CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

There will be a meeting of the Board of Directors 'In Public' on
Thursday, 31 May 2018 at 3:30 pm
in the Board Room, Sunderland Eye Infirmary

AGENDA

1.	**Declaration of Interest**		
2.	**Minutes**		
Item 1	To approve the minutes of the Board of Directors meeting held 'In Public' on Thursday, 29 March 2018		**Enc 1**
	Matters Arising		
	Item 3 Merger Feedback	**KWB**	
	Referral to Secretary of State and Judicial Review	**KWB**	
	NHS Pay Award	**KWB**	
3.	**Standard Reports**		
Item 2	Chief Executive's Update	**KWB**	
Item 3	Quality Risk and Assurance Report	**MJ**	**Enc 3**
Item 4	Finance		
	a) Update	**JP**	**Enc 4a**
	b) Budget Setting 2018/19	**JP**	**Enc 4b**
Item 5	Performance Report	**SF**	**Enc 5**
4.	**Strategy/Policy**		
Item 6	Risk Management Strategy	**MJ**	**Enc 6**
Item 7	National Maternity Safety Strategy	**MJ/ICM**	**Enc 7**
Item 8	Learning from Deaths Dashboard	**ICM**	**Enc 8**
5.	**Date and Time of Next Meeting**		

Thursday 26 July 2018 at 3:30 pm in the Board Room, Sunderland Eye Infirmary.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Minutes of the meeting of the Board of Directors held in public on Thursday, 29 March 2018.

Present:
John Anderson (JNA) - Chair
Ken Bremner (KWB)
Stewart Hindmarsh (SH)
David Barnes (DB)
Pat Taylor (PT)
Alan Wright (AW)
Peter Sutton (PS)
Melanie Johnson (MJ)
Ian Martin (ICM)
Paul McEldon (PMcE)

In Attendance:
Sean Fenwick (SF)
Mike Laker (ML)
Carol Harries (CH)
Gavin McPake (GMcP)
Alison King (AK)
Andy Hart (AJH)

Apologies: Julia Pattison (JP)

Item 1 **Declaration of Interest**

None.

Item 2 **Minutes of the Meeting held in Public on 25 01 18**

Accepted as a correct record.

Item 3 **Matters Arising**

Planning Guidance – PS advised that the guidance was released in February. It was a joint publication from NHSE/NHSI and was a refresh of the previous publication. Our approach had been discussed in detail at the Finance and Performance Committee and also an overview given to the Council of Governors. The draft Annual Plan had been submitted on 8 March and the full plan was required by the end of April. PS stated that a major risk was our ability to accept the

control total and this had been discussed in detail at the Finance and Performance Committee.

Merger Feedback – KWB advised that there had been some correspondence from NHSI that they believed that at this stage that the Competition and Marketing Authority would not be interested but that it did not rule out any future interest. The Trust had appointed Hempsons as legal advisers for the merger through a competitive process.

The first piece of work was the development of the strategic case which would be shared with both Boards in April. PT commented that at the competitive tendering committee she and the Non-Executive Director from STFT had understood that the Business Case had to go to NHSI to get the tender signed off.

PS replied that because of the £50k consultancy cap it was about confirmation of legal and due diligence. Following confirmation of the legal advisers we would then go back with the third case regarding our approach to due diligence.

Care Quality Commission - MJ advised that the dates had been confirmed for the Well Led inspection which were 15-17 May 2018 and prior to that there would be an unannounced inspection by the CQC.

Item 4 **Chief Executive's Update**

Medical School – KWB advised that the University of Sunderland had been announced as one of five new medical schools although the first 50 students would not arrive until September 2019. There would then be another 50 students in 2020. The medical students would not begin to flow through to the hospital until 2023 and we hope that they remain in the North East following their training. KWB stated that this was great news for the University.

The University would be concentrating their programme on areas such as general practice and psychiatry. Whilst the new medical school was a regional resource it would put further pressure on clinical placements in CHS.

ML commented that 50% of graduates generally stay in the area where they trained. ML also queried whether there was still any requirements regarding GMC validation for general training. ICM stated that for the first three years the university would be using the Keele curriculum and then it would be able to develop its own. The Keele curriculum was generally focused on primary care. ICM also stated that if there were any problems in the first year then Keele would have to step in.

Winter – KWB informed Directors that March had been a very busy month and on a number of days there had been over 500 attendances at the Emergency Department. This clearly caused pressure on the department and our manpower. KWB stated that as we moved towards Easter there was significant scrutiny from the centre and some of it was a little intrusive as it took staff away from the job they really needed to be doing.

Clinical Services Review – The CCG Governing Bodies had announced the outcome of the consultation process on 21 February 2018. The joint Overview and Scrutiny Committee had resolved to refer the issues to the Secretary of State although there was an intermediate step of mediation in the first instance.

The detail of the first stage of the judicial review had been initiated and that may overtake the events of any referral by the Secretary of State to the Independent Review panel. PT commented that presumably most of the comments were directed at the CCG. KWB replied that we were only identified as an "interested party".

KWB also stated that there would inevitably be some delays in implementation for the first three areas.

NHS Pay Award – KWB stated that a framework agreement had been developed and was subject to consultation with members. It was hoped that implementation would be July 2018 and was generally 3% in year 1, 1.7% in year 2 and 1.6% in year 3. There would be a 1.1% lump sum for most grades in year 2. There was also a general increase in starting salaries and a reduced number of pay points. KWB advised that there was also the potential for performance related pay and earn back pay. The pay award had been generally well received by staff but who would pick up the pay bill was still an issue of debate. There was a view that the Treasury would pick up the pay bill but it would be interesting to see how that would be worked through. KWB stated that at the moment it did not included doctors. DB commented that presumably it did not include CHoICE staff.
KWB replied that was correct and there would be discussion with them as a number of staff had transferred on NHS terms and conditions but there may be some risks associated with that.

Local Health Economy - KWB advised Directors that there had been two sessions held with local GPs, CCGs from Sunderland, South Tyneside and the Local Authority. The aim of the sessions was working towards how we would close the financial gap and clearly looking for a longer term settlement. KWB

stated that there was good engagement between primary and secondary care at the sessions.

Item 5 **Gender Pay Gap Report** – KG presented the report and advised that all employers of 250 or more employees were required to publish their gender pay gap annually commencing on 31 March 2018 with data as at 31 March 2017.

KG stated that the Trust used the national job evaluation framework for Agenda for Change to determine appropriate pay bandings for the vast majority of staff. This provided a clear and consistent process for paying employees equally for the same, or equivalent work.

KG reminded Directors that gender pay gap reporting was different to equal pay which dealt with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value.

KG stated that the report showed some variance in relation to bonus payments which was linked to clinical excellence awards and that was a very robust process. No names were provided in relation to the allocation of the awards until the very end of the process when the points had been allocated.
KG stated that going forward the system was pro-actively looking at eligible consultants and encouraging applications.

KG also advised that because of CHoICE a number of Band 2 staff had been removed from our numbers but CHoICE would have to submit their own report.

ML commented that he had serious concerns regarding the validity of the argument. The report included summary statistics that included mean and median values but which of these accurately expressed the average value depended on how the data was distributed. A normal distribution was where the data are distributed evenly to the left and right of a central value and the mean (arithmetic average) and the median (50th percentile) are the same. If these values were different the data are skewed (biased to the right of the central value) and that was the case for the figures of hourly rates of pay for men and women in the report. ML stated that under those circumstances the calculated mean was not a valid summary statistic and should not be quoted. The median values were appropriate for expressing average rates.

KWB commented that it would be helpful to feed ML's comments into the centre.

Resolved: To note the contents of the report and agree that the data can be submitted to the Government Gateway website for publication and published on the Trust's website.

Item 6 **Quality Risk and Assurance Report**

MJ presented the report which provided assurance to the Board on the key regulatory, quality and safety standards that the Trust was expected to maintain compliance with, and/or improve. The report triangulated various sources of data to enable the detection and mitigation of any emerging risks.

MJ highlighted HAPUs and advised that there had been a notable increase in the number during the month. MJ stated that whilst pressure care was a high priority the number of nurses that are available can clearly compromise care. MJ advised that staffing was a little better in February and the numbers were coming down. ICM commented that over the winter period there are clearly a number of really sick patients and there must be a relationship between pressure ulcers and malnutrition status. ICM stated that it was testament that level 2 pressure ulcers did not worsen to level 3s or 4s. SF also commented that length of stay had increased and therefore some patients remain longer in bed and are therefore more at risk of developing pressure ulcers.

MJ also highlighted Safeguarding children and advised that the National Child Protection Information Sharing (CP-IS) systems would be live by March 2018. MJ commented that there had been a huge amount of work done with IT and LAs to ensure everything was in place.

SH stated that he and MJ had attended a Safeguarding conference at Rainton at which over 300 professionals were in attendance. The conference had been very uplifting and demonstrated the good work taking place in the North East. MJ advised that Tracy Dean, Assistant Director of Safeguarding had organised the event which had been a great success.

MJ also highlighted complaints and advised that 100% of complaints had been acknowledged within the timeframe and there were no complaints waiting for a response over 60 days.

AW commented that complaints had been discussed at PCPEC and also the issue of reducing the response timeline even further. He also commented that the number of complaints going to the Ombudsman had reduced. MJ replied that as our processes were now much quicker and we have more dialogue with the family then relatives don't feel it necessary to refer the complaint any further. AW also commented that we needed to

be more robust in collecting the numbers of compliments we received.

MJ also highlighted the comments received on social media. MJ stated that of the 29 comments received only 4 had been negative. It was our intention to use the comments and learn from the experiences highlighted.

MJ advised Directors that the total absence for RNs in January was 12.89% due to vacancies, sickness and maternity leave. MJ explained that our rates were not as poor elsewhere and we had made 77 job offers in the Philippines. For every 4 job offers it was usually 1 nurse that arrived but there was still the potential of nearly another 20 registered nurses coming to CHS which would be most helpful.

ML queried figure 21 on page 13 and queried the basis on which the ratios had been arrived at as they appeared to be deteriorating. MJ replied that previously it was fill rates and care hours but they were not particularly helpful. There was no national requirement but guidance from the RCN and other research was how we had based the rate. MJ explained that number for night duty was not included in any literature and therefore we had made a judgement based on a ratio of 1:10 which had been achieved within the funded establishment. MJ stated that the position was trying to be expressed in a different way but the position had changed because of the impact of winter pressures.

PMcE queried whether there was any impact of Brexit as the situation from the Philippines was very positive. MJ replied that there was no impact from a nursing workforce perspective. We had a good arrangement in the Philippines and an established Filipino community in the City. MJ also advised that recently we had recruited a number of radiographers from Italy.

SF stated that all 15 Italian radiologists had remained since they were recruited and indeed some were moving on to more senior posts. SF advised that we also had an Italian consultant radiologist.

ICM commented that it was a mixed picture – a small handful of European colleagues had gone back to their country of origin but we had also recruited from European countries.

MJ also reminded Directors about the School of Nursing at the University of Sunderland and that hopefully many of the first intake would remain in Sunderland and now the numbers were up to 100 which only bode well for the future.

MJ highlighted p17 – incident reporting and stated that there had been two SIs which had been discussed at RRG and the detail reported to Governance Committee. MJ also advised that there was a Never Event currently under investigation although the error had been recognised immediately and the surgeon reported the event.

ICM stated that we had received our C.*difficile* rate for the following year which was 33 cases but that we also had to demonstrate a reduction in other bacteraemias.

ICM also highlighted the national joint registry information and advised that the Trust had performed very well.

PMcE asked for progress on the Quality Strategy. MJ replied that consultation ended that day and it had been presented to staff side and Governors and other groups. The final version would come to Governance Committee on 10 April 2018 and there would also be a revised QRA report reflecting the Quality Strategy.

Resolved: To note the report.

Item 7 **Finance Report**

GMcP presented the report and advised that the overall financial position including STF was a net deficit of £9,098k against a planned deficit of £5,883k, and therefore £3,215k behind plan.

GMcP stated the net deficit of £9,098k included income of £419k as part of 2016/17 STF funding post accounts reconciliation, plus £5,173k STF for achieving the financial control total for quarters 1, 2 & 3 plus performance targets for quarters 1 and 2 of this financial year. The position also included £253k benefit on donated asset income less costs. Therefore the Trust position compared to control total excluding required adjustments is £14,943k deficit compared to a planned deficit of £14,042k, therefore £901k behind plan.

GMcP stated that there was £1m-£1.5m additional money, more than expected so in terms of close down we were quietly confident. GMcP advised that we expected to be ahead of the line and would then accrue STF funding and clearly cash was really important.

DB stated that the position from February had moved fast and clearly the settling of contracts was important.

GMcP stated that we had received an extra £500k from Durham and specialist commissioners had acknowledged that they were

being unreasonable and had given an additional £700k. GMcP also advised that the CIP plan had performed very well and that we would end the year better than target.

DB queried the CIP plan for 2018/19. PS replied that we would have full visibility when the Annual Plan was submitted in April. £10m had already been identified. PT queried whether the pay award would have an impact. KWB replied that at the moment the pay settlement was excluded as it was still in consultation. KWB also commented that it was another measure of how convoluted our planning system was in that we would not know the detail until the second quarter.

Resolved: To accept the report.

Item 8 **Performance Report**

AK presented the report which updated Directors on performance against key national targets for February 2018.

AK highlighted A&E performance which had improved slightly to 85.2% but continued to underperform against the 95% target due to ongoing winter pressures. PT stated that as a Non-Executive Director, she and other Board members had approved a large investment within the ED department and queried whether that investment had improved the position. AK stated that patients were dealt with in a better way. KWB commented that on occasions when he went into ED the situation felt better – more calm and measured and no patients waiting in corridors. Patients were better managed and into the right place much quicker. KWB stated that whilst there was improvement this had not manifested itself in performance.

SF commented that clinical patient care was much improved but that work needed to be undertaken to look at performance. There were however, a number of factors affecting performance including flu, presentations from other organisations and ambulance presentations. AW commented that he recalled the decision to invest and in his opinion patient care always trumps finance.

ML stated that ambulance handover had improved in January and February.
SF replied that there was a separate stream for ambulances and patients are fast tracked. SF stated that there had been some delays because of sicker patients. SF commented that at James Cook patients were assessed on arrival but we do not have the resource available to do that.

DB commented that we had lost £1.8m of STF in relation to A&E

performance against a background of winter pressures. DB queried whether there was any challenge to the £1.8m. SF replied that there was no formal appeal but we needed to consider whether the trajectory was realistic given the pressure over winter and the number of people presenting with flu. The £1.8m was linked to 50% for ED and 50% for streaming to primary care but there was no formal review process.

AK informed Directors that RTT remained above target at 93.7% with all specialties achieving apart from T&O, Thoracic Medicine and Oral and Maxillo Facial Surgery.

DB queried whether T&O performance was as a result of winter pressures. AK replied that during December there had been an increase in trauma and some patients had been unable to attend in February because of the adverse weather.

SH commented that OMFS seemed to be minor patients but was there anything stacked up in the system. AK replied that there were 194 patients over 18 weeks which was an increase of about 40 patients. The clinical team had been asked to look at capacity.

AK also highlighted cancer performance and advised that 2ww performance was at risk of failing the standard due to the adverse weather conditions in February, whereby a large number of patients were unable to attend.

Resolved: To accept the report.

Item 9 **<u>Assurance Framework</u>**

MJ presented the report which provided an update on the progress around managing the key risks identified within the 2017/18 Assurance Framework. JP stated it was an important document which provided assurances around the work being undertaken by the Trust to manage major risks faced by the Trust during the year and supported the Annual Governance statement requirements as part of the Annual Report process.

MJ stated that Directors had reviewed their own sections and had taken proposals via the relevant committees during January and February 2018. Governance Committee had then considered the updates at their meeting in February 2018 and were recommending to the Board that they approve the final Assurance Framework.

PMcE commented that there had been various iterations received and where there any gaps Governance Committee had received assurance that work was in place. PT also commented

that she could support the process/discussions that had been outlined.

Resolved: To approve the Assurance Framework document for 2017/18.

Item 10 **Information Governance Toolkit**

AJH presented the report which provided an overview of Information Governance and the IG toolkit.

AJH highlighted the processes that the Trust had followed in completing the IG toolkit. AJH stated that AuditOne had undertaken an audit of the IG Toolkit prior to submission and had given full approval of the process.

AJH advised that the total percentage was 85% and there were 19 requirements at level 2 and 26 at level 3. AJH stated that IG training was currently 97.25%. PMcE commented that all the Non-Executive Directors had received their IG training and also received significant assurance.

Resolved: To approve the submission of the IG toolkit on 31 March 2018.

Item 11 **Learning from Deaths Dashboard**

ICM presented the report which was the second mortality dashboard to be presented to the Board of Directors.

ICM explained that one of the new mandatory disclosures related to the national learning from deaths programme and required Trusts to highlight the number of deaths subject to case record review and whether any of these were more likely than not to have been due to problems in care. The Learning Disability data was currently provisional because of the MDT process and it took a long time to work through the detail.

The dashboard had been presented at Clinical Governance Committee and Governance Committee.

Resolved: To accept the report.

John Anderson
Chairman

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF NURSING & PATIENT EXPERIENCE

BOARD OF DIRECTORS

MAY 2018

QUALITY, RISK AND ASSURANCE REPORT (MARCH 2018)

EXECUTIVE SUMMARY

The Quality, Risk and Assurance Report is a summary report to provide assurance to the Board on the key regulatory, quality and safety standards that City Hospitals Sunderland NHS Foundation Trust is expected to maintain compliance with and/or improve. The report triangulates various sources of data to enable the detection and mitigation of any emerging risks.

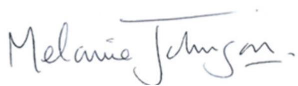
This report provides a summary of the key issues considered in more detail by the Governance Committees (and its subgroups the Clinical Governance Steering Groups and Corporate Governance Steering Group) and also information from the Joint Patient, Carer and Public Experience Committee (PCPEC). It includes the monitoring of the Quality Priorities 2017-18 as indicated as part of the Annual Quality Reports. The report is presented to each Board of Directors on a monthly basis.

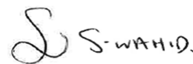
SUMMARY OF KEY RISKS

- Pressure ulcer rate is above the improvement trajectory at CHSFT.

RECOMMENDATION

Directors are asked to note the report.





MELANIE JOHNSON **Director of Nursing & Patient Experience**	**IAN MARTIN** **Medical Director (CHSFT)**	**SHAZ WAHID** **Medical Director (STFT)**

City Hospitals Sunderland
NHS Foundation Trust

South Tyneside
NHS Foundation Trust

Quality, Risk and Assurance Report

March 2018

PATIENT STORY
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

CHSFT:

The following letter was sent in by family members to thank staff on E52 for the care they provided to their father:

"My dad, who had Alzheimer's, was admitted after a fall at home. During his stay we experienced a range of emotions as we moved from dad coming home, being admitted to nursing/EMI care and then end of life care in what was, we felt, a very short period. However, your team were always available to provide information, support and nursing care of the highest standard, often during very busy periods/emergencies on the ward.

It was also the little touches that your team provided, from staff at every level which helped our family cope during this sad time. For the cups of tea provided by your domestic staff to the personal message provided to mum and dad on their wedding anniversary – on 16 February, mum & dad celebrated their 63rd wedding anniversary and the nurses wrote a congratulatory message on his headboard. Small acts of kindness which are above and beyond basic nursing care and which meant a huge amount to our family, particularly mum.

Thank you also for making dad's last few days so much easier for us. We continued to be impressed by the kindness, professionalism and compassion given to dad and his family during this very difficult period. From open visiting, gentle music playing of dad's favourite songs, letting us stay overnight and allowing us to be with him while he died, pain free and peacefully in his sleep, we cannot thank you enough."

The patient's family went on to donate the sum of £200 to contribute to the continued care of patients on E52.

STFT:

The following patient story was obtained by the Patient Experience team while on the ward collecting information for the Patient Experience Collaborative Project:

"I'd just got back from being on holiday and my son said I looked yellow, I just thought it was the suntan. It was the Thursday before I came in, I went to the doctors who said I needed to go straight into hospital.

I went into A&E and they were great, did loads of tests then sent me to EAU while I waited for a bed. Found out that my kidneys and lungs had filled up with fluid and it was affecting my liver. They put me on oxygen because my Sats were dropping and they couldn't get them over 80, they put me on 6 litres of oxygen.

I was on EAU for three days and I've been on this ward (Ward 3) ever since. I've been in for a month now on this ward and I'm hopefully getting home on Tuesday. All the staff have been brilliant, they've all got the same attitude, bright and bubbly. The Sisters are great, they're not frightened to get their hands dirty, cleaning bed pans and doing bed baths, it's nice to see the senior staff do that, shows they have respect for the other staff, they all get stuck in.

Dr Toppings been great, she has that voice that you can just trust, she's straight with you, and I used to work with her so that helps.

I've just had the best care I can think of. I'm just happy that I'm going back out on my legs and not in a wooden box."

PRESSURE ULCERS
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.1 CHSFT and STFT HEALTHCARE DEVELOPED PRESSURE ULCERS (HCDPUs)

A Pressure Ulcer Improvement Plan (PUIP) is currently in place for both Trusts which aims to reduce the incidence of avoidable category 2 to 4 Healthcare Developed Pressure Ulcers (HCDPUs) by 25% each year by April 2019.

1.1.1 Hospital Developed Pressure Ulcers (HDPUs)

Figure 1 indicates the incidence of HDPUs that were reported in March. The rate of HDPUs per 1,000 occupied bed days is also provided to compare improvement over time.

Figure 1: Numbers of Reported HDPUs by category for March 2018

Category	CHSFT		STFT (Acute Services)	
	This month	Last month	This month	Last month
Category 2	28 ↑	25	29↑	28
Category 3	0	0	5↓	6
Category 4	0	0	0	0
Total PUs	28 ↑	25	34↔	34
No. of patients with PUs	22 ↓	23	22↔	22
Rate per 1,000 bed days	1.50 ↑	1.48	3.82↑	3.57

All category 3-4 HDPUs are subject to investigation and review by the Pressure Ulcer Review Panel (PURP). If the panel concludes that the PU was unavoidable, then it will subsequently be extracted from the data reported for the Pressure Ulcer Improvement Plan.

Within CHSFT the highest incidence of HDPUs this month occurs in Rehabilitation & Elderly Medicine (REM) who reported 14 HDPUs.

The highest incidence of HDPUs in STFT this month occurs in Trauma & Orthopaedics (T&O) who reported a total of14 HDPUs from eight patients.

1.1.2 Community Developed Pressure Ulcers (CDPUs) – STFT

Figure 2 indicates the incidence of CDPUs that occurred in March. The rate of CDPUs per 10,000 CCG population is also provided to compare improvement over time.

Figure 2: Numbers of Reported CDPUs – STFT – by locality & category for March 2018

Category	Sunderland Community Services		South Tyneside Community Services		St Benedict's Hospice		OVERALL TOTALS	
	This month	Last month	This month	Last month	This month	Last month	This month	Last month
Cat 2	18↓	27	9↓	10	2↑	1	29↓	38
Cat 3	6↑	5	1↑	0	0	0	7↑	5
Cat 4	0	0	0	0	0	0	0	0
Total PUs	24↓	32	10 ↔	10	2↑	1	36↓	43
No. of patients with PUs	21↓	23	9 ↔	9	2↑	1	32↓	33
Rate per 10,000 CCG population	0.87↓	1.38	0.67↓	0.88	-	-	-	-

All category 3-4 CDPUs are subject to investigation and review by the Pressure Ulcer Review Panel (PURP). If the panel concludes that the PU was unavoidable, then it will subsequently be extracted from the data reported for the Pressure Ulcer Improvement Plan.

1.2 ACQUIRED PRESSURE ULCERS (APUs)

Acquired Pressure Ulcers (APUs) are PUs which are either present on admission to hospital or develop within 72 hours (3 days) of admission or allocation to a Community District Nurse caseload. The pre-existence of a PU renders these patients as high risk of developing further PUs or suffering deterioration of their existing PU whilst in hospital or at home under the care of District Nursing services, hence proactive preventative strategies are required for these patients to prevent this. Figure 3 indicates the number of APUs for CHSFT & STFT.

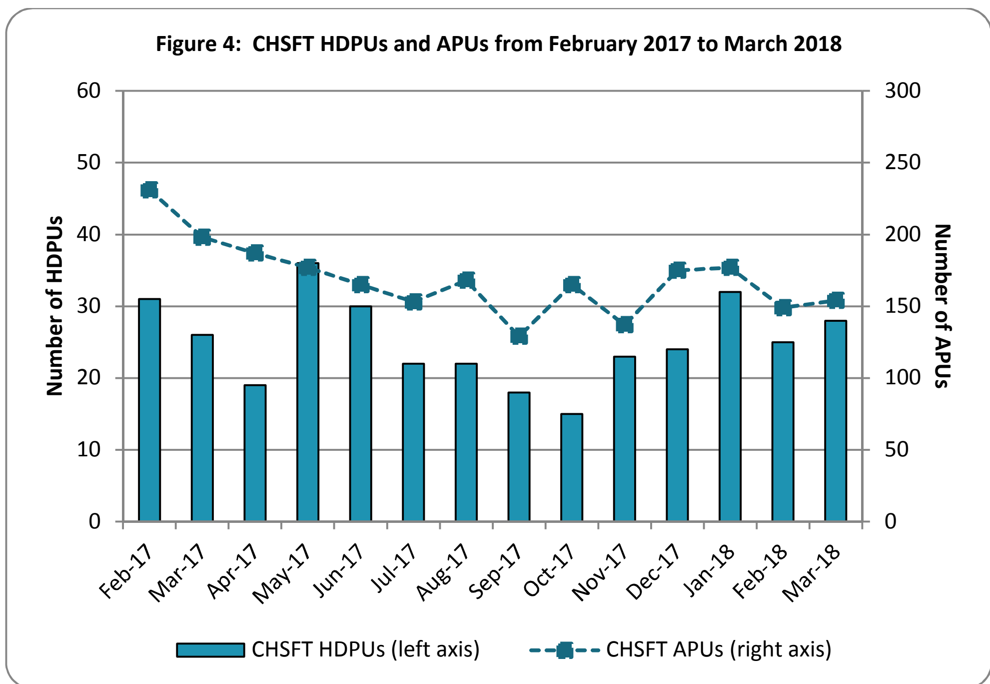
Figure 3: Total number of Reported APUs per month April 2017 to March 2018

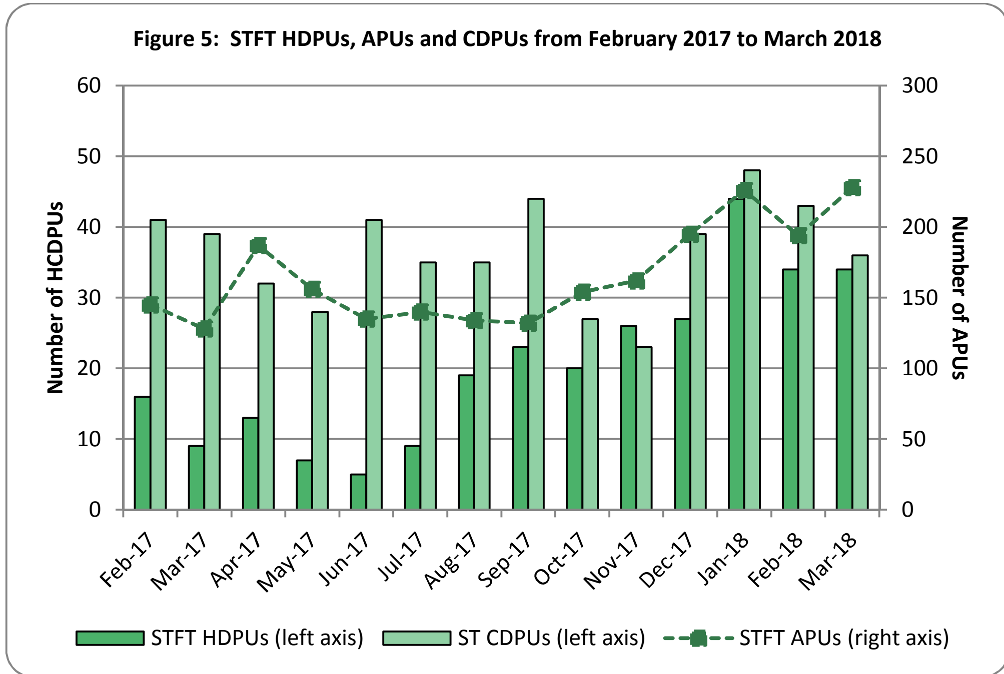
	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
CHSFT	187	177	165	153	168	129	165	137	175	177	149	154
STFT	180	155	135	140	140	132	154	162	195	226	194	228

PRESSURE ULCERS (continued)
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

Figure 4 shows numbers of HDPUs (primary axis) and APUs (secondary axis) for CHSFT over the last 12 months.

Figure 5 shows numbers of HDPUs and the number of CDPUs (primary axis), and APUs (secondary axis) for STFT over the last 12 months.





PRESSURE ULCERS (continued)
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

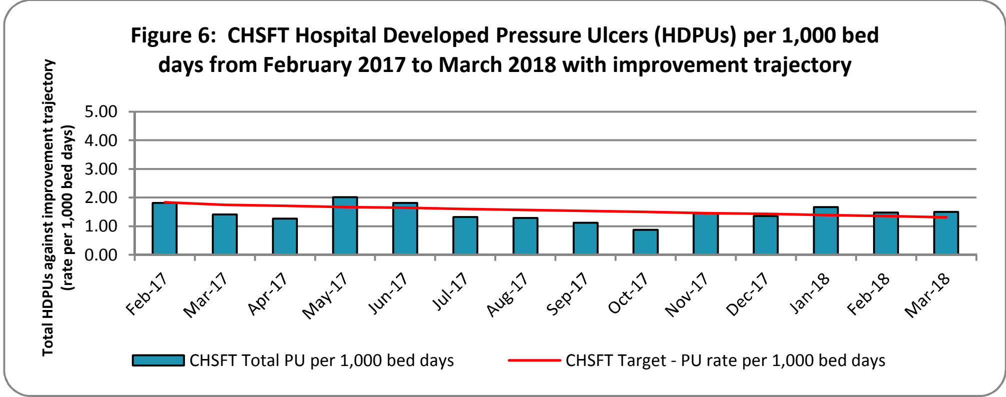
1.3 TRUST PERFORMANCE AGAINST IMPROVEMENT TRAJECTORY

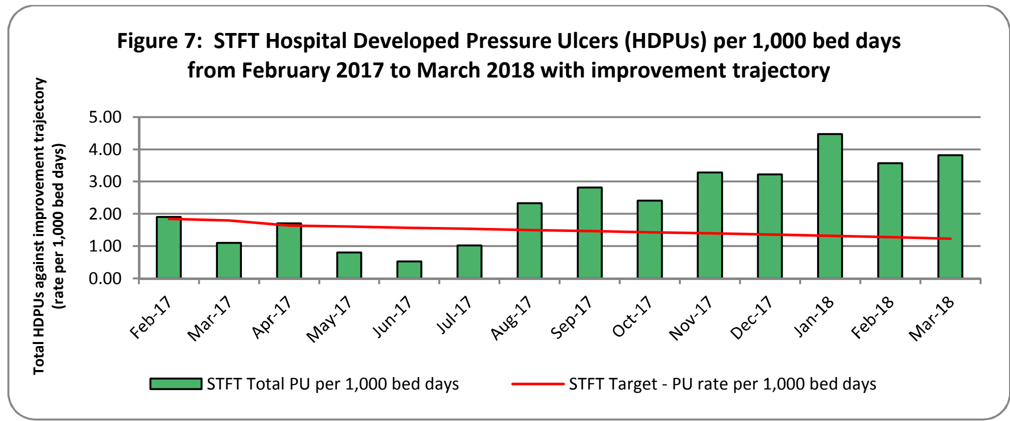
Figures 6, 7, 8 and 9 show the rate of PUs together with the improvement trajectories for CHSFT and STFT Acute & Community Services (Sunderland and South Tyneside localities).

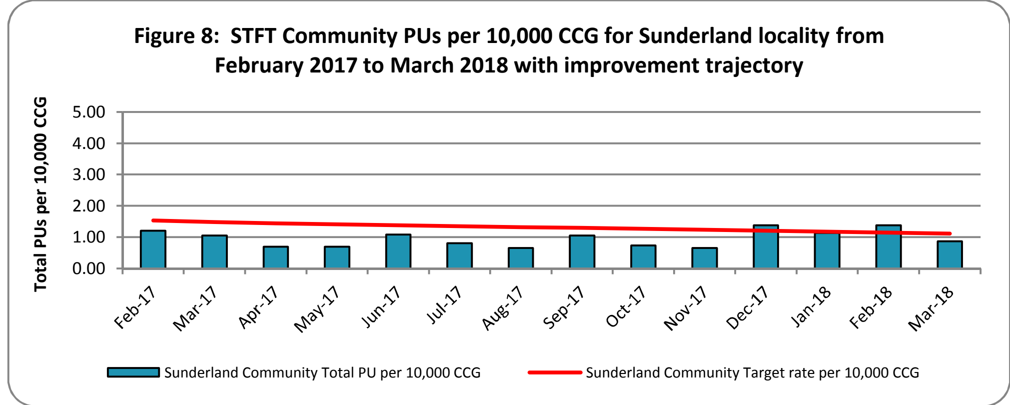
Within CHS, despite the downward trend that is evident over the year, performance is currently not quite on track with the improvement target/trajectory. The purported reasons for this are the recent "winter pressures", increased patient acuities and staffing pressures across the Trust.

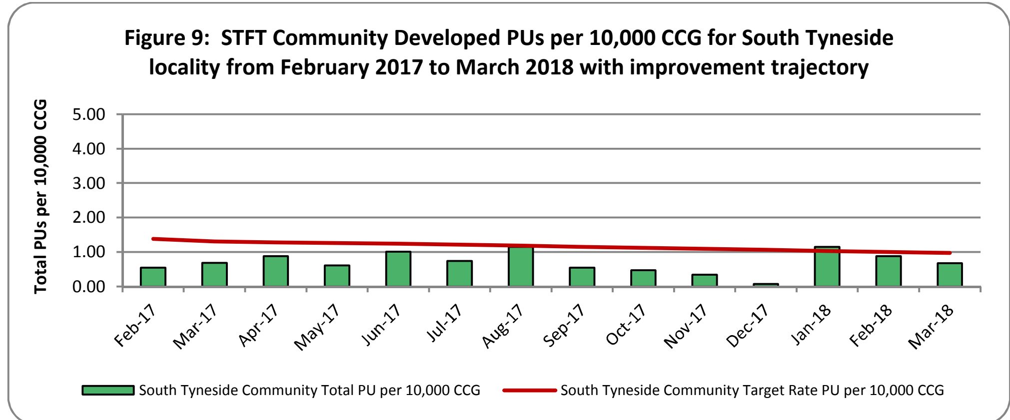
Within STFT, the numbers of developed PUs remain the same as last month and performance remains considerably off track with the improvement target/trajectory at 3.82 per 1,000 bed days. Although seasonal winter pressures, increased patient acuity and staffing pressures may account in part for this increase, closer scrutiny into the data by the Tissue Viability team continues.

For South Tyneside Community Services, the rate of CDPUs per 10,000 CCG population has reduced to 0.67 for this month and the rate for Sunderland Community Services has reduced to 0.87 showing both localities remain well on track with performance.









SAFEGUARDING CHILDREN
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.4 SAFEGUARDING CHILDREN

CHSFT

Figure 10 demonstrates the breakdown of safeguarding children referrals.

- Of the 13,729 (↑) patients attending AED, PED and SEI 74(↑) (0.53%) resulted in a referral.
- Of the 296 (↑) pregnancy bookings 30(↑) (10%) resulted in a referral. There were two concealment of pregnancies which may prove to be an emerging trend.

CHS appointed a Designated Doctor for Looked after Children – Dr Sarah Mills – who has taken over the role from Dr Kim Barrett who held the post on a temporary basis.

STFT

Figure 11 demonstrates the breakdown of safeguarding children referrals.

- Of the 5,600 (↑) patients attending AED and PED, 15(↑) (0.27%) resulted in referrals. This is an increase with no new themes or risks identified.
- Of the 154 (↔) maternity bookings 10(↓) (6.5%) resulted in a referral.

CHSFT and STFT

The main themes for all children's referrals were due to alcohol, drugs and mental health issues (the Toxic Trio) and adolescents presenting with mental health issues such as overdoses.

There has been one child death where the young person was known to Sunderland Children's Services and subject to a Child Protection Plan. This will be overseen as part of the Child Death Process.

Figure 10: CHSFT Safeguarding children referrals April 2017 to March 2018

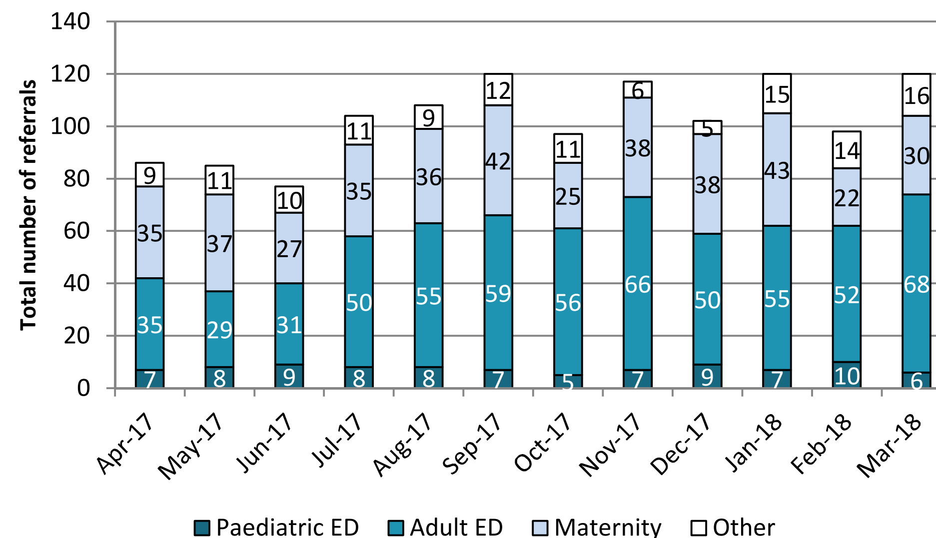
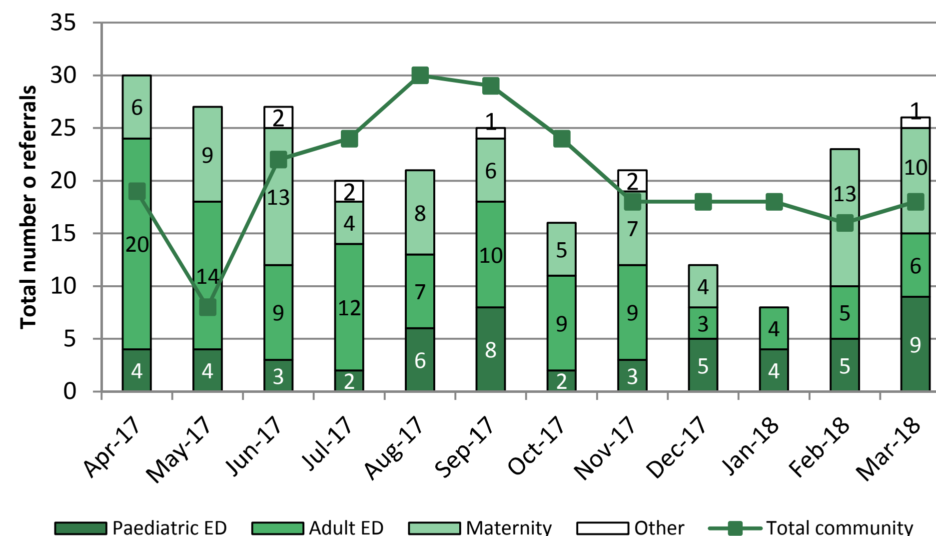


Figure 11: STFT Safeguarding children referrals April 2017 to March 2018



SAFEGUARDING ADULTS
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.5 SAFEGUARDING ADULTS

CHSFT

Figure 12 demonstrates the breakdown of CHSFT safeguarding adult referrals.

- Of the 10,456 (↑) patients attending AED and SEI, 9(↑) (0.08%) resulted in a referral.

