed in detail the Annual Accounts of the organisation.

For the 2016/17 financial year, the external auditors of the Trust are Ernst & Young (EY) who were appointed in April 2016 for a period of three years, with a possible extension for a further two years at a value of £42.5k per annum for the financial and quality audits.

During the course of the year, the previously internally provided internal audit service was transferred to Northumberland, Tyne & Wear NHS Foundation Trust. The service went live from the 1st July 2016 under the name of 'AuditOne' and Sunderland staff were transferred under TUPE regulations into the new organisation. The arrangements are run as a consortium contract with all members having formal voting rights in relation to the running of the service.

Given the scale of the financial challenges facing the NHS and the requirements to deliver cost reductions and efficiencies, the Trust established a dedicated Finance Committee many years ago, specifically to focus on these issues. During the course of the year the Finance Committee reviewed the financial performance of the Trust on a monthly basis taking account of operational pressures and other national and local challenges that were affecting performance. The Committee discussed the impact on the delivery of cost improvements and mitigating actions to address any underperformance.

The Audit Committee works with the Finance Committee to ensure overall probity around financial resources within the Trust. The Finance Committee includes some of the members of the Audit Committee. The chair of the Audit Committee, the Finance Committee and the Governance Committee have met periodically throughout the 2016/17 financial year to consider areas of joint work and ensure a common understanding and overview by Board members in the management of risk. The membership of the Audit Committee includes the chair of the Governance Committee which strengthens the assurance process around risk management throughout the organisation.

The Audit Committee has reviewed the Annual Governance Statement and the Governance Committee, Audit Committee and Board of Directors have reviewed the Assurance Framework both of which are part of the framework for managing and mitigating risk for the organisation as a whole, on the basis of systems of internal control being put in place, but also regarding the identification of potential risks, so that action can be taken proactively to address them.

CHARITABLE FUNDS COMMITTEE

The Committee has reviewed in detail the Charitable Funds Accounts relating to funds held on Trust for the 2015/16 financial year. The Committee will consider the 2016/17 Charitable Funds accounts ahead of the formal submission to the Charities Commission.

EXTERNAL AUDIT

There were no non audit services purchased during 2016/17.

The Audit Committee reviews the independence of the external auditors and considers any material non audit services to ensure independence is maintained.

FRAUD

The Trust has an active Internal Audit programme that includes counter fraud as a key element. It participates in national counter fraud initiatives/checks and employs counter fraud specialists to follow up any potential issues identified. In addition, during the year AuditOne have provided a number of events for Audit Committees, Directors of Finance and other key staff including an event specifically on cyber security. A communications strategy has been developed to raise the profile of counter fraud as the responsibility of all staff.

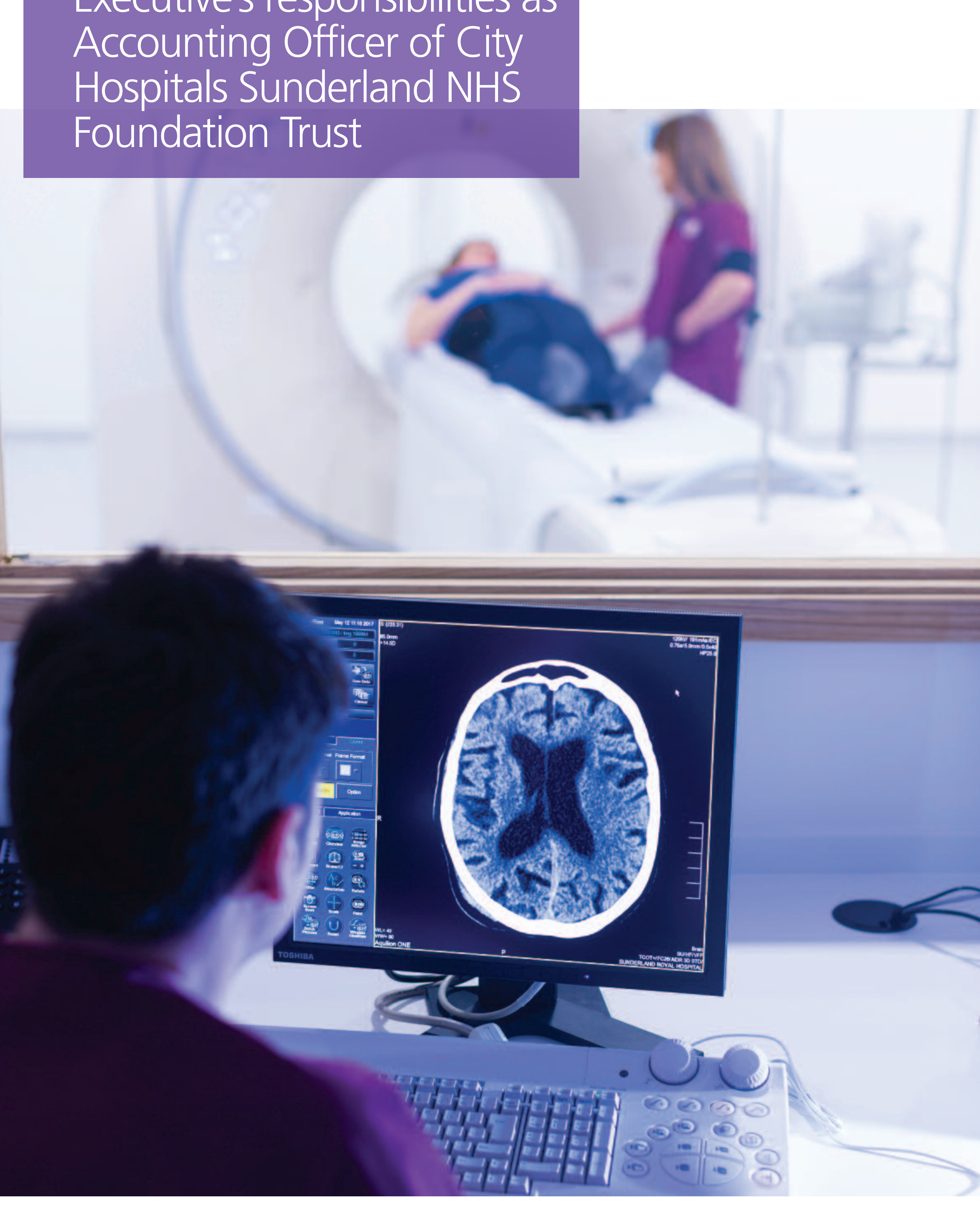
OTHER INCOME

The accounts provide detailed disclosures in relation to "other income" where "other income" in the notes to the Accounts is significant. (Significant items are listed in Note 3 to the Accounts).

AUDIT INFORMATION

The directors confirm that so far as they are aware, there is no relevant audit information of which the Company's auditors are unaware and that each director has taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the Company's auditors are aware of that information.

Statement of the Chief Executive's responsibilities as Accounting Officer of City Hospitals Sunderland NHS Foundation Trust



The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the power conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require City Hospitals Sunderland NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of City Hospitals Sunderland NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

K W BREMNER
Chief Executive

Date: 18 May 2017

Annual Governance Statement

SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of City Hospitals Sunderland NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in City Hospitals NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

CAPACITY TO HANDLE RISK

The Trust is committed to a risk management strategy, which minimises risks to patients, staff, the public and other stakeholders through a common framework of internal control, based on an ongoing risk management process.

The strategy identifies the key principles, milestones and operational policies governing the management of all types of risk faced by the organisation. This strategy is subject to regular review.

The Audit Committee meets regularly and is well represented ensuring scrutiny, monitoring, discussion and input. The Finance Committee reports to the Board and includes reporting on internal Cost Improvement Programmes, which are examined in detail by the Finance Committee. Finance Reports are presented in a format consistent with those submitted to NHS Improvement. The Governance Committee leads the work of the Clinical Governance Steering Group and Corporate Governance Steering Group. The Board receives appropriate, timely information and reports from the Governance Committee via a monthly 'Quality and Risk Assurance' (QRA) report enabling adequate and appropriate assessment of risk and management of performance.

As part of the ongoing process of review, the Trust's top risks (previously adopted by the Board) were scrutinised to ensure that they properly reflected the risks which were identified in the departmental Risk Registers. During the year, the Board formally signed off the Framework including a summarised 'aide memoire' of high level risks. In addition the Group Board (comprising the Chair, Vice Chairs of City Hospitals Sunderland and South Tyneside FTs, plus the joint Chief Executive) signed off a Group Risk Register, recognising that some risks were wider than an individual Trust and were related to the process of working more closely together.

The Trust's risk management programme comprises:

- a single incident reporting process for all risks and hazards identified by systematic risk assessment, risk management review and adverse incidents reporting. The system has been upgraded and improved with training provided to managers who use the system;
- the system allows for real time assessment of all risks and mitigating actions;
- common grading framework and risk register / risk action planning process applied to all types of risk across the organisation;
- comprehensive programme of multi-level risk management training for all new and existing staff;
- ongoing monitoring and review of both internal and external risk management performance indicators at all levels across the organisation; and
- a communication strategy which ensures appropriate levels of communication and consultation with both internal and external stakeholders.

THE RISK AND CONTROL FRAMEWORK

The Trust's framework:

- identifies the principal objectives of the Trust and the principal risks to achieving them;
- sets out the controls to manage these risks;
- documents assurances about the effectiveness of the operation of the controls; and
- identifies to the Board where there are significant control weaknesses and/or lack of assurance.

These high level objectives and the principal risks to achieving them are underpinned by the detailed risks and associated actions set out in the Trust's risk register. Responsibility for the overall Framework lies with Board of Directors. The Board uses the framework to ensure that the necessary planning and risk management processes are in place to provide assurance that all key risks to compliance with licence requirements have been appropriately identified and addressed.

The use of a common grading structure for incidents and risks ensures that relative risks and priorities are assessed consistently across all directorates. No risk is treated as acceptable unless the existing situation complies with relevant guidance and legislation (e.g. Control of Infection, National Patient Safety Agency, Health & Safety, and Standing Financial Instructions).

The establishment of a dedicated risk management team and programme of risk management training, including use of the intranet, ensures that the strategy is co-ordinated across the whole organisation and progress is reported effectively to the Board and its Governance Committee and other relevant sub committees.

The Trust's assurance framework incorporates the need to achieve compliance with the Care Quality Commission's requirements. This is assessed in year by the Clinical Governance Steering Group and the Corporate Governance Steering Group reviewing in detail compliance against the relevant standards.

The assurance framework is based on the Trust's strategic objectives and an analysis of the principal risks to the Trust achieving those objectives. The key controls, which have been put in place to manage the risks, have been documented and the sources of assurance for individual controls have been identified. The main sources of assurance are those relating to internal management controls, the work of internal audit, clinical audit and external audit, and external assessments by outside bodies such as the Care Quality Commission, the NHS Litigation Authority and the Health and Safety Executive.

The involvement of external stakeholders in the Trust's risk management programme is a key element of the Trust's Risk Management Strategy. This involves timely communication and consultation with external stakeholders in respect of all relevant issues as they arise.

This process applies in particular to the involvement of external stakeholders in patient safety and the need to co-ordinate how risks are managed across all agencies, including the National Patient Safety Agency, the Medicines and Healthcare Products Regulatory Agency, Local Authority Adult and Children's Services, the Coroner, the emergency services, representative patient groups and local Clinical Commissioning Groups.

The risk to data security is being managed and controlled through the monthly Information Governance Group, with quarterly updates to Corporate Governance Steering Group. The Information Governance Toolkit assessments are conducted as required, and an annual report is produced confirming the outcome in readiness for the submission by 31 March. This report is presented to Executive Committee, Board of Directors and Council of Governors for approval. For the submission on 31st March 2017, all IG requirements were assessed at Level 2 or above (17 at level 2 and 28 at level 3) which resulted in the Trust being classified as Satisfactory – Green, with a total score of 87%. Internal audit has independently substantiated this assessment.

Key risks facing the Trust during 2016/17 included:

- managing the consequences of a 2015/16 investigation by the Foundation Trust external regulator NHS Improvement relating to concerns that the Trust may be in breach of its licence due to financial performance issues plus an additional requirement to demonstrate capacity and capability of the Board to manage the financial challenge;
- delivering the challenging Cost Improvement Target on top of maintaining the achievements from prior years;
- managing the reducing financial cap process for agency workers;
- managing the delivery of the financial Control Total;
- managing the delivery of the Sustainability and Transformation Fund (STF) including the financial and performance requirements in year;
- managing the development and implementation of a 'Single Management Team' across City Hospitals Sunderland and South Tyneside Foundation Trust during the year;
- maintaining the relevant performance standards including the 18-week target for 95% of admitted patients in year across all specialties and the maximum 4 hour wait for A&E waits and the 62 day cancer targets;
- managing infection rate targets including MRSA and the *C-Diff* targets; and
- maintaining the standards required by the Care Quality Commission to maintain compliance with licence requirements.

The Trust has considered the requirements of FT condition 4 relating to governance arrangements and is required to comply with the requirements detailed within this condition, specifically relating to:

- the effectiveness of governance structures;
- the responsibilities of Directors and sub-committees;
- the reporting lines and accountabilities between the Board, its sub-committees and the Executive Team;
- the submission of timely and accurate information to assess risks to compliance with the Trust's licence; and
- the degree of rigour of oversight that the Board has over the Trust's performance.

The Board sub-committees include the Governance Committee, Audit Committee, Finance Committee, Patient Carer Public Experience Committee (PCPEC) and Operations Committee. Each has a distinct role around governance or performance management and provides opportunities for Board members at Executive and Non-Executive level, to review in detail the key risks of the organization and actions being taken to mitigate these risks. The PCPEC includes patient representative membership to support better understanding of these risks from a clinical and patient perspective. Minutes from all Committees are presented to the Board during the year. The Board receives monthly information relating to progress on performance, finance and quality metrics, with actions to address any areas of concern.

