CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

There will be a meeting of the Board of Directors 'In Public' on
Thursday, 26 July 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, 31 May 2018		**Enc 1**
	Matters Arising		
	Item 3 Merger Update	**KWB**	
	Item 3 NHS Pay Award	**KWB**	
	Item 4 CIPD Award	**KWB**	
3.	**Standard Reports**		
Item 2	Chief Executive's Update	**KWB**	
Item 3	Quality Report	**MJ**	**Enc 3**
Item 4	Finance Report	**JP**	**Enc 4**
Item 5	Performance Report	**PS**	**Enc 5**
4.	**Strategy/Policy**		
Item 6	Joint Finance & Performance Committee Terms of Reference	**JP**	**Enc 6**
5.	***The following items are for information only and have been discussed at the Governance Committee which is a formal sub-committee of the Board of Directors***		
Item 7	Fire Safety Annual Report 2017/18		**Enc 7**
Item 8	Health & Safety Report 2017/18		**Enc 8**
Item 9	Security Report 2017/18		**Enc 9**
6.	**Date and Time of Next Meeting**		

Thursday 27 September 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, 31 May 2018.

Present: Ken Bremner (KWB)
David Barnes (DB)
Stewart Hindmarsh (SH) – Chair
Melanie Johnson (MJ)
Ian Martin (ICM)
Paul McEldon (PMcE)
Julia Pattison (JP)
Pat Taylor (PT)
Alan Wright (AW)

In Attendance: Sean Fenwick (SF)
Carol Harries (CH)
Mike Laker (ML)

Apologies: John Anderson (JNA)
Peter Sutton (PS)

Item 1 **Declaration of Interest**

None.

Item 2 **Minutes of the Meeting held in Public on 29 03 18**

Accepted as a correct record.

Item 3 **Matters Arising**

Merger Update – KWB advised that the next stage of the process commenced the following day when Alex Kirkpatrick, NHSI Director of Transactions was meeting Directors. He would also have individual discussions with each of the Chairs at a later date. KWB informed Directors that there would be two separate workshops held in July for the Councils of Governors which would explain their particular role in the merger process. The two workshops would be led by Hempsons.

KWB also advised that the outcome of the Independent Review Panel was still awaited following a referral to the Secretary of State by the Joint Overview and Scrutiny Committee. The

outcome was expected to be with the Secretary of State by 8 June 2018.

In terms of the judicial review process we had now had delivered in the last few days a 1,500 page document from Irwin Mitchell, Solicitors. The process was aimed primarily at the two CCGs and we, and STFT were classed as "interested parties".

NHS Pay Award – KWB advised that the ballot finished that day but it was unlikely that we would hear the results until 8 June 2018. PT queried as to what would happen next if the award was not accepted. KWB replied that it would go back to the pay review body but then the issue would be that it would probably not be funded.
SH queried whether the pay award was fully funded. JP replied that theoretically it was and would come directly to Trusts. KWB commented that originally there had been a stated intention that staff should be paid the award by July 2018.

KWB also advised that as yet there was nothing received on the doctors pay award.

Item 4 **Chief Executive's Update**

CQC Feedback – KWB advised that it was unlikely that we would receive the draft report before July as the CQC had to go through their accreditation processes. PT commented that even when received it would be a first draft and not be in the public domain until sometime later.
Durham Vascular – KWB stated that there had been an article in the Northern Echo which had indicated that the vascular service review would be the first part of the downgrade of service at UHND. KWB commented that this was clearly untrue and a very similar media approach to services at STFT. SF would be attending the Overview and Scrutiny Committee at Durham and both clinical teams at CHS and UHND were of one voice/approach which should be helpful.
NHSE/NHSI – KWB informed Directors that the two organisations would now be working together much more closely and in particular to a single operating finance and performance model. The two organisations were also looking to have a single executive team. There would be seven new regions, each with their own director – the regions would also have new powers.

KWB stated that there was also to be a new NHS Assembly which would focus on the progress of the five year forward view and the new NHS ten year plan when it was launched.

PT queried as to who was the North East/Humber Director. KWB replied that it was not yet known but it was expected that the process would be completed by September.

ML queried as to what would be the name of the new regional bodies. KWB replied that this was not yet clear.

CIPD Award – KWB advised that the Trust had been shortlisted for a CIPD award recognising the excellence and supporting of the armed forces.

Item 5 **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.

MJ highlighted the patient story which was with regard to the care and treatment of a patient on ward E52.

MJ advised that in terms of HDPUs that although there was a downward trend which was evident over the year, performance was currently not quite on track with the improvement target/trajectory. The main reasons were the recent "winter pressures", increased patient acuities and staffing pressures across the Trust. MJ advised that grade 3 and 4 pressure ulcers had not however, increased. A new pressure ulcer prevention plan was going to Governance Committee the following week.

ML commented that whilst the report compared pressure ulcers in February and March – it was important to note that there were three more days in March so not a like for like comparison.

MJ highlighted safeguarding children and advised that the main themes for all children's referrals were due to alcohol, drugs and mental health issues. There had been one child death when the young person was known to Sunderland Children's Services and subject to a Child Protection Plan. MJ stated that this would be overseen as part of the Child Death process.

The Trust had also appointed a Designated Doctor for Looked after Children, Dr Sarah Mills who had taken over the role from Dr Kim Barrett who had held the post on a temporary basis.

MJ highlighted workforce issues and informed Directors that the total absences for RNs was 9.04%, which was a decrease from February. This was partly due to a fall in maternity and sickness leave but also due to a fall in RN vacancies which was at its lowest for some time at 2.63%. There were however, an additional 4.96% of RNs currently going through pre-

employment checks, some of which were not due to start until September once their pre-registration course was completed.

MJ also advised that there had been no serious incidents or never events reported in March 2018.

MJ stated that in relation to the safety thermometer the deterioration in harm free care was due to an increase in both new harms (most noteably pressure ulcers) and old harms (PUs). There was therefore, a particular focus on PU prevention and management in those wards showing an increased prevalence. MJ advised that NHSI were also currently consulting on the relevance of the safety thermometer.

MJ informed Directors that an application had been made to register the Durham Treatment Centre with the CQC. PT queried whether the DTC would be inspected. MJ replied that it would be initially as a new facility and then it would be wrapped up as part of our core services for any future inspection.

Resolved: To note the report.

Item 6 **Finance Report**

JP presented the report and advised that the overall financial position was a net deficit of £2,786k against a planned deficit of £3,102k, and therefore £316k ahead of plan.

JP advised that clinical income for the first month of the year had been assumed to break even to plan which had been profiled to reflect anticipated performance with elective activity, outpatient activity and some miscellaneous contract activity.

JP stated that pay was currently showing an overspend of £161k against plan, most of which was due to the re-categorisation of Apprentice Levy costs from other non-pay to pay to conform with guidance.

Non-pay was showing an underspend of £638k, some of which related to the Apprentice Levy costs. The revaluation of assets had also meant a late adjustment to the PDC budget to a lower value with the offset put against the other non-pay category which again had contributed to the underspend for the month.

JP advised that the CIP target submitted to NHSI was £13m and CIP reporting processes for 2018/19 were still being set up therefore no CIP had been reported as achieved/transacted in April 2018. JP stated that in addition the gap between plans and targets needed to be closed. Full details of existing CIP plans and next steps would be discussed at the Finance and

Performance Committee later in the month. DB commented that it was early days and the CIP would be reported from month two.

JP informed Directors that the Trust had received its first deficit support loan of £3.2m and a further loan application for £1.9m had been submitted to NHSI with an intended draw down date in May 2018. There would however, be no requirement to request an interim deficit loan in June given the current cash balances. The loan requirement would be reviewed on a monthly basis.

Resolved: To note the financial position to date.

Item 7 **Final 2018/19 Budget Setting Paper**

JP presented the paper which provided an update to the budget setting paper presented in January 2018.

JP stated that in line with the past two financial years an income and expenditure position "control total" requirement had been set for all FTs as a condition of STP funding.

The Trust had been allocated a general element of the STF of £12.990m for 2018/19 subject to agreeing a number of conditions including accepting a control total deficit of £1.670m in 2018/19. PT stated that presumably it was a surplus of £1.670m not a deficit. JP confirmed this was correct.

JP stated that as part of the Annual Plan submission the Trust had confirmed it would be unable to meet the control total and therefore would not be eligible to receive the STF funding. JP advised that 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, required the Trust to deliver a CIP of £13m within 2018/19.

JP outlined that given the financial pressures that were facing CHSFT, STFT and local Commissioners there was a recognition and acceptance that the traditional approach to cost savings would not deliver the savings required over the coming years. Healthcare partners with support from local authority colleagues had committed to, and were working together to develop a sustainable financial recovery plan.

A series of system wide clinical engagement events had been held to discuss how the system could be transformed to deliver better outcomes whilst using our resources more effectively. The output from the events would help shape and develop new

ways of working and a new governance framework was being produced to oversee the delivery of the plan.

JP advised that a list of anticipated contracts over £200k for both the Trust and CHoICE was attached within the paper in compliance with Standing Financial Instructions. The list was based on actual spend in 2017/18 or expected spend, in 2018/19 and covered costs for the 'group' CHSFT and CHoICE.

Resolved:

- To note the details in the paper.
- To approve the principles in the paper.

Item 8 **Performance Report**

SF presented the report which updated Directors on performance against key national targets.

SF advised that A&E performance for April had improved slightly to 88.4% but continued to under-perform against the 95% target and annual plan trajectory due to ongoing pressures.

SF stated that between March and April the number of ambulance handover delays over 30 minutes reduced, however delays as a proportion of all arrivals was about 7%, which was slightly higher than the regional average. ML commented that handover delays had been improving but now seemed to be retracting and queried how much of that related to process and how much related to volume. SF replied that if there were more than eight ambulance arrivals in any hour then we struggled but there were elements within the process that we could improve. There was the opportunity to introduce something called 'Fit to Sit' whereby some patients arriving by ambulance would be placed in the waiting room. PT queried whether this would require NEAS to change their procedures. SF replied that this was a nationally recognised process and clear governance arrangements were in place. PT also queried whether with the increased number of attendances was that disproportionate to the number arriving by ambulance. SF replied that generally we receive more ambulances than most other Trusts.

SF highlighted cancer targets and advised that the Trust had achieved all cancer waiting time standards for the month and for quarter four. SF stated that performance for April was currently above target for all cancer standards with the exception of cancer 62 day and 31 day subsequent surgery waits, some of which related to urology capacity.

Resolved: To accept the report and to note the risks going forward.

Item 9 **Risk Management Stratgey 2018 - 2021**

MJ presented the strategy which set out goals for the delivery of effective risk management for the period 2018-2021. MJ stated that over coming months work would be undertaken to develop a joint strategy with STFT which would be monitored by Governance Committee.

MJ advised that the strategy defined individual and organisational responsibilities. It described the Trust's organisational arrangements for risk management, and the systems and processes by which the Trust's aims would be achieved.

MJ stated that each goal of the strategy was supported by key deliverables detailed in the strategy.

Resolved: To approve the Risk Management Strategy.

Item 10 **National Maternity Safety Strategy – 'CNST' Premium Rebate Incentive**

ICM presented the Maternity Safety Strategy which set out the measures to drive improvements for safe maternity care. ICM explained that NHS Litigation had, 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.

In order to be considered for a rebate under the scheme a standard template report must be signed off by the Board, discussed with relevant commissioners and submitted by 29 June 2018 with supporting evidence. ICM stated that the Trust had completed a self-assessment against the the ten key criteria which demonstrated full compliance.

ICM advised that the Better Births initiative links with the Maternity Safety Strategy. AW commented that in section 2.1 it would be better to say, "to become even safer, even more personalised" than was currently stated. ICM replied that this was the national wording from the Better Births paper.

PT commented that the paper also in some sections referred to NHSLA when it should be NHS Resolution.

Resolved:

- To 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'.
- To note that there is no detail currently available on the requirements to increase the level of rebate beyond 10%.
- To approve the submission of the self-assessment.

Item 11 **Learning from Deaths Dashboard**

ICM presented the third mortality dashboard. ICM stated that learning had been identified as part of the process in relation to DNACPR. A DNACPR status was recorded on a region-wide paper document filed in the front of the physical case-notes. ICM stated that with the advent of electronic care records, the DNACPR status of ward patients had been identified as an issue as the physical case-notes were no longer referred to during the day to day review of ward patients. The intention was to move to an electronic DNACPR document which would be readily accessible by all health professionals.

Resolved: To note the updated dashboard.

John Anderson
Chairman

BOARD OF DIRECTORS

JULY 2018

QUALITY REPORT (May 2018 data)

1. INTRODUCTION

The Quality Report presents data relating to our aims and priority workstreams described in the Quality Strategy 2018-2023. The purpose of the report is to provide a progress report on key issues and assurance to the Trust Board on patient safety and experience as well as assurance on the delivery of the Quality Strategy.

2. ISSUES IN THE REPORT

2.1 Pressure Ulcers, CHSFT

The reported incidence remains above the improvement trajectory, therefore the improvement plan will be reviewed to identify additional actions necessary.

2.2 Patient Experience

2017 survey data presented following recent publication. This will be reviewed in detail at the Patient, Carer and Public Experience Committee to be held in August.

2.3 Complaints

New cases to Parliamentary Health Service Ombudsman:

CHSFT – 3 cases (delay in diagnosis led to patient's death, unsuccessful surgery for fractured humerus, delay in follow-up and failure to identify sepsis which led to patient's death)

2.4 Safeguarding

CHSFT – Appendix 1 provides a briefing on a Safeguarding Adults Review (SAR). A learning point from the review indicated the need to review care packages on discharge.

2.5 Serious Incidents reported

CHSFT – 3 (Fall with fracture x2, infection leading to surgery)

2.6 Never Events

CHSFT – 1 (retained packing)

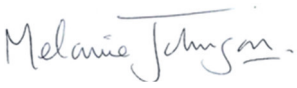
2.7 New data included

- Dementia screening
- Mixed sex breaches

3. RECOMMENDATIONS

The Board is asked to:

- Note and approve the content of the report
- Be assured that the patient involved with the Never Event has received an apology and open discussion about the incident and a detailed investigation into the incident is underway.



MELANIE JOHNSON
DIRECTOR OF NURSING, AHPs AND PATIENT EXPERIENCE

IAN MARTIN
MEDICAL DIRECTOR (CHSFT)

City Hospitals Sunderland
NHS Foundation Trust

South Tyneside
NHS Foundation Trust

Quality Report

Primary Goals:

Reduce avoidable harm
Achieve the best clinical outcomes
Provide the best patient experience
Support patients to be actively involved in their own care and treatment

May 2018

Patient Story

Earlier in the year, the children's BBC channel CBeebies visited Sunderland Royal Hospital to film the journey of 6 year old Emily who was having problems with her ears.

After visiting her GP, Emily was referred to hospital. Emily came in to hospital to have grommets fitted under the care of Mr Waldron. The programme showed Emily meeting the nurses who would be looking after her throughout her stay, saw her as she walked round to theatre and then when she was reunited with her mum afterwards and taken back to the ward. After the operation, Emily was happy as she could finally hear properly again.

The programme showcased the fantastic Paediatric services here in Sunderland in a very child-friendly way.

Below is a storyboard of the programme.

This is 6 year old Emily.

Emily comes to Sunderland Royal Hospital to have an operation on her ears.


She meets Mr Waldron.


Mr Waldron examines Emily's ears.

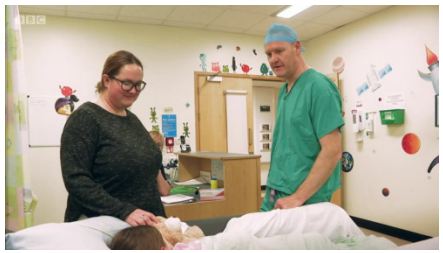

Emily goes to the ward where a nurse talks to her and her mum.


Emily is ready for her operation and Mr Waldron comes to see her beforehand.


He walks her and her mum round to theatre.


The theatre nurses help Emily to get onto the bed.


Then she is taken into the operating theatre to have her operation.


Mr Waldron comes to see Emily after the operation to say everything went well.


She is then taken back to the ward to recover fully from the anaesthetic.

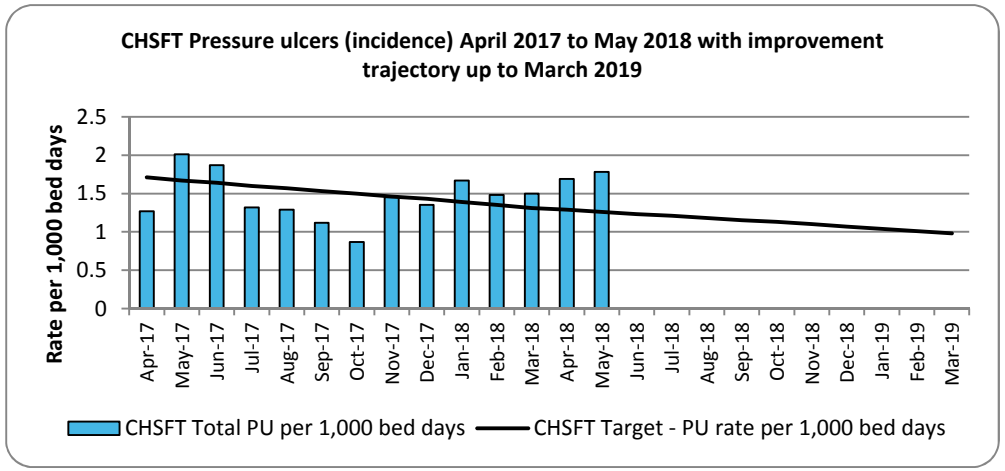

A very happy Emily is fully recovered and ready to go home.

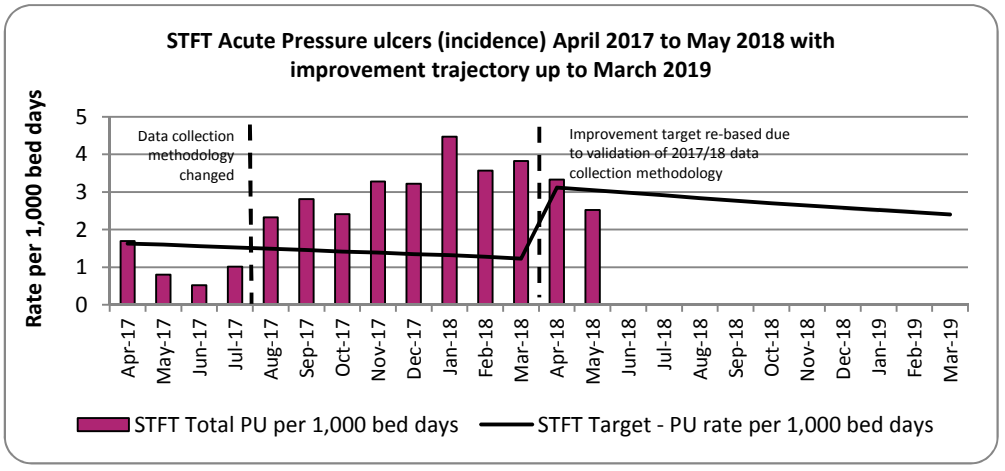
Patient Safety

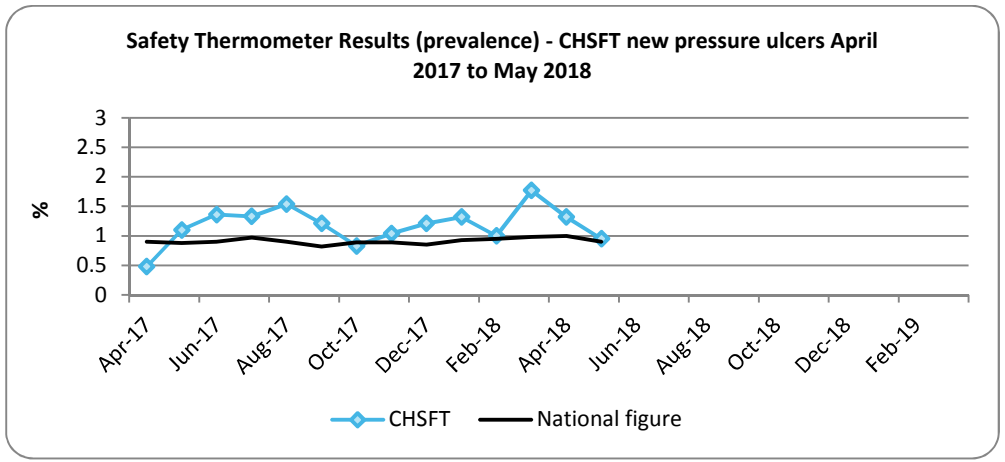
Reduce incidence of Category 2 to 4 pressure ulcers developed in our care (by 25%)

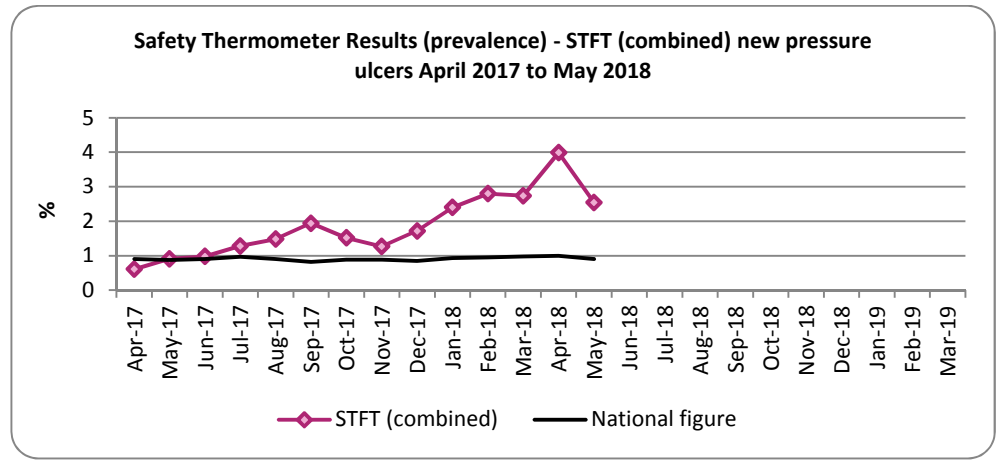
City Hospitals Sunderland	Total PUs 01/04/17 to 31/03/18	Cumulative from April 2018	Total PUs May 2018
Total number of category 2:	294	55	30
Total number of category 3:	2	3	1
Total number of category 4:	1	0	0
Total number:	297	58	31
Rate per 1,000 bed days:	1.43	-	1.78

South Tyneside	Total PUs 01/04/17 to 31/03/18	Cumulative from April 2018	Total PUs May 2018
Total number of category 2:	225	48	22
Total number of category 3:	13	2	0
Total number of category 4:	2	0	0
Total number:	240	50	22
Rate per 1,000 bed days:	3.16 (Aug 17-Jan 18)	-	2.52



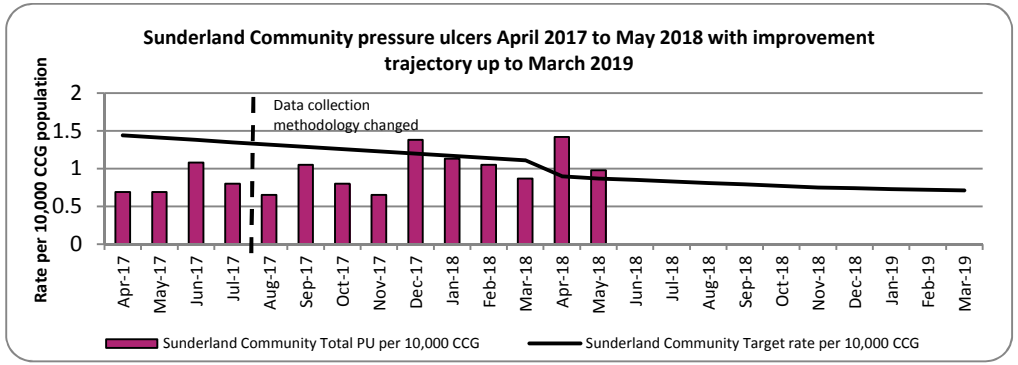


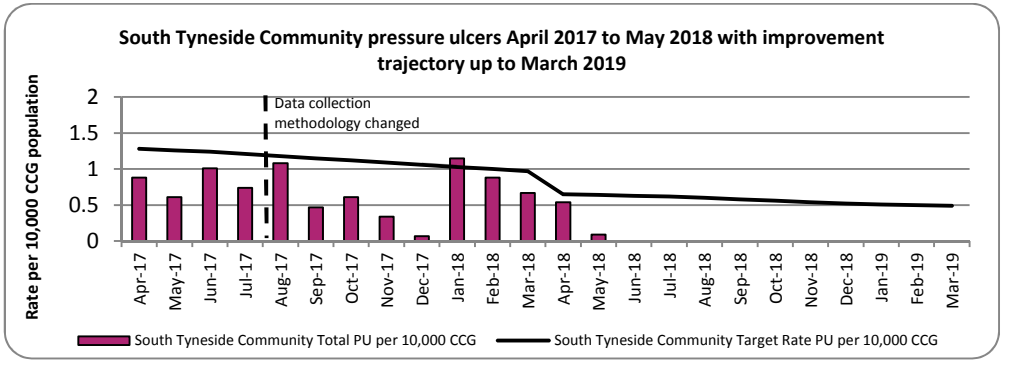




Sunderland Community	Total PUs 01/04/17 to 31/03/18	Cumulative from April 2018	Total PUs May 2018
Total number of category 2:	261	54	24
Total number of category 3:	29	3	3
Total number of category 4:	6	0	0
Total number:	296	57	27
Rate per 10,000 CCG population:	-	-	0.98

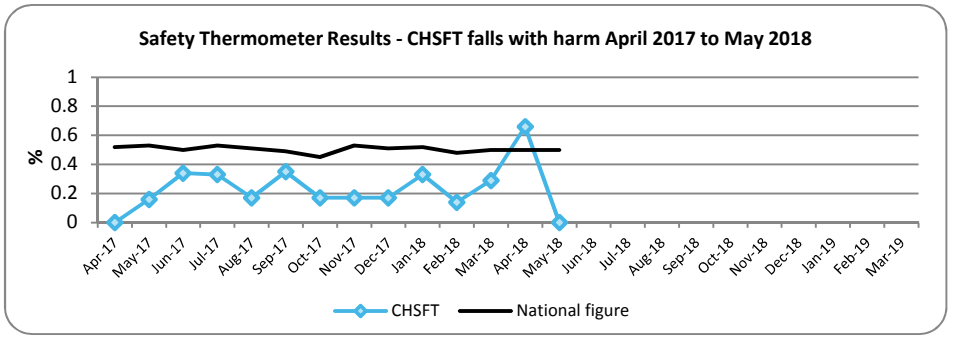
South Tyneside Community	Total PUs 01/04/17 to 31/03/18	Cumulative from April 2018	Total PUs May 2018
Total number of category 2:	112	20	13
Total number of category 3:	12	0	0
Total number of category 4:	2	0	0
Total number:	126	20	13
Rate per 10,000 CCG population:	-	-	0.09

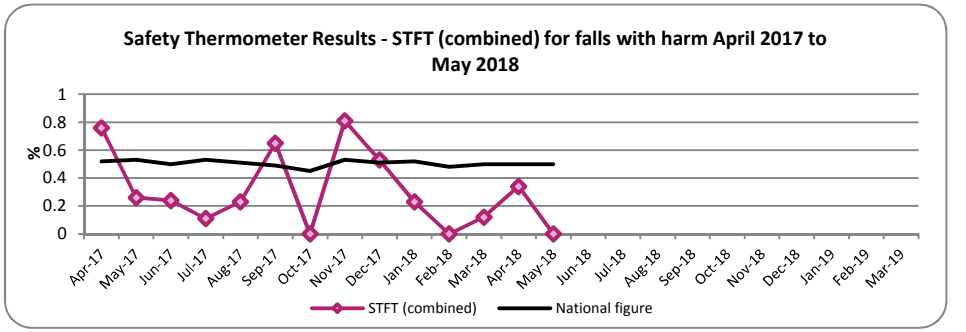




Reduce incidence of severe harm from patient falls (to be in the lower quartile of reporting Trusts nationally)

Severity of injury	CHSFT Falls 2017-18 (from Sept 17)	Cumulative From April 2018	CHSFT Falls May 2018	STFT Falls 2017-18	Cumulative From April 2018	STFT Falls May 2018
No harm	582	151	80	787	133	81
Low harm	303	68	30	99	44	30
Moderate harm (number resulting in fractures)	12	3 (3)	0 (0)	4 (4)	0 (0)	0 (0)
Severe harm (number resulting in fractures)	0	0 (0)	0 (0)	0	0 (0)	0 (0)
Death	1	0	0	0	0	0
Total falls Rate/1,000 bed days	-	-	110 6.3	-	-	111 12.7
National falls Rate/1,000 bed days	-	-	6.63	-	-	6.63
Total with moderate/severe harm or death Rate/1,000 bed days	-	-	0	-	-	0
National rate for falls with moderate/ severe harm or death - Rate/1,000 bed days	-	-	0.19	-	-	0.19





Infection control

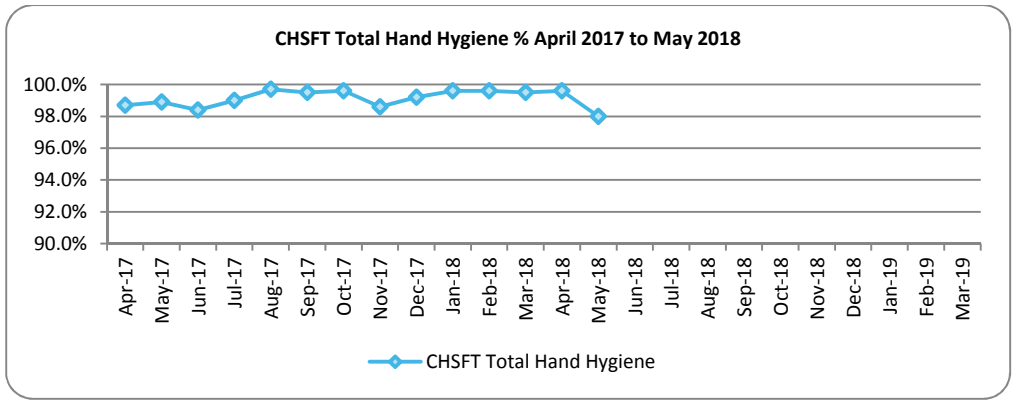
MRSA (targets as stated)	CHSFT MRSA 01/04/17 to 31/03/18	Cumulative from April 2018	CHSFT MRSA May 2018	STFT MRSA 01/04/17 to 31/03/18	Cumulative from April 2018	STFT MRSA May 2018
Annual target (avoidable cases):	0	-	0	0	-	0
Number of hospital acquired cases:	0	0	0	3	0	0

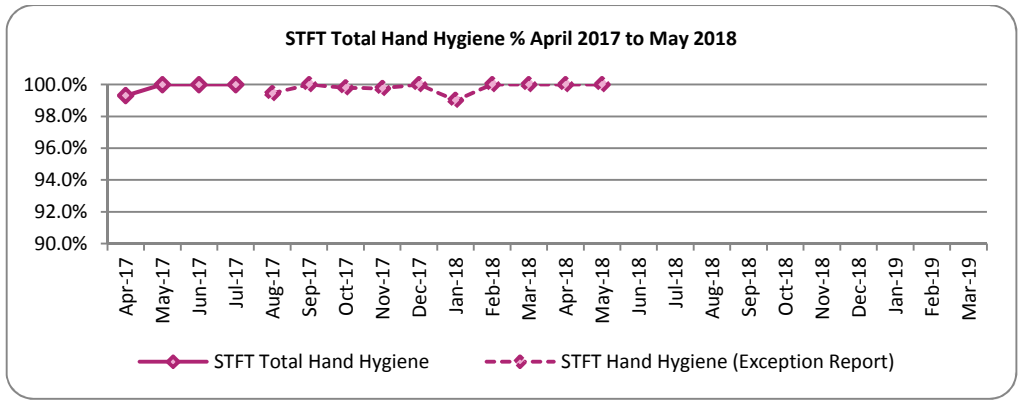
MSSA (no national target)	CHSFT MSSA 01/04/17 to 31/03/18	Cumulative from April 2018	CHSFT MSSA May 2018	STFT MSSA 01/04/17 to 31/03/18	Cumulative from April 2018	STFT MSSA May 2018
Number of hospital acquired cases:	29	3	2	9	2	1

E Coli (target 10% reduction)	CHSFT E Coli 01/04/17 to 31/03/18	Cumulative from April 2018	CHSFT E Coli May 2018	STFT E Coli 01/04/17 to 31/03/18	Cumulative from April 2018	STFT E Coli May 2018
Annual target:	63	-	56	15	-	13
Number of hospital acquired cases:	64	11	5	21	4	1

C Diff (targets as stated)	CHSFT C Diff 01/04/17 to 31/03/18	Cumulative from April 2018	CHSFT C Diff May 2018	STFT C Diff 01/04/17 to 31/03/18	Cumulative from April 2018	STFT C Diff May 2018
Annual target:	34	-	33	8	-	7
Number of Trust apportioned cases:	20	7	6	5	1	0
Number of cases awaiting appeal:	0	-	0	0	-	0

Hand Hygiene (target 98%)



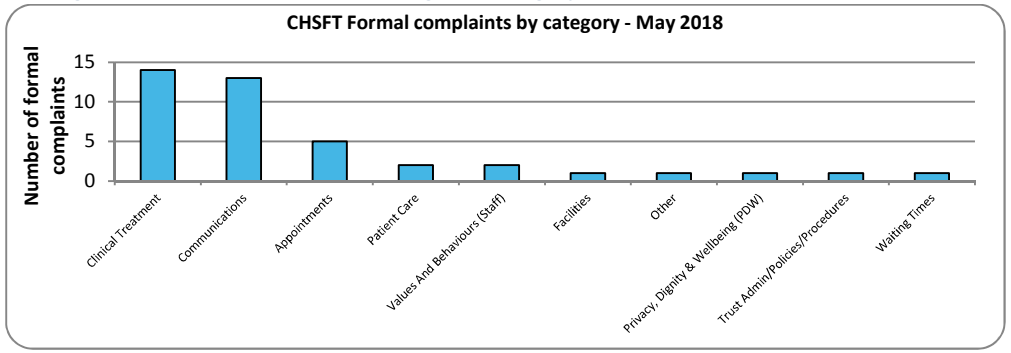


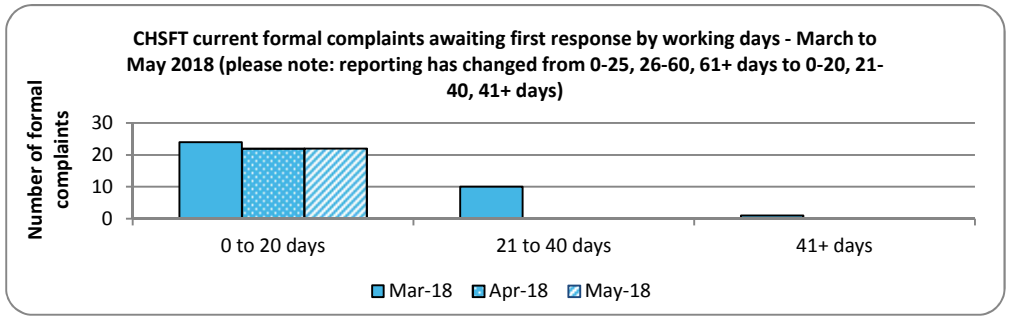
Patient Experience

Complaints

City Hospitals Sunderland

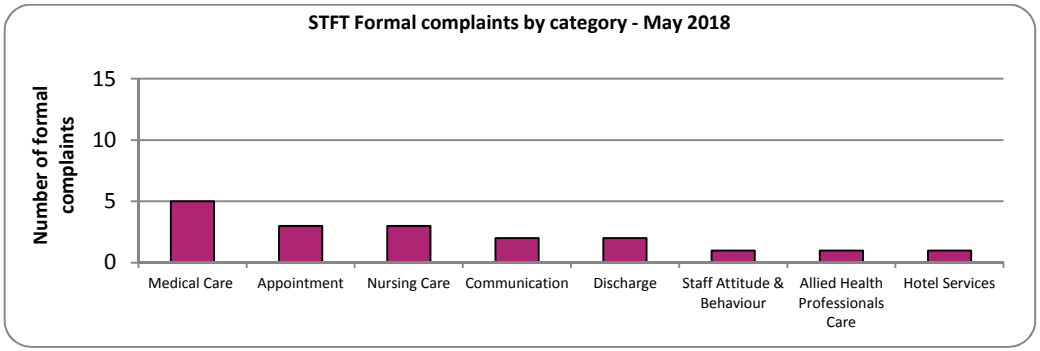
There were 41 complaints received in May 2018, and three new cases received from the PHSO (delay in diagnosis led to patient's death, unsuccessful surgery for fractured humerus, delay in follow-up and failure to identify sepsis which led to patient's death). Complaints relating to clinical treatment were the highest category.