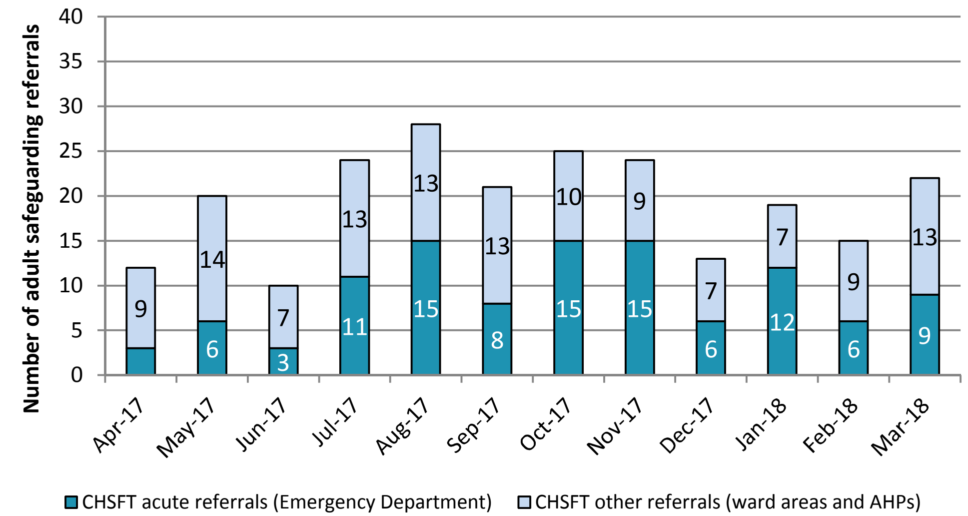
STFT

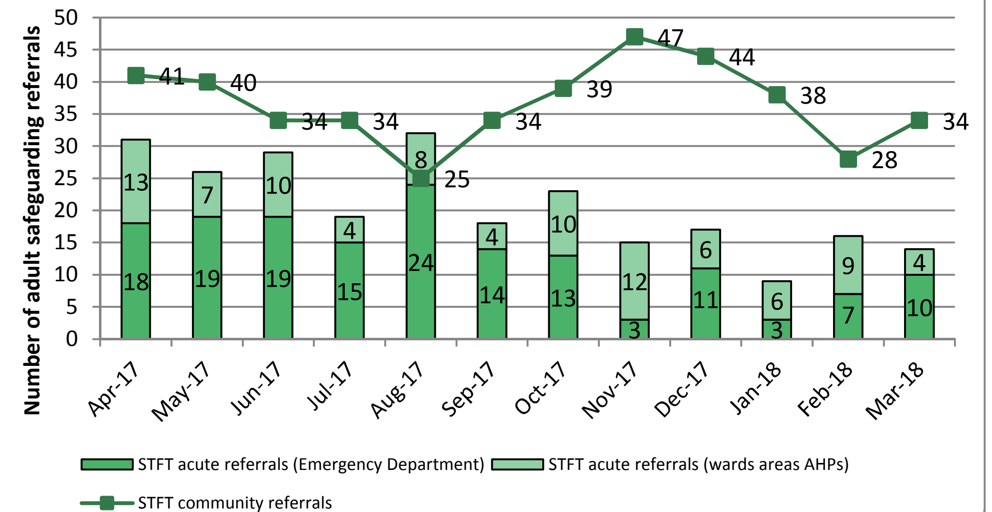
Figure 13 demonstrates the breakdown of STFT safeguarding adult referral.

- Of the 4,079 (↑) patients appending AED, 10(↑) (0.24%) resulted in a referral.

CHSFT and STFT

There are no themes or risks identified for the rise in referrals across both Trusts which have gradually increased over the past two months. The themes for all referrals were due to neglect, domestic abuse, physical abuse, self-neglect, financial abuse and sexual abuse.





SAFEGUARDING ADULTS (continued)
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.5 SAFEGUARDING ADULTS (continued)

Mental Capacity Act: Deprivation of Liberty Safeguard (DoLS)

CHSFT

Figure 14 demonstrates the breakdown of DoLS applications.

- Of the 9,213 (↑) inpatients, 1.12% (↓) applications were completed.
- Nine approved, 55 not approved and 20 withdrawn (those not approved and withdrawn were due to patient discharge, deceased or re-gaining capacity). 16 awaiting an outcome following best interest assessment (BIA) as remain inpatient and four completed BIA awaiting authorisation.

STFT

Figure 15 demonstrates the breakdown of STFT DoLS applications.

- Of the 2,338 (↑) inpatients, 1.83% (↑) applications were completed.
- 19 approved, 14 not approved and two withdrawn (those not approved and withdrawn were due to patient discharge, regaining capacity or deceased). Eight awaiting an outcome following best interest assessment (BIA).

Figure 14: CHSFT Number of DoLS applications made April 2017 to March 2018

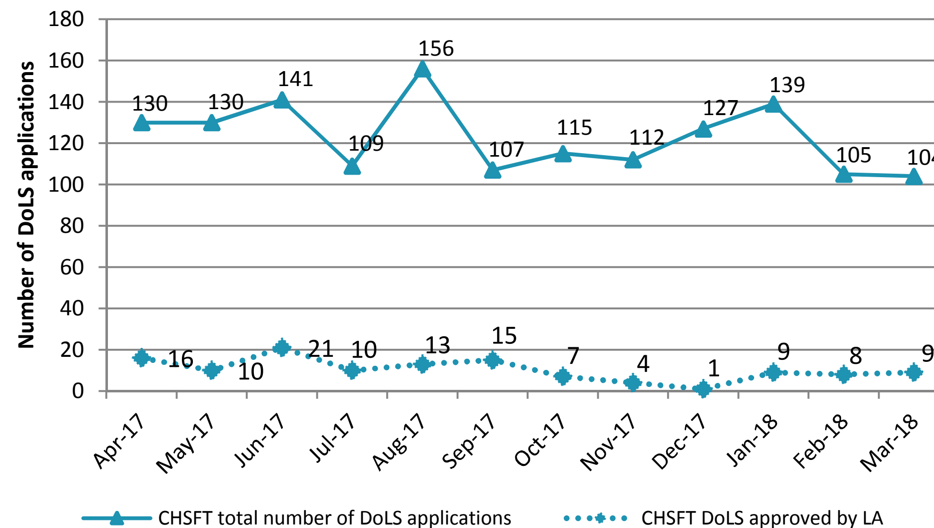
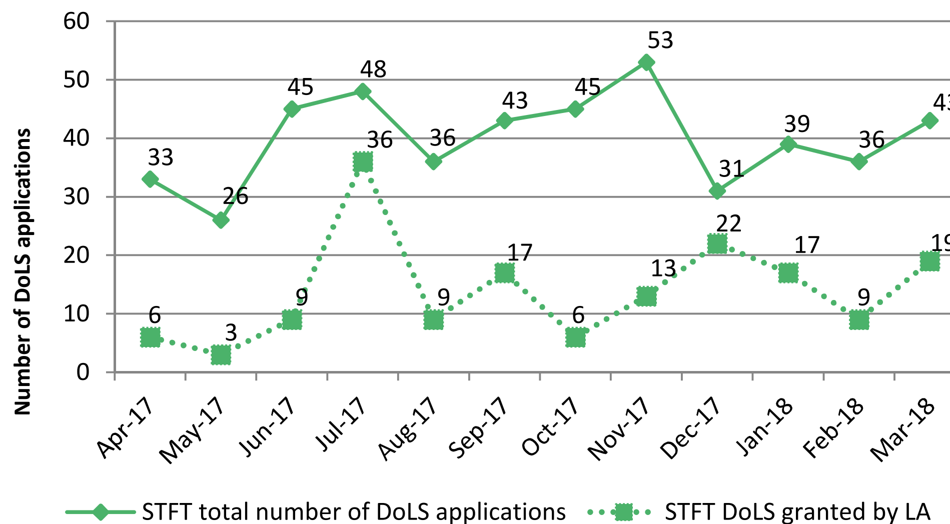


Figure 15: STFT Number of DoLS applications made April 2017 to March 2018



COMPLAINTS
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.6 COMPLAINTS

CHSFT

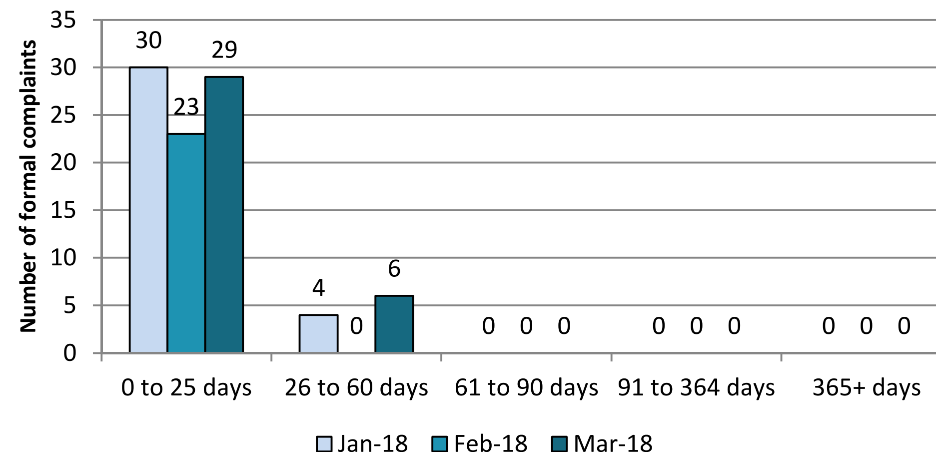
There were 33 complaints received in March 2018, with a year to date average of 36 per month.

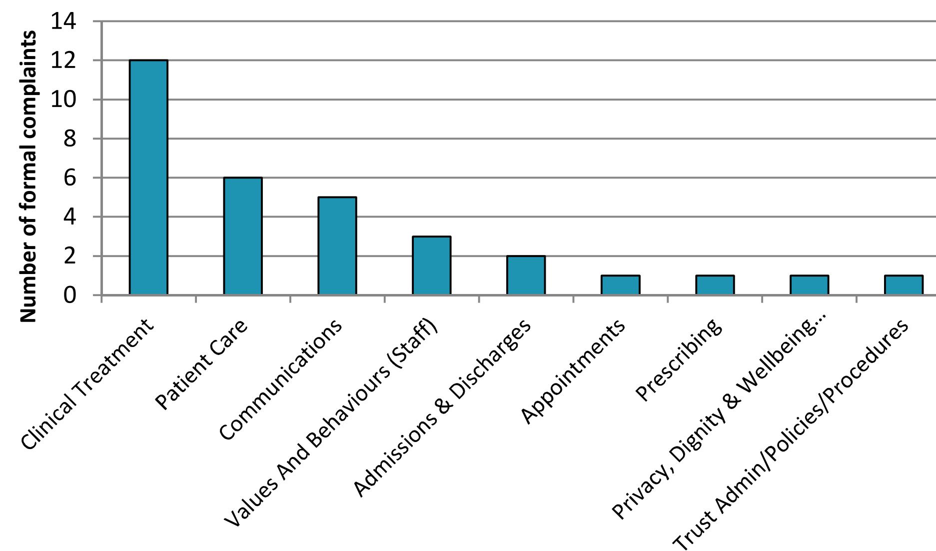
The Trust's Complaints Policy expects formal complaints be acknowledged within three working days of receipt of the complaint. Data for March shows that 100% of complaints were acknowledged within this timeframe.

Figure 16 shows there are 35 formal complaints awaiting a first written response (by working days), compared to 23 last month. There are no complaints awaiting a first response for more than 60 days. We continue to maintain the significant improvements made in 2016/17 and performance is still being closely monitored through weekly meetings.

Figure 17 shows CHS formal complaints by category.

One new PHSO case has been received in March at CHSFT and one has been reopened for investigation.





COMPLAINTS
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.6 COMPLAINTS (continued)

STFT

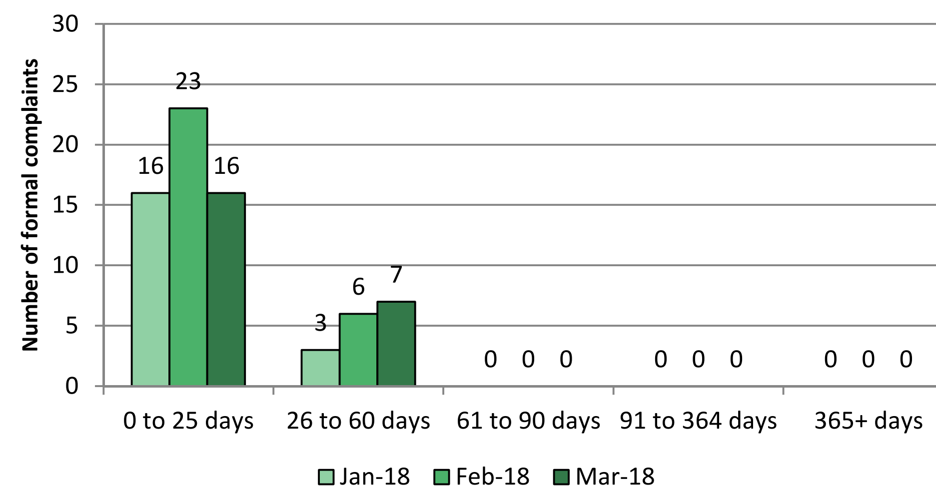
There were 14 complaints received in March 2018, with a year to date average of 15 per month.

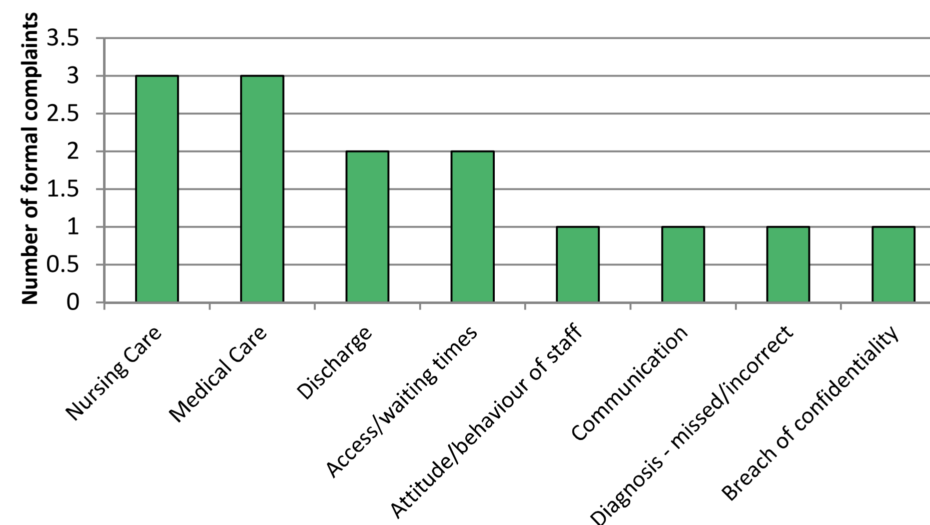
The Trust's Complaints Policy expects formal complaints be acknowledged within two working days of receipt of the complaint. Data for March shows that 99% of complaints were acknowledged within this timeframe, with one complaint being acknowledged within three days due to the adverse weather conditions.

Figure 18 shows there were 24 formal complaints awaiting a first written response (by working days), compared to 29 last month. There are no complaints awaiting a first response for more than 60 days. The seven complaints in the 26-60 days category are delayed due to the complexity of the complaint, delays in accessing information and one complaint was put on hold as there was a delay in access to community nursing records. We continue to maintain the significant improvements made in 2017/18 and performance is closely monitored through dissemination of the weekly complaints situation report.

Figure 19 shows STFT formal complaints by category.

One new PHSO case was received in March at STFT.





SOCIAL MEDIA AND ONLINE PATIENT FEEDBACK
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.7 SOCIAL MEDIA AND ONLINE PATIENT FEEDBACK

Of the 31 comments received in March, 23 were positive, seven were negative and one had positive and negative aspects. Common positive themes were excellence of care and friendliness of staff. Main issues in the small number of negative comments were lack of consideration and failure to treat with kindness and respect.

City Hospitals Sunderland NHS Foundation Trust – March 2018					
Date posted	**Source**	**Directorate**	**Site**	**Overall tone**	**Key themes**
03.03.18	Care Opinion/NHS Choices	A&E	SEI	Positive	Wonderful service
31.03.18	Care Opinion/NHS Choices	A&E	SEI	Positive	Excellent standard of care
01.03.18	Care Opinion/ NHS Choices	Haygarth Ward	SEI	Positive	Treatment 'out of this world', special mention for extremely professional and likeable consultant
09.03.18	Care Opinion/NHS Choices	Ophthalmology (cataract surgery)	SEI	Positive	Can't praise staff enough
14.03.18	Care Opinion/NHS Choices	Ophthalmology (cataract surgery)	SEI	Positive	Process was seamless
23.03.18	Care Opinion / NHS Choices	A&E	SRH	Negative	Patient left on her own, failure to keep family informed
21.03.18	Care Opinion/NHS Choices	Asthma and allergy service	SRH	Positive	Invaluable and informative service
26.03.18	Care Opinion / NHS Choices	Care of the Elderly	SRH	Negative	No help with eating, sores left undressed
21.03.18	Care Opinion/NHS Choices	Children's allergy service	SRH	Positive	Knowledgeable consultants, welcoming staff
10.03.18	Care Opinion/NHS Choices	Clinical Haematology	SRH	Negative	Poor standard of care
17.03.18	Care Opinion/NHS Choices	Day surgery	SRH	Positive	Things could not have been better

Date posted	Source	Directorate	Site	Overall tone	Key themes
13.03.18	Care Opinion/NHS Choices	ENT	SRH	Positive	All staff 'absolute angels'
07.03.18	Care Opinion / NHS Choices	Fracture clinic	SRH	Positive	Helpful and pleasant receptionists
13.03.18	Care Opinion / NHS Choices	Gynaecology	SRH	Positive/Negative	Excellent care but need to ensure there is enough staffing to protect nurses from stress
14.03.18	Care Opinion / NHS Choices	Gynaecology	SRH	Positive	Friendly, caring staff
24.03.18	Care Opinion / NHS Choices	Maternity	SRH	Positive	Treated with respect and kindness by all
14.03.18	Care Opinion / NHS Choices	Neurology Outpatients	SRH	Negative	Confusion and delay over appointments
30.03.18	Facebook	Paediatric ED	SRH	Positive	Five stars
12.03.18	Care Opinion/NHS Choices	Parking	SRH	Negative	People receiving parking charge notices when they are at their most vulnerable
05.03.18	Care Opinion / NHS Choices	Surgery	SRH	Positive	Exceptional care
06.03.18	Facebook	Surgery	SRH	Positive	Five stars

Date posted	Source	Directorate	Site	Overall tone	Key themes
29.03.18	Care Opinion / NHS Choices	Surgery	SRH	Positive	Staff gave reassurance to nervous patient having wisdom teeth extracted
28.03.18	Facebook	Surgery (Ward F64)	SRH	Positive	Five stars
06.03.18	Care Opinion/NHS Choices	Trauma& Orthopaedics	SRH	Positive	Friendly, supportive and reassuring staff
06.03.18	Care Opinion/NHS Choices	Trauma& Orthopaedics	SRH	Positive	Member of staff went the extra mile
31.03.18	Care Opinion / NHS Choices	Urgent care	SRH	Negative	Long waits, disinterested doctor
07.03.18	Facebook	Wards D46, D47	SRH	Positive	Five stars

South Tyneside NHS Foundation Trust – March 2018					
Date posted	**Source**	**Directorate**	**Site**	**Overall tone**	**Key themes**
28.03.18	Facebook	A&E and Surgical Centre	STFT	Positive	Five stars
23.03.18	Facebook	Children's A&E	STFT	Positive	Five stars
17.03.18	Facebook	General Medicine (Ward 5)	STFT	Positive	Five stars
14.03.18	Care Opinion/NHS Choices	Outpatients	STFT	Negative	Lack of equipment, staff lacked knowledge of availability of tests

NURSING WORKFORCE
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.8 NURSING WORKFORCE

CHSFT

During the month of March, 15 additional beds were opened on E54 annexe, as part of the winter plan, and an additional 39 escalation beds D42 (12), D46 (9), D47 (12) and D41 (6). These beds are over and above those identified in the winter plan.

In March the total absences for RNs was 9.04%, which is a decrease from February (10.45%). This is part due to a fall in RN vacancies, maternity leave and sickness leave. The table below shows a breakdown of this data and shows the RN starters and leavers in March.

	Jan 18	Feb 18	March 18
Maternity leave	2.64%	2.63%	2.81%
Sickness	5.08%	3.91%	3.60%
RN vacancies	5.17%	3.91%	2.63%*
Available RNs	87.11%	89.55%	90.96%
Starters	6	5	17
Leavers	17	6	8

**Vacancy percentage for RNs is at 2.63%, however, there is an additional 4.96% of RNs that are currently going through pre-employment checks, some are not due to start until September (once pre-registration course completed).*

NHSP continues to provide support to wards to mitigate shortfalls. There were 25,111 hours supplied in March compared 20,417 in February.

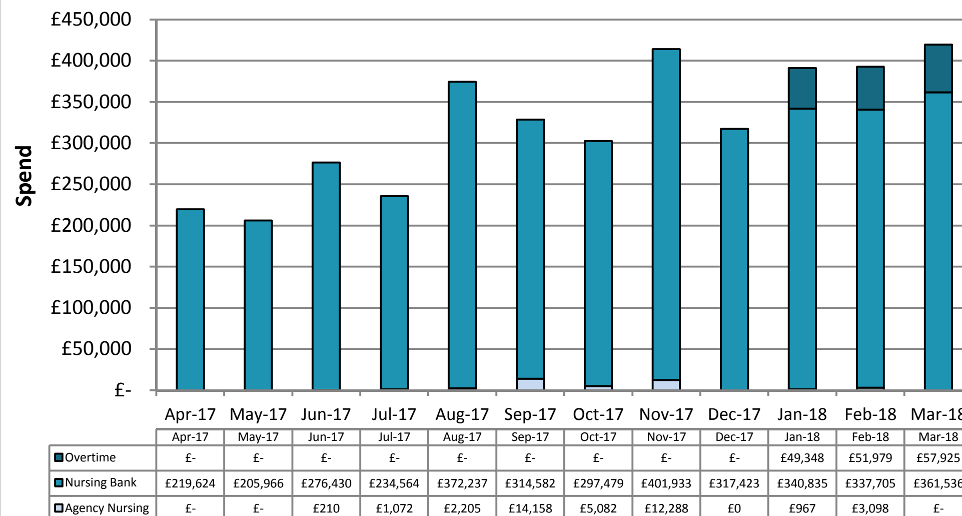
In March, the total spend on agency, NHSP and overtime for nursing was £419,461. This has been broken down in figure 20. NB This spend is offset by vacancies.

Figure 21 shows nurse to patient ratio that exceeds 1:8 (day duty) and 1:10 (night duty) within divisions in March 2018. There were 12 wards (B26, D46, E53, E54, B21, E50, E51, E52, E56, E58, F61 and C36) that exceeded 1:8 (day duty) nurse to patient ratios, and 16 wards (B26, D46, E53, B21, E50, E51, E52, E56, E58, F61, B20, C30, C31, C36, D41 and D48) that exceeded 1:10 (night duty).

In March there were 164 incidents relating to patient harms (falls and pressure ulcers). There were 136 reported falls, with 78 resulting in no harm, 57 minor harm and one moderate harm. There were 28 reported pressure ulcers, belonging to 22 patients; all 28 were reported as category 2.

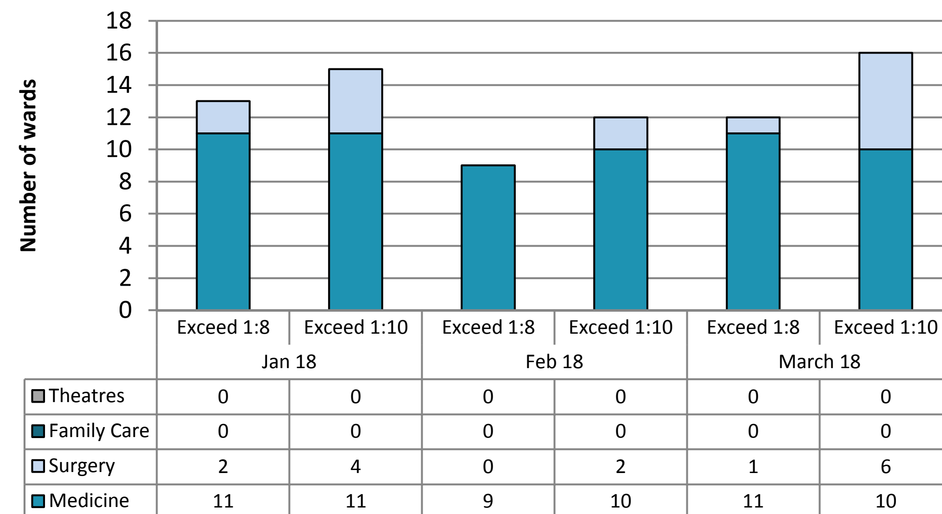
There were 75 incident forms submitted in March relating to nursing and midwifery staffing, a decrease from February (78). There were 32 incidents forms submitted by wards/Matron when RN staffing was below minimum numbers, a decrease from February (45), with Medicine submitting 14 of these. E58, D48, and Duty Matron submitted the majority of incidents when staffing was below minimum numbers. This is in part due to staff sickness, staff being moved to support other wards where numbers of RNs are below two and an increase in bed occupancy.

Figure 20: CHSFT Spending on Nursing Agency, Nursing Bank and overtime - April 2017 to March 2018



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Overtime	£-	£-	£-	£-	£-	£-	£-	£-	£-	£49,348	£51,979	£57,925
Nursing Bank	£219,624	£205,966	£276,430	£234,564	£372,237	£314,582	£297,479	£401,933	£317,423	£340,835	£337,705	£361,536
Agency Nursing	£-	£-	£210	£1,072	£2,205	£14,158	£5,082	£12,288	£0	£967	£3,098	£-

Figure 21: CHSFT Nurse to patient ratios showing 2 month trend January to March 2018



	Jan 18		Feb 18		March 18	
	Exceed 1:8	Exceed 1:10	Exceed 1:8	Exceed 1:10	Exceed 1:8	Exceed 1:10
Theatres	0	0	0	0	0	0
Family Care	0	0	0	0	0	0
Surgery	2	4	0	2	1	6
Medicine	11	11	9	10	11	10

NURSING WORKFORCE (continued)
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.8 NURSING WORKFORCE (continued)

STFT

During the month of March there were 31 additional beds open on several wards (wards 5, 9-winter ward; 20; and pacing room) at STDH due to winter pressures.

In March the total absences for RN's were: Acute 18.1% and Community 14.54%, this was due to vacancies, sickness and maternity leave. The table below shows a breakdown of this data. The table also shows RN starters and leavers in March. NHSP continues to provide support to wards to mitigate shortfalls. There were 14,993 hours supplied in March compared to 14, 381 in February.

	Jan 18		Feb 18		Mar 18	
	Acute	Community	Acute	Community	Acute	Community
Maternity leave	5.96%	3.65%	2.18%	3.79%	1.56%	3.94%
Sickness	6.49%	2.54%	5.54%	4.63%	4.93%	4.52%
RN vacancies	13.83%	8.10%	13.71%	7.43%	11.61%	6.08%
Available RNs	73.72%	85.71%	78.57%	84.15%	81.90%	85.46%
Starters	6	13	9	5	11	6
Leavers	7	12	3	6	5	11

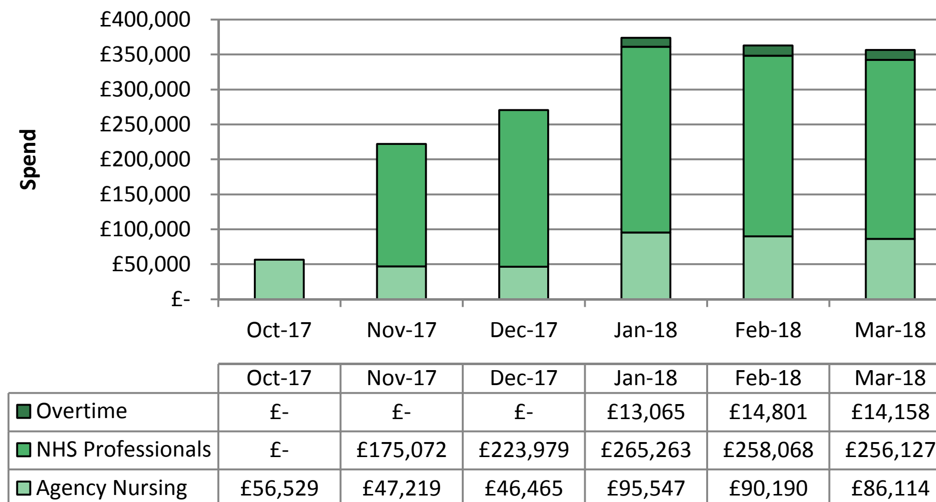
In March the total spend on agency, NHSP and overtime for nursing was £356,399. This has been broken down in **figure 22**. **NB** This spend is offset by vacancies.

Figure 23 shows nurse to patient ratio that exceeded 1:8 (day duty) and 1:10 (night duty) within Divisions in March 2018. There were five wards (wards 2, 3, 5, 19 and EAU) that exceeded 1:8, and seven wards (ward 2, 3, 5, 6, 10, 19 and Surgical in-patients) that exceeded 1:10 ratio.

In March there were 144 patient harm incidents reported (falls and pressure ulcers). There were 109 reported falls, with eight resulting in near miss, 87 in no harm, and 14 in minor harm. There were 35 reported pressure ulcers; 30 were reported as category 2 and five category 3.

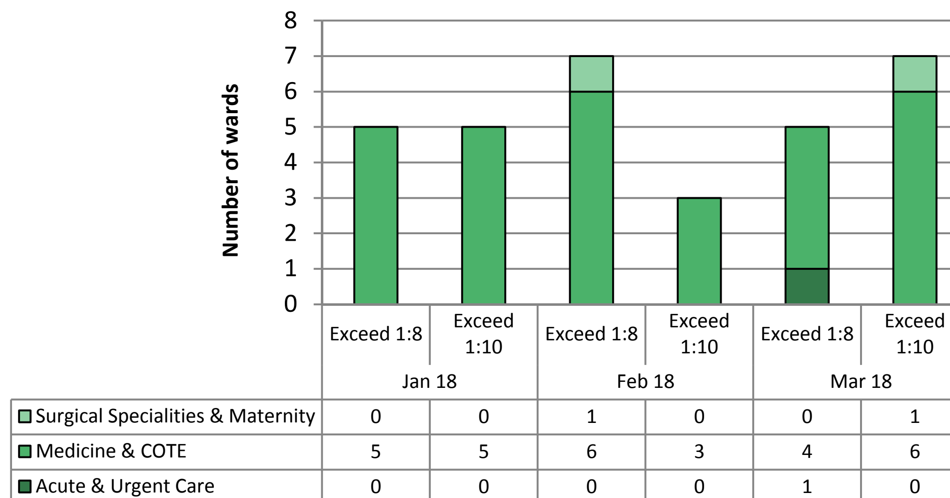
There were 125 safe care/incident forms submitted in March relating to nursing and midwifery staffing, an increase from February (46). There were six incident forms submitted by wards when RN staffing was below minimum numbers, this is the same as February (six). Ward 20 submitted two incident forms, one when there was only 1 RN on duty, ward 2 submitting two incidents; A&E and ward 3 submitting one each. This is part due to staff sickness, staff being moved to support other wards and an increase in bed occupancy.

Figure 22: STFT Spending on Nursing Agency, NHS Professionals and overtime - October 2017 to March 2018



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Overtime	£-	£-	£-	£13,065	£14,801	£14,158
NHS Professionals	£-	£175,072	£223,979	£265,263	£258,068	£256,127
Agency Nursing	£56,529	£47,219	£46,465	£95,547	£90,190	£86,114

Figure 23: STFT - Nurse to patient ratios showing 2 month trend January to March 2018



	Jan 18 Exceed 1:8	Jan 18 Exceed 1:10	Feb 18 Exceed 1:8	Feb 18 Exceed 1:10	Mar 18 Exceed 1:8	Mar 18 Exceed 1:10
Surgical Specialities & Maternity	0	0	1	0	0	1
Medicine & COTE	5	5	6	3	4	6
Acute & Urgent Care	0	0	0	0	1	0

PATIENT SAFETY
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.9 INCIDENT REPORT

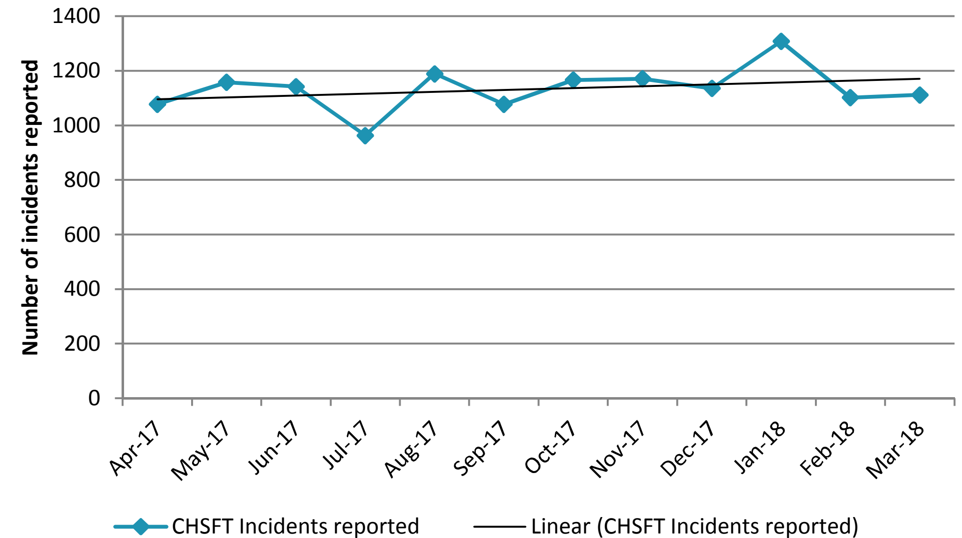
CHSFT

CHS incidents reported

Figure 24 demonstrates the number of CHS-related incidents that have been reported via Ulysses each month during the last 12 months. It shows an increase of ten reported incidents (0.9%) in March compared to the previous month. This continues the relatively flat trajectory of incident reporting seen over the previous six months.

CHS incidents by impact

The data table for figure 24 shows the incidents reported by impact over the last 12 months. The percentage of no harm and minor harm incidents as a proportion of CHS incidents reported is 95% in March. Six incidents were reported as having caused major or extreme harm in March. These will be reviewed by directorates via the Directorate Initial Review process and will be considered by RRG in due course. Five incidents were reported as having caused major or extreme harm in February. Two incidents have been reviewed by directorates, have been considered at RRG and have had the level of harm downgraded. Of the remaining three incidents one has had a concise RCA commissioned by RRG, one is awaiting further information to be presented at RRG to allow consideration of commissioning an investigation or downgrading the actual impact, and one is awaiting a Directorate Initial Review and has been followed up for completion with the directorate concerned. No incidents were confirmed as having caused major or extreme harm in March.



Data for Figure 24: CHSFT Incidents reported by category April 2017 to March 2018

	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Near miss	22	21	35	22	33	26	30	26	21	24	15	19
No harm	714	763	667	607	627	632	703	680	595	788	634	667
Minor harm	335	358	410	321	458	369	405	433	481	469	424	388
Moderate harm	5	13	19	10	23	42	23	27	33	21	24	32
Major harm	2	1	2	2	3	6	5	2	3	2	4	3
Extreme harm	0	0	1	1	0	2	0	1	3	4	1	3
Total	1078	1156	1134	963	1189	1077	1166	1171	1136	1308	1102	1112

PATIENT SAFETY
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.9 INCIDENT REPORT (continued)

STFT

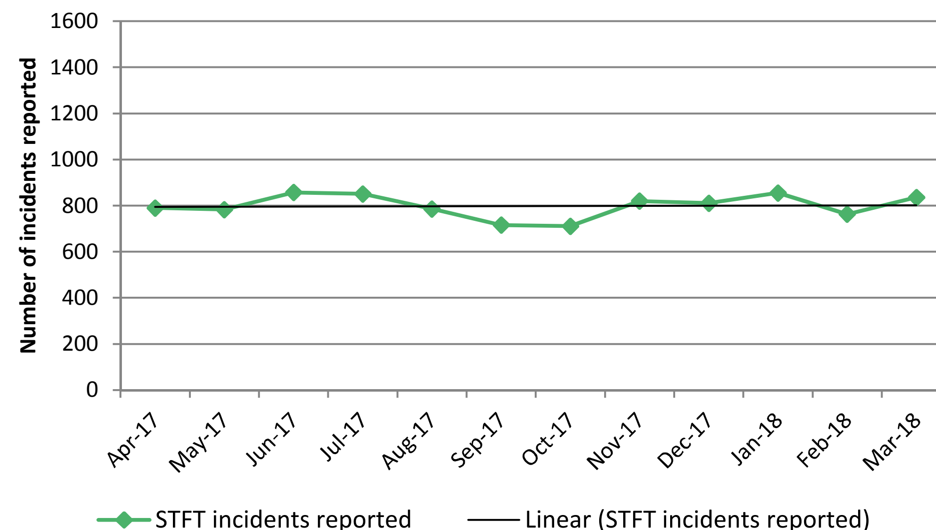
Figure 25 demonstrates the number of STFT-related incidents which have been reported via Datix each month during the last 12 months. Reporting has increased this month by 63 cases (up 7.5%). Both the 'Incident Reporting Policy' and the 'Investigating and Learning from Incidents Policy' have now been released for use across the Trust and a significant training programme has begun. This will be delivered across the Trust throughout 2018/19.

STFT Incidents by Reported Severity Score

The data table for figure 25 shows incidents reported by severity over the last 12 months. The total percentage of no harm and minor harm incidents as a proportion of all STFT incidents reported in March is 86.7%.

Incidents reported as moderate harm or worse are reviewed by RRG. Any which appear to have caused that level of harm are submitted to the Trust Clinical Incident Review Group (CIRG). CIRG then identifies the actual level of harm. Three incidents were reported as having caused major or extreme harm in March; all are under investigation, with directorate initial reviews requested on two and the third awaiting a Coroner's report and mortality review.

One case was confirmed as having caused major harm in March 2018 and was reported as a SI. Further details are given in the Serious Incident section later in this report.



Data for Figure 25: STFT Incidents reported by category April 2017 to March 2018

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Near miss	96	110	122	116	100	105	384	111	134	118	119	97
No harm	396	516	526	519	471	402	122	449	403	426	414	453
Minor harm	268	151	195	200	192	190	183	251	260	295	220	272
Moderate harm	29	6	14	15	23	18	22	8	14	14	9	11
Major harm	1	0	0	1	0	1	0	2	0	1	1	2
Extreme harm	0	0	0	0	0	0	0	1	0	0	0	1
Total	**790**	**783**	**857**	**851**	**786**	**716**	**711**	**822**	**811**	**855**	**763**	**836**

PATIENT SAFETY (continued)
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.9 INCIDENT REPORT (continued)

Serious Incidents (SIs)

CHSFT

No Serious Incidents were reported in March.

STFT

One SI was declared in March, (2018/6902), as shown in Figure 27. This was an A&E incident from January where the insertion of a chest drain was incorrectly managed. The case is currently under investigation and findings will be reported to commissioners in line with required deadlines.

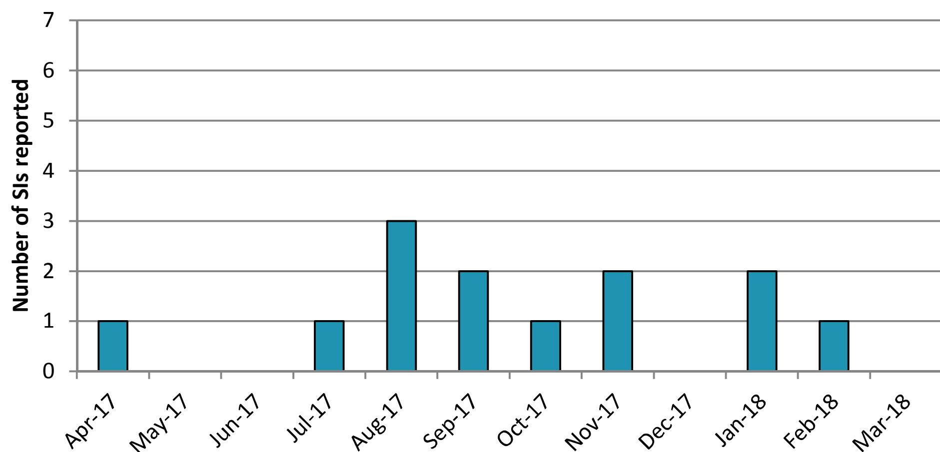


Figure 26: CHSFT SIs reported to StEIS April 2017 to March 2018

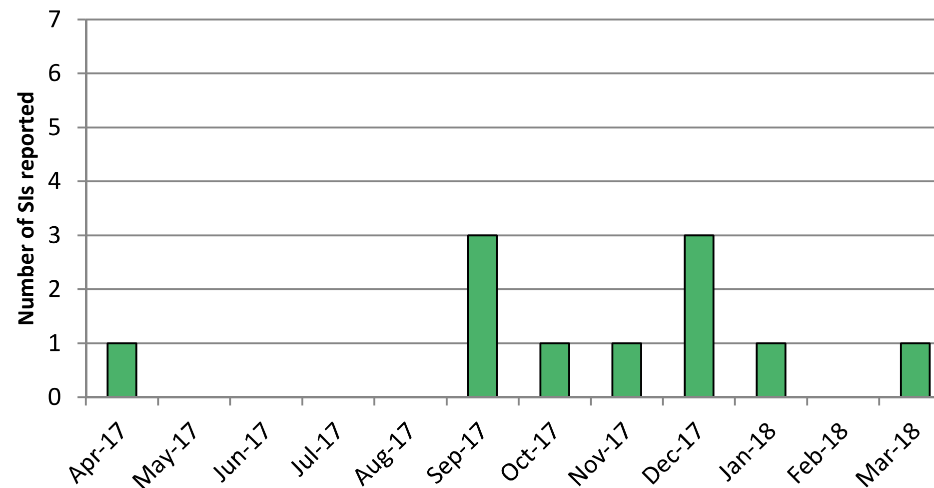


Figure 27: STFT SIs reported to StEIS April 2017 to March 2018

CHSFT - Headlines from RRG

- Staff asked to ensure that they make every effort to complete data entry on V6 in real time wherever possible.
- A reminder that arteriovenous fistulae must never be used for any form of vascular access, nor for venepuncture or sampling.
- A request for staff to understand the context behind decisions to place patients on wards outwith the ward's usual case mix / specialty.