A 'Quality Risk and Assurance Report' (QRA) was originally developed in 2013/14 and was updated in 2016/17 to enable a more visual approach to the management of quality. The report is a standing monthly report at the Executive Committee and Board of Directors and also includes a 'patient story' demonstrating Trust performance at individual patient level. The report also includes the work of the Mortality Review Panel who undertake a review of deaths to better analyse the quality of care prior to expected death and whether there are any improvements required in clinical or organisational care. The process is consistent across the Northern region and has been recognised as good practice.

The QRA report is the first formal item on the Board of Directors agenda recognising the importance placed on quality governance. The report focuses on clinical effectiveness, patient experience, patient safety, risk management and assurance, drawing upon the work of relevant Committees and Groups including the Governance Committee, the Patient, Carer and Public Experience Committee, Clinical Governance Steering Group and the Mortality Review Panel, and includes feedback from independent external benchmarking, audit or other sources of information about the Trust's performance.

The Executive Committee and Board or Directors receive a monthly Performance report detailing the performance against national, local and CQUIN indicators. The report identifies areas of concern and the lead Director highlights action undertaken to manage the area of concern.

The Corporate Governance Statement is presented to the Board of Directors for formal sign-off each year. The Board considers the proposed submission and associated evidence ahead of submission to NHSI including work undertaken in year to improve compliance with relevant standards.

During 2015/16 the Trust announced its intention to form an alliance with South Tyneside Foundation Trust. This was formalised via the development of the Single Executive and Management Team in November 2016, to collaborate more closely in the delivery of healthcare services across South Tyneside and Sunderland. As part of the alliance, both Trusts established the 'South Tyneside and Sunderland Healthcare Group', under the auspices of a Memorandum of Understanding and Terms of Reference with membership drawn from the Chief Executives, Chairs from both Trusts and Non-Executive Directors from both Trusts. 2017/18 will see the development of a joint strategic vision for the Group which will reflect the corporate objectives of both Trusts. A Communication Strategy is also under development to ensure that staff, Governors and other stakeholders across both organisations are supported with robust communications and engagement processes.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

The Trust's strategic planning and performance management arrangements ensure that all directorates are fully engaged in the continuous review of business objectives and performance.

The Trust uses an Objectives, Goals, Strategies and Measures (OGSM) framework as its strategic planning tool to provide a cascade process for the Trusts priorities and ensure optimal alignment of Trust resources to deliver its priorities.

Key elements of the Trust's arrangements for ensuring value for money in the delivery of its services are:

- an Annual OGSM planning process, which sets out priorities for the coming business year and reflects the requirements of and feedback from, our major Commissioners and stakeholders;
- performance management through regular reporting against the key deliverables set out in the Corporate, Directorate and departmental OGSM's and against national and local targets; and
- the achievement of efficiency savings through the Trust's cost improvement programmes with regular review by the Trust's Finance Committee.

Given the continuing financial pressures on the public sector, this year has been a particularly difficult one for all public sector organisations with the focus on delivering the financial Control Total, reducing costs, coping with peaks in demand and improving the quality of patient care. As we have been working more closely under an Alliance arrangement with South Tyneside FT, this year the OGSM was not revisited in detail as there is a longer term goal to work more closely together and gradually align key strategic objectives. The development of a joint vision across the Alliance under the badge of 'Path to Excellence' is the start of a longer term process and the OGSM and planning processes will be updated to reflect this approach in future years.

The focus on cost reduction has been led by the Finance Committee which ensures detailed scrutiny of Cost Improvement Programmes as well as gaining an in depth knowledge of the underlying financial position of the Trust. The continuation and development of the 'Programme Management Group' to support the Finance Committee in its review of detailed programmes and individual projects has been welcomed by the Committee.

The Executive Committee, the Board of Directors and Council of Governors are actively involved in the business planning and performance management processes established by the Trust and in maintaining strong links with stakeholders.

During 2016/17 the Trust has:

- continued the development of the Programme Management Office (PMO);
- completed the building of the new Emergency Department scheme, with handover received in March 2017;
- been 'de-escalated' from the NHS Improvement enforcement process as a result of continued improvement in the financial position of the organisation and delivery against key cost improvement targets;
- delivered a financial position better than the planned 'Control Total' resulting in access to incentive and bonus funds from the national 'Sustainability and Transformation Fund' (STF); and
- contributed to the development of a region wide 'Sustainability and Transformation Plan'.

Additional assurance in respect of the Trust's arrangements for ensuring economy, efficiency and effectiveness in the use of resources is provided to the Board of Directors through the conduct of regular reviews undertaken by Internal Audit and by External audit work undertaken in accordance with the Audit Code.

As part of reviewing the financial sustainability of the organisation, the Trust has considered the scale of the financial challenges facing the Trust over the next 12 month period culminating in the submission of a two year annual plan for 2017/18 and 2018/19 in December 2016. Sustainability funding will continue to be received in 2017/18 and 2018/19 linked to the achievement of a range of indicators including a financial Control Total. There is a risk around the achievement of a challenging cost improvement target and the 'stretched target' to achieve the Control Total which could impact on the receipt of funding from the Sustainability Fund and the subsequent financial position of the Trust. This is a national risk and the Board of Directors have recognised this within their planning assumptions for 2017/18.

ANNUAL QUALITY REPORT

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

Over the past year, the Clinical Governance Steering Group has reviewed progress against a range of 'quality' issues on a regular basis. This group together with the data previously reported and external reports (eg national clinical audits, peer reviews etc) has shaped our clinical quality improvement plans. The group has also reviewed trends and themes in relation to incidents, complaints and litigation and used the data to inform quality improvement of services.

The Clinical Governance Steering Group as our key group for the monitoring of clinical quality provides reports to the Governance Committee which in turn is a sub – committee of the Board. The Governance Committee receives these reports which provide assurance or highlight any risks to quality. The Corporate Governance Steering Group in parallel with the Clinical Governance Steering Group reports to the Governance Committee on any non-clinical risks or quality issues eg in facilities. In turn, risks to quality identified through these mechanisms, are escalated through to the Board.

Quality Report metrics are also regularly reported throughout the year to the Board of Directors and Executive Committee. These indicators are all reported (along with a number of other metrics) as part of the Trust's Performance Report.

Most of the data used for these metrics is extracted directly from the hospital's information system (Meditech). Where applicable, the system has been designed to conform to national data standards so that when the data is extracted it is already in a format consistent with national requirements and coding standards. The data is coded according to the NHS Data Model and Dictionary, which means that any performance indicators based upon this data can be easily prescribed and that the Trust is able to provide data that is both consistent nationally and fit for purpose.

Internally, standard operating procedures are used consistently by staff involved in the production of the Trust's performance against national, local and internal indicators. This ensures that the process meets the required quality standards and that everyone uses a consistent method to produce an output. Wherever possible, our processes are fully or at least partially automated to make certain that the relevant criteria are used without fail. This also minimises the inherent risk of human error.

Data quality and completeness checks are built into processes to flag any erroneous data items or any other causes for concern, usually as part of the automated process. In addition, further quality assurance checks are performed on the final process outputs to confirm that the performance or activity levels are comparable with previous activity or expected positions. Where applicable, our performance against key indicators is also evaluated against available benchmarking data or peer group information to help understand at the earliest opportunity whether or not the Trust is likely to be an outlier, which in itself may prompt further investigation.

A rolling programme of data quality audits is in place in relation to Referral to Treatment Time indicators to ensure reporting is in line with national guidance and data quality issues are highlighted and acted upon. This is in addition to an annual training programme on waiting list and pathway management with key staff groups and regular data quality reports are already in place. Acknowledging prior year issues flagged in the external report and in relation to the cancer 62 day waiting time standard the following actions were in place ahead of the year:

- implemented data quality audits around cancer waiting time standards in our rolling programme of data assurance audits; and
- implemented further sample quality assurance checks at the final stage of the process before performance is reported.

For most of the data, specific criteria and standards have to be used to calculate performance which is based on national data definitions where appropriate. To further ensure accuracy the report has been reviewed by two separate internal departments, Clinical Governance and Performance Management, both of which are satisfied with the accuracy of the information reported.

In summary, a substantial proportion of the data used as part of this Quality Report has been previously reported to the Board of Directors, Clinical Governance Steering Group, and Executive Committee throughout 2016/17 and feedback from these forums has been used to set future priorities. These arrangements have ensured that a balanced view on quality can be provided through the Quality Report for 2016/17.

With respect to setting the priorities for 2017/18 a wide consultation exercise has been undertaken. Consultation has taken place with the Clinical Governance Steering Group, Executive Committee, Council of Governors, Board of Directors and local commissioners, to ensure that the Quality Report includes views from key stakeholders.

REVIEW OF EFFECTIVENESS

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the audit committee and governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its committees have a key role in maintaining and reviewing the effectiveness of the system of internal control.

The Executive Committee and Board of Directors have received regular reports on the development of the Trust's risk management framework, in particular through the work of the Governance Committee, Clinical Governance Steering Group and Corporate Governance Steering Group. The Governance Committee receives reports from the Clinical Governance Steering Group and Corporate Governance Steering Group and coordinates the implementation of action plans through the Trust's risk register mechanism.

The Governance Committee has received regular reports on sources of external assurance including evidence from the CQC, national reviews and other independent evidence.

The Finance Committee have played an important scrutiny role and helped to ensure that efficiency plans are maximised by robust challenge and escalation of key issues to the Board.

The outcome of internal audit reviews has been considered throughout the year through regular reports to the Audit Committee. The Board of Directors receives and considers the minutes of the Audit Committee where necessary. The Head of Internal Audit provides a separate report to me as Accounting Officer of the work undertaken during the year.

CONCLUSION

My review confirms that no significant internal control issues have been identified.

K W BREMNER
Chief Executive

Date: 18 May 2017

Remuneration Report

SCOPE OF RESPONSIBILITY

The Remuneration Committee for the Chief Executive and Executive Directors is chaired by the Vice Chairman of the Trust. Other members include two Non-Executive Directors and the Chief Executive. The Remuneration Committee agrees the remuneration, allowances and other terms and conditions of office, ensuring Executive Directors are fairly rewarded for their individual and collective contribution to the organisation, having proper regard to the organisation's circumstances and performance and to the provisions of any national arrangements or guidance where appropriate. Membership of the Committee and attendance at the meetings is identified on page 157 of the report. The Chief Executive is not part of the deliberation in relation to his performance or remuneration but joins the committee after this has taken place. The Director of Human Resources attends in an advisory capacity.

In determining the remuneration levels a range of benchmarking evidence is used including:

- NHS-wide governance ie Pay and Contractual Arrangements for NHS Chief Executives and Directors;
- local comparisons from other Trusts (where information is shared);
- posts advertised; and
- salary survey for NHS Chief Executives and Executive Directors.

City Hospitals' information is benchmarked against the salary for the relevant individuals and recommendations based thereon. To enable the Trust to recruit and retain staff of the highest calibre, salaries are normally linked to the upper quartile of the benchmarks.

There are three Directors whose salary is above the £142,500 threshold used in the Civil Service. These reflect:

- a clinical PA and a national clinical excellence award;
- an additional role/responsibility as Deputy Chief Executive as well as Director of Finance for the majority of the year; and
- salaries being competitive compared to peers in similar sized Trusts.

The Chief Executive and Executive Directors are on permanent contracts with notice periods that range from 3-12 months.

Each Executive Director and the Chief Executive have annual performance plans against which they are assessed on a mid-year and then end-of-year basis. Whilst their salary is not strictly performance related, the Remuneration Committee will discuss performance when considering any changes to remuneration levels.

The Chairman appraises the performance of the Chief Executive on a mid-year and then end of year basis.

Senior Managers' remuneration and pension benefits are detailed in the tables on pages 173 to 179. Accounting policies for pensions and other retirement benefits are set out in note 1.4 to the accounts. No compensation for loss of office paid or receivable has been made under the terms of an approved Compensation Scheme. This is the only audited part of the remuneration report.

The key components of the remuneration package for senior managers include:

- salary and fees;
- all taxable benefits;
- annual performance based bonuses where applicable;

Some terms are specific to individual senior managers, which are assessed on a case by case basis such as:

- lease cars; and
- on-call arrangements.

Salaries are determined in line with the Agenda for Change scheme. Notice periods are standard within the Trust depending on the level of the role:

Agenda for Change Band	Notice Period
Bands 1 – 4	1 month
Bands 5 – 7	2 months
Bands 8+	3 months

The Council of Governors decides on the remuneration and terms and conditions of the office of the Non-Executive Directors. The Council of Governors, in line with best practice and monitor guidance, will market test the pay levels and other terms and conditions.

The Chairman agrees objectives with each Non Executive Director and a formal appraisal is undertaken annually.

The Lead Governor and Senior Independent Director have a role in the assessment and appraisal of the Chairman on an annual basis.