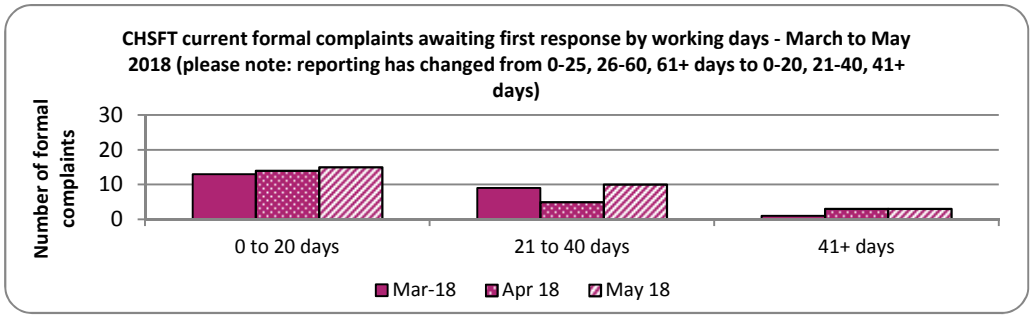




South Tyneside

There were 18 complaints received in May 2018, and one new case received from the PHSO (damage to bladder during C-section procedure). The majority of complaints related to medical care.





Learn from patient feedback

Priorities for action from the National Inpatient Surveys, such that CHSFT and STFT scores 'better' when compared with most other Trusts. National Patient Survey results published 2018 (2017) with scores out of a maximum of 10:

- My experience in hospital overall was… (lowest Trust nationally achieved 7.5, highest Trust achieved 9.2)
  - **CHSFT = 8.2 (7.9 in 2017)**
  - **STFT = 8.4 (8.3 in 2017)**
- During your hospital stay, were you even asked to give your views on the quality of your care? (lowest Trust nationally achieved 0.7, highest Trust achieved 3.6)
  - **CHSFT = 1.7 (1.3 in 2017)**
  - **STFT = 1.9 (2.3 in 2017)**
- Did you see, or were you given, any information explaining how to complain to the hospital about the care you received? (lowest Trust nationally achieved 1.4, highest Trust achieved 5.1)
  - **CHSFT = 2.5 (1.8 in 2017)**
  - **STFT = 2.4 (2.8 in 2017)**

Ensure that patients are involved as much as they want to be in decisions about their care and treatment

National Patient Survey results published 2018:

- **CHSFT = 7.5 (7.2 in 2017)**
- **STFT = 7.7 (7.5 in 2017)**

Ensure that patients receive adequate information and support for safe discharge from hospital

Data from National Patient Survey published 2018:

- Were you given any written or printed information about what you should or should not do after leaving hospital?
  - **CHSFT = 6.1 (6.0 in 2017)**
  - **STFT = 5.8 (5.8 in 2017)**
- Did a member of staff tell you about medication side effects to watch for when you went home?
  - **CHSFT = 5.2 (4.2 in 2017)**
  - **STFT = 5.6 (5.0 in 2017)**
- Did a member of staff tell you about any danger signals you should watch for after you went home?
  - **CHSFT = 5.8 (5.1 in 2017)**
  - **STFT = 6.0 (5.7 in 2017)**
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
  - **CHSFT = 8.0 (7.5 in 2017)**
  - **STFT = 8.3 (7.8 in 2017)**

Ensure that patients receive patient centred care based on their needs and preferences

Data from National Patient Survey published 2018:

- Were you ever bothered by noise at night from other patients?
  - **CHSFT = 7.0 (6.6 in 2017)**
  - **STFT = 5.4 (5.7 in 2017)**
- If you brought your own medication to hospital were you able to take it when you needed to?
  - **CHSFT = 7.2 (6.7 in 2017)**
  - **STFT = 7.1 (8.0 in 2017)**
- How would you rate the hospital food?
  - **CHSFT = 5.5 (5.3 in 2017)**
  - **STFT = 5.8 (5.8 in 2017)**
- Did you get enough help from staff to eat your meals?
  - **CHSFT = 7.3 (6.3 in 2017)**
  - **STFT = 7.0 (7.8 in 2017)**
- Did you know which nurse was in charge of looking after you?
  - **CHSFT = 6.1 (6.0 in 2017)**
  - **STFT = 6.7 (7.1 in 2017)**
- Did you find someone on the hospital staff to talk to about your worries and fears?
  - **CHSFT = 6.0 (5.1 in 2017)**
  - **STFT = 5.6 (6.1 in 2017)**
- Were you given enough privacy when discussing your condition or treatment?
  - **CHSFT = 8.4 (7.9 in 2017)**
  - **STFT = 8.9 (8.6 in 2017)**
- Do you think the hospital staff did everything they could to help control your pain?
  - **CHSFT = 8.1 (7.9 in 2017)**
  - **STFT = 8.6 (8.5 in 2017)**
- If you needed attention, were you able to get a member of staff to help you within a reasonable time? (This is a new question so no comparison with 2017.)
  - **CHSFT = 8.0**
  - **STFT = 8.3**
- Were you told how you could expect to feel after you had the operation or procedure?
  - **CHSFT = 8.1 (6.8 in 2017)**
  - **STFT = 8.4 (7.3 in 2017)**

Dementia screening

	CHSFT 01/04/17 to 31/03/18	CHSFT Cumulative from April 18	CHSFT May 2018	STFT 01/04/17 to 31/03/18	STFT Cumulative from April 18	STFT May 2018
% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who are asked the dementia case finding question within 72 hours of admission, or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question cannot be completed for clinical reasons	99.84%	100%	100%	76.06%	80.20%	79.80%
% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have scored positively on the case finding question, or who have a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations	100%	100%	100%	77.69%	74.60%	71.40%
% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (in whom the outcome is either "positive" or "inconclusive") who are referred for further diagnostic advice in line with local pathways.	99.77%	99.21%	100%	90.15%	66.70%	66.70%

Mixed sex breaches

	CHSFT 01/04/17 to 31/03/18	CHSFT Cumulative from April 18	CHSFT May 2018	STFT 01/04/17 to 31/03/18	STFT Cumulative from April 18	STFT May 2018
Mixed sex breaches	0	0	0	0	0	0

Clinical Effectiveness

Implementation of recommendations from the National Maternity Safety Strategy

The National Maternity Safety Strategy – Progress and Next Steps proposes a number of steps to ensure that Trusts are doing all they can to prevent serious incidents in maternity services. This includes:

- Introducing maternity safety champions
- Supporting the Implementation of Saving babies lives care bundle
- Funding additional Obstetric Physicians to establish networked maternal medicine across England
- Introducing a new Atain e-learning programme for health care professionals to improve outcomes for babies
- Improving the quality of reviews and investigations.

Summary of the progress in achieving the recommendations

NHS Resolution has incentivised progressing safety improvements by offering a rebate of a minimum of 10% on the contribution to the 'CNST' premium to Trusts if they are able to demonstrate compliance with 10 key criteria. Achieving the '10 key criteria' does not reflect full implementation of the strategy but nevertheless evidences progress towards this, namely in relation to 4 out of 5 of the key themes that make up the strategy; leadership, learning and best practice, identifying and sharing best practice, learning from investigations, better use of data.

In 2017 both Trusts received £50k to invest in safety training, this was delivered collaboratively between CHS and STFT and involved human factors training in relation to emergency scenarios within maternity care. Actions towards implementation of the Maternity Safety Strategy are summarised in the table below:

Safety action	Evidence of Trust's progress	Comments
1. Use of the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths.	NPMRT tool is now in place in both Trusts and a process has been adopted to ensure timely completion.	
2. Submission data to the Maternity Services Data Set (MSDS) to the required standard?	Both Trusts are providing data extracts from their maternity systems.	Further work is required to improve on the quality of the submission, though both Trusts have achieved the required standard
3. 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	Transitional care is provided within both Trusts	There is an opportunity to improve on the volume and breadth of Transitional Care
4. Can you demonstrate an effective system of medical workforce planning?	(RCOG) workforce monitoring tool template for the month of April 2018 completed.	
5. Can you demonstrate an effective system of midwifery workforce planning?	Both Trusts can evidence midwifery workforce planning.	Further work is underway in order to determine the staffing model for the new service model.

Safety action	Evidence of Trust's progress	Comments
6. Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?	Both Trusts can evidence full implementation of the SBL care bundle.	
7. Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?	STFT currently using F&FF as mechanism for service user feedback. CHS are utilising locality based MVP.	STFT is currently developing a locality Maternity Voices Partnership lay reps on the LMS Board re supporting the development of this initiative locally.
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?	All clinical maternity groups have achieved ≥ 90% compliance with MDT skills drills and training updates.	**Y**
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?	Both Trust have arrangements in place.	**Y**
10. Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?	Both Trust have processes in place to ensure that all reportable incidents are logged with NHS resolution	**Y**

Key Enablers

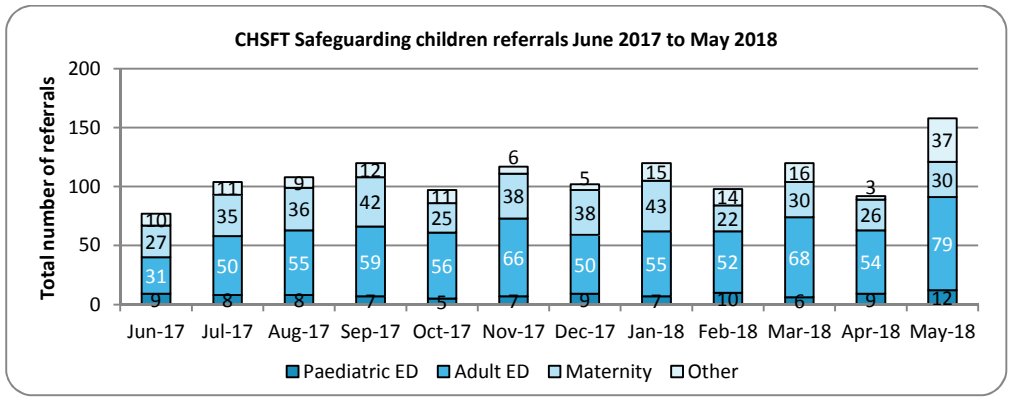
Culture of safety

Safeguarding

City Hospitals Sunderland

Children

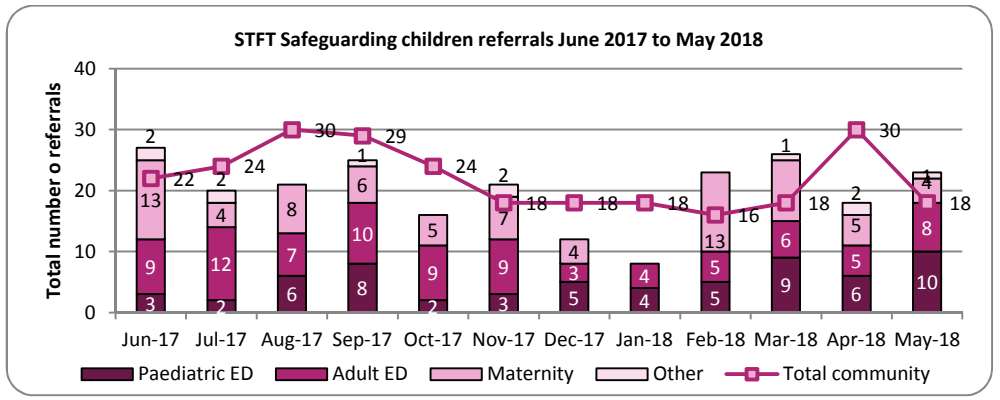
- Of the 14,269 (↑) patients attending AED, PED and SEI, 128 (↑) (0.89%) resulted in a referral.
- Of the 264 (↑) pregnancy bookings, 30 (11%) resulted in a referral. Two further concealment of pregnancy were reported.



South Tyneside

Children

- Of the 6347 (↑) patients attending AED and PED, 18 (0.28%) (↑) resulted in referrals. The remaining one referral was completed by the Community Children Nursing team.
- Of the 118 (↓) maternity bookings, 4 (2%) (↓) resulted in a referral.

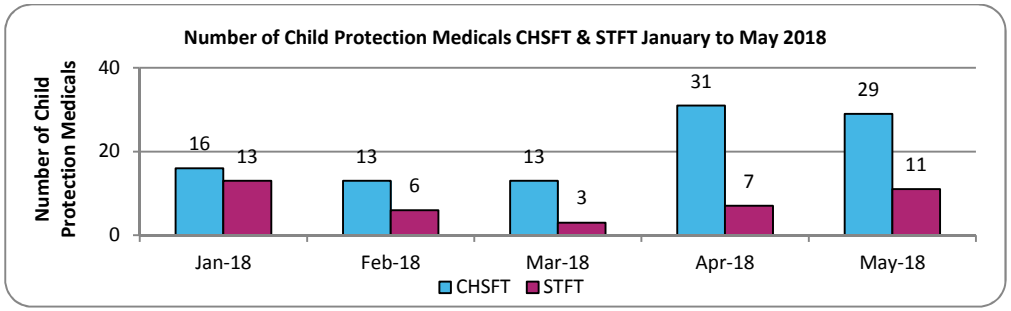


City Hospitals Sunderland and South Tyneside

Domestic abuse and parental mental health remain the main theme for STFT Maternity referrals. The main referral themes for CHSFT Maternity referrals continue to be due to previous social care involvement and parental substance misuse, concealment of pregnancy, two reported cases of FGM and one case of Human Trafficking.

The main themes for all children's referrals across the acute settings were due to parental alcohol, substance and mental health issues (Compromised Parenting) and adolescents presenting with mental health concerns including self-harm and overdoses. Referrals from other areas have increased significantly in May with IAU, B20 and Sexual Health being the main referring areas.

There were five None Accidental Injuries in CHSFT, which is an increasing trend, compared to three referrals the previous month.



The reporting on Child Protection Medicals has been included because of the increase in the numbers across STFT and CHSFT.

From 9 March, Child Protection Medicals completed in STFT were suspended until an independent audit is completed by the Royal College of Paediatrics and Child Health. This is planned for June 2018.

City Hospitals Sunderland

Adults

- Of the 10,879 (↑) patients attending AED and SEI, 13 (0.11%) (↑) resulted in a referral.

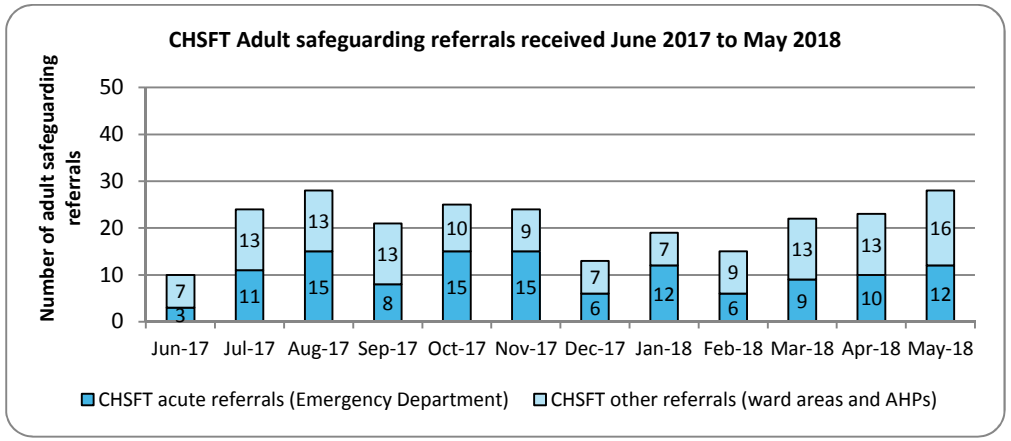
South Tyneside

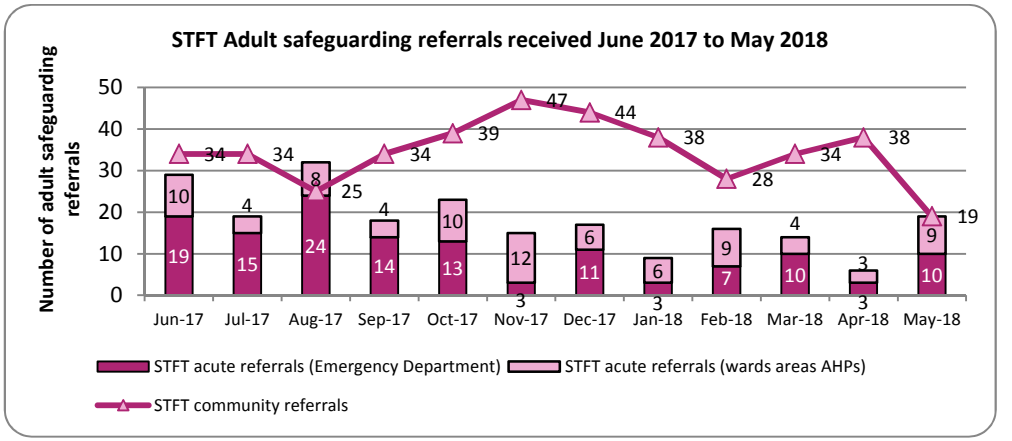
Adults

- Of the 4,663 (↑) patients attending AED, 10 ↑ (0.2%) resulted in a referral.

City Hospitals Sunderland and South Tyneside

The themes for all referrals were due to neglect, physical abuse, Domestic abuse, emotional abuse, self-neglect, financial and sexual abuse. A Safeguarding Adult Review – 'Eva' – 7 minute briefing can be seen in **Appendix 1**.



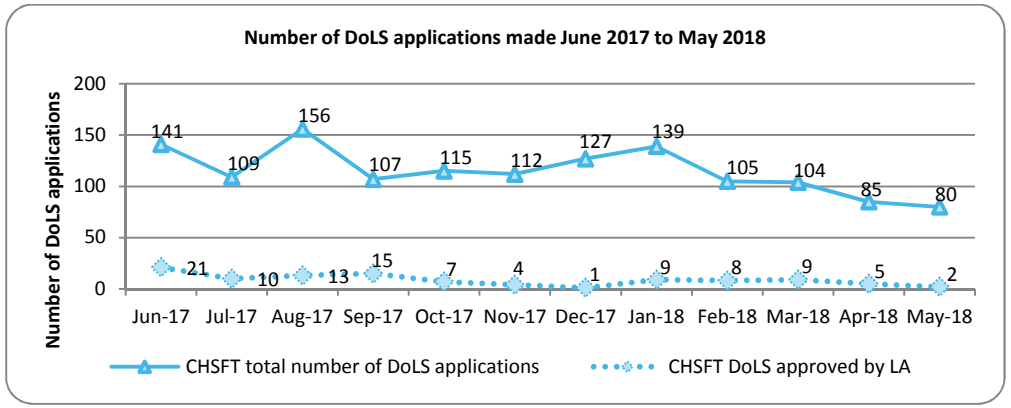


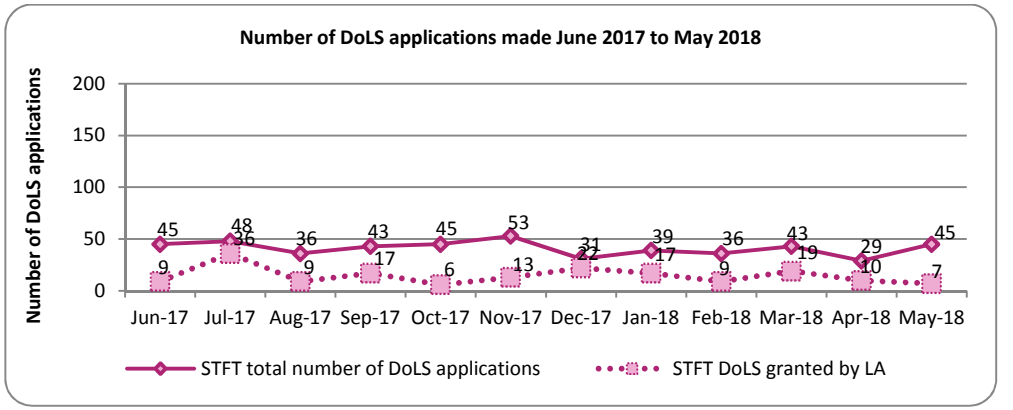
DoLS

- Of the 9,687(↑) inpatients, 0.82 %(↓) applications were completed.
- 2 approved, 1 not approved due to patient being detained under the Mental Health Act and 56 withdrawn (due to patient discharge, deceased or re-gaining capacity). 21 awaiting an outcome following best interest assessment (BIA).

DoLS

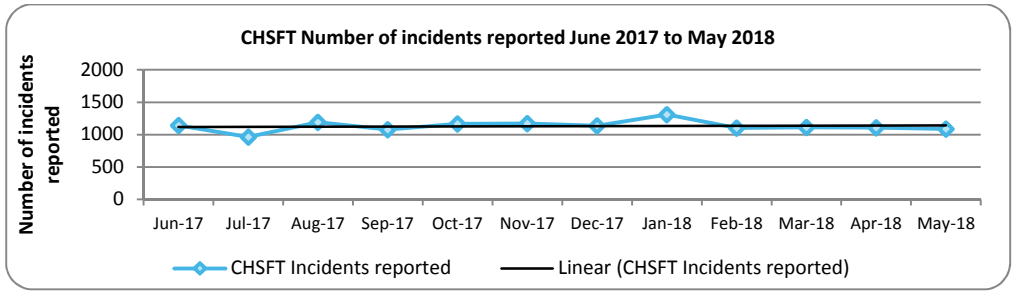
- Of the 2,377(↑) inpatients, 1.89 %(↑) applications were completed.
- 7 approved, 11 not approved and 15 withdrawn (not approved and withdrawn were due to patient discharge, regaining capacity or deceased). At time of report, 12 awaiting an outcome following best interest assessment (BIA).





City Hospitals Sunderland

Incident reporting



CHSFT Incidents reported by severity June 2017 to May 2018

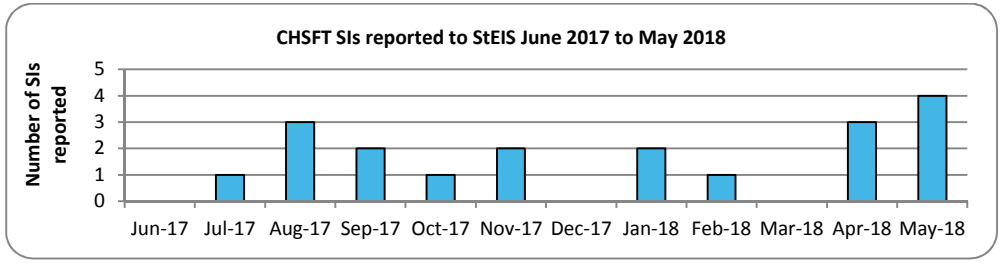
	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18
Near miss	35	22	33	26	30	26	21	24	15	19	19	12
No harm	667	607	627	632	703	680	595	788	634	667	668	679
Minor harm	410	321	458	369	405	433	481	469	424	388	391	377
Moderate harm	19	10	23	42	23	27	33	21	24	32	22*	15*
Major harm	2	2	3	6	5	2	3	2	4	3	5*	1*
Extreme harm	1	1	0	2	0	1	3	4	1	3	1*	2*
Total	**1134**	**963**	**1189**	**1077**	**1166**	**1171**	**1136**	**1308**	**1102**	**1112**	**1106**	1086

* Awaiting validation

Duty of Candour

Three incidents met the threshold for Duty of Candour which was achieved.

Serious Incidents (SIs)



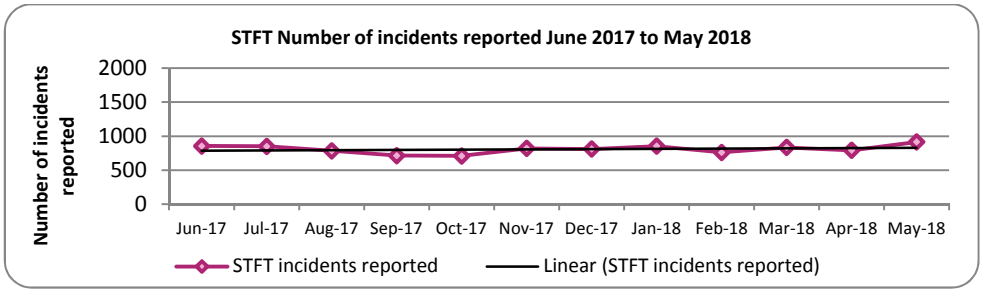
- Patient fall, suffered fractured shoulder.
- Patient had catheter removed, not documented on handover. Patient in discomfort and developed infection. Required sub-total penectomy.
- Patient fall, fractured neck of femur.
- One Never Event – see details below.

Never Events

One Never Event was reported in May. A patient with skull base infection had one piece of packing retained. This was recognised when the patient presented later to ED in pain.

South Tyneside

Incident reporting



STFT Incidents reported by severity June 2017 to May 2018

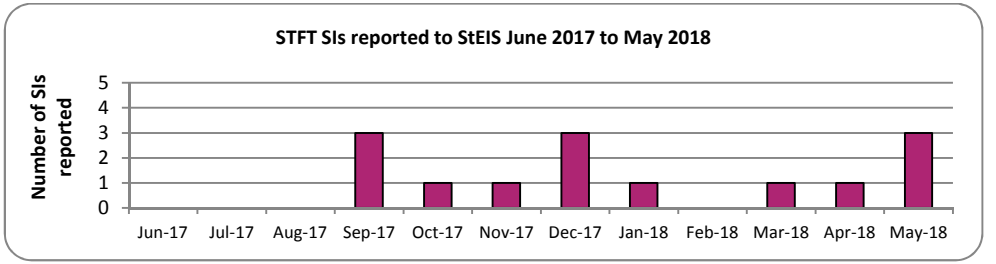
	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18
Near miss	122	116	100	105	384	111	134	118	119	97	110	117
No harm	526	519	471	402	122	449	403	426	414	453	419	495
Minor harm	195	200	192	190	183	251	260	295	220	272	255	288
Moderate harm	14	15	23	18	22	8	14	14	9	11	9*	11*
Major harm	0	1	0	1	0	2	0	1	1	2	0	3*
Extreme harm	0	0	0	0	0	1	0	0	0	1	0	0
Total	**857**	**851**	**786**	**716**	**711**	**822**	**811**	**855**	**763**	**836**	**793**	**914**

* Awaiting validation

Duty of Candour

Three incidents met the threshold for Duty of Candour, all of which were achieved.

Serious Incidents (SIs)



- Category 4 pressure ulcer.
- Shoulder dystocia.
- Delay in cancer diagnosis.

Never Events

No Never Events were reported in May.

Recruitment and retention of nursing staff

City Hospitals Sunderland

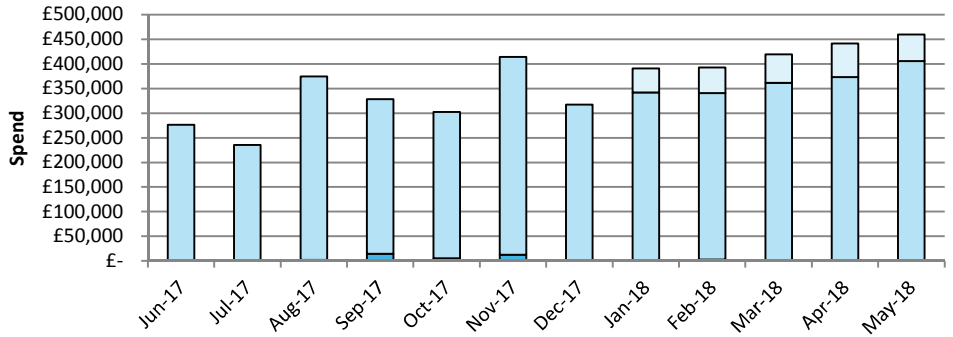
In May the total absences for RNs was 10.07%, similar to April (10.08%). The table below shows a summary of leave, vacancies and RN starters and leavers up to May 2018.

	March 18	April 18	May 18
Maternity leave	2.81%	3.25%	3.53%
Sickness	3.60%	4.24%	3.54%
RN vacancies	2.63%	2.59%	3.00%*
Available RNs	90.96%	89.92%	89.93%
Starters	17	15	3
Leavers	8	16	8

**Vacancy percentage for RNs is at 3%, however, there is an additional 3.78% of RNs that are currently going through pre-employment checks, some are not due to start until September (once pre-registration course completed).*

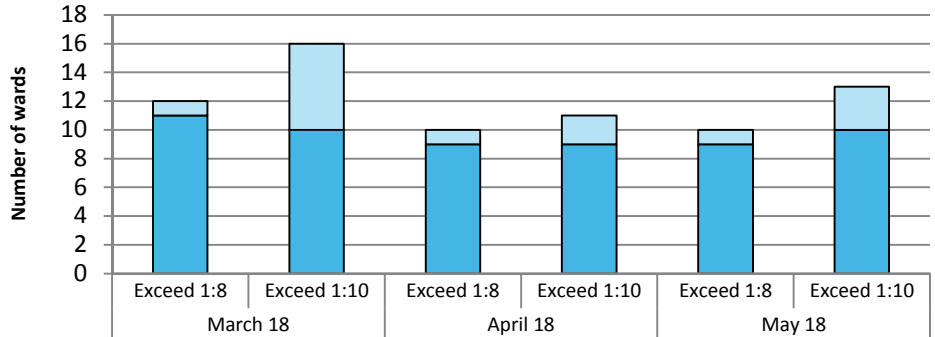
There were 28 incident forms submitted in May relating to nursing and midwifery staffing, a decrease from April (54). There were 13 incidents forms submitted by wards when RN staffing was below minimum numbers, a decrease from April (18), with Medicine submitting 10 of these. E58 (7) and E53 (2) submitted the majority of incidents when staffing was below minimum numbers. They were attributed to staff sickness, staff being moved to support other wards where numbers of RNs are below two and an increase in bed occupancy.