STFT - Lessons Learned from CIRG

- Reminder to staff to use the correct urinary catheter record when discharging patients back into the community
- The importance of thoroughly assessing the hip in all patients presenting with a fall has been reiterated to staff in A&E and EAU
- The importance of effective handover in the A&E and EAU interface has been reiterated with individual staff and in staff huddles (operational updates)

PATIENT SAFETY (continued)
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.9 INCIDENT REPORT (continued)

Never Events

CHSFT

No Never Events were reported in March.

STFT

No Never Events were reported in March.

Duty of Candour

CHSFT

During March, 49 patient safety incidents were reported as having resulted in moderate or above harm. The reported levels of harm are validated by directorates. When confirmed as having caused moderate harm or above, the formal requirements of Duty of Candour are applied, i.e. interested parties are informed, receive an apology, advice and support and are offered written feedback following completion of the investigation. During March one incident was confirmed as meeting the requirements for Duty of Candour.

STFT

During March the Risk Team identified one incident as meeting the threshold for Duty of Candour.

1.10 INQUESTS

CHSFT

There are currently 80 open cases, a 16% increase from the previous quarter. 34 new cases were received in March and nine were closed. There has been an increase in both volume and complexity of caseload with a decrease in the number of cases closing at Enquiry and an increase in the number of cases progressing to inquest rather than closing at investigation. Disclosure has been delayed during this period due to demand exceeding capacity and extensions to deadlines have been requested where necessary.

STFT

Inquests are being handled in line with required timeframes.

PATIENT SAFETY (continued)
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.11 FALLS

Figure 28 below indicates the incidence of falls that occurred in March 2018.

Outpatients, day cases, maternity, ED and paediatrics are excluded from the acute (hospital) data.

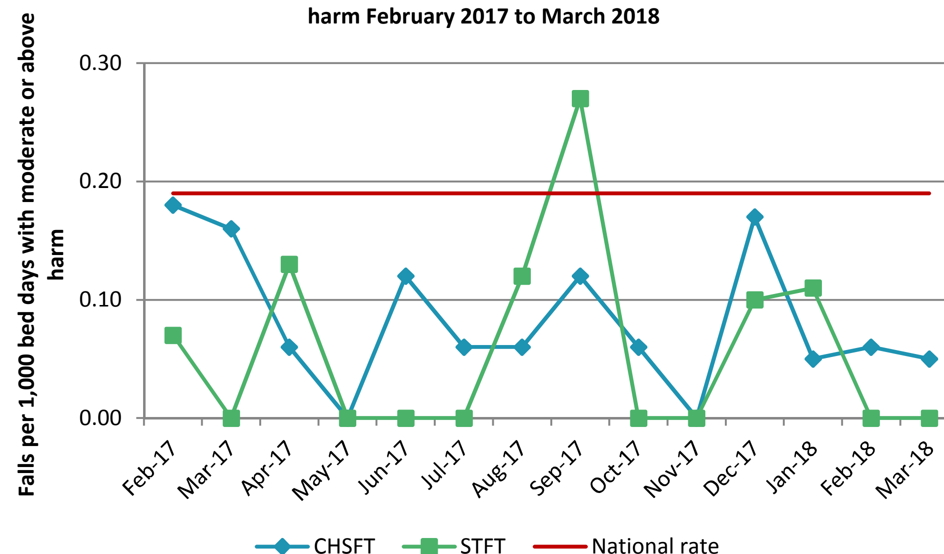
The data is broken down by levels of harm. Harm rates in terms of rate/1,000 bed days are provided for all falls and also for falls resulting in moderate or severe harm or death.

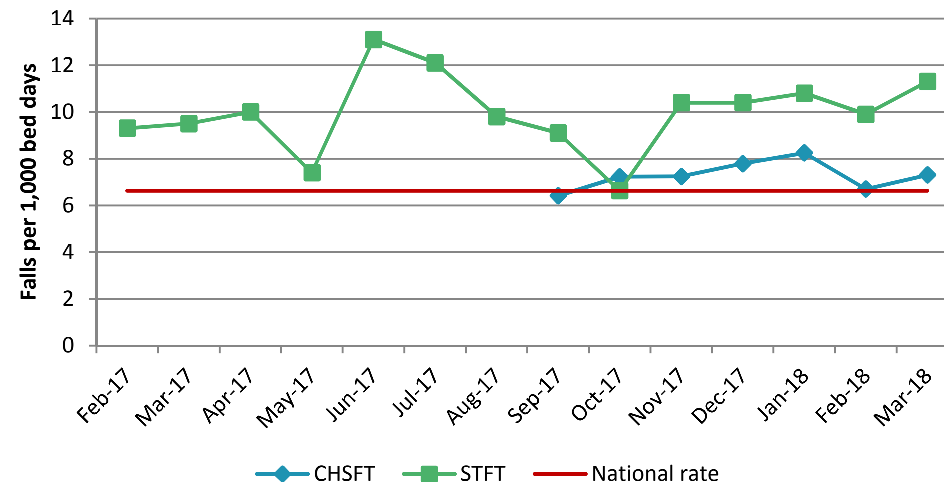
There is no agreed methodology nationally or locally for measurement of falls rates within a community setting.

There has been an increase in reported falls in both Trusts which appears to be due to a number of patients who have fallen on more than one occasion. Risks are mitigated by use of the falls risk assessment, and the monthly Falls Risk Assessment Audit shows an increase in compliance in inpatient areas.

Figure 28: Numbers and rate of falls by category for March 2018:

Severity of Injury	CHSFT Number of Falls		STFT: Acute Number of Falls	
	This month	Last month	This month	Last month
No Harm	78 ↑	75	83 ↑	57
Low Harm	57 ↑	39	11 ↓	20
Moderate Harm (no. resulting in fractures)	1 ↔ (1)	1 (1)	0 ↔ (0)	0 (0)
Severe Harm (no. resulting in fractures)	0 ↔	0	0 ↔ (0)	0
Death	0 ↔	0	0 ↔	0
Total Falls Rate/1,000 bed days	136 ↑ 7.30 ↑	115 6.70	94 ↑ 11.3 ↑	77 9.9
National Falls Rate/1,000 bed days	6.63 ↔	6.63	6.63 ↔	6.63
Total with Moderate / Severe Harm or Death Rate/1,000 bed days	1 ↔ 0.05 ↓	1 0.06	0 ↔ 0 ↔	0 0
National rate for falls with ≥ Moderate Harm Rate/1,000 bed days	0.19 ↔	0.19	0.19 ↔	0.19





PATIENT SAFETY (continued)
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.12 SAFETY THERMOMETER

Our percentage of harm-free care is based on:

- Pressure Ulcers (PUs)
- Falls in care resulting in ≥ moderate harm
- Catheter-related urinary tract infections (CRUTIs)
- Venous Thromboembolism (VTE)

The harm-free care calculation incorporates all reported harms, not just the "new" harms.

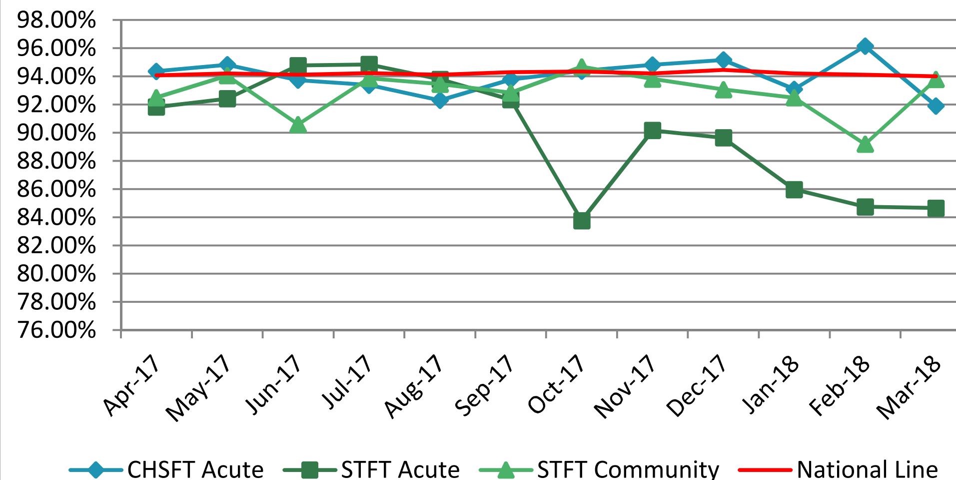
	Harm Free Care		New Harms		Old Harms	
	This month	Last month	This month	Last month	This month	Last month
CHS Acute	91.89% ↓	96.13%	18 ↑	12	37 ↑	15
STFT Acute	84.64% ↓	84.73%	21↑	19	23 ↓	24
STFT Community	93.77% ↑	89.18%	3 ↓	6	30 ↓	53

Within CHSFT, the deterioration in harm free care is due to an increase in both new harms (most notably PUs, with a very small increase in falls and CRUTIs) and old harms (PUs). Therefore, there is particular focus on PU prevention and management in those wards showing an increased prevalence.

Within STFT, the deterioration in harm free care is noted to be in areas reported through QRA, the position is being monitored through the specific "safety thermometer" measures, these are:

- Falls remain high 11.3 falls per 1000 bed days, there is a significant work stream working to improve falls rates at STFT with Senior Clinical Engagement. Work to improve consistency of reporting by the clinical team at STFT and CHS is planned.
- Pressure areas remain high at STFT, particularly orthopaedics, greater presence and support by the Tissue Viability at ward level is in place.
- A review of Catheter Care in the Division this is being led by Lead Nurse for Patient Safety,
- VTE reporting has been reviewed to improve accuracy by the Medical Director and the Lead Nurse Patient Safety.

The process for validation of safety thermometer data is under review, and a greater level of assurance of data quality will be provided following this review.



ASSURANCE
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

2.1 CARE QUALITY COMMISSION (CQC)

STFT CQC Inspection

The CQC visited STFT for an unannounced inspection in October/November 2017 followed by an announced well led inspection in December 2017.

Following a factual accuracy check of the draft report the final report has now been published on the CQC website. This confirms that the rating for STFT is Requires Improvement whilst acknowledging that significant improvements have been made.

The report contains a number of "must do" actions, outlined below, which STFT needs to undertake to bring services into line with the required standards.

The Trust must:

- Ensure that the areas used for assessing the mental health patients in the ED are safe, suitable and appropriately located.
- Ensure all staff in the ED are supported to become compliant with all aspects of mandatory training.
- Ensure all patients on medical wards are assessed for risk of malnutrition.
- Ensure that nursing and medical staff in the Surgical directorate are compliant with mandatory training, in particular resuscitation and safeguarding.
- Ensure all staff are engaged and participate in all steps of the WHO checklist.
- Ensure that there are formal governance arrangements within Critical Care.
- Provide evidence-based clinical guidelines, specific to Critical Care.
- Introduce a comprehensive clinical audit programme to support and monitor compliance within Critical Care.
- Improve the management of risks within Critical Care.

The agreed action plan was returned to the CQC on 3rd April 2018.

CHSFT CQC Inspection

The CQC requested that focus groups with identified staff groups were arranged for 27 March and 3 April. The staff groups were Administrative, Junior Medical, Nursing and Allied Health Professionals/Healthcare Scientists.

The CQC have also advised that an unannounced inspection of at least one core service will take place prior to the announced visit in May and we will receive 30 minutes notice of this which is likely to be in April. This was communicated to senior managers and further information will be circulated in the near future.

2.2 HAVEN COURT

A Provider Information Request (PIR) was received for Haven Court on the 11 April which again indicates that the inspection process has started for that location.

The PIR for Haven Court is significantly different to that received for the hospital inspections as it is inspected by the Adult Social Care team within the CQC. The inspection process and timeline is as below:

- Haven Court will be having a Comprehensive inspection as they only usually carry out a focused inspection if there are concerns.
- The onsite inspection usually last 2 days- the first day is unannounced and the second day agreed during the first day.
- All domains will be covered during the inspection and there is no separate scheduled well led visit.
- There are usually only 2 Inspectors onsite.
- There isn't an agreed timeline between the PIR and the unannounced inspection. It appears that the inspection team sends out the PIR requests for all locations they're going to visit during the year and then schedule the visits during the year so it could be months before they visit Haven Court.
- They will feedback during the visit and at the end of each day. They would expect to feedback to the Registered Manager/Directors etc.
- Post inspection there is a factual accuracy check of the report prior to publication.

The information requested is being gathered for return by the deadline of 11 May.

2.3 DURHAM TREATMENT CENTRE

Durham Treatment Centre is planning to begin patient treatment from July 2018, therefore an application has been made to register this location with the CQC to deliver the regulated activities of:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures

ASSURANCE
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

2.4 Excellence Reporting

Excellence Reporting continues to be effective with figures reported to date as below:

	CHS	STFT
Excellence Reports submitted (up to the end of March)	608	116
Excellence Reports submitted in March	74	15

Top 5 directorates reporting (cumulative)	CHS
Theatres	76
Emergency Medicine	71
Rehabilitation & Elderly Medicine	60
General Internal Medicine	53
Paediatrics & Child Health	43

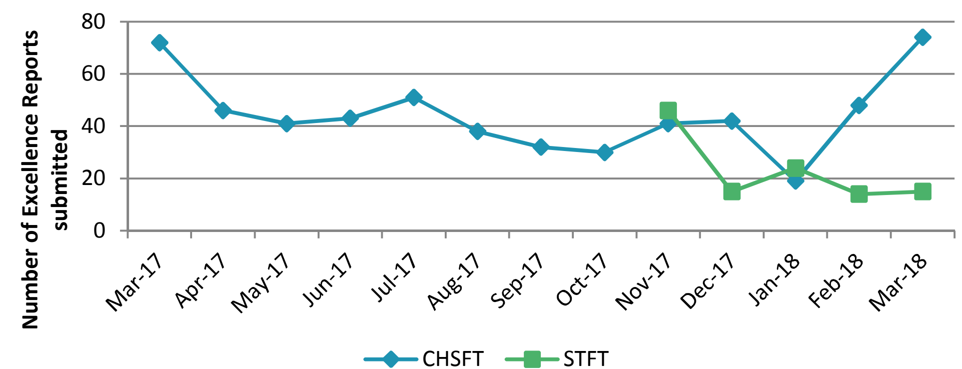
Top 5 directorates reporting (cumulative)	STFT
Community services	49
Medicine and Care of the Elderly	22
Corporate services	17
Acute and Urgent Care	13
Clinical Support services	8

Reporters have originated from varying professions:

Reporters by job type (March)	CHSFT	STFT
Nursing and Midwifery	41	10
Admin and Clerical (including management)	17	1
Medical and Dental (Trust)	7	2
Allied Health Professionals	5	2
Additional Clinical Services	3	0
Medical and Dental (Training)	1	0
Patients	0	0

Category breakdowns are as follows:

Category of Excellence (March)	CHSFT	STFT
Going the extra mile	22	8
Care and compassion	21	1
Courage and commitment	11	2
Team working	8	1
Competence	7	1
Communication	3	0
Service improvement and innovation	2	1
Leadership	0	1
Other	0	0



CHS

An online survey was sent to all reporters and recipients of excellence in March to capture qualitative information on how staff feel about the system and suggest ways to improve it. The results will be analysed in April.

STFT

Reporting numbers remain steady, however more promotion will be carried out in the coming months to further promote the system.

CHSFT & STFT HOSPITAL ACQUIRED INFECTIONS
LEAD: MEDICAL DIRECTOR

3.1 HOSPITAL ACQUIRED INFECTIONS

3.1.1 MRSA bacteraemia

CHSFT

Total cases for 2017/18 is one unavoidable case. There were no avoidable cases reported in March against an annual trajectory of zero avoidable cases.

CHSFT April MRSA update: *Total cases for 2018/19 is zero against an annual trajectory of zero avoidable cases.*

STFT

Total cases for 2017/18 is three avoidable cases. This is against an annual trajectory of zero avoidable cases. STCCG declined a request to uphold one of these cases from November as unavoidable.

STFT April MRSA update: *Total cases for 2018/19 is zero against an annual trajectory of zero avoidable cases.*

3.1.2 MSSA Bacteraemia

There is no national target for Trust apportioned MSSA bacteraemia.

CHSFT

28 hospital acquired cases this year to date. The rate per 100,000 bed days for the past 12 months up to March 2018 is 12.0. The national rate up to January 2018 is 9.1.

STFT

8 hospital acquired cases this year to date. The rate per 100,000 bed days for the past 12 months up to March 2018 is 7.8. The national rate up to January 2018 is 9.1.

3.1.3 E Coli Bacteraemia

A 50% reduction of gram negative bloodstream infections is expected by 2021. This represents an annual 10% reduction of cases from 2016. Reduction in *E. coli* bacteraemia last year at CHS was 8.6% against the target of 10%. This was in the best 50% of Trusts performance in England. STFT hospital associated cases rose from 17 to 20 from calendar years 2016 and 2017 respectively. This represents a 17.6% increase based on three excess cases. We cannot ascribe statistical significance due to the low numbers involved.

CHSFT

71 hospital acquired cases this year to date. The rate per 100,000 bed days for the past 12 months up to March 2018 is 30.4. The national rate up to January 2018 is 22.4.

STFT

24 hospital acquired cases this year to date. The rate per 100,000 bed days for the past 12 months up to March 2018 is 23.5. The national rate up to January 2018 is 22.4.

3.1.4 C. difficile infection (CDI)

CHSFT

Four cases were reported in March which is one above monthly trajectory. The year to date position at the end of March is 22 cases against an annual target of 34. This follows successful appeal of three cases (one case was withdrawn) with Sunderland CCG. A further two cases will be taken to appeal, date for appeal pending.

The C. diff rate per 100,000 bed days for the previous 12 months up to March 2018 remains within target, at 9.4. By comparison, the national rate for the latest 12 month period available (up to January 2018) was 13.3 per 100,000 bed days. The Trust's target rate is 15.4.

CHSFT cases of C. difficile infection per month April 2017 March 2018:

Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
1	2	6	2	1	2	1	2	2	1	1	4

CHSFT April C diff update: *Two cases were reported as Trust apportioned in April which is one below monthly trajectory. The year to date position at the end of April is two cases against an annual target (2018/19) of 33.*

STFT

One case was reported as Trust apportioned in March. The year to date position at the end of March is six cases against an annual target of eight. This follows successful appeal of four cases with Sunderland / South Tyneside CCG. A further case will be taken to appeal, date for appeal pending.

The C. diff rate per 100,000 bed days for the previous 12 months up to March 2018 has reduced and is achieving the target, at 5.9. By comparison, the national rate for the latest 12 month period available (up to January 2018) was 13.3 per 100,000 bed days. The Trust's target rate is 6.5.

STFT cases of C. difficile infection per month April 2017 to March 2018:

April 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
0	0	0	4	2	0	2	0	0	0	1	1

STFT April C diff update: *One case was reported as Trust apportioned in April against an annual target (2018/19) of 7 cases.*

3.2 HAND HYGIENE

Given continued reporting of high performance of hand hygiene, data has been omitted from this report. However, the Infection Prevention and Control team (IPC) are reviewing the process and undertaking independent audits which will be reported in due course.

CLINICAL GOVERNANCE UPDATE
LEAD: CHSFT MEDICAL DIRECTOR

3.3 NATIONAL MATERNITY & PERINATAL AUDIT (UPDATE)

The National Maternity and Perinatal Audit (NMPA) published its first report in November 2017 on clinical outcomes for births that took place between 1st April 2015 and 31st March 2016. The report describes a range of care processes and outcomes as a trigger for local quality improvements. Three of these measures were selected as performance indicators and subject to 'outlier reporting'. In one of these indicators the Trust was highlighted as an outlier (Proportion of singleton, term, live born infants with a 5-minute Apgar score of less than 7).

The Clinical Director for Obstetrics and Gynaecology coordinated a review and audit of the data, together with a detailed action plan which has been sent to the NMPA. An update was provided to Clinical Governance Steering Group in February on progress made with three key actions:

- **Improved training of midwifery and medical staff on the calculation of Apgar scoring** – a training package has now been developed and disseminated to all staff. Training is also incorporated into the mandatory training days.
- **Improve documentation in medical records** - development of electronic records in maternity to document the individual components of the Apgar score as part of the GDE Project.
- **Ongoing audit of Apgar scores** – Apgar scoring has been added to Maternity dashboard and is subject to regular review.

There is a difference of opinion and some dispute about the Apgar score being a useful indicator of a baby's status but it continues to be utilised across the local Neonatal Network. CGSG suggested that the Head of Midwifery has a further discussion with local Trusts within the network on its relevance, impact and continued use in the NMPA.

3.4 LEARNING FROM DEATHS DASHBOARD (Q3 2017/18)

Last year, new guidance required Trusts to publish information on deaths and reviews via a quarterly agenda item and paper to its public board meeting. The first report was published in November 2017. A second report was presented to Board in March 2018 and included an additional section on the outcomes and learning from mortality reviews. Some slight changes were also made to the dashboard format recognising its evolving nature. The main headlines in this update are:

- 73.2% of patients were screened and all those that required a stage 2 mortality review had that review.
- For those patients reviewed in Q3, 95% were judged as definitely not preventable.
- There was no patient deaths judged as avoidable (using the Hogan criteria greater than 50% likelihood of avoidability) as a proportion of stage 2 reviews.
- There is a slight improvement in our previous position on the grading of care reported as either excellent or good. This has increased to 92.5% although this involves a smaller number of cases.
- Just over half (52.9%) of those deaths where patients were in receipt of End of Life Care (in Q3) had had a special End of Life Review. The majority of these reviews (92.1%) had the 5 core elements delivered.

NHS Improvement has now confirmed details of the contents and assurance requirements for Foundation Trusts preparing their 2017/18 Quality Reports. One of the new mandatory disclosures relates to the national learning from deaths programme and requires Trusts to highlight the number of deaths subject to case record review and whether any of these were more likely than not to have been due to problems in care. In addition, there is a narrative requirement to state what has been learnt from the mortality review process. City Hospitals will take note of this additional requirement when drafting the Quality Report 2017/18.

3.5 NATIONAL EARLY WARNING SCORE 2 (NEWS 2)

NEWS is an aggregate score made up of six physiological parameters, with the aim of improving detection and response to clinical deterioration in acutely unwell patients. It was introduced across City Hospitals in 2013 and later "modified" for COPD patients in November 2016. The Royal College of Physicians published NEWS 2 in November 2017 with the intention that it becomes part of CQUIN 2018/19 to help standardise the approach to detecting and grading the severity of acute illness.

As before, scores range from 0-20, with a higher score representing further removal from normal physiology and a higher risk of morbidity. The changes in NEWS 2 are around :

- How NEWS could be used in the assessment of patients with or at elevated risk of sepsis.
- Highlighting that NEWS of 5 or more is a key threshold for urgent clinical review.
- Improving recording of 02 saturations in patients on supplemental oxygen or those with hypercapnic respiratory failure (such as those with COPD).
- Recognising the importance of new onset confusion, disorientation and delirium as a sign of potentially serious clinical deterioration.

A joint "task & finish" group has been set up across the Healthcare Group to support implementation. An action plan is to come to CGSG in May and a first implementation update scheduled for August 2018.

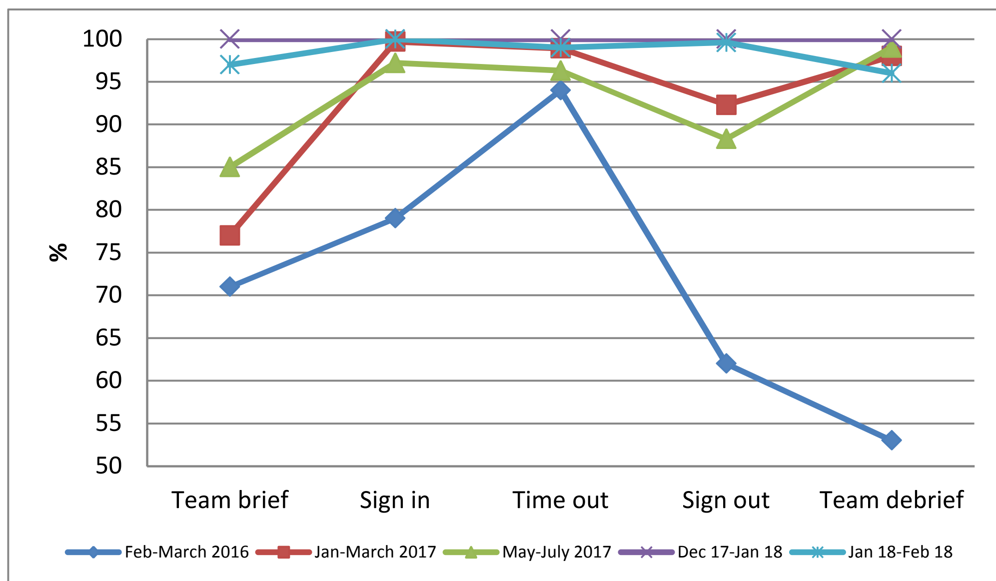
CLINICAL GOVERNANCE UPDATE
LEAD: STFT MEDICAL DIRECTOR

3.6 WORLD HEALTH ORGANISATION SURGICAL CHECK-LIST

The Surgical safety checklist was introduced by the World Health Organisation (WHO) in 2007. The National Patient Safety Agency (NPSA) released an adapted version in 2009. The WHO checklist was implemented in STFT 2009**.** The team brief was implemented in STFT2011. The Team brief/WHO checklist was re-enforced 2012. However the CQC in 2015 raised significant concerns about the patchy use of the check list and the lack of monitoring. What audit was done was not in enough depth. A number of measures were put in place to improve.

As part of the Surgical safety checklist, five important steps are identified: Team Brief, Sign in, Timeout, Sign out and Team debrief are the steps involved.

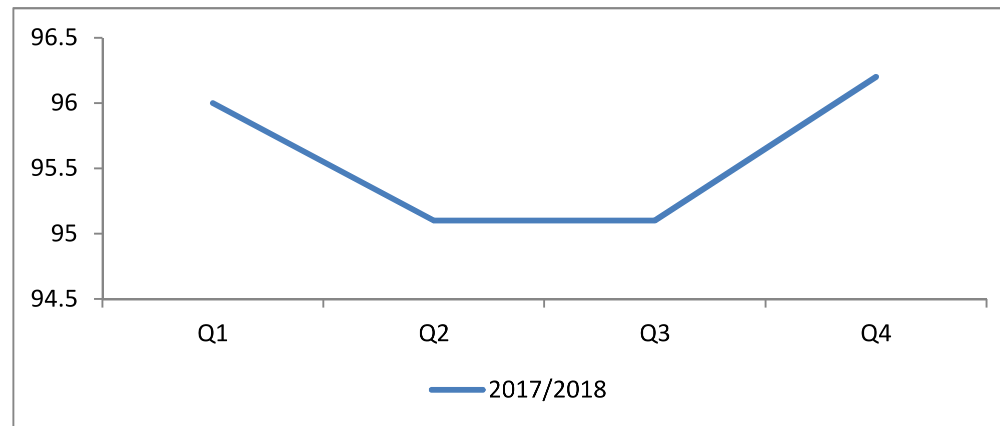
The chart below shows the performance from 2016 has improved in 2017 and early 2018.



The standard is 100% for all 5 steps. It can be seen that there was a dip in performance in Feb 2018 compared to Jan 2018. The move to a rolling audit since December 2017 has allowed a more detailed oversite to pick up variability. The audit itself is very detailed with an ability to drill down to Consultant level. A report will be presented to Clinical Governance Steering Group by the Clinical Director with the latter detail and steps taken to achieve the 100% standard.

3.7 VENOUS THROMBOEMBOLIC (VTE) SCREENING

Patients admitted to hospital are at an increased risk of developing VTE conditions (deep vein thrombosis and pulmonary embolism) whilst an in-patient. The risk of this can be reduced by specific treatment, hence it has been standard practice to risk assess all patients admitted to hospital for an in-patient stay to reduce the development of VTE. The national standard is to achieve a risk screening rate for VTE of 95% of in-patients. This standard is monitored by the VTE Group. The chart below demonstrates that the standard has been achieved for each quarter from 1st April 2017 to 31st March 2018.



From 1 April 2017 to 2 February 2018 there have been six patients who have developed a VTE condition within 90 days of an in-patient stay. All six have had a root cause analysis by a member of the VTE Group. They were all deemed unavoidable, with all patients being risk assessed with no omissions in that risk assessment being identified. An annual report will be presented to the Clinical Governance Steering Group by the VTE Group.

CLINICAL GOVERNANCE UPDATE
LEAD: STFT MEDICAL DIRECTOR

3.8 MYOCARDIAL ISCHAEMIA NATIONAL AUDIT PROJECT (MINAP) APRIL 2015 – MARCH 2016

MINAP is one of six national cardiac clinical audits that are managed by the National Institute for Cardiovascular Outcomes Research (NICOR). The MINAP 2016 report (published in 2017) looks at heart attack and its treatment from 1 April 2015 – 31 March 2016. It captures the patient journey, from a call to the emergency services or self-presentation at an Emergency Department, through diagnosis and treatment at hospital, to the prescription of preventive medications on discharge.
In the MINAP analyses, heart attack is categorised as either ST-elevation myocardial infarction (STEMI) or non-ST-elevation myocardial infarction (nSTEMI), to address the appropriate patient pathway that has been activated. STEMI often requires immediate specialised treatment. A primary percutaneous coronary intervention (PCI) is the preferred reperfusion procedure. Compared with 2011, the proportion of patients with STEMI receiving PCI as their reperfusion therapy has increased. This procedure is not done at South Tyneside for STEMI.

Ideally patients with nSTEMI should be managed in a cardiac ward and be assessed by a cardiologist. In 2016:

- 57.5% of patients with nSTEMI were admitted to a cardiac ward compared with 49% in 2011 **(South Tyneside Hospital = 36.0%)**.
- 96% were seen by a cardiologist in 2016 compared with 90% in 2011, of those eligible **(South Tyneside Hospital = 100%)**.
- 86% received an angiogram in 2016 compared with 68% in 2011 **(South Tyneside Hospital = 94.2%)**.

There is good evidence for all types of heart attack, that certain medicines prescribed at discharge from hospital and taken thereafter, reduce the risk of further heart attacks. NICE recommends that all patients who have had acute MI should be offered the following drugs providing there are no contraindications:

- Angiotensin converting enzyme (ACE) inhibitors.
- Dual antiplatelet therapy (aspirin & a second antiplatelet agent such as ticagrelor or a thienopyridine inhibitors, e.g. clopidogrel or prasugrel).
- Beta-blockers.
- Statins.
- Aldosterone antagonists (in those with evidence of systolic heart failure).
- Angiotensin receptor blockers (ARB) (not normally in combination with ACE inhibitors).

For South Tyneside Hospital, the proportion of patients who received all secondary prevention medication for which they were eligible was **98.3%** (Nationally in England 91.1%).

Analysis and reporting of length of stay is only for patients with a direct admission, i.e. those patients that did not have a transfer during their episode. Patients who experience transfer between hospitals during their management are likely to have overall lengths of stay that are far greater.

STDH LoS nSTEMI	STDH LoS STEMI	STDH LoS All Patients
5	11.5	6

The Cardiology team have discussed the report in their Governance meetings and ultimately the main areas requiring improvement around direct management in a cardiac wardand a reduction in length of stay should improve once the models discussed at Clinical Service Review Group are implemented in 2020.

COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) 2017/18

4. COMMISSIONING FOR QUALITY AND INNOVATION 2017/18

4.1 Current Position

CHSFT

The majority of CQUIN indicators remain to be on track for full reconciliation, however non-payment is predicted for 1a) Improvement of health and wellbeing of Staff, 2a ii) Sepsis IP Screening, and partial payment is predicted for 2a i) Sepsis ED Screening, 2b) Timely Treatment of Antibiotics IP and ED.

STFT

Non-payment is predicted for 1a) Improvement of health and wellbeing of staff, 2a) Timely identification of patients with Sepsis IP and ED 2b) Timely Treatment of Antibiotics IP and ED 2c) Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours and partial payment is predicted for and 9) Risky Behaviour Smoking & Alcohol (Community)

Joint CQUIN information for both CHSFT and STFT can be seen in Appendix 1.

4.2 Reason for underperformance

CHSFT

1a) Improvement of health and wellbeing of staff – the staff survey results fall short of the 5% improvement required from the baseline year (2015). This is despite responses being better than national average for 2/3 questions 9a Does your Trust take positive action on health wellbeing? Achieved 33% (NA 32%) and 9c During the last 12 months have you felt unwell as a result of work related stress? 33% (NA 38%).

2a i) Sepsis ED Screening – in Q4 67.8%(1,316/1,941) of patients were screened in line with the local protocol (NEWS >=5 Adult or POPS >3 Paediatrics), which is below the 90% target. As performance is >50% and <=89.9% partial payment will be received.

2a ii) Sepsis IP Screening – during Q4 there were 34% (1,917/5,635) patients screened in accordance with the local protocol (NEWS >=5 Adult or POPS >3 Paediatrics) which is below the 90% target. As performance is <50% no payment will be received.

2b) Timely Treatment of Antibiotics IP and ED – Q3 was 60.3% (179/297) and Q4 is currently being audited. Time to antibiotics performance has fallen in line with increased winter pressures and a decline in other ED targets being met. Inpatients are currently being audited to establish whether patients who did not receive antibiotics within 60 minutes were already on appropriate antibiotics. Partial payment is predicted.

STFT

1a) Improvement of health and wellbeing of staff - the staff survey results fall short of the 5% improvement required from the baseline year (2015). This is despite responses being better than national average for 2/3 questions 9a Does your Trust take positive action on health wellbeing? Achieved 36 % and 9c During the last 12 months have you felt unwell as a result of work related stress? 37% (NA 38%).

2a) Timely identification of patients with Sepsis IP and ED, 2b) Timely Treatment of Antibiotics IP and ED, 2c) Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours – audit data not available.

9) Risky Behaviour Smoking & Alcohol (Community) – Whilst Alcohol Screening is predicted to improve in Q4 >= 10% improvement is required for partial payment. There appears to be low level of Audit C templates being completed which enable classification of the risk to drinkers who require brief advice and referral.
Smoking screening is predicted to improve in Q4 but fall short of the partial payment threshold of 10% for payment.

4.3 Actions to get back on target

CHSFT

1a The Trust continues to promote the health and wellbeing agenda with regular intranet updates items focused on activities, combatting stress and back care/MSK awareness

2a i) 2aii) and b) Live reporting is now available in Meditech which allows all nurses and medics to view the sepsis status for every patient on the ward, this will allow them to see in real time whether the patient requires screening or grading. The Trust Sepsis Group will be discussing measures to improve performance in 2018/19 at the April meeting.

STFT

2a) Timely identification of patients with Sepsis IP and ED, 2b) Timely Treatment of Antibiotics IP and ED, 2c) Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours - The Medical Director is discussing the way forward on collection of the audit data for sepsis goals at CMT following transition of Sepsis Nurse.

9) Risky Behaviours Smoking & Alcohol (Community) – weekly screening goals were predicted per case load per nurse and a weekly monitoring report is in development and will be shared with the team to invigorate improvement for all metrics within the goal.

4.4 CQUIN 18/19

Guidance has recently been release for the 2018/19 framework which includes changes to the following goals:

2a) and b) which includes move to include NEWS2 from Q3 onwards
2c) tightens Antibiotic Review within 72 hour to include documentation of reason for antibiotic switch.
2d) Replacement of piptaz with increasing the proportion of antibiotic usage (in both inpatients and outpatients.) within the access group of AWaRe *(**Access** – Narrow spectrum, first line agents. **Watch** – High Resistance potential **and** **Reserve** – Last line of defence antibiotics.)*
4) Continuation of methodology to identify new frequent flyers attending ED with Mental Health conditions

RISK
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

5.1 INCIDENT MANAGEMENT

CHSFT & STFT

STFT/CHS NHS Improvement has launched a national consultation ("The Future of Patient Safety Investigations" in respect of a new national Serious Incident Framework. A joint response will be submitted by both Trusts by the deadline of June 2018. The members of corporate groups and committees relevant to risk management processes have been included in an internal consultation exercise and comments are to be submitted to the Head of Corporate Risk by mid-May. Members have been asked to circulate the consultation document to any other groups or individuals who may wish to comment.

5.2 LITIGATION ANALYSIS

CHSFT & STFT

Year end litigation analyses are being prepared for each Trust and will be reported through each Trust's Clinical and Corporate Governance Steering Groups at their next meetings.

5.3 CORPORATE RISK REGISTER

STFT

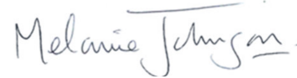
A review of local risk register entries scoring 15 or higher at STFT is continuing, with the objective of producing a first comprehensive corporate risk register in Q1 of 2018/2019.

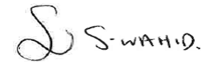
CONCLUSION

SUMMARY OF KEY RISKS

- Pressure ulcer rate is above the improvement trajectory at CHSFT and STFT.
- Registered Nurse vacancies in STFT acute.
- Low incident reporting at STFT.

Members are asked to note the report.





MELANIE JOHNSON **Director of Nursing & Patient Experience**	**IAN MARTIN** **CHSFT Medical Director**	**SHAZ WAHID** **STFT Medical Director**

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF FINANCE

BOARD OF DIRECTORS
MAY 2018

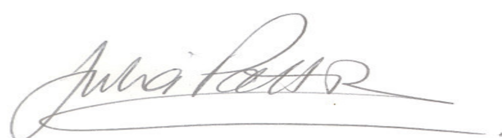
FINANCIAL POSITION AS AT 30th APRIL 2018
EXECUTIVE SUMMARY

1 INTRODUCTION

This Executive Summary provides the summary highlights of the financial position as detailed in the main report to the end of April 2018.

1.1 KEY HIGHLIGHTS

Issue or Metric	Budget	Actual	Variance	%
Overall Financial Position - Deficit	£3,102k	£2,786k	£316k	10.2%
Income	£27,246k	£27,085k	£161k	0.59%
Expenditure	£30,348k	£29,871k	£477k	1.6%
EBITDA Position %	(7.7%)	(6.9%)		0.8%
EBITDA Position £'s (deficit)	£2,107k	£1,871k	£236k	11.2%
Cash Position	£6,140k	£10,890k	£4,750k	77.3%
Cost Improvement Plans				
Variance to plan	£650k	Tbc		
Pay:				
Over spend against plan	£18,496k	£18,657k	£161k	0.87%
Non Pay: Under spend against plan	£11,852k	£11,214k	£638k	5.4%



Julia Pattison
Executive Director of Finance

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF FINANCE

BOARD OF DIRECTORS

MAY 2018

FINANCIAL POSITION AS AT 30th APRIL 2018

1 INTRODUCTION

The enclosed financial statements reflect the Trust's Income & Expenditure position as at 30th of April 2018 details which can be found in Appendices 1-3. At this stage of the year, given the need to finalise budget setting and contracting activity plans, the month one budgets are summarised with some assumptions having been made for clinical activity.

1.1 SUMMARY POSITION

The overall financial position is a net deficit of £2,786k against a planned deficit of £3,102k, and hence £316k ahead of plan.

Income and Expenditure budgets reflect the final annual plan submission made to NHS Improvement.

2 INCOME

2.1 *Patient Related Income:*

Clinical income for the first month of the year has been assumed to break even to plan. The plan for Clinical income has been profiled to reflect anticipated performance with elective activity, outpatient activity & some miscellaneous contract activity based on working days and non-elective based on actual delivery for the past 2 years. Other income is generally profiled on an even profile.

Private Patient Income is behind plan by £3k.

2.2 *Non Patient Related Income:*

Training and Education income is £49k behind plan to month 1. At this stage the Trust is awaiting finalised funding confirmation from Health Education England which should be finalised before June 2018. Research and Development is slightly behind plan to month 1. Other Income is behind plan at this early stage of the year.

3 EXPENDITURE

3.1 *Pay Expenditure:*

Pay is currently showing an overspend of £161k against plan, most of which is due to the recatorgisation of Apprentice Levy costs from Other Non-Pay to Pay to conform with guidance. This is partially offset against the underspend in Other Non Pay category this month.

Agency spend in April 2018 was £382k against a plan of £470k, and hence an underspend of £88k.

At this stage WTE budgets are being finalised as part of the Annual Plan process. These will be reported from month 2 onwards.

Appendix 3 shows details pay spends on agency, flexi and overtime for the last 12 months.

3.2 ***Non Pay Expenditure:***

Non-Pay is showing an underspend of £638k. Major areas are highlighted as:

- Clinical Supplies – underspend of £261k.
- Drug Costs – underspend of £94k.
- Other costs – underspend of £203k. As noted under section 3.1 for Pay, Apprentice Levy costs has been recatorgised as Pay costs in order to conform with guidance. This has contributed to the underspend this month. Furthermore, the revaluation of assets has meant a late adjustment to the PDC budget to a lower value with the offset put against Other Non-Pay category which has also contributed to the underspend this month.
- Capital Costs – underspend of £79k.