K W BREMNER
Chief Executive

Date: 18 May 2017

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS – TOTAL SINGLE FIGURE 2016/2017 (AUDITED)

	Salary (bands of £5,000)	Taxable Benefits (nearest £100) Note 1	Annual Performance Related Bonus (bands of £5,000)	Long Term Performance Related Bonus (bands of £5,000)	All Pension Related Benefits (bands of £2,500) Note 2	Total Remuneration (bands of £5,000)	Recharges salary (bands of £5,000)	Recharge Taxable Benefits (nearest £100)	Recharge Pension Related Benefits (bands of £2,500)	Remuneration Net of Recharges (bands of £5,000) Note 3
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	235 – 240	11.0	5 – 10	0	72.5 – 75	325 – 330	(65 – 70)	(3.0)	(20 – 22.5)	235 – 240
MR S M WILLIAMSON Deputy Chief Executive (12 Sep 16 to 8 Jan 17)	60 – 65	0	0	0	0*	60 – 65	(30 – 35)	0	0	30 – 35
MRS J PATTISON Director of Finance	150 – 155	7.0	5 – 10	0	57.5 – 60	220 – 225	(25 – 30)	(1.3)	(10 – 12.5)	180 – 185
MRS M JOHNSON Director of Nursing	130 – 135	7.0	0	0	22.5 – 25	165 – 170	(25 – 30)	(1.3)	(2.5 – 5)	130 – 135
MR P SUTTON Director of Strategy & Business Development	130 – 135	7.0	0 – 5	0	0 – 2.5	140 – 145	(20 – 25)	(1.3)	(0 – 2.5)	115 – 120
MR I C MARTIN Medical Director	220 – 225	7.0	0 – 5	0	42.5 – 45	275 – 280	0	0	0	275 – 280
MR J N ANDERSON Chairman	50 – 55	0	0	0	0	50 – 55	0	0	0	50 – 55
MS M HARTE Non-Executive Director (left 30 Sep 16)	5 – 10	0	0	0	0	5 – 10	0	0	0	5 – 10
MR M DAVISON Non-Executive Director	15 – 20	0	0	0	0	15 – 20	0	0	0	15 – 20
MR D C BARNES Non-Executive Director	15 – 20	0	0	0	0	15 – 20	0	0	0	15 – 20
MR S HINDMARSH Non-Executive Director	15 – 20	0	0	0	0	15 – 20	0	0	0	15 – 20
MR G A WRIGHT Non-Executive Director	15 – 20	0	0	0	0	15 – 20	0	0	0	15 – 20
DR M F LAKER Medical Adviser (Non-Executive)	5 – 10	0	0	0	0	5 – 10	0	0	0	5 – 10

* No pension benefits to be declared as Mr Williamson left the NHS Pension Scheme during the year.
Notes 1,2 & 3 see page 177

Performance related elements of remuneration were awarded to the Chief Executive and Director of Finance and were set at a maximum of 5% of salary. The performance targets reflect the strategic objectives of the organisation.

The performance targets and relevant weighting (where applicable) together with actual performance are identified in the tables below and opposite:

CHIEF EXECUTIVE

Objective	Weighting	Achieved
Deliver and improved financial outturn against agreed 2015/16 plan (as per annual accounts) • 50 % or better – 50 • 30-50 % – 40 % • 10-30 % – 30 % • >10 % – 20 %	50%	
Identify a plan for achieving long term sustainability through closer working with South Tyneside NHS FT, including the setup of a group structure to govern progress and performance	25%	
Meet the following quality indicators • Friends and Family Feedback – above 90% • Mortality – Improve performance over 2014/15 (as expected) • At least 'Good' performance in nationally published 'Learning by Mistakes' league tables	15%	
Meet key performance metrics (source from final performance report/Monitor submission) • *C. difficile* (annual target 34 cases) actual 30 • A&E target (0.5%/quarter) Achieved Q1 and Q2 • RTT (incompletes only – 92% target achieved) • Diagnostic waits (annual) achieved 0.80% • Cancer – 2WW, 31 day, 62 days – (12 quarterly measures = 2%) – (8-12 quarterly measures = 1.75%) – (>8 quarterly measures = 1.50%)	10%	

The Committee agreed to award 4.44 % on the basis of objectives achieved above.

DIRECTOR OF FINANCE

Objective	Weighting	Achieved
Manage 2015/16 Clinical Income contracts to ensure maximisation of income	2.5	
Deliver the 2016/17 contracting round, maximising organisational engagement to increase income opportunities	2.5	
Revisit the requirements of SLR and re-implement to enable utilisation for decision making purposes	5	
Deliver a financial position and overall risk rating no lower than plan	50	
Implement an approved 3-5 year Financial Strategy	10	
Working with the PMO ensure delivery of the Trust wide CRP programme	10	
Deliver capital schemes within approved plan	2.5	
Review, tender (as applicable) and implement a number of Trust wide services.	5	
Maximise the opportunity afforded by CHoICE.	2.5	
Review the requirements of the National Procurement Strategy and deliver the internal requirements for the Trust.	5	
Deliver mandatory departmental requirements.	5	

The Committee agreed to award 4 % on the basis of objectives achieved above.

Performance related elements of remuneration were awarded to the Medical Director and Director of Strategy and Business Development and were set at a maximum of 2.5% of salary. The performance targets reflect the strategic objectives of the organisation.

The performance targets and relevant weighting (where applicable) together with actual performance are identified in the tables below and overleaf:

MEDICAL DIRECTOR

Objective	Weighting	Achieved
Increase alignment of consultant medical workforce with service delivery	10	
Provide medical revalidation	10	
Reduce unnecessary harm by enhancing clinical governance	10	
Reduce unnecessary harm by reducing HAIs	10	
Improve quality of medical training	7.5	
Improve CD engagement and accountability	5	
Reduce unnecessary bureaucracy	5	
Increase involvement in clinical research	10	
Ensure safe and sustainable acute care	5	
Increase effectiveness and efficiency of Medical Directorate	10	

The Committee agreed to award 2.19 % on the basis of objectives achieved above.

DIRECTOR OF STRATEGY AND BUSINESS DEVELOPMENT

Objective	Weighting	Achieved
Influence the redesign of urgent care services across Sunderland and of 'out of hospitals' services to manage patients in the community where clinically appropriate	1 n/a	
Ensure delivery of the Monitor risk assessment framework indicators – A&E, Cancer, *C. difficile* and RTT	20	
Ensure delivery of all agreed CQUIN targets and ensure no contractual penalties	1	
Redesign processes and pathways to eliminate waste and improve flow leading to reduced waits for patients	1	
Robust Trust-wide capacity and demand planning	0.5 0.5	
All service lines to achieve their agreed financial target. Specialties above 5% surplus (with high performance) should plan to grow market share if possible.	0.5 0.5 50	
Provide high quality clinical accommodation for relevant services operating in Durham	1	
CHS to be one of three vascular centres in the North East	1	
CHS to lead and provide a 24/7 interventional radiology service	1	
CHS to be commissioned to provide primary PCI 24/7	1	
CHS to be one of three Level 3 neonatology centres in the North East	1	
Further integrate clinical services with neighbouring Trusts	20	

The Committee agreed to award 2.16 % on the basis of objectives achieved above.

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS – TOTAL SINGLE FIGURE 2015/16

	Salary (bands of £5,000)	Taxable Benefits (nearest £100) Note 1	Annual* Performance Related Bonus (bands of £5,000)	Long Term Performance Related Bonus (bands of £5,000)	All Pension Related Benefits (bands of £2,500) Note 2	Total Remuneration (bands of £5,000)
	£000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	210 – 215	11.0	5 – 10	0	35.0 – 37.5	265 – 270
MRS J PATTISON Director of Finance	145 – 150	7.0	0 – 5	0	0	155 – 160
MRS B J AKEHURST Director of Nursing (left 30 September 2015)	60 – 65	3.6	0	0	7.5 – 10.0	75 – 80
MRS M. JOHNSON Director of Nursing (commenced 11 January 2016)	25 – 30	1.6	0	0	0*	30 – 35
MR P SUTTON Director of Strategy & Business Development	125 – 130	7.0	0	0	0.0 – 2.5	135 – 140
MR I C MARTIN Medical Director	215 – 220	7.0	0	0	55.0 – 57.5	280 – 285
MR J N ANDERSON Chairman	50 – 55	0	0	0	0	50 – 55
MS M HARTE Non-Executive Director	15 – 20	0	0	0	0	15 – 20
MR M DAVISON Non-Executive Director	15 – 20	0	0	0	0	15 – 20
MR D C BARNES Non-Executive Director	15 – 20	0	0	0	0	15 – 20
MR S HINDMARSH Non-Executive Director	15 – 20	0	0	0	0	15 – 20
MR G A WRIGHT Non-Executive Director	15 – 20	0	0	0	0	15 – 20
DR M F LAKER Medical Adviser (Non-Executive)	5 – 10	0	0	0	0	5 –10

* Note 1 – Taxable Benefits relate to car allowances either paid to the employee or offset against the total cost of leasing the vehicle.

Note 2 – For defined benefit schemes, the amount included here is the annual increase (expressed in £2,500 bands) in pension entitlement determined in accordance with the 'HMRC' method. The HMRC method derives from s229 of the Finance Act 2004, but is modified for the purpose of this calculation by paragraph 10(1)(e) of schedule 8 of SI 2008/410 (as replaced by SI 2013/1981). In summary, this is as follows: Increase = ((20 x PE) +LSE) – ((20 x PB) + LSB)

Where:

- PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year
- PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year;
- LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year; and
- LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

Note 3 – The Trust entered into an Alliance with South Tyneside NHS Foundation Trust during 2016/17. As a result of this a single Executive/Management team was formed. The table of Salary and Pension Entitlements of Senior Managers for 2016/17 includes the full entitlements paid to senior managers during the year. This is not the amount chargeable to the Trust. Recharges between the two organisations are shown separately in the table.

DIRECTOR REMUNERATION REVIEW (AUDITED)

	2016/17	2015/16
Band of Highest Paid Director's Total Remuneration (£ '000)*	255 – 260	220 – 225
Median Total Remuneration (£)	26,958	23,086
Ratio	9.55	9.64

* A proportion of remuneration (£85k – £90k) was recharged to South Tyneside NHSFT; however the full remuneration amount has been used for the calculation.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. In this disclosure the median remuneration has been derived using the cumulative gross pay for all directly employed staff, including those staff employed on flexi-bank contracts and payments to other NHS bodies for staff that perform services for the Foundation Trust. The median remuneration calculation has not been adjusted to 'annualise' part year leavers' gross pay as it has been assumed that vacant posts have been recruited to. The banded remuneration of the highest paid director in the Foundation Trust in the financial year 2016/17 was £255k to £260k (2015/16, £220k to £225k). This was 9.55 times (2015/16, 9.64) the median remuneration of the workforce, which was £26,958 (2015/16, £23,086). The ratio has decreased slightly due mainly to a change in the basis of the calculation from the previous year. In 2016/17, 2 employees received remuneration in excess of the highest-paid director (2015/16, 0). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

DIRECTOR AND GOVERNOR EXPENSES

	2016/2017			2015/2016		
	Headcount	Number receiving expenses	£'00	Headcount	Number receiving expenses	£'00
Executive and Non-Executive Directors	12	7	47	13*	6	41
Governors	16	0	0	16	1	1

* Mrs B J Akehurst retired September 2015 and Ms M Johnson was appointed January 2016.

Expenses claimed include mileage, parking fees and course and conference fees where they have been booked and paid for personally by the Director or Governor.

PENSION ENTITLEMENTS OF SENIOR MANAGERS – 2016/17 (AUDITED)

	Real increase / (decrease) in pension at 60	Real increase / (decrease) in lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2017	Lump sum at age 60 related to accrued pension at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2016	Real Increase in CETV	Employers Contribution to Stakeholder Pension
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive*	2.5 – 5	12.5 – 15	350 – 355	266	1,856	1,711	145	0
MR S M WILLIAMSON Deputy Chief Executive* (12 Sep 16 to 8 Jan 17)	0	0	0	0	0	520	0	0
MRS J PATTISON Director of Finance*	2.5 – 5	2.5 – 5	195 – 200	145	943	837	105	0
MRS M JOHNSON Director of Nursing*	0 – 2.5	5 – 7.5	190 – 195	145	1,036	968	67	0
MR P SUTTON Director of Strategy & Business Development	0 – 2.5	(2.5) – (5)	120 – 125	87	442	427	15	0
MR I C MARTIN Medical Director	2.5 – 5	7.5 – 10	335 – 340	252	1,947	1,790	157	0

* Posts are shared between City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust. Full pension figures attributed to the employee have been disclosed in the table above rather than the amount chargeable to the Trust.

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2005-06 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation (Consumer Price Index) and uses common market valuation factors for the start and end of the period.

There is no pension disclosure for 2016/17 for Mr S M Williamson, Deputy Chief Executive, who left the Scheme during the financial year.

Council of Governors

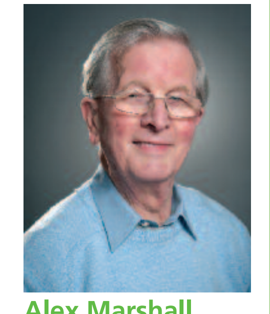
COMPOSITION OF THE COUNCIL OF GOVERNORS

The Council of Governors of City Hospitals Sunderland NHS Foundation Trust comprises seven public Governors for Sunderland and two public Governors for the North East, two patient Governors and five staff Governors. It also includes a stakeholder representative from the City of Sunderland and the Council of Governors agreed that a further stakeholder representative would be sought from the Sunderland Clinical Commissioning Group. The Council of Governors is chaired by Mr J N Anderson, Chairman of the Trust.