CHSFT Spending on Nursing Agency, Nursing Bank and overtime - June 2017 to May 2018



	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Overtime	£-	£-	£-	£-	£-	£-	£-	£49,348	£51,979	£57,925	£68,229	£53,833
Nursing Bank	£276,430	£234,564	£372,237	£314,582	£297,479	£401,933	£317,423	£340,835	£337,705	£361,536	£373,462	£405,616
Agency Nursing	£210	£1,072	£2,205	£14,158	£5,082	£12,288	£0	£967	£3,098	£-	£-	£-

CHSFT Nurse to patient ratios showing 3 month trend March to May 2018



	March 18		April 18		May 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	1	6	1	2	1	3
Medicine	11	10	9	9	9	10

South Tyneside

In May the total absences for RN's was 14.26% (Acute) a decrease from April (16.33%); and 15.06% (Community) a decrease from April (16.33%). The table below shows a breakdown of this data and shows the RN starters and leavers in May.

	March 18		April 18		May 18	
	Acute	Community	Acute	Community	Acute	Community
Maternity leave	1.56%	3.94%	1.45%	3.93%	1.54%	3.85%
Sickness	4.93%	4.52%	5.57%	4.43%	6.34%	4.56%
RN vacancies	11.61%	6.08%	12.85%	7.97%	6.38%*	6.65%
Available RNs	81.90%	85.46%	80.13%	83.67%	85.74%	84.94%
Starters	11	6	6	12	0	2
Leavers	5	11	1	9	1	4

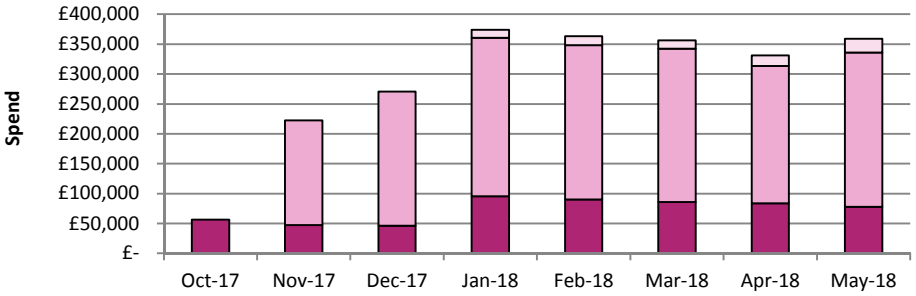
**Vacancy percentage for RN's is at 6.38%, however, there is an additional 5.13% of RN's that are currently going through pre-employment checks, some are not due to start until September (once pre-registration course completed).*

There were 117 safe care/incident forms submitted in May relating to nursing and midwifery staffing, a decrease from April (68). There were three incident forms submitted by wards when RN staffing was below minimum numbers (1 x paed A&E and 2 x SCBU) others were due to staff sickness, staff being moved to support other wards and an increase in bed occupancy.

SCBU staffing remains an area of concern. Whilst wte looks over established against budget, this is because the actual budget does not reflect the requirement for 2 registrants per shift, however, will be addressed as part of the current review process. A temporary arrangement is in place with support provided from Maternity.

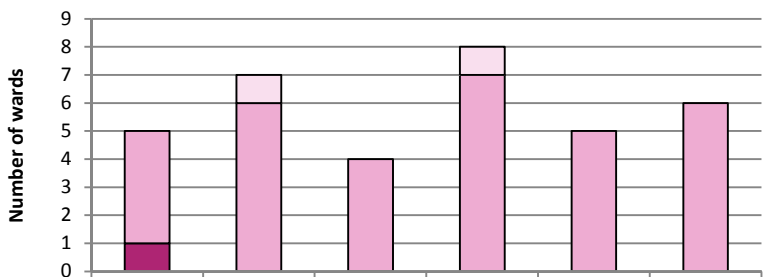
STFT were invited by NHSi to be part of the third wave of their retention programme, a site visit by NHSi planned for 3 July.

STFT Spending on Nursing Agency, NHS Professionals and overtime - October 2017 to May 2018



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Overtime	£-	£-	£-	£13,065	£14,801	£14,158	£17,638	£23,238
NHS Professionals	£-	£175,072	£223,979	£265,263	£258,068	£256,127	£229,613	£258,010
Agency Nursing	£56,529	£47,219	£46,465	£95,547	£90,190	£86,114	£83,896	£77,968

STFT - Nurse to patient ratios showing 3 month trend March to May 2018



	Mar 18 Exceed 1:8	Mar 18 Exceed 1:10	Apr 18 Exceed 1:8	Apr 18 Exceed 1:10	May 18 Exceed 1:8	May 18 Exceed 1:10
Surgical Specialities & Maternity	0	1	0	1	0	0
Medicine & COTE	4	6	4	7	5	6
Acute & Urgent Care	1	0	0	0	0	0

Frequency of Reporting Matrix

Section	Priority Workstream	Frequency
Patient Story		Monthly
Patient Safety	Reduce incidence of Category 2 to 4 pressure ulcers developed in our care	Monthly
	Reduce incidence of severe harm from patient falls	Monthly
	Improve the recognition and management of deteriorating patients • Accurate and timely recording of Early Warning Scores • Reduction in the number of preventable cardiac arrests • Ensuring high-quality timely communication, decision-making and recording in relation to decisions about Cardio Pulmonary Resuscitation • Achieve ≥90% compliance with Nutritional Screening • Achieve ≥90% compliance with recording of fluid input • Improve medicines management	 Monthly from July 2018 Annually 6 monthly Monthly from July 2018 Monthly from June 2018 Quarterly
	Infection control	Monthly
Patient Experience	Complaints	Monthly
	Learn from patient feedback	Quarterly
	Patient Led Assessment of the Care Environment (PLACE) results	Annually
	Ensure that patients are involved as much as they want to be in decisions about their care and treatment	Quarterly
	Ensure that patients receive adequate information and support for safe discharge from hospital	Quarterly
	Ensure that patients receive patient centred care based on their needs and preferences	Quarterly
	Dementia screening	Monthly
	Mixed sex breaches	Monthly
Clinical Effectiveness	Implementation of recommendations from the National Maternity Strategy	Quarterly
	Improve the outcomes of patients with serious infection	Quarterly
	Implementing recommendations from the Getting it Right First Time programme	6 monthly
	Participation in national and local clinical audits	As published
	Learning on review of patient deaths	Quarterly
	7 day services (4 priority clinical standards)	6 monthly
Key Enablers	Culture of safety • Safeguarding children • Safeguarding adults • DoLS • Incidents (including mixed sex breaches) • WHO checklist	 Monthly Monthly Monthly Monthly 6 monthly
	Recruitment and retention of staff	Monthly

1 SAR

In February 2017 Sunderland Safeguarding Adults Board (SSAB) undertook a scoping exercise regarding information known by partner organisations in relation to 'Eva'. Whilst the conclusion was that the specific cause of Eva's death did not indicate a strict statutory requirement to undertake a Safeguarding Adult Review (SAR), the recommendation was that a SAR should be carried out due to the similarities to a SAR published by SSAB in October 2015 relating to 'Angela, Barry and Claire'.

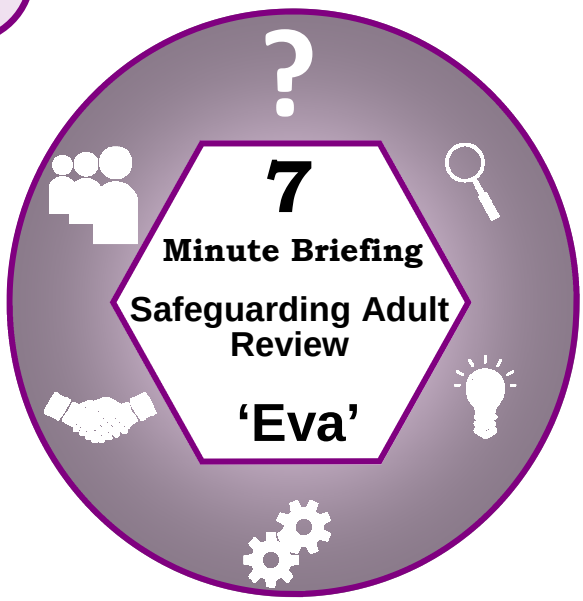
2 Background

Eva lived in a social rented property in Sunderland, with her daughter and carer Denise. Eva had a reported medical history of stroke, dementia and severe contractures. Eva died in hospital from hospital-acquired pneumonia having been admitted some time earlier with infected pressure sores.

3

The Safeguarding Board were concerned that Eva may have suffered from neglect and/or self-neglect. The review considered:

- Extremely unhygienic and poor conditions within the home, with large numbers of animals present and Eva's choice of sleeping arrangement in the living room
- Eva refusing community-based nursing interventions, resulting in ongoing deterioration of pressure sores
- Denise declining visits to her mother and refusing offers of support
- Concerns about Denise's role and ability as Eva's only family carer
- Deterioration in health and home conditions
- Concerns about application of the Mental Capacity Act



4 The Review

The Review involved a number of partner agencies who operate in Sunderland. As part of the review front-line staff who had worked with Eva participated in a workshop, which provided valuable insight and supported the SAR process to identify learning and key recommendations. The Executive Summary was published 29th May 2018.

5 Key Learning

- Adult Concern Notifications in respect of neglect/self-neglect must be followed up with a view to social work intervention. Decisions for 'no further action' should be recorded with the reason why
- Hospital discharge planning should always consider whether the current care package needs to be modified on discharge

6

- Mental Capacity Act assessments should always record the aspect of decision making being assessed, the assessment outcome and the evidence base
- Non-compliance with medication can be an important indicator of self-neglect and should be recorded clearly
- Concerns for neglect/self-neglect where it places an individual at risk of serious harm should always lead to a safeguarding concern referral
- All staff, regardless of grade, organisation or level of involvement, have a responsibility to raise a safeguarding concern

7

- Informal carers should be offered a Carer's Assessment, professional curiosity should be applied to understand family dynamics and capacity to provide care
- Possible animal neglect should be recognised as an indicator of risk to vulnerable adults and children in the household
- Home care workers should have increased access to training opportunities
- Agencies have a responsibility to staff health and wellbeing when working in unhygienic conditions
- The engagement of deep cleaning services is complex and often the responsibility of the tenant/client—guidance for frontline staff should be produced

Sunderland Safeguarding Adults Board

BOARD OF DIRECTORS

JULY 2018

FINANCIAL POSITION FOR JUNE 2018

1 INTRODUCTION

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

1.1 KEY HIGHLIGHTS

Issue or Metric	Budget	Actual	Variance	
	£000	£000	£000	%
Overall Financial Position – Deficit	5,433	5,392	41	0.8%
Income	85,334	84,621	713	0.8%
Expenditure	90,766	90,013	753	0.8%
EBITDA Position %	2.70%	3.30%		
EBITDA Position £'s	2,307	2,779	472	
Cash Position	7,166	9,938	2,772	39%
Operating Income:				
Variance to plan	77,604	77,813	209	0.3%
Cost Improvement Plans				
Variance to plan	2,652	2,974	322	12.1 %

Pay:				
Variance to plan	55,716	56,130	414	0.7%

Non Pay:				
Variance to plan	35,050	33,883	1,167	3.3%
Use of Resources Metrics (UOR)			3	

Julia Pattison
Director of Finance

1 INTRODUCTION

The enclosed financial statements reflect the Trust's Income & Expenditure position as at 30TH June 2018 details of which can be found in Appendices 1 - 6.

1.1 SUMMARY POSITION

The position now reflects the position against the updated control total which was approved as part of the annual plan resubmission in June.

	Position at Month 3		
	NHSI Plan	Actual	Variance
	£000s	£000s	£000s
Deficit for the year before Impairments and Transfers	(5,433)	(5,392)	(41)
Add: depreciation on donated assets			
Less: gain on asset disposal			
Less: net income from donated assets		(79)	(79)
Less: 2016/17 STF post accounts allocation			
Control Total Surplus/(Deficit) including PSF	**(5,433)**	**(5,471)**	**(120)**
Less: PSF 2018/19	(974)	(682)	(292)
Less: PSF Incentive schemes			
Control Total Surplus/(Deficit) excluding PSF	**(6,407)**	**(6,152)**	**(254)**

The overall financial position including Provider Sustainability Fund (PSF) funding is a net deficit of £5,392k against a planned deficit of £5,433k, and therefore £41k ahead of plan.

The net deficit of £5,392k included PSF income of £682k as the Trust achieved its financial control total for quarter 1. It did not include planned income of £292k linked to A&E performance targets for quarters 1 as they were not achieved.

The position included £79k benefit on donated asset income less costs. Therefore Trust position compared to control total excluding required adjustments is £6,152k deficit compared to a planned deficit of £6,407k, therefore £254k ahead of plan.

The Trust reported an over performance of £209k in month 3 relating to NHS clinical income.

At the end of June the Cost Improvement Plan (CIP) delivery is £322k ahead of projected plans submitted to NHSI.

The Trust made an on-account payment of £1m to NHS Property Services in June 2018 relating to charges from 2017/18 which remain in dispute.

Performance against the EBITDA margin is behind plan to the end of June.

The deficit position means that the Trust Use of Resources Metrics (UOR) rating score is 3, which is in line with plan.

2 INCOME

2.1 *Operating Income:*

Operating income to month 3 was £77,895k against a plan of £77,700k, and hence ahead of plan by £195k.

All clinical contracts have now been agreed by the Trust for 2018/19.

For commissioners on a block contract, both Sunderland and North Durham CCG are underperforming in Bariatric activity (which is on a PbR basis). For those commissioners on a PBR contract, Gateshead is showing a small under performance with NHSE (Specialised), Dental and Northumberland all currently over performing.

When the Trust moved to block contracts with its main Commissioners, it was agreed that the Divisions would continue to receive any under or over performance income, with any impact of the block contract being held centrally. In Month 03 (based on Month 02 PBR) there was significant over-performance in non-electives and, when analysed it was discovered a significant proportion was due to price (changes in the tariff) as opposed to increases in activity. As a result of this, for Month 03 on the activity element was allocated to Divisions with the price element of the movement from the non-elective plan being held centrally.

In addition the impact of any adjustments to income, including reductions for marginal rate or re-admissions have in the past (and continue to do so for this month) been held centrally and not passed onto Divisions. In light of the recent changes in the commissioning arena and the agreement of block contracts for all major CCGs for the next three financial years, a review of the way that clinical income is allocated to Divisions is to be undertaken.

Private Patient Income is behind plan by £14k to date.

2.2 *Non Patient Related Income:*

Other Income was behind plan by £907k to date. Of this £200k relates to lower Training and Education income, it is expected this will increase later in the year when the Trust secures additional non recurrent funding for Training relating initiatives. Research and Development income is also behind plan to date by £80k due to decline in CRN funding. There is an under-performance on CIP delivery & also RTA income is behind plan. Performance against the PSF plan to date is behind by £292k due to none achievement of performance targets in Quarter 1.

Appendix 3 provides further details around total income to date

3 EXPENDITURE

3.1 *Pay Expenditure:*

Pay is currently showing an overspend of £414k (net of CIP) against plan. In line with the guidance issued by NHS Improvement costs of the recently announced pay award are not included in the month 3 position. The main variances within pay are as follows:

- Agency costs to month 3 are £1,200k, compared to an overall Trust agency staffing budget to month 3 of £1,410k. Much of this spend is to cover vacant posts. The same period in 2017-18 had agency spend at £1,454k which is £254k more than the current period. A working group has been set up to review agency and bank usage across the Trust.
- To date the net underspend from vacant nursing posts across the Trust is £638k which is inclusive of the costs paid to NHS Professionals and overtime working.
- Other staff costs are overspent by £412k against plan to date.
- Cost Improvement Plans for pay are £294k ahead of plan to date across all categories, to date £1,344k of Pay CIP has been achieved.
- Key variances by staff group are detailed as:

Key Pay variances by staff group to current month	**£000s**
Consultants Staff (net of vacancies, additional sessions and NHSP costs)	447
Other Medical Staff (net of vacancies, additional sessions and agency costs)	193
Nursing (net of NHSP Costs)	-638
Other Staff groups	412
Total Variance	**414**

Appendix 4 shows details of pay spend on agency, flexi-bank and overtime for the last 12 months from month 3.

Overall pay costs in June were £18,593k against a budget of £18,714k for the month.

3.2 ***Non Pay Expenditure:***

Non-Pay is underspent by £1,167k. Major areas are highlighted as:

- Drugs are underspent by £1,120k, of this £130k is due to CIP over delivery against plan to date. High cost Drugs is £192k which is offset by over recovery on income. The remainder is due to annual plan being based on expected levels of growth which have not yet materialised.
- Clinical Supplies is overspent by £72k.
- Other Non Pay is overspent by £195k against plan to date, most of which is due to a shortfall in CIP delivery of £302k.
- PDC costs are break even with plan to month 3.
- Depreciation costs are £245k underspent against plan to date due to the impact of the 17/18 revaluation and the delay in Global Digital Exemplar project.
- Interest expenditure is £69k underspent against plan to date due to lower than planned interim cash support interest.

Appendix 5 shows details of non pay spend for Clinical Supplies, Drugs and Other Non-Pay for the month.

4 CIP POSITION

The original Trust Cost Improvement Plan (CIP) target was set as £13,000k.

Following the June resubmission of the Trust's NHSI Plan this has been increased by £3,738k to £16,738k. The additional CIP is being handled as a corporate stretch target rather than being added to divisional targets.

Divisional plans to date total £12,956k, meaning the Trust still has £3,782k of CIP plans to identify in this financial year.

The plan to date is £2,652k per our NHSI return, against which actual delivery is £2,974k, so ahead of plan by £322k.

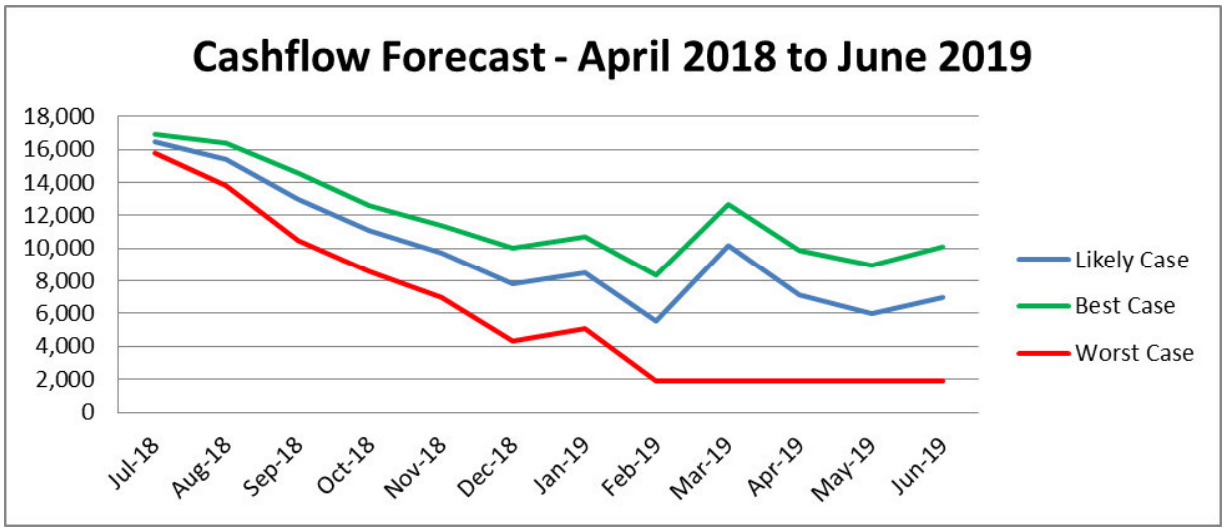
Details are provided in Appendix 6.

5 CASHFLOW AND WORKING CAPITAL

The cash balance at the end of June 2018 was £9.94m against planned £7.17m. The favourable variance of £2.77m consists of a Capital Goods Scheme VAT refund from HMRC £0.92m relating to the transfer of goods from CHS to CHoICE, the capital cash profile being behind plan £0.72m and favourable variances in working capital movements of £1.13m.

In July, the Trust will receive an additional interim support loan for £3.04 and settlement of its outstanding 17/18 STF funding of £8.2m

The Statement of Financial Position detail is provided in Appendix 2



The graph above shows the Trust's revised forecast cash position to June 2019. The graph shows the expected monthly cash balances relating to the likely, best and worst case scenarios based on current information. The closing forecast cash balance submitted to NHSI is based upon the likely case scenario.

The NHSI/revised plan assumes achievement of the control total for the year. The best, likely and worst case scenarios are driven by the overall income and expenditure forecasts.

The best case scenario assumes achievement of £2.5m over delivery against income and expenditure control total with a like for like cash impact.

The worst case scenario assumes the Trust is £4m behind plan consisting of lower than planned income levels £(2m) and non-achievement of CIPs £(2m) with both resulting in a like for like cash impact. It is expected in this scenario the Trust would

apply for a monthly interim deficit support loan resulting in the cash balance remaining level at £1.895m; this reflects NHSI's minimum expected working cash balance.

The following table summarises the impact of the most likely, best and worst case scenarios and the need to apply for additional cash support. In each of the scenarios the figure shows the amount of interim deficit that would be drawn down by the Trust at March 2019.

Scenario	Interim Deficit Support £m
Likely	8.2
Best	8.2
Worst	12.2

At the end of June £5.12m of interim support has been drawn down with a further £3.04m to be drawn down in July. If the Trust is able to achieve its Annual Plan then it is expected no further borrowing would be required for the remainder of the year.

INTERIM CASH SUPPORT APPLICATION

The interim support applications for April, May and July have been approved. Total support funding approved to date is as follows:

- Deficit Support - £3.203m in April 2018.
- Deficit Support - £1,062m in May 2018.
- STF Support - £0.862 In May 2018
- Deficit Support - £3.039 July 2018

No further applications are expected to be made between now and the financial yearend providing the forecast outturn remain in line with plan or better.

6 CAPITAL

The planned 2018/19 capital programme for City Hospitals totals £5,813k. The actual spend at the end of June 2018 was £854k against a plan to date of £1,487k, resulting in a variance of £633k. The variance to date primarily relates to the IT GDE scheme (£958k) which is ongoing.

The forecast outturn for medical equipment has increased by £301k to £1,391k. This relates to equipment that will be funded externally and through Charitable Funds.

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	179	401	222	224%	942
Medical Equipment	1,090	124	284	160	229%	1,391
IT	3,904	1,184	169	-1,015	14%	3,904
Total Capital	5,813	1,487	854	-633	57%	6,237

7 PAY AWARD

July's pay expenditure will an increase in costs associated with the non-medical staff pay-award for July only. Arrears payments relating to April-June will be paid in August. The Trust has calculated the increased cost of the pay award to be £6,114k. The Trust was notified on 16 July 2018 that the amount of funding to be received for the pay award was £3,215k. In addition to this the Trust had allocated 1% in its Annual Plan for the pay-award plus 0.50% for incremental drift. The total funding available to cover the non-medical pay-award amounts to £2,044k, which is £855k short of the estimated cost. This is summarised in the table below:

	£000
Calculated funding requirement for pay-award	**6,114**
Additional funding allocated	3,215
Internal funding - 1% pay award	1,361
Internal funding 0.50% incremental drift	684
Funding shortfall	**855**

It is unlikely that CHoICE will qualify to receive pay-award funding and as CHoICE have opted to increase salaries in line with the pay-award it is expected that this will need to be met via reductions in cost.

The Trust will be required to report on the impact of the pay-award in its month 4 NHSI return.

The full impact of the pay award is still being worked through at the time of writing.

8 NEXT STEPS

The Trust needs focus on identifying £3,782k of CIPs to achieve its full £16.7m CIP target for 2018/19.

In addition to closing the CIP gap the Trust needs to ensure flexibility to remove costs if income volumes continue to show a downward trend.

9 SUMMARY

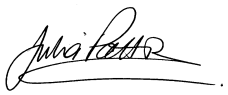
The overall position including PSF at the end of June is a deficit of £5,392k compared to a planned deficit of £5,433k or £41k ahead of plan. The position excluding PSF is £254k ahead of plan.

To June actual PSF achieved was £682k against the plan of £974, both. Due to the Trust not achieving the A&E target for the first quarter of the year 30% of the PSF for the quarter has not been achieved. It is not possible to recover this in future months.

10 RECOMMENDATIONS

The Board is requested to:

- Note the financial position to date.



Julia Pattison
Director of Finance
July 2018

City Hospitals Sunderland
NHS Foundation Trust

Appendix 1

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST
CORPORATE FINANCIAL MONITORING REPORT
SUMMARY TRUST POSITION - MONITOR ANALYSIS
PERIOD ENDED 30TH JUNE 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	-26.64	-27.01	-0.37	-77.60	-77.81	-0.21
PBR Clawback/relief	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Private patient income	-0.38	-0.03	-0.05	-0.02	-0.10	-0.08	0.01
Non-patient income	-33.46	-3.19	-2.42	0.77	-7.63	-6.71	0.92
Total income	**-346.41**	**-29.87**	**-29.48**	**0.39**	**-85.32**	**-84.60**	**0.72**
Expenses							
Pay Costs	220.55	18.71	18.59	-0.12	55.716	56.130	0.41
Drug costs	40.43	3.40	3.31	-0.10	11.43	10.31	-1.12
Other Costs	85.00	6.87	6.88	0.01	20.50	20.82	0.33
Total costs	**345.98**	**28.99**	**28.78**	**-0.20**	**87.65**	**87.27**	**-0.38**
Earnings before interest, tax, depreciation & amortisation (EBITDA)	**-0.43**	**-0.88**	**-0.70**	**0.18**	**2.307**	**2.779**	**0.42**
Profit/loss on asset disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation	7.05	0.59	0.48	-0.10	1.76	1.52	-0.24
PDC dividend	2.87	0.24	0.24	0.00	0.72	0.72	0.00
Interest	2.02	0.17	0.15	-0.02	0.51	0.44	-0.07
Corporation tax	0.40	0.03	0.03	-0.01	0.10	0.08	-0.02
Net surplus (pre exceptionals)	**11.90**	**0.14**	**0.20**	**0.05**	**5.39**	**5.53**	**0.08**
Exceptional items							
Net (surplus)/Deficit (post exceptionals)	**11.90**	**0.14**	**0.20**	**0.05**	**5.43**	**5.39**	**-0.04**

EBITDA Margin	**0.1%**	**3.0%**	**2.4%**	**-2.7%**	**-3.3%**

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST
TRUST PERFORMANCE SUMMARY

PERIOD ENDED 30TH JUNE 2018

TRUST SUMMARY

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

	Annual Budget £'000s	Apr actual £'000s	May actual £'000s	June actual £'000s	Quarter 1 £'000s	YTD actual £'000s	Plan £'000s	Variance £'000s
Income								
Contract Income	(312,571)	(24,999)	(25,805)	(27,009)	(77,813)	(77,813)	(77,604)	(210)
STF				(682)	(682)	(682)	(974)	292
Private Patients	(381)	(29)	(1)	(51)	(81)	(81)	(95)	14
Training and Education Income	(11,518)	(911)	(884)	(884)	(2,679)	(2,679)	(2,880)	200
Research and Development Income	(1,540)	(116)	(81)	(108)	(305)	(305)	(385)	80
Other income	(13,869)	(1,025)	(1,280)	(739)	(3,044)	(3,044)	(3,387)	343
Interest Receivable	(36)	(5)	(5)	(7)	(17)	(17)	(9)	(8)
Total Income	**(339,915)**	**(27,085)**	**(28,057)**	**(29,480)**	**(84,621)**	**(84,621)**	**(85,334)**	**712**
Expenditure								
Pay	220,549	18,657	18,879	18,593	56,130	56,130	55,716	414
Clinical Supplies and Services	33,240	2,508	2,945	2,653	8,106	8,106	8,034	72
Drug Costs	40,433	3,309	3,696	3,307	10,312	10,312	11,432	(1,120)
Other Costs	55,892	4,482	4,058	4,253	12,793	12,793	12,598	195
Depreciation	7,047	531	503	484	1,518	1,518	1,762	(245)
PDC Dividend	2,868	239	239	239	717	717	717	
Interest	2,022	146	145	146	438	438	507	(69)
Total Expenditure	**362,052**	**29,871**	**30,466**	**29,676**	**90,013**	**90,013**	**90,766**	**(753)**
(Surplus)/Deficit	**22,137**	**2,786**	**2,409**	**196**	**5,392**	**5,392**	**5,433**	**(41)**
Cost Improvement Plans	**13,000**		**(1,257)**	**(1,717)**	**(2,974)**	**(2,974)**	**(2,652)**	**(322)**
WTE Analysis (WTEs)								
Total WTEs	**4,814.67**	**5,098.39**	**5,103.20**	**5,070.15**	**5,070.15**	**5,070.15**	**5,130.77**	**-60.62**

APPENDIX 2

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

Assets	Plan As At 30-Jun-18 £m	Actual As At 30-Jun-18 £m	Variance £m
Assets, Non-Current:			
Intangible Assets	5.237	5.086	
Property, Plant and Equipment	142.618	142.402	
Trade and Other Receivables	0.969	0.969	0.000
Assets, Non-Current, Total	148.824	148.458	
Assets, Current:			
Inventories	6.400	6.567	-0.167
Trade and Other Receivables:			
NHS Trade and Other Receivables	15.092	15.498	-0.406
Non NHS Trade and Other Receivables	6.267	6.828	-0.561
Trade and Other Receivables, Total	21.359	22.327	
Cash and Cash Equivalents:			
Government Banking Service & Invested	2.396	5.840	
Commercial Bank account	4.770	4.098	
Cash and Cash Equivalents, Total	7.166	9.938	2.772
Assets, Current, Total	34.925	38.832	
ASSETS, TOTAL	**183.749**	**187.290**	

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	-1.602	-1.477	-0.125	
Provisions	-0.244	-0.267	0.023	
Trade and Other Payables:				
Trade Payables, Current	-30.432	-33.914	3.482	
Other Financial Liabilities	-1.764	-1.483	-0.281	
Capital Payables, Current	-0.644	-0.601	-0.043	
Trade and Other Payables,Total	-32.840	-35.998		
Liabilities, Current, Total	-37.959	-41.015		
NET CURRENT ASSETS (LIABILITIES)	-3.034	-2.182		
Liabilities, Non-Current				
Interest-Bearing Borrowings:				
Loans, Non-Current, non-commercial - Capital	-49.219	-49.219	0.000	
Loans, Non-Current, non-commercial - Interim Support	-5.127	-5.127	0.000	
Interest-Bearing Borrowings,Total	-54.346	-54.346		
Provisions, Non-Current	-0.701	-0.701	0.000	
Liabilities, Non-Current, Total	-55.047	-55.047		
TOTAL ASSETS EMPLOYED	**90.743**	**91.229**		

Taxpayers' and Others' Equity

Taxpayers' Equity				
Public Dividend Capital	104.289	104.289		
Revaluation Reserve	27.603	35.297		
Retained Earnings	-41.149	-48.358		*-7.209*
TAXPAYERS' EQUITY, TOTAL	**90.743**	**91.229**		

Appendix 3 - Income Report Overview

Table 1: Financial Position (M3) - Contract Income

Commissioner	Plan as per NHSI £'000s	Total Actuals £'000s	Variance as per NHSI £'000s	% Against NHSI
Sunderland	43,473	43,471	2	0.0%
South Tyneside	6,422	6,423	-1	0.0%
Gateshead	949	938	11	1.1%
Sunderland LA	594	594	0	0.0%
DDES	8,883	8,885	-2	0.0%
North Durham	4,094	4,056	38	0.9%
HAST	865	879	-15	-1.7%
South Tees	59	66	-7	-11.0%
Northumberland	201	231	-30	-12.9%
Specialised	9,172	9,548	-377	-3.9%
Dental	1,557	1,611	-53	-3.3%
Sub total	**76,268**	**76,703**	**-435**	-0.6%
Cancer Drug Fund	227	231	-5	-2.1%
Hep C drugs	216	52	164	315.8%
NCA's	514	518	-3	-0.7%
AQP - all contracts	245	235	10	4.4%
Private Patients	95	81	14	17.3%
Other	135	75	60	80.0%
Grand Total	**77,700**	**77,895**	**-195**	-0.3%

Table 2: Financial Position (M3) - Other Income

Income Source	Plan as per NHSI £'000s	Total Actuals £'000s	Variance as per NHSI £'000s	% Against NHSI
PSF Funding	974	682	292	42.8%
Education & Training	2,880	2,679	200	7.5%
Research & Development	385	305	80	26.2%
Interest receivable	9	17	-8	-47.1%
Other	3,387	3,043	343	11.3%
Grand Total	**7,634**	**6,727**	**907**	13.5%
Total Income	**85,334**	**84,621**	**712**	**0.8%**

Summary income position

The clinical income budget, including Private Patients, to M3 is £77,700k with the actual performance being £77,895k resulting in an over performance of £195k. The clinical income actuals are based on M2 PbR files with the exception of drugs income which is directly matched to expenditure for month 3. For those on PBR contracts, Month 03 income has been matched to the plan.