4 CIP POSITION

The CIP target for 2018/19 is £13,000k which has been submitted to NHS Improvement. As CIP reporting processes for 2018/19 are still being set up for 2018/19 no CIP has been reported as achieved / transacted in April 2018. However, the financial position indicates that savings are being delivered in Non Pay categories in particular. In next month's Board report the CIP achievement for both Month 1 and Month 2 will be reported.

In addition, the gap between plans and targets need to be closed. Full details of existing CIP plans and next steps will be discussed at Finance and Performance Committee later this month.

The Trust CIP target for 2018-19 has been profiled as 15%, 20%, 30% and 35% in quarters 1, 2, 3 and 4.

5 CASHFLOW AND WORKING CAPITAL

The cash balance at the end of April 2018 was £10.89m against planned £6.14m. The favourable variance of £4.76m consists of both NHS Debtors (£1.76m) and the capital cash profile (£0.73m) being behind plan combined with other favourable variances in working capital movements (£2.27m).

The Trust received its first deficit support loan of £3.2m; a further loan application for £1.9m has been submitted to NHSI with an intended draw down date in May 2018. The initial loan is subject to a 1.5% interest charge on a full year basis; all future loans are expected to carry a 3.5% interest charge. All loans will be drawn down monthly in advance of need. There will be no requirement to request an interim deficit loan in June given the current cash balances. The loan requirement will be reviewed on a monthly basis, it has been confirmed if necessary the Trusts can apply retrospectively for previous months deficits.

The Statement of Financial Position detail is provided in Appendix 2

6 CAPITAL POSITION

The planned 2018/19 capital programme for City Hospitals Sunderland totals £5,813k. The actual spend at the end of April 2018 was £142k against a plan to date of £272k, resulting in an underspend of £130k.

The variance primarily related to the IT Global Digital Exemplar scheme (£147k), with spend expected to increase from month two.

City Hospitals Sunderland NHS Foundation Trust 2018/19 Capital Programme						
Programme	**Annual Plan**	**Plan to Date**	**Actual to Date**	**Variance to Date**	**Achieved to Date**	**Forecast Outturn**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Facilities	819	63	141	78	224%	823
Medical Equipment	1,090	40	0	-40	0%	1,090
IT	3,904	169	1	-168	1%	3,904
Total Capital	**5,813**	**272**	**142**	**-130**	**52%**	**5,817**

7 SUMMARY

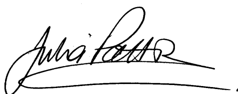
The overall position at the end of April is a deficit of £2,786k compared to a planned deficit of £3,102k or £316k better than plan. This position is before accounting for over/under performance for Clinical Income in April. Although we are only in the early stages of the year the financial position is encouraging.

The Trust needs to ensure that all CIPs need to be developed and fully worked upon in the next two months.

8 RECOMMENDATIONS

The Board is requested to:

- Note the financial position to date



Julia Pattison
Executive Director of Finance

May 2018

Appendix 1

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST
CORPORATE FINANCIAL MONITORING REPORT
SUMMARY TRUST POSITION - MONITOR ANALYSIS
PERIOD ENDED 30TH APRIL 2018/19

Income & Expenditure Position

	Annual	Current Month			Year to Date		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
£m	£m	£m	£m	£m	£m	£m	£m
Income							
NHS Clinical income	-312.57	-24.99	-25.00	-0.01	-24.99	-25.00	-0.01
PBR Clawback/relief	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Private patient income	-0.38	-0.03	-0.03	0.00	-0.03	-0.03	0.00
Non-patient income	-26.96	-2.22	-2.06	0.16	-2.22	-2.06	0.16
Total income	**-339.91**	**-27.25**	**-27.09**	**0.16**	**-27.25**	**-27.09**	**0.16**
Expenses							
Pay Costs	220.55	18.50	18.66	0.16	18.496	18.657	0.16
Drug costs	40.43	3.40	3.31	-0.09	3.40	3.31	-0.09
Other Costs	88.74	7.42	6.96	-0.46	7.45	6.99	-0.46
Total costs	**349.72**	**29.32**	**28.93**	**-0.39**	**29.35**	**28.96**	**-0.40**
Earnings before interest, tax, depreciation & amortisation (EBITDA)	**9.80**	**2.07**	**1.85**	**-0.23**	**2.107**	**1.871**	**-0.24**
Profit/loss on asset disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation	7.05	0.59	0.53	-0.06	0.59	0.53	-0.06
PDC dividend	2.87	0.24	0.24	0.00	0.24	0.24	0.00
Interest	2.02	0.17	0.15	-0.02	0.17	0.15	-0.02
Corporation tax	0.40	0.03	0.03	-0.01	0.00	0.00	0.00
Net surplus (pre exceptionals)	**22.14**	**3.10**	**2.79**	**-0.32**	**3.10**	**2.79**	**-0.32**
Exceptional items							
Net (surplus)/Deficit (post exceptionals)	**22.14**	**3.10**	**2.79**	**-0.32**	**3.10**	**2.79**	**-0.32**

EBITDA Margin	**-2.9%**	**-7.6%**	**-6.8%**		**-7.7%**	**-6.9%**	

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST
TRUST PERFORMANCE SUMMARY

PERIOD ENDED 30TH APRIL 2018

TRUST SUMMARY

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

	Annual Budget £'000s	**Apr actual £'000s**	**Quarter 1 £'000s**	**YTD actual £'000s**	**Plan £'000s**	**Variance £'000s**
Income						
Contract Income	(312,571)	(24,999)	(24,999)	(24,999)	(24,994)	(5)
STF						
Private Patients	(381)	(29)	(29)	(29)	(32)	3
Training and Education Income	(11,518)	(911)	(911)	(911)	(960)	49
Research and Development Income	(1,540)	(116)	(116)	(116)	(128)	12
Other income	(13,869)	(1,025)	(1,025)	(1,025)	(1,129)	104
Interest Receivable	(36)	(5)	(5)	(5)	(3)	(2)
Total Income	**(339,915)**	**(27,085)**	**(27,085)**	**(27,085)**	**(27,246)**	**161**
Expenditure						
Pay	220,549	18,657	18,657	18,657	18,496	161
Clinical Supplies and Services	33,240	2,508	2,508	2,508	2,769	(261)
Drug Costs	40,433	3,309	3,309	3,309	3,403	(94)
Other Costs	55,892	4,482	4,482	4,482	4,685	(203)
Depreciation	7,047	531	531	531	587	(56)
PDC Dividend	2,868	239	239	239	239	
Interest	2,022	146	146	146	169	(23)
Total Expenditure	**362,052**	**29,871**	**29,871**	**29,871**	**30,348**	**(477)**
(Surplus)/Deficit	**22,137**	**2,786**	**2,786**	**2,786**	**3,102**	**(316)**
Cost Improvement Plans	**13,000**	**Tbc**	**Tbc**	**Tbc**	**650**	

Appendix 2

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
STATEMENT OF FINANCIAL POSITION - APRIL 2018

Assets	**Plan As At 30-Apr-18 £m**	**Actual As At 30-Apr-18 £m**	**Variance £m**
Assets, Non-Current:			
Intangible Assets	5.311	5.100	
Property, Plant and Equipment	142.577	142.555	
Trade and Other Receivables	0.969	1.145	-0.176
Assets, Non-Current, Total	148.857	148.800	
Assets, Current:			
Inventories	6.400	5.894	0.506
Trade and Other Receivables:			
NHS Trade and Other Receivables	16.118	14.353	1.765
Non NHS Trade and Other Receivables	7.033	6.956	0.077
Trade and Other Receivables, Total	23.151	21.309	
Cash and Cash Equivalents:			
Government Banking Service & Invested	1.500	7.349	
Commercial Bank account	4.647	3.546	
Cash and Cash Equivalents, Total	6.147	10.895	4.748
Assets, Current, Total	35.698	38.098	
ASSETS, TOTAL	**184.555**	**186.898**	

Liabilities

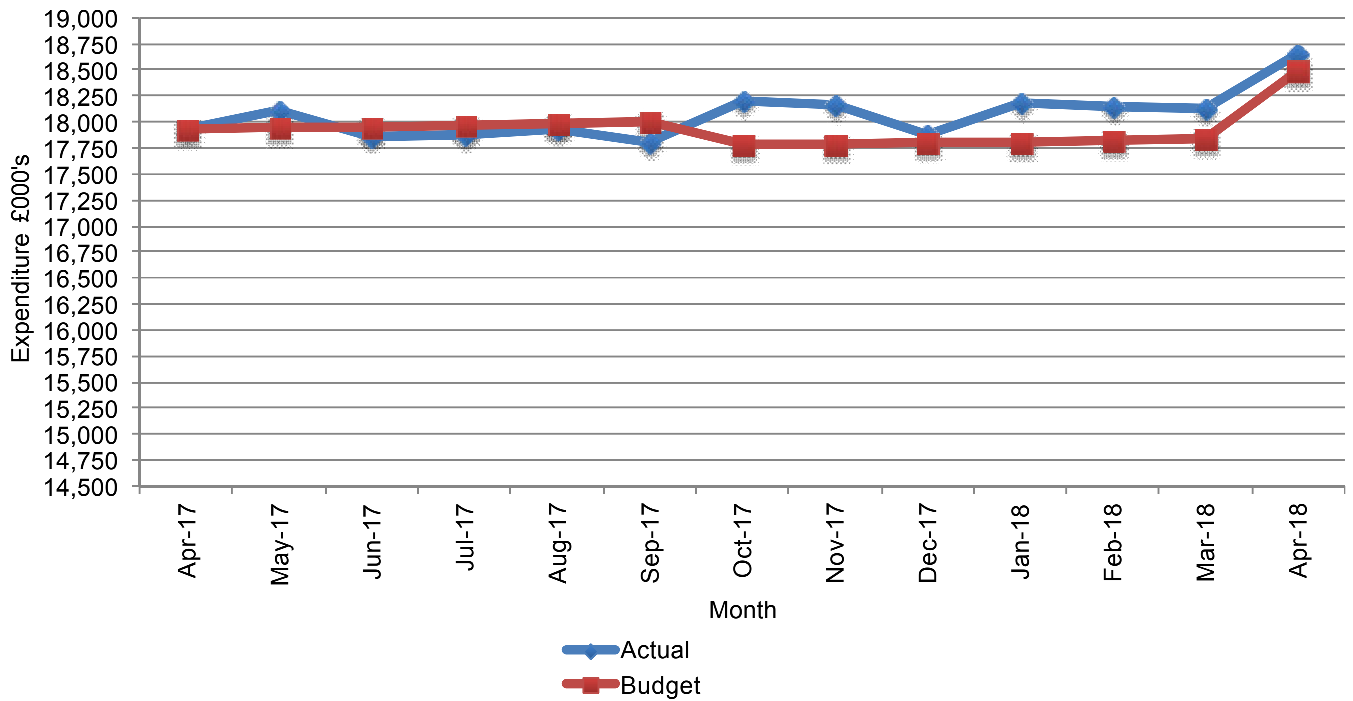
Liabilities, Current:			
Interest-Bearing Borrowings, Total			
Loans, non-commercial, Current (DH, FTFF, NLF, etc)	-3.273	-3.273	0.000
Interest-Bearing Borrowings, Total	-3.273	-3.273	
Deferred Income	-1.665	-1.828	0.163
Provisions	-0.244	-0.267	0.023
Trade and Other Payables:			
Trade Payables, Current	-32.439	-32.758	0.319
Other Financial Liabilities	-0.583	-0.409	-0.174
Capital Payables, Current	-0.272	-1.001	0.729
Trade and Other Payables,Total	-33.294	-34.168	
Liabilities, Current, Total	-38.476	-39.536	
NET CURRENT ASSETS (LIABILITIES)	-2.778	-1.438	
Liabilities, Non-Current			
Interest-Bearing Borrowings:			
Loans, Non-Current, non-commercial (DH, FTFF, NLF, etc)	-52.422	-52.422	0.000
Loans, Non-Current, commercial	0.000	0.000	0.000
Interest-Bearing Borrowings,Total	-52.422	-52.422	
Provisions, Non-Current	-0.701	-0.701	0.000
Liabilities, Non-Current, Total	-53.123	-53.123	
TOTAL ASSETS EMPLOYED	**92.956**	**94.239**	

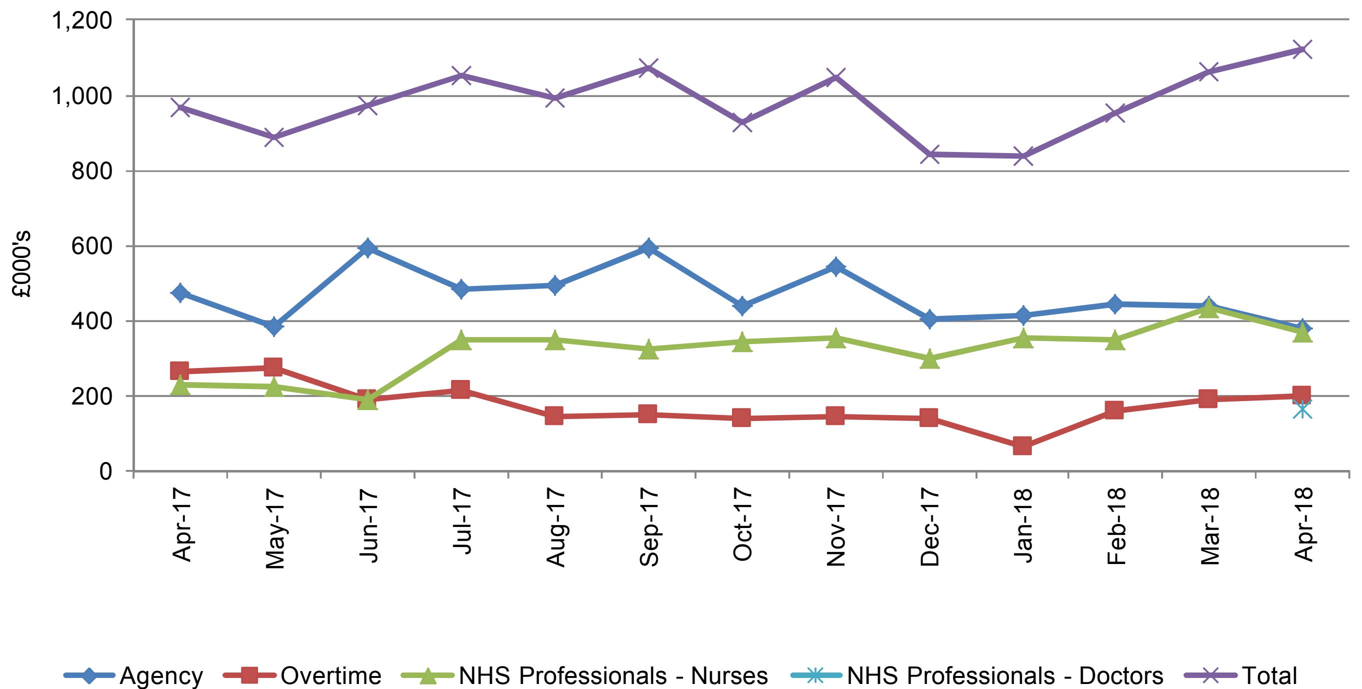
Taxpayers' and Others' Equity

Taxpayers' Equity		
Public Dividend Capital	104.289	104.289
Revaluation Reserve	27.603	26.100
Retained Earnings	-38.936	-36.150
TAXPAYERS' EQUITY, TOTAL	**92.956**	**94.239**
	0.000	0.000

Appendix 3

PAY





CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF FINANCE

BOARD OF DIRECTORS

MAY 2018

FINAL 2017/18 BUDGET SETTING PAPER

1 INTRODUCTION

This paper provides an update to the budget setting paper presented in January 2018.

2 CONTROL TOTAL 2018/19

In line with the past 2 financial years an income and expenditure position ‘control total’ requirement has been set for all Foundation Trusts by NHS Improvement as a condition of Sustainability and Transformational Programme (STP) funding.

The Trust has been allocated a general element of the Sustainability and Transformation Fund (STF) of £12.990m for 2018/19. The funding is again subject to agreeing a number of conditions placed upon the Trust including accepting a control total deficit of £1.670m in 2018/19. As part of the Annual Plan submission the Trust confirmed it would be unable to meet the control total and therefore will not be eligible to receive the STF funding.

The Annual Plan submission on 30th April 2018 detailed a plan which was significantly short of the required control total. Based on clinical contract offers from commissioners and the level of expenditure required to deliver services a CIP to the level of c£24m would have been required by the Trust in year to achieve the necessary financial position to gain access to STF funding. Historically the Trust has delivered CIP’s of around £13m each year and therefore has not accepted the conditions associated with the STP funding. The final annual plan for 2018/19 showed a financial position for the year of £22.137m deficit. In order to achieve the plan based on known information for clinical contracts and costs for the upcoming period requires the Trust to deliver a CIP of £13.0m within 2018/19.

3 2018/19 CLINICAL CONTRACTS

Local and national economic health service pressures have meant the 2018/19 contracting process has once again been extremely complex and challenging. Despite this the Trust had agreed clinical contracts with all commissioners for 2018/19 by the end of March 2018.

The total plan for Clinical Income for 2018/19 is £312.5m (2017/18 the plan was £313.5m & 2017/18 actual outturn £318.6m)

The nature of each contract for 2018/19 is detailed below by key commissioner or group of commissioners. The type of contract has an impact on the clinical income budget plus the actual income received at both Trust wide and Directorate level, and it is essential the senior staff within the Trust have a clear understanding of the clinical contracts in place for 2018/19. The main change between years is that the Durham CCG’s (DDES & North Durham) are now on a block as opposed to a PbR basis in 2017/18.

3.1 SUNDERLAND CCG, SOUTH TYNESIDE CCG, DURHAM CCG's

2018/19 Contracts – block

The following Commissioners are on a full block agreement for 2018/19, (this includes pass through items such as high cost drugs), apart from for Bariatrics, which remains on a PbR basis, due to the continued risk share between NHSE & CCG's for this during 2018/19.

- Sunderland CCG contract value for 2018/19 is £174.8m, this compares to the final contract value of £176.0m in 2017/18, the decrease into 2018/19 is largely linked to removal of non-recurrent funding from prior years, removal of 6 months of income for some services under review & a large increase in the defund associated emergency threshold rule due to an increase in Non-Elective Activity.

- South Tyneside CCG contract value for 2018/19 is £26.0m, this compares to a final contract value of £23.8m in 2017/18, due to an increase in funding of ophthalmology drugs & some increases in activity.

- DDES CCG contract value for 2018/19 is £35.9m, this compares to a final contract value of £35m in 2017/18, with a final agreed outturn for 2017/18 of £35.9m.

- North Durham contract value for 2018/19 is £16.6m, this compares to a final contract value of £16.3m in 2017/18, with a final agreed outturn for 2017/18 of £16.4m.

3.2 NEWCASTLE/ GATESHEAD CCG, HAST CCG, SOUTH TEES CCG & NORTHUMBERLAND CCG

2018/19 PbR Contracts

All contracts with these commissioners are on PbR basis, therefore any under/over performance will be transacted accordingly, final agreed 2018/19 contract value were in line with expectations. Northumberland is a new contract for 2018/19, previously having been part of Non-Contracted Activity (NCAs).

3.3 NHSE SPECIALISED COMMISSIONERS

Contracts for NHSE commissioners, including Dental are on a PbR basis and therefore the transactions will be in line with previous years. Offender Health remains on a block contract, although at a lower value than last year.

3.4 OTHER CLINICAL CONTRACTS

Sunderland local authority will be on a block contract this value of approximately £2.4m remains a fair value for both organisations.

All other commissioner contracts for 2018/19 are on a PbR basis and will be transacted as per prior years. The plans for NCAs, Hep C drugs Cancer Drug Fund and AQP have been based on 2017/18 forecast out turn. NCA's have been reduced to take out the impact of Northumberland CCG joining the contract.

4 CLINICAL INCOME BUDGETS AND ACTUAL PERFORMANCE

2018/19 Budget Setting

Directorate budgets for clinical income will be set using commissioner demand plans.

2018/19 Actual income monitoring

Actual income allocated to area on a monthly basis will be as per PbR, therefore exactly the same as previous years. This will provide visibility at a local area on deviations from the contract in place for the year, even for those Commissioners on block contracts.

Over performance against Sunderland, CCG,South Tyneside CCG contracts & Durham CCG's will not be funded, therefore to manage this risk regular monthly reports and contracting meetings with directorates will include specific information on variations from contract to ensure active demand is managed at the earliest stage possible.

5 EXPENDITURE IMPACT FOR CLINICAL CONTRACTS

At this stage the impact of clinical income movements year to year for specialities is still being finalised. However key pricing changes in a number of clinical areas plus the removal of one off and block funding will result in significant expenditure retraction from clinical areas rather than growth funding as has been the case in prior years.

The Trust will share the details of this financial impact with clinical areas however in order to avoid destabilising services and retracting expenditure budgets this will not be transacted unless funding for a specific service has been ceased by commissioners. The balance for the organisation of not transacting retraction needs to be that any requests for growth funding will be on a case by case basis.

6 2018/19 BUDGET SETTING POSITION

6.1 Income Budgets

Overall the Trust budgets must align with the final annual plan submitted to Monitor on 30th April 2018

Whilst this does represent a risk, our annual plan value and therefore internal budgets will be based on the Trusts view of what income should be received in 2017/18.

Non-clinical income budgets such as Training and Education, Research and Development and Other Income were based on known information at the point of annual plan submission or the Trust view of what income should be received in year.

6.2 Expenditure Budgets

The timing of annual planning submissions and detailed commissioning intentions has an impact on expenditure modelling therefore a number of assumptions needed to be made on the best information available.

Where possible the above expenditure budgets have been moved to clinical areas, however delays mean some aspects will be accounted for during quarter one.

Key expenditure budget calculations at Trust level:

Adjustments to 2017/18:

- Recurrent 2017/18 budgets
- Removal of one off costs
- Increases/decreases to reflect 2017/18 out turn
- Virements to 'cleanse' 2017/18 or to reflect new items in 2018/19
- Addition/Removal for the full year effect of CIPs and/or non-recurrent 2017/18 CIPs

2018/19 Specific adjustments:

- Inflationary uplifts in line with national guidance from prior years, including 1.5% for pay. Any additional pay award agreed over and above this is expected to be met via additional external funding.
- Pay increment funding has not been allocated to areas, although a Trust provision has been made.

- Nursing pay budgets remain at previously approved safe staffing levels
- Non pay inflation has not been allocated to areas, although a Trust provision has been made. This is a change to prior years and has been required to ensure a small provision for service changes in 2018/19 contracts.
- NHS Resolution (formerly CNST) decrease. This is £1.8m lower than 2017/18, including the 10% maternity incentive.
- Full year impact costs of Trust investments in improving patient care
- Increased costs to align to clinical activity increases, for example full year effect for the Stroke services transfer.
- Funding of known new pressure changes since 2017/18 such as rate increases
- Capital charge adjustment in line with ITFF loans interest payment schedules, depreciation for recent new builds and the impact of the revision to the MEA revaluation model.
- CIPs to the level of £12.2m for expenditure have been removed (note £0.8m under revenue generation)
- No estimate for the impact of service change (e.g. Redundancy costs) have been included
- The recognition of some budget pressures including approved business cases
- Income and expenditure category adjustments to reflect the group accounting position for CHOICE.

6.3 COST IMPROVEMENT PLANS

The Trust CIP target for 2018/19 is £13.0m; at this stage plans with varying degrees of deliverability risk are £10.2m. Divisional CIP plans are in the process of being formally approved through Finance Delivery Meetings and will be available once approved.

The CIP profile for 2018/19 across the quarters has been set in line with the STP funding profiles

Q1 - 15%
Q2 - 20%
Q3 - 30%
Q4 - 35%

6.4 SUMMARY BUDGET SETTING POSITION

After taking account of all of the relevant issues to develop the 2018/19 budget, the total net budget is a £22.137m deficit. This falls short of achieving the required NHS Improvement control total of £1.670m deficit for the year, even after assuming delivery of £13.0m CIP.

The consolidated group position is for a deficit budget of £22.137m, this is made up from a deficit in City Hospitals Sunderland of £24.698m plus a surplus in CHOICE of £2.561m.

The attached appendices detail the current budget position at Divisional level for City Hospitals Sunderland.

CHOICE budgets for 2018/19 have been approved via their own governance approval processes.

The position is summarised in the table below

	2018/2019 Final plan £000s
Income	-339,914
Costs	362,051
Overall Position Deficit(Excl STF)	**22,137**
Control Total target deficit (excl. STF)	11,237
Distance from Control total (excl. STF)	**10,900**
Donated asset adjustment	**0**
Revised Distance from Control Total (excl.STF)	**10,900**
STF Funding level available for the Trust	12,990
STF Funding gained	0

7 BUDGET SETTING PROFILE

Under Clinical Income, elective admissions are profiled on adjusted working days and non-elective is in line with last two year's actual performance. Outpatient income, including some elements of miscellaneous contract has also been profiled on adjusted working days. Other income is generally profiled on an even profile.

Pay costs and non-pay costs are generally profiled evenly over the year, exceptions to this relate to energy costs and rates. Pay enhancements and increments have been profiled when they are incurred in 2018/19 rather than equally across the year, this will allow the trusts pay position to be monitored against a more accurate budget. In addition CIPs have been profile in line with STF funding profiles

8 CASH

Cash has been profiled in line with the annual plan submitted to NHSI. Closing cash for 2017/18 was £7.38m, and current planning estimates the cash balance at the end of 2018/19 is estimated to be £5.21m.

Since the Trust will not have sufficient levels of cash necessary to pay its staff and suppliers. The Trust has therefore applied for interim cash support from the Department of Health via NHSI. The Trust's Board of Directors approved an application in February 2018 and this has subsequently been approved by NHSI with an initial cash draw down funds in April 2018. The total level of support required during 2018/19 is expected to be £12.1m, it should however be noted that the worst case scenario could be a requirement of £26m if some CIP schemes are not cash releasing.

9 CAPITAL

Capital schemes are approved via Capital Development Steering Group (CDSG), plans total £5.8m for 2018/19. The key value is linked to the Trusts' Global Digital Exemplar project. There has been £1m allocated to the medical equipment replacement programme in 2018/2019.

	2018/19		
Group	**Ext / Finance Funded**	**Int Funded**	**Total**
	£000	£000	**£000**
Capital Facilities	0	819	**819**
Capital Medical	0	1,090	**1,090**
Capital IT	2,200	1,704	**3,904**
Total	**2,200**	**3,613**	**5,813**

10 RISKS

The key financial risks facing the organisation in 2018/19 are expected to be significant. The Trust ended the 2017/18 financial year with a small operational surplus and whilst this was better than planned never the less was heavily dependent upon the receipt of STF 'incentive' funds which may not be available in 2018/19. The submitted plan for the year starts with the closing surplus position adjusted for non-recurrent items (such as STF) and new costs, offset by cost improvement plans (CIPs) of £13million. The Control Total before assumed STF is a £11.2million deficit compared to £15million in 2017/18, therefore an expected improvement of £3.8million. After taking account of these assumptions there remains a gap of £10.9million between the forecast position and the proposed control total. As a consequence the Board have submitted the plan for the year reflecting their view that the control total cannot be achieved. There is an acknowledgement that this means that the Trust will not have access to the additional STF income stream which equates to a loss of £12.99million.

As a consequence of the underlying deficit, the Trust faces challenges in relation to cash. The Trust has had a gradually reducing cash balance over the last few years, and during 2018/19 will be accessing working capital loans to support the underlying position. This has been factored into the plan, including the interest payments required.

The development of the financial recovery plan is crucial to the longer term sustainability of the Trust. At this stage the financial opportunities as a result of this work are yet to be quantified and therefore there is a risk that the service review work will not deliver the longer term financial sustainability needed. Conversely there are minimal assumptions around additional savings in 2018/19 above the 'traditional' cost improvement assumptions, and therefore any additional opportunities could improve the in-year position.

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.
The risks to the Trust at this stage are vast and the single biggest concern is the recurrent underlying deficit, driving the immediate shortfall of cash.

11 OPPORTUITIES

Given the financial pressures facing STFT, CHSFT and local commissioners there is a recognition and acceptance that the traditional approach to costs savings, will not deliver the savings required over the coming years.

The local healthcare partners (STFT, CHSFT, Sunderland CCG and South Tyneside CCG) with support from local authority colleagues have committed to, and are working together to develop a sustainable financial recovery plan.

This overall plan will cover the geographies of South Tyneside and Sunderland, both in and out of hospital.

A series of system wide clinical engagement events have been held to discuss how the system can be transformed to deliver better outcomes, whilst using our resources more effectively. The outputs from these events are helping to shape and develop new ways of working and a new governance framework is being produced to oversee the delivery of the plan. This will build on the work that the local health system has been developing, individually and collectively and covers existing transformation programmes such as the ‘Path to Excellence’ across both Trusts, the MCP work led by Sunderland CCG and Alliancing approach led by South Tyneside CCG, and brings this work together into a common governance structure across all partners.

12 CONTRACTS LIST

A list of anticipated contracts over £200k for both City Hospitals Sunderland and CHOICE is attached in Appendix 8 in compliance with Standing Financial Instructions. This is based on actual spend in 2017/18 or expected spend in 2018/19 and covers costs for the ‘group’ City Hospitals Sunderland plus CHOICE

13 RECOMMENDATIONS

The Board of Directors is requested to:

- Note the details in this paper
- Approve the principles in this paper.

Julia Pattison
Director of Finance
May 2018

List of Appendices

No.	Title of Appendix	Links to other Appendices
1.	Group Consolidated Position Source & Application of Funds	App 2 and 3 combined
2.	CHS Business Unit Position Source & Application of Funds	Agrees to App 1, 5a, 6a, 6b & 6c
3.	CHOICE Business Unit Position Source & Application of Funds	Agrees to App 1, & 5b
4.	Group intra business unit transactions that net off to gain group position	Links to app 1
5a.	CHS Business Unit Summary reconciliation from 2017/18 final budget to 2018/19 budget	Agrees to App 1 & 2
5b.	CHOICE Business Unit Summary reconciliation from 2017/18 final budget to 2018/19 budget	Agrees to App 1 & 3
6a, 6b & 6c	CHS Business Unit Detailed budget position by Divisional areas – Income, Pay and Non Pay	Agrees to App 2 and 5a
7.	Group income and expenditure monthly profiles	
8.	Group list of anticipated contracts over £200k for 2018/19	
9	Group revised cash profile for 2018/19	

CITY HOSPITALS SUNDERLAND NHS TRUST
OPENING INCOME AND EXPENDITURE POSITION 2018/19

CITY HOSPITALS SUNDERLAND NHS TRUST

REVENUE BUDGET 2018/19	Group Position Budget 2017/18	CHS 2018/19	CHOICE 2018/19	Removal of Intra-group Transactions 2018/19	Group Position Budget 2018/19
INCOME	**£'000**	**£'000**	**£'000**		**£'000**
NHS CLINICAL INCOME	-313,576	-312,570	0	0	-312,570
NON-NHS CLINICAL INCOME - (PRIVATE PATIENTS)	-345	-381	0	0	-381
OTHER INCOME					
Training and Education	-11,499	-11,518	0	0	-11,518
Research and Development	-1,476	-1,540	0	0	-1,540
Other Income	-14,035	-17,309	-48,010	51,452	-13,868
Interest Receivable	-43	-1,095	-199	1,258	-36
STF Funding	-9,237	0	0	0	0
TOTAL INCOME	**-350,211**	**-344,414**	**-48,209**	**52,710**	**-339,914**
EXPENDITURE					
Pay	214,604	206,762	13,904	-117	220,549
Clinical Supplies	32,181	23,696	9,544	0	33,240
Drugs	37,625	41,500	3,828	-4,896	40,432
Other non pay	56,348	85,422	16,910	-46,438	55,893
Capital Charges/PDC	13,370	9,912	3	0	9,915
Interest Payable	1,827	1,820	1,460	-1,258	2,022
TOTAL EXPENDITURE	**355,955**	**369,112**	**45,648**	**-52,710**	**362,050**
NET POSITION	**5,744**	**24,697**	**-2,561**	**0**	**22,137**

CITY HOSPITALS SUNDERLAND NHS TRUST
OPENING INCOME AND EXPENDITURE POSITION 2018/19

CITY HOSPITALS SUNDERLAND NHS TRUST

REVENUE BUDGET 2018/19	BASELINE 2017/18	BASELINE 2018/19
INCOME		
	£'000	£'000
NHS CLINICAL INCOME	-313,576	-312,570
NON-NHS CLINICAL INCOME - (PRIVATE PATIENTS)	-345	-381
OTHER INCOME		
Training and Education	-11,499	-11,518
Research and Development	-1,476	-1,540
Other Income	-17,871	-17,309
Interest Receivable	-1,062	-1,095
STF Funding	-9,237	0
TOTAL INCOME	**-355,066**	**-344,414**
EXPENDITURE		
Pay	206,245	206,762
Clinical Supplies	32,181	23,696
Drugs	39,511	41,500
Other non pay	68,616	85,422
Capital Charges/PDC	13,311	9,912
Interest Payable	1,608	1,820
TOTAL EXPENDITURE	**361,472**	**369,112**
NET POSITION	**6,406**	**24,697**

CHOICE
OPENING INCOME AND EXPENDITURE POSITION 2018/19

CHOICE

REVENUE BUDGET 2018/19 INCOME	BASELINE 2017/18 £'000	BASELINE 2018/19 £'000
NHS CLINICAL INCOME	0	0
NON-NHS CLINICAL INCOME - (PRIVATE PATIENTS)	0	0
OTHER INCOME		
Training and Education	0	0
Research and Development	0	0
Other Income	-31,908	-48,010
Interest Receivable	-219	-199
TOTAL INCOME	**-32,127**	**-48,209**
EXPENDITURE		
Pay	8,039	13,904
Clinical Supplies	2,378	9,544
Drugs	2,913	3,828
Other non pay	16,675	16,910
Sub Contracts	0	0
Capital Charges/PDC	59	3
Interest Payable	1,401	1,460
TOTAL EXPENDITURE	**31,465**	**45,648**
NET POSITION	**-662**	**-2,561**

CITY HOSPITALS SUNDERLAND NHS TRUST
OPENING INCOME AND EXPENDITURE POSITION 2018/19

CITY HOSPITALS SUNDERLAND NHS TRUST

REVENUE BUDGET 2018/19	Pharmacy charges from Choice to CHS 2018/19	Pharmacy charges from CHS to Choice 2018/19	CFS - Unitary Charges to CHS 2018/19	CFS - Release of creditor 2018/19	CFS SLA with CHS 2018/19	CHOICE Mgt SLA with CHS 2018/19	Interest adjustments CFS to CHS loan interest 2018/19	Group Position 2018/19
INCOME	£000's	£000's	£000's	£000's		£000's	£000's	£000's
NHS CLINICAL INCOME	0						0	0
NON-NHS CLINICAL INCOME - (PRIVATE PATIENTS)							0	0
OTHER INCOME								
Training and Education							0	0
Research and Development							0	0
Other Income	4,896	504	42,538	3,172	224	117	0	51,452
Interest Receivable							1,258	1,258
TOTAL INCOME	**4,896**	**504**	**42,538**	**3,172**	**224**	**117**	**1,258**	**52,710**
EXPENDITURE								
Pay						-117	0	-117
Clinical Supplies							0	0
Drugs	-4,896						0	-4,896
Other non pay		-504	-42,538	-3,172	-224	0	0	-46,438
Sub Contracts							0	0
Capital Charges/PDC							0	0
Interest Payable							-1,258	-1,258
TOTAL EXPENDITURE	**-4,896**	**-504**	**-42,538**	**-3,172**	**-224**	**-117**	**-1,258**	**-52,710**
NET POSITION	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

City Hospitals Sunderland NHS Foundation Trust Budget Setting - 2018/19

OPENING INCOME AND EXPENDITURE POSITION 2018/19

	Clinical Income	STP	Other Income	Interest Rec'ble	**Total Income**	Pay	Drugs	Clinical Supplies	Non Pay	Capital Charges	**Total Expenditure**	**Net Position**
	£	£	£		**£**	£	£	£	£	£	**£**	**£**
2018/19 Recurrent Budget	**-314,116**		**-32,289**	**-36**	**-346,441**	**209,245**	**39,510**	**32,182**	**68,612**	**14,919**	**364,469**	**18,027**
Alignment to opening position annual plan 2018/19	**1,859**		**1,167**		**3,026**	**-2,624**	**995**	**846**		**-3,422**	**-4,205**	**-1,179**
Virements												
Virements - Surgery			-31		**-31**	154	-306	197	-15		**31**	
Virements - Medicine			83		**83**	633			-716		**-83**	
Virements - Family care												
Virements - Theatres			46		**46**			-13	-33		**-46**	
Virements - CS			137		**137**	-102	-33	38	-40		**-137**	
Virements - Facilities												
Virements - Estates												
Virements - THQ												
Virements - Reserves												
Net Outturn Budget												
Opening 2018/19 Budgets	**-312,258**		**-30,887**	**-36**	**-343,180**	**207,307**	**40,166**	**33,250**	**67,808**	**11,497**	**360,028**	**16,848**
Income inflation at 0.1%	-312		-23		**-335**							**-335**
FYE increments												
Pay Inflation and Increments (@ 1.5% per national guidance)						3,304					**3,304**	**3,304**
APPRENTICE Levy @ 0.5%												
Non Pay Inflation (Drugs 2.8%, other 1.8% exc. CNST)							1,124	613	819		**2,556**	**2,556**
CNST Increase												
Clinical Income changes:												
Change from Lucentis to Avastin												
Renal service growth												
Match to clinical contracts/Annual Plan							855				**855**	**855**
Changes in Specialised commissioning												
Other changes:												
DTC			-98		**-98**	633	77	947	-1,154		**503**	**405**
Internal Audit Virements												
CHOICE Impacts												
Increase in Unitary Charge									16,786		**16,786**	**16,786**
G4S Transfer to CHOICE									-4,426		**-4,426**	**-4,426**
SLA charges								-9,544	9,544			
CFS Benefit to CHS reduction in Unitary charge												
Income Target in CHS for SLA with CHOICE												
Loan Interest Income from CFS to CHOICE												
Income target for release of creditor from CHOICe to CHS												
Other												
Divisional Pressures												
Safeguarding posts						81					**81**	**81**
Renal Dialysis (home/Growth/water treatment plant)						60	184	403	153		**800**	**800**
Shared Decision making CQUIN posts						65					**65**	**65**
Cath Lab Operating Pressure								50			**50**	**50**
Maint Contract for ED CT and Mobile PF								77			**77**	**77**
Remove BAHA Costs								-260			**-260**	**-260**
Digital Exemplar costs									300		**300**	**300**
Increase in Corp Tax estimate									100		**100**	**100**
Diagnostic Growth estimate									466		**466**	**466**
Rates Increases									177		**177**	**177**
CQC Increase									4		**4**	**4**
Interest on loan										200	**200**	**200**
Reduction in CNST Costs Incl Maternity									-1,825		**-1,825**	**-1,825**
Consultancy Fees									120		**120**	**120**
Urology Sustainability Business case extra Theatre ISLA sessions and Prep staff and SSD						149		131			**280**	**280**
Med staff Cardiology						169					**169**	**169**
Transfer team Nursing						182					**182**	**182**
Adult A & E						163					**163**	**163**
Medical Staff A & E						113					**113**	**113**
Medical Staff Emergency Care						590					**590**	**590**
IAU						149					**149**	**149**
Paeds A & E Nurses 3 appointed at risk						96					**96**	**96**
Church view Retraction						-702	-13	-6	-95		**-816**	**-816**
Familiar Hypercholestemia retraction						-37					**-37**	**-37**
Biosimilar Pharmacist						72					**72**	**72**
Phoenix staff re activity growth						67					**67**	**67**
Stroke Business Case						877	108	35	166		**1,186**	**1,186**
Sunderland University Nurse placements coordinator						65					**65**	**65**
Medical staff Paeds						239					**239**	**239**
Communications Budget re approved paper						120			41		**161**	**161**
Ophthalmology Depreciation re donated assets										35	**35**	**35**
Centennial uplift									150		**150**	**150**
Central Provisions/Commitments:												
Depreciation & PDC												
Interest												
PMO Provision												
CQUIN/Penalties provision												
CIP target			-800		**-800**	-7,000	-1,000	-2,000	-2,200		**-12,200**	**-13,000**
CIP in CHOICE												
STP funding												
Stretch target												
TOTAL ADJUSTMENTS	**-312**		**-921**		**-1,233**	**-546**	**1,335**	**-9,554**	**19,126**	**235**	**10,596**	**9,362**
TOTAL 18/19 BUDGET	**-312,570**		**-31,808**	**-36**	**-344,414**	**206,761**	**41,501**	**23,696**	**86,934**	**11,732**	**370,624**	**26,210**