Patients Constituency:

1 July 2013 – 30 June 2016

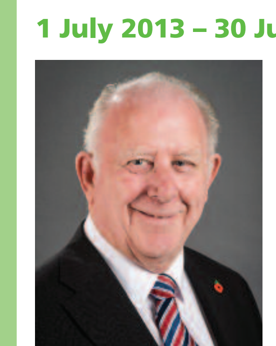
Tony Foster



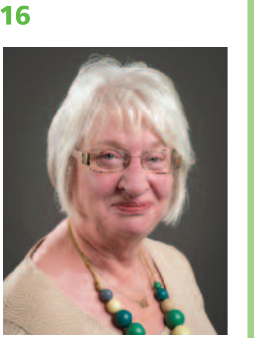
Alex Marshall

Public Constituency – North East:

1 July 2013 – 30 June 2016



Danny Cassidy



Ruth Richardson

Public Constituency – Sunderland:

1 July 2013 – 30 June 2016

Rob Allchin[1]

John Dean

Margaret Dobson

Pauline Taylor

Michael McNulty (Lead Governor)

Susan Pinder

Vacancy

[1] Sadly died July 2016

Staff Constituency – Clinical Class:

1 July 2013 – 30 June 2016

Lindsey Downey

Pauline Palmer

Staff Constituency – Medical:

1 July 2013 – 30 June 2016

Shahid Junejo

Staff Constituency – Other:

1 July 2013 – 30 June 2016

Mandy Bates

Mary Pollard

Appointed Governors:

City of Sunderland

1 July 2013 – 30 June 2016

Councillor Graeme Miller
(Cabinet Member with Portfolio for Health and Social Care)

Sunderland CCG

1 July 2013 – 30 June 2016

Pat Taylor

ELECTIONS OF THE COUNCIL OF GOVERNORS

Elections were held on 22 June 2016 to elect governors for all of the above constituencies. The Electoral Services Team at Sunderland City Council undertook these elections on the Trust's behalf. With the exception of the Public North East Constituency, all seats were contested and turnout rates were as follows:

Election Turnout		
Public – Sunderland		
	Number of Candidates	12
	Votes Cast	3,209
	Turnout	17.5%
Public – North East		
	Number of Candidates	2 – uncontested
Patient		
	Number of Candidates	4
	Votes Cast	782
	Turnout	11.5%
Staff – Medical & Dental		
	Number of Candidates	2
	Votes Cast	123
	Turnout	35.5%
Staff – Clinical		
	Number of Candidates	3
	Votes Cast	553
	Turnout	18.8%
Staff – Other		
	Number of Candidates	4
	Votes Cast	518
	Turnout	15.8%

Eight of our existing governors stood for re-election, 7 of whom were successful in being re-appointed for a further three year term.

The appointed governors were chosen to represent their organisations through agreement between the Trust and the nominating organisation also for a period of three years.

Patients Constituency:

1 July 2016

Sue Cooper

Gillian Pringle

Public Constituency – North East:

1 July 2016

Danny Cassidy

Ruth Richardson

Public Constituency – Sunderland:

1 July 2016

Chris Colley

John Dean

Margaret Dobson

Liz Highmore

Michael McNulty
(Lead Governor)

Susan Pinder

Pauline Taylor

Staff Constituency – Clinical Class:

1 July 2016

Lindsey Downey

Tom Harris

Staff Constituency – Medical:

1 July 2016

Shahid Junejo

Staff Constituency – Other:

1 July 2016

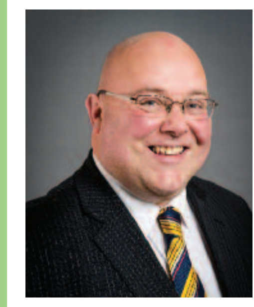
Jackie Burlison

Kay Hodgson

Appointed Governors:

City of Sunderland

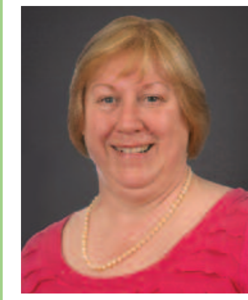
1 July 2016



Councillor Graeme Miller
(Cabinet Member with Portfolio for Health and Social Care)

Sunderland CCG

1 July 2016


Pat Taylor

Details of the constituencies are given in the Membership section.

MEETINGS OF THE COUNCIL OF GOVERNORS 1 APRIL 2016 – 31 MARCH 2017

Governor	Constituencies	Meetings in Public	Actual Attendance
Tony Foster[1]	Patient	1	1
Alex Marshall[1]	Patient	1	1
Sue Cooper[2]	Patient	4	4
Gillian Pringle[2]	Patient	4	4
Robert Allchin[3]	Public – Sunderland	1	0
Chris Colley[2]	Public – Sunderland	4	4
John Dean	Public – Sunderland	5	5
Margaret Dobson	Public – Sunderland	5	5
Liz Highmore	Public – Sunderland	4	4
Michael McNulty	Public – Sunderland	5	4
Susan Pinder	Public – Sunderland	5	4
Pauline Taylor	Public – Sunderland	5	4
Danny Cassidy	Public – North East	5	5
Ruth Richardson	Public – North East	5	5
Mandy Bates[1]	Staff – Other	1	1
Jackie Burlison[2]	Staff – Other	4	3
Kay Hodgson[2]	Staff – Other	4	3
Mary Pollard[1]	Staff – Other	1	0
Lindsey Downey	Staff – Clinical	5	5
Tom Harris[2]	Staff – Clinical	4	4
Pauline Palmer[1]	Staff – Clinical	1	1
Shahid Junejo	Staff – Medical & Dental	5	2
Cllr Graeme Miller	Appointed – City of Sunderland	5	3
Pat Taylor	Appointed – Sunderland CCG	5	4
John N Anderson	Chairman	5	5
Carol Harries	Trust Secretary	5	5

The following Directors have attended a number of Governor meetings:

Director	Role
Ken Bremner	Chief Executive
Melanie Johnson	Director
Ian Martin	Director
Julia Pattison	Director
Peter Sutton	Director
David Barnes	Non-Executive Director
Mike Davison	Non-Executive Director
Miriam Harte	Non-Executive Director
Stewart Hindmarsh	Non-Executive Director
Alan Wright	Non-Executive Director

[1] Until 30 June 2016
[2] From 1 July 2016
[3] Sadly died July 2016

Throughout the year a number of joint workshops have also been held for both the Board of Directors and the Council of Governors so that Non-Executive Directors in particular are able to understand the views of Governors and members.

GOVERNOR INVOLVEMENT

Key areas where the Council of Governors have been involved during 2016/17 have included:

- Membership of the Nominations Committee to appoint a new Non Executive Director;
- the appointment of new external auditors;
- input into our Annual Plan;
- involvement in our PLACE inspections;
- ensuring arrangements are in place for the 'day to day' control and management of charitable funds;
- assuring themselves of the Trust's overall approach to reducing the level of Hospital Acquired Infection;
- contributing to the Trust's approach to Clinical and Corporate Governance;
- assuring themselves of the Trust's approach to Information Governance;
- giving their views on the Trust's approach to Patient and Public Involvement;
- involvement in the city-wide Maternity Services Liaison Committee;
- involvement in the Trust's approach to Organ Donation;
- assuring themselves of the actions taken as a result of real time patient feedback;
- involvement in the Trust's approach to the Deteriorating Patient;
- involvement in the Trust's approach to Medical Revalidation;
- involvement in the Trust's approach to nutrition; and
- involvement in the Trust's approach to disability.

REGISTER OF INTERESTS

A Register of Interests for the Council of Governors is maintained by the Trust Secretary. The format of this register was agreed by the Council of Governors in August 2004. The register is available for inspection by members of the public via application to the Trust Secretary.

Membership

THE FOUNDATION MEMBERSHIP COMMUNITY

The Trust's Membership Community is made up of local residents, patients, carers and staff. Its Membership Community structure comprises four constituencies. Members may join the appropriate constituency depending on the eligibility criteria as outlined below. People who are eligible to become a member of the Community as a whole are:

- over 16; or
- a member of City Hospitals Sunderland staff; or
- living in the electoral wards of Sunderland or the North East of England; or
- a registered patient of the Trust since 1 January 2003 (or carer of such patient).

PUBLIC CONSTITUENCIES

Any member of the public living in Sunderland or the North East electoral wards may become a member of the Public Constituency (Sunderland) or the Public Constituency (North East). Staff living in these areas will remain in the Staff Constituency. Members of the public living in these areas will remain in the Public Constituency in preference to the Patients' Constituency.

PATIENTS' CONSTITUENCY

The Patients' Constituency consists of patients registered with the Trust on or after 1 January 2003 (or carer of such patient) who have been invited by the Trust to become a member of the patients' constituency and therefore become a member without an application being made unless he/she does not wish to do so. Staff who are patients and live outside Sunderland and the North East will remain in the staff constituency.

STAFF CONSTITUENCY

There are three classes within this constituency, namely Medical and Dental, Clinical and Other. Staff who are patients and live outside Sunderland and the North East will remain in the Staff Constituency. Staff who have worked for the Trust for 12 months automatically become members of the Staff Constituency with the provision that they may choose to opt out. Members of the Staff Constituency can also include workers who are not directly employed by the Trust but who exercise functions for the purpose of the Trust. These members need to opt in. Staff are removed from the Staff Constituency when they leave the Trust but are invited to transfer their membership to another constituency provided they meet the eligibility criteria.

ASSESSMENT OF THE MEMBERSHIP

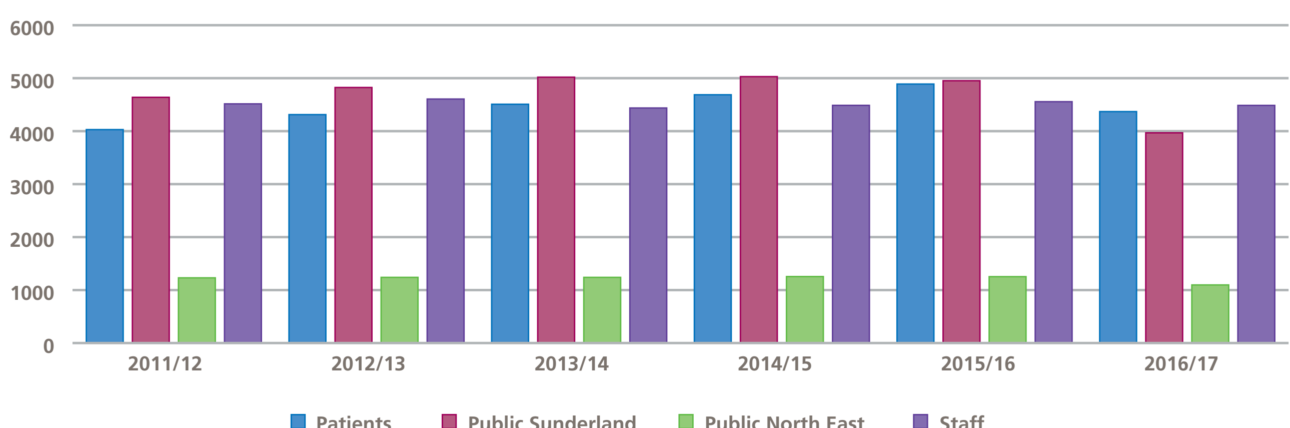
The membership figures for each of the constituencies and classes are given in the table below:

Class/Constituency	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Patients	4,029	4,312	4,508	4,687	4,889	4,369
Public – Sunderland[1]	4,639	4,824	5,019	5,031	4,952	3,968
Public – North East[2]	1,231	1,240	1,151	1,253	1,342	1,097
Staff:						
Medical & Dental	305	320	330	334	338	351
Clinical	2,019	1,949	1,883	1,993	2,063	2,082
Other	2,191	2,337	2,224	2,159	2,155	1,870
Total	14,414	14,982	15,115	15,457	15,739	13,737

[1] Residents of the electoral wards of Sunderland Council.

[2] Residents of the electoral wards of the North East of England (excluding Sunderland).

MEMBERSHIP NUMBERS

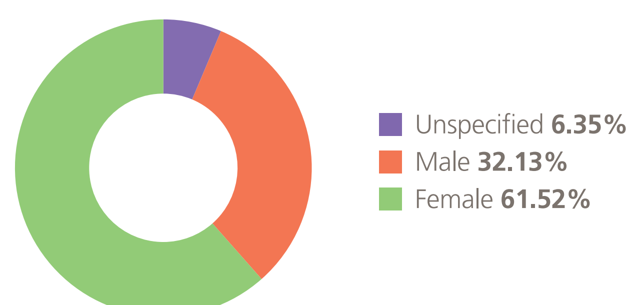


The Trust's public and patient membership has decreased slightly during 2016/17, largely as a result of data cleansing both in preparation for the Trust's Governor elections, as well as a change of membership database provider who undertook a thorough data cleansing exercise as part of the transfer of services.

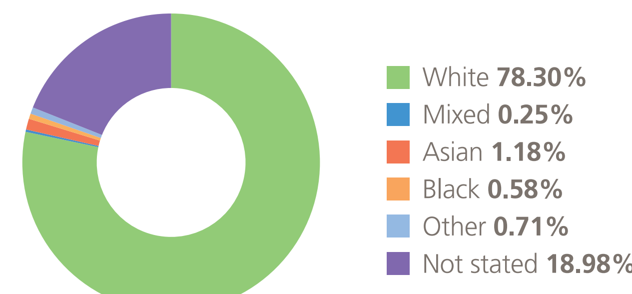
PUBLIC MEMBERSHIP

The following information illustrates the composition of the public membership in terms of gender and ethnicity.