There are block contracts with Sunderland, South Tyneside, Sunderland LA and both Durham commissioners. However, bariatric activity for all CCG's (including those on a block) is on a PbR basis. Overall, this is under contracted plan to date resulting in the variance shown against each of these block contracts amounting to a £47k underperformance. The overall PBR position (if the Trust wasn't on a block contract for these commissioners) is shown in Table 3 on the next page and significant variance by commissioner is discussed further on in the report.

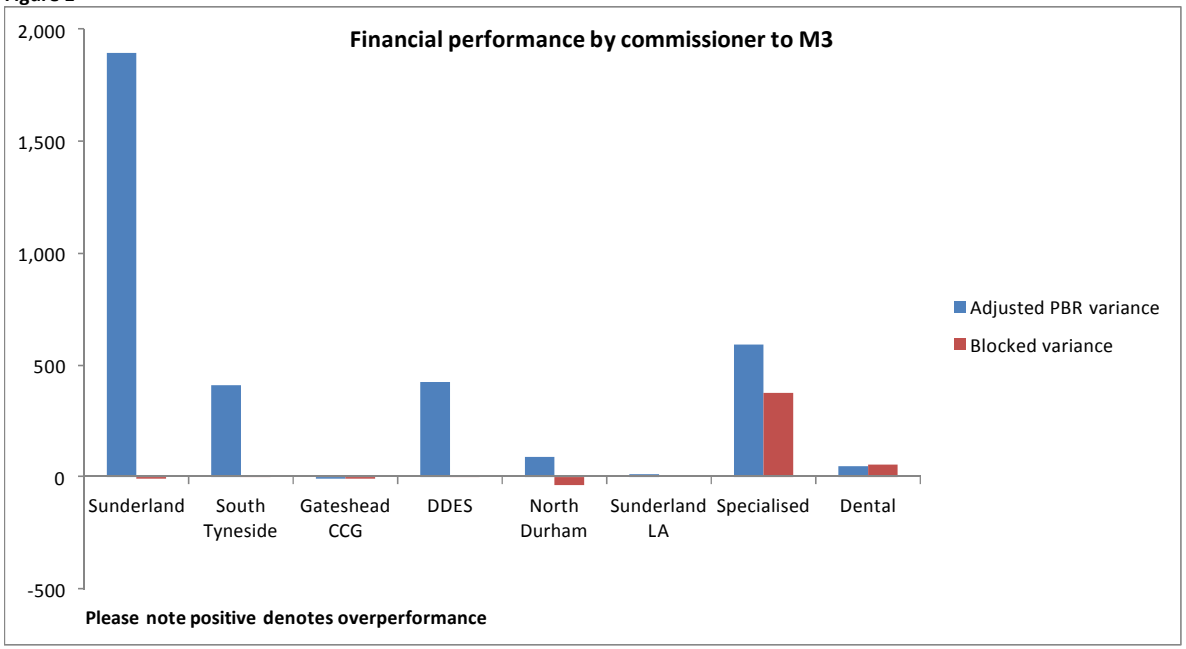
Cancer drug fund and Hep C drugs are pass through and linked to expenditure. To note, here has been a large price reduction in Hep C drugs so the observed over performance is likely to continue. Private patient income is slightly behind plan at this point in the year.

'Other' income from non-patient care activities is showing an under performance of £907k against plan. Education and Training being slightly behind plan due to invoicing indicative amounts until the exact value has been confirmed. PSF funding is also under plan due to non-achievement of A&E targets for Q1. R&D is also under performing due to the variable nature of trials income. The majority of the 'other income' under recovery is due to non-realised CIP income generation plans to date.

Table 3 - PBR position for Commissioners on a block contract as per Month 03 PBR

Commissioner	Plan as per NHSI £'000s	Total Actuals £'000s	Variance as per PBR £'000s	Non recurrent funding for services £'000s	Transitional/ Non-recurrent support £'000s	Adjusted variance after removal of non-recurrent funding £'000s
Sunderland	43,473	45,370	-1,897	134	557	-1,206
South Tyneside	6,422	6,832	-410	9	0	-400
DDES	8,883	9,308	-425	16	80	-329
North Durham	4,094	4,186	-92	7	12	-73
Sunderland LA	594	606	-13	0	0	-13
Total	**63,466**	**66,302**	**-2,836**	**166**	**650**	**-2,020**

Figure 1



Summary of main PbR variance by commissioner

Table 3 shows the PBR over or under performance against commissioner contracts to date for those CCG's on a block contract this year.

Block contract commissioners are showing an un-blocked over performance of over £2.8m the majority of which relates to Sunderland, South Tyneside and DDES equating to £2.7m of the overall variance. The majority of the unblocked over performance relates to Elderly Medicine non-elective (£1.15m), T&O admitted patient care (£166k) and Urology non-elective (£136k). Some of the over performance is due to activity but a large proportion is due to an increase in the average tariff so potentially linked with a higher case mix along with an improved depth of coding.

NHSE specialised commissioners are not on a block contract and are transacted on a PbR basis. The Trust is over performing by £377k which is a significant shift from last month, this is mainly due over performance on high cost drugs income & devices which are on a pass through basis as well as on electives and non-electives. This position includes any known material risks or challenges against the M2 flex position.

Northumberland are a new contracted commissioner this year (previously NCA's). The Trust is over performing by £30k against plan which is primarily due to bariatric activity carried out at Northumbria Trust (both inpatients and outpatients attendances), but this trend is unlikely to continue.

NHSE Dental are showing an over performance of £53k against plan. As with the other commissioners this is mainly due to non-elective admissions combined with outpatient procedures.

Risk to income

Commissioner challenges were received on time (including NHSE) and built into the financial position where appropriate. The main challenges of note relate to drugs & adjustments have been made the reported position for these where appropriate.

Non-elective & emergency care is over performing significantly for all Commissioners, circa £2.1m to Month 02. Some of this over-performance is due to activity, but the majority appears to be due an increase in the average tariff. We are working closely with information services to investigate what may be the cause of this.

As most CCG's are on a block contract this year, this does mean there could be pressure on expenditure associated with the delivery of this over performance which may not be recovered. As the levels of non-elective activity is so high, then there will be an impact of the Emergency Threshold (whereby the Trust only receives 70% of any over-performance over the agreed baseline), that would reduce this level of over-performance overall.

Bariatric activity (for all CCG's), is not on a block. As mentioned previously the Trust is still under performing in this area as elective spells continue to fall along with outpatients reducing with this. A detailed forecast for bariatric activity is required during the coming months to see if this is a trend which is likely to continue.

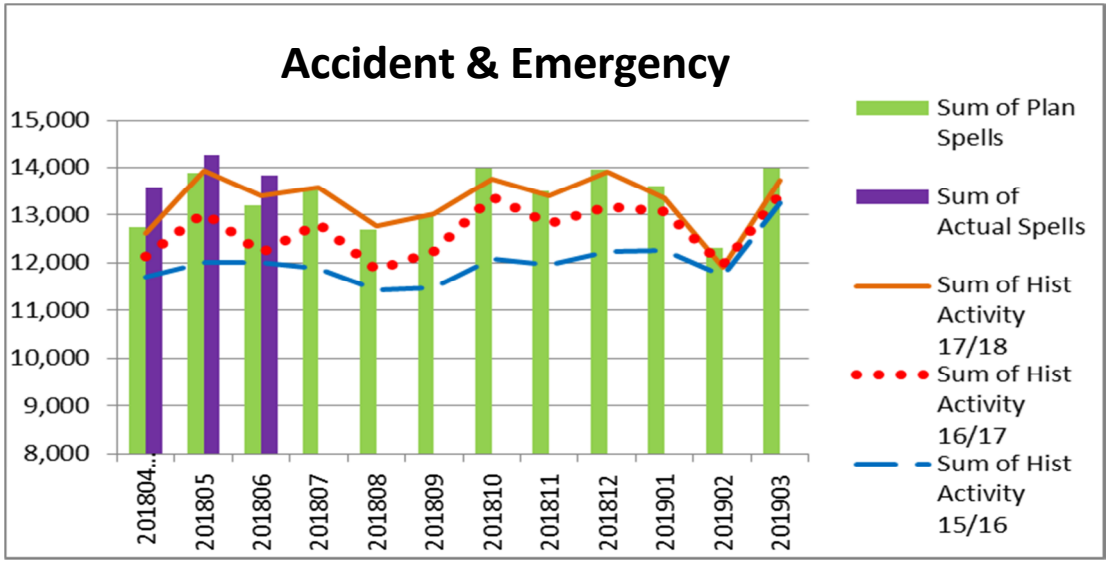
For month 3, full achievement of CQUIN payments & no performance penalties have been assumed.

Other income

CHS have revised the annual plan to include PSF monies; we are currently under plan at the moment due to the non-achievement of A&E targets. Other areas of note include;

- Training and education; we have not yet had our funding allocation confirmed and this shows an under recovery due to invoicing indicative amounts until this is known.
- Other non-patient income; this is under-recovered to date for a variety of reasons including a CIP delivery shortfall & also RTA income being behind plan.

Comparison of Commissioner Plan vs Actuals - Accident & Emergency



PODCode	Sum of Plan Spells	Sum of Actual Spells	Sum of Hist Activity 17/18	Sum of Hist Activity 16/17	Sum of Hist Activity 15/16
Type1	23,573	24,917	23,173	21,741	21,274
Type2	7,757	7,573	8,193	7,990	8,423
Type4	8,512	9,196	8,586	7,669	6,001
Grand Total	**39,842**	**41,686**	**39,952**	**37,400**	**35,698**

Table 1 – A&E plan vs 18/19 actuals and history by site

Contract Status	PODCode	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan
Block	Type1	22,965	24,308	1,343
	Type2	6,972	6,800	-172
	Type4	8,344	8,844	500
Block Total		**38,280**	**39,952**	**1,672**
PbR Contracts	Type1	608	609	1
	Type2	785	773	-12
	Type4	169	352	183
PbR Contracts Total		**1,562**	**1,734**	**172**
Grand Total		**39,842**	**41,686**	**1,844**

Table 2 – A&E plan vs actuals by Blocked/PbR Contracts

A&E total activity for 18/19 has been commissioned at less than 1% over 17/18 outturn.

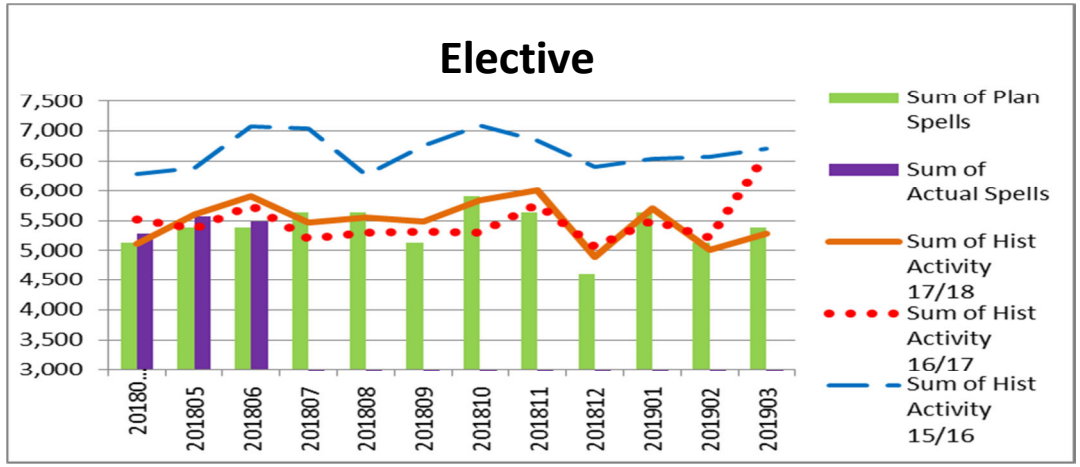
Type 1 A&E (main site) has been commissioned at 0.3% under 17/18 outturn; Type 2 (SEI) is 6.8% above outturn and Type 4 (Pallion) is 1.8% under outturn (Table 1).

Commissioners have chosen not to commission in line with the rate of growth which has been demonstrated over the last 3 years as their aim is to prevent patients from resorting to ED by increasing GP services. CHS requested a plan figure of 162,422 to cope with increasing demand, however 18/19 activity plan has been commissioned at 160,484. The vast majority of this sits with block contacted commissioners meaning CHS will not receive any income for over performance. Table 2 shows YTD variance by Blocked and PbR Contracts

Total attendances are running at 1,844 over plan for Months 1-3 (4.6%). Type 1 attendances are 1,344 over plan (5.7%) and Type 4 are 684 over plan (8%). This is countered by an underperformance of SEI Type 2, which is currently running at 184 under plan (2.4%). However this was expected, as SEI have been working on reducing review A&E attendances leading to a planned decrease in activity since Dec 17.
Admissions from ED were 20% for June, with the highest admission specialties being Accident & Emergency, Geriatric Medicine and Paediatrics.

A&E activity and income plans are phased using a 2 year seasonal average of actual activity (see Appendix 1)

Comparison of Commissioner Plan vs Actuals - Elective



Directorate	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Variance against History 17/18	Sum of Hist Activity 17/18
Trauma & Orthopaedics	1,304	1,527	223	113	1,414
Ophthalmology	3,604	3,797	193	56	3,741
General Surgery	1,624	1,780	156	-53	1,833
Head & Neck	2,126	2,243	117	-36	2,279
Medical Specialties	1,825	1,942	117	103	1,839
Theatres	203	263	60	18	245
Obstetrics & Gynaecology	437	493	56	18	475
General Internal Medicine	1,900	1,951	51	54	1,897
Rehab & Elderly Medicine	211	198	-13	-43	241
Emergency Care	567	552	-15	-29	581
Paediatrics	132	108	-24	-43	151
Urology	1,969	1,470	-499	-452	1,922
Grand Total	**15,902**	**16,324**	**422**	**-294**	**16,618**

Table 3 –Elective plan vs actuals and history by Directorate

Elective Spells Summary

Elective activity has been commissioned at a level 2% below 17/18 outturn. This is said to be in response to the various referral management schemes that have been implemented by CCGs in 17/18 and also the continuation of Value Based Commissioning. Internal processes regarding VBC and management of waiting lists etc therefore must be monitored closely to prevent this.

The majority of Elective activity sits with block contracted Commissioners (Table 4), meaning there is a risk to income if activity increases in 18/19.
At Month 3, Elective spells are performing at 3% over contract but 2% below history

Contract Status	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Hist Activity 17/18	Sum of Variance against History 17/18
Block	13,365	13,637	272	13,983	-346
PbR Contracts	2,537	2,687	150	2,635	52
Grand Total	**15,902**	**16,324**	**422**	**16,618**	**-294**

Table 4 – Elective plan vs actuals and history by Blocked/PbR Contracts

Specialty in Focus – Urology

Urology Is the Specialty with the greatest level of under performance against Elective activity plan in Month 3.

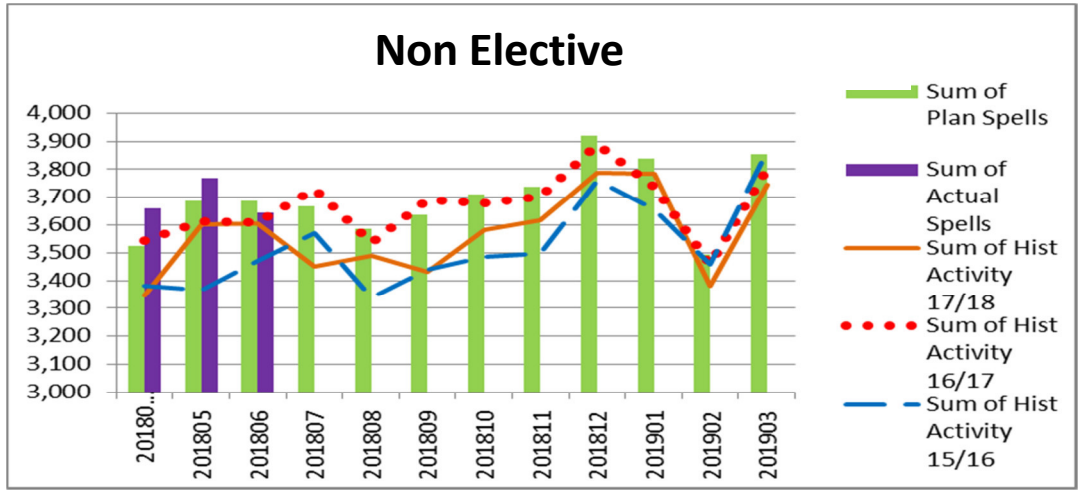
Month	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Hist Activity 17/18	Sum of Hist Activity 16/17	Sum of Hist Activity 15/16
201804	635	471	-164	572	626	612
201805	667	491	-176	702	651	689
201806	667	508	-159	648	717	813
Grand Total	**1,969**	**1,470**	**-499**	**1,922**	**1994**	**2114**

Table 5 – Urology Elective plan vs actuals and history by Month

However there has been a corresponding increase in OP procedures in the same time period, rising from an average of 728 per month in 17/18 to 828 in 18/19

Elective activity and income plans have been phased using working days adjusted for Bank Holidays (see Appendix 1).

Comparison of Commissioner Plan vs History - Non Elective



Directorate	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Hist Activity 17/18	Sum of Variance against History 17/18
Rehab & Elderly Medicine	1,579	1,725	146	1,694	31
Paediatrics	906	1,034	128	933	101
General Internal Medicine	1,480	1,607	127	1,399	208
Trauma & Orthopaedics	578	657	79	558	99
Urology	610	649	39	587	62
Emergency Care	3,007	3,016	9	2,938	78
Theatres	24	30	6	10	20
Head & Neck	472	439	-33	468	-29
Ophthalmology	152	104	-48	144	-40
Obstetrics & Gynaecology	397	328	-69	285	43
Medical Specialties	495	406	-89	427	-21
General Surgery	1,197	1,075	-122	1,108	-33
Grand Total	**10,898**	**11,070**	**172**	**10,551**	**519**

Table 6 – Non Elective plan vs actuals and history by Directorate

Non Elective Spells Summary

Non Elective activity has been recognised to be growing, and Commissioners provided updated activity plans following the busy winter period which increased the number of Non Elective spells by 3% over 17/18

At Month 3, Non Elective spells are 2% over plan and 5% over history.
The majority of Non Elective activity sits with Block contacted Commissioners, therefore there is a risk to income if actuals continue to perform at current levels

Contract Status	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Hist Activity 17/18	Sum of Variance against History 17/18
Block	10,512	10,667	155	10,144	523
PbR Contracts	386	403	17	407	-4
Grand Total	**10,898**	**11,070**	**172**	**10,551**	**519**

Table 7 – Non Elective plan vs history by Blocked/PbR Contracts

Specialty in focus – Geriatric Medicine

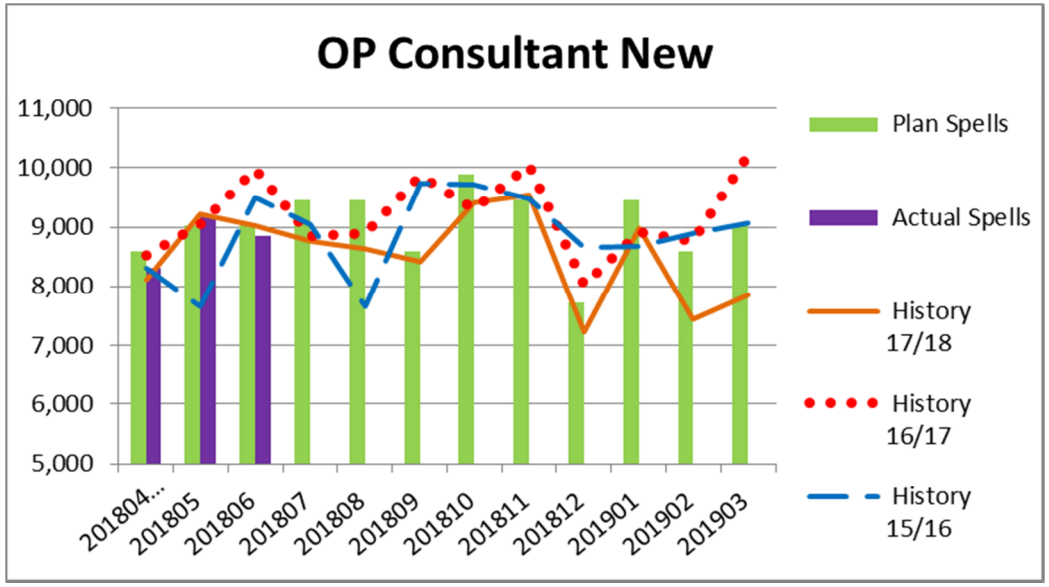
The over performance in Rehab & Elderly is solely attributable to Geriatric Medicine. Commissioner activity plans reduced Non elective spells by 400 compared to 17/18 and 16/17 outturn, but activity in months 1 and 2 surpassed historical levels, further contributing to the over performance. 19% of all admissions from ED in Months 1&2 were to Geriatric Medicine, falling to 17% in Month 3

Month	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Hist Activity 17/18	Sum of Hist Activity 16/17	Sum of Hist Activity 15/16
201804	494	580	86	517	551	513
201805	517	608	91	584	486	456
201806	517	498	-19	556	505	493
Grand Total	**1,528**	**1,686**	**158**	**1,657**	**1,542**	**1,462**

Table 8 – Geriatric Medicine Non Elective plan vs actuals and history by Month

Non Elective activity and income plans have been phased using a 2 year seasonal profile of actual activity (see Appendix 1).

Comparison of Commissioner Plan vs Actuals - Consultant Led Outpatient New



Directorate	Plan	Actuals	Var Vs Plan	Var Vs Plan %	History 17/18	Var Vs Hist 17/18
Emergency Care	1,162	1,178	16	1%	956	222
General Internal Medicine	2,035	2,085	50	2%	2,144	-59
General Surgery	2,174	2,090	-84	-4%	1,693	397
Head & Neck	3,717	3,651	-66	-2%	3,698	-47
Medical Specialties	1,368	1,458	90	7%	1,283	175
Obstetrics & Gynaecology	3,095	3,015	-80	-3%	3,357	-342
Ophthalmology	3,381	3,091	-290	-9%	3,419	-328
Paediatrics	1,741	1,492	-249	-14%	1,393	99
Rehab & Elderly Medicine	1,872	1,585	-287	-15%	1,881	-296
Theatres	291	385	94	32%	362	23
Trauma & Orthopaedics	3,457	3,888	431	12%	3,810	78
Urology	2,344	2,404	60	3%	2,342	62
Grand Total	**26,635**	**26,322**	**-313**	**1%**	**26,338**	**-16**

Table 9 – OP New plan vs actuals and History by Directorate

First Outpatient (consultant led) activity is only 1 attendance below history but 301 attendances (1.13%) below plan.
Directorates with the most significant variance against plan include Theatres, Rehab and Elderly Medicine and Paediatrics and Trauma & Orthopaedics.

The specialty of Pain Management within Theatres is currently over performing by 96 attendances against a plan of 280, equivalent to a 34% over performance.

Directorate in focus - Rehab and Elderly Medicine

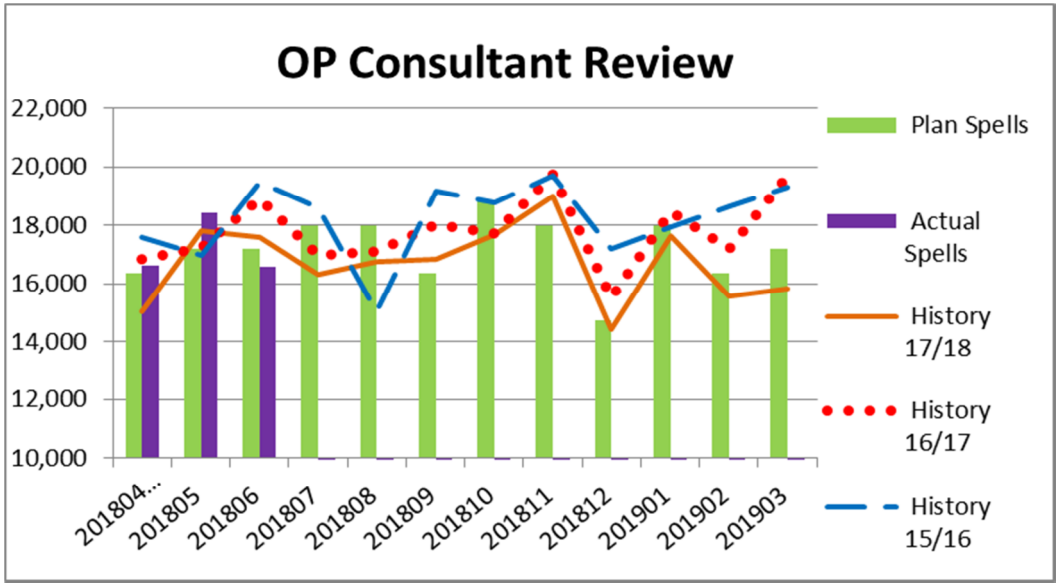
The specialties within REM that have the greatest variance against plan are Neurology and Stroke Medicine. Across the two specialties attendances are 291 attendances below plan for this year, equivalent to a 26% decrease in performance.
Neurology has seen an increase in activity month on month, but is still below planned levels by 279 attendances.
Stroke Medicine's underperformance relates to April's activity being below plan. May and June's activity levels have matched planned levels exactly.

Specialty	Month	Plan Spells 1819	Actual Spells 1819	Var Vs Plan	Var Vs Plan %	History 17/18	Var Vs History 17/18
Neurology	201804	335	208	-127	-38%	256	-48
	201805	352	261	-91	-26%	408	-147
	201806	352	292	-60	-17%	337	-45
Neurology Total		**1,040**	**761**	**-279**	**-27%**	**1,001**	**-240**
Stroke Medicine	201804	22	9	-13	-60%	31	-22
	201805	24	24	0	0%	33	-9
	201806	24	24	0	0%	25	-1
Stroke Medicine Total		**69**	**57**	**-12**	**-18%**	**89**	**-32**
Grand Total		**1,109**	**818**	**-291**	**-26%**	**1,090**	**-272**

Table 10 –Rehab & Elderly OP New plan vs actuals and History by Month

Outpatient New activity and income plans have been phased using working days adjusted for Bank Holidays (see Appendix 1).

Comparison of Commissioner Plan vs Actuals - Consultant Led Outpatient Review



Directorate	Plan	Actuals	Var Vs Plan	Var Vs Plan %	History 17/18	Var Vs Hist17/18
Emergency Care	2,857	2,304	-553	-19%	2,472	-168
General Internal Medicine	5,500	5,271	-229	-4%	5,625	-354
General Surgery	4,096	4,179	83	2%	3,503	676
Head & Neck	5,728	5,162	-566	-10%	5,631	-469
Medical Specialties	7,195	7,648	453	6%	6,850	798
Obstetrics & Gynaecology	1,873	1,822	-51	-3%	1,985	-163
Ophthalmology	9,263	9,704	441	5%	9,745	-41
Paediatrics	2,326	3,017	691	30%	2,274	743
Rehab & Elderly Medicine	1,933	1,882	-51	-3%	1,915	-33
Theatres	449	426	-23	-5%	505	-79
Trauma & Orthopaedics	5,357	5,652	295	6%	5,684	-32
Urology	4,116	4,525	409	10%	4,272	253
Grand Total	**50,692**	**51,592**	**900**	**2%**	**50,461**	**1,131**

Table 11 – OP Review plan vs actuals and history by Directorate

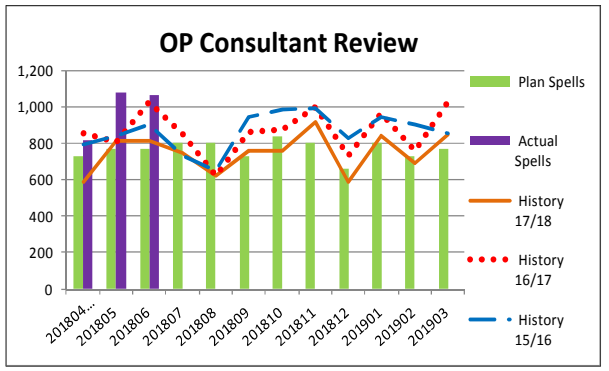
Review Outpatient (consultant led) activity is 1,148 attendances above history (2%) and 913 attendances above plan (1.8%).
Directorates with the most significant variance against plan include Paediatrics, Emergency Care, Head & Neck and Urology.

Directorate in focus - Paediatrics

The specialty of Paediatrics is over performing by 700 attendances, equivalent to a 31% over performance. This is also 744 above historical levels (a 33% increase).

Specialty	Month	Plan Spells 1819	Actual Spells 1819	Var Vs Plan	Var Vs Plan %	History 17/18	Var Vs History 17/18
Paediatric Epilepsy	201804	21	22	1	5%	18	4
	201805	22	13	-9	-41%	17	-4
	201806	22	21	-1	-4%	22	-1
Paediatric Epilepsy Total		**65**	**56**	**-9**	**-14%**	**57**	**-1**
Paediatrics	201804	729	815	86	12%	588	227
	201805	766	1,081	315	41%	814	267
	201806	766	1,065	299	39%	815	250
Paediatrics Total		**2,261**	**2,961**	**700**	**31%**	**2,217**	**744**
Grand Total		**2,326**	**3,017**	**691**	**30%**	**2,274**	**743**

Table 12 –Paediatrics OP Review plan vs actuals and History by Month

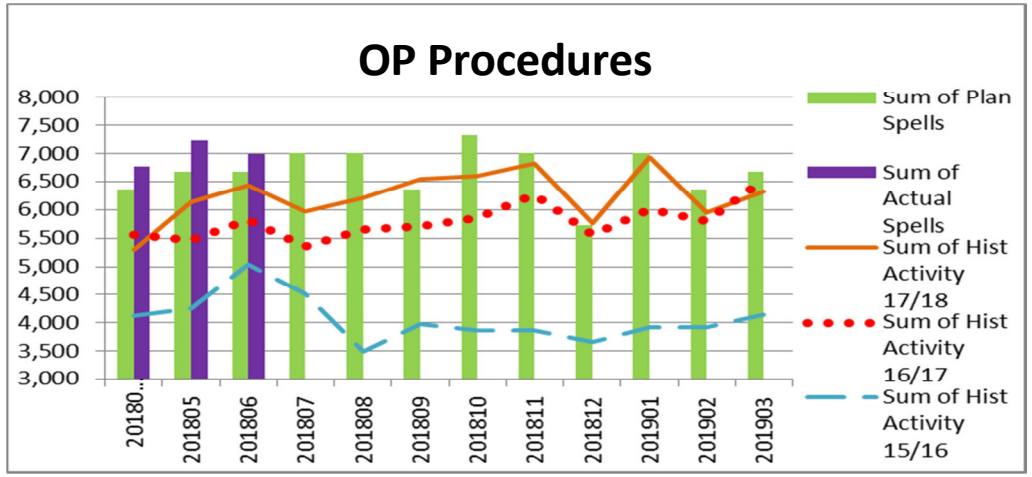


OP Consultant Review for Paediatrics specialty.

Paediatrics has been over performing across all CCGs. Sunderland CCG has the greatest over performance, as it is 701 attendances ahead of plan so far this year.

Outpatient New activity and income plans have been phased using working days adjusted for Bank Holidays (see Appendix 1).

Comparison of Commissioner Plan vs Actuals - Outpatient Procedures



Directorate	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Variance against History 17/18	Sum of Hist Activity 17/18
Ophthalmology	8,965	10,237	1,272	1,581	8,656
Urology	2,107	2,485	378	306	2,179
Obstetrics & Gynaecology	1,097	1,136	39	-28	1,164
Trauma & Orthopaedics	684	712	28	-11	723
Paediatrics	71	76	5	-1	77
General Internal Medicine	29	30	1	0	30
Rehab & Elderly Medicine	763	746	-17	-49	795
Theatres	32	13	-19	-11	24
General Surgery	86	62	-24	-25	87
Medical Specialties	312	281	-31	-29	310
Emergency Care	274	238	-36	-47	285
Head & Neck	5,316	4,979	-337	1,444	3,535
Grand Total	**19,736**	**20,995**	**1,259**	**3,130**	**17,865**

Table 13 – OP Procedures plan vs actuals and history by Directorate

Outpatient procedures have been commissioned at 7% over 17/18 outturn.

At Month 3, activity is 6% over plan and 18% over history. Both Ophthalmology and Urology seem to be significantly over performing against history for Months 1-3, yet current rates are consistent with later months of 17/18.