CHOICE Budget Setting - 2018/19

OPENING INCOME AND EXPENDITURE POSITION 2018/19

	Clinical Income £000's	Other Income £000's	**Total Income** £000's	Pay £000's	Drugs £000's	Clinical Supplies £000's	Non Pay £000's	Capital Charges/Interest £000's	**Total Expenditure** £000's	**Net Position** £000's
2017/18 Recurrent Budget		**-31,788**	**-31,788**	**8,039**	**2,917**		**18,654**	**1,516**	**31,126**	**-662**
Virements										
Virements - Pharmacy Unit										
Virements - CFS										
Virements - General Management		-339	**-339**		-4	2,378	-1,979	-56	**339**	
Opening 2018/19 Budgets		**-32,127**	**-32,127**	**8,039**	**2,913**	**2,378**	**16,675**	**1,460**	**31,465**	**-662**
Inflation impacts										
Income inflation at 0.1% - managed via contract		-37	**-37**							**-37**
Pay Inflation and Increments (@ 1.6% per national guidance) only 1% funded				125					**125**	**125**
APPRENTICE Levy @ 0.5%										
Non Pay Inflation (Drugs 2.8%, other 1.8% exc. CNST)					82		62		**144**	**144**
Other changes:										
G4S back in house		135	**135**	4,426			-4,729		**-303**	**-168**
DTC		-1,387	**-1,387**	115			1,135		**1,250**	**-137**
Supplies and contracting team transfer				750					**750**	**750**
Transfer of security staff/Porters & other adjustments		-759	**-759**	449					**449**	**-310**
Increased drugs activity level		-955	**-955**		830	10			**840**	**-116**
Other				41	4			3	**48**	**48**
Rates/Energy Adj		-177	**-177**				106		**106**	**-71**
Procurement to CHOICE		-12,902	**-12,902**			7,156	4,420		**11,576**	**-1,326**
Divisional Pressures										
FYE Management CHOICE costs per Business Case										
Central Provisions/Commitments:										
Cost Improvement Targets										
CIP to manage tariff/inflation				-41			-759		**-800**	**-800**
CIP to align with overall Group CIP target - Pharmacy										
CIP to align with overall Group CIP target - CFS										
TOTAL ADJUSTMENTS		**-16,082**	**-16,082**	**5,865**	**915**	**7,166**	**235**	**3**	**14,183**	**-1,899**
TOTAL 18/19 BUDGET		**-48,209**	**-48,209**	**13,904**	**3,828**	**9,544**	**16,910**	**1,463**	**45,648**	**-2,561**

Appendix 6a

BUDGET SETTING 18/19		SURGERY		MEDICAL		FAMILY CARE		THEATRES		CLINICAL SUPPORT		THQ Divisional		Gen Mgt + Reserves		CHOICE Unitary Charges		TRUST TOTAL		Total
Income 2018/2019	CAT	REC £000'S	NON REC £000's	REC £000'S	NON REC £000's	REC £000'S	NON REC £000's	REC £000'S	NON REC £000's	REC £000'S	NON REC £000's	REC £000'S	NON REC £000's	REC £000'S	NON REC £000's	REC £000'S	NON REC £000's	REC £000'S	NON REC £000's	£000's
Summary by category																				
Contract Income	CI	-127,390	0	-124,343	0	-35,581	0	-7,880	0	-10,538	0	-50	0	-8,334	0	0	0	-314,116	0	-314,116
Private Patients	PP	-198	0	-111	0	-4	0	0	0	-12	0	0	0	-20	0	0	0	-345	0	-345
Training and Education	TE	-1,988	0	-2,910	0	-1,318	0	-820	0	-304	0	-254	0	-3,904	0	0	0	-11,499	0	-11,499
Research and Development	RD	-215	0	-200	0	-208	0	-86	0	-128	0	-696	0	57	0	0	0	-1,476	0	-1,476
Other income	OI	-811	0	-2,096	0	-479	0	-493	0	-4,429	0	-2,663	0	-1,968	-8,681	-5,993	5	-18,933	-8,676	-27,609
Alignment to Opening recurrent Position in 18/19 annualplan	CI													4,437				4,437	0	4,437
Alignment to Opening recurrent Position in 18/19 annualplan	TE													-118				-118	0	-118
Alignment to Opening recurrent Position in 18/19 annualplan	PP													-135				-135	0	-135
Alignment to Opening recurrent Position in 18/19 annualplan	RD													-71				-71	0	-71
Alignment to Opening recurrent Position in 18/19 annualplan	OI													-182	-556			-182	-556	-738
Removal of Unitary Charge	OI															5,993	-5	5,993	-5	5,988
New Unitary Charge	OI															-5,840		-5,840	0	-5,840
Removal of STF re non achievement of control total	OI														9,237			0	9,237	9,237
																		0	0	0
Inflation uplift 0.1%	CI	-127		-124		-36		-8		-11		0		-8				-314	0	-314
Inflation uplift 0.1%	PP			0		0		0		0		0		0				0	0	0
Inflation uplift 0.1%	TE	-2		-3		-1		-1		0		0		-4				-11	0	-11
Inflation uplift 0.1%	RD	0		0		0		0		0		-1		0				-1	0	-1
Inflation uplift 0.1%	OI	-1		-2		0		0		-4		-3		-2				-13	0	-13
																		0	0	0
																		0	0	0
Total per draft annual plan submission Feb 2018																		0	0	0
Contract Income	CI	-127,517	0	-124,468	0	-35,616	0	-7,888	0	-10,549	0	-50	0	-3,905	0	0	0	-309,993	0	-309,993
Private Patients	PP	-198	0	-111	0	-4	0	0	0	-12	0	0	0	-155	0	0	0	-480	0	-480
Training and Education	TE	-1,990	0	-2,913	0	-1,320	0	-821	0	-305	0	-255	0	-4,025	0	0	0	-11,628	0	-11,628
Research and Development	RD	-215	0	-200	0	-208	0	-86	0	-128	0	-697	0	-14	0	0	0	-1,548	0	-1,548
Other income	OI	-812	0	-2,099	0	-479	0	-493	0	-4,434	0	-2,665	0	-2,152	0	-5,840	0	-13,122	0	-13,122
																		0	0	0
Adjustments to budgets																		0	0	0
Virements Contract Income	CI																	0	0	0
Virements PP Income	PP																	0	0	0
Virements Training and Education Income	TE																	0	0	0
Virements R & D	RD	-10								15								5	0	5
Virements Other Income	OI	-22		83				46		122								230	0	230
																				0
Summary Budget position post Virements																				
Contract Income	CI	-127,517	0	-124,468	0	-35,616	0	-7,888	0	-10,549	0	-50	0	-3,905	0	0	0	-309,993	0	-309,993
Private Patients	PP	-198	0	-111	0	-4	0	0	0	-12	0	0	0	-155	0	0	0	-480	0	-480
Training and Education	TE	-1,990	0	-2,913	0	-1,320	0	-821	0	-305	0	-255	0	-4,025	0	0	0	-11,628	0	-11,628
Research and Development	RD	-225	0	-200	0	-208	0	-86	0	-113	0	-697	0	-14	0	0	0	-1,543	0	-1,543
Other income	OI	-834	0	-2,016	0	-479	0	-447	0	-4,311	0	-2,665	0	-2,152	0	-5,840	0	-18,745	0	-18,745
Adjustments for Final Annual Plan																				
Clinical Income	CI	5,188		-6,552		737		188		1,000		-7,043		3,905				-2,577	0	-2,577
PP Aligned to Outturn	PP													99				99	0	99
Removal of one off TE funding	TE													110				110	0	110
R & D Balance to outturn	RD													3				3	0	3
OI CIP per annual Plan	OI													-800				-800	0	-800
OI Re annual Plan	OI													633				633	0	633
DTC Additional Car parking income	OI	-131	33															-131	33	-98
Remove Donated asset income	OI													604				604	0	604
Summary per final Annual Plan																				
Contract Income	CI	-122,329	0	-131,020	0	-34,879	0	-7,700	0	-9,549	0	-7,093	0	0	0	0	0	-312,570	0	-312,570
Private Patients	PP	-198	0	-111	0	-4	0	0	0	-12	0	0	0	-56	0	0	0	-381	0	-381
Training and Education	TE	-1,990	0	-2,913	0	-1,320	0	-821	0	-305	0	-255	0	-3,915	0	0	0	-11,518	0	-11,518
Research and Development	RD	-225	0	-200	0	-208	0	-86	0	-113	0	-697	0	-11	0	0	0	-1,540	0	-1,540
Other income	OI	-964	33	-2,016	0	-479	0	-447	0	-4,311	0	-2,665	0	-1,715	0	-5,840	0	-18,438	33	-18,405
Allocate CIP To division	OI	-5				-180	-56			-71	-61			256	117			0	0	0
Final Position																				
Contract Income	CI	-122,329	0	-131,020	0	-34,879	0	-7,700	0	-9,549	0	-7,093	0	0	0	0	0	-312,570	0	-312,570
Private Patients	PP	-198	0	-111	0	-4	0	0	0	-12	0	0	0	-56	0	0	0	-381	0	-381
Training and Education	TE	-1,990	0	-2,913	0	-1,320	0	-821	0	-305	0	-255	0	-3,915	0	0	0	-11,518	0	-11,518
Research and Development	RD	-225	0	-200	0	-208	0	-86	0	-113	0	-697	0	-11	0	0	0	-1,540	0	-1,540
Other income	OI	-969	33	-2,016	0	-659	-56	-447	0	-4,382	-61	-2,665	0	-1,459	117	-5,840	0	-18,438	33	-18,405
Final per budget setting paper		-125,712	33	-136,260	0	-37,071	-56	-9,053	0	-14,361	-61	-10,710	0	-5,441	117	-5,840	0	-344,448	33	-344,414

BUDGET SETTING 18/19	SURGERY		MEDICINE		Family Care		Theatres		CLINICAL SUPPORT		THQ Division		RESERVES & CAPITAL		H.Q. MANAGEMENT		CHOICE Unitary Charges		TRUST TOTAL		Total
Pay 2018/2019	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	NON	TOTAL	TOTAL	TOTAL	TOTAL	REC	NON REC	REC	NON REC	REC	NON REC	REC	NON REC	
	REC £000's	NR £000's	REC £000's	NR £000's	REC £000's	NR £000's	REC £000's	NR £000's	REC £000's	NR £000's	REC £000's	NR £000's	REC £000's	NR £000's	REC £000's	NR £000's	REC £000's	NR £000's	REC £000's	NR £000's	
Total to Month 11	**47,052**	**0**	**66,767**	**0**	**23,858**	**0**	**25,825**	**0**	**27,229**	**0**	**16,417**	**0**	**1,382**	**0**	**0**	**0**	**715**	**0**	**209,245**	**0**	**209,245**
Post Mnth 11 Adjustments																			**0**	**0**	0
																			0	**0**	0
Annual Plan Adjustments																			**0**	**0**	0
G4S coming back in house													3,218						**3,218**	**0**	3,218
Inflation @ 1.5%													3,304						**3,304**	**0**	3,304
High level CRP													-3,500			-3,500			**-3,500**	**-3,500**	-7,000
FYE for 17/18													1,099						**1,099**	**0**	1,099
Add back one off costs 17/18													-1,244						**-1,244**	**0**	-1,244
FYE 17/18 Increments													250						**250**	**0**	250
FYE Radiographers Recruited in 17/18													97						**97**	**0**	97
FYE GDE costs													250						**250**	**0**	250
FYE New staff costs													502						**502**	**0**	502
Renal Dialysis service Growth													17						**17**	**0**	17
Shared Decision making CQUIN Posts													65						**65**	**0**	65
Cancel out CHOICE Unitary Charge																	-715		**-715**	**0**	-715
CHOICE New Unitary Charge																	49		**49**	**0**	49
Costs inline with Outturn													427						**427**	**0**	427
Per Draft Annual Plan	**47,052**	**0**	**66,767**	**0**	**23,858**	**0**	**25,825**	**0**	**27,229**	**0**	**16,417**	**0**	**5,868**	**0**	**0**	**-3,500**	**49**	**0**	**213,065**	**-3,500**	**209,565**
Changes to Final Annual Plan																					
DTC	**391**	**-98**	**145**	**-36**			**336**	**-84**			**13**	**-3**							**884**	**-221**	663
Safeguarding post													81						**81**	**0**	81
Alignment to Outturn expenditure																			**0**	**0**	0
																			0	**0**	0
Per Final Annual Plan	**47,443**	**-98**	**66,912**	**-36**	**23,858**	**0**	**26,160**	**-84**	**27,229**	**0**	**16,430**	**-3**	**5,949**	**0**	**0**	**-3,500**	**49**	**0**	**214,030**	**-3,721**	**210,309**
Adjustments to budgets																			**0**	**0**	0
Virements Surgery Pay	**154**																		**154**	**0**	154
Virements Medicine Pay			**633**																**633**	**0**	633
Virements Family Care Pay																			**0**	**0**	0
Virements Clinical Support Pay									**-102**										**-102**	**0**	-102
Virements Theatres Pay																			**0**	**0**	0
Virements Facilities Pay																			**0**	**0**	0
Virements Estates Pay																			**0**	**0**	0
Virements THQ Pay																			**0**	**0**	0
																			0	**0**	0
Post virements	**47,597**	**-98**	**67,545**	**-36**	**23,858**	**0**	**26,160**	**-84**	**27,127**	**0**	**16,430**	**-3**	**5,949**	**0**	**0**	**-3,500**	**49**	**0**	**214,716**	**-3,721**	210,995
																			0	**0**	0
Allocate out Inflation @1.5%	**714**		**1,013**		**358**		**392**		**407**	**0**	**246**		**-3,131**		**0**			**0**	**0**	**0**	0
Remove G4S as in CHOICE Budgets													**-3,218**						**-3,218**	**0**	-3,218
Difference on G4S costs to annual plan													**-1,208**						**-1,208**	**0**	-1,208
Alignment to annual plan													194						**194**	**0**	194
																			0	**0**	0
Revised Position	**48,311**	**-98**	**68,558**	**-36**	**24,216**	**0**	**26,553**	**-84**	**27,534**	**0**	**16,676**	**-3**	**-1,414**	**0**	**0**	**-3,500**	**49**	**0**	**210,483**	**-3,721**	**206,762**
																			0	**0**	0
Pressures																			**0**	**0**	0
Urology Sustainability Business case extra Theatre ISLA sessions and Prep staff and SSD													149						**149**	**0**	149
Med staff Cardiology			**169**																**169**	**0**	169
Transfer team Nursing			**182**																**182**	**0**	182
Adult A & E			**163**																**163**	**0**	163
Medical Staff A & E			**113**																**113**	**0**	113
Medical Staff Emergency Care			**590**																**590**	**0**	590
IAU			**149**																**149**	**0**	149
Paeds A & E Nurses 3 appointed at risk			**96**																**96**	**0**	96
Church view Retraction			**-702**																**-702**	**0**	-702
Familiar Hypercholestemia retraction			**-37**																**-37**	**0**	-37
Biosimilar Pharmacist													72						**72**	**0**	72
Phoenix staff re activity growth													67						**67**	**0**	67
Renal Dialysis over performance			**17**										-17						**0**	**0**	0
Renal Dialysis Home Dialysis			**43**																**43**	**0**	43
Stroke Business Case			**740**						**137**										**877**	**0**	877
FYE Radiographers									**97**				-97						**0**	**0**	0
Sunderland University Nurse placements coordinator											**65**								**65**	**0**	65
Medical staff Paeds													239						**239**	**0**	239
Reserves													-2,355						**-2,355**	**0**	-2,355
Communications Budget re approved paper											**120**								**120**	**0**	120
																			0	**0**	0
CIP To area																			**0**	**0**	0
Cip allocation	**-434**	**-675**	**-742**	**-998**	**-186**	**-591**	**-119**	**-310**	**-166**	**-491**			1,647	3,065					**0**	**0**	0
Revised Position	**47,877**	**-773**	**69,339**	**-1,034**	**24,030**	**-591**	**26,434**	**-394**	**27,602**	**-491**	**16,861**	**-3**	**-1,709**	**3,065**	**0**	**-3,500**	**49**	**0**	**210,483**	**-3,721**	206,762

Appendix 6c

Non Pay Expenditure	Category	SURGERY		MEDICINE		FAMILY CARE		THEATRES		CLINICAL SUPPORT		FACILITIES		ESTATES		THQ Division		Gen Mgt and Reserves		CHOICE Unitary Charges		TRUST TOTAL		Total
		TOTAL REC	TOTAL NR	TOTAL REC	TOTAL NR	TOTAL REC	TOTAL NR	TOTAL REC	TOTAL NR	TOTAL REC	TOTAL NR	REC	NON REC	REC	NON REC	TOTAL REC	TOTAL NR	REC	NON REC	REC	NON REC	REC	NON REC NR	
Per Month 11		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Clinical Supplies	**CS**	**15,032**	**0**	8,391	0	**1,688**	**0**	**4,234**	**0**	4,273	0	0	0	0	0	**-44**	**0**	**-1,395**	**0**	**4**	**0**	32,182	0	**32,182**
Drugs	**DR**	**9,843**	**0**	24,873	0	**1,984**	**0**	**1,130**	**0**	1,055	0	0	0	0	0	**27**	**0**	**599**	**0**	**0**	**0**	39,510	0	**39,510**
Other non-pay	**NP**	**10,639**	**0**	7,009	0	**8,747**	**0**	**1,777**	**0**	11,486	0	0	0	0	0	**3,129**	**0**	**-187**	**0**	**26,012**	**0**	68,612	0	**68,612**
Depreciation	**CC**	**212**	**0**	329	0	**70**	**0**	**487**	**0**	782	0	0	0	0	0	**1**	**0**	**6,409**	**0**	**0**	**0**	8,289	0	**8,289**
PDC	**PDC**	**0**	**0**	0	0	**0**	**0**	**0**	**0**	0	0	0	0	0	0	**0**	**0**	**5,022**	**0**	**0**	**0**	5,022	0	**5,022**
Interest	**Interest**	**0**	**0**	0	0	**0**	**0**	**0**	**0**	0	0	0	0	0	0	**0**	**0**	**1,390**	**0**	**218**	**0**	1,608	0	**1,608**
																						0	0	**0**
																						0	0	**0**
CIP Per annual Plan	CS																	**-2,000**				-2,000	0	**-2,000**
CIP Per annual Plan	DR																	**-1,000**				-1,000	0	**-1,000**
CIP Per annual Plan	NP																	**-2,200**				-2,200	0	**-2,200**
Inflation uplift 2.8%	DR																	**1,124**				1,124	0	**1,124**
Inflation uplift 1.8%	CS																	**613**				613	0	**613**
Inflation uplift 1.8%	NP																	**819**				819	0	**819**
Cath Lab Operating Pressure	CS																	**50**				50	0	**50**
Maint Contract for ED CT and Mobile PF	CS																	**77**				77	0	**77**
Remove BAHA Costs	CS																	**-260**				-260	0	**-260**
Digital Exemplar costs	NP																	**300**				300	0	**300**
Renal Dialysis water treatment plant and growth	NP																	**69**				69	0	**69**
Renal dialysis Growth	DR																	**184**				184	0	**184**
Increase in Corp Tax estimate	NP																	**100**				100	0	**100**
Diagnostic Growth estimate	NP																	**466**				466	0	**466**
Rates Increases	NP																	**70**				70	0	**70**
CQC Increase	NP																	**50**				50	0	**50**
Interest on loan	Interest																	**200**				200	0	**200**
Difference on G4S between budgets	NP																	**-1,208**				-1,208	0	**-1,208**
Alignment to Opening recurrent Position in 17/18 annualplan	CS																	**908**				908	0	**908**
Alignment to Opening recurrent Position in 17/18 annualplan	DR																	**186**				186	0	**186**
Alignment to Opening recurrent Position in 17/18 annualplan	NP																	**-1,533**				-1,533	0	**-1,533**
Alignment to Opening recurrent Position in 17/18 annualplan	CC																	**-1,280**				-1,280	0	**-1,280**
Alignment to Opening recurrent Position in 17/18 annualplan	PDC																	**-2,154**				-2,154	0	**-2,154**
Alignment to Opening recurrent Position in 17/18 annualplan	Interest																	**31**				31	0	**31**
Removal of unitary charge	NP																			**-26,012**	**0**	-26,012	0	**-26,012**
Removal of unitary charge	Interest																			**-218**		-218	0	**-218**
Removal of unitary charge	CS																			**-4**	**0**	-4	0	**-4**
New Unitary Charge	NP																			**42,798**		42,798	0	**42,798**
ONP Recharge	NP																	**9,544**				9,544	0	**9,544**
Clinical Supplies Recharges CHOICE	CS																	**-9,544**				-9,544	0	**-9,544**
New Unitary Charge	Interest																			**199**		199	0	**199**
G4S back on payroll (In CHOICE budgets)	NP																	**-3,218**				-3,218	0	**-3,218**
CNST Reduction in costs	NP																	**-1,194**				-1,194	0	**-1,194**
																						0	0	**0**
Totals per Draft Annual Plan																								**0**
Clinical Supplies	**CS**	**15,032**	**0**	**8,391**	**0**	**1,688**	**0**	**4,234**	**0**	**4,273**	**0**	**0**	**0**	**0**	**0**	**-44**	**0**	**-11,551**	**0**	**0**	**0**	22,022	0	**22,022**
Drugs	**DR**	**9,843**	**0**	**24,873**	**0**	**1,984**	**0**	**1,130**	**0**	**1,055**	**0**	**0**	**0**	**0**	**0**	**27**	**0**	**1,093**	**0**	**0**	**0**	40,004	0	**40,004**
Other non-pay	**NP**	**10,639**	**0**	**7,009**	**0**	**8,747**	**0**	**1,777**	**0**	**11,486**	**0**	**0**	**0**	**0**	**0**	**3,129**	**0**	**1,879**	**0**	**42,799**	**0**	87,464	0	**87,464**
Depreciation	**CC**	**212**	**0**	**329**	**0**	**70**	**0**	**487**	**0**	**782**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**5,129**	**0**	**0**	**0**	7,009	0	**7,009**
PDC	**PDC**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,868**	**0**	**0**	**0**	2,868	0	**2,868**
Interest	**Interest**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,621**	**0**	**199**	**0**	1,820	0	**1,820**
Changes to Final Annual Plan																								
DTC	**CS**	**315**	**-79**	213	-53			**171**	**-43**													699	-175	**524**
DTC one off set up costs	**CS**		**423**																			0	423	**423**
DTC Drugs	**DR**	**80**	**-20**	23	-6																	103	-25	**77**
Balance back to annual plan	**CS**																	**-58**				-58	0	**-58**
Drugs inline with Outturn per annual Plan	**DR**																	**808**				808	0	**808**
DTC CDDFT Reductions in SLA	**NP**	**-1,909**	**503**	-228	60																	-2,137	563	**-1,575**
Consultancy Fees Merger	**NP**																	**120**				120	0	**120**
DTC One off set up costs	**NP**		**313**																			0	313	**313**
DTC Rent rates etc (built in to CHOICE budget setting)	**NP**																					0	0	**0**
DTC ONP	**NP**			25	-6											**87**						112	-6	**106**
CQC Fee	**NP**																	**-46**				-46	0	**-46**
Additional Rates costs increases	**NP**																	**107**				107	0	**107**
Reduction in maternity contributions CNST	**NP**																	**-631**				-631	0	**-631**
Neonatal Network	**NP**					**20**																20	0	**20**
																						0	0	**0**
																						0	0	**0**
Totals																						0	0	**0**
																						0	0	**0**
Clinical Supplies	**CS**	**15,347**	**344**	**8,604**	**-53**	**1,688**	**0**	**4,405**	**-43**	**4,273**	**0**	**0**	**0**	**0**	**0**	**-44**	**0**	**-11,609**	**0**	**0**	**0**	22,663	248	**22,911**
Drugs	**DR**	**9,922**	**-20**	**24,896**	**-6**	**1,984**	**0**	**1,130**	**0**	**1,055**	**0**	**0**	**0**	**0**	**0**	**27**	**0**	**1,901**	**0**	**0**	**0**	40,915	-25	**40,889**
Other non-pay	**NP**	**8,730**	**816**	**6,806**	**53**	**8,767**	**0**	**1,777**	**0**	**11,486**	**0**	**0**	**0**	**0**	**0**	**3,216**	**0**	**1,429**	**0**	**42,799**	**0**	85,009	869	**85,878**
Depreciation	**CC**	**212**	**0**	**329**	**0**	**70**	**0**	**487**	**0**	**782**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**5,129**	**0**	**0**	**0**	7,009	0	**7,009**
PDC	**PDC**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,868**	**0**	**0**	**0**	2,868	0	**2,868**
Interest	**Interest**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,621**	**0**	**199**	**0**	1,820	0	**1,820**
																						0	0	**0**
																						0	0	**0**
Adjustments to budgets																						0	0	**0**
Virements CS	CS	**197**						**-13**		38												223	0	**223**
Virements Drugs	DR	**-306**								-33												-339	0	**-339**
Virements Other non-pay	NP	**-15**						**-34**		0												-48	0	**-48**
Virements Other non-pay CFS Unitary Charge	NP																					0	0	**0**
Virements Other non-pay CFS Unitary Charge	NP																					0	0	**0**
Virements Other non-pay CFS Unitary Charge	NP																					0	0	**0**
Virements Depreciation	CC																					0	0	**0**
Virements Sub Contracts	NP			-716						-40												-756	0	**-756**
																						0	0	**0**
																						0	0	**0**
Totals Post Virements																						0	0	**0**
Clinical Supplies	**CS**	**15,544**	**344**	**8,604**	**-53**	**1,688**	**0**	**4,392**	**-43**	**4,311**	**0**	**0**	**0**	**0**	**0**	**-44**	**0**	**-11,609**	**0**	**0**	**0**	22,886	248	**23,134**
Drugs	**DR**	**9,616**	**-20**	**24,896**	**-6**	**1,984**	**0**	**1,130**	**0**	**1,022**	**0**	**0**	**0**	**0**	**0**	**27**	**0**	**1,901**	**0**	**0**	**0**	40,576	-25	**40,550**
Other non-pay	**NP**	**8,715**	**816**	**6,090**	**53**	**8,767**	**0**	**1,743**	**0**	**11,446**	**0**	**0**	**0**	**0**	**0**	**3,216**	**0**	**1,429**	**0**	**42,799**	**0**	84,205	869	**85,074**
Depreciation	**CC**	**212**	**0**	**329**	**0**	**70**	**0**	**487**	**0**	**782**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**5,129**	**0**	**0**	**0**	7,009	0	**7,009**
PDC	**PDC**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,868**	**0**	**0**	**0**	2,868	0	**2,868**
Interest	**Interest**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,621**	**0**	**199**	**0**	1,820	0	**1,820**
																						0	0	**0**
																						0	0	**0**
Pressures																						0	0	**0**
Urology Sustainability Business Case additional Theatre sessions and Theatres kit	CS																	**131**				131	0	**131**
Re donated assets in Ophthalmology	CC	**35**																				35	0	**35**
HCD	DR																	**855**				855	0	**855**
Renal Dialysis water treatment plant lease CDSG paper	NP			60																		60	0	**60**
Renal Dialysis Home Dialysis per Business Case	CS			403																		403	0	**403**
Renal Dialysis Home Dialysis per Business Case	NP			24																		24	0	**24**
Centennial MIT Inflation uplift	NP																	**150**				150	0	**150**
Stroke	CS			16						19												35	0	**35**
Stroke	DR			108																		108	0	**108**
Stoke Incl SLA	NP			59																		59	0	**59**
Stroke	NP			107																		107	0	**107**
Church View Retraction	CS			-6																		-6	0	**-6**
Church View Retraction	DR			-13																		-13	0	**-13**
Church View Retraction	NP			-95																		-95	0	**-95**
Radiology Scan Growth	NP									278								**-278**				0	0	**0**
Maintenance relating to ED	CS																	**0**				0	0	**0**
Cath Lab op pressure	CS			50														**-50**				0	0	**0**
Remove BAHA Costs	CS	**-260**																**260**				0	0	**0**
Maintenance relating to ED	CS									77								**-77**						
Communications	NP															**41**						41	0	**41**
Total Post Pressures																						0	0	**0**
																						0	0	**0**
Clinical Supplies	**CS**	**15,284**	**344**	**9,067**	**-53**	**1,688**	**0**	**4,392**	**-43**	**4,407**	**0**	**0**	**0**	**0**	**0**	**-44**	**0**	**-11,345**	**0**	**0**	**0**	23,449	248	**23,697**
Drugs	**DR**	**9,616**	**-20**	**24,991**	**-6**	**1,984**	**0**	**1,130**	**0**	**1,022**	**0**	**0**	**0**	**0**	**0**	**27**	**0**	**2,756**	**0**	**0**	**0**	41,526	-25	**41,500**
Other non-pay	**NP**	**8,715**	**816**	**6,245**	**53**	**8,767**	**0**	**1,743**	**0**	**11,446**	**0**	**0**	**0**	**0**	**0**	**3,257**	**0**	**1,579**	**0**	**42,799**	**0**	84,551	869	**85,420**
Depreciation	**CC**	**247**	**0**	**329**	**0**	**70**	**0**	**487**	**0**	**782**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**5,129**	**0**	**0**	**0**	7,044	0	**7,044**
PDC	**PDC**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,868**	**0**	**0**	**0**	2,868	0	**2,868**
Interest	**Interest**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,621**	**0**	**199**	**0**	1,820	0	**1,820**
																						0	0	**0**
Allocate CIP To areas	**CS**	**-637**		-149	-42				**-12**	-55	-40							**841**	**94**			0	0	**0**
Allocate CIP To areas	**DR**	**-22**		-666	-123			**-68**										**756**	**123**			0	0	**0**
Allocate CIP To areas	**NP**	**-424**	**-545**	-43	-37			**-453**	**-158**	-551	-41							**1,471**	**781**			0	0	**0**
																						0	0	**0**
																						0	0	**0**
Revised Total																						0	0	**0**
Clinical Supplies	**CS**	**14,647**	**344**	**8,918**	**-95**	**1,688**	**0**	**4,392**	**-55**	**4,352**	**-40**	**0**	**0**	**0**	**0**	**-44**	**0**	**-10,504**	**94**	**0**	**0**	23,449	248	**23,697**
Drugs	**DR**	**9,594**	**-20**	**24,325**	**-129**	**1,984**	**0**	**1,062**	**0**	**1,022**	**0**	**0**	**0**	**0**	**0**	**27**	**0**	**3,512**	**123**	**0**	**0**	41,526	-25	**41,500**
Other non-pay	**NP**	**8,291**	**271**	**6,202**	**16**	**8,767**	**0**	**1,290**	**-158**	**10,895**	**-41**	**0**	**0**	**0**	**0**	**3,257**	**0**	**3,050**	**781**	**42,799**	**0**	84,551	869	**85,420**
Depreciation	**CC**	**247**	**0**	**329**	**0**	**70**	**0**	**487**	**0**	**782**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**5,129**	**0**	**0**	**0**	7,044	0	**7,044**
PDC	**PDC**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,868**	**0**	**0**	**0**	2,868	0	**2,868**
Interest	**Interest**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,621**	**0**	**199**	**0**	1,820	0	**1,820**
Total per budget setting paper		**32,779**	**595**	**39,774**	**-207**	**12,509**	**0**	**7,231**	**-213**	**17,051**	**-81**	**0**	**0**	**0**	**0**	**3,240**	**0**	**5,676**	**998**	**42,998**	**0**	**161,257**	**1,092**	**162,349**

Profile of Annual Budgets for Monitor model 2018/19

			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total 18/19	
Contract Income	Contracted														0	309993
		0	-24,994	-25,968	-26,642	-26,267	-25,961	-25,890	-26,828	-26,313	-25,557	-26,552	-24,678	-26,921	-312,571	
Total Contract Income		0	-24,994	-25,968	-26,642	-26,267	-25,961	-25,890	-26,828	-26,313	-25,557	-26,552	-24,678	-26,921	-312,571	
Private Patients		-381	-32	-32	-32	-32	-32	-32	-32	-32	-32	-32	-32	-32	-381	
Training & Education		-11,518	-960	-960	-960	-960	-960	-960	-960	-960	-960	-960	-960	-960	-11,518	
R&D		-1,540	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-1,540	
Other Income	Other Income	-13,069	-1,089	-1,089	-1,089	-1,089	-1,089	-1,089	-1,089	-1,089	-1,089	-1,089	-1,089	-1,089	-13,069	
CIPs Initially profiled 15/20/30/35		0	-40	-40	-40	-53	-53	-53	-80	-80	-80	-93	-93	-93	-800	
		0													0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other income		-13,869	-1,129	-1,129	-1,129	-1,142	-1,142	-1,142	-1,169	-1,169	-1,169	-1,182	-1,182	-1,182	-13,869	
Interest Receivable		-36	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-36	
TOTAL INCOME		-27,344	-27,246	-28,220	-28,894	-28,532	-28,226	-28,155	-29,120	-28,605	-27,849	-28,857	-26,983	-29,226	-339,915	☑
Pay		218,020	18,168	18,168	18,168	18,168	18,168	18,168	18,168	18,168	18,168	18,168	18,168	18,168	218,020	
Pay Increments	Assumed same as 16/17		14	24	37	47	58	78	93	104	112	123	131	146	966	
Pay Enhancements	Assumed same as 16/17		657	657	657	657	657	657	657	657	657	657	657	657	7,883	
CIPs Initially profiled 20/20/30/30	Initially profiled 15/20/30/35	0	-350	-350	-350	-467	-467	-467	-700	-700	-700	-817	-817	-817	-7,000	
DTC						67	67	67	67	67	67	67	67	67	599	
Growth in reserves	1/12ths		7	7	7	7	7	7	7	7	7	7	7	7	81	
TOTAL PAY			18,496	18,506	18,519	18,479	18,490	18,510	18,292	18,303	18,311	18,205	18,213	18,228	220,549	☑
Clinical Supplies		34,432	2,869	2,869	2,869	2,869	2,869	2,869	2,869	2,869	2,869	2,869	2,869	2,869	34,432	
CIPs Initially profiled 20/20/30/30	Initially profiled 15/20/30/35		-100	-100	-100	-133	-133	-133	-200	-200	-200	-233	-233	-233	-2,000	
DTC						90	90	90	90	90	90	90	90	90	808	
Growth in reserves	1/12ths		0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL CLINICAL SUPPLIES			2,769	2,769	2,769	2,826	2,826	2,826	2,759	2,759	2,759	2,726	2,726	2,726	33,240	☑
Drugs		41,433	3,453	3,453	3,453	3,453	3,453	3,453	3,453	3,453	3,453	3,453	3,453	3,453	41,433	
TOTAL DRUGS			3,403	3,403	3,403	3,386	3,386	3,386	3,353	3,353	3,353	3,336	3,336	3,336	40,433	☑
Other Non Pay		58,366	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	58,366	
Balance to match back to NHSI return			-117	-117	-117	-117	-117	591	-118	-118	-120	-118	-118	589		
Consultancy Fees (Merger)			10	10	10	10	10	10	10	10	10	10	10	10	120	
DTC One off set up costs						44	44	44	44	44	44	44	44	44	397	
DTC Rent/rates etc				81	81	81	81	81	81	81	81	81	81	81	886	
CDDFT SLA Reduction re DTC						-166	-166	-166	-166	-166	-166	-166	-166	-166	-1,495	
Shotley Bridge and Sacriston Reduction re DTC						-9	-9	-9	-9	-9	-9	-9	-9	-9	-78	
CQC Fee			-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-46	
Additional Rates costs increases (Total £177,480)			18	18	18	18	18	18	18	18	18	18			177	
Maternity Contributions 10%			-53	-53	-53	-53	-53	-53	-53	-53	-53	-53	-53	-53	-631	
Remove rates and energy as 1/12ths	Assumed same as 16/17	0	-326	-326	-326	-326	-326	-326	-326	-326	-326	-326	-326	-326	-3,913	
Energy Profile (per Janice)	Assumed same as 16/17	0	214	182	124	150	168	174	209	216	237	246	217	215	2,352	
Rates Profile M1 to M10	Assumed same as 16/17	0	156	156	156	156	156	156	156	156	156	156			1,561	
CIPs Initially profiled 20/20/30/30	Initially profiled 15/20/30/35		-110	-110	-110	-147	-147	-147	-220	-220	-220	-257	-257	-257	-2,200	
Growth in reserves	1/12ths		0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL OTHER NON PAY			4,652	4,701	4,642	4,501	4,520	5,234	4,486	4,493	4,512	4,486	4,283	4,989	55,496	☑
Corp tax		396	33	33	33	33	33	33	33	33	33	33	33	34	397	
PDC		2,868	239	239	239	239	239	239	239	239	239	239	239	239	2,868	
Depreciation		7,047	587	587	587	587	587	587	587	587	587	587	587	587	7,047	
TOTAL CAPITAL CHARGES		10,311	859	859	859	859	859	859	859	859	859	859	859	860	10,312	
TOTAL INTEREST PAYABLE		2,022	169	169	169	169	169	169	169	169	169	169	169	169	2,022	☑
TOTAL NON PAY			11,852	11,900	11,842	11,741	11,759	12,473	11,626	11,633	11,652	11,576	11,373	12,079	141,503	
TOTAL INCOME			**-27,246**	**-28,220**	**-28,894**	**-28,532**	**-28,226**	**-28,155**	**-29,120**	**-28,605**	**-27,849**	**-28,857**	**-26,983**	**-29,226**	**-339,915**	
TOTAL EXPENDITURE			**30,347**	**30,406**	**30,361**	**30,220**	**30,249**	**30,983**	**29,918**	**29,935**	**29,963**	**29,781**	**29,585**	**30,307**	**362,052**	
Surplus/Deficit			**3,101**	**2,186**	**1,467**	**1,687**	**2,023**	**2,828**	**798**	**1,330**	**2,114**	**923**	**2,602**	**1,080**	**22,137**	
Cumulative Position pr Month			***3,101***	***5,288***	***6,755***	***8,442***	***10,465***	***13,293***	***14,090***	***15,421***	***17,534***	***18,458***	***21,060***	***22,140***		
Cumulative Position pr Quarter					***6,755***			***13,293***			***17,534***			***22,140***		
Each Quarter Position					***6,755***			***6,538***			***4,242***			***4,606***		

City Hospitals Sunderland NHS Foundation Trust Budget Setting - 2018/19

OPENING INCOME AND EXPENDITURE POSITION 2018/19

Supplier Name	Invoice Payment Amount SUM
HM REVENUE AND CUSTOMS	49,318,066
CITY HOSPITALS INDEPENDENT COMMERCIAL ENTERPRISES LTD	47,959,173
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	14,562,726
NHS LITIGATION AUTHORITY	14,505,327
NHS SUPPLY CHAIN	12,046,098
GATESHEAD HEALTH NHS FOUNDATION TRUST	6,685,599
BAYER PLC	5,869,733
NHS PROFESSIONALS LTD	5,241,105
ALLIANCE HEALTHCARE DISTRIBUTION LTD	4,014,391
ROCHE PRODUCTS LTD	3,739,421
HEALTHCARE AT HOME LTD	3,675,881
NOVARTIS PHARMACEUTICALS UK LTD	3,577,298
AAH HOSPITAL SERVICE	2,974,730
SOUTH TYNESIDE NHS FOUNDATION TRUST	2,567,298
JOHNSON AND JOHNSON MEDICAL LTD	2,144,568
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	2,063,893
CENTENNIAL MIT LTD	1,905,651
NHS BLOOD AND TRANSPLANT	1,649,522
NHS PROPERTY SERVICES LTD	1,520,182
DELL CORPORATION LTD	1,361,593
NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1,250,563
FRESENIUS MEDICAL CARE (U K) LTD	1,238,937
INHEALTH LTD	1,209,520
ALLOGA UK LTD	923,694
JANSSEN-CILAG LTD	887,221
MATRIX ORTHOPAEDIC SOLUTIONS LTD	877,323
BAXTER HEALTHCARE LTD	863,808
LLOYDS PHARMACY CLINICAL HOMECARE LTD	823,991
CELGENE LTD	795,636
AGFA-GEVAERT LTD	780,573
GILEAD SCIENCES LTD	773,445
SIEMENS FINANCIAL SERVICES LTD	755,905
GENZYME THERAPEUTICS LTD	702,408
GE HEALTHCARE LTD	683,144
HUGH STEEPER LTD_002	664,090
MEDINET WALES LTD	663,505
ALLERGAN LTD	627,004
BOSTON SCIENTIFIC LTD	620,033
THE LOCUM CONSULTANCY LTD	613,040
DE LAGE LANDEN LEASING LTD	588,865
4 WAYS HEALTHCARE LTD	532,759
MEDTRONIC LTD	529,221
NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST	525,624
TRIPLE POINT LEASE PARTNERS	509,258
SPIRE HEALTHCARE	503,257
AMGEN LTD	484,987
INTUITIVE SURGICAL SARL	442,528
DMC IMAGING LTD	429,182
ALCON EYE CARE UK LTD	423,999
DRAEGER MEDICAL UK LTD	409,279
ROSTRA HEALTHCARE LTD	389,440
PHOENIX HEALTHCARE DISTRIBUTION LTD	380,549
NXSTAGE MEDICAL UK LTD	378,297
STRYKER UK LTD	368,895
ISG CONSTRUCTION LTD	357,642
NORTHERN DOCTORS URGENT CARE LTD	351,272
MAWDSLEYS YORKSHIRE LTD	326,175
HEALTHCARE ENVIRONMENTAL (GROUP) LTD	313,713
SMITH AND NEPHEW ORTHOPAEDICS LTD	311,207
RESTORE PLC	307,478
AAH PHARMACEUTICALS LTD	298,222
POLAR SPEED DISTRIBUTION LTD	293,151
BRISTOL MYERS SQUIBB PHARMACEUTICALS LTD	292,587
CARE QUALITY COMMISSION	288,912
UNISON	287,345
COOPERATIVE EMPLOYEE BENEFITS	262,972
ABBOTT LABORATORIES LTD	262,583
MAWDSLEY BROOKS AND CO LTD	256,662
ZZMISCELLANEOUS	253,967
CARETOWER LTD	249,654
KEYMED (MEDICAL & INDUSTRIAL EQUIPMENT) LTD	246,528
REDCENTRIC PLC	246,158
BOC LTD	242,146
COOK (UK) LTD	240,409
ERNST AND YOUNG LLP	236,400
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	234,429
PROVIDE MEDICAL LTD	228,271
SOFTCAT PLC	225,139
ZIMMER BIOMET UK LTD	214,267
CSL BEHRING UK LTD	212,149
DAISY CORPORATE SERVICES	202,556

City Hospitals Sunderland NHS Foundation Trust (CONSOLIDATED GROUP)
OPENING INCOME AND EXPENDITURE POSITION 2018/19

Cash Profile 2018/19 (£000s)	EOY 2017/2018	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
TOTAL CIPs													
Cash Position as at Annual Plan 30/3/17	7381	6,147	7,058	6,464	13,144	9,677	5,695	4,265	3,990	3,349	4,072	4,576	5,211
Other													
Revised Cash Profile 2017/18	**7,381**	**6,147**	**7,058**	**6,464**	**13,144**	**9,677**	**5,695**	**4,265**	**3,990**	**3,349**		**4,576**	**5,211**

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DEPARTMENT OF PLANNING AND BUSINESS DEVELOPMENT

BOARD OF DIRECTORS

MAY 2018

PERFORMANCE REPORT

INTRODUCTION

Please find enclosed the Performance Report for April 2018 which updates Directors on performance against key national targets.