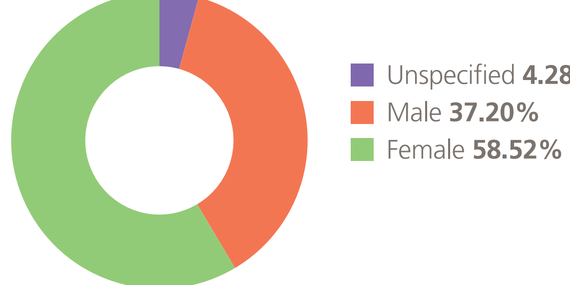
GENDER – PUBLIC SUNDERLAND CONSTITUENCY



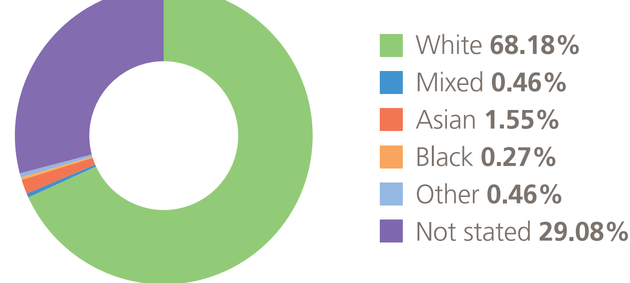
ETHNICITY – PUBLIC SUNDERLAND CONSTITUENCY



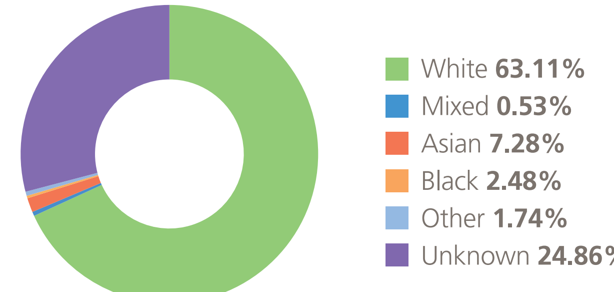
GENDER – PUBLIC NORTH EAST CONSTITUENCY



ETHNICITY – PUBLIC NORTH EAST CONSTITUENCY



ETHNICITY – PATIENTS CONSTITUENCY



Constituency			
Age	**Public Sunderland**	**Public North East**	**Patients**
17-21	12	1	28
22-29	273	83	689
30-39	746	216	1,109
40-49	439	149	721
50-59	416	164	611
60-74	514	192	803
75+	89	75	208
Not stated	1,479	217	200

MEMBERSHIP STRATEGY SUMMARY

The Trust has an on-line membership database which has ensured that the database is more accurate. It also allows us to target individual age groups and geographical areas where membership is low by giving generic addresses so that we may write to households identifying the benefits of membership.

The Trust achieved its targets this year for recruiting new members in both the public and patient constituencies.

Mechanisms continue to exist for members of the public to join the Trust and these include:

- active recruitment of members by our Governors;
- membership forms located in GP surgeries, City Libraries, AgeUK and the Carers' Centre;
- members of staff who leave the Trust are invited to become a public or patient member;
- electronic membership form on the Trust website; and
- a membership form is included with:
  - "Your Stay in Hospital" booklet
  - The Sunderland Partnership's document, "Your Community…..Your say".

ENSURING A REPRESENTATIVE MEMBERSHIP

The Trust has a local population of around 340,000 with a relatively small, although increasing ethnic population (the Office of National Statistics identifies a population of 4.1%). Historically within the City engagement with the Health and Social Care Sector has been relatively poor although the development of the city-wide Compact is beginning to identify greater opportunities for engagement.

The city-wide Inclusive Communities Group is developing much more meaningful systems of engagement. Despite a number of initiatives however, we still continue to attract a relatively small number of new public members from BME groups.

Generally our membership continues to broadly mirror the demographic of the City which has an ageing profile from which it has always been possible to attract members. Whilst we recognise that it is important to grow the membership and to encourage diversity the Trust believes it is more important to ensure that members feel engaged and involved thereby making a real difference within the overall governance arrangements of the Trust.

COMMUNICATING WITH THE MEMBERSHIP

If members of the public or patients wish to contact a Governor or Director they can do so in a number of ways:

- at the end of meetings held in public;
- by contacting the Trust Secretary at the address on the back of this report;
- by writing to Governors at the following freepost address:

  City Hospitals Sunderland NHS Foundation Trust
  FREEPOST NAT 21669
  Sunderland
  SR4 7BR
- by emailing corporate.affairs@chsft.nhs.uk

Staffing Report

WORKFORCE NUMBERS AND STAFFING COSTS (AS AT 31 MARCH 2017)

FOUNDATION TRUST

Staff Group	FTE			Headcount			Cost (£000s)		
	Fixed Term/Temp	Permanent	Total	Fixed Term/Temp	Permanent	Total	Fixed Term/Temp	Permanent	Total
Medical and Dental[1]	123.01	437.74	560.75	169	453	622	£11,485	£50,342	£61,827
Administration and Estates	59.12	879.29	938.41	82	1,028	1,110	£1,728	£25,697	£27,454
Healthcare Assistants and other support staff	67.97	813.33	881.30	80	945	1,025	£420	£5,030	£5,450
Nursing, Midwifery and health visiting staff	50.07	1,419.55	1,469.62	63	1,578	1,641	£2,654	£75,231	£77,885
Scientific, therapeutic and technical staff	20.15	528.47	548.62	33	608	641	£1,096	£28,748	£29,844
Bank and agency staff	91.00	0	91.00	91	0	91	£7,847	£0	£7,847
Total	**411.32**	**4,078.38**	**4,489.70**	**518**	**4,612**	**5,130**	**£25,230**	**£185,048**	**£210,307**

GROUP*

Staff Group	FTE			Headcount			Cost (£000s)		
	Fixed Term/Temp	Permanent	Total	Fixed Term/Temp	Permanent	Total	Fixed Term/Temp	Permanent	Total
Medical and Dental[1]	123.01	437.74	560.75	169	453	622	£11,485	£50,342	£61,827
Administration and Estates[2]	59.12	1,121.29	1,180.41	82	1,270	1,352	£1,728	£25,982	£27,676
Healthcare Assistants and other support staff[2]	67.97	817.33	885.30	80	949	1,029	£420	£6,042	£6,462
Nursing, Midwifery and health visiting staff	50.07	1,419.55	1,469.62	63	1,578	1,641	£2,654	£75,253	£77,907
Scientific, therapeutic and technical staff[2]	20.15	540.47	560.62	33	620	653	£1,096	£28,748	£29,844
Bank and agency staff	91.00	0	91.00	91	0	91	£7,847	£0	£7,847
Total	**411.32**	**4,336.38**	**4,747.70**	**518**	**4,870**	**5,388**	**£25,230**	**£186,367**	**£211,563**

[1] Includes 169 junior doctors employed by the Lead Employer Trust (LET).
[2] Includes 242 Estates and Facilities staff, 4 support staff and 12 scientific staff who transferred to CHoICE Facilities Services as at 1 February 2017.
*Group includes City Hospitals Sunderland Commercial Enterprises Ltd (CHoICE Ltd) and City Hospitals Sunderland NHS Foundation Trust.

The total headcount including directors is as follows:

Headcount	Male	Female
All Employees	878	4083
Directors (including CEO)	8	2
Senior Managers*	6	23

*The above figure is taken in accordance with occupation code guidance – include as senior managers those staff at executive level and also includes those who report directly to the members of the executive team

The Trust is organised into six main divisions and the departments of Trust Headquarters. Within the six main divisions are a series of clinical directorates and departments.

DIVISION OF CLINICAL SUPPORT

- Therapy Services (including Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry and Dietetics)
- Pharmacy
- Diagnostic Imaging (including Radiology, Medical Physics and Medical Photography)

DIVISION OF FAMILY CARE

- Obstetrics and Gynaecology (including Genito Urinary Medicine)
- Paediatrics and Child Health

DIVISION OF MEDICINE

- Emergency Medicine (including Emergency Department, Cardiology and Acute Medical Unit)
- General Internal Medicine (including Gastroenterology, Metabolic Medicine and Thoracic Medicine)
- Medical Specialties (including Renal Medicine, Clinical Haematology and Rheumatology)
- Rehabilitation and Elderly Medicine (including Care of the Elderly, Neurology, Neuro-Rehabilitation and Neurophysiology)
- Church View Medical Practice

DIVISION OF SURGERY

- General Surgery
- Urology
- Head and Neck Surgery (including Ear, Nose and Throat, Oral and Maxillofacial Surgery and Orthodontics)
- Ophthalmology
- Trauma and Orthopaedics

DIVISION OF THEATRES

- ICCU
- Anaesthetics
- Day Case Unit
- Theatre Sterile Supplies
- Clinical Sterile Services Department

DIVISION OF ESTATES AND FACILITIES*

- Catering
- Domestics
- Estates
- Outpatients
- Portering and Security
- Transport

DIVISION OF TRUST HEADQUARTERS

- Chairman and Chief Executive
- Clinical Governance
- Corporate Affairs
- Finance & Information Services
- Human Resources
- Information Technology & Information Governance
- Medical Director
- Nursing and Quality
- Performance
- Strategy and Business Development

*The majority of services within the Division transferred to CHoICE Facilities Services Ltd with effect from 1 February 2017.

STAFF ENGAGEMENT AND INVOLVEMENT

We know the importance of staff being kept informed and involved in developments at the Trust. We are committed to engaging with all staff to achieve a common awareness of issues and matters affecting the organisation and involving employees in decision making as appropriate.

We have a trade union recognition agreement with a wide range of organisations including the Royal College of Nursing, the British Medical Association, Unison and Unite with arrangements for consultation and negotiation with staff side representatives, through regular Joint Consultative Group (JCG) meetings. During the year the JCG has been involved in regular discussions surrounding a number of key Human Resource policies and initiatives.

Formal mechanisms to ensure staff are informed and involved include:

- new starter induction;
- staff newsletters;
- the weekly 'Grapevine' bulletin published on CHSnet, the Trust's intranet;
- regularly updated intranet and internet sites, providing information on a range of subjects including Trust policies, procedures and guidelines, and giving staff the latest news on key Trust and/or NHS issues and local directorate/departmental news;
- formal monthly team briefings following Executive Committee meetings to cascade key strategic messages including regular updates on finance, performance and quality issues across the Trust and more importantly to encourage feedback;
- the Chief Executive holding a number of regular forums with clinical directors, senior managers, consultants, key nursing staff and allied health professionals;
- clinicians contributing to policy and clinical practice guidelines by actively engaging in various national and local clinical networks across a range of specialties;
- patient safety walkabouts;
- a number of road shows to brief on key issues such as financial matters; and
- regular visits by Board members to wards and departments.

We have continued to undertake a great deal of work this year in order to achieve a common awareness on the part of all staff of the financial and economic factors affecting the Trust's performance, including staff engagement events/roadshows and special briefings. Employee engagement remains absolutely critical for us and this has been demonstrated over the year through the Trust's financial recovery programme and Programme Management Office which has put staff at the heart of decision making and service improvements.

ROLE OF THE TRUST AS A LOCAL EMPLOYER

City Hospitals is one of the largest employers in the North East and certainly in the city of Sunderland, offering excellent employment opportunities to new and existing staff.

We aim to be a model employer and are constantly working hard to further develop links with local strategic partners, educational and voluntary organisations across Sunderland and the surrounding area, looking for ways to engage with communities and improve the working lives of our staff. We pride ourselves on offering good working conditions, job security, lifelong learning, fair pay, an excellent range of benefits, staff involvement and a balance between work and personal life.

During 2016/17 the Trust has taken forward work to continue to help to create a future workforce to care effectively for the patients to whom we provide services. We have worked closely with Sunderland College, the University of Sunderland and local schools. This work has included:

- running our third Healthcare Careers Fair to encourage school and college students to take up a career in health. For the first time this was held at the Living Lab facility at the University of Sunderland enabling pupils across Sunderland and South Tyneside the opportunity to experience simulated care scenarios. This included following a 'patient' injured in an accident from the accident scene to the ambulance and then to the Emergency department. Pupils are also given the opportunity to meet a number of different healthcare professionals to learn more about their roles and the educational pathways available;
- providing vocational placements to 25 Health and Social Care diploma students from Sunderland College enabling them to gain experience by undertaking volunteer duties in a real healthcare environment. Such has been the success of the project that a number of students from the first cohort in 2015 reported that it had helped them to gain University places on healthcare related degree programmes;
- supporting Sunderland University graduates through funded internships with a particular focus on graduates wishing to gain healthcare and business experience;
- supporting Civil Service Fast Stream placements offering visibility in a different organisation and the opportunity to gain a new perspective on the impact of Government policy;
- continuing to provide a vocational input into the education programmes of health related students at Sunderland College. Some students have undertaken volunteer duties on wards to gain a better understanding of how care is provided in a hospital setting; and
- continuing to host some students with learning disabilities in placements to develop their work related skills and to help them to move towards employment, either within the Trust or with other employers.

The Trust continues to recruit apprentices into vacancies and train young people to take on entry level roles in Healthcare support work, Business administration, Estates and Pharmacy support work.

A plan is being developed to train apprentices across both City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust for 2017/18, which will be undertaken in light of the new apprenticeship levy.

We have continued to struggle during 2016/17 to recruit to registered nursing vacancies despite a number of initiatives which have included:

- the development of promotional material and social media advertising;
- attendance at job fairs both locally and in Dublin;
- overseas recruitment trips with a further one planned in June 2017;
- working with the military to support retiring soldiers who want to work in healthcare;
- aligning preceptorship programmes across the Healthcare Group, to enhance our reputation for support of newly qualified nurses; and
- the development of new roles such as Associate Nurse and Advanced Clinical Practitioner to support succession planning and retention.

Our relationship with the Sunderland School of Nursing, which the University of Sunderland established with local Trusts as a means of creating a supply of registered nurses for Sunderland and South Tyneside, has continued to develop. In April 2016 the first adult pre-registration programme commenced with 17 students placed at City Hospitals Sunderland NHS Foundation Trust and 4 at South Tyneside NHS Foundation Trust. In 2017 this increases to 70 students for City Hospitals and 20 students for South Tyneside, with plans to increase these numbers in future years once mentorship requirements are agreed.

The Trust also recruited another cohort of pre-nursing experience Healthcare Assistants – 8 local people were recruited and provided with Care Certificate training to enable them to work as Healthcare Assistants and to assist them with applying to enter a degree programme in adult nursing at a local university.

The first pre-nursing experience Healthcare Assistant, who worked at City Hospitals in 2013, successfully completed her degree in March this year and has returned to work as a registered nurse in the Emergency department at South Tyneside hospital.