Directorate focus – Head & Neck

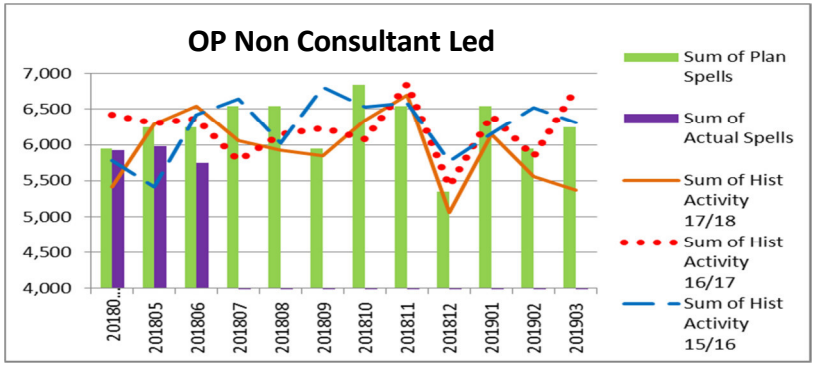
Specialty	Month	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Variance against History 17/18	Sum of Hist Activity 17/18
ENT	201804	1,450	1,071	-379	299	772
	201805	1,522	1,297	-225	262	1,035
	201806	1,522	1,321	-201	309	1,012
ENT Total		**4,495**	**3,689**	**-806**	**870**	**2,819**
Oral & Maxillo Facial Surgery	201804	175	195	20	63	132
	201805	183	231	48	80	151
	201806	183	191	8	54	137
Oral & Maxillo Facial Surgery Total		**541**	**617**	**76**	**197**	**420**
Orthodontics	201804	90	271	181	220	51
	201805	95	165	70	31	134
	201806	95	237	142	126	111
Orthodontics Total		**280**	**673**	**393**	**377**	**296**
Grand Total		**5,316**	**4,979**	**-337**	**1,444**	**3,535**

Table 14 – H&N OP Procedures plan vs actuals and history by Directorate

ENT has been commissioned to include a CHS Coding & Counting change to charge for Audiology Assessments in 18/19. Activity numbers are not yet coming through in the data, which makes the area look to be underperforming, although this is on a block contract.
Orthodontics appears to be over performing against plan due to a reclassification of review attendances to OP Procedures after the forecasted 18/19 figures had been agreed. Actuals show as an over performance in OP Procedures and an under performance in OP Review. Financially, as OP Procedure tariffs are higher than OP review attendance tariffs, there will be a financial over performance. The contract for orthodontics sits with NHS England – Dental, who are on a PbR Contract.

Outpatient Procedure activity and income plans have been phased using working days adjusted for Bank Holidays (see Appendix 1).

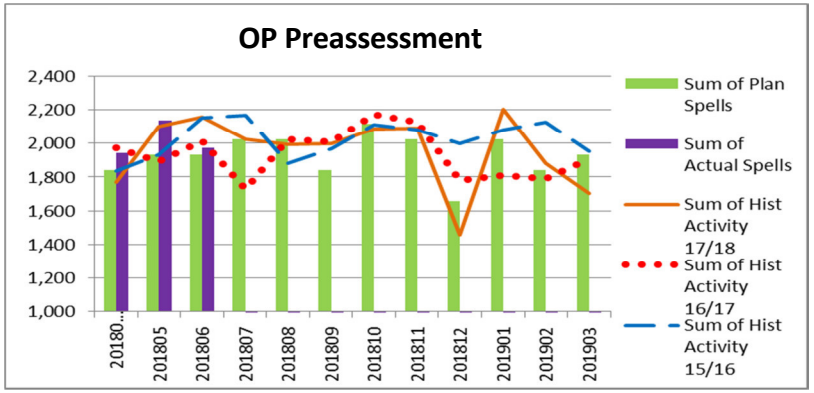
Comparison of Commissioner Plan vs Actuals - Other Outpatient Areas



Non Consultant Led Outpatient total activity for 18/19 has been commissioned 3,670 attendances higher (5%) than 17/18 outturn. Specialties affected are Cardiology (over commissioned by NECs on a block Contract), ENT, and Urology (in response to CHS coding & counting change)

At Month 3, activity is 789 attendances under plan (4%), with the majority of the underperformance coming from Urology (354 attendances)

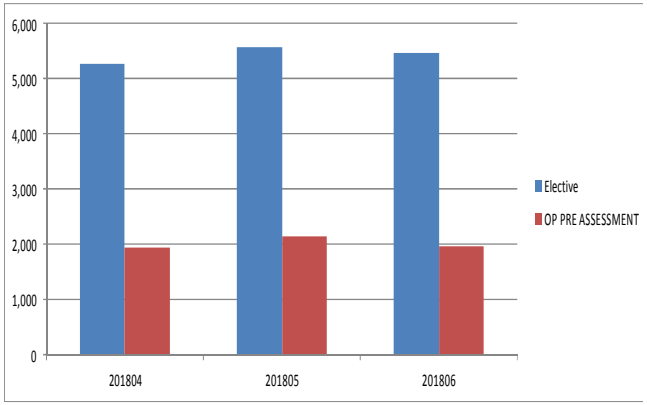
Nurse Led activity and income plans have been phased using working days adjusted for Bank Holidays (see Appendix 1).

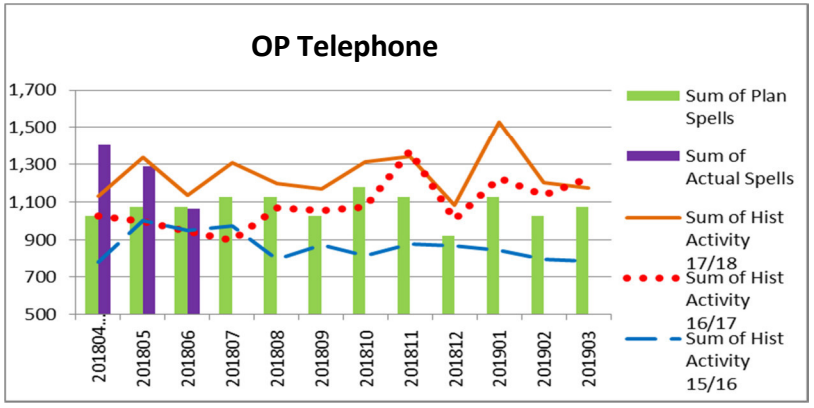


Pre-Assessment activity is 342 attendances (6%) up against 18/19 plan

Activity for PAAC is in line with Elective Spells. Not all Elective spells require PAAC.

PAAC activity and income plans have been phased using working days adjusted for Bank Holidays (see Appendix 1).





Non-Face to Face Outpatient have been commissioned at 2,010 (13%) under 17/18 outturn.

The biggest impact is in GUM (-990 contacts) – where Local Authority have rolled over the plan from 17/18 rather than commissioning on Outturn. There is also a large under-commissioning of 800 contacts in Gastroenterology, as a result of an activity increase in 17/18 without an associated coding & counting change.

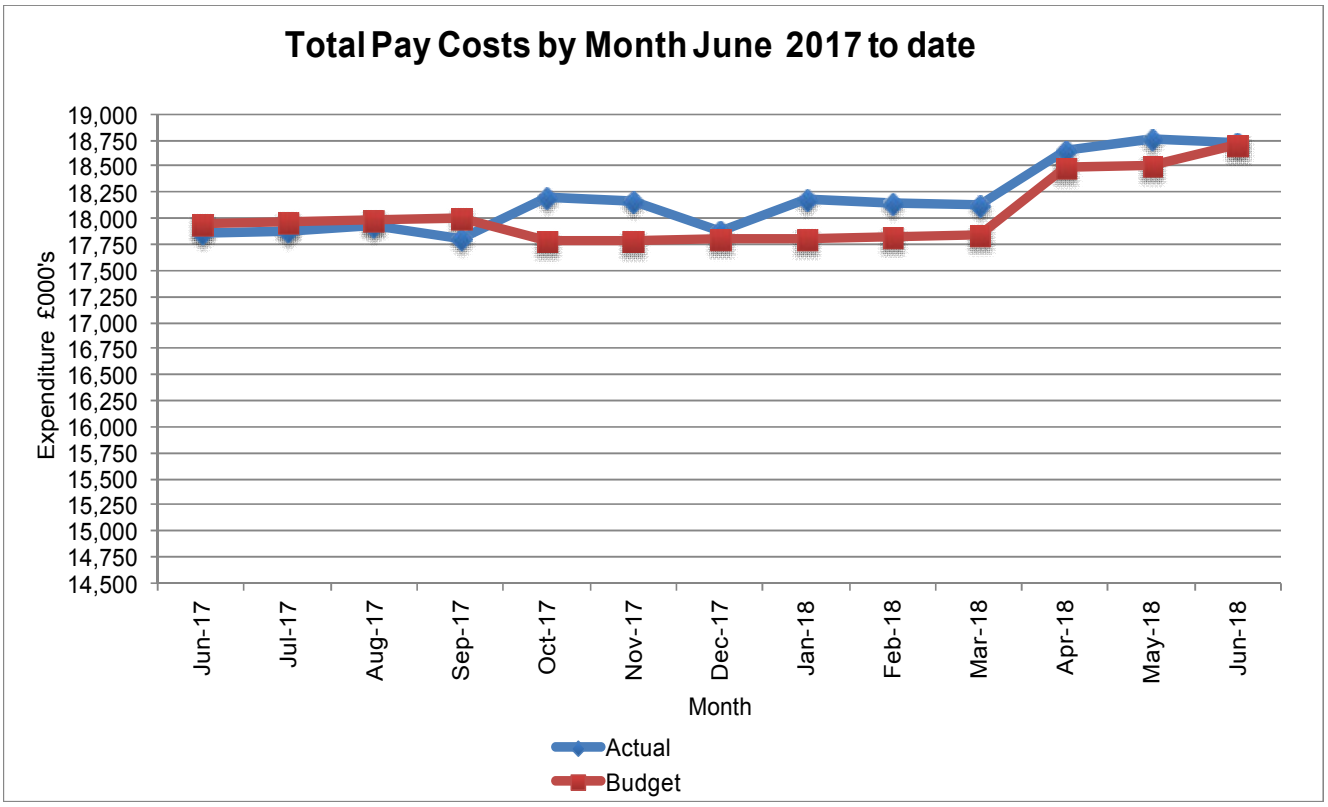
At Month 3, activity is 577 over plan, with the greatest over performances in Gastro and GUM, as expected.

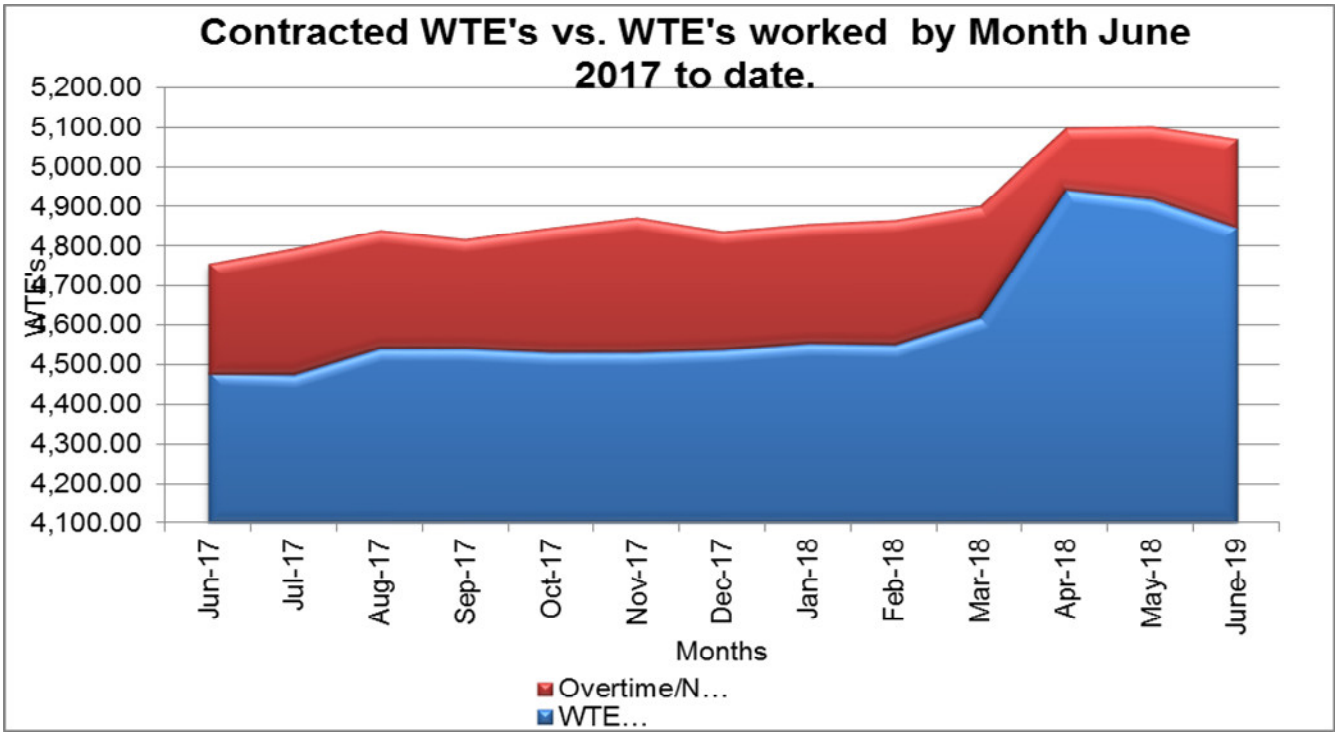
Telephone activity and income plans have been phased using working days adjusted for Bank Holidays (see Appendix 1).

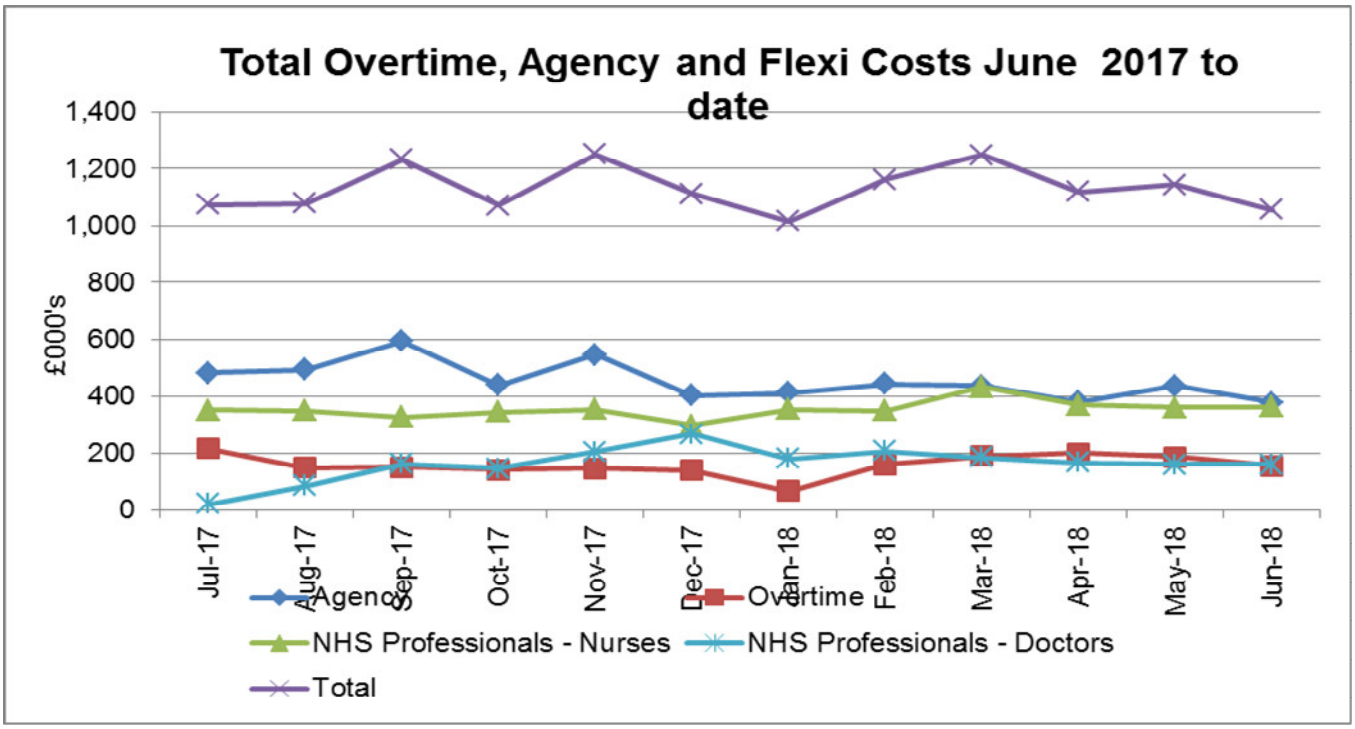
Appendix 1 – Phasing profiles 18/19

Type	Month	Phasing	Basis
A&E	Apr	7.9%	2 years Activity
	May	8.7%	2 years Activity
	Jun	8.2%	2 years Activity
	Jul	8.5%	2 years Activity
	Aug	7.9%	2 years Activity
	Sep	8.1%	2 years Activity
	Oct	8.7%	2 years Activity
	Nov	8.4%	2 years Activity
	Dec	8.7%	2 years Activity
	Jan	8.5%	2 years Activity
	Feb	7.7%	2 years Activity
	Mar	8.7%	2 years Activity
Non Elective	Apr	7.9%	2 years Activity
	May	8.3%	2 years Activity
	Jun	8.3%	2 years Activity
	Jul	8.3%	2 years Activity
	Aug	8.1%	2 years Activity
	Sep	8.2%	2 years Activity
	Oct	8.4%	2 years Activity
	Nov	8.4%	2 years Activity
	Dec	8.8%	2 years Activity
	Jan	8.7%	2 years Activity
	Feb	7.9%	2 years Activity
	Mar	8.7%	2 years Activity
Planned Care - Includes Elective, and all Outpatients	Apr	7.9%	Working Days 18/19
	May	8.3%	Working Days 18/19
	Jun	8.3%	Working Days 18/19
	Jul	8.7%	Working Days 18/19
	Aug	8.7%	Working Days 18/19
	Sep	7.9%	Working Days 18/19
	Oct	9.1%	Working Days 18/19
	Nov	8.7%	Working Days 18/19
	Dec	7.1%	Working Days 18/19
	Jan	8.7%	Working Days 18/19
	Feb	7.9%	Working Days 18/19
	Mar	8.3%	Working Days 18/19

Appendix 4


Total Pay Costs by Month June 2017 to date
Expenditure £000's
19,000
18,750
18,500
18,250
18,000
17,750
17,500
17,250
17,000
16,750
16,500
16,250
16,000
15,750
15,500
15,250
15,000
14,750
14,500
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Month
Actual
Budget


Contracted WTE's vs. WTE's worked by Month June 2017 to date.
WTE's
5,200.00
5,100.00
5,000.00
4,900.00
4,800.00
4,700.00
4,600.00
4,500.00
4,400.00
4,300.00
4,200.00
4,100.00
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
June-19
Months
Overtime/N…
WTE…

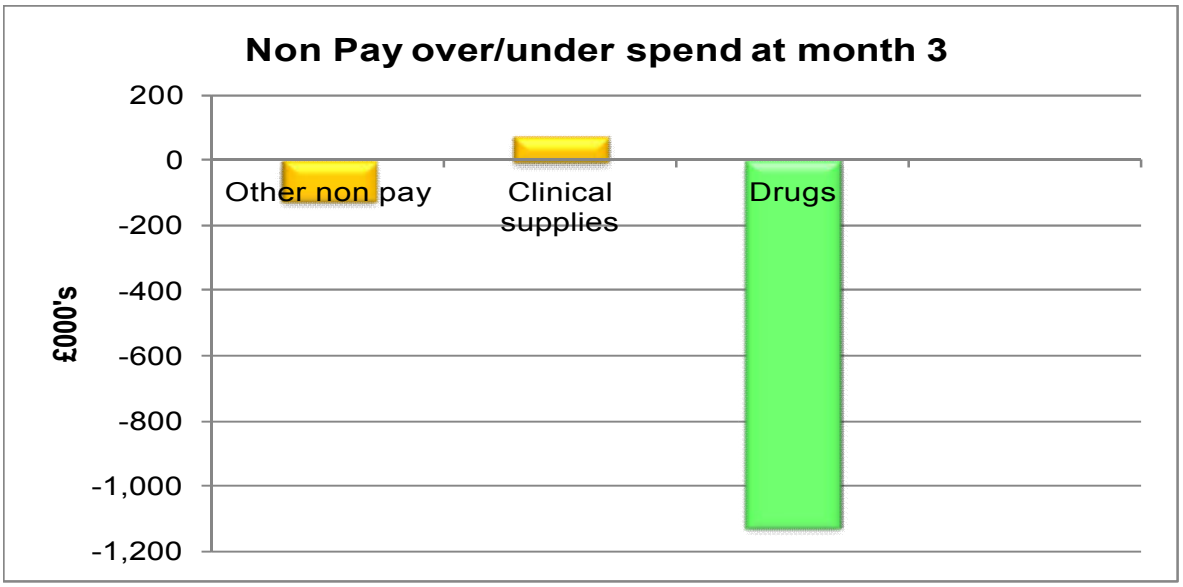


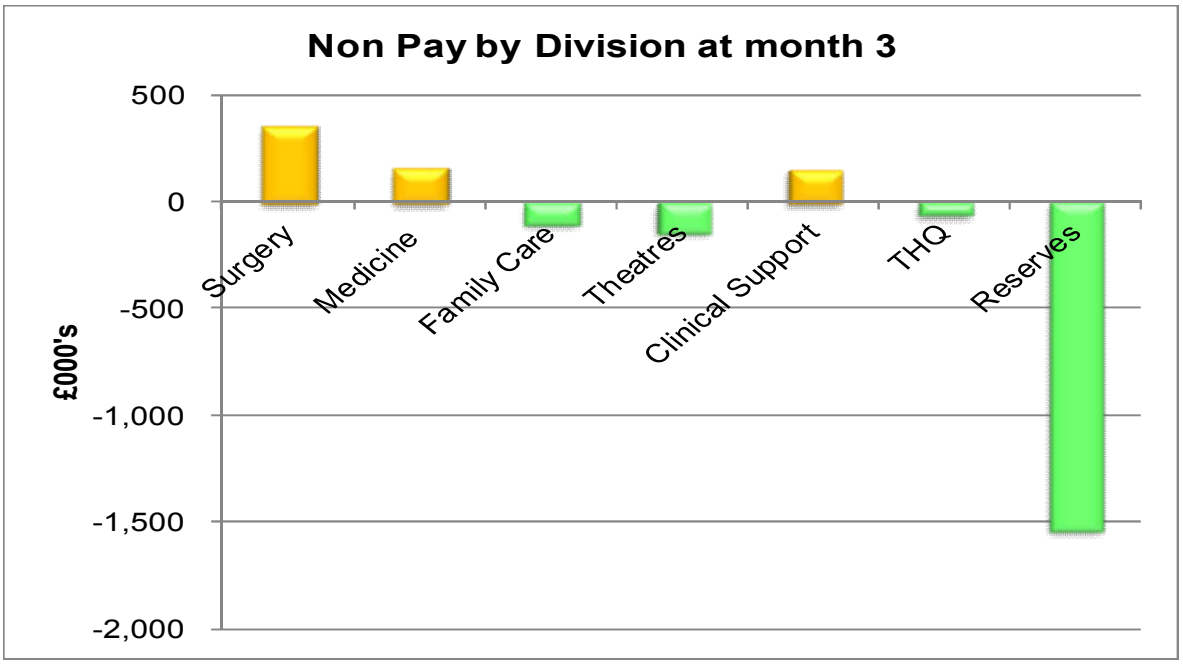
Period	Month Monthly Expenditure Ceiling £000's	Actual £000's	Variance to Ceiling Month £000's	Variance to Ceiling YTD £000's
Apr-18	510	382	-128	-128
May-18	510	438	-72	-200
Jun-18	510	380	-130	-330
Jul-18	490			
Aug-18	490			
Sep-18	490			
Oct-18	470			
Nov-18	470			
Dec-18	470			
Jan-19	470			
Feb-19	470			
Mar-19	462			
Total	**5,812**	**1,200**	**-330**	**-330**

Key Issues on pay

- The actual WTE worked as at month 3 were 5,070, a reduction of 33 WTEs compared to the previous month due to lower overtime working in the month.
- Agency spend to June 2018 was £1,200k against a budget of £1,410k, and hence an underspend of £210k to date. The overall Agency spend to date is £330k below the ceiling cap.

Appendix 5





Key issues on non-pay

- Drugs are £1,120k underspent against plan to date, of this £130k is due to CIP over delivery with the remainder due to lower than expected demand to date.
- Clinical Supplies is overspent by £72k due largely to increased Non Elective activity to date which is recovered from the cross charge back to clinical commissioners. CIP to date is over delivered by £298k against plan to date.
- Other Non Pay is underspent by £119k against plan to date, most of the underspend is due to the lower than expected capital charges to date from delayed capital programme spend.

Key actions on non-pay

- Continued focus on the 'CIP' programme relating to procurement across all areas of the Trust with a key focus on clinical supplies.

Appendix 6

CIPs Performance

	Surgery	Theatres	Medicine	Family Care	Clinical Support	THQ Corporate	Other Trustwide	Total	Stretch	Total incl Stretch
Divisional CIP's 18/19 £000's	-2,742	-1,120	-2,800	-1,013	-1,476	-508	-3,342	**-13,000**	-3,737	**-16,737**
Plan to date £000's	-601	-190	-647	-242	-267	-127	124	**-1,950**	-702	**-2,652**
Actual to date £000's	-610	-255	-607	-159	-46	-142	-550	**-2,369**	-605	**-2,974**
Variance 18/19 £000's	-9	-65	40	83	221	-15	-674	**-419**	97	**-322**
Variance %	1%	34%	-6%	-34%	-83%	12%	-543%	21%	-14%	12%
Actual to date recurring £000's	-319	-16	-185	-22	-5	-127	-550	**-1,223**	-680	**-1,903**
Actual to date non recurring £000's	-291	-239	-422	-137	-41	-15	0	**-1,145**	75	**-1,070**
Recurring % compared to actual to date	52%	6%	30%	14%	11%	89%	100%	**52%**		**64%**
Recurring % compared to plan to date	53%	8%	29%	9%	2%	100%	-443%	**63%**	97%	**72%**

Forecast CIP delivery 2017/18 £000s	Surgery	Theatres	Medicine	Family Care	Clinical Support	THQ Corporate	Other Trustwide	Total	Stretch	Total incl Stretch
Financial Year End CIP recurrent	-1,104	-120	-984	-201	-27	-508	-4,015	**-6,958**	-2,719	**-9,677**
Financial Year End CIP non recurrent	-825	-558	-911	-547	-205	-33	-500	**-3,580**	300	**-3,280**
Financial year end CIP total forecast	**-1,929**	**-678**	**-1,895**	**-748**	**-232**	**-541**	**-4,515**	**-10,537**	**-2,419**	**-12,956**
Shortfall	-813	-442	-905	-265	-1,244	0	1,173	**-2,463**	**-1,318**	**-3,781**

Key Issues with the CIP

To the end of June the planned savings are £2,652k actual savings for the period are £2,974k, and hence ahead of plan by £322k.

Headline CIPs

- Surgery's small over delivery this month is predominantly due to General Surgery's Nursing vacancies and 12 Beds in ward C36 used by Medicine amounting to £124k for the quarter.
- Medicine's shortfall in CIP delivery this month is due to unidentified CIPs at this stage amounting to £288k for the quarter.
- Clinical Support is showing a shortfall in CIP delivery against plan of £221k to date, this is mostly due to unidentified CIPs to date that amounts to £201k for the quarter.
- Theatre's CIP over delivery of £65k is driven by vacant posts within Critical Care for Nurses and Health Care Assistants.
- Family Care's £159k CIP delivery this month is due to vacant posts across the division to date.
- THQ Division is showing a small over delivery in CIP against plan to date due to non recurrent vacancies across the Trust.
- At this stage the Trust has identified £12.956.m of the £16.738m CIP target for 2018-19.

CIP - original Annual Plan vs. actual delivery plan today

	Identified Plans	Unidentified Target	Total for 2018-19	This is as per NHSI Plan to Month 3 £	Actual to Month 3 £	Variance £
Revenue Generation	800		800	120	22	98
Pay	7,000		7,000	1,050	1,344	-294
Clinical Supplies	2,000		2,000	300	598	-298
Drugs	1,000		1,000	150	280	-130
Other Non Pay	2,200	3,738	5,938	1,032	730	302
Depreciation						
Total £	**13,000**	**3,738**	**16,738**	**2,652**	**2,974**	**-322**

BOARD OF DIRECTORS

JUNE 2018

PERFORMANCE REPORT

INTRODUCTION

Please find enclosed the Performance Report for June 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 June was about the same as May at 90.0% and continues to under-perform against the 95% target and Provider Sustainability Funding (PSF) trajectory, due to sustained pressures, mainly driven by high type 1 demand. Performance for July currently stands at 89.0% (as at 17th July) due to ongoing demand pressures.

National performance for June is also fairly stable at 90.7%. The Trust dropped to the lower middle 25% of Trusts nationally and was ranked 76th out of 139 acute Trusts.

Referral to Treatment Time (RTT)

Performance remains above target in June at 94.3% with all specialties achieving the target apart from T&O and Rheumatology.

National performance for May has improved slightly to 88.1% and continues to fail the standard.

Diagnostics

Performance for June has continued to achieve the national operating standard. National performance in May has deteriorated slightly further to 2.7% and continues to fail the target.

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

Due to cancer reporting timescales being 1 month behind, the performance report includes May's confirmed position. The Trust achieved all cancer waiting time standards this month.

National performance for the 62 day standard reduced in May and remains below target at 81.1%.

Indicative performance for June is currently above target for all cancer waiting time standards with the exception of cancer 62 days.

RISKS

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

- A&E 4-hour for July.
- Cancer – 62 day performance in June and July.

FINANCIAL IMPLICATIONS

Risks associated with PSF from a performance perspective are solely related to A&E performance. Providing the Trust control totals are achieved, this equates to 30% of the funds available which is £292k during quarter 1. The Trust has not achieved due to worse performance during quarter 1 compared to the same period in 2017/18. The NHSI terms stipulate that local delivery board performance can be used where performance is not on track, however this is also worse than quarter 1 last year. For quarter 2 the funding available increases to £390k.

Contractual penalties are expected to be negated as part of a local system wide agreement with Sunderland and South Tyneside CCGs.