EXECUTIVE SUMMARY

Performance – NHS Improvement (NHSI) Operational Performance Indicators

The Trust's position in relation to NHSI's operational performance indicators is as follows:

A&E 4 hour target

Performance for April has improved slightly to 88.4% but continues to under-perform against the 95% target and annual plan published trajectory due to ongoing pressures. The Trust has recently been visited by NHSI Emergency Care Improvement Programme (ECIP) and a review of recommendations will take place once the visit report is received.

Performance for May currently stands at 90.9% (as at 22nd May). This is due to ongoing operational pressures including the recurring impact of D&V.

National performance for April has improved to 88.5%. The Trust remains in the upper middle 25% of acute Trusts nationally and we were ranked 54th out of 139 acute Trusts.

Referral to Treatment Time (RTT)

Performance remains above target at 93.3% with all specialties achieving the target apart from T&O, Oral & Maxillo Facial Surgery and Thoracic Medicine.

As discussed last month, work is ongoing with other specialties at risk of failing the standard in June to ensure this is managed appropriately.

National performance for March reduced slightly to 87.2% and continues to fail the standard.

Cancer targets (2 week, 31 and 62 day waits)

Due to cancer reporting timescales being 1 month behind, the performance report includes March's confirmed position. The Trust has achieved all cancer waiting time standards this month and for Quarter 4.

National performance for the 62 day standard improved in March but remains below target at 84.5%.

Indicative performance for April is currently above target for all cancer waiting time standards with the exception of cancer 62 day and 31 day subsequent surgery waits.

Diagnostics

Performance for April has continued to achieve the national operating standard at 0.23%. National performance in March has deteriorated to 2.1% and continues to fail the target.

RISKS

The following areas are considered to be risks that could impact upon achievement of the targets going forwards:

- A&E 4-hour for May due to current performance.
- Cancer 62 days going forwards due to Urology capacity.

FINANCIAL IMPLICATIONS

At the time of writing the report the Trust had not accepted the control total and is therefore not eligible for Provider Sustainability Funding (PSF) relating to A&E performance. In theory contract penalties would therefore apply however this will be confirmed next month in line with Local Health Economy discussions.

RECOMMENDATIONS

Directors are asked to accept this report and note the risks going forwards.

Alison King
Director of Performance

City Hospitals Sunderland chs

NHS
South Tyneside
NHS Foundation Trust

Performance Report
April 2018

Performance Report Overview

This page explains the general layout of the indicator pages that form the bulk of the report. The report includes performance for both City Hospitals Sunderland NHS Foundation Trust and South Tyneside Foundation Trust

Key:

- Performance achieving the relevant target
- Performance not achieving the relevant target
- Actual performance
- Comparative performance for the previous year
- Target, operational standard, threshold or trajectory
- Planning trajectory (where relevant)
- Benchmark National
- Benchmark Regional

Page title representing a key performance indicator or a

Indicator group

Indicator information, including a brief description, the name of the Director lead and consequence of failure

Narrative highlighting recent performance and corrective actions, where applicable

Diagnostics

NHSI SOF Oper[illegible]ional Performance & National Operational Standard

1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

Director Lead: Sean Fenwick

Consequence of failure: Patient expe[illegible]ence, quality, access & reputation

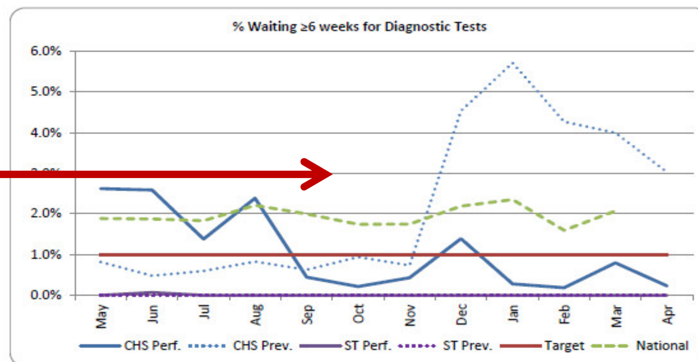
Both Trusts achieved the national operating standard for diagnostic waits at the end of April.
CHS improved to 0.2% of patients waiting more than 6 weeks in April, whereas ST continue to have no breaches of the 6 week month-end target. CHS and ST also perform better than the latest national average.

Diagnostic activity has been stable at bo[illegible] Trusts between March and April. The waiting list position reduced at CHS. Conversely, the waiting list at ST has increased, which is mainly attributable to Non-Obstetric Ultrasound tests, although this continues to follow historical trends.

Diagnostics - April 2018	CHS				ST			
	WL Vol.	No. ≥6 wks	%≥6 wks	Activity	WL Vol.	No. ≥6 wks	%≥6 wks	Activity
Target			≤1%				≤1%	
Magnetic Resonance Imaging	424	2	0.47%	1,433	243	0	0.00%	491
Computed Tomography	434	0	0.00%	3,116	190	0	0.00%	828
Non-obstetric ultrasound	1,614	0	0.00%	2,781	940	0	0.00%	1,485
Barium Enema	31	0	0.00%	2	8	0	0.00%	15
DEXA Scan	142	1	0.70%	252	27	0	0.00%	106
Audiology	199	1	0.50%	1,[illegible]37	N/A	N/A	N/A	N/A
Cardiology	372	0	0.00%	[illegible]44	185	0	0.00%	377
Neurophysiology	97	0	0.00%	117	N/A	N/A	N/A	N/A
Respiratory physiology	145	0	0.00%	56	N/A	N/A	N/A	N/A
Urodynamics	19	0	0.00%	23	N/A	N/A	N/A	N/A
Colonoscopy	189	0	0.00%	265	108	0	0.00%	150
Flexi sigmoidoscopy	86	0	0.00%	85	37	0	0.00%	47
Cystoscopy	283	3	1.06%	533	1	0	0.00%	N/A
Gastroscopy	244	3	1.23%	293	127	0	0.00%	245
Trust Total	4,279	10	0.23%	10,837	1,866	0	0.00%	3,744

Table showing current performance compared to target (where relevant)

Trend chart displaying the performance over the past 12 months or year to date, including benchmark performance (where



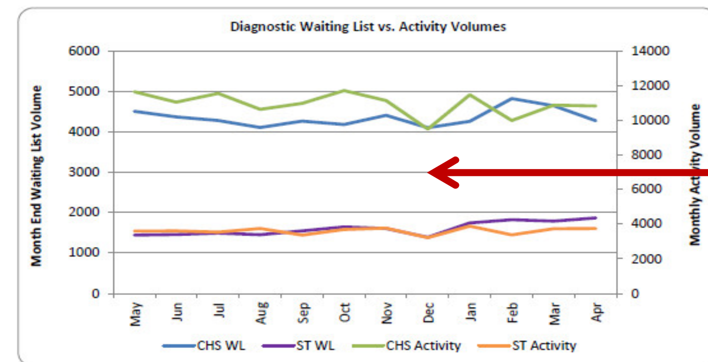


Chart displaying other relevant supporting information

Performance Scorecard

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering NHS Improvement Single Oversight Framework operational performance metrics, as well as national performance measures from the NHS Standard Contract 2018/19 and 'NHS Operational Planning and Contracting Guidance 2017 to 2019'.

Current SoF regulatory triggers (two or more consecutive months failure to achieve the target):	CHS	ST	**Forthcoming risks:**	CHS	ST
A&E 4 hours	☑	☑	Cancer 62 days	☑	☑

Indicator	Trust	Director Lead	Target	2017/18	2018/19						12-month trend	Page
				Actual	Month[1]	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD		
Operational Performance Measures - NHSI SOF: These metrics are used by NHS Improvement and form one of the five themes from the Single Oversight Framework, which is used to assess our operational performance. This will influence our segmentation and level of support. They also form part of the 2018/19 NHS Standard Contract.												
NHS Improvement Trust Segmentation	CHSFT		N/A		2	2				N/A		N/A
	STFT		N/A		2	2				N/A		
A&E - % seen in 4hrs	CHSFT	Sean Fenwick	≥95%	91.25%	88.44%	88.44%				88.44%		4
	Trajectory		N/A		*86.61%*	*91.83%*	*95.01%*	*90.01%*	*87.56%*	*91.07%*		
	STFT		≥95%	94.35%	93.25%	93.25%				93.25%		5
	Trajectory		N/A		*91.81%*	*94.03%*	*95.00%*	*92.98%*	*90.04%*	*93.07%*		
RTT - % incompletes waiting <18 wks	CHSFT	Sean Fenwick	≥92%	94.21%	93.26%	93.26%				93.26%		6
	STFT			95.87%	95.07%	95.07%				95.07%		
Cancer waits - % 62 days	CHSFT	Sean Fenwick	≥85%	83.62%	85.35%							7
	Trajectory		N/A		*89.12%*	*83.96%*	*83.58%*	*84.88%*	*83.94%*	*84.10%*		
	STFT		≥85%	89.11%	92.31%							8
	Trajectory		N/A		*83.87%*	*87.50%*	*85.87%*	*86.96%*	*85.56%*	*86.44%*		
% Diagnostic tests ≥6 wks	CHSFT	Sean Fenwick	<1%	1.32%	0.23%	0.23%				0.23%		9
	STFT			0.01%	0.00%	0.00%				0.00%		
IAPT - % Patients moving to recovery	STFT	Sean Fenwick	≥50%	55.94%	54.61%	54.61%				54.61%		10
IAPT - % Patients waiting under 6 weeks	STFT	Sean Fenwick	≥75%	99.89%	99.47%	99.47%				99.47%		10
IAPT - % Patients waiting under 18 weeks	STFT	Sean Fenwick	≥95%	99.42%	100.00%	100.00%				100.00%		10
National Operational Standards: These are national targets that the NHS must achieve, mostly falling under the domain of quality, which are linked to delivery of the NHS Constitution. They also form part of the 2018/19 NHS Standard Contract.												
Cancelled operations 28 day breaches	CHSFT	Sean Fenwick	0	58	2	2				2		N/A
	STFT			0	0	0				0		
Cancer waits - % 2ww	CHSFT	Sean Fenwick	≥93%	96.53%	93.59%							11
	STFT			94.99%	73.95%							
Cancer waits - % 31 days	CHSFT	Sean Fenwick	≥96%	98.32%	98.05%							12
	STFT			100.00%	100.00%							
Cancer waits - % 31 days for subsequent treatment - surgery	CHSFT	Sean Fenwick	≥94%	96.78%	100.00%							12
	STFT			100.00%	100.00%							
Cancer waits - % 31 days for subsequent treatment - drugs	CHSFT	Sean Fenwick	≥98%	99.78%	100.00%							12
	STFT			100.00%	100.00%							
Cancer waits - % 62 days from screening programme	CHSFT	Sean Fenwick	≥90%	96.67%	100.00%							7
	STFT			100.00%	N/A							8
Cancer waits - % 62 days from consultant upgrade	CHSFT	Sean Fenwick	N/A	80.18%	100.00%							7
	STFT			95.65%	100.00%							8
National Quality Requirements: These also form part of the 2018/19 NHS Standard Contract. In addition there are a number of zero tolerance indicators that are reported by exception, including Mixed Sex Accommodation breaches, A&E 12-hour trolley waits and urgent operations cancelled for the second time												
RTT - No. incompletes waiting 52+ weeks	CHSFT	Sean Fenwick	0	0	0	0				0		N/A
	STFT			0	0	0				0		
A&E / ambulance handovers - no. 30-60 minutes	CHSFT	Sean Fenwick	0	1,190	167	167				167		4
	STFT			532	83	83				83		5
A&E / ambulance handovers - no. >60 minutes	CHSFT	Sean Fenwick	0	271	24	24				24		4
	STFT			115	6	6				6		5
% VTE risk assessments	CHSFT	Ian Martin	≥95%	98.68%	98.64%	98.64%				98.64%		N/A
	STFT	Shaz Wahid		95.95%	97.04%	97.04%				97.04%		

1. Performance is one month behind normal reporting for all Cancer indicators (March 2018)

CHS Accident & Emergency

NHSI SOF Operational Performance, National Operational Standard & National Quality Requirements

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Number of attendances
3. National rank 4-hour performance against out of all acute Trusts
4. Number of ambulance arrivals
5. Number of ambulance handover delays between 15-30, 30-60 & over 60 minutes

Director Lead: Sean Fenwick

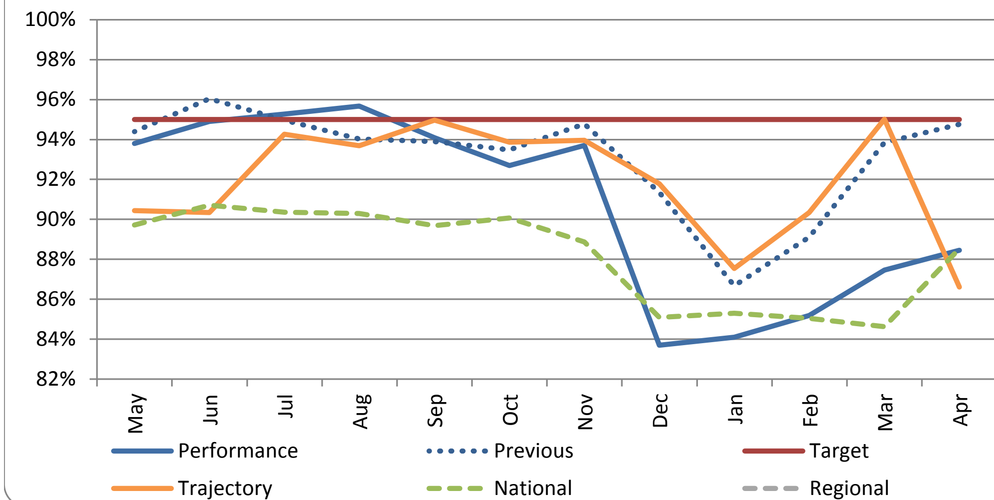
Consequence of failure: Patient experience, quality, access, reputation & financial impact (£TBC)

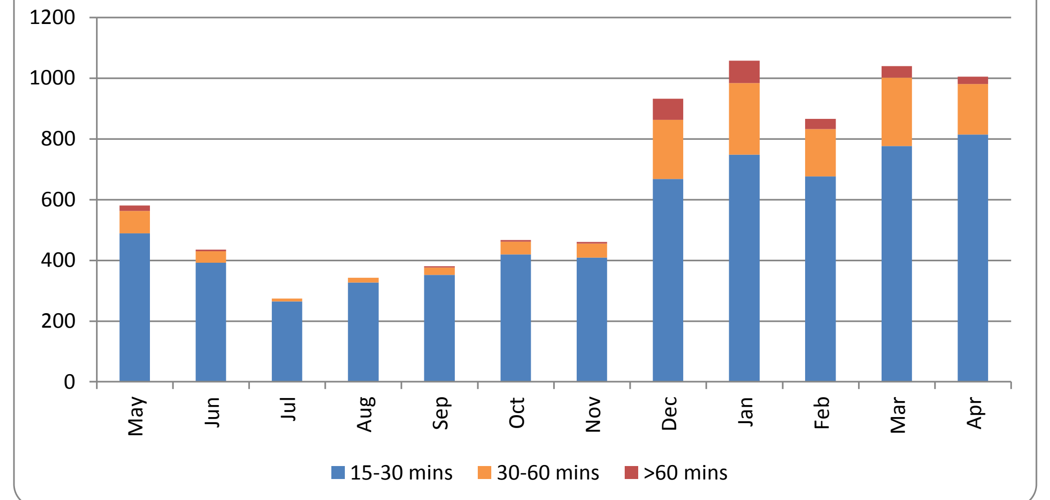
A&E Indicators - April 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	88.44%	88.44%
Type 1 % seen in 4 hours	≥95%	81.18%	81.18%
Type 2 % seen in 4 hours	≥95%	99.69%	99.69%
Type 3 % seen in 4 hours	≥95%	99.60%	99.60%
Trust total attendances		13,406	13,406
Type 1 attendances		8,135	8,135
National rank (acute Trusts)		54/139	N/A
Ambulance arrivals		2,679	2,679
Ambulance handover delays - 15-30 mins	0	814	814
Ambulance handover delays - 30-60 mins	0	167	167
Ambulance handover delays - >60 mins	0	24	24

The Trust failed to achieve the national operating standard for the total proportion of patients seen in A&E within 4 hours during April, although there has been an improvement from March. Performance has not recovered as quickly as last year following winter. Overall attendances were 9% higher than April 2017, with higher volumes being seen in both ED (type 1, +10%) and Pallion (type 3, +13%). There has been a high volume of emergency admissions via ED during April, which is in line with winter levels, and the Trust was adversely affected by D&V pressures impacting on beds, which equated to 51 beds closed per day on average and of those 13 unoccupied per day.

The Trust remains in the upper middle 25% of acute Trusts nationally and were ranked 54th out of 139 acute Trusts, although compared to our neighbouring Trusts we are the lowest performer.

The number of ambulance arrivals was about the same as April 2018. The Trust received the second highest volume of ambulances out of all hospitals in the North East. Between March and April the number ambulance handover delays over 30 minutes reduced, however delays as a proportion of all arrivals was about 7%, which is slightly higher than the regional average.





ST Accident & Emergency

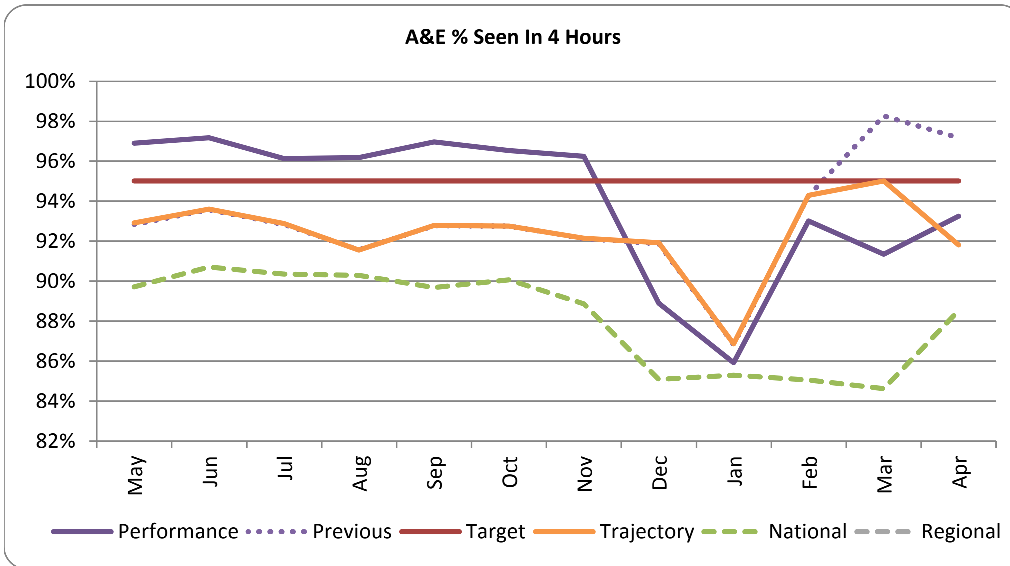
NHSI SOF Operational Performance, National Operational Standard & National Quality Requirements

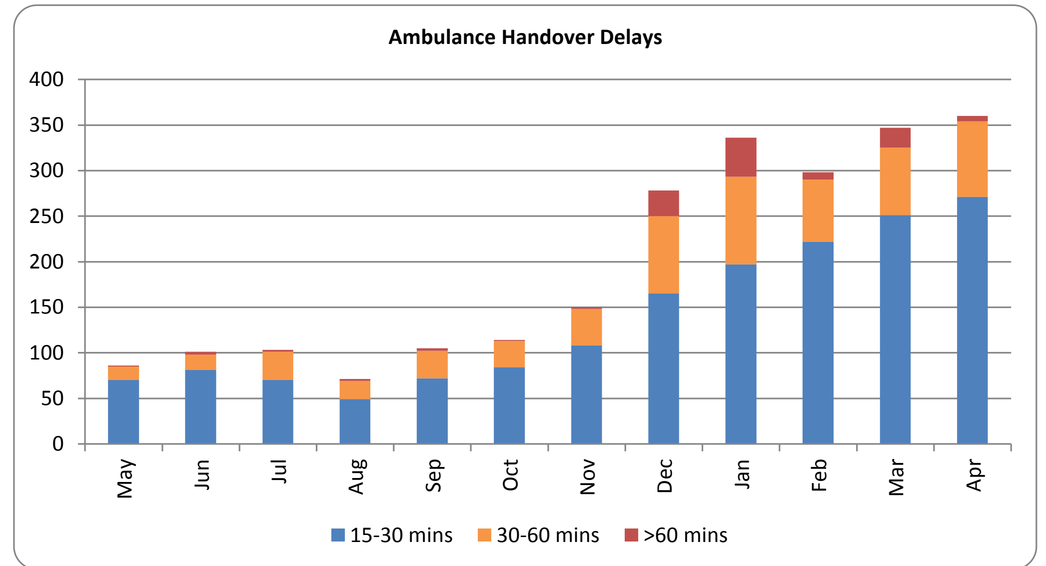
1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Number of attendances
3. National rank 4-hour performance against out of all acute Trusts
4. Number of ambulance arrivals
5. Number of ambulance handover delays between 15-30, 30-60 & over 60 minutes

Director Lead: Sean Fenwick
Consequence of failure: Patient experience, quality, access, reputation & financial impact (£TBC)

A&E Indicators - April 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	93.25%	93.25%
Type 1 % seen in 4 hours	≥95%	92.51%	92.51%
Type 3 % seen in 4 hours	≥95%	99.83%	99.83%
Trust total attendances		5,955	5,955
Type 1 attendances		5,357	5,357
National rank (acute Trusts)		26/139	N/A
Ambulance arrivals		1,289	1,289
Ambulance handover delays - 15-30 mins	0	271	271
Ambulance handover delays - 30-60 mins	0	83	83
Ambulance handover delays - >60 mins	0	6	6

The Trust failed to achieve the national operating standard for the total proportion of patients seen in A&E within 4 hours during April, although there has been improvement from March. Performance has not recovered as quickly as last year following winter. Overall attendances were 8% higher than April 2017, with higher volumes being seen in the type 1 emergency department (+11%). The Trusts was adversely affected by D&V pressures impacting on beds, which equated 20 beds closed per day on average and of those 2 unoccupied per day.
The Trust remains in the top quartile of acute Trusts and were ranked 26th out of 139 acute Trusts.
The number of ambulance arrivals was about the same as April 2018. The Trust had the fewest volume of ambulances out of all hospitals in the North East. Between March and April the number ambulance handover delays over 30 minutes has remained about the same, however delays as a proportion of all arrivals was about 7%, which is slightly higher than the regional average.





Referral to Treatment (RTT)

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on an incomplete RTT pathway at month end
2. Number of patients on an incomplete RTT pathway waiting 18 weeks or more
3. Percentage of patients waiting less than 18 weeks on incomplete pathways
4. National RTT Stress Test - % risk of failing the incomplete standard in next 6 months

Director Lead: Sean Fenwick

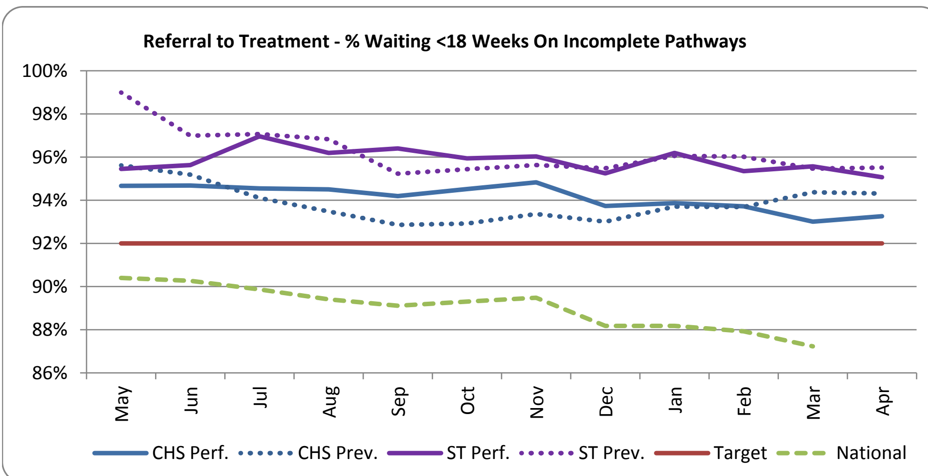
Consequence of failure: Patient experience, quality, access & reputation & financial impact (£TBC)

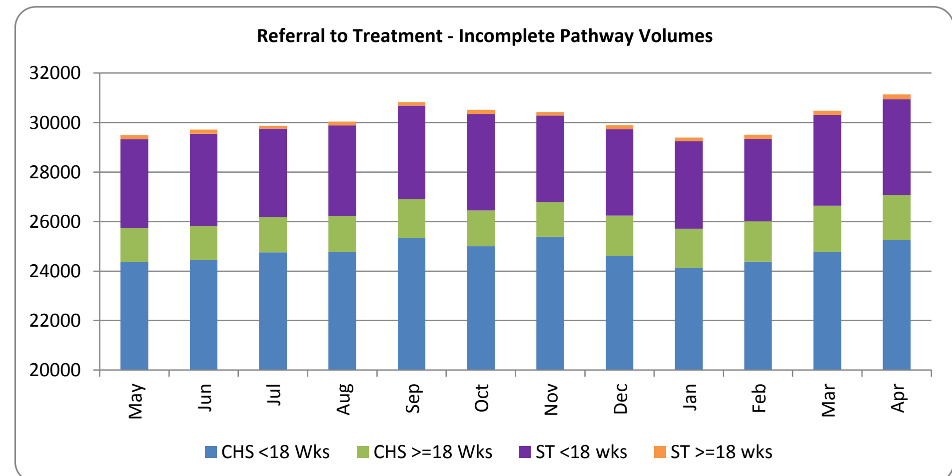
RTT Incompletes - April 2018	CHS			ST		
	Volume	No. ≥18 Weeks	% <18 Weeks*	Volume	No. ≥18 Weeks	% <18 Weeks*
Target			≥92%			≥92%
Cardiology	671	23	96.57%	377	13	96.55%
Ear, Nose & Throat	2,807	149	94.69%	549	35	93.62%
Dermatology	N/A	N/A	N/A	273	1	99.63%
Gastroenterology	389	1	99.74%	445	25	94.38%
General Medicine	N/A	N/A	N/A	6	0	*
General Surgery	1,950	155	92.05%	634	45	92.90%
Geriatric Medicine	354	9	97.46%	89	1	98.88%
Gynaecology	1,156	18	98.44%	414	20	95.17%
Neurology	828	25	96.98%	N/A	N/A	N/A
Ophthalmology	3,939	64	98.38%	162	3	98.15%
Oral & Maxillo Facial Surgery	2,053	236	88.50%	N/A	N/A	N/A
Plastic Surgery	N/A	N/A	N/A	8	0	*
Rheumatology	925	60	93.51%	N/A	N/A	N/A
Thoracic Medicine	759	67	91.17%	229	9	96.07%
Trauma & Orthopaedics	3,185	612	80.78%	443	27	93.91%
Urology	2,730	141	94.84%	N/A	N/A	N/A
Other	5,336	265	95.03%	430	21	95.12%
Trust Total	**27,082**	**1,825**	**93.26%**	**4,059**	**200**	**95.07%**

**De minimis* level >= 20 pathways in total

The finalised aggregate level performance for incomplete RTT pathways at the end of April was above target for both Trusts and better than national average, with CHS and ST performing about the same as last month.
At specialty level Trauma & Orthopaedics (T&O), Oral & Maxillo Facial Surgery (OMFS) and Thoracic Medicine failed to achieve the 92% target for CHS, whereas all specialties achieved the target at ST.
Both Oral Surgery and Thoracic Medicine failed to achieve standard due to ongoing capacity challenges. OMFS secured additional sessions during April and May, which looks likely to result in an improving position over coming months. Thoracic Medicine continue to deal with capacity challenges, however there are clear signs of improvement.
General Surgery (CHS) were flagged as a risk of failing the target in April, however they were able to achieve the target by a small margin, although this remains a risk for May. Performance and ongoing risks are monitored and reviewed regularly.
Rheumatology are at risk of failing the target in May due to consistently high levels of demand and resulting capacity issues. This is being actively managed, however a more sustainable plan is being discussed.
The RTT stress test risk rating increased for both Trusts between February and March, however both Trusts continue to compare favourably, being ranked at 20th and 5th (best) nationally, for CHS and ST respectively, out of 152 trusts.

RTT Stress Test	Jan-18	Feb-18	Mar-18	Jan-18	Feb-18	Mar-18
% Risk of failure in next 6 months	15.32%	20.37%	27.96%	4.03%	4.48%	7.58%
National rank (1st is best)	15/152	16/152	20/152	5/152	4/152	5/152





CHS Cancer 62 Day Waits

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

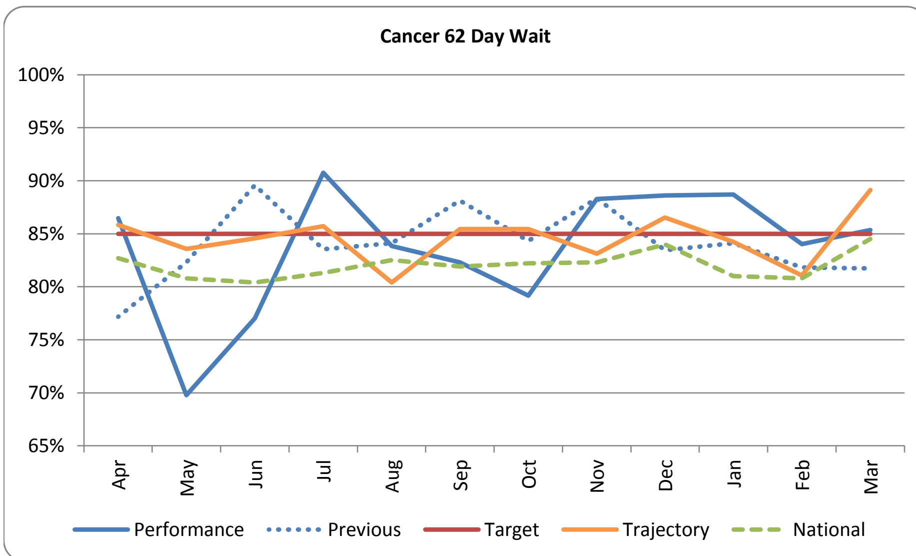
Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial impact (£TBC)

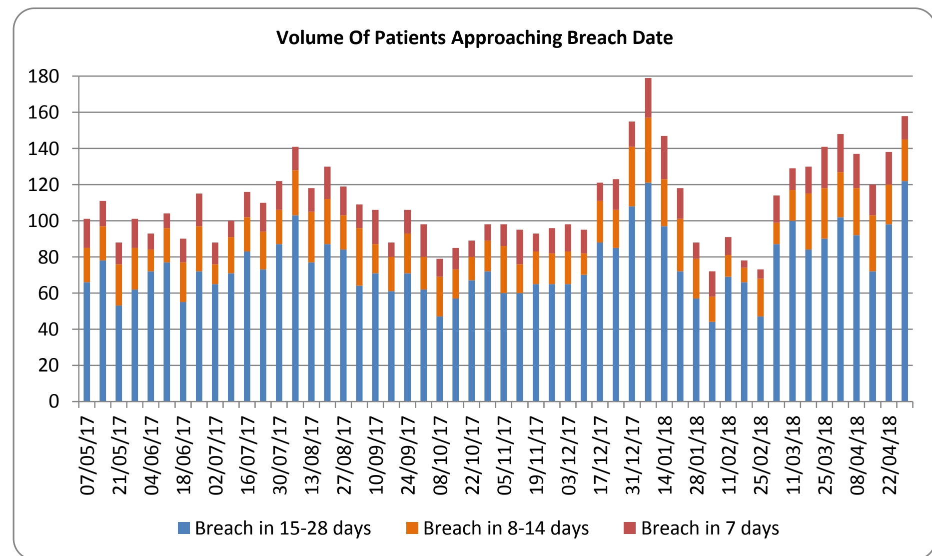
First Definitive Treatment - March 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			**85%**	**85%**	**85%**	**0**
Breast	0.0	0.0	N/A	94.1%	84.21%	0
Gynaecological	2.0	0.0	100.00%	83.4%	92.11%	0
Haematological	3.0	2.0	33.33%	80.1%	79.07%	1
Head & Neck	5.0	0.0	100.00%	70.4%	76.07%	0
Lower Gastrointestinal	6.5	0.0	100.00%	78.1%	89.09%	0
Lung	3.0	1.0	66.67%	76.8%	61.04%	1
Other	1.0	0.0	100.00%	73.8%	82.35%	0
Sarcoma	1.0	0.0	100.00%	72.1%	55.56%	0
Skin	3.5	0.5	85.71%	96.7%	90.35%	1
Upper Gastrointestinal	8.5	1.0	88.24%	75.9%	81.51%	0
Urological	45.0	7.0	84.44%	80.3%	84.80%	2
Total	**78.5**	**11.5**	**85.35%**	**84.5%**	**83.59%**	**5**

Non GP Referrals						
Screening (Target: 90%)	0.5	0.0	100.00%	90.6%	96.55%	0
Consultant Upgrade	6.5	0.0	100.00%	87.4%	80.18%	0

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

Trust performance achieved the national target in March and was also slightly better than the national average. All tumour groups achieved the target with the exception of Haematological (low volume), Lung (low volume) and Urological. There were 11.5 breaches in total, mainly due to capacity and patient choice.
All patients referred from NHS screening programmes or via consultant upgrades were treated within 62 days.
The volume of patients who are approaching their breach date has increased recently, which follows the seasonal trend, but is higher than last year due to ongoing capacity issues and cancer tracking resource issues within cancer services. The main areas of risk going forwards are Urology and Lung. There are ongoing capacity issues in Urology which may impact on 62 day performance going forwards. Actions are in place to address these.
Indicative performance for April is currently below target.





ST Cancer 62 day Waits

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

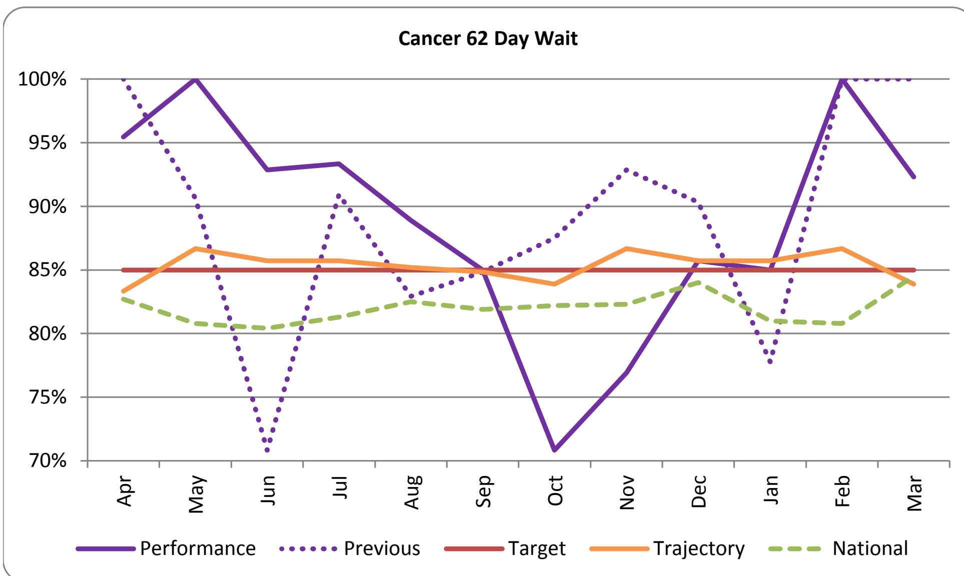
Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial impact (£TBC)

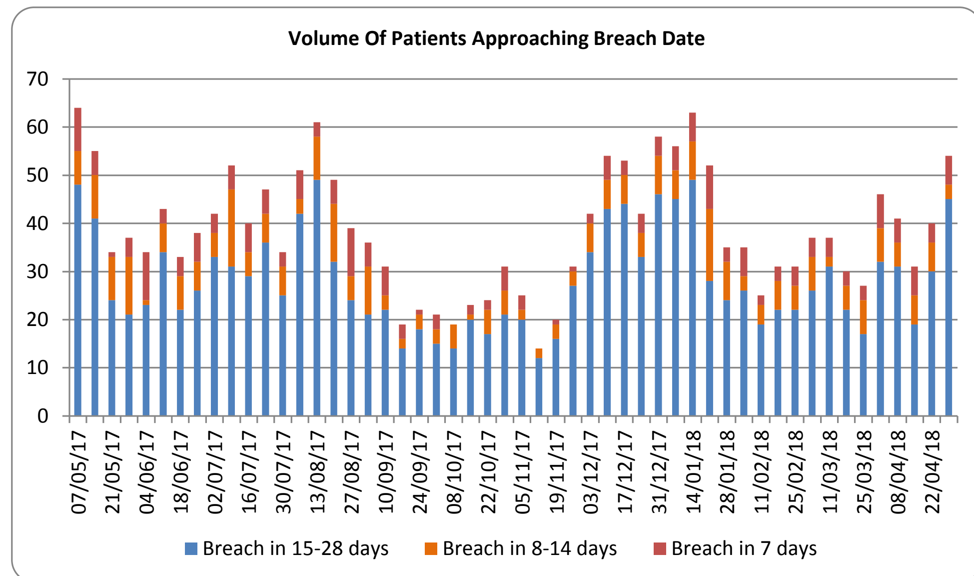
First Definitive Treatment - March 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			**85%**	**85%**	**85%**	**0**
Breast	0.5	0.0	100.00%	94.1%	90.00%	0
Gynaecological	1.0	0.0	100.00%	83.4%	84.00%	0
Head & Neck	0.5	0.0	100.00%	70.4%	83.33%	0
Haematological	1.0	1.0	0.00%	80.1%	78.95%	0
Lower Gastrointestinal	5.5	0.0	100.00%	78.1%	96.74%	0
Lung	2.0	0.0	100.00%	76.8%	92.04%	0
Other	2.0	0.0	100.00%	73.8%	75.00%	0
Skin	0.0	0.0	N/A	96.7%	0.00%	0
Upper Gastrointestinal	0.0	0.0	N/A	75.9%	83.33%	0
Urological	0.5	0.0	100.00%	80.3%	80.00%	0
Total	**13.0**	**1.0**	**92.31%**	**84.5%**	**89.01%**	**0**

Non GP Referrals						
Screening (Target: 90%)	0.0	0.0	N/A	90.6%	100.00%	0
Consultant Upgrade	7.5	0.0	100.00%	87.4%	95.65%	0

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

The Trust achieved the 62 day operating standard for urgent GP referrals in March and was also better than the national average. There was a single breach this month due to capacity.
It is important to note that the large variances in monthly performance are due to the relatively small volumes.
There were no patients receiving treatment during March that were referred from NHS screening programmes and all patients receiving treatment following a consultant upgrade were treated within 62 days.
The volume of patients approaching the 62 day breach date has increased towards the end of April, due to LGI/UGI capacity issues as well as tracking resource issues within in cancer services.
Indicative performance for April is currently below target (subject to final validation).