Whilst recruitment remains a concern both locally and nationally, by working together as a Healthcare Group and with partners across the city it is hoped that we will be able to recruit, train and retain more registered nurses.

One of our initiatives to recruit more registered nurses has been working with the military to support retiring soldiers. In November 2016 the Trust received a silver award in the Defence Employer recognition scheme. The Scheme was launched in 2015 and encourages employers to support defence and inspire others to do the same. Bronze, silver and gold awards are given to employers who pledge, demonstrate or advocate support to defence and the armed forces community and align their values with the Armed Forces Covenant.

The aim of the scheme is to ensure that members of the Armed Forces community receive the support they need in their local areas in recognition of their dedication and sacrifice, to nurture public understanding of the issues affecting the Armed Forces community and to encourage activities which help to integrate the Armed Forces community into local life.

His Royal Highness, Prince Michael of Kent, Honorary Vice Admiral of the Royal Navy Reserve presented the silver award to the Trust at the Employer Recognition Awards Ceremony at Catterick Garrison.

The Trust is committed to a policy of equality of opportunity not only in our employment and personnel practices for which we are all responsible, but also in all our services. To ensure that this commitment is put into practice we adopt positive measures which seek to remove barriers to equal opportunity and to eliminate unfair and unlawful direct or indirect discrimination.

The Trust is a Disability Confident Employer which demonstrates our commitment to ensuring that people with disabilities have full and fair consideration for all vacancies. If employees become disabled during employment we will endeavour to adjust their workplace environment whenever possible to allow them to maximise their potential, and to return to work. We also support disabled employees in terms of access to training, career development and to ensure that they are not discriminated against in relation to career progression.

All policies within the Trust are subject to an Equality Impact assessment which ensures that as an organisation we do not disadvantage minority groups because of gender, race, religion/beliefs, age, sexuality and disability. If a policy is found to be high impact it must be taken through a full Impact process and be evidenced with appropriate information, which must be collated both for quantitative and qualitative results.

EXIT PACKAGES

During 2016/17 there were no exit packages made to staff.

CONSULTANCY

During 2016/17, the Trust incurred £825k in consultancy fees. The largest single element related to a payment to Deloitte to support the Trust in the establishment of CHoICE Facilities Services whereby CHoICE Ltd. took on responsibility for the management and operation of all estates services and the majority of facility services previously managed directly by the Trust.

EMPLOYEE HEALTH AND WELLBEING

We are fully committed to the health and wellbeing of our staff. As a large health service provider, health and wellbeing applies as much to our employees as it does to our patients, their carers and the local population. We want to do as much as we can to help individuals to be at their best and to feel motivated and committed to their work, so that they can reach their full potential.

Our 'Employee Health and Wellbeing Strategy' sets out our approach to addressing and improving the health and wellbeing of employees. Our commitment to support staff is also demonstrated through our Human Resources Strategy and the two strategies are closely linked to provide a working environment that enables employees to meet their full potential both in and outside of work, which inevitably has a positive impact on patient care.

As part of our strategy we offer an extensive range of employee health and wellbeing benefits including:

- a dedicated childcare co-ordinator providing advice and support to staff who are carers for children, partners and/or other family members;
- a dedicated on-site occupational health and wellbeing department;
- access to rapid physiotherapy for musculoskeletal problems;
- access to local primary care mental health services supporting staff with moderate to severe mental health concerns;
- mediation to help staff to deal with difficult workplace issues, incidents and/or conflict;
- preventive interventions eg stress risk assessments;
- coaching and guidance for managers concerning psychological and practical support for staff, including workforce adjustments;
- training and communication about workplace stress and handling conflict;
- staff benefits, including salary sacrifice schemes;
- a staff fitness centre providing a range of classes and activities;
- access to 24-hour counselling support through our Employee Assistance Programme provided by Care First. This service provides telephone and face to face counselling, stress awareness training, a range of health and wellbeing resources, and legal and financial advice; and
- a health surveillance service.

During 2016/17 our occupational health and wellbeing department has further developed the range and quality of services that staff can access to improve their health and wellbeing.

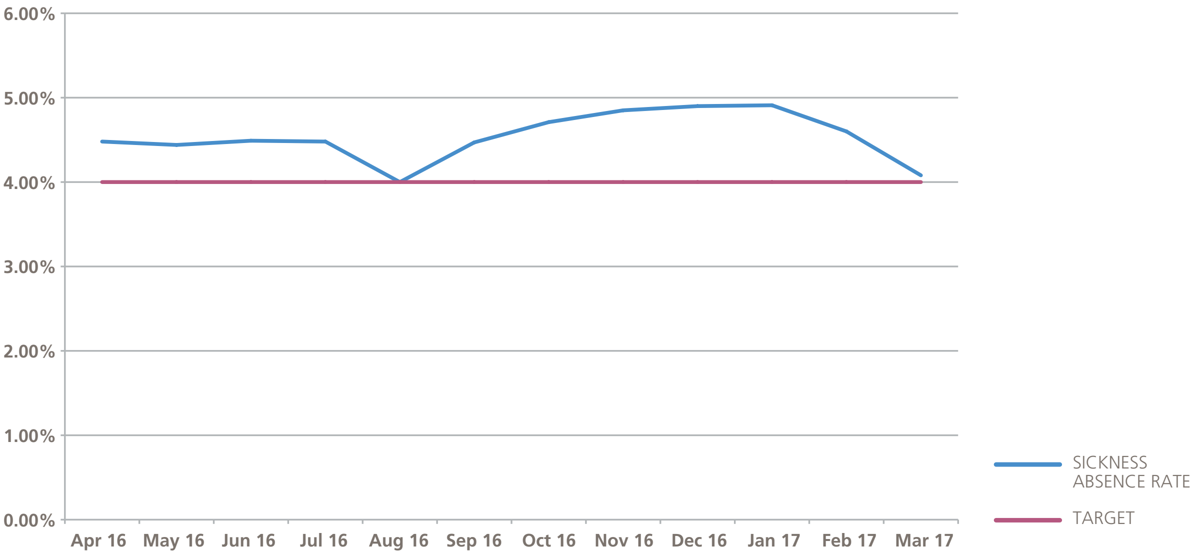
This has included working with Active Sunderland (the city of Sunderland's Community Sports Network) to promote opportunities to make Sunderland a place where it is easy for people to take part in sport and physical activity. Active Sunderland also provides information on how to join a club or develop as a coach, as well as information on volunteering opportunities.

Once again the Trust participated in the national Chartered Society of Physiotherapists "work out at work" day. This year attention was focused on team based workplace assessment, exercises and musculoskeletal disorder prevention. In addition, yoga classes were delivered at Sunderland Eye Infirmary.

To help reduce risk for both staff and patients the Occupational Health musculoskeletal team has also been working to try to standardise equipment used for patient handling to minimise the risk of injury.

The Trust recognises however, that the mental health of staff is just as important as physical health. During 2016 we launched a new policy to support staff mental health and resilience. As part of the launch a number of stress awareness sessions were held for staff facilitated by Care First, the Trust's employee assistance programme provider.

Our sickness absence rate during 2016/17 was an average of 4.54% against a national target of 4%. Whilst not achieving the target we have seen the absence rate reducing as a result of more targeted work to support managers in better managing sickness as well as our health and wellbeing initiatives previously outlined.



The estimates shown in the table below are calculated from statistics published by the Health and Social Care Information Centre (HSCIC), using data drawn for January 2016 to December 2016 from the Electronic Staff Record (ESR) national data warehouse.
The Department of Health considers the resulting figures to be a reasonable proxy for financial year equivalents.

Average FTE	Adjusted FTE sick days	FTE – days available	FTE – days recorded sickness absence	Average annual sick days per FTE
4,494	47,347	1,640,330	76,807	10.5

We will continue with our efforts to support staff to maintain and improve their health and wellbeing and ultimately attendance levels

A number of targets have been retained and/or revised in the 2017-19 CQUIN Guidance relating to improving staff health and wellbeing some of which will be measured via responses to the annual NHS Staff Survey.

The requirement is to achieve a 5% improvement over the 2017/18 and 2018/19 years in two of the three staff survey questions regarding health and wellbeing, MSK and stress related illness.

The areas where improvement is needed in the 2017 and 2018 NHS Staff Surveys are:

- percentage of staff saying the Trust takes positive action on health and wellbeing;
- percentage of staff saying they have experienced a work related MSK problem; and
- percentage of staff saying they had work related stress.

The Trust achieved the national target for delivering flu vaccinations to staff on 5 December 2016 – almost one month ahead of the target date of 31 December 2016. At the end of the campaign the Trust had vaccinated 77.2% of frontline staff, which was an increase of 6.6% on the previous year (70.6%).

The campaign drew on the expertise of health care professionals such as pharmacists and physiotherapists to support the ward based vaccinators. We hope to build further upon this success in the next campaign.

We recognise that any adverse impact on staff that affects their ability to function at their best in the workplace needs active steps to provide support and take a preventative stance where possible.

We also last year recognised those staff who had demonstrated dedication, innovation and commitment to excellent patient care at our annual Reward and Recognition event held at the Stadium of Light in November 2016. We celebrated the work of individual members of staff and teams, highlighting the very best that City Hospitals has to offer.

The awards recognised those staff and teams who go the extra mile in their everyday work to put patients at the centre of everything they do. The winners in each category can be found in the table below.

Category	Winner
Customer Service Award – Individual	Margaret Johnson, Assistant Clinical Physiologist
Customer Service Award – Team	Hospital Elder Life Programme Assistants
Service Improvement and Innovation Award	Emergency Ambulatory Care
Care and Compassion Award	Angela Brand and Claire Pountain Stroke Unit Physiotherapy Team
Leadership Award	Susie Blyth, Divisional Administration Manager – Medicine
Clinical Team of the Year Award	Peri-operative Risk Evaluation & Preparation Team
Non Clinical Team of the Year Award	Endoscopy New Build Team
Outstanding Contribution Award	Sharon Stothard, Chest Clinic Manager
Council of Governors' Awards	Pauline Carey, ICCU Staff Nurse Carole Davison and Hayley Maughan, Ward F64
Chief Executive's Award	Bill Holliday, Divisional HR Manager

STAFF ENGAGEMENT

The Trust's vision and values recognise that meaningful, two-way dialogue with people at all levels in the organisation is key to ensuring that we deliver the highest quality of care for patients and improve the work experience for all our staff.

By engaging and communicating clearly and regularly with staff, the Trust aims to maintain and improve staff morale, especially during periods of difficulty and change.

Engagement happens when our staff feel their work is valued and meaningful and when they are engaged in activities that support a common purpose – one which embodies quality and care for colleagues and patients alike.

We do this in a number of ways, including involving them in decision making, giving staff freedom to voice ideas and, encouraging them to perform well through regular feedback, all culminating in an annual appraisal which supports their personal and professional development.

During 2016/17, 87% of staff had an appraisal recorded in the Electronic Staff Record (ESR) system. An effective appraisal is a vital expression of staff engagement and helps equip our staff to do their job well.

The table below shows how the Trust compared with other acute Trusts on an overall indicator of staff engagement as identified within the NHS National Staff Survey.

Possible scores range from 1-5, with 1 indicating that staff are poorly engaged (with their work, their team and the Trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.81 was average when compared with Trusts of a similar type. (a slight decrease from 2015).

2015 Response Rate		2016 Response Rate		Trust Improvement/Deterioration
Trust	National Average	Trust	National Average	
3.84	3.79	3.81	3.81	-0.03

STAFF SURVEY RESULTS

The Trust values the hard work of our staff and their dedication to providing safe and high quality healthcare services to our local population. We are committed to supporting and developing our staff as a key strategic priority.

During the year we undertake regular checks to try and measure both staff experience and wellbeing by the use of the quarterly staff Friends and Family Test, which complements the annual NHS National Staff Survey conducted by the Care Quality Commission. We invite our staff to respond to both surveys to enable us to gain the best insight into staff experience.

The results of the 2016 survey were published in March 2017. This year our response rate was 35% of staff responding which is in the lowest 20% of acute Trusts in England, although an increase of 4% from the 31% who responded in 2015.

The overall response rates from the survey are summarised below:

2014/15 Overall Response Rate		2015/16 Overall Response Rate		2016/17 Overall Response Rate		Trust Improvement/ Deterioration
Trust	National Average	Trust	National Average	Trust	National Average	
39%	45%	31%	41%	35%	44%	+4%

TOP 5 RANKING SCORES

These scores highlight the five key findings for which the Trust compares most favourably with other acute Trusts in England.

Percentage of staff reporting errors, near misses or incidents witnessed in the last month (the higher the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
92%	95%	90%	+3%

Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse (the higher the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
41%	54%	45%	+13%

Percentage of staff experiencing physical violence from staff in the last 12 months (the lower the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
0%	1%	2%	-1%

Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (the lower the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
46%	48%	56%	-2%

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (the lower the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
21%	20%	25%	+1%

BOTTOM 5 RANKING SCORES

These scores highlight the five key findings for which the Trust compares least favourably with other acute Trusts in England and have therefore formed the starting point for our actions as an employer.

Staff motivation at work (the higher the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
3.94	3.92	3.94	-0.02

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (the lower the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
25%	28%	27%	-3%

Staff recommendation of the organisation as a place to work or receive treatment (the higher the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
3.80	3.75	3.76	-0.05

Effective use of patient/service user feedback (the higher the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
3.71	3.72	3.72	+0.01

Percentage of staff appraised in the last 12 months (the higher the score the better)

2015/16 Response Rate	2016/17 Response Rate	National Acute Trust Average	Trust Improvement/ Deterioration
84%	87%	87%	+3%

KEY CHANGES SINCE THE 2015 SURVEY

The key findings where staff experience had changed were:

- percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves was 48% in comparison to 46% in 2015 and was in the best 20% nationally;
- percentage of staff working extra hours was 53% compared to the national average of 51% and in the best 20% nationally; and
- percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse was in the best 20% nationally with a score of 54% as opposed to the national average of 45%.