RECOMMENDATIONS

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

Alison King
Director of Performance

City Hospitals Sunderland
NHS Foundation Trust

South Tyneside
NHS Foundation Trust

Performance Report
June 2018

The path to excellence

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

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

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

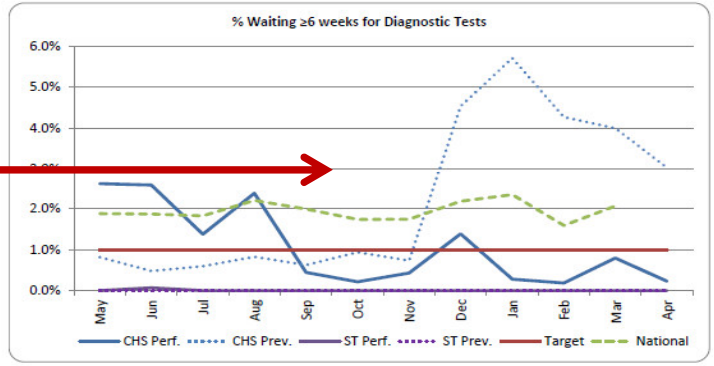
Consequence of failure: Patient experience, quality, access & reputation

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%	1,287	N/A	N/A	N/A	N/A
Cardiology	372	0	0.00%	544	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)



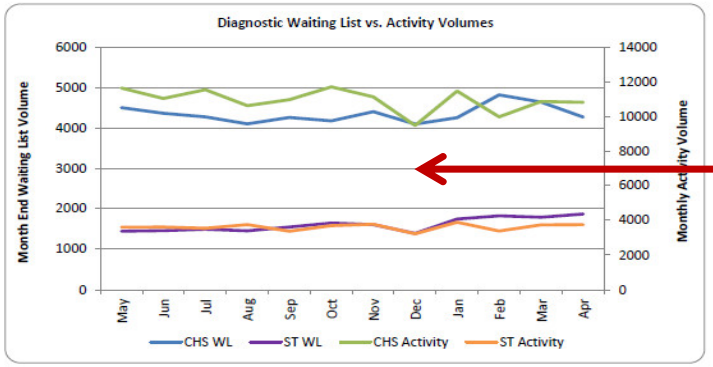


Chart displaying other relevant supporting information

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
A&E 4 hours	☑	

Forthcoming risks:

	CHS	ST
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%	89.97%	89.61%				89.61%		4
	Trajectory		N/A		*94.90%*	*94.48%*	*95.01%*	*90.01%*	*87.56%*			
	STFT		≥95%	94.35%	96.54%	95.00%				95.00%		5
	Trajectory		N/A		*95.00%*	*94.03%*	*95.00%*	*92.98%*	*90.04%*	*93.07%*		
RTT - % incompletes waiting <18 wks	CHSFT	Sean Fenwick	≥92%	94.21%	94.28%	94.04%				94.04%		6
	STFT			95.87%	96.25%	95.56%				95.56%		
Cancer waits - % 62 days	CHSFT	Sean Fenwick	≥85%	83.62%	85.08%	82.90%				82.90%		8
	Trajectory		N/A		*82.12%*	*83.96%*	*83.58%*	*84.88%*	*83.94%*	*84.10%*		
	STFT		≥85%	89.11%	77.27%	82.00%				82.00%		9
	Trajectory		N/A		*86.21%*	*87.50%*	*85.87%*	*86.96%*	*85.56%*	*86.44%*		
% Diagnostic tests ≥6 wks	CHSFT	Sean Fenwick	<1%	1.32%	0.41%	0.27%				0.27%		7
	STFT			0.01%	0.00%	0.00%				0.00%		
IAPT - % Patients moving to recovery	STFT	Sean Fenwick	≥50%	55.94%	57.81%	56.92%				56.92%		12
IAPT - % Patients waiting under 6 weeks	STFT	Sean Fenwick	≥75%	99.89%	99.10%	99.40%				99.40%		12
IAPT - % Patients waiting under 18 weeks	STFT	Sean Fenwick	≥95%	99.42%	99.82%	99.94%				99.94%		12
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	3	8				8		N/A
	STFT			0	0	0				0		
Cancer waits - % 2ww	CHSFT	Sean Fenwick	≥93%	96.53%	96.47%	95.55%				95.55%		10
	STFT			94.99%	87.68%	78.08%				78.08%		
Cancer waits - % 31 days	CHSFT	Sean Fenwick	≥96%	98.32%	100.00%	99.67%				99.67%		11
	STFT			100.00%	100.00%	100.00%				100.00%		
Cancer waits - % 31 days for subsequent treatment - surgery	CHSFT	Sean Fenwick	≥94%	96.78%	100.00%	98.04%				98.04%		11
	STFT			100.00%	100.00%	100.00%				100.00%		
Cancer waits - % 31 days for subsequent treatment - drugs	CHSFT	Sean Fenwick	≥98%	99.78%	98.75%	99.29%				99.29%		11
	STFT			100.00%	100.00%	100.00%				100.00%		
Cancer waits - % 62 days from screening programme	CHSFT	Sean Fenwick	≥90%	96.67%	100.00%	100.00%				100.00%		8
	STFT			100.00%	100.00%	100.00%				100.00%		9
Cancer waits - % 62 days from consultant upgrade	CHSFT	Sean Fenwick	N/A	80.18%	92.00%	90.48%				90.48%		8
	STFT			95.65%	100.00%	100.00%				100.00%		9
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	66	382				382		4
	STFT			532	65	213				213		5
A&E / ambulance handovers - no. >60 minutes	CHSFT	Sean Fenwick	0	271	7	33				33		4
	STFT			115	7	21				21		5
% VTE risk assessments	CHSFT	Ian Martin	≥95%	98.68%	98.68%	98.73%				98.73%		N/A
	STFT	Shaz Wahid		95.95%	96.25%	96.35%				96.35%		

1. Performance is one month behind normal reporting for all Cancer indicators (May 2018). NHS Improvement Trust Segmentation is based upon the latest position published

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

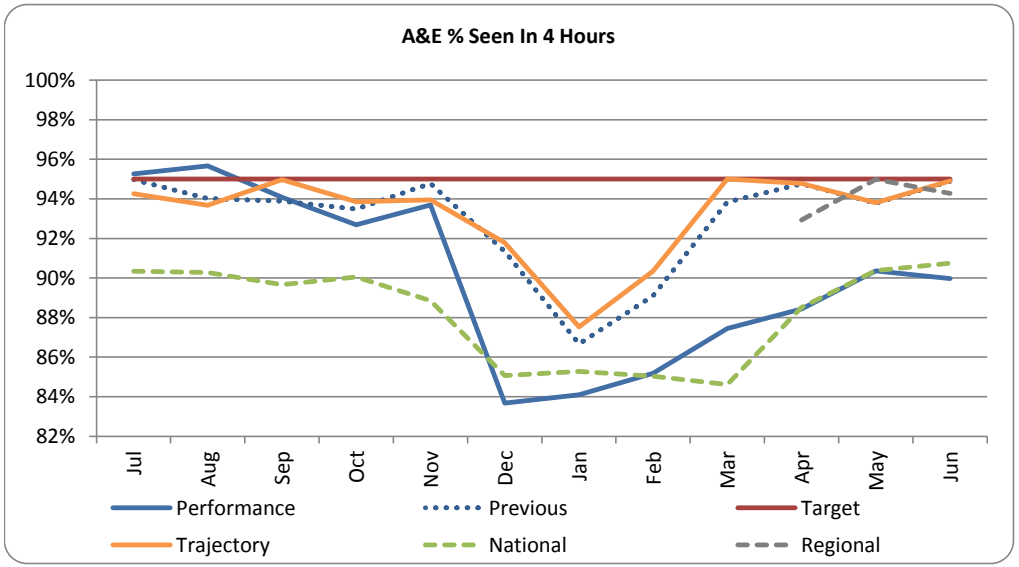
Consequence of failure: Patient experience, quality, access, reputation & financial impact if the PSF trajectory is not achieved, which equates to £292k for achievement in quarter 1

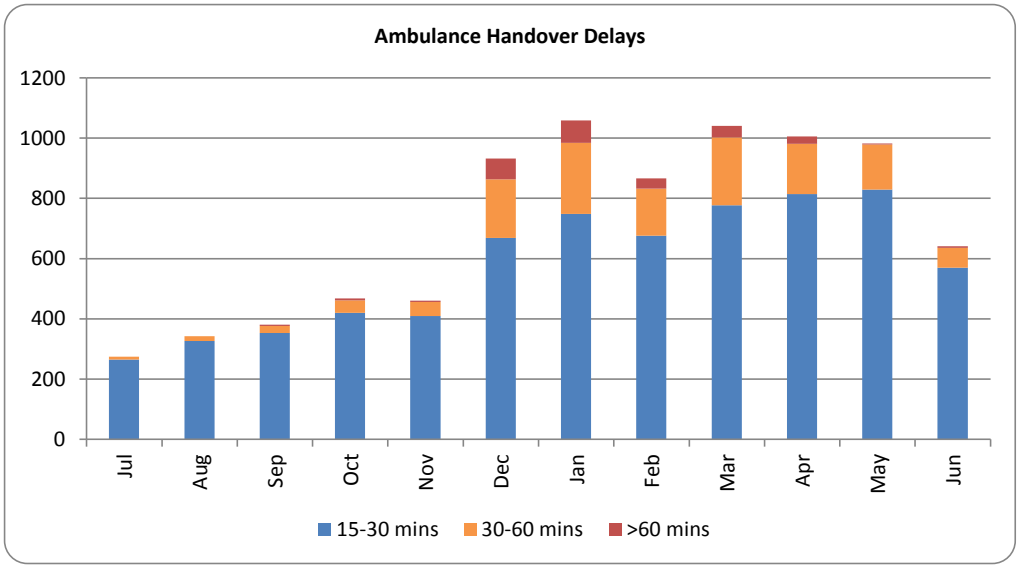
A&E Indicators - June 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	89.97%	89.61%
Type 1 % seen in 4 hours	≥95%	84.80%	83.37%
Type 2 % seen in 4 hours	≥95%	96.54%	98.65%
Type 3 % seen in 4 hours	≥95%	99.18%	99.43%
Trust total attendances		13,667	41,217
Type 1 attendances		8,300	24,866
National rank (acute Trusts)		76/139	N/A
Ambulance arrivals		2,634	8,066
Ambulance handover delays - 15-30 mins	0	569	2,212
Ambulance handover delays - 30-60 mins	0	66	382
Ambulance handover delays - >60 mins	0	7	33

The Trust has failed to achieve the national operating standard for the total proportion of patients seen in A&E within 4 hours during June. Performance has remained about the same as May but is much lower compared to June 2017. However, the volume of attendances was 4.8% higher than June 2017, which is primarily driven by an 8% increase in type 1 attendances. Whilst emergency admissions via ED have reduced in June, volumes remain higher than expected for the time of year, indicating ongoing pressure on the department from both a demand and flow perspective.

The Trust has dropped into the lower middle 25% of Trusts nationally and were ranked 76th out of 139 acute Trusts. Performance was the lowest compared to local Trusts.

The number of ambulance arrivals was about the same as June 2017 and the Trust received the third highest volume of ambulances out of all hospitals in the North East. The number ambulance handover delays over 30 minutes has reduced significantly in June, with delays as a proportion of all arrivals down to 2.7% from 6% in May. This was better than the regional average.





ST Accident & Emergency

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

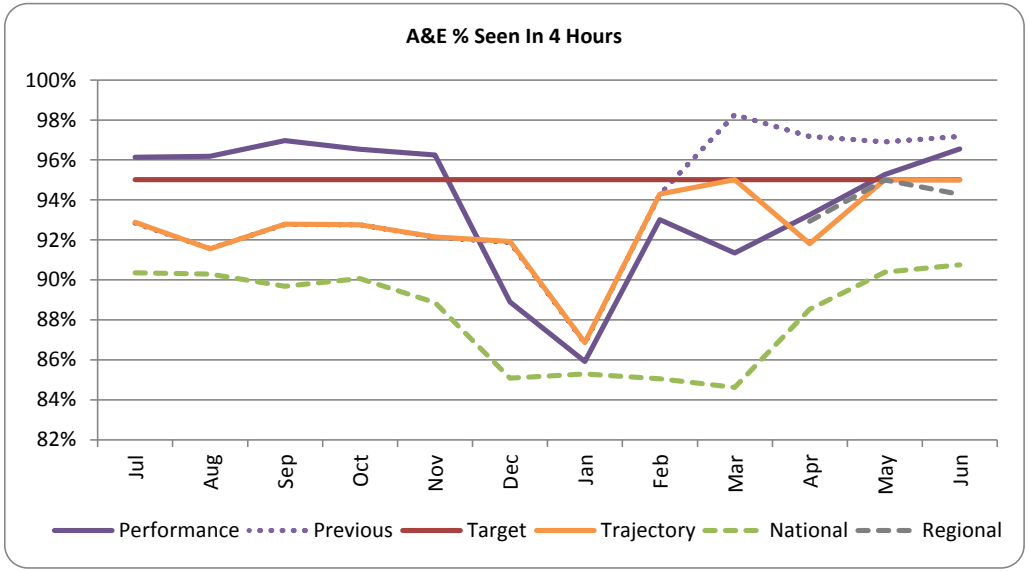
1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Number of attendances
3. National rank 4-hour performance against out of all acute Trusts
4. Number of ambulance arrivals
5. Number of ambulance handover delays between 15-30, 30-60 & over 60 minutes

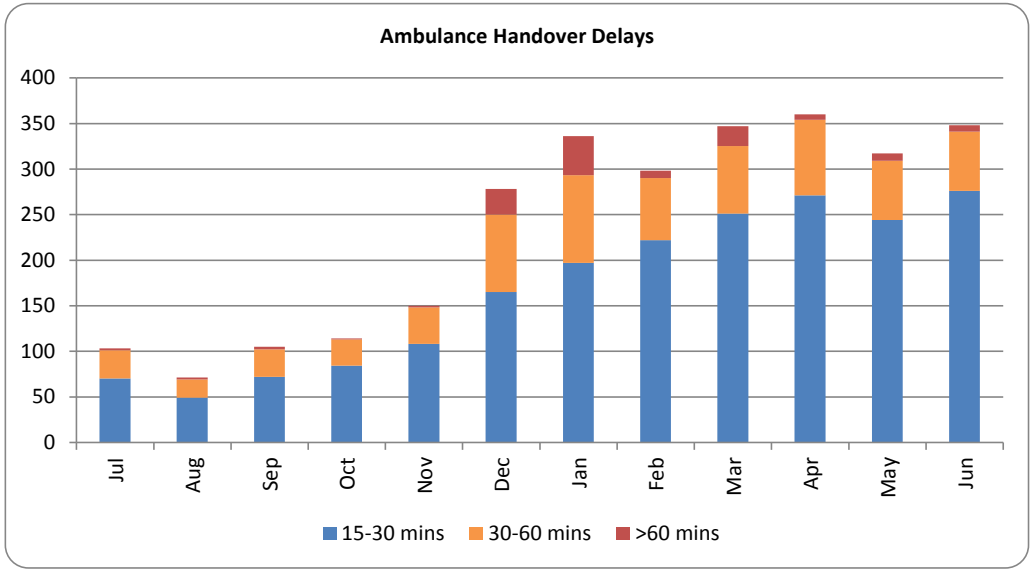
Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access, reputation & financial impact if the PSF trajectory is not achieved, which equates to £133k for achievement in quarter 1

A&E Indicators - June 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	96.54%	95.00%
Type 1 % seen in 4 hours	≥95%	96.27%	94.53%
Type 3 % seen in 4 hours	≥95%	100.00%	99.87%
Trust total attendances		5,724	18,023
Type 1 attendances		5,310	16,436
National rank (acute Trusts)		13/139	N/A
Ambulance arrivals		1,216	3,771
Ambulance handover delays - 15-30 mins	0	276	791
Ambulance handover delays - 30-60 mins	0	65	213
Ambulance handover delays - >60 mins	0	7	21

The Trust has achieved the national operating standard for the total proportion of patients seen in A&E within 4 hours during June and performance has improved from May.
The volume of attendances seen during June has reduced, having been at the highest point for two years in May, and was also 4.8% lower overall compared to June 2017. This was related to a significant reduction in type 3 attendances (-61%), however type 1 volumes were in fact 7% higher than June 2017.
The Trust remains in the top quartile of Trusts and was ranked 13th out of 139 acute Trusts. The trust also ranked 3rd regionally.
The number of ambulance arrivals was about the same as June 2017 and the Trust continues to receive the fewest volume of ambulances out of all hospitals in the North East. Between May and June the number ambulance handover delays over 30 minutes has remained about the same and delays as a proportion of all arrivals was about 6%, which is 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

The finalised aggregate level performance for incomplete RTT pathways at the end of June was above target for both Trusts and better than national average. Performance for CHS compared to last month was about the same, whereas ST improved this month.

At specialty level only Trauma & Orthopaedics (T&O) and Rheumatology failed to achieve the 92% target for CHS, whereas all specialties achieved the target at ST. Rheumatology failed to achieve the target due to consistently high levels of demand and resulting capacity issues, as flagged previously.

In addition to the specialties listed above, Oral & Maxillo Facial Surgery, Gastroenterology, Thoracic Medicine Urology and within the 'Other' specialty group Neurology and Lipid/Diabetic Medicine for CHS are all flagged as being at risk of failing the target in future months. Performance and ongoing risks are monitored and reviewed regularly in line with the Trust's Performance Improvement Framework.

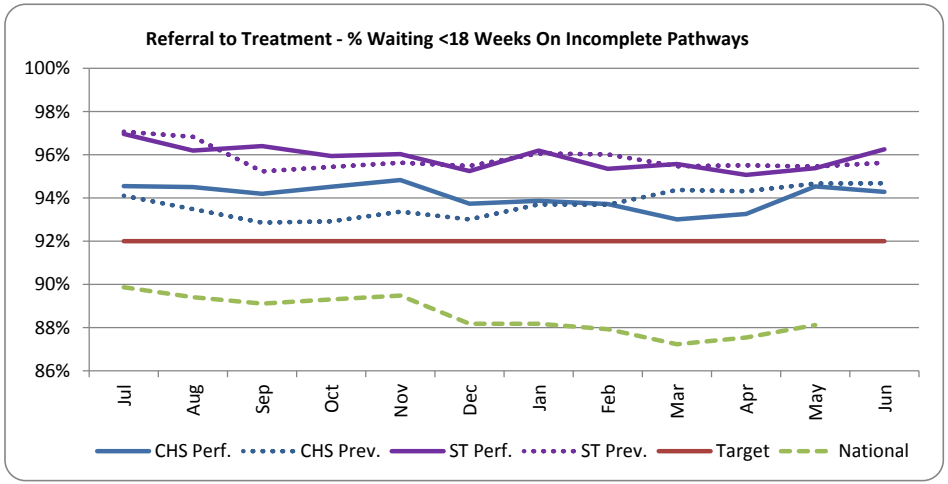
Due to the service move from Durham FT to the Durham Treatment Centre, pathways for the relevant specialties are being monitored closely for any impact on performance.

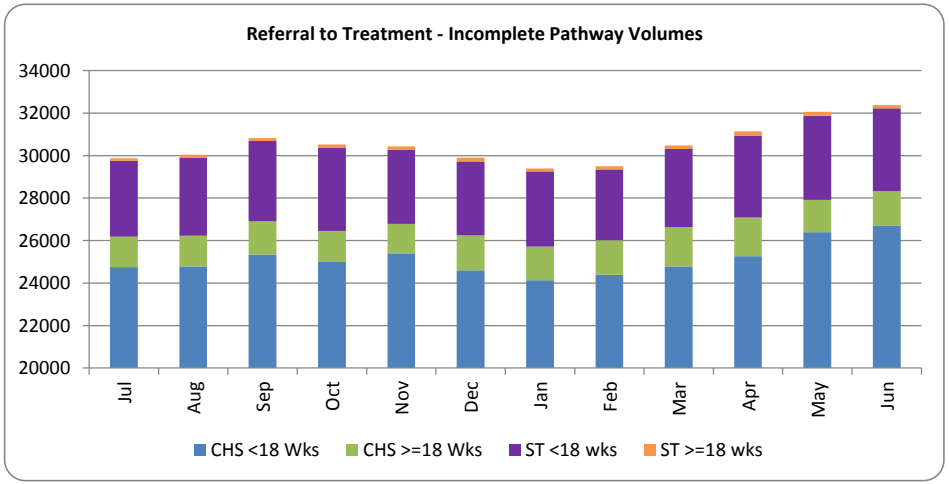
The RTT stress test risk rating reduced for both CHS and ST between April and May. Both Trusts continue to compare favourably, being ranked at 9th and 8th (best) nationally, respectively, out of 151 trusts.

RTT Incompletes - June 2018	CHS			ST		
	Volume	No. ≥18 Weeks	% <18 Weeks*	Volume	No. ≥18 Weeks	% <18 Weeks*
Target			≥92%			≥92%
Cardiology	563	8	98.58%	369	15	95.93%
Ear, Nose & Throat	2,988	148	95.05%	540	18	96.67%
Dermatology	N/A	N/A	N/A	297	0	100.00%
Gastroenterology	476	3	99.37%	450	28	93.78%
General Medicine	N/A	N/A	N/A	5	0	*
General Surgery	1,936	128	93.39%	583	41	92.97%
Geriatric Medicine	336	3	99.11%	101	4	96.04%
Gynaecology	1,202	26	97.84%	414	12	97.10%
Neurology	929	11	98.82%	N/A	N/A	N/A
Ophthalmology	4,156	63	98.48%	163	2	98.77%
Oral & Maxillo Facial Surgery	2,033	160	92.13%	N/A	N/A	N/A
Plastic Surgery	N/A	N/A	N/A	5	0	*
Rheumatology	931	93	90.01%	N/A	N/A	N/A
Thoracic Medicine	710	37	94.79%	226	2	99.12%
Trauma & Orthopaedics	3,202	509	84.10%	534	26	95.13%
Urology	3,067	196	93.61%	N/A	N/A	N/A
Other	5,793	234	95.96%	364	4	98.90%
Trust Total	**28,322**	**1,619**	**94.28%**	**4,051**	**152**	**96.25%**

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

RTT Stress Test	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18
% Risk of failure in next 6 months	27.96%	23.72%	10.68%	7.58%	11.13%	9.17%
National rank (1st is best)	20/152	19/152	9/151	5/152	7/152	8/151





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

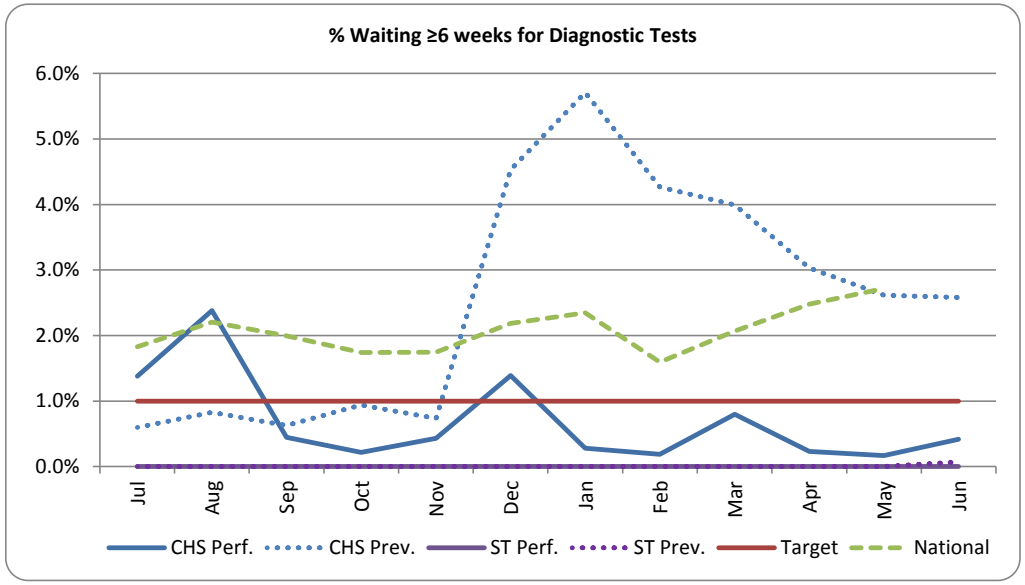
Consequence of failure: Patient experience, quality, access & reputation

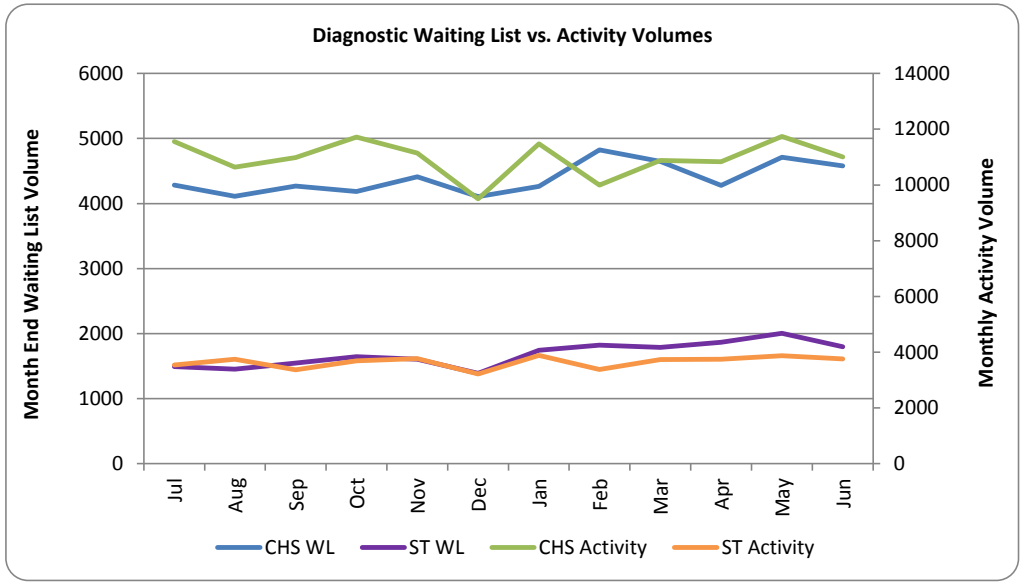
Both Trusts achieved the national operating standard for diagnostic waits at the end of June. ST performance was the same as the previous month, whereas CHS performance has increased slightly. Performance for both Trusts was also better than the latest national average (2.7%).

Diagnostic activity and the overall size of the waiting list have decreased slightly between May and June for CHS. At ST, the waiting list has reduced since last month, while activity remains stable.

Demand for Non Obstetric Ultrasound and MRI scans remain high, but both are in line with historical volumes. Risks at CHS going forward are Cystoscopy due to capacity issues linked to the transfer of Durham patients to the Durham Treatment centre, as well as an increase in the waiting list for Cardiology over recent months. This is being closely monitored.

Diagnostics - June 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	498	0	0.00%	1,422	240	0	0.00%	528
Computed Tomography	370	0	0.00%	2,709	244	0	0.00%	757
Non-obstetric ultrasound	1,565	1	0.06%	3,157	776	0	0.00%	1,516
Barium Enema	39	0	0.00%	1	9	0	0.00%	18
DEXA Scan	208	1	0.48%	186	37	0	0.00%	110
Audiology	196	0	0.00%	1,103	N/A	N/A	N/A	N/A
Cardiology	567	0	0.00%	944	157	0	0.00%	403
Neurophysiology	94	0	0.00%	136	N/A	N/A	N/A	N/A
Respiratory physiology	153	0	0.00%	84	N/A	N/A	N/A	N/A
Urodynamics	25	0	0.00%	9	N/A	N/A	N/A	N/A
Colonoscopy	184	0	0.00%	293	109	0	0.00%	144
Flexi sigmoidoscopy	93	1	1.08%	78	54	0	0.00%	38
Cystoscopy	302	15	4.97%	512	N/A	N/A	N/A	N/A
Gastroscopy	287	1	0.35%	368	174	0	0.00%	249
Trust Total	**4,581**	**19**	**0.41%**	**11,002**	**1,800**	**0**	**0.00%**	**3,763**





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 & reputation

Trust performance was above the national target in May, while also performing better than the national average. All tumour groups achieved the target with the exception of Lung and Urological. There were 13.5 breaches in total, mainly due to complexity and diagnostic delays. At tumour group level, all groups performed favourably against the national equivalent, with the exception of Lung.

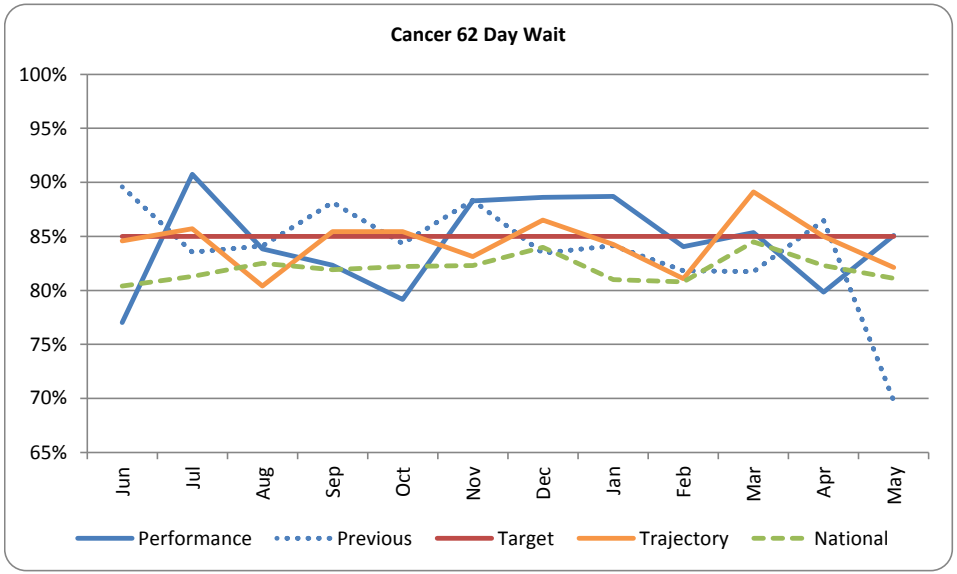
All patients referred from NHS screening programmes were treated within 62 days during May, although there was a single breach for patients treated following a consultant upgrade.

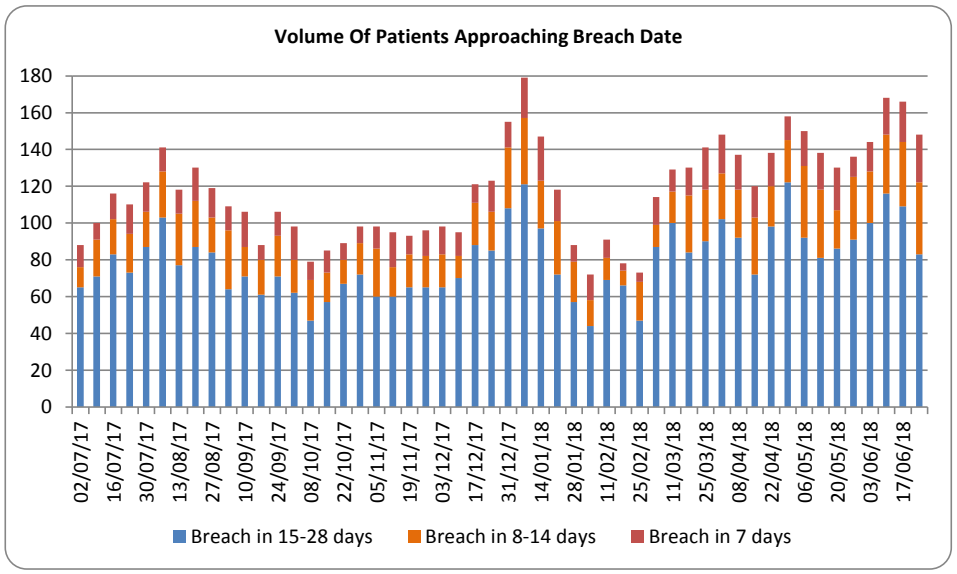
The volume of patients who are approaching their breach date remains high due to ongoing capacity issues, particularly within Urology, which is the main area of risk going forwards. The projected position for June is currently below target. Actions are in place to address ongoing capacity issues in Urology, with a recovery action plan in place.

First Definitive Treatment - May 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			**85%**	**85%**	**85%**	**0**
Breast	0.0	0.0	N/A	91.9%	-	0
Gynaecological	2.0	0.0	100.00%	N/A	100.00%	0
Haematological	5.0	0.0	100.00%	N/A	90.91%	0
Head & Neck	8.0	1.0	87.50%	N/A	-	0
Lower Gastrointestinal	4.5	0.0	100.00%	72.0%	88.24%	0
Lung	5.0	2.0	60.00%	74.1%	46.15%	1
Other	0.0	0.0	N/A	N/A	33.33%	0
Sarcoma	0.0	0.0	N/A	N/A	-	0
Skin	5.0	0.0	100.00%	96.1%	100.00%	0
Upper Gastrointestinal	3.0	0.0	100.00%	N/A	81.25%	0
Urological	58.0	10.5	81.90%	75.7%	82.45%	6
Total	**90.5**	**13.5**	**85.08%**	**81.1%**	**82.90%**	**7**

Non GP Referrals						
Screening (Target: 90%)	1.0	0.0	100.00%	88.1%	100.00%	0
Consultant Upgrade	12.5	1.0	92.00%	84.5%	90.48%	0

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





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

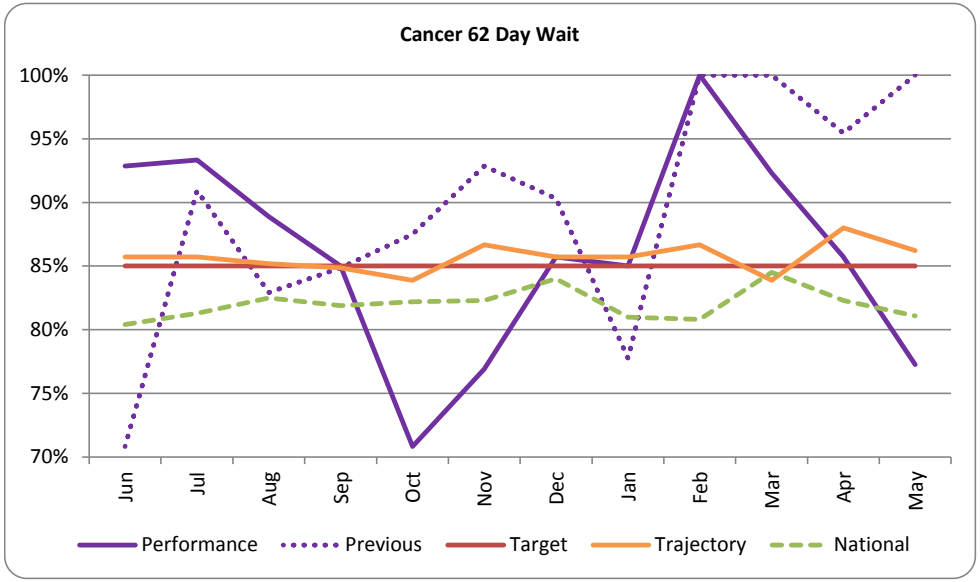
Director Lead: Sean Fenwick

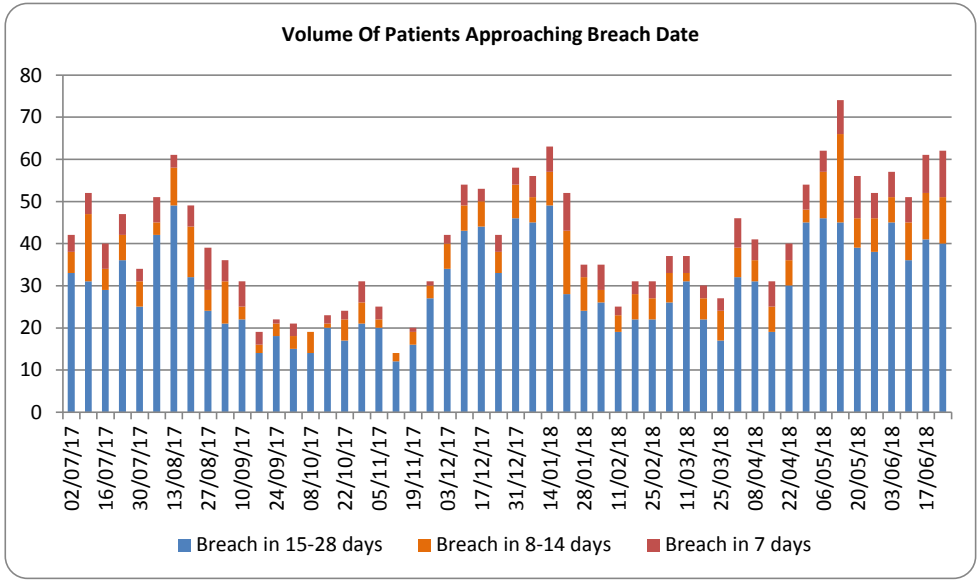
Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & reputation

The Trust was below the 62 day operating standard for urgent GP referrals in May and also fell below the national average. There were 2.5 breaches this month due to a combination of capacity and complexity.
It is important to note that the large variances in monthly performance are due to the relatively small volumes.
All patients that were referred from NHS screening programmes and those receiving treatment following a consultant upgrade were treated within 62 days.
The volume of patients approaching the 62 day breach date has risen towards the end of June due to a variety of factors including LGI capacity issues.
Indicative performance for June is currently below target (subject to final validation).