Diagnostics

NHSI SOF Operational Performance & National Operational Standard

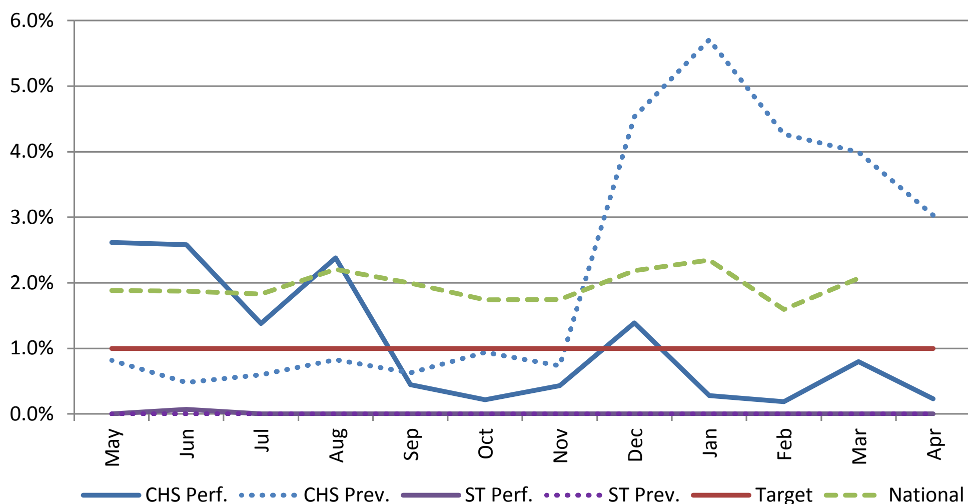
1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

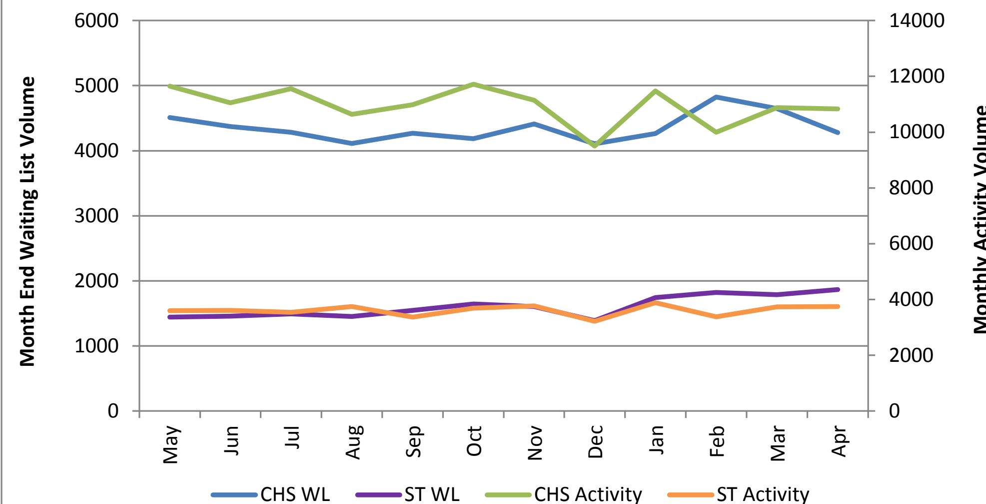
Director Lead: Sean Fenwick
Consequence of failure: Patient experience, quality, access, reputation & financial impact (£TBC)

Both Trusts achieved the national operating standard for diagnostic waits at the end of April.
CHS improved to 0.2% of patients waiting more than 6 weeks in April, whereas ST continue to have no breaches of the 6 week month-end target. CHS and ST also perform better than the latest national average.

Diagnostic activity has been stable at both Trusts between March and April. The waiting list position reduced at CHS. Conversely, the waiting list at ST has increased, which is mainly attributable to Non-Obstetric Ultrasound tests, although this continues to follow historical trends.

Diagnostics - April 2018	CHS				ST			
	WL Vol.	No. ≥6 wks	%≥6 wks	Activity	WL Vol.	No. ≥6 wks	%≥6 wks	Activity
Target			≤1%				≤1%	
Magnetic Resonance Imaging	424	2	0.47%	1,433	243	0	0.00%	491
Computed Tomography	434	0	0.00%	3,116	190	0	0.00%	828
Non-obstetric ultrasound	1,614	0	0.00%	2,781	940	0	0.00%	1,485
Barium Enema	31	0	0.00%	2	8	0	0.00%	15
DEXA Scan	142	1	0.70%	252	27	0	0.00%	106
Audiology	199	1	0.50%	1,037	N/A	N/A	N/A	N/A
Cardiology	372	0	0.00%	844	185	0	0.00%	377
Neurophysiology	97	0	0.00%	117	N/A	N/A	N/A	N/A
Respiratory physiology	145	0	0.00%	56	N/A	N/A	N/A	N/A
Urodynamics	19	0	0.00%	23	N/A	N/A	N/A	N/A
Colonoscopy	189	0	0.00%	265	108	0	0.00%	150
Flexi sigmoidoscopy	86	0	0.00%	85	37	0	0.00%	47
Cystoscopy	283	3	1.06%	533	1	0	0.00%	N/A
Gastroscopy	244	3	1.23%	293	127	0	0.00%	245
Trust Total	**4,279**	**10**	**0.23%**	**10,837**	**1,866**	**0**	**0.00%**	**3,744**





ST Improving Access to Psychological Therapies

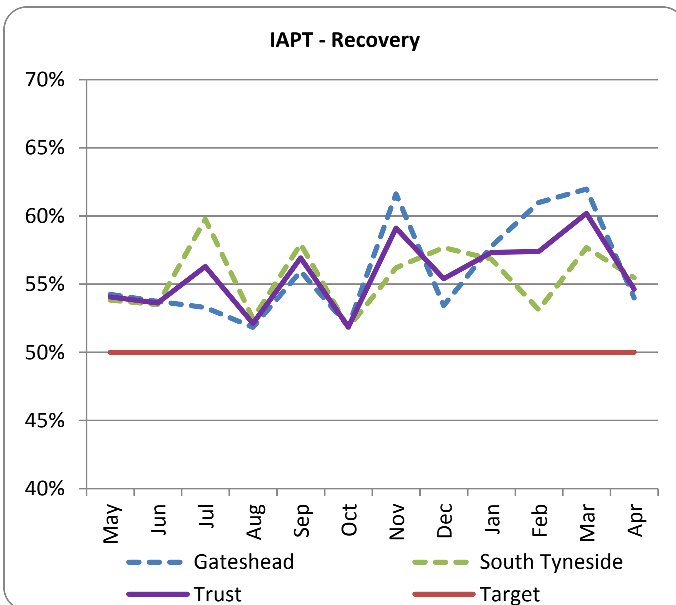
NHSI SOF Operational Performance & National Quality Requirement

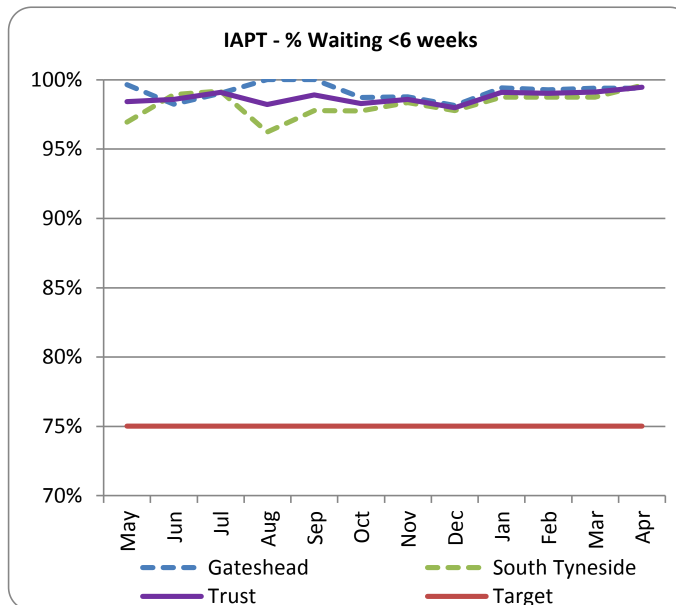
1. % of people who complete treatment who are moving to recovery
2. % of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period
3. % of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period

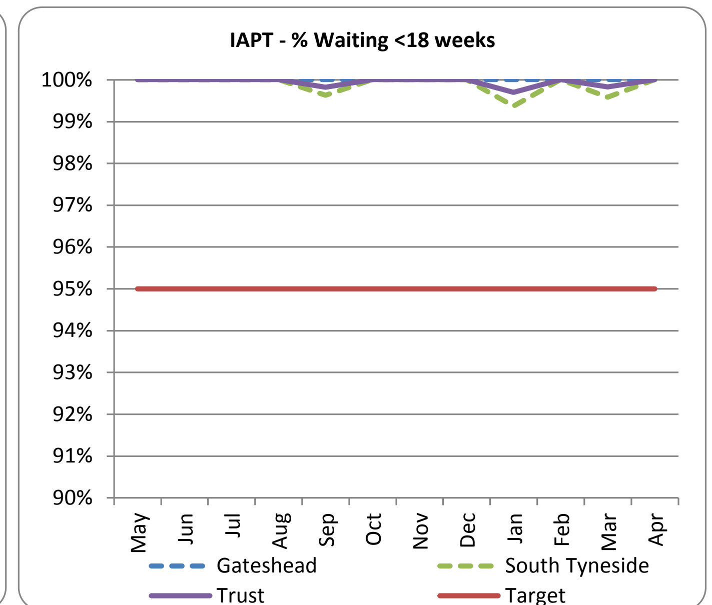
Director Lead: Sean Fenwick
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

Recovery performance remains variable but both localities have continued to achieve the target.
Waiting time performance (both 6 week and 18 weeks) is stable and consistently achieves the respective targets.
Referral volumes into the Gateshead service during April were higher compared to both the previous month and April last year, whereas South Tyneside referrals were more stable. Nevertheless, the waiting list for both localities has reduced as a result of mitigating actions taken to provide sufficient capacity.

IAPT - April 2018	Target	Volume	Total Breached	Performance	YTD
1. Recovery					
Gateshead	50%	302	139	53.97%	53.97%
South Tyneside	50%	229	102	55.46%	55.46%
Trust Total	**50%**	**531**	**241**	**54.61%**	**54.61%**
2. Waiting Times <6 weeks					
Gateshead	75%	322	2	99.38%	99.38%
South Tyneside	75%	239	1	99.58%	99.58%
Trust Total	**75%**	**561**	**3**	**99.47%**	**99.47%**
3. Waiting Times <18 weeks					
Gateshead	95%	322	0	100.00%	100.00%
South Tyneside	95%	239	0	100.00%	100.00%
Trust Total	**95%**	**561**	**0**	**100.00%**	**100.00%**







Cancer 2 Week Waits

National Operational Standard

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within two weeks of an urgent GP referral for suspected cancer

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial impact (£TBC)

Referrals for Suspected Cancer - March 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			**93%**			**93%**	**93%**
Gynaecological	80	7	91.25%	36	4	88.89%	94.10%
Haematological	10	0	100.00%	2	0	100.00%	95.00%
Head & Neck	228	18	92.11%	24	1	95.83%	95.30%
Lower Gastrointestinal	154	11	92.86%	76	30	60.53%	91.10%
Lung	32	2	93.75%	18	0	100.00%	95.40%
Testicular	13	2	84.62%	0	0	N/A	97.50%
Upper Gastrointestinal	89	3	96.63%	59	21	64.41%	91.70%
Urological (Excluding Testicular)	268	13	95.15%	0	0	N/A	93.80%
Total	**874**	**56**	**93.59%**	**215**	**56**	**73.95%**	**93.20%**

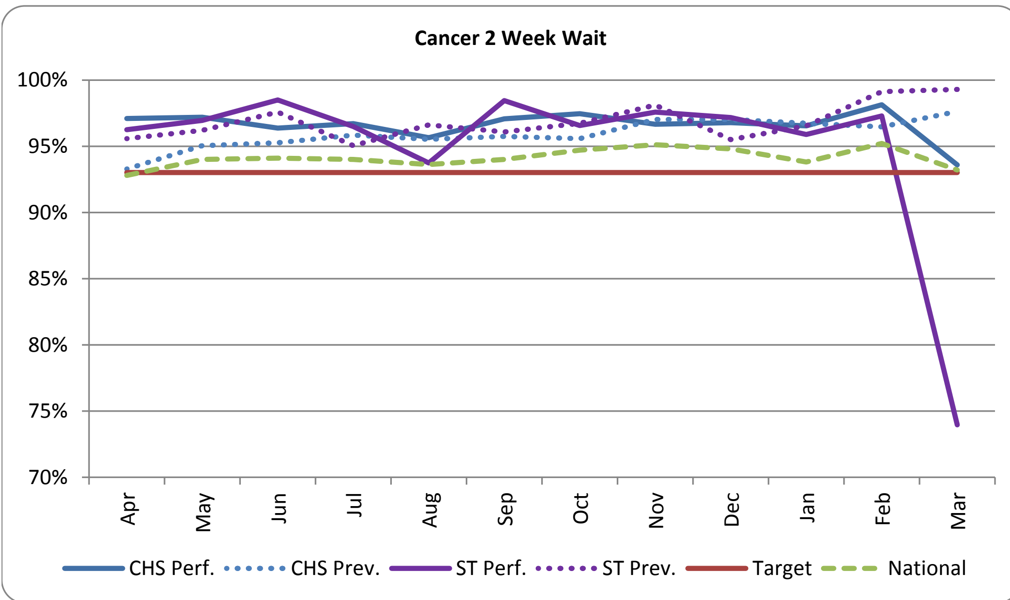
*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting

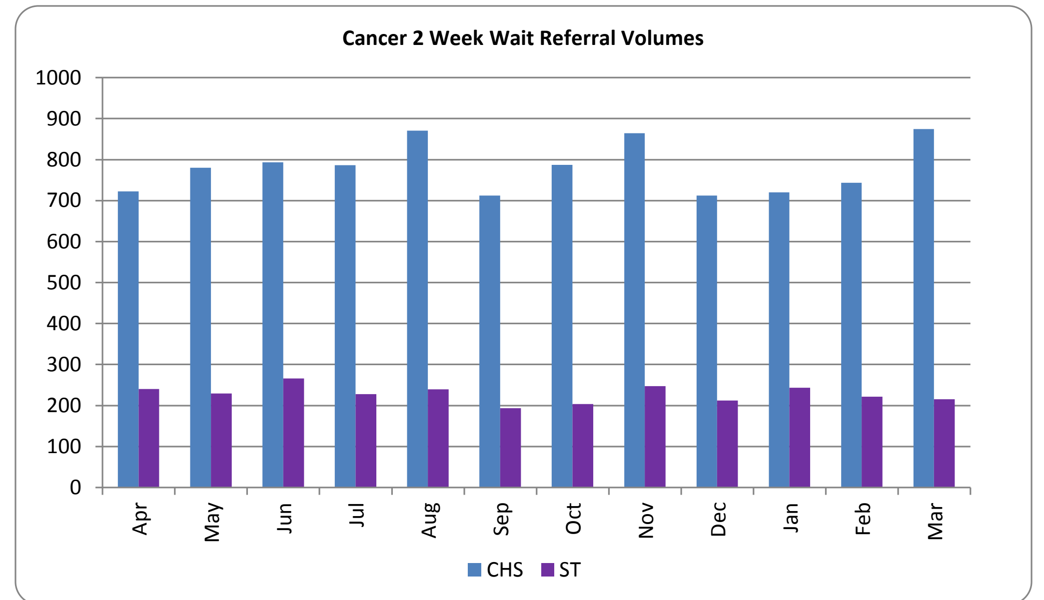
CHS achieved the 2WW target during March, although performance was lower than usual due to adverse weather conditions at the start of the month. The vast majority of breaches were related to patient choice (86%).

ST failed to achieve the 2WW target in March due to capacity issues for Colorectal and Upper GI. The services have been formally escalated and short term actions have been put in place to improve performance. A more sustainable solution is currently being discussed. Whilst the majority of breaches were related to capacity, 25% of breaches were also attributable to patient choice. This remains a risk for the next two months and it is likely that the Trust will continue to fail this standard.

Overall referral volumes that converted to first outpatient appointments increased during March at CHS, whereas ST had slightly fewer converted referrals.

Indicative 2WW performance for April is above target at CHS, but below target at ST.





Cancer 31 Day Waits

National Operational Standard

1. Number of patients receiving first definitive treatment following a cancer diagnosis
2. Number of receiving first definitive treatment more than one month of a decision to treat following a cancer diagnosis
3. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
4. % patients receiving subsequent surgery or drug treatments for cancer within 31 days

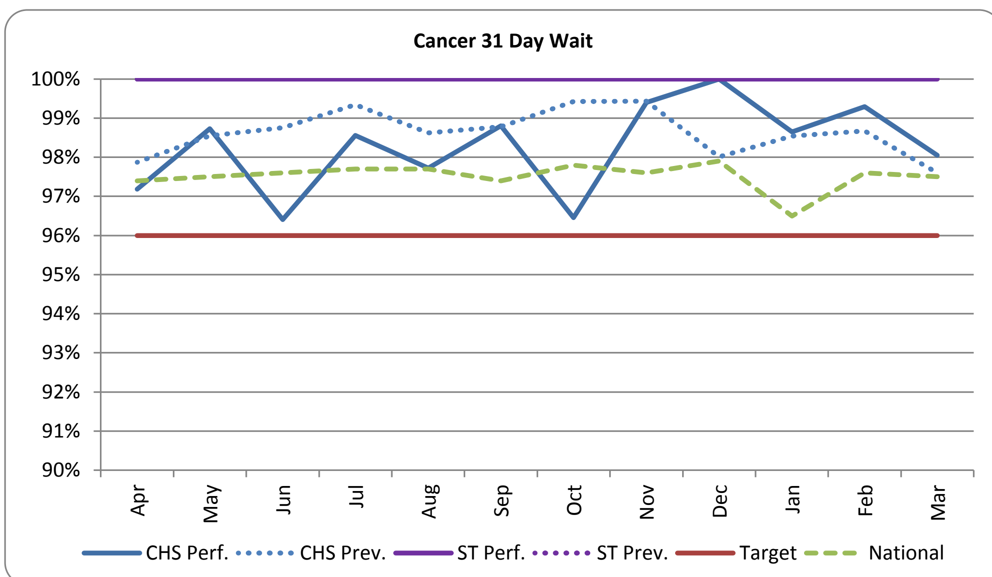
Director Lead: Sean Fenwick
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes & financial impact (£TBC)

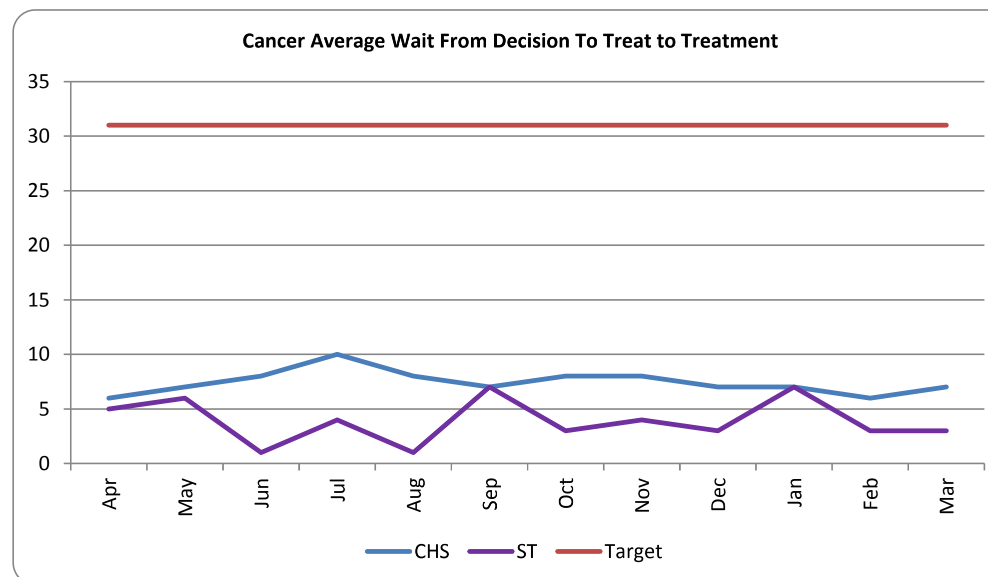
Both Trusts have continued to achieve the 31 day operating standard.
CHS' performance reduced during March but remains higher than the national average.
At tumour group level all areas achieved the target, with the exception of Head & Neck, Lower GI and Skin at CHS, which were all subject to low volumes and a single breach per area (all capacity).
March's performance demonstrated that all tumour groups performed about the same or better than the equivalent national performance position, except those which were associated with a breach.
The average waiting time remained about the same as February at 7 days for CHS and 3 days for ST.
Indicative performance for both Trusts are currently above target for April.
There were no breaches associated with 31 day subsequent surgery and drug treatment indicators in March at either Trust.

First Definitive Treatment - March 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			96%			96%	96%
Breast	2	0	100.00%	0	0	N/A	98.30%
Gynaecological	4	0	100.00%	1	0	100.00%	97.80%
Haematological	14	0	100.00%	3	0	100.00%	99.60%
Head & Neck	11	1	90.91%	0	0	N/A	94.40%
Lower Gastrointestinal	15	1	93.33%	8	0	100.00%	97.70%
Lung	14	0	100.00%	9	0	100.00%	97.80%
Other	2	0	100.00%	2	0	100.00%	99.30%
Sarcoma	2	0	100.00%	0	0	N/A	95.20%
Skin	10	1	90.00%	0	0	N/A	97.70%
Upper Gastrointestinal	12	0	100.00%	0	0	N/A	99.00%
Urological	68	0	100.00%	1	0	100.00%	95.60%
Total	**154**	**3**	**98.05%**	**24**	**0**	**100.00%**	**97.50%**

Subsequent Treatments							
Surgery (Target: 94%)	23	0	100.00%	1	0	100.00%	94.9%
Drug (Target: 98%)	72	0	100.00%	17	0	100.00%	99.3%

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





CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF NURSING & PATIENT EXPERIENCE

BOARD OF DIRECTORS

MAY 2018

CHS RISK MANAGEMENT STRATEGY 2018 - 2021

EXECUTIVE SUMMARY

The Trust Risk Management Strategy sets out goals for the delivery of effective risk management for the period 2018 – 2021.

The strategy has been approved by Executive Committee and Governance Committee.

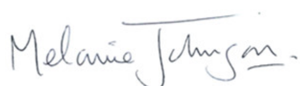
SUMMARY OF GOALS FOR THE PERIOD 2018 - 2021

- Convergence of clinical and non-clinical risk management functions and activities, by the use of standardised reporting and monitoring methodologies
- Identification of existing risks to patient safety by qualitative analysis of litigation data
- Developing and refining local and corporate risk register processes which identify significant risks to the Trust, and defining responsibility for managing those risks
- Exploitation of the full capability of the Trust's incident reporting system
- Monitoring and, where necessary, improving levels of reporting of incidents through the Trust's incident reporting system
- Creation of risk-based dashboards for the identification of risks from sources including incident data and litigation data, and monitoring of the effectiveness of mitigation activity
- Creation of system for arm's length investigation of incidents where deemed appropriate, including provision of specialist training for specifically identified staff
- Creation of robust and structured systems to ensure learning from incidents, concerns, complaints and litigation, thus minimising the risk of recurrence

Each goal is supported by key deliverables, detailed in the strategy.
Delivery of the strategy will be monitored by way of an annual report to Governance Committee.

RECOMMENDATION

Directors are asked to approve the Risk Management Strategy.



MELANIE JOHNSON
Director of Nursing, AHPs & Patient Experience

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City Hospitals Sunderland NHS Foundation Trust

Risk Management Strategy 2018 - 2021

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Document status	Final
Target Audience	All staff
Date Approved	14 March 2018
Approved by	Executive Committee
Release Date	**tbc**
Review Date	**2021**
Sponsor	Melanie Johnson, Director of Nursing & Patient Experience

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Appendices

Appendix 1 Risk Grading Matrix
Appendix 2 Risk Management Framework – Risk Identification, Assessment and Mitigation

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1. INTRODUCTION

This Risk Management Strategy states the City Hospitals Sunderland NHS Foundation Trust's (the Trust) objectives for managing risk, and the goals which must be met to achieve those objectives. It defines individual and organisational responsibilities. It describes the Trust's organisational arrangements for risk management, and the systems and processes by which the Trust's aims will be achieved.

While the Trust is committed to the management of all risks to its services, including clinical, organisational and financial risks, this strategy is a statement of its particular commitment to maintaining and improving patient, staff and public safety through performance-driven risk management, supported by an open, fair, transparent and learning culture.

The Trust supports and applies a "fair blame" culture. In the majority of cases where risks arise, they are due to systemic weaknesses rather than to a failing on the part of any individual. Even when an individual can be said to be at fault, this can usually be remedied by full support including retraining where necessary, and this is normally the approach which will be applied. However, exceptional cases sometimes occur, where there is clear evidence of wilful or gross neglect, contravening Trust policies and/or procedures and/or professional codes of conduct, or repeated evidence of poor performance despite intervention and the provision of full support to remedy the issue. Where this is the case, appropriate action is taken.

This strategy is implemented through the policies detailed in the Associated Documentation section, and those wishing to read more on the operational management of risk within the Trust are encouraged to refer to those documents, which can be found on the Trust's intranet.

This strategy will last for a period of three years after approval. Progress against its objectives and goals will be monitored by the Trust's Governance Committee, through the provision of an annual report.

2. DEFINITIONS

Definitions of some of the phrases used within this strategy are as follows:

Adverse Event: Any event which causes harm, such as an incident, or a complaint, or a circumstance which results in litigation against the Trust. Such adverse events can carry risks to an organisation.

Board Assurance Framework: A Board Assurance Framework provides a structure and process which enables an organisation to obtain assurance that the most significant risks to achieving its principal objectives are being adequately controlled. The Board Assurance Framework documents these risks and how assurance is to be obtained that they are being properly managed.

Assurance Programme: A structured and systematic annual programme which checks and monitors compliance with the Board Assurance Framework and a range of quality standards including those set by the Care Quality Commission.

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Business Continuity Planning: Planning to ensure that business continues as usual if an unforeseen threat to its processes occurs e.g. flood, or fire damage.

Corporate Risk Register: a risk register showing those risks which have been scored at 15 or more on local risk registers (see definition below), and risks which have been identified as corporate in nature, in that they affect the organisation as a whole, or have effects across more than one business area.

Duty of Candour: an enforceable duty placed on healthcare providers to be open and honest with patients and carers, if moderate or worse harm has befallen a patient.

Litigation Profile: data showing the issues faced by an organisation which are being dealt with through legal proceedings

Local Risk Register: A register showing risks which have been identified in a service area, e.g. a directorate, or a central function such as Human Resources.

Major Incident: A major incident is any incident which requires special plans and cannot be managed by simple scaling up of normal arrangements. It usually involves other services, such as the fire service or the ambulance service.

Mitigation: any action or change which, once applied, reduces the likelihood of a risk recurring.

Residual risk: the risk of an event recurring once all mitigating opportunities have been applied, either locally or corporately.

Risk: the likelihood of injury, damage or harm occurring to a Trust's patients, staff, stakeholders, finances or reputation.

Risk Appetite: A broad based concept, risk appetite is the amount and type of risk which an organisation is willing to accept in order to meet its strategic objectives. It links closely to the concept of risk tolerance (see below).

Risk Grading Matrix: a tool used to calculate the seriousness of a risk, by reference to the likelihood of its occurring, and the consequences if it does. The matrix is attached as **Appendix 1** to this document.

Risk Register Owner: the person whose responsibility it is to maintain a risk register. While Directorate Managers may devolve this responsibility to other staff, they remain accountable for the content and management of the risk register.

Risk Score: the score which the risk grading matrix gives to a risk. **Appendix 1** shows how a risk score is calculated, by multiplying the likelihood of occurrence by the severity of the consequences. Scores range from 1 to 25. Scores which remain higher than 15 once locally mitigated are added to the corporate risk register.

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Risk Tolerance: Risk tolerance is the amount of risk to a specific objective which an organisation decides it can cope with. It is a concept which focuses in on each risk to each of an organisation's objectives. In general terms, the more critically important a specific objective is to an organisation's overall mission, the less tolerance an organisation will have of its related risks.

Serious Incident (SI): According to NHS England, SIs include acts or omissions in care which result in:

- Unexpected or avoidable death
- Unexpected or avoidable injury which results in serious harm, or where only the provision of further treatment avoided death or serious harm
- Actual or alleged abuse where healthcare did not take appropriate safeguarding action, or where abuse occurred during the provision of healthcare
- Never Events
- An organisation's delivery of an acceptable quality of healthcare services being prevented or under threat
- Incidents which cause widespread public concern, including prolonged adverse media coverage, resulting in a loss of confidence in healthcare services

3. JUSTIFICATION AND CONTEXT

This risk management strategy supports the Trust's mission to be numbered among the safest healthcare organisations in England. This version of the strategy has been informed by several national reports dating from 2013 onwards.

3.1 Francis Report

Key findings from the Francis Report included the failure of the Mid-Staffordshire NHS Foundation Trust board to ensure that deficiencies which were brought to its attention were corrected, and also identified its failure to tackle a disengagement from managerial and leadership responsibilities.

Through careful setting of objectives and goals, this strategy seeks to ensure that learning loops are fully closed, and that all staff recognise and deliver their responsibilities in respect of risk management within the Trust.

3.2 National Guidance on Learning From Deaths

Following the Keogh Report, the National Quality Board has published its National Guidance on Learning From Deaths (2017). This guidance includes the use of mortality reviews to monitor Trusts' performance and ensure their position as providers of safe care to patients.

3.3 Berwick Review

The government also asked the National Advisory Group on the Safety of Patients in England, led by Professor Don Berwick, to carry out a review of patient safety. The report acknowledged that safety issues exist within the NHS as they do within all other healthcare systems in the world, and that in the majority of cases it is the systems, procedures, conditions, environment and constraints which hospitals face which lead to patient safety problems, rather than failings on the parts of individual staff. The review also observed "When responsibility is diffused, it is not clearly owned: with too many in charge, no-one is."

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The identification of systemic weaknesses, and the clear allocation of responsibilities to address those weaknesses, are addressed within the goals underpinning this strategy.

3.4 Freedom to Speak Up Report

The 2015 Freedom to Speak Up Report, also authored by Sir Robert Francis QC, is an independent review of the methods of creating an open and honest reporting culture in the NHS, most particularly in respect of concerns by staff which might be described as "whistleblowing". These types of concern should be captured and treated as a source of learning by any organisation wishing to have a proactive risk management strategy.

4. KEY OBJECTIVES AND GOALS

The goals to be achieved in the lifetime of this strategy are as follows. Achieving these goals will contribute to the Trust's strategic objective of numbering among the safest organisations in England, in terms of the Trust's risk profile.

Goal 1 Convergence of clinical and non-clinical risk management functions and activities, by the use of standardised reporting and monitoring methodologies (Key Deliverable: 5.1 below)

Goal 2 Identification of existing risks to patient safety by qualitative analysis of litigation data (Key Deliverable: 5.2 below)

Goal 3 Developing and refining local and corporate risk register processes which identify significant risks to the Trust, and defining responsibility for managing those risks (Key Deliverable: 5.1 below)

Goal 4 Exploitation of the full capability of the Trust's incident reporting system (Key Deliverable: 5.3 below)

Goal 5 Monitoring and, where necessary, improving levels of reporting of incidents through the Trust's incident reporting system (Key Deliverable: 5.3 below)

Goal 6 Creation of risk-based dashboards for the identification of risks from sources including incident data and litigation data, and monitoring of the effectiveness of mitigation activity (Key Deliverable: 5.4 below)

Goal 7 Creation of system for arm's length investigation of incidents where deemed appropriate, including provision of specialist training for specifically identified staff (Key Deliverable: 5.5 below)

Goal 8 Creation of robust and structured systems to ensure learning from incidents, concerns, complaints and litigation, thus minimising the risk of recurrence (Key Deliverables: 5.3 and 5.4 below)

5. KEY DELIVERABLES

The successful achievement of the goals listed above depends on several key deliverables, as follows.

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5.1 Systematic Implementation and Monitoring of Risk Management Frameworks

Appendix 2 details a standard risk management framework. Goals 1 and 3 of this strategy will be achieved by introducing and applying the framework rigorously throughout the Trust. Progress will be monitored by the Corporate Governance Steering Group. This will deliver standardised reporting of risk across the Trust, which will provide a high level view of risks and risk mitigation to the Board.

Processes to manage risk at every level within the Trust will be documented in a new Risk Management Policy.

5.2 Qualitative Analysis of Litigation Exposure

NHS Resolution (NHSR) provides litigation information on a secure website and does provide some broad analysis of the data, but the detail is insufficient to allow for specific process weaknesses which are resulting in litigation exposure to be identified and addressed.

This strategy's second goal will be achieved by the preparation and analysis of litigation data in sufficient detail to show trending information on qualitative and quantitative issues. Datasets will include types of claims received, the areas of the hospital where incidents leading to claims occur, and other such issues. This analysis will be carried out on NHSR raw data and will be reported to the Corporate Governance Steering Group.

5.3 Incident Management

Strategic goals 4, 5 and 8 will be achieved by the Trust's continuing to invest in improvements to its incident management system. This will deliver an enhanced ability to analyse data from incidents, complaints, concerns and litigation, and will provide trending qualitative as well as quantitative information.

The Trust has recently entered into a group arrangement with South Tyneside NHS Foundation Trust (STFT). Each Trust currently uses separate and different incident management systems. During the period of this strategy, the Trust Assurance Team will explore whether the Trust's own risk management processes could benefit from adopting the systems used at STFT. Executive Committee will receive the team's recommendations and decisions as to future commissioning of risk management systems (including incident management systems) will be made.

Once this decision has been made, the coding structures within the system will be designed to ensure that the same base coding is used for incident, litigation, complaints and concerns data. This will enable data analysis across all datasets, improving the Trust's ability to identify issues and problems at an earlier stage. Early identification of issues will allow quicker resolution and should ensure less frequent, and less severe, levels of harm within each trend.

More generally, the Trust's risk and incident team will continue to work with all staff groups to ensure that incident reporting rates are at an appropriate level, particularly in respect of incidents where no harm has been caused or the effect has been minor. This will enable the early identification and resolution of issues.

5.4 Risk Based Dashboards

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Once qualitative information is flowing from litigation data and the improved risk management system in the Trust, goals 6 and 8 will be achieved by constructing dashboards which identify and monitor metrics which relate to, or indicate the emergence of, key risks. These will include incident, complaints and concerns data which can then be triangulated with other data sources such as clinical audit findings. The dashboards will act as an early warning system of trends in occurrence, and will also provide an efficient tool for the monitoring of the effectiveness of improvement measures.

5.5 Arm's Length Investigations and Provision of Trained Investigators

Goal 7 of this strategy will be achieved by the creation of standard processes for the commissioning of arm's length investigations where appropriate (investigations carried out by staff from a business area other than the area in which the adverse event occurred). The timing of the introduction of these processes will be dependent on the sourcing of external training for a small group of appropriate staff, who will receive training in line with the recommendations of the NHS England Serious Incident Framework.

6 RISK APPETITE AND RISK TOLERANCE

Every organisation is willing to accept a certain level of risk within its business, particularly in respect of pursuing its business objectives. Given the nature of healthcare, the Trust has a relatively low appetite for risk. As a result, local risks which score at 15 or more are escalated into corporate workstreams via Corporate and Clinical Governance Steering Groups for information and, where necessary, for consideration of further mitigation.

Where the Assurance Programme shows repeated failures to meet specific standards, the resulting risk flows into the corporate risk register so that mitigation actions can be monitored and reviewed.

During the period of this strategy, the Board will consider whether it wishes to carry out further work in respect of articulating its tolerance of specific corporate risks and monitoring adherence to those tolerances, and whether it wishes to develop closer links between the Board Assurance Framework and its corporate risk register. This work will be supported by the Head of Corporate Risk.

An organisation's risk appetite may change over time. Should this occur during the period of this strategy, the operational processes underpinning risk management within the Trust will be adjusted.

7 THE OPERATIONAL MANAGEMENT OF RISK

Where a risk scores 15 or higher on the Trust's risk matrix (**Appendix 1**) the Corporate Governance Steering Groups and/or Clinical Governance Steering Groups monitor mitigation of those risks and refer them to the Trust's Governance Committee when necessary. Governance Committee considers whether the Board should be advised of those risks and whether it should recommend to the Board that assurance in relation to those risks are added to the Board Assurance Framework.

Further detail in respect of the processes underpinning this operational management of risk appetite can be found at **Appendix 2.**

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8 MAJOR INCIDENT AND BUSINESS CONTINUITY PLANNING

Acute hospital trusts are obliged to ensure that their Incident Response Plans are kept up to date and that they reflect and support the plans of other planning partners, such as the ambulance service and fire service, in the event of a major incident caused by events external to the organisation. Of equal importance, however, is the risk posed by a breakdown in "business as usual", as opposed to the risk posed by a specific major incident. These obligations to plan for business disruption are described in the NHS England Standard Contract Service Conditions and also in the NHS England frameworks for Business Continuity Management and Emergency Preparedness. Therefore each business area maintains its own business continuity plan, ensuring that potential risks to its services are considered and that action plans are to hand if required.

If there are risks which affect these plans, they will be added to local risk registers and mitigated by application of the process described at **Appendix 2.**

9 REFERENCES

Francis R. Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 (The First Francis Report)

Francis R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 2013 (The Final Francis Report)

Keogh B. Freedom to Speak Up Report 2015

Keogh B. Keogh Mortality Review 2013

National Advisory Group on the Safety of Patients in England: A Promise to Learn – A Commitment to Act 2013

National Quality Board: National Guidance on Learning From Deaths 2017

NHS Improvement Serious Incident Framework 2015

NHS England Model Job Description & Competencies for EPRR Officers (Coordinator) 2013

NHS England Emergency Preparedness Framework 2013

NHS England Business Continuity Management Framework 2013

10 ASSOCIATED DOCUMENTATION

The Risk Management Strategy is supported by a significant number of key risk management documents at the Trust. This number includes, but is not limited to, incident reporting and investigation policies, complaints management policies, training policies, disciplinary policies and procedures, health and safety policies, major incident plans and many others. Staff needing to access further information in respect of Trust policies can access all documents via the Trust's intranet.

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There are also local documents which staff may access to familiarise themselves with risk management processes within their own area of work. These include, but again are not limited to, local business continuity plans, local risk registers and minutes of local governance meetings.

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Appendix 1

Risk Grading Matrix

LIKELIHOOD	IMPACT				
	No Harm 1.	Minor 2.	Moderate 3.	Major 4.	Extreme 5.
5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5

To calculate a risk score, the likelihood score is multiplied by the impact score. Thus a risk which is certain to happen (5) but will only have a minor impact (2) is scored at (5 x 2) 10.

A risk which is almost certain to happen (5) and which will be extreme in its impact (5) is scored at (5 x 5) 25.

Clinical risks scoring 15 or more are monitored by the Trust's Clinical Governance Steering Group.

Non-clinical risks scoring 15 or more are monitored by the Trust's Corporate Governance Steering Group.

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Appendix 2

RISK MANAGEMENT FRAMEWORK – RISK IDENTIFICATION, ASSESSMENT AND MITIGATION

Risks have the potential to reduce an organisation's ability to provide safe, accessible, effective, efficient and appropriate services to patients and staff. It is important that the organisation can identify such risks, assess their extent, and mitigate them.

Risk Identification

The Trust identifies risks from a number of sources, including but not limited to:

- organisational objectives
- monitoring processes provided by the Board Assurance Framework and Assurance Programme
- local and corporate risk registers
- routine and *ad hoc* risk assessments
- consultation with, and feedback from, staff and patients
- complaints, incidents and claims data
- internal and external inspections and audits
- national enquiry reports
- external requirements

Risk Assessment

When a risk is identified, the likelihood of its happening, and the severity of the risk if it does occur, are assessed with reference to the risk grading matrix. As the matrix shows, a risk can score at any level from 1 to 25.

Once the risk has been assessed, it is added to a risk register; usually this will be the register held by the business area in which the risk was identified, but risks may be added direct to the corporate risk register or to the Board Assurance Framework.

- Directorate Managers add risks to local risk registers.
- Recommendations to add risks to the corporate risk register are made by the Corporate Risk Register Group and are considered by Corporate Governance Steering Group or Clinical Governance Steering Group, dependent on whether the risk is non-clinical or clinical.
- Recommendations to add risks to the Board Assurance Framework are made by either Steering Group to the Governance Committee.

Assessment and Reporting of Significant and Immediate Risks

Risks scoring 15 or more are deemed so significant that they require immediate escalation to a corporate level. In the event of a significant risk arising in hours, the risk is thoroughly assessed by the relevant Directorate Manager or Head of Service, who adds the risk to the local risk register and informs their DGM if they feel that escalation to divisional level is required. If their DGM is unavailable, they inform an alternate DGM. The DGM considers the risk, and if they feel that further escalation is appropriate, they discuss the risk and any required action with the Director of Operations (or other director if the Director of Operations is not available). The Director of Operations considers whether the risk and actions being

taken to mitigate it should be reported to the Chief Executive. In his turn, the Chief Executive considers whether the Board of Directors should be informed.

Out of hours a similar process of escalation is followed: the manager who is first on call escalates to the person second on call as necessary. Second on call is a member of the Executive Committee and they consider whether the Chief Executive should be informed.