The key findings where staff experience compared least favourably with other acute Trusts were:

- staff motivation at work and the Trust score was 3.92 below the national average of 3.94.

WORKFORCE RACE EQUALITY STANDARD

All NHS organisations are required to demonstrate through the Workforce Race Equality Standard (WRES) how they are addressing race equality issues in a range of staffing areas. Together with the Equality Delivery System (EDS) they form part of the mandatory requirements in the 2016/17 standard NHS contract.

Overall there are nine indicators that make up the WRES – these comprise workforce indicators (1-4), staff survey indicators (5-8), and an indicator focused on Board representation.

Where the respondent group in the staff survey is 2 or more, the standard compares the responses from white and BME staff for each survey question.

	2015		2016		National Trust Average	
	White	BME	White	BME	White	BME
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	25%	29%	29%	28%	27%	26%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	20%	27%	19%	26%	24%	27%
Percentage believing that the Trust provides equal opportunities for career progression or promotion	89%	75%	89%	74%	88%	76%
In the last 12 months have you personally experienced discrimination at work from managers, team members/other colleagues?	7%	21%	4%	14%	6%	14%

Following discussion within the organisation and at the Board, the detailed staff survey results will, together with other sources of workforce information and staff feedback, be used to develop a staff engagement plan as part of a new organisational development strategy for the Trust.

This will set out how we will develop the Trust over the next three years, including our commitment to staff, our undertaking to develop the Trust as an organisation of which we can all be proud and that staff want to be part of.

Although this year we have seen some improvement in our workforce race equality indicators, we will refine our forthcoming WRES action plan to continue to demonstrate further improvement.

The NHS challenge is to deliver more with less whilst maintaining and continuing to improve the safety, effectiveness and efficiency of our services.

We will need staff who are capable not only of leading and delivering transformational changes in our services, but also who can demonstrate the Trust's values and behaviours.

The Organisational Development strategy will be aligned with national and local priorities for healthcare and focus on both the outcomes from external reports such as Francis and Carter, and internal objectives such as leading change effectively and driving research/innovation.

It will build on the progress we have made so far, e.g. the annual Reward and Recognition event, Excellence Reporting, a new Trade Union partnership agreement, Employee Benefits days, Innovation events and Lessons Learnt seminars.

K W BREMNER
Chief Executive

Date: 18 May 2017

HEALTH AND SAFETY

The effective management of health and safety remains a key priority within the Trust. Health and safety initiatives within the Trust continue to focus on key health and safety risk areas:

- COSHH;
- sharps;
- asbestos management;
- manual handling; and
- training.

The action plan includes:

- a review and update of the Trust's general policy on the management of Health and Safety at Work including the Trust's workplace, health, safety and welfare and work equipment arrangements;
- reviewing compliance with safer sharp regulations;
- the review of training particularly in relation to the use of safer sharps, risk assessor training;
- the review of the COSHH on-line database and risk assessment process; and
- the monitoring and review of key safety standards to seek assurance of organisation wide compliance.

There was one intervention by the Health and Safety Executive (HSE) in 2016/17 relating to radiation safety arrangements in the Cardiac Catheter Laboratory. All actions required were undertaken within the timeframe indicated by the HSE.

An established Health and Safety Group is in place whose membership includes both management and staff side representatives.

The Health and Safety Executive has indicated that for the purposes of analysing the levels of stress in hospitals, the output from the national staff survey can be used as a substitute for undertaking a separate survey. The results of two specific questions from the survey are summarised below and show some improvements and better than average scores against all other acute Trusts.

% of staff satisfied or very satisfied with the following aspects of their job	2016	2015	2014	National average
The support I get from my immediate manager	68%	68%	66%	67%
The support I get from my work colleagues	82%	80%	79%	81%

FIRE SAFETY

The fire safety legislation for NHS Trusts is contained in the Regulatory Reform (Fire Safety Order) 2005 and detailed in the appropriate Hospital Technical Memorandum (HTM) which covers all aspects of healthcare fire safety.

Trusts must be able to demonstrate that fire safety is properly managed and this remains a constant dynamic challenge in an environment which is in a permanent state of change.

We have during 2016/17 seen a 33% reduction in the number of false alarm fire calls (89 compared to 132 in 2015/16). We will continue to work with Tyne and Wear Fire and Rescue Service (TWFRS) to reduce our false alarm fire call activations as well as mitigating the risk of a real fire.

TWFRS carries out at least 10 visits per year and have not identified any fire safety issues other than general housekeeping issues such as storage, waste and wedges etc. – an issue which is reinforced at annual fire lectures.

SUSTAINABILITY/CLIMATE CHANGE

As an NHS organisation, and as a spender of public funds, City Hospitals Sunderland NHS Foundation Trust (CHS) has an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of the rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

CHS acknowledges this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

CITY HOSPITALS SUNDERLAND ENERGY CARBON 2007 – 2050

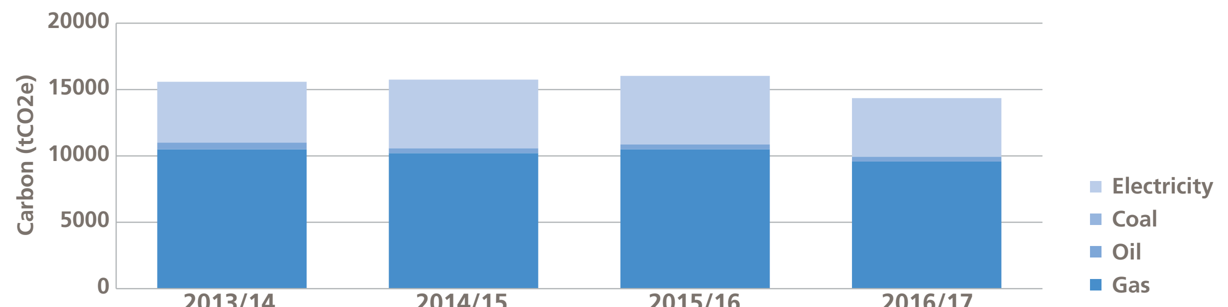
Resource		2013/14	2014/15	2015/16	2016/17
Gas	Use (kWh)	49,472,726	48,659,454	50,003,399	45,862,899
	tCO_2e	10,495	10,209	10,465	9,585
Oil	Use (kWh)	1,596,830	1,165,824	543,076	1,131,704
	tCO_2e	510	373	173	359
Coal	Use (kWh)	0	0	0	0
	tCO_2e	0	0	0	0
Electricity	Use (kWh)	8,182,683	8,342,212	8,987,515	8,533,014
	tCO_2e	4,582	5,167	5,167	4,410
Green Electricity	Use (kWh)	0	0	0	0
	tCO_2e	0	0	0	0
Total Energy CO_2e		15,587	15,749	15,805	14,353
Total Energy Spend		£2,720,367	£2,468,917	£2,878,324	£2,121,567

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to supersede this target by reducing our carbon emissions by 26% by 2020 using 2007/08 as the baseline year.

The Trust produced a Carbon Reduction Strategy in 2009, to facilitate our aim and this sets out how carbon reduction would be measured, monitored and reported and will be updated to reflect changes in legislation. Within the programme is a Sustainable Development Management Plan documenting the actions required to deliver a sustained reduction in emissions which focuses on the following ten key areas:

- Energy and Carbon Management
- Procurement and Food
- Travel and Transport
- Waste
- Water
- Designing the Built Environment
- Organisational and Workforce Development
- Partnerships and Networks
- Governance
- Finance

CARBON EMISSIONS – ENERGY USE



CARBON FOOTPRINT

The latest NHS England carbon footprint published by the Sustainable Development Unit (SDU) in 2016 is estimated at 22.8 Million tonnes of carbon dioxide equivalent (MtC02e) and includes emissions from four main areas (Energy use 18%, Travel 13%, Procurement of Goods and Services 57% and Commissioned Services 11%). The Trust's carbon footprint has been calculated based on measured energy data and by using the accepted split between these four activities.

The Trust has successfully met the 2015 NHS target of a 10% reduction and should face no difficulties in achieving future targets if the current trend of reduction continues. The next self-imposed milestone set for the Trust is to reduce our emissions, based on a 2007 baseline, by 26% by 2020.

The following graph represents direct energy carbon (which is the basis of the carbon footprint) from data for Sunderland Royal Hospital, Sunderland Eye Infirmary and the Children's Centre.

The tables represent the use of finite resources that the Trust consumes. They indicate the direct carbon emissions due to the combustion of gas and oil and the indirect carbon emissions due to the use of grid electricity. The Trust also uses electricity from its own combined heat and power unit which this year produced 7960882 kWh of electricity, saving 4114 tonnes of carbon compared to consuming grid supply electricity.

As in previous years, energy usage has decreased overall. Comparing last year's overall energy consumption to this year's, including combined heat and power electricity, there has been a fall again from 66,804 MWh to 63,488 MWh. Energy consumption has fallen from 0.541 to 0.514 MWh/m2. Overall gas usage has decreased by 8.3% and electricity usage has fallen by 1.5%. We have generated 50.7% of our total electricity. This generated electricity is higher than the previous year and represents a higher availability from the Combined Heat and Power (CHP) plant.

The success of energy reductions has resulted in a substantial carbon reduction this year

The success of energy reductions has resulted in a substantial carbon reduction this year. Due to the higher availability of our combined heat and power unit, we used less grid electricity which has a positive effect on our emissions. There is also an added effect of grid electricity having a lower carbon emission factor than last year and this also contributed to a lower emission figure. Gas has also shown a dramatic reduction in usage, helped in part by this year being a statistically warmer year. However, our gas usage has also been reduced by our own in house measures, particularly with the reduction of space temperatures and timetable management as part of our PMO programme. Overall we have decreased our direct energy carbon from 15805 to 14353 tonnes, a decrease of 9.2% from last year.

In the past year CHS has again undertaken the following carbon saving projects;

- an intensive housekeeping exercise targeting all areas within the hospital to ensure effective environmental controls;
- a complete recalibration of temperature sensors, enabling accurate measurement of heating levels in all clinical and non-clinical areas;
- the checking of timetables to make sure heating and cooling match occupancy times;
- the continued replacement of obsolete plant controls;
- a reduction in occupied temperatures where appropriate;
- completion and rollout of extended PC management, providing an efficient usage and shutdown service to include clinical areas;
- the further installation of Automated Meter Readings (AMR) at the Sunderland Royal Hospital site, Sunderland Eye Infirmary site and the Children's Centre site complete with software analysis system;
- a programme of installation of lighting controls and LED lighting; and
- an increase in the combined heat and power output.

SHORT AND LONG TERM GOALS

Short term goals (for 2017) for sustainability within the trust are set to include:

- formulation of a sustainability group to target and identify better methods of carbon measurement and establishing the Trust's own Key Performance Indicators for effective measurement of success;
- mobilisation of stakeholders to look at more efficient ways of recording and reporting carbon for scope 3 emissions (those emissions not directly controlled by CHS ie from contractors and suppliers); and
- choosing and educating staff leaders from all departments to enable the promotion and delivery of sustainability initiatives within the workplace.

Long term goals (over the coming 5 years) for sustainability within the trust are set to include:

- validation of environmental management with recognised British standards;
- greater engagement with stakeholders to promote and participate in the Good Corporate Citizen scheme;
- establishment of an ongoing rolling programme of detailed energy audits and potential improvements to actively engage staff in recognising and achieving carbon goals; and
- identify spend to save schemes to reduce energy consumption

EUROPEAN EMISSION TRADING SYSTEM (EUETS)

The Trust is legally bound to report carbon emissions from fossil fuel usage in the form of participation in the EUETS. The Trust must meet specified targets within the system to avoid penalties and to prove that carbon is being managed effectively.

Last year the Trust recorded a decrease in emissions regarding the scheme and this reporting year, 2016, has submitted a marginally higher total of 8766 tonnes of carbon in comparison to 8645 tonnes in 2015. It should be noted that despite a reduction in gas consumption on the 2016/17 figures the EUETS reporting period is a based on a calendar year, January to December, hence the disparity in the figures and their outcome. However, CHS are still comfortably under the allowance of carbon for this reporting year and in the scheme overall.

WATER

2016/17 has seen an increase in water usage. Following a reduction in water last year, there has been an overall rise in the use of water on the Sunderland Royal Site. This has been due to a number of challenging leaks on site which have contributed significantly in the rise. Considerable effort and resource has been made to enable management to identify leaks and repair, whilst monitoring usage. Automatic meter reading and remote alarm trigger points are now being used to alert maintenance staff to potential problems.

Due to statutory guidance we have an extensive flushing regular regime that contributes to an above average water consumption. Despite this it is recognised that further work still needs to be done to ensure that water levels are reduced and the Trust returns to better water consumption performance this year.

Water		2013/14	2014/15	2015/16	2016/17
Mains	m^3	202,151	195,406	207,168	238,296
	tCO_2e	184	178	189	217
Water & Sewage Spend		£457,098	£448,619	£460,484	£545,276

WASTE

Municipal waste segregation continues to improve within all waste streams allowing recycling to improve. All municipal waste that cannot be recycled on site is transferred to an energy from waste plant ensuring waste is diverted from unsustainable landfill.

The Trust's total mixed recycling rate now stands at 98% (62% recycling on site, a further 36% off site at the contractor's facility). The remaining 2% is also diverted from landfill and sent to an energy from waste plant in Teesside. Recycling has also been boosted by the introduction of an equipment/furniture reuse system which enables equipment to be redistributed throughout the organisation rather than buying new, saving on carbon and cost.