First Definitive Treatment - May 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			**85%**	**85%**	**85%**	**0**
Gynaecological	1.5	0.5	66.67%	0.0%	66.67%	0
Head & Neck	0.5	0.0	100.00%	0.0%	100.00%	0
Lower Gastrointestinal	2.0	2.0	0.00%	72.0%	68.42%	0
Lung	5.0	0.0	100.00%	74.1%	100.00%	0
Other	0.0	0.0	N/A	N/A	0.00%	0
Upper Gastrointestinal	2.0	0.0	100.00%	N/A	90.00%	0
Urological	0.0	0.0	N/A	75.7%	100.00%	0
Total	**11.0**	**2.5**	**77.27%**	**81.1%**	**82.00%**	**0**
Non GP Referrals						
Screening (Target: 90%)	0.5	0.0	100.00%	88.1%	100.00%	0
Consultant Upgrade	6.0	0.0	100.00%	84.5%	100.00%	0

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





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

CHS achieved the 2WW target during May and performance has continued to improve when compared to April. All tumour groups achieved the target, although the majority of breaches experienced were related to patient choice.

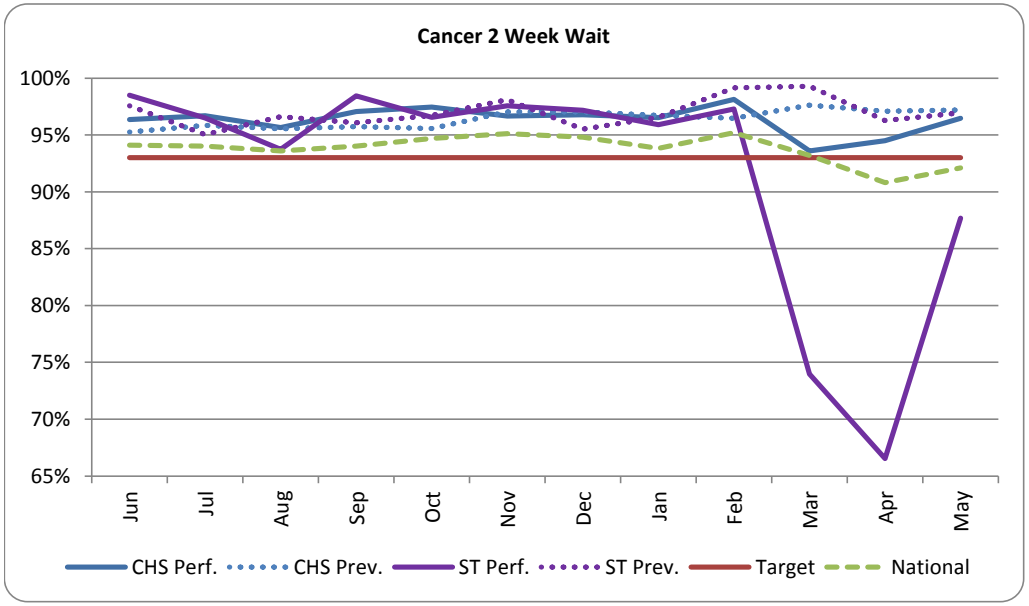
ST failed to achieve the 2WW target in May due to ongoing capacity issues for Colorectal and Upper GI. Both services continue to be subject to the formal performance escalation process. Short term additional capacity is in place and a medium term plan has been agreed to amend the cancer pathways so that appropriate patients will go straight to test following clinical triage. This is due to be launched in July. 2WW Performance for ST is on plan to recover in June, however assurance cannot be given that this is a sustainable position until the new pathway has been embedded.

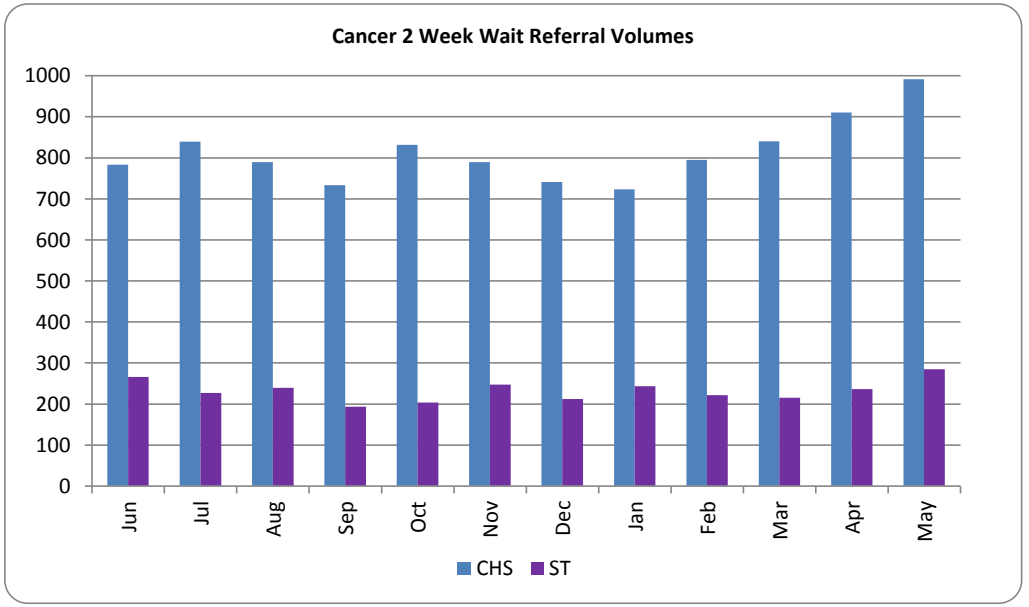
Overall referral volumes that converted to first outpatient appointments increased during May at both Trusts. This increase was seen across all tumour group areas at both Trusts, with the exception of Lung.

Indicative 2WW performance for June is above target for both Trusts.

Referrals for Suspected Cancer - May 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			**93%**			**93%**	**93%**
Acute Leukaemia	0	0	N/A	0	0	N/A	94.70%
Gynaecological	107	3	97.20%	35	2	94.29%	93.90%
Haematological	9	0	100.00%	4	0	100.00%	95.90%
Head & Neck	222	10	95.50%	33	0	100.00%	N/A
Lower Gastrointestinal	209	12	94.26%	120	19	84.17%	89.60%
Lung	25	0	100.00%	19	0	100.00%	96.20%
Testicular	9	0	100.00%	0	0	N/A	96.80%
Upper Gastrointestinal	111	2	98.20%	73	14	80.82%	90.70%
Urological (Excluding Testicular)	299	8	97.32%	0	0	N/A	93.10%
Total	**991**	**35**	**96.47%**	**284**	**35**	**87.68%**	**92.10%**

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





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

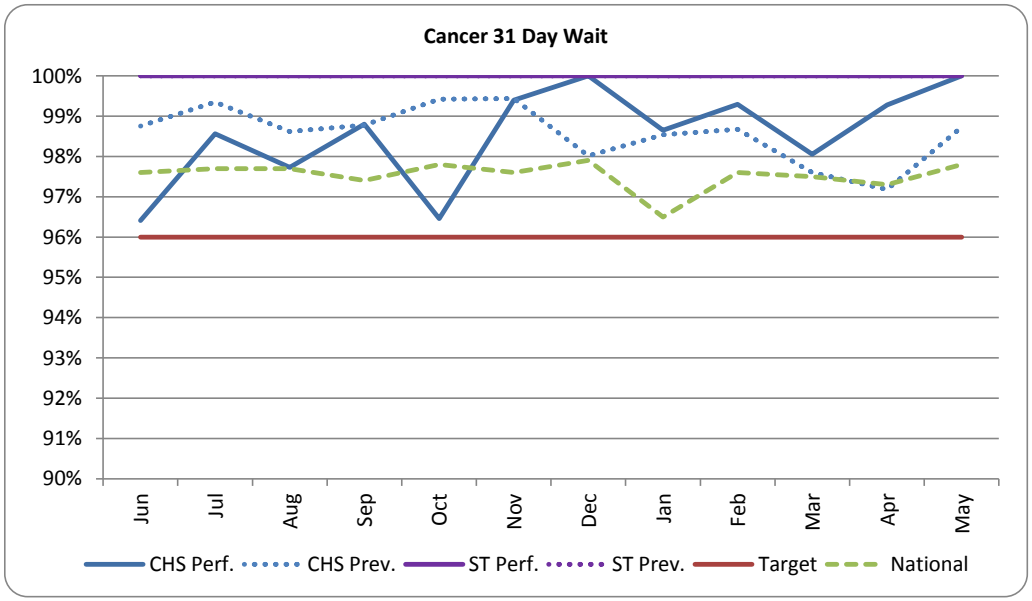
Director Lead: Sean Fenwick

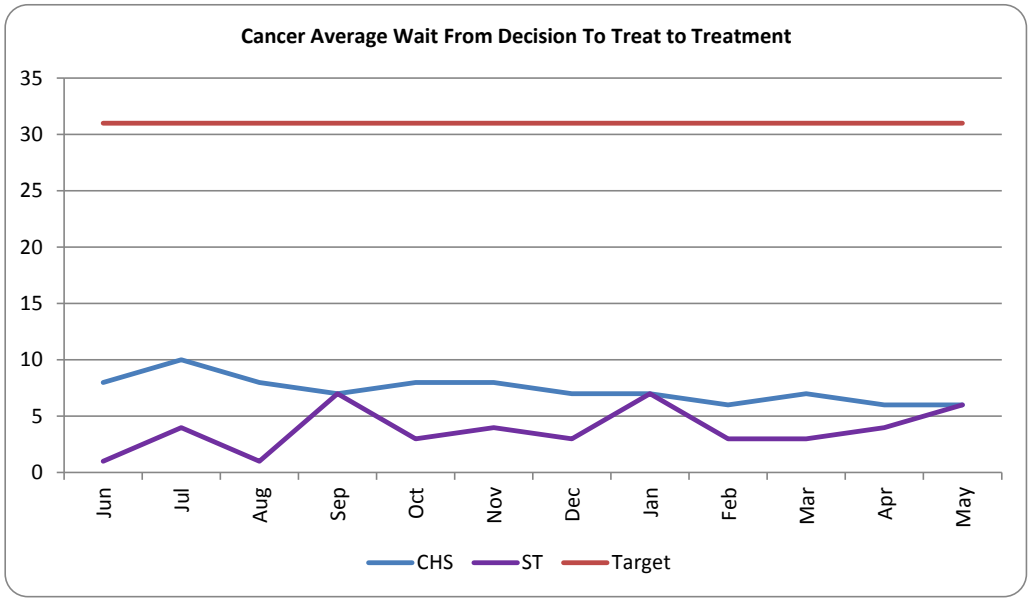
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

Both Trusts have continued to achieve the 31 day operating standard.
CHS' performance improved during May, whereas ST remains consistent. Both Trusts also continue to perform better than the national average.
At tumour group level all areas achieved the target. With May's performance at 100%, all tumour groups performed better than the equivalent available national performance.
The average waiting time has remained about the same as April for CHS at 6 days, whereas it has risen to 6 days at ST having previously been 4 days in April.
Indicative performance for June is currently above target for both Trusts.
There was a single breach associated with the 31 day subsequent indicators for CHS due to medical reasons.

First Definitive Treatment - May 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			96%			96%	96%
Breast	0	0	N/A	0	0	N/A	99.3%
Gynaecological	1	0	100.00%	1	0	100.00%	N/A
Haematological	14	0	100.00%	1	0	100.00%	N/A
Head & Neck	13	0	100.00%	0	0	N/A	N/A
Lower Gastrointestinal	13	0	100.00%	4	0	100.00%	97.8%
Lung	16	0	100.00%	9	0	100.00%	98.4%
Other	5	0	100.00%	1	0	100.00%	98.0%
Sarcoma	0	0	N/A	0	0	N/A	N/A
Skin	10	0	100.00%	0	0	N/A	98.2%
Upper Gastrointestinal	9	0	100.00%	2	0	100.00%	N/A
Urological	84	0	100.00%	0	0	N/A	95.7%
Total	**165**	**0**	**100.00%**	**18**	**0**	**100.00%**	**97.8%**
Subsequent Treatments							
Surgery (Target: 94%)	26	0	100.00%	1	0	100.00%	94.6%
Drug (Target: 98%)	80	1	98.75%	15	0	100.00%	95.5%

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





ST Improving Access to Psychological Therapies

NHSI SOF Operational Performance & National Quality Requirement

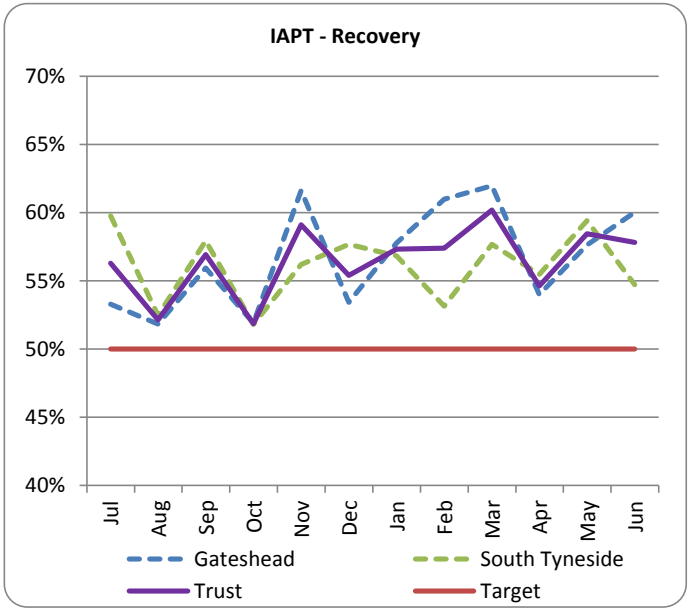
1. % of people who complete treatment who are moving to recovery
2. % of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period
3. % of people that wait 18 weeks or less from referral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

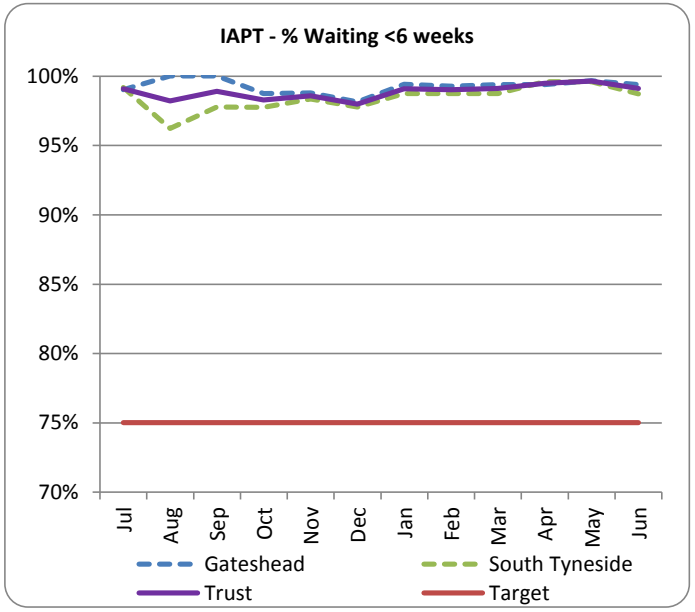
Director Lead: Sean Fenwick

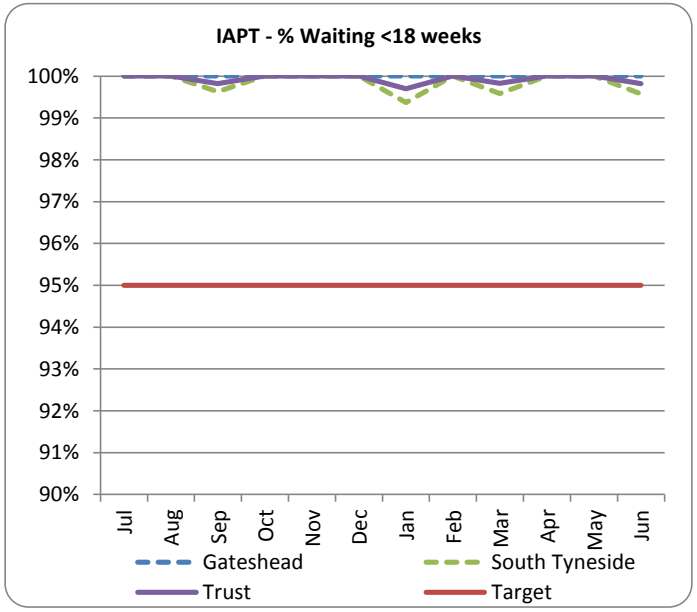
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

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 both services during June has been reasonably consistent with recent months. Waiting lists for both localities remains high, but stable. This does not represent a risk to achievement of the national standards.

IAPT - June 2018	Target	Volume	Total Breached	Performance	YTD
1. Recovery					
Gateshead	50%	300	120	60.00%	57.18%
South Tyneside	50%	212	96	54.72%	56.59%
Trust Total	**50%**	**512**	**216**	**57.81%**	**56.92%**
2. Waiting Times <6 weeks					
Gateshead	75%	324	2	99.38%	99.47%
South Tyneside	75%	233	3	98.71%	99.31%
Trust Total	**75%**	**557**	**5**	**99.10%**	**99.40%**
3. Waiting Times <18 weeks					
Gateshead	95%	324	0	100.00%	100.00%
South Tyneside	95%	233	1	99.57%	99.86%
Trust Total	**95%**	**557**	**1**	**99.82%**	**99.94%**







JOINT FINANCE & PERFORMANCE COMMITTEE

26 JUNE 2018

TERMS OF REFERENCE

1. Background

1.1 The NHS, both nationally and locally is facing unprecedented financial and clinical challenges including rising demand for services and a significant financial gap. System-wide solutions are required to address these challenges for the benefits of patients.

1.2 In this regard, City Hospitals Sunderland NHS Foundation Trust (CHSFT) and South Tyneside NHS Foundation Trust (STFT) have agreed to work together to meet these challenges. Both organisations have a history of collaborative working under the alliance known as 'South Tyneside and Sunderland Healthcare Group' and it acknowledged that the formation of a Joint Finance and Performance committee will further formalise collaborative working.

2. Purpose and authority

2.1 Provide assurance to the Board of Directors of both Trusts that the overall financial and operational position of CHSFT and STFT is being managed effectively, and provide challenge around the delivery of Cost Improvement Plans, longer term financial planning and key performance targets.

2.2 The Joint Finance and Performance Committee has **no delegated decision making authority** on behalf of the Board of Directors of either CHSFT or STFT.

3. Membership and attendance

3.1 The Finance and Performance Committee is appointed by the Boards and the following officers shall be members of the Committee:

- Non-Executive Directors X 2 CHSFT
- Non-Executive Directors X 2 STFT
- Chief Executive
- Director of Finance
- Director of Planning and Business Development
- Director of Operations
- Director of Performance

3.2 A Non-Executive Director shall Chair the meetings of the Committee on a rotational basis.

3.3 Members should be in attendance for at least 75% of meetings (a minimum of 9 meetings during any 12 month period). Deputies may attend in the absence of members with prior agreement of the Chair.

3.4 Other Trust representatives may be required to attend meetings at the request of the Chair.

3.5 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements. If a clinician is conflicted the person temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements must be a clinician

4. Quorum

4.1 Four members will constitute a quorum at meetings which must include: at least one Non-Executive Director from each Trust, and a minimum of two Directors.

4.2 A duly convened meeting of the Joint Finance and Performance Committee at which a quorum is present shall be competent to exercise all powers as set out in these Terms of Reference.

5. Duties

5.1 Review the Boards finance and performance reports ahead of the Board meetings.

5.2 Review all major risks that could affect the overall financial position for both Trusts. This could include:

- Impacts of activity changes on clinical income and risks around contract payments.
- Local consequences of national issues e.g. pay agreements, energy prices.

5.3 Review all major risks that could affect achievement of key performance targets by the Trusts.

5.4 Assure the Boards that risks outlined in the Board Assurance Framework relating to finance and performance are being mitigated and effective controls are in place.

5.5 Receive an update from the Project Management Office on progress to deliver the Trusts Cost Improvement Programmes and actions to close any gaps.

5.6 Review risks that could affect the operational performance of the Trusts and ensure proactive planning and management of operational pressures.

5.7 Receive minutes and/or updates from Clinical Procurement Group on a regular basis.

5.8 Receive and comment on the processes required ahead of the annual reference cost submission

5.9 Receive updates on any national issues relating to the business of the Committee.

The scope of duties will also include subsidiary companies of both Trusts which will be consolidated into the financial positions of each Trust.

6. Conduct of Business

6.1 Meetings will be held monthly with notice of each meeting together with an agenda and papers being made available to each member no later than three clear days before the meeting.

6.2 Where urgent matters arise between meetings these will be raised with the relevant Chair of the Committee for approval and discussed with other members of the Committee at the first available opportunity.

6.3 The minutes of the Joint Finance and Performance Committee meetings shall be formally recorded and submitted to the next available meeting of both Boards of Directors. The Committee will be supported by the Trust HQ administrative support team.

7. Reporting and Review

7.1 The Joint Finance and Performance Committee is accountable to the Boards of Directors of both CHSFT and STFT.

7.2 The Committee will present an annual report on its work to the Boards of Directors of both CHSFT and STFT in April of each year.

7.3 A full copy of all Joint Finance and Performance Committee agenda papers will be made available to the Chairs of both Boards of Directors for information.

7.4 The respective Chair of the Committee will raise any escalation issues to their respective Boards at the first available opportunity.

7.5 These Terms of Reference will be reviewed annually by the Joint Finance and Performance Committee and any changes recommended to the Boards of Directors of both CHSFT and STFT.

May 2018

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

CORPORATE AFFAIRS AND LEGAL

BOARD OF DIRECTORS

JULY 2018

EXECUTIVE SUMMARY

FIRE SAFETY ANNUAL REPORT 2017/18

INTRODUCTION

The fire safety legislation for NHS Trusts is contained in the Regulatory Reform (Fire Safety Order) 2005 (RR0) and detailed in the appropriate Hospital Technical Memorandum's (HTM's) which cover all aspects of healthcare fire safety. The overall requirement is that Trusts must be able to demonstrate that fire safety is properly managed in all premises that they own, including any other areas which are to any extent under their control.

The Trust's fire safety performance can be generally measured against the following:

- Number of fire incidents and unwanted fire signals
- Fire drills
- Fire Safety Training
- Fire risk assessments
- Fire safety action plan progress

Fire safety within a large acute hospital remains a challenge in an ever-changing environment with new capital schemes being progressed to meet current and developing healthcare service needs. This requires continual review and revision of fire risk assessments and fire safety arrangements to meet the changing dynamics.

In 2017/18 the Trust has continued to work in partnership with both internal and external stakeholders to seek assurance that fire safety within the Trust is properly managed and remains high priority. The responsibility for the management and upkeep of all the Trust's building stock is now overseen by the Trust's wholly owned subsidiary CHoiCE Facilities Services whose working relationship with the Trust is proving to be both professional and productive.

SUMMARY

The overall management of fire safety within the Trust must remain a high priority with the aim of ensuring that the Trust provides a safe environment for all patients, visitors, staff and contractors. The Fire and Safety Department continue to work in close liaison with

the Fire Service in meeting the Trust's fire safety obligations under the Regulatory Reform (Fire Safety Order) 2005 with the aim of ensuring the fire risk assessments facilitate and support action which deals with any identified significant fire risks.

It is disappointing to note that the Trust has not had an overall reduction in unwanted fire signals this year due the increase of 'Good Intent' break glass alarm activations. However, the significant reduction in the false fire alarms from system faults, accident activations and local environmental is encouraging and continues to support the Trust's liaison with TWFRS to reduce false alarm activations. The Trust still needs to continue to reduce the UWFS in 2018/19 and this will continue to be a high priority on RRO Group action plan. With this in mind, it is expected to see a further reduction in all categories of UWFS in 2018/19, in particularly with regard those causes which the Trust and CHoICE Facilities Services has management control of.

The report continues to highlight the ongoing pressure that the TWFRS are putting on hospitals to reduce the number of unwanted fire alarm activation. They expect to see a continued improvement which will go a long way in ensuring that they do not need to implement a forced delayed response to Trust's as part of their Risk Based Attendance Policy for those industries who are not able to effectively manage and reduce their false fire alarms/UWFS

The Trust's overall level of compliance with mandatory fire training remains high (92%) and they have continued to provide additional fire warden training as a matter of priority.
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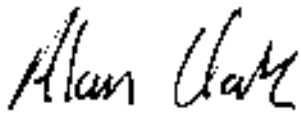
RECOMMENDATIONS

Directors are asked to note the Fire Safety Report for 2017/18 and to support its recommendations for 2018/19.



Alan Clark
Principal Fire & Safety Advisor

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

CORPORATE AFFAIRS AND LEGAL

BOARD OF DIRECTORS

JULY 2018

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2. FIRE INCIDENTS

Fires

The total number of minor fires (table 4) has increased slightly from seven to ten this year with the causes as follows: electrical light fittings (4), electrical (4), other (1) and cooking (1). The most significant fire at CHS in 2017/18 involved a tumble dryer serviced under a G4S contract. The fire was discovered at an early stage via automatic fire detection (AFD)

and was extinguished by the Fire Brigade without causing risk to life or disruption to service delivery.

Table 1 – Sunderland Royal Hospital					
Reported Fires	2013/14	2014/15	2015/16	2016/17	2017/18
Light fitting	1	3	3	1	4
Electrical	2	6	4	4	4
Cooking	0	0	0	0	1
Smoking	2	0	0	1	0
Other	1	2	4	1	1
Total for Year	**6**	**11**	**11**	**7**	**10**

Table 2 – Sunderland Eye Infirmary					
Reported Fires	2013/14	2014/15	2015/16	2016/17	2017/18
Choke/lighting	0	0	0	0	0
Electrical	0	0	1	0	0
Cooking	0	1	0	0	0
Other	0	0	1	0	0
Total Fires	**0**	**1**	**2**	**0**	**0**

Table 3 – Childrens Centre					
Reported Fires	2013/14	2014/15	2015/16	2016/17	2017/18
Choke/lighting	0	0	0	0	0
Electrical	0	0	0	0	0
Total Fires	0	0	0	0	0

Table 4 – All CHS Sites					
Reported Fires	2013/14	2014/15	2015/16	2016/17	2017/18
Total Fires	6	**12**	**13**	**7**	**10**

False Alarms (UWFS)

Following last years reported 33% reduction in the number of unwanted fire signals (UWFS) the Trust did not see any further reduction in 2017/18. This is due to an increase in the number of good intent activations by staff which went from 21 to 39, a rise of 45%. On investigation this type of UWFS is from fire smells coming entering the hospital from an ‘source unknown/external source’ beyond the control of the Trust (Table 5). Staff are reminded during face to face fire training to activate the fire alarm should they discover a fire or have reason to suspect a fire.

The Government’s fire safety risk assessment guidance for healthcare premises clearly advises that nothing should be done to discourage people from activating a manual fire alarm call point; this is in the context of activating the fire alarms due to a genuine belief there is a fire. Within the Trust this advice is resulting in a high level of fire alarm activations. This is causing unnecessary disruption to hospital services and impacts on the general public when Fire Brigade services are being diverted from other calls as well as the Fire Brigade travelling to the hospital at speed under blue light conditions.

The Trust therefore needs to make every reasonable effort to reduce these fire calls by:

- Ensuring effective communication is continued to staff informing them of any on-site activity likely to generate a smell of burning in order to reduce the likelihood of inappropriate fire alarm activation
- Communicating to staff when smells are drifting across the site from an offsite source presenting no threat to the hospital.
- Reinforcing during fire training that where the cause is evident short of a fire e.g. person smoking, overcooking of foodstuff, there is no need to activate the fire alarms.

It must be noted that within the main hospital blocks there is a Category L1 fire alarm system providing the highest standard protection with automatic fire detectors (AFD) in all parts of the building, other than showers and bathrooms. Under normal circumstances if a fire develop the AFD is designed to activate on detecting the products of combustion.

Further analysis of (table 5) shows that out of six known smells of burning coming from SRH site, 2 were from the Mop Wash Area (precursor to a fire), 1 from burning off road markings, 1 burnt food, 1 cigarette smoke, and 1 suspected defective bed. With regard to the 18 activations where 'source unknown' was the Fire Response Team were unable to identify a potential source. Regarding smells from offsite sources, these can be from residents burning garden rubbish, log burners, significant fire elsewhere in the city, etc. It isn't possible to locate the sources of these fires and is a factor beyond the Trust's control.

Table 5 – Good intents (GI) at SRH

	GI's	Outside Smell	Source unknown	Known SRH smell
In-hours Mon-Friday	15	5	8	2
Out of hours	23	9	10	4
Total	38	15	18	6

On a positive note, the Trust are able to report that unwanted fire signals (UWFS) from system faults, accidental activations, and local environmental issues such as steam, dust, and water, has seen another significant reduction of 47% from 31 down to 17. The fitting of 210 break glass unit covers as well as 68 alarmed covers has seen a 45% reduction in accidental activations from 17 down to 10. The reduction in activations continues to support the Trust's liaison with Tyne and Wear Fire and Rescue Service (TWFRS) in both reducing UWFS and continuing improvements in fire prevention and fire control.

TWFRS continue to face a reduction in their operating budget which has a direct bearing on their available resources. This places a continual threat to the NHS Trusts of a reduced attendance to fire calls in line with their current Risk Based attendance Policy. Trusts were informed by TWFRS in January 2017 that action would only be taken following a full review of a Trusts management of UWFS and after full engagement with each individual Trust. Further to this, TWFRS has informed Trusts in March 2018 that they will be officially issuing data on UWFS to each individual trust on a monthly basis. The Trust's Fire and Safety Department have already been liaising with TWFRS on a monthly basis providing feedback on preventative action being taken to actively reduce UWFS and to compare data.

It should be noted TWFR compile data slightly differently to the Trust as they do not count all 'activations due to good intent' as an UWFS. Based on the latest figures provided by TWFR they confirmed that in 2010 there was a total of 144 UWFS and the Trust has achieved an overall 65% reduction with UWFS down to 51 in 2018.

All unwanted fire signal activations are reported to the Trusts Regulatory Reform (Fire Safety) Group (RRO) for discussion and remedial action taken to deal with those unwanted fire signals under the Trust's and CHoICE FS management control and influence.

Table 6 – Sunderland Royal Hospital					
Unwanted Fire Signals	2013/14	2014/15	2015/16	2016/17	2017/18
Good Intent	30	40	28	21	38
System Fault	19	9	15	13	11
Accidental	3	10	11	1	7
Patient /Visitor	16	16	21	17	10
Environmental	31	42	50	31	17
Total for Year	**98**	**117**	**125**	**83**	**83**

Table 7 – Sunderland Eye Infirmary					
Unwanted Fire Signals	2013/14	2014/15	2015/16	2016/17	2017/18
Good Intent	1	0	0	0	1
System Fault	1	1	0	0	0
Accidental	0	1	0	2	1
Patient /Visitor	0	0	0	1	0
Environmental	2	1	1	1	2
Total for Year	**4**	**3**	**1**	**4**	**4**

Table 8 – Childrens Centre					
Unwanted Fire Signals	2013/14	2014/15	2015/16	2016/17	2017/18
Good Intent	0	0	0	0	0
System Fault	3	0	2	2	2
Accidental	0	0	0	0	1
Patient /Visitor	0	0	0	0	0
Environmental	0	1	4	0	0
Total for Year	**3**	**1**	**6**	**2**	**3**

Table 9 – All Sites					
Unwanted Fire Signals	2012/13	2013/14	2015/16	2016/17	2017/18
Good Intent	31	40	28	21	39
System Fault	23	10	17	15	10
Accidental	2	11	11	3	9
Patient /Visitor	16	16	21	18	10
Environmental	33	44	55	32	19
Total for Year	**105**	**121**	**132**	**89**	**90**

3. FIRE DRILLS

The Government Healthcare Fire Safety Guide and HTM 05:03 part A (General Fire Safety) recommend that fire drills are carried out at least annually to supplement classroom training and evaluate the effectiveness of emergency plans.

The Fire Drills carried out at CHS ensures that all areas of the Trust are subjected to an unannounced test of the effectiveness of staff response, both in the 'fire' zone and the support obtained from the assembly point.