While all risks are scored using the matrix at **Appendix 1,** the score of a risk which is escalated from a local risk register to the corporate risk register, or from the corporate risk register to the Board Assurance Framework, will almost certainly change as it escalates. This is due to context; for example, a financial risk of £1million is more significant to a directorate than it is to the Trust as a whole. The Corporate Risk Register Group is responsible for considering any risks which have been scored at 15 or higher within local risk registers. While all risks which score at this level are included within the corporate risk register, the Corporate Risk Register Group is responsible for re-scoring those risks from a corporate perspective, before adding them to the draft corporate risk register for approval by Corporate Governance Steering Group.

Risk Mitigation

Risk management within the Trust is based on a continuous cycle which identifies risks, records them, mitigates them to the extent that they can be mitigated and manages the residual risk.

Where a risk is identified, it is entered onto the relevant local risk register by the risk register owner, usually the Directorate Manager. Initial mitigation of a risk is carried out locally.

Where a local risk scores 15 or higher on the risk grading matrix (**Appendix 1)**, the Corporate Risk Register Group re-scores the risk from a corporate perspective and includes the risk on the draft corporate risk register. The corporate risk register is considered quarterly at the Corporate and Clinical Governance Steering Groups.

If local actions mitigate the risk to a risk score of less than 15, the risk is removed from the corporate risk register. If the risk cannot be mitigated locally to a risk score of less than 15, management of the risk is escalated, as follows.

- If the risk is clinical in nature, it is considered by the Clinical Governance Steering Group. If the risk is non-clinical, it is considered by the Corporate Governance Steering Group. Some risks may be both clinical and non-clinical in nature; in such cases, the Chairs of each steering group liaise to ensure that the risk is being effectively managed both from a clinical and non-clinical perspective.

- The Steering Groups consider those risks which have a local risk score of 15 or over and which have been fully mitigated at a local level. If the risk is considered acceptable from a corporate perspective, no further action is taken, although the risk remains on the corporate risk register for regular review. If the risk falls outwith risk tolerance, the Steering Groups consider and direct further mitigation activity until the risk is eliminated, the residual risk is acceptable, or the Groups can identify no further available mitigation.

- The Steering Groups advise the Governance Committee of any risks being managed in this fashion. The Governance Committee considers whether the Board should be

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advised of those risks, and whether the risks should be added to the Board Assurance Framework.

Process Monitoring

To ensure that all risks are being appropriately managed locally, a review of local risk registers is carried out at least quarterly by an appropriate local group such as the directorate clinical governance group or the directorate meeting. The review includes the identification and addition of new risks, a review of all existing risks including their current risk score, and the closing and moving to archive of any fully mitigated risks whose residual score is less than 15. Action plans support the risk registers, and minutes taken at these meetings are stored electronically for audit purposes.

Local risk registers are submitted quarterly to the Corporate Risk Register Group, to ensure that they are being appropriately managed, and so that identified local risks can be considered for inclusion within the corporate risk register.

Board Assurance Framework

A Board Assurance Framework provides a Trust with a comprehensive framework for obtaining assurance that the principal risks which may threaten the organisation's objectives are being appropriately managed. It also provides a structure to support the evidence for the Annual Governance Statement.

The Board reviews the Board Assurance Framework every six months to inform itself of all significant risk exposures, the nature of controls and action plans. High risks which are identified as being a threat to the organisation's objectives are added to the Board Assurance Framework on the recommendation of the Governance Committee. They are then included in the Board Assurance Programme for compliance monitoring.

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CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

MATERNITY SERVICES

THE NATIONAL MATERNITY SAFETY STRATEGY – 'CNST' PREMIUM REBATE INCENTIVE

MAY 2018

Executive Summary

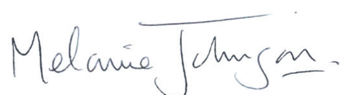
The Maternity Safety Strategy sets out the measures to drive improvements for safe maternity care. NHS Litigation has, as one of a number of measures, incentivised progressing safety improvements by offering a rebate of a minimum of 10% on the contribution to the 'CNST' premium.

A self-assessment for the Trust of current compliance against the 10 key criteria is provided in Appendix 1 which demonstrates full compliance.

City Hospitals Sunderland NHS Foundation Trust has the opportunity to receive the rebate. In order to apply for this, completed evidence templates need to be signed off by the Board, discussed with the commissioner and submitted to NHS Resolution with all relevant supporting documentation by Friday 29 June 2018. (See Appendices 2-5 attached).

Recommendations

- Note the interface between the new National Strategy for improving the safety of maternity care and the recommendations from 'Better Births - Improving outcomes of maternity services in England'
- Note that there is no detail currently available on the requirements to increase the level of rebate beyond 10%.
- To review the Board Report and evidence and sign the declaration in Section C (pg. 5) of the Board Report



Melanie Johnson
Executive Director of Nursing, AHPs and Patient Experience &
Maternity Safety Champion

Ian Martin
Medical Director &
Maternity Safety Champion

1.0 Introduction

The purpose of this paper is to provide a briefing to the Executive Board on the National Maternity Safety Strategy, links with Better Births and the background on initiatives underway to support implementation of the strategy. As an incentive to implement the strategy there is an opportunity for the Trust to receive a 10% rebate in the NHSLA (CNST) maternity premium if we are able to demonstrate full compliance with 10 key criteria as outlined in appendix 1.

2.0 Background

Since 2010 the Government has invested nearly £40m in capital funding for maternity services. In 2017 over £9m was invested and additional funding provided to support safety training for multidisciplinary maternity teams, new approaches to improving safety and to create a national safety and quality improvement movement through the maternity and Neonatal Health and Safety Collaborative. In 2016 the National Maternity Review reported on the need to make improvements to safety and quality and made recommendations for implementation.

The Department of Health have set out an ambition to halve the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur during or soon after birth by 2030 and a 20% reduction by 2020. Key initiatives include;

- Families who suffer stillbirth or life-changing injuries to their babies will be offered an independent investigation to find out what went wrong and why. The government is also looking into enabling coroners to investigate stillbirths.
- Under the plans, stillbirth, early neonatal death and severe brain injury cases each year will be referred to the Healthcare Safety Investigation Branch, the new NHS safety investigator led by safety experts.
- A new Healthcare Safety Investigation Branch will standardise investigations of cases so that the NHS learns as quickly as possible from what went wrong and shares the learning to prevent future tragedies.

2.1 National Maternity Review Report – Better births (2016) links with the Maternity Safety Strategy

The report states the vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly.

NHS England has established the Maternity Transformation Programme to implement the recommendations from the report through the formation of 44 Local Maternity Systems (LMS) across England.

Implementation of the National Maternity Safety Strategy is an integral part of this transformation programme.

3.0 The Maternity Safety Strategy

The Maternity Safety Strategy sets out additional measures to drive safety improvements. One key incentive to support implementation of the strategy is a 10% rebate on the maternity CNST premium where Trusts can demonstrate compliance with 10 criteria (see 3.2).

3.1 Implementation of the Strategy

An action plan has been developed to deliver the recommendations from 'Better Births' and also the broader elements of the Maternity Safety Strategy. This plan will become integral to planning for the reconfigured Maternity service and will be monitored through the Clinical Governance Steering Groups for both Trusts.

3.2 Achieving compliance with the 10 key criteria

In order to be considered for a rebate under the scheme a standard template report must be:

1. signed off by the Trust board;
2. discussed with relevant commissioners; and
3. submitted by 29 June 2018 with supporting evidence.

If an individual Trust is unable to demonstrate full compliance against one or more of the 10 key criteria then a further, more detailed action plan must be produced. The National Maternity Safety Champions and Steering group will review these and NHS Resolution, at its absolute discretion, will agree whether any reimbursement of CNST contributions is to be made to the Trust. Any such payments would be at a much lower level than for those trusts able to demonstrate the required progress against the 10 actions and the 10% of the maternity contribution used to create the fund. If made, any such reimbursement must be used by the Trust for making progress against one or more of the 10 actions.

Appendix 1 provides information regarding the 10 CNST criteria and evidence required to meet each element. The appendix also provides a detailed analysis for the Trust to show our current compliance against the criteria and demonstrate that we achieved full compliance against all 10 standards by the 30 April 2018.

4. Financial analysis

The current NHSLA contribution for CHSFT for 17/18 is £6,730,855. The rebate scheme commences in the 18/19 financial year. Based on 17/18 CNST values, the impact of a 10% rebate would be £673,086.

5. Summary

The Maternity Safety Strategy sets out the measures to drive improvements to the safety of maternity care. The Trust has the opportunity to receive a rebate on our current CNST premiums of a minimum of 10% if we are able to demonstrate compliance with 10 key criteria. The scheme will be evaluated during 2018/19 and a decision made as to whether it will continue. A summary analysis for the Trust detailed in Appendix 1 gives assurance that we have achieved full compliance.

6. Recommendations

- Note the interface between the new National Strategy for improving the safety of maternity care and the recommendations from 'Better Births - Improving outcomes of maternity services in England'
- Note that there is no detail currently available on the requirements to increase the level of rebate beyond 10%.

Sheila Ford, Head of Midwifery, CHS
Craig Steele, Clinical Director O&G, CHS
Janet Griffin, Directorate Manager, CHS

Appendix 1

Self-assessment of current compliance for City Hospitals Sunderland NHS Foundation Trust against the 10 CNST Criteria

CNST Criteria	CNST Evidence Requirement	Current Level of Compliance	Comments	Person Responsible	Note to Board
1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?	Ability to demonstrate use of the NPMRT to review perinatal deaths between January 2018– April 2018. This would include using the NPMRT to review perinatal deaths that pre-date the NPMRT's launch Validation method NHS Resolution will also use data from MBRRACE to verify the Trust's progress against this action.	Fully compliant	5 reviews completed 1 review underway, awaiting post-mortem results prior to finalising report	Head of Midwifery Obstetric and Neonatal Clinical Leads	
2). Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Able to demonstrate progress on at least 8 out of the following 10 criteria: - Submitted MSDS in all of the last three months (i.e. data relating to January - March 2018) - Latest submission contained	Fully compliant	Compliant against 8/10 criteria for January, February and March 2018. The latest submission was in March 18 and data analysts have confirmed that this submission was in line with previous months where 8/10		Board level champions have been assured that compliance has been achieved.

	booking appointments in the month - Latest submission contained method of delivery for at least 80% of births - Latest submission contained at least 80% of HES births expectation (unless reason understood) - Latest submission contained all of the tables 501, 502, 404, 409 - Latest submission contained all the tables 401,406,408,508,602 (unless justifiably blank) - Latest submission contained valid* smoking at booking for at least 80% of bookings - Latest submission contained valid baby's first feed for at least 80% of births - Latest submission contained valid in days gestational age for at least 80% of births - Latest submission contained valid* presentation at onset for at least		compliance was confirmed.		

	80% of deliveries where onset of labour recorded * valid excludes not known and missing Where the criteria assesses the quality of booking, delivery or births data and no data of that type are submitted, the criteria is not met. NHS Resolution will also use data from NHS Digital to verify the Trust's progress against this action. Validation method Self-certification report to Board using template report. NHS Digital data will be used to cross-reference against Trust self-certification. Trusts assessed against the required standard for March 2018 submitted by the end of May 2018 - (this will be at provider level data rather than site level data).				

3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?	Provision of a service delivery model where care, additional to normal infant care, is provided in a postnatal clinical setting or in a bespoke transitional care unit with the mother as primary care giver, supported by appropriately trained healthcare professionals. Additional care requirements may include: care for late preterm infants, provision of intravenous antibiotics, provision of complementary nasogastric tube feed. <u>Validation method</u> Trusts should be assessing their transitional care provision as at end April 2018.NHS Resolution will cross-check trusts' self-reporting with Neonatal Operational Delivery Networks to verify the Trust's progress against this action.	Fully Compliant	We have confirmation from the Neonatal Operational Delivery Network that they agree with our level of compliance.	Head of Midwifery Neonatal Operational Delivery Networks	
4). Can you demonstrate an effective system of medical workforce	No more than 20% of middle grade sessions on labour ward filled by consultants acting down from other sessions. Trusts to self-assess against any consecutive 4 week	Fully compliant	RCOG workforce monitoring tool assessment submitted to the RCOG on 3 May	Directorate Manager for Obstetrics	Board level champions have been assured that compliance

planning?	period in March or April using the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool (to follow in late January/early February). <u>Validation method</u> Self-certification report to Board using report template and completed RCOG workforce monitoring tool.		2018.	and Gynaecology Obstetric Clinical Lead for Medical Staffing	has been achieved and agree to self-certify compliance with this requirement
5). Can you demonstrate an effective system of midwifery workforce planning?	1. Evidence of a systematic, evidence-based process to calculate the midwifery staffing establishment; 2. Trust policy demonstrating that, as standard, midwifery labour ward shifts are rostered in a way that allows the labour ward coordinator to have supernumerary status (defined as having no case load of their own during that shift); and 3. Good practice includes neonatal workforce within work force plans. <u>Validation method</u> Trusts should be evidencing the	Fully compliant	Table top exercise using a modified Birthrate+ tool completed April 2018.	Head of Midwifery Directorate Manager for Obstetrics and Gynaecology Divisional Finance Manager	Board level champions have been assured that compliance has been achieved and agree to self-certify compliance with this requirement

	position as at end April 2018. Evidence for item 1 could include Board minutes or evidence of a full audit or table-top exercise using a tool such as Birthrate+				
6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?	Ability to demonstrate Board level consideration of the SBL care bundle in a way that supports the delivery of safer maternity services. Board minutes demonstrating that each element of the SBL care bundle has been implemented or that an alternative intervention put in place to deliver against element(s). <u>Validation method</u> Trusts should be evidencing the position as at end April 2018.NHS Resolution will cross-check trusts' self-reporting with NHS England.	Fully compliant			Board level champions are assured that, at the end of April 2018, the service remained compliant with the SBL care bundle as declared externally to NHS England at the end of March 2018.
7). Can you demonstrate that you have a patient feedback mechanism for	This action is self-explanatory. Evidence would include minutes of regular MVP meetings	Fully compliant			Board level champions are assured that the minutes of

maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?	demonstrating their business. <u>Validation method</u> Trusts should be evidencing the position as at end April 2018.				meetings held 14 Sept 2017, December 2017 and March 2018 provide evidence of business activity.
8). Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	Training should include fetal monitoring in labour and integrated team-working with relevant simulated emergencies and/or hands on workshops. The training syllabus should be based on current evidence, national guidelines/ recommendations, any relevant local audit findings, risk issues and case review feedback, and include the use of local charts, emergency boxes, algorithms and pro-formas. There should also be feedback on local maternal and neonatal outcomes. Maternity staff attendees should include: obstetricians (including Consultants, staff grades and	Fully compliant	As at 30th April 2018 we were 90% compliant for CTG interpretation training for all relevant staff groups including: Consultant Obstetricians = 90% Midwives = 96% As at 30th April 2018 we were 90% compliant for obstetric emergency training for all staff groups including: Consultant Obstetricians	Head of Midwifery Directorate Manager for Obstetrics and Gynaecology	Board level champions are assured that compliance has been achieved. Board must ensure that additional documentary evidence is submitted along with this report.

	trainees); obstetric anaesthetic staff (Consultants and relevant trainees); midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and stand-alone birth centres) and bank midwives); maternity theatre and critical care staff; health care assistants (to be included in the maternity skill drills as a minimum) and other relevant clinical members of the maternity team. <u>Validation method</u> Trusts should be evidencing the position as at end April 2018. Completion of the 'CNST local training record' form following each training day, including details of the programme used as well as entering all attendees on their local training database to ensure they can demonstrate the percentage attendance for each staff group.		=90% Consultant Anaesthetists = 90% Operating department practitioners = 100% Health care assistants =91% Midwives = 96% Staff nurses = 100% 'CNST local training record' form and details of the training programme delivered must be submitted with the board report to self - certify the Trusts declaration of compliance.		

9). Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues? Evidence of bi-monthly meetings through meeting agendas, minutes etc. demonstrating reviews of published national reports (such as Each Baby Counts and MBRRACE-UK), reviews of locally collected clinical measures, inspection reports and feedback from women and families. <u>Validation method</u> Self-certification report to Board using template report. Trusts should be evidencing the position as at end April 2018.	Fully compliant	A meeting with maternity champions and board level champions held in January 2018. This was followed by a scheduled meeting in line with the CNST agenda requirements held on the 23rd April 2018 with Board members. The next meeting is arranged for 28 June 2018.	Head of Midwifery Obstetric Clinical Lead Director of Nursing Medical Director	Board level champions have noted that following publication of the guidance meetings are scheduled to run bi-monthly.
10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?	Reporting of all qualifying incidents that occurred in the 2017/18 financial year to NHS Resolution under the Early Notification scheme reporting criteria. <u>Validation method</u> Trusts should be evidencing the	Fully Compliant	NHSR reported cases between 1 April 2017 – 31 March 2018 included two eligible cases for CHSFT. Both cases were also reported through RCOG		Board level champions are assured that compliance has been achieved.

	position as at end March 2018.NHS Resolution will also use data from the National Neonatal Research Database to verify the Trust's progress against this action.		Each Baby Counts (EBC) project also. In addition the RCOG (EBC) project highlights missed cases through the neonatal team submissions of all cases through the BADGER national neonatal audit. The EBC system has not highlighted any potential missed cases.		

Board report on City Hospitals Sunderland NHS Foundation Trust progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions

Date: 23 May 2018

Please see attached Board report May 2018

SECTION A: Evidence of Trust's progress against 10 safety actions:

Please note that trusts with multiple sites will need to provide evidence of each individual site's performance against the required standard.

Safety action – please see the guidance for the detail required for each action	Evidence of Trust's progress	Action met? (Y/N)
1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will also use data from MBRRACE to verify the Trust's progress against this action.*	**Yes**
2). Are you submitting data to the Maternity Services Data Set (MSDS) to the required	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will also use data from NHS Digital to verify the Trust's*	**Yes**

standard?	*progress against this action.*	
3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will cross-check trusts' self-reporting with Neonatal Operational Delivery Networks to verify the Trust's progress against this action.*	**Yes**
4). Can you demonstrate an effective system of medical workforce planning?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document. This should include reference to the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool template*	**Yes**
5). Can you demonstrate an effective system of midwifery workforce planning?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance slides.*	**Yes**
6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will cross-check trusts' self-reporting with NHS England.*	**Yes**
7). Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.*	**Yes**

Voices Partnership Forum, and that you regularly act on feedback?		
8). Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document. This should include completion of a local training record form.*	**Yes**
9). Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.*	**Yes**
10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?	*Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will also use data from the National Neonatal Research Database to verify the Trust's progress against this action.*	**Yes**

SECTION B: Further action required:

If the Trust is unable to demonstrate the required progress against any of the 10 actions, please use this section to set out a detailed plan for how the Trust intends to achieve the required progress and over what time period. Where possible, please also include an estimate of the additional costs of delivering this.

The National Maternity Safety Champions and Steering group will review these details and NHS Resolution, at its absolute discretion, will agree whether any reimbursement of CNST contributions is to be made to the Trust. Any such payments would be at a much lower level than for those trusts able to demonstrate the required progress against the 10 actions and the 10% of the maternity contribution used to create the fund. If made, any such reimbursement must be used by the Trust for making progress against one or more of the 10 actions.

SECTION C: Sign-off

…………………………………………………………………………..

For and on behalf of the Board of City Hospitals Sunderland NHS Foundation Trust confirming that:

- **The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets the required standards and that the self-certification is accurate.**
- **The content of this report has been shared with the commissioner(s) of the Trust's maternity services**
- **If applicable, the Board agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B**

Position: **………………………….**

Date: **………………………….**

We expect trust Boards to self-certify the Trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group escalate to the appropriate arm's length body/NHS System leader.

…………………………………………………………………………..

SECTION D: Appendices

Attached copies of all relevant evidential appendices include:

- Completed ‘CNST local training record’ form following each training day May 2017 - April 2018
- Details of the programme used at each training day
- Local training database evidence demonstrating the percentage attendance for each staff group.

APPENDIX 3

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	8TH 9TH 10TH 19TH MAY 2017
Total number of staff attending local training day:	33
Number of midwives trained:	18
Band 5	1
Band 6	15
Band 7	2
Midwifery managers/ matrons and others (Band 8 and above)	0
Number of consultant obstetricians trained:	2
Number of obstetric trainees trained:	1
Number of obstetric anaesthetists trained:	3
Number of HCA's/MCA's/MSWs trained:	8
Number and types of other staff trained:	1 ODP
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	2ND 12TH 13TH 14TH JUNE 2017
Total number of staff attending local training day:	31
Number of midwives trained:	20
Band 5	1
Band 6	17
Band 7	2
Midwifery managers/ matrons and others (Band 8 and above)	0
Number of consultant obstetricians trained:	0
Number of obstetric trainees trained:	1
Number of obstetric anaesthetists trained:	2
Number of HCA's/MCA's/MSWs trained:	7
Number and types of other staff trained:	2 X THEATRE NURSE
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	18TH 19TH 20TH JULY 2017
Total number of staff attending local training day:	20
Number of midwives trained:	13
Band 5	2
Band 6	8
Band 7	2
Midwifery managers/ matrons and others (Band 8 and above)	0
Number of consultant obstetricians trained:	1
Number of obstetric trainees trained:	0
Number of obstetric anaesthetists trained:	0
Number of HCA's/MCA's/MSWs trained:	5
Number and types of other staff trained:	1 X ODP
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS
Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	NO TRAINING SCHEDULED
Total number of staff attending local training day:	
Number of midwives trained:	
Band 5	
Band 6	
Band 7	
Midwifery managers/ matrons and others (Band 8 and above)	
Number of consultant obstetricians trained:	
Number of obstetric trainees trained:	
Number of obstetric anaesthetists trained:	
Number of HCA's/MCA's/MSWs trained:	
Number and types of other staff trained:	
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	20TH 22ND SEPTEMBER 2017
Total number of staff attending local training day:	20
Number of midwives trained:	13
Band 5	0
Band 6	12
Band 7	0
Midwifery managers/ matrons and others (Band 8 and above)	1
Number of consultant obstetricians trained:	3
Number of obstetric trainees trained:	0
Number of obstetric anaesthetists trained:	0
Number of HCA's/MCA's/MSWs trained:	3
Number and types of other staff trained:	1 X THEATRE NURSE
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS
Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	13TH 19TH 20TH OCTOBER 2017
Total number of staff attending local training day:	33
Number of midwives trained:	24
Band 5	0
Band 6	20
Band 7	4
Midwifery managers/ matrons and others (Band 8 and above)	0
Number of consultant obstetricians trained:	1
Number of obstetric trainees trained:	1
Number of obstetric anaesthetists trained:	1
Number of HCA's/MCA's/MSWs trained:	5
Number and types of other staff trained:	1 X THEATRE NURSE
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	20TH 22ND 27TH NOVEMBER 2017
Total number of staff attending local training day:	31
Number of midwives trained:	19
Band 5	3
Band 6	14
Band 7	1
Midwifery managers/ matrons and others (Band 8 and above)	1
Number of consultant obstetricians trained:	3
Number of obstetric trainees trained:	2
Number of obstetric anaesthetists trained:	2
Number of HCA's/MCA's/MSWs trained:	4
Number and types of other staff trained:	0
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	8TH 9TH JANUARY 2018
Total number of staff attending local training day:	22
Number of midwives trained:	15
Band 5	0
Band 6	12
Band 7	3
Midwifery managers/ matrons and others (Band 8 and above)	0
Number of consultant obstetricians trained:	2
Number of obstetric trainees trained:	0
Number of obstetric anaesthetists trained:	2
Number of HCA's/MCA's/MSWs trained:	3
Number and types of other staff trained:	X 2 student midwives X 4 medical students
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	1ST 2ND FEBRUARY 2018
Total number of staff attending local training day:	20
Number of midwives trained:	17
Band 5	2
Band 6	14
Band 7	1
Midwifery managers/ matrons and others (Band 8 and above)	0
Number of consultant obstetricians trained:	1
Number of obstetric trainees trained:	2
Number of obstetric anaesthetists trained:	2
Number of HCA's/MCA's/MSWs trained:	1
Number and types of other staff trained:	X 1 student midwife
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	6TH 7TH MARCH 2018
Total number of staff attending local training day:	19
Number of midwives trained:	13
Band 5	2
Band 6	8
Band 7	2
Midwifery managers/ matrons and others (Band 8 and above)	1
Number of consultant obstetricians trained:	1
Number of obstetric trainees trained:	0
Number of obstetric anaesthetists trained:	0
Number of HCA's/MCA's/MSWs trained:	5
Number and types of other staff trained:	0
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS
Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	**CITY HOSPITALS SUNDERLAND**
Date of in-house training:	3RD 4TH APRIL 2018
Total number of staff attending local training day:	23
Number of midwives trained:	15
Band 5	1
Band 6	13
Band 7	1
Midwifery managers/ matrons and others (Band 8 and above)	0
Number of consultant obstetricians trained:	1
Number of obstetric trainees trained:	1
Number of obstetric anaesthetists trained:	1
Number of HCA's/MCA's/MSWs trained:	3
Number and types of other staff trained:	1 X THEATRE NURSE 1 X ODP
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

NHS Resolution

Local Training record for multi-professional 'in-house' maternity emergencies training day (including fetal monitoring in labour)

This form should be completed following each of your local maternity emergencies training days and submitted as evidence alongside your Clinical Negligence Scheme for Trusts (CNST) Board report

Maternity unit:	CITY HOSPITALS SUNDERLAND
Date of in-house training:	26 April 2018
Total number of staff attending local training day:	13
Number of midwives trained:	5
Band 5	
Band 6	3
Band 7	2
Midwifery managers/ matrons and others (Band 8 and above)	0
Number of consultant obstetricians trained:	
Number of obstetric trainees trained:	2
Number of obstetric anaesthetists trained:	3
Number of HCA's/MCA's/MSWs trained:	2
Number and types of other staff trained:	2 X ODP
N.B Please attach a copy of your local maternity emergencies training day programme to this form. Thank you	

University of Sunderland

NHS
City Hospitals Sunderland NHS Foundation Trust
South Tyneside NHS Foundation Trust
South Tyneside and Sunderland Healthcare Group

OBSTETRIC SKILLS/DRILLS EMERGENCY TRAINING
- a collaborative, multidisciplinary training project

Course Director: Mr Kim Hinshaw
Venue: Simulation Suite, 'Living Labs', University of Sunderland

PROGRAMME

0830-0900	**Registration**
0900-0915	**Introduction to the day – Aims & Objectives**
0915-0945	**Human Factors – relevance to obstetric teams**
0945-1015	**SimMom – familiarisation**
1015-1115	**Scenario 1 – team simulation & debrief**
1115-1130	**Break**
1130-1230	**Scenario 2 – team simulation & debrief**
1230-1245	**Review of morning sessions – Lessons learned**
1245-1330	**Lunch**
1330-1430	**Scenario 3 – team simulation & debrief**
1430-1515	**Force traction or Cricothyroidotomy – skills stations**
1515-1530	**Break**
1530-1630	**Scenario 4 – team simulation & debrief**
1630-1645	**Feedback & Close**

Funded & supported by
Baby Lifeline UK
Merck Charitable Foundation

Acknowledgement
Course content based on MuSiC Course, Queen Elizabeth Hospital, Gatehead
See: http://www.qegateshead.nhs.uk/music

Multi-disciplinary Simulation Course in Obstetrics

BABY LIFELINE

MERCK & CO., INC.
Kenilworth, N.J., U.S.A

City Hospitals Sunderland NHS
NHS Foundation Trust

Skills Drill Proforma

Date:	26th April 2018		
Facilitator:	Amanda Bargh		
Venue:	Delivery Suite – LDRP 17	Important Learning	Tick
Description of Drill planned:	Nuliparous woman. Low Risk, 38 weeks pregnant. Has been midwifery led care. Spontaneous labour. 2 hour second stage. Head delivers slowly. Midwife unable to deliver shoulders. Emergency buzzer – manage the situation. Baby will deliver with removal of posterior arm. Staff all disseminate following the emergency situation. Second emergency buzzer - Postpartum haemorrhage following the shoulder dystocia. Total EBL 2.5 litres Cause – Atonic Uterus Run scenario until managed in theatre with successful Bakkri balloon	Identify Risks Emergency buzzer 2222 H E L P P E R Scribe – Shoulder Dystocia proforma Scribe - PPH Proforma Rub up contraction Check Placenta Empty Bladder Bi-manual compression IV access – Bloods Drugs: Ergometrine ~~Syntocinon infusion~~ Tranexamic acid Haemabate Misoprostol ABCs - management Major haemorrhage protocol 42422 Theatre management Bakkri Balloon Repair of tears B Lynch Suture Interventional radiology Hysterectomy Urine output in recovery Close observation Debrief Family support Incident report Documentation	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ Discussed further management. ✓ ✓ ✓ ✓ ✓ ✓

30-Apr-18

Obstetrics Emergencies					
Staff Group	Position Title	No of staff with competency as a requirement	No of staff compliant	No of staff non Compliant	Compliance rate
Add Prof Scientific and Technic	Operating Department Practitioner	3	3	0	100.00%
Add Prof Scientific and Technic Total		3	3	0	100.00%
Additional Clinical Services	Healthcare Assistant	22	20	2	90.91%
Additional Clinical Services Total		22	20	2	90.91%
Medical and Dental	Consultant Obstetician	10	9	1	90.00%
	Consultant Anaesthetist	10	9	1	90.00%
Medical and Dental Total		20	18	2	90.00%
Nursing and Midwifery Registered	Co-ordinator - Delivery Suite	4	4		100.00%
	Core Team Leader	3	3		100.00%
	Head of Midwifery	1	1		100.00%
	Matron	1	1		100.00%
	Midwife	101	96	5	95.05%
	Midwife - New Entrant	7	7		100.00%
	Midwife Specialist Practitioner	1	1		100.00%
	Named Midwife for Safeguarding Children	1	1		100.00%
	Research Midwife	4	4		100.00%
	Staff Nurse	4	4		100.00%
	Team Leader Midwife	6	6		100.00%
Nursing and Midwifery Registered Total		133	128	5	96.24%
Trust Total		178	169	9	94.94%

Maternity CTG					
Staff Group	Position Title	No of staff with competency as a requirement	No of staff compliant	No of staff non Compliant	Compliance rate
Medical and Dental	Consultant	10	9	1	90.00%
Medical and Dental Total		10	9	1	90.00%
Nursing and Midwifery Registered	Co-ordinator - Delivery Suite	4	4		100.00%
	Core Team Leader	3	3		100.00%
	Head of Midwifery	1	1		100.00%
	Matron	1	1		100.00%
	Midwife	101	96	5	95.05%
	Midwife - New Entrant	7	7		100.00%
	Midwife Specialist Practitioner	1	1		100.00%
	Named Midwife for Safeguarding Children	1	1		100.00%
	Research Midwife	4	4		100.00%
	Team Leader Midwife	6	6		100.00%
Nursing and Midwifery Registered Total		129	124	5	96.12%
Trust Total		139	133	6	95.68%

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS IN PUBLIC

LEARNING FROM DEATHS DASHBOARD

MAY 2018

INTRODUCTION

1. The National Quality Board (2017) published national guidance on learning from deaths which sets out a framework for Trusts on identifying, reporting, investigating and learning from deaths in care. Boards need to be assured that deaths are reviewed and changes are made in response to learning to improve pathways of care.
2. Trusts are required to collect and publish quarterly reports with specified information on deaths and demonstrate learning. The report must be presented to a public Board meeting.
3. Data on learning disabilities only includes LeDeR reviews completed by the Trust.
4. This report provides the Board of Directors with the third mortality dashboard.

LEARNING FROM DEATHS DASHBOARD – AN OVERVIEW

5. We have used but amended the NHS England dashboard template to support the recording of deaths, review of outcomes and learning from care provided. A similar approach seems to have been adopted by other Trusts.
6. In common with peer Trusts within the North East Regional Mortality Network we use an adaptation of PRISM methodology (Hogan and colleagues) for undertaking mortality reviews. This clinician-led approach helps to identify 'problems in care' and informs judgements on avoidability of death.
7. The method also allows clinicians to provide an overall quality of care rating and the dashboard captures those deaths where care during the last admission was graded as excellent or good.
8. Section 1 includes information about the total number of adult in-patient deaths and those deaths reviewed by a mortality review panel known as a Stage 2 mortality review. This is an independent review of the notes carried out by the Mortality Review Panel, and in all cases none of the reviewers will have been directly involved in the clinical care of the deceased.
9. The data completeness column indicates whether the information is either provisional or final reflecting the dynamic nature of the mortality review process and information capture.
10. Section 2 of the dashboard provides information about end of life reviews, which are carried out separate to or in addition to a stage 2 mortality review. These specific reviews are based on the 5 core elements of care from the national implementation of "Care of the Dying Patient" documentation. The outcomes of these reviews are used to target staff awareness and training sessions in care of the dying.

INTERPRETATION OF DASHBOARD DATA

11. We continue to adapt our existing mortality review arrangements following publication of the Trust Mortality Review & Learning From Deaths Policy. This includes refining our processes for highlighting actions and improvements from reviews of death.
12. An increase in deaths with a stage 2 mortality review panel review is seen in March. This rate cannot be directly compared with previous months because review of deaths in March 2018 is yet to be completed.
13. We have consolidated our position regarding death reviewed and preventability scoring using the Hogan methodology. For those patients reviewed in Q4, 95% were judged as definitely not preventable.
14. In addition for this quarter, there was no patient deaths judged as avoidable (using the Hogan criteria greater than 50% likelihood of avoidability) as a proportion of stage 2 reviews.
15. The slight improvement in our previous position on the grading of care reported as either excellent or good has continued in Q4, which for this quarter is 92.5%. To date, we can show that this has never reduced below 90% in a quarter.
16. The proportion of deaths with an End of Life review has increased in Q4 with 67% of those deaths where patients were in receipt of End of Life Care having a special End of Life Review in Q4. The majority of these reviews (85%) had the 5 core elements delivered. These are the priorities of care that should reflect the needs and preferences of the dying person, i.e. ‘recognise’ (the possibility that a person may die within the next few days or hours), communication, involvement, support, and ‘plan and do’ (that an individual plan of care is agreed, coordinated and delivered with compassion).

EVIDENCE OF LEARNING AND ACTION

17. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status is recorded on a region-wide paper document and is filed in the front of physical case-notes.
18. With the advent of electronic care records across the Trust, the DNACPR status of ward patients has been identified as an issue as the physical case-notes are no longer referred to during day to day review of ward patients.
19. The intention is to move to an electronic DNACPR document which would be readily accessible by all health professionals.

RECOMMENDATIONS

20. The Board are asked to note the updated dashboard.

Ian Martin
Medical Director

NHS Learning from Deaths Dashboard

Department of Health

Organisation	City Hospitals Sunderland NHS Foundation Trust
Financial Year	2017-18
Month	April - March

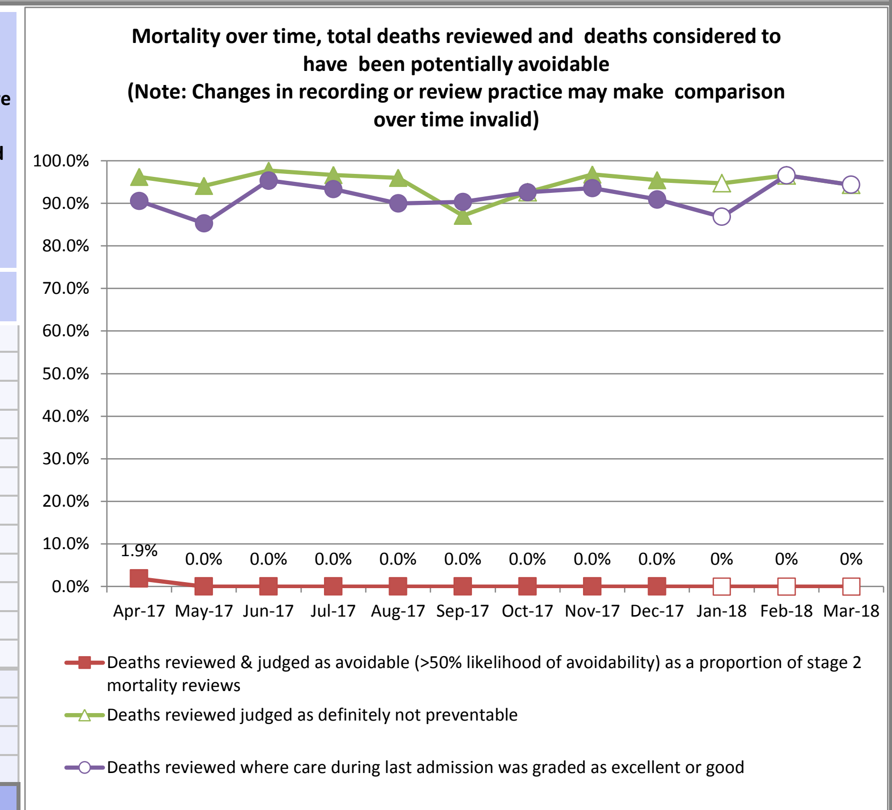
City Hospitals Sunderland NHS Foundation Trust: Learning from Deaths Dashboard - April - March 2017-18

NHS City Hospitals Sunderland NHS Foundation Trust

Section 1: Summary of total number of deaths and total number of cases reviewed

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable, definitely not preventable and excellent or good care (does not include patients who died in the Emergency Department)

Month of death	Data completeness	Total Number of deaths	Deaths investigated as a Serious Incident	Stage 1 Reviews - Screening		Deaths meeting inclusion criteria (NA = not available)		Deaths with a completed stage 2 Mortality Review Panel Review		Deaths reviewed & judged as avoidable (>50% likelihood of avoidability) as a proportion of stage 2 mortality reviews		Deaths reviewed judged as definitely not preventable		Deaths reviewed where care during last admission was graded as excellent or good	
				Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Apr-17	Final	126	0	NA	-	NA	-	53	42%	≤ 5	1.9%	51	96%	48	91%
May-17	Final	122	0	NA	-	NA	-	34	28%	0	0.0%	32	94%	29	85%
Jun-17	Final	109	0	NA	-	NA	-	43	39%	0	0.0%	42	98%	41	95%
Jul-17	Final	93	0	NA	-	NA	-	30	32%	0	0.0%	29	97%	28	93%
Aug-17	Final	123	0	NA	-	NA	-	50	41%	0	0.0%	48	96%	45	90%
Sep-17	Final	94	0	NA	-	NA	-	31	33%	0	0.0%	27	87%	28	90%
Oct-17	Final	105	0	81	77%	25	31%	27	33%	0	0.0%	25	93%	25	93%
Nov-17	Final	127	0	102	80%	30	29%	31	30%	0	0.0%	30	97%	29	94%
Dec-17	Final	157	0	101	64%	20	20%	22	22%	0	0.0%	21	95%	20	91%
Jan-18	Provisional	179	0	169	94%	37	22%	38	22%	0	0%	36	95%	33	87%
Feb-18	Provisional	148	0	123	83%	28	23%	29	24%	0	0%	28	97%	28	97%
Mar-18	Provisional	159	0	63	40%	24	38%	53	84%	0	0%	50	94%	50	94%
Q1 17/18	Final	357	0	NA	-	NA	-	130	36%	≤ 5	0.8%	125	96%	118	91%
Q2 17/18	Final	310	0	NA	-	NA	-	111	36%	0	0.0%	104	94%	101	91%
Q3 17/18	Final	389	0	284	73%	75	26%	80	28%	0	0.0%	76	95%	74	93%
Q4 17/18	Provisional	486	0	355	73%	89	18%	120	34%	0	0.0%	114	95%	111	93%
2017/18	Provisional	1542	0	639	41%	164	11%	441	69%	≤ 5	0.2%	419	95%	404	92%



Section 2: End of Life Review

Total Number of Deaths, Deaths Reviewed and Deaths with 5 Core Elements Delivered

Month of death	Data completeness	Number of deaths where patients were in receipt of End of Life care	Deaths with an End of Life Review		End of Life reviews with all 5 core elements delivered	
			Number	%	Number	%
Apr-17	Final	85	53	62%	NA	-
May-17	Final	81	15	19%	NA	-
Jun-17	Final	68	20	29%	NA	-
Jul-17	Final	70	52	74%	NA	-
Aug-17	Final	91	67	74%	58	87%
Sep-17	Final	67	40	60%	40	100%
Oct-17	Final	70	31	44%	28	90%
Nov-17	Final	83	59	71%	55	93%
Dec-17	Final	85	34	40%	33	97%
Jan-18	Provisional	112	83	74%	73	88%
Feb-18	Provisional	99	70	71%	54	77%
Mar-18	Provisional	102	56	55%	50	89%
Q1 17/18	Final	234	88	38%	NA	-
Q2 17/18	Final	228	159	70%	98	62%
Q3 17/18	Final	238	124	52%	116	94%
Q4 17/18	Provisional	313	209	67%	177	85%

Section 3: Learning Disability Review

Total Number of Deaths, LeDeR reviews completed and deaths reviewed by the Mortality Review Panel

2017/18 Quarter	Data Completeness	Number of deaths	LeDeR reviews completed	LeDeR reviews in progress	Deaths with a completed stage 2 Mortality Review Panel Review
1	Provisional	≤ 5	68%	33%	40%
2	Provisional	≤ 5	68%	33%	100%
3	Provisional	≤ 5	25%	75%	25%
4	Provisional	≤ 5	25%	75%	-