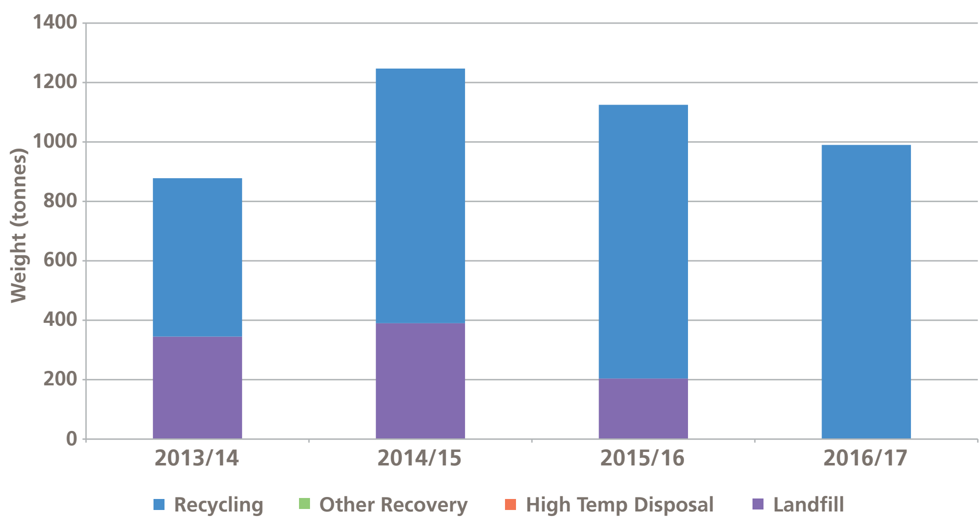
Confidential waste (after shredding) is recycled, as is non clinical glass cardboard and batteries alongside the majority of Waste Electronic and Electrical Equipment (WEEE) waste.

Offensive waste continues to be segregated successfully from the infectious clinical waste stream in line with Environmental Agency best practice guidelines, generating both environmental and financial savings and is also sent to the "energy from waste" plant. A comprehensive programme of waste audits, including sharps, covering every department in the Trust continues and a yearly pre-acceptance audit is sent to the waste contractors.

Trust actions ensure compliance with legislation and provide advice, education and improved staff awareness of safe waste practices and sustainability.

Waste		2013/14	2014/15	2015/16	2016/17
Recycling	(tonnes)	533.00	887.00	921.00	990.00
	tCO_2e	11.19	18.63	18.42	20.79
Other Recovery	(tonnes)	0.00	0.00	0.00	0.00
	tCO_2e	0.00	0.00	0.00	0.00
High Temp disposal	(tonnes)	0.00	0.00	0.00	0.00
	tCO_2e	0.00	0.00	0.00	0.00
Landfill	(tonnes)	345.00	390.00	204.00	0.00
	tCO_2e	84.32	95.32	49.86	0.00
Total Waste (tonnes)		878.00	1277.00	1125.00	990.00
% Recycled or Re-used		61%	69%	82%	100%
Total Waste tCO_2e		95.52	113.95	68.28	20.79

WASTE BREAKDOWN



TRAVEL

Green travel has long been a priority for the Trust with the car share and cycle scheme running successfully for many years. The Trust continues to collaborate with Sustrans and the 'Wear Moving' campaign to promote and support an improved and sustainable approach to a healthier lifestyle by encouraging staff to walk to and from work, cycle, use public transport and car share where feasible.

Home working and the use of webinars are on the increase and serve to promote lower levels of non-essential travel while discounted bus fares are available with Go North east and Nexus Transport.

Facilities are available on site to encourage the use of electric vehicles with a total of 22 charging points in use. These points have provided 5,401 charging sessions using 29,536 kWh of electricity which has saved approximately 14 tonnes of carbon as opposed to the miles being driven in a normal diesel car.

Sustainability continues to be a priority for CHS...

PROCUREMENT

The largest section in the NHS carbon footprint is procurement and is at present the area where most work needs to be done. Although environmental and sustainability issues should be key to any purchasing decisions made, the principle of whole life cycle costing for all supplies should be adopted. City Hospitals Procurement Department and the National Procurement Organisations and their suppliers, who work on our behalf, have a major part to play in embedding carbon improvement measures into all CHS contracts and procurement processes.

SUMMARY

Energy usage this year has reduced overall and has had a significant effect on carbon emissions. This has led us to be on the verge of achieving our 2020 target of a 26% reduction in carbon from the 2007/08 baseline. Regarding electricity, this is partially due to the increase in self-generated electricity from our combined heat and power unit which has had greater availability and output compared to last year. There has also been extensive work done on lighting including better control and more efficient lighting including LED. The reduction in overall gas usage has been partially attributed to the year being statistically warmer than the previous year and also tighter management of heating set points and occupancy times. The installation of new, more efficient air handling plant in the new Emergency Department and Endoscopy units will also have had a positive effect in reduction of both heating and electrical usage. Finally, water usage has increased this year and has been mostly down to challenging leaks across all sites. These leaks have been addressed and we are now seeing a sizeable reduction in our water consumption. Comprehensive monitoring of each site and their meters has now been put into place to supplement our existing arrangements to give even earlier warning of potential problems. As previously noted, we continue to have a comprehensive regular flushing of water services which increases our consumption but is vital in the role of protecting staff and patients from dangerous water borne diseases.

Sustainability continues to be a priority for CHS and the Trust is constantly implementing new initiatives to achieve energy and carbon savings. Moving forward, it is a priority to further improve our own healthcare environment and meet the strict targets which have been imposed upon the NHS as a whole. We actively encourage staff at all levels to contribute positively and take responsibility for their part in improving the environment and sustainability credentials of the Trust.

FRAUD

The Trust has an active internal audit programme that includes counter fraud as a key element. It participates in national counter fraud initiatives/checks and employs counter fraud specialists to raise awareness and follow up any potential issues identified. One of our Non-Executive Directors has also been appointed as "Counter Fraud Champion".

Glossary

A

AHSN	Academic Health Sciences Network
A&E	Accident & Emergency
AMR	Automated Meter Readings

B

BAME	Black asian minority ethnic
BAUS	British Association of Urological Surgeons
BPT	Best practice tariff

C

CCA	Climate Change Agreement
CCG	Clinical Commissioning Group
CDI	*Clostridium difficile* infection
CEM	Centre for Evaluation and Monitoring
CETV	Cash equivalent transfer value
CGSG	Clinical Governance Steering Group
CHKS	Caspe Healthcare Knowledge System
CHoICE	City Hospitals Sunderland Commercial Enterprises Limited
CHR-UK	Child health reviews – UK
CHP	Combined heat and power
CI	Clinical Investigator
CIP	Cost Improvement Programme
Clinical PA	A programmed activity (session) providing direct clinical care
CLRN	Comprehensive Local Research Network
CMACE	Confidential Maternal and Child Health Enquiries
COPD	Chronic Obstructive Pulmonary Disease
COSHH	Control of Substances Hazardous to Health
CPI	Consumer prices index
CPR	Cardio Pulmonary Resuscitation
CQUIN	Commissioning for Quality and Innovation
CQC	Care Quality Commission
CRC	Carbon reduction commitment
CRCEES	Carbon Reduction Commitment Energy Efficient Scheme
CRN	Clinical Research Network
CT	Computerised tomography

D

DAHNO	Data for Head and Neck Oncology
DDES	Durham, Dales, Easington and Sedgefield
DDOT	Dementia and Delirium Outreach Team
DH	Department of Health
DMARD	Disease Modifying Anti-Rheumatic Drugs
DNA	Did not attend
DNACPR	Do not attempt Cardiopulmonary Resuscitation
DSN	Diabetic Specialist Nurse
DVT	Deep vein thrombosis

E

ECHO	An Echocardiogram is a scan used to look at the heart and nearby blood vessels. The device picks up echoes of the sound waves as they bounce off the different parts of the heart
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EDS	Equality Delivery System
ENT	Ear, Nose and Throat
ESR	Electronic Staff Record
EUETS	European Emissions Trading System
EQ–5D Index	Standardised instrument for use as a measure of health outcome

F

FCE	Finished Consultant Episode
FFT	Friends and Family Test
FT ARM	Foundation Trust Annual Reporting Manual
FTE	Full time equivalent
FTSE 100	Share Index of the 100 most highly capitalised UK companies listed on the London Stock Exchange

G

GBS	Government Banking Service
GP	General Practitioner

H

HAAS	Help and Advice Service
HAPU	Hospital Acquired Pressure Ulcer
HCA	Healthcare Assistant
HCAI	Health Care Associated Infection
HEENE	Health Education England North East
HES	Hospital episode statistics
HMRC	Her Majesty's Revenue and Customs
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HSMR	Hospital standardised mortality ratio
HQIP	Healthcare Quality Improvement Partnership
HTM	Hospital Technical Memorandum

I

IBD	Inflammatory Bowel Disease
ICAEW	Institute of Chartered Accountants in England and Wales
ICCU	Integrated Critical Care Unit
ICO	Information Commissioner's Office
IFRS	International financing reporting standards
IG	Information governance
IGSIR	Information Governance Serious Incident Requiring Investigation
IPCT	Infection Prevention and Control Team
ISAE	International Auditing and Assurance Engagements
ITFF	Independent Trust Financing Facility
IV	Internal validation

J

JCG	Joint Consultative Group

K

Kaizen	Philosophy of ongoing improvement
KPI	Key Performance Indicators
KPO	Kaizen Promotion Office

L

LED	Light emitting diode
LEDER	Learning Disability mortality review programme
LOS	Length of stay
Lennartz	Principle of Accounting for VAT on assets

M

MBBRACE-UK	Mothers and Babies Reducing Risk through Audits and Confidential Enquiries
MDT	Multi disciplinary team
MHRA	Medicines and Healthcare Products Regulatory Agency
MIU	Minor Injury Unit
MINAP	Myocardial Ischaemia National Audit Project
MRI	Magnetic resonance imaging
MRP	Mortality Review Panel
MRSA	Methicillin-resistant staphylococcus aureus
MSA	Mixed sex accommodation
MSK	Musculoskeletal
MSSA	Methicillin sensitive staphylococcus aureus
MUST	Malnutrition universal screening tool
MWH	Milliwatt hour

N

NAOGC	National Audit of Oesophago-Gastric Cancer
NBOCAP	National Bowel Cancer Audit Programme
NCAPOP	National Clinical audit and patient outcomes programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Inquiry into Suicide and Homicide by people with Mental Illness
NDCCG	North Durham Clinical Commissioning Group
NEAS	North East Ambulance Service
NECSU	North East Commissioning Support Unit
NELA	National Emergency Laparotomy Audit
NENC	North East North Cumbria
NEPHO	North East Public Health Observatory
NEWS	National Early Warning Score
NHSLA	National Health Service Litigation Authority
NICE	National Institute of Clinical Excellence
NIHR	National Institute of Health Research
NLCA	National Lung Cancer Audit
NMAHPRU	Nursing and Midwifery and Allied Health Professions Research Unit
NNAP	National Neonatal Audit Programme
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NSG	Nutrition Steering Group

O

OGSM	Objectives, goals, strategies and measures

P

PbR	Payment by results
PCI	Primary coronary intervention
PCPEC	Patient, Carer and Public Experience Committee
PDC	Public dividend Capital
PE	Pulmonary embolism
PI	Principal Investigator
PICA Net	Paediatric Intensive Care Audit Network
PLACE	Patient Led Assessment of the Care Environment
PMO	Programme Management Office
PR	Peer review
PROMs	Patient reported outcome measures

Q

QIPP	Quality, innovation and improvement
QRA	Quality, Risk and Assurance Report
QRG	Quality Review Group
QRP	Quality risk profile

R

RAID	Rheumatoid arthritis impact of disease score
RAMI	Risk adjusted mortality index
RCA	Root cause analysis
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
RESPECT	Recommended Summary plan for Emergency care and Treatment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
R & I	Research and Innovation
RMG	Regional Mortality Group
RRG	Rapid Review Group
RRO	Regulatory reform order
RTT	Referral to treatment

S

SA	Self assessment
SAFC	Sunderland Association Football Club
Safeguard (Ulysses)	Incident reporting system
Safety Thermometer	National benchmarking tool for measuring improvement in the reduction of 'harm' to patients
SCAPE	Superannuation Contributions Adjusted for Past Experience
SCCG	Sunderland Clinical Commissioning Group
SDU	Sustainable Development Unit
SEQOHS	Safe Effective Quality Occupational Health Standards
SIS	Serious incident
SHMI	Summary hospital level mortality Index
SINAP	Stroke Improvement National Audit Programme
SMEs	Small and Medium Sized Enterprises
SOP	Standard operating procedure
SSNAP	Stroke Services National Audit Programme
SSKIN	Surface, skin inspection, keep, incontinence, nutrition
STEIS	Strategic Executive Information System
STEP	Surgical and Theatres Efficiency Programme
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan
STSHG	South Tyneside and Sunderland Healthcare Group
SUS	Secondary Uses Service

T

TIA	Transient ischaemic attack
T&O	Trauma & Orthopaedics
TVSG	Tissue Viability Steering Group
TWFRS	Tyne and Wear Fire and Rescue Service

U

UKCIP	United Kingdom Climate Impacts Programme
UKROC	United Kingdom Rehabilitation outcomes collaboration

V

VTE	Venous thromboembolism

W

WHO	World Health Organisation
WiC	Walk-in Centre
WARPit	Waste Action Reuse Portal
WEEE	Waste Electronic and Electrical Equipment
WRES	Workforce Race Equality Standard

If you would like a full copy of the Annual Accounts, please contact:

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