Drills carried out 2017/18

Sunderland Royal Hospital	18
Eye Infirmary	2
Children's Centre	2

Observation of Trust "staff in action" confirms a good understanding of procedures with only minor errors displayed. These are normally attended to at the time of drill debrief. All fire alerts are investigated and attended by a Fire & Safety Officer to ensure that the fire procedures are carried out and reported on a fire report.

4. FIRE TRAINING

Following a review of fire training provision by the Trust this year they have introduced the ability for staff to complete their annual fire awareness mandatory by e-learning every other year.

Overall compliance with the fire safety mandatory training (annual ½ hour awareness lecture for all staff or e-learning every other year) continues to remains high at 92% which achieves the Trust overall mandatory training target of 90%. Compliance with mandatory training is reported to all directorates and senior managers via the Electronic Staff Recording (ESR) dashboard.

The requirement for all new starters to receive full 1 hour fire lecture at induction remains unchanged.

During 2017/18 the Trust continued to provide bespoke department specific fire training (Table 10) and Fire Warden Training (Table 11) targeted towards ward/department manager or their deputies. Following a review of the provision of fire warden training a paper (**Appendix 1**) was submitted to the Trust's Health and Safety Group and it was decided to rename this training as 'Local Fire Safety Management Responsibilities' as a better description of the training provided.

Table 10 - BESPOKE FIRE SAFETY TRAINING – 2017/2018		
DATE	STAFF BOOKED ONTO COURSE	STAFF ATTENDED
11.04.2017	3 - IPC	3
05.07.2017	4 - Theatres	4
11.07.2017	4 - Mortuary	4
25.08.2017	3 - EMBE	3
08.09.2017	7 - OPD	7
19.09.2017	6 – G4S	6
26.09.2017	10 -NICU	10
28.09.2017	4 - ICCU	4
06.10.2017	2 - OPD	2
10.10.2017	7 - ICCU	7
05.12.2017	6- NICU	6
10.01.2018	4 – PHYSIO	4
06.03.2018	10- OPD	10
27.03.2018	5- PATH LAB	5
TOTAL	**75**	**75**

Table 11 - ETC FIRE WARDEN TRAINING – 2017/2018		
DATE	STAFF BOOKED ONTO COURSE	STAFF ATTENDED
12.04.2017	10	6
17.05.2017	5	2
20.06.2017	5	4
19.07.2017	6	2
18.09.2017	8	2
16.10.2017	9	6
21.11.2017	8	4
15.12.2017	8	5
16.01.2018	5	1
22.02.2018	10	4
16.03.2018	11	5
TOTAL	**85**	41

A bi-monthly compliance report (**Appendix 2**) is submitted and monitored by the Health and Safety Group which identifies the number of management staff who have attended the training. It is estimated that the Trust would need to have at least 277 staff attend the 'Local Fire Safety Management Training' to cover their in-patient 24/7 risk wards (34). The Trust currently has 7 wards which are fully compliant, 5 wards which are at least 50% compliant and 9 wards that have no one trained at all.

5. THE REGULATORY REFORM (FIRE SAFETY) ORDER 2005

The Regulatory Reform (Fire Safety) Order 2005 (RRO) places the full responsibility on the Trust to manage fire safety as the responsible persons. The Trust has to carry out suitable and sufficient risk assessments and take action to deal with any significant issues

identified as part of that process. The Fire Authority has the (responsibility) jurisdiction to enforce and police this legislation through a programme of audits and inspections.

Following the review of the fire risk assessment programme in 2017 the Fire and Safety Department commenced a new programme of fire risk assessment reviews and fire safety checks. Since the updated programme was initiated in January 2017 out of 181 risk assessment areas identified, the Fire and Safety Department have carried out 101 Fire risk assessments/reviews and 78 fire safety inspections/checks. A report is issued to the ward/department management and a copy to ChoICE Facilities Services with any required remedial actions highlighted as required.

The RRO clearly states that fire risk assessments must be reviewed by the responsible person regularly so as to keep it up to date. With this in mind, all in-patient (sleeping risk) areas are programmed to have a formal fire safety visit annually by a fire & safety officer comprising of either a fire risk assessment review or a fire safety check. All other areas (non-sleeping risk) are programmed to have a formal fire safety visit every other year.

In addition to the Trust's extensive fire risk assessment programme, they also work closely with Tyne and Wear Fire and Rescue Service (TWFRS) who plan to carry out 10 fire safety audit visits per year. In 2017/18 TWFRS visited the following areas as part of their planned audit programme:

- D Block wards on C level
- F Block D10/11 theatres
- Sunderland Eye Infirmary
- C Block Bed wash area
- New Emergency Department
- Theatre Sterile Services and Plant areas
- Niall Quinn Centre

These pro-active and constructive formal visits continue to support the Trust in meeting its fire safety responsibilities and duties. The Fire and Safety Department are pleased to report that these visits and have not identified any major issues, the minor fire safety concerns identified by TWFRS have all been rectified as a matter of priority.

The Fire and Safety Department have continued this year to give priority and significant resources to supporting the capital programme for the completion of the new Emergency Department, the building of the new Durham Treatment Centre and the Renal upgrade.

Following the Grenfell tragedy where Aluminium Composite Materials (ACM's) were identified as the main culprit of the fire spread, NHS Improvement (NHSI) mistakenly placed the Trust on the Category 1 high risk list. This required the Trust to implement NHSI's 4 stage plan to mitigate the fire risks associated with ACM,s which do not have limited combustibility.

The 4 stages of the plan were:

Stage 1 - Introduce fire patrols immediately:

The Trust following a risk assessment came to the conclusion that with the number of trained fire wardens in place and the degree of assessed compartmentation that there was no need to alter any of the trusts working practices.

Stage 2 - Introduce a short term fire plan-on confirmation that unsuitable cladding is present:

The Fire and Safety Department working in conjunction with CHoICE FS, set about quickly to establish what sort if any cladding was on the Trust's buildings; giving patient care areas immediate attention. The investigation quickly identified the areas that required further investigation were Block H, Block F, Block E and the new ED block which was just about complete at the time of the tragedy.

The Fire and Safety Department utilising information gleaned from the health & safety files for the individual buildings contacted the various contractors for each individual project and quickly established that blocks H, F and the new ED department were not ACM's and that they not only complied with building regulations they in fact were superior to the required standards and in no way resembled the problem cladding.

This left only E Block (Chester Wing) to assess and provide guarantees that it was fit for purpose, the investigation highlighted the following:

- That E Block is not above 18 m high
- That the cladding had no cavity
- That the means of escape from all areas within the block were excellent and well protected
- That the areas is provided with an excellent Automatic Fire Detection system
- That trained fire wardens were in place
- That access and means for getting water onto the fire by the fire service were satisfactory

Although the above provided excellent evidence to allay any fire safety concerns the Trust went one step further and under the instruction from the Director of CHoICE FS samples of the insulation used in the cladding to E block were removed for further testing. The first test consisted of subjecting the insulation to fire, a lighted newspaper was ignited and held against the foam insulation for 30 seconds; the foam shrank away from the fire and showed good flame retardant properties to ignition. The second test involved spraying the insulation with a highly flammable substance (WD40), the insulation was again subjected to the lighted newspaper test; the insulation did ignite upon the introduction of flame but quickly self-extinguished when the flammable vapour exhausted itself.

The Director of CHoICE FS who had been in constant contact with NHSI throughout the process was finally (after providing NHSI with all the information) able give the Trust the all clear with regards to ACM's. With the Trust able to confirm fire safety compliance with regards to its cladding systems to the NHSI, stages 3 and 4 of the plan were not required.

6. THE RRO FIRE SAFETY MANAGEMENT GROUP

The formal RRO fire safety management group chaired by the Director of CHoICE Facilities Services meets on a monthly basis and reports directly to the Corporate Governance Steering Group. The group oversees and monitors compliance with the Regulatory Reform (Fire Safety) Order 2005 and Health Technical Memorandum (HTM) Firecode on behalf of the Trust, including the development and management the Trust's fire safety risk register and action plan. The action plan includes both short medium and long term actions, for approval by the Corporate Governance Steering Group.

The investment in fire building and engineering infrastructure via the risk adjusted back-log maintenance programme in 2017/18 was £141k. This investment specifically covered fire alarms, emergency lighting, fire dampers, compartmentation and fire door refurbishment and repairs. The projected investment in fire safety building and engineering infrastructure for 2018/19 is estimated to be £110k.

7. FIRE SAFETY OPERATIONAL STRATEGY UPDATE

The current fire safety operational strategy is included in the Operational Fire Safety Policy which was ratified in October 2016. The Trust has been unable to progress the full implementation of this Policy due to technical problems with using the 'Confirmer' telecom system. IT informed the Trust that they will not be able to use 'Confirmer' until a new upgrade on the telecoms IT platform has been completed. The latest completion date from IT is set for mid-June 2018.

Once completed the Trust will be able to launch and implement the updated fire safety operational arrangements (for the provision of secondary fire assistance) as detailed within the revised Fire Policy.

As detailed in previous reports, the current secondary assistance arrangements, which have been in place since the early 1990's, require all available staff on hearing an intermittent fire alarm to make their way to the fire assembly point to be given further instruction by a fire team leader at the assembly point. The use of 'Confirmer' allows us to call groups of contacts (all in-patient ward areas) quickly in an emergency situation and deliver a pre-recorded message (i.e. a request for all available staff to assist with a ward evacuation).

8. HEALTHCARE FIRE OFFICER WORKING GROUP

Tyne and Wear Fire and Rescue Service (TWFRS) continue to host six monthly liaison meetings with the NHS trusts fire safety officers with the primary aim to support the strategic objectives of TWFRS to:

- Prevent loss of life and injury from fires and other emergencies and promote community well being
- Respond appropriately to the risk
- Plan an prepare for exceptional events
- Deliver a modern, effective service, ensuring value for money with staff who are reflect the communities they serve

This meeting also provides a forum for both trust fire officers and TWFRS to support trusts in meeting their statutory fire safety duties and obligations as well as providing a network for all stakeholders to share learning and encourage adoption of perceived good practice. The group reviews as a standard agenda item any incidents and fires within healthcare premises and the management of false alarms/UWFS. The working groups Terms of Reference are detailed in **Appendix 3.**

10. CONCLUSION

The overall management of fire safety within the Trust must remain a high priority with the aim of ensuring that the Trust provides a safe environment for all patients, visitors, staff and contractors. The Fire and Safety Department continue to work in close liaison with the Fire Service in meeting the Trust's fire safety obligations under the Regulatory Reform (Fire Safety Order) 2005 with the aim of ensuring the fire risk assessments facilitate and support action which deals with any identified significant fire risks.

It is disappointing to note that the Trust has not had an overall reduction in unwanted fire signals this year due the increase of 'Good Intent' break glass alarm activations. However, the significant reduction in the false fire alarms from system faults, accident activations and local environmental is encouraging and continues to support the Trust's liaison with TWFRS to reduce false alarm activations. The Trust still needs to continue to reduce the UWFS in 2018/19 and this will continue to be a high priority on RRO Group action plan. With this in mind, it is expected to see a further reduction in all categories of UWFS in 2018/19, in particularly with regard those causes which the Trust and CHoICE Facilities Services has management control of.

The report continues to highlight the ongoing pressure that the TWFRS are putting on hospitals to reduce the number of unwanted fire alarm activation. They expect to see a continued improvement which will go a long way in ensuring that they do not need to implement a forced delayed response to Trust's as part of their Risk Based Attendance Policy for those industries who are not able to effectively manage and reduce their false fire alarms/UWFS

The Trust's overall level of compliance with mandatory fire training remains high (92%) and the Fire and Safety Department have continued to provide additional fire warden training as a matter of priority.

11. RECOMMENDATIONS FOR 2018/19

The Trust therefore needs to continue with the fire safety initiatives contained in this report by way of the following recommendations:

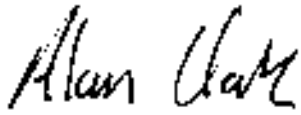
Recommendation 1 – *Continue to progress the revised RRO 2018/19 action plan in-line with available funding and resources.*

Recommendation 2 *– Continue with initiatives to further reduce the number of unwanted fire signals at SRH.*

Recommendation 3 *– Continue to provide mandatory fire training and progress the provision of 'Local Fire Safety Management Responsibility' training targeted initially towards ward/department manager and their deputies in-patients (sleeping risk) wards.*

Recommendation 4 *– Continue with the planned fire risk assessment programme.*

Directors are asked to note the Fire Safety Report for 2017/18 and to support its recommendations for 2018/19.



Alan Clark
Principal Fire & Safety Advisor

APPENDIX 1

Health and Safety Group
Briefing Paper
January 2018
Fire Warden Provision at CHSFT

Introduction

This briefing paper is intended to give an update to the Health and Safety Group on:

- the local fire safety management roles and responsibilities within healthcare premises with particular regard to ward/department management and the provision of fire wardens

HTM 05-01: Managing healthcare fire safety

Health Technical Memorandum (HTM) 05-01: Managing healthcare fire safety (2013), sets out the Department of Health's policy on fire strategy as well as giving best practice guidance on management arrangements for fire safety. The guidance and recommendations contained in the HTM are intended to support healthcare providers in meeting their current statutory duties under the Regulatory Reform (Fire Safety Order) 2005.

Section 7.28 clearly places local fire safety management responsibility on matrons, heads of service and department managers for the day to day management of fire safety which includes ensuring sufficient fire wardens are identified and appointed for their specific areas of responsibility (**Supplement 1**).

Section 7.29 to 7.31 within the HTM gives further information on the fire warden role/function within the healthcare environment (**Supplement 2**).

Compliance with the HTM should provide evidence for the NHS Premises Assurance Model (PAM) and confidence of standards to the Trust's Board of Directors and the Care Quality Commission (CQC).

Fire Wardens

The HTM states that the size and complexity of the trusts buildings and activities may necessitate the appointment of local Fire Wardens to ensure that there is a focal point for local staff. Their role essentially being the 'eye and ears' within that local area without an enforcing role. In summary, according to the HTM, the fire warden should:

- Act as the focal point on fire safety issues for the local staff

- Organise and assist in the fire safety regime within local areas
- Raise issues regarding local fire safety with their line management
- Support line managers in their fire safety issues

The role and function of the local fire warden must not be confused with that of the 24/7 Fire Response Team Leader (Duty Matron/Patient Flow Manager) whose function is that of first responder to a fire situation.

CHS Fire Policy

The Trust's Operational Fire Policy was updated in 2015 to include the changes in the current HTM 05-01 (2013) regarding the day to day management of fire safety both strategically and at a local ward/department level. The management arrangements included in the 2015 and current 2016 Fire Policy fully incorporates the recommendations detailed in HTM 05-01.
The Trust's Operational Fire Policy places the responsibility for the role and function of 'Fire Warden' with the ward/department manager or their deputy.
Compliance with this policy will ensure that there is a nominated fire warden on duty at all times especially within the in-patient 24/7 wards and departments.

Fire Warden Training

The Trust's Fire Safety Manager (Principal Fire and Safety Advisor) has a the responsibility under HTM 05-01 to ensure a training needs analysis is undertaken for all employees and other staff working within the Trust as well as the provision of an appropriate programme for fire safety training.
The current fire warden (local fire safety management) training is a 3 hour session which includes fire extinguisher and the use of the vertical evacuation aides.

Recommendations

It was therefore proposed that the current fire warden training be renamed as 'local fire safety management' training.

This training will continue to be targeted for ward/department managers or their deputies prioritising clinical/sleeping risk areas in the first instance.

This is considered to meet the requirements detailed in HTM 05-01 sections 7.28, 7.29 - 7.31 as detailed above for ward/department managers or their deputies to carry of their roles in the local management of fire safety.

Alan Clark
Principal Fire and Safety Advisor

HTM 05-01 section 7.28

Local Management

7.28 Matrons, heads of service and departmental managers have responsibility for:

- monitoring fire safety within their respective workplaces and ensuring that contraventions of fire safety precautions do not take place
- ensuring local fire risk assessments are undertaken and maintained up-to-date
- notifying the Fire Safety Adviser of any proposals for “change of use”, including temporary works that may impact on the risk assessment, within their area
- reporting any defects in the fire precautions and equipment in their area and ensuring that appropriate remedial action is taken
- ensuring that local fire emergency action plans are developed, brought to the attention of staff and adequately rehearsed to ensure sufficient emergency preparedness
- ensuring that local fire emergency action plan is revised in response to changes, including temporary works, which may affect response procedures
- ensuring the availability of a sufficient number of appropriately trained staff at all times to implement the local fire emergency action plan
- ensuring that the duties outlined in this document and relevant fire safety instructions are brought to the attention of staff through local induction and ongoing staff briefings
- ensuring that every member of their staff attends fire safety training as set out in the trust’s fire safety training matrix
- ensuring that all new staff, on their first day in the ward/department, are given basic familiarisation training within their workplace, to include:
    - local fire procedures and evacuation plan
    - means of escape
    - location of fire alarm manual call points
    - fire-fighting equipment
    - any fire risks identified
- keeping a record of staff induction and attendance at fire safety training
- ensuring staff at all levels understand the need to report all fire alarm actuations and fire incidents as detailed in the fire safety protocols
- ensuring that the staff record is completed and returned denoting how this document has been brought to the attention of staff
- where appropriate, ensuring that sufficient Fire Wardens are identified and appointed for their specific areas of responsibility.

HTM 05-01 section 7.29 – 7.31

Fire Warden

7.29 The size and complexity of the trust's buildings and activities may necessitate the appointment of local Fire Wardens to ensure there is a focal point for local staff.

7.30 The Fire Wardens essentially will be the "eyes and ears" within that local area but will not have an enforcing role. They will report any issues identified to their matron and/or head of service or departmental managers and if necessary to the Fire Safety Adviser or Fire Safety Manager.

7.31 The Fire Warden should:

- act as the focal point on fire safety issues for the local staff
- organise and assist in the fire safety regime within local areas
- raise issues regarding local fire safety with their line management
- support line managers in their fire safety issues.

APPENDIX 2

	Directorate	Ward/Dept	No of trained FW/RP	No identifed for 24/7 coverage	No staff booked on
A	Emergency Medicine	B20	3	8	
A	Rehab & Elderly	B21	2	8	
G	Emergency Medicine	B22/Cardiology	14	8	
G	GIM	B26	12	8	
G	Med Specs	B28	19	8	
R	General Surgery	C30	0	8	
R	General Surgery	C31	0	8	
G	Head & Neck	C33	18	8	1
R	General Surgery	C36	0	8	
G	Theatres	ICCU	11	8	
R	Emergency Medicine	Adults ED	0	12	12
A	Emergency Medicine	Paeds ED	1	3	1
R	Emergency Medicine	IAU	0	6	2
A	Urology	D41	1	8	
R	Surgery	D42 (ESAU)	0	8	
A	Trauma&Ortho	D43	4	8	2
A	Obs & Gynae	D47	1	8	
A	Obs & Gynae	Maternity	1	8	
R	Obs & Gynae	Ante Natal	0	8	
G	Paeds	Neo Natal	48	8	
A	Trauma&Ortho	D48	1	8	6
A	Rehab & Elderly	E50	2	8	2
A	Rehab & Elderly	E51	5	8	
A	Rehab & Elderly	E52	1	8	
A	GIM	E53	3	8	3
A	GIM	E54	6	8	
A	Rehab & Elderly	E56	2	8	
A	Rehab & Elderly	E58	7	8	
A	Rehab & Elderly	F61	1	8	
A	Rehab & Elderly	F62	2	8	
R	Paeds	F63	0	8	
R	Paeds	F64	0	8	3
A	Paeds	F65	3	8	
G	Opthalmology	SEI	41	16	1

APPENDIX 3

Tyne and Wear Fire and Rescue Service (TWFRS)
Healthcare Fire Officers Working Group (HFOWG)

Terms of Reference

Introduction

This document outlines:

- The terms of reference for the Healthcare Fire Officers Working Group (HFOWG)
- Membership of meeting
- Frequency of meeting

Aim

The working group's primary aim is to support the strategic objectives of Tyne & Wear Fire & Rescue Fire Authority;

- To prevent loss of life and injury from fires and other emergencies and promote community well being
- To respond appropriately to the risk
- To plan an prepare for exceptional events
- To deliver a modern, effective service, ensuring value for money with staff who are reflect the communities we serve

To that end the HFOWG will provide a forum for all stakeholders involved in the management of fire safety in healthcare premises throughout our service area. This forum should **support** representatives of healthcare premises to meet their statutory fire safety duties & obligations set out within the Department of Health Fire Safety policy applicable to NHS in England.

This working group should have specific regard to regional & national trends associated with;

- Incidents & Fires within healthcare premises
- Occurrences of False Alarms as defined by HTM 05-03 Part H and CFOA Guidance for the Reduction of False Alarms & Unwanted Fire Signals

- Occurrences of Unwanted Fire Signals as defined by HTM 05-03 Part H and CFOA Guidance for the Reduction of False Alarms & Unwanted Fire Signals
- Auditing of Healthcare premises under the FSO and trends in deficiencies
- Enforcement action

The working group should be a **support** network for all stakeholders, to promote shared learning and encourage adoption of perceived good practice.

The forum should also offer the opportunity for stakeholders to discuss changes in national legislation and guidance associated with Fire Safety which would have an impact on healthcare premises.

Governance

The HFOWG will be accountable to TWFRS Chief Fire Officer.

Working Methods

- The HFOWG will meet on a six monthly basis, unless there is an urgent requirement, in which case the HFOWG will meet as directed by the chair.
- Meetings will be predominantly held at TWFRS SHQ.
- Agenda items will be requested four weeks prior to the meeting.
- Minutes will be produced from each meeting.

Membership / Group Constitution

- Chairperson – TWFRS Fire Safety Station Manager
- Vice Chairperson – Individual nominated by group, ideally a representative of National Association of Healthcare Fire Officers(NAHFO)
- Administrative support – TWFRS
- TWFRS – Health Technical Memorandum Officers
- Trust Healthcare Fire Safety managers
- Trust Fire Safety Advisers

Review

These terms of reference will be reviewed annually by the HFOWG.

Last Review Date: 29th March 2018

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

CORPORATE AFFAIRS & LEGAL

BOARD OF DIRECTORS

JULY 2018

EXECUTIVE SUMMARY

HEALTH AND SAFETY REPORT 2017/18

Introduction

This Health and Safety Report is an update of the Trust's management of health and safety from April 2017 to March 2018. The report outlines health & safety policies, incident trends and progress made with the Trust's key health and safety objectives.

Summary

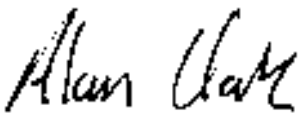
The Trust has reported another significant increase in reported violence against staff this year which reinforces the need for the Trust to continue with its initiatives to manage violence and aggression and support staff in being able to carry out their work in a safe and secure environment. The National NHS staff survey highlights that violence and aggressive behaviour towards healthcare staff is an issue throughout the NHS as a whole.

However, it has been encouraging to note a reduction in sharps, slips trips & falls and manual handing this year. Even though the Trust has reported a good reduction in sharps incidents the report clearly shows that more can be done to reduce these incidents even further.

The health and safety strategic objectives have been reviewed and updated in this report with **Appendix 4** giving detailing the recommended forward actions for 2018/19.

Recommendations

Directors are asked to note the Health and Safety Report for 2017/18 and continue to support the health and safety forward plan for 2018/19 as detailed in **Appendix 4**.



Alan Clark
Principal Fire & Safety Advisor

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

CORPORATE AFFAIRS & LEGAL

BOARD OF DIRECTORS

JULY 2018

HEALTH AND SAFETY REPORT 2017/18

1. Introduction

This Health and Safety Report is an update of the Trust's management of health and safety from April 2017 to March 2018. The report outlines health & safety policies, incident trends and progress made with the Trust's key health and safety objectives.

2. Policies

The key health and safety policy which underpins all of our health and safety policies is the General Policy on the Management of Health and Safety at Work. Following a review of the Health, Safety and Welfare Policy and the Work Equipment Policy these policies have been integrated into an updated General Policy on the Management of Health and Safety. This policy was fully ratified and published in June 2017.

The Latex Policy and the Asbestos Policy have been reviewed and updated in 2017/18 and are in the process of being ratified via the Policy Committee.

3. H&S Incident Reporting

Safety incident investigation arrangements are in place in-line with the Trust's Risk Management Strategy and incident reporting procedures. All significant (moderate harm or worse) incidents and their subsequent investigations are reported and monitored via the Rapid Review Group. All other incidents continue to be monitored/ investigated by the appropriate local directorate management team.

The Trust's incident reporting system (Ulysses) **reported 971** staff safety incidents in 2017/18. The five year trend of all staff incidents is given in **Appendix 1**.

Appendix 2 gives a 5 year trend of the top 4 staff safety incidents.

Number Reported	**Top 4 staff safety incidents summary**	Percentage change from previous year
158	Physical Violence	-18%
414	Non-Physical Violence	+43%
572	**Total Violence**	**+19%**
152	Sharps/inoculation	-14%
58	Manual Handling	-22%
52	Slips, Trips & Falls	-16%
971	**Total Staff reported incidents**	**0%**

The total number of reported staff incidents has remained constant this year. There has been an encouraging reduction in reported non-violent incidents which has been counterbalanced by significant rise in reported violent incidents.

The figures in Table 1 confirms a positive incident reporting culture, whereby, there is a consistent high number of minor and no-harm incidents reported compared to moderate and major harm incidents.

Table 1. Staff incident severity rating comparison						
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Major (4)	4	0	3	0	0	0
Moderate (3)	25	17	20	28	8	11
Minor (2)	553	627	608	536	630	524
No harm or near miss (0 or 1)	181	299	321	317	334	436

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires the Trust to report lost time (over 7 days) injuries from work-related accidents as well as any scheduled dangerous occurrences and diseases.

The total number of staff RIDDOR reportable incidents for 2017/18 was **27**.

A breakdown of staff RIDDOR incidents shows that in 2017/18 there were:

- **23** Lost time accidents over 7days (compared to 16 in 2016/17)

- **4** HSE defined Major injuries from fractures due to 3 slips & trips and one manual handling incident (compared to 2 in 2016/17)

Attributable to:

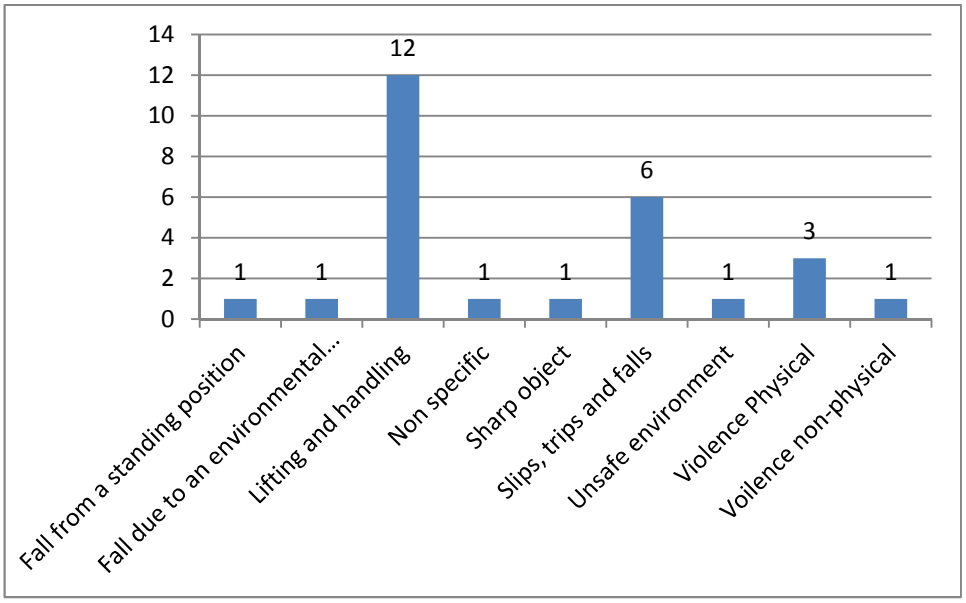


Table 2 shows the highest number of total reported staff incident rate per 1000 staff is from Emergency Care (EC) and Trauma & Orthopaedics (T&O). As in previous years the majority of incidents reported in EC, T&O and Rehabilitation & Elderly (R&E) are attributable to reported violence.

Table 2.
Directorate 2017/18 staff safety incident rate per 1000 (FTE) staff

Directorate/Service	Incident Rate	Total Incidents	FTE
Emergency Care	513	256	498.79
T & O	501	86	171.79
R &E	347	138	397.8
GIM	339	76	224.46
Gen Surgery	233	43	184.81
Ophthalmology (inc. OPD)	183	48	262.04
Medical Specialities	181	37	204.67
Obs & Gynae	167	41	244.91
Urology	144	16	111.37
Head & Neck	140	23	163.95
Theatres	131	64	488.11
Estates & Facilities (CHoICE FS)	125	31	247.95
Diagnostic Imaging	125	24	192.18
Child Health & Paeds	103	20	194.77
Therapy Services	96	30	313.22
Pharmacy	76	13	170.76
Central Services	52	25	479.26
Trust Wide	**213**	**971**	**4555.93**

Focus on Violence incidents

As detailed above the number of reported violent incidents has this year increased by 19% due to a 43% rise in reported non-physical violence which is contrasted by an 18% reduction in reported physical violence. For a violent incident to be physical there must be some direct or indirect physical contact made.

Drilling into the violence data there is an increase in reported non-physical from Emergency Care (+65), D48 (+27), ward E54 (+24), and C36 (+17). Emergency Care has seen an increase from Ward B20 alone of 24 reported non-physical violent incidents. It must be noted that activity levels in the Emergency Department has increased by 11% over the past 12 months.

Analysis of the incident data highlights that in some incidents there may be more than 1 member of staff involved as the victim. Taking this into account it has been identified that out 572 reported violent incidents there were 759 recorded 'victims of violence'.

Further analysis by staff group shows that out 158 reported physical violent incidents the following staff groups were the victim: 70 qualified nurses; 60 health care assistants; 12 security officers; 8 allied health professions; and 2 medical staff. Out of the 414 non-physical violent incidents the following staff groups were the victim: 255 qualified nurses; 39 health care assistants; 23 security officers; 18 allied health professionals; and 15 medical staff.

The 2017 National NHS staff survey results report that 16% of Trust staff have experienced physical violence from patient, relatives or the public in the last 12 months. This correlates to 800 staff having experienced at least one incident of physical violence. The survey results could therefore be considered to indicate a significant under reporting of physical violence within the Trust. The staff survey also compares us with other acute trusts and the Trust is only 1% higher than the national average for acute trusts.

Staff do not generally have any control on how patients and visitors present to the Trust, especially in the Emergency Department. Staffs influence on both their behaviour and service experience commences from the time of admission. If the patient has a known history of violent behaviour, from either being issued with a Yellow or Red card from us or made known to us from external agencies (i.e. from the Multi-agency Public Protection Arrangements – MAPPA), they will have a violence risk marker/flag on their electronic patient records. The violence risk markers warn staff and assist them in putting the necessary measures in place to ensure and maintain a safe environment for staff, other patient and visitors. Other than these flags staff will need to de-escalate and manage any developing violent situation as part of their dynamic risk assessment response at the time.

As with previous years the majority of reported physical violence is attributed to clinical condition (87%) reported mostly in Rehabilitation and Elderly Medicine. Emergency Medicine reported the majority of intentional physical violence with alcohol and drugs being a common contributing factor.

With regards to clinical violence the patient is deemed not to know what they were doing at the time due to their clinical condition. Someone under the influence of self-inflicted alcohol or recreational drugs is not categorised as clinical condition as their condition is due to their intentional or reckless behaviour.

All staff victims of reported violence are contacted by the Fire and Safety Department to provide additional support as well as to seek further feedback relating to the incident. This support can include a face to face meeting and a staff debrief if required. The Fire and Safety Team have presented feedback from the staff 'victims of violence' in the October Lessons Learnt event and the Trust's Health and Safety Group. A further presentation is planned for April 2018 Lessons Learnt event.

Further information on action taken against the perpetrators of intentional and reckless behaviour violence is detailed in the Trust's annual Security Report.

Focus on Sharps incidents

'Sharps' are defined needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin. A sharps injury is an incident, which causes a sharp to penetrate the skin. Any sharp injury contaminated with an infected patient's blood can transmit more than 20 diseases, including hepatitis B, C and HIV blood-borne viruses (BBV). Because of this transmission risk, sharps injuries can cause worry and stress to staff concerned.

Any sharps incident must be reported to the HSE as a RIDDOR incident if it is from a known BBV source and/or if an employee suffers a disease attributable to the injury. The legislative framework from the European Union to protect healthcare workers from the risk of infection from BBV's was implemented in the UK via the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, the HSE have also produced an information sheet to healthcare employers in understanding their legal obligations under the Regulations. An HSE inspection initiative was carried out in 2015/16 which found health and safety breaches in 90% of the organisations visited and that 83% of them failed to fully comply with the sharps regulations. This resulted in improvement notices being issued to 45% of the organisations visited.

The Trust is able to report an overall 14% reduction of reported sharps/inoculation incidents in 2017/18. Sharps/inoculation incidents include both sharps and splash incidents from body fluids categorised as high risk and low risk based on Occupational Health guidelines. Out of the 152

reported incidents 116 were attributable to an actual sharps incident as defined by the Health and Safety Executive (HSE), compared to 130 in 2016/17 giving us an overall 11% reduction in actual sharps incidents.

The biggest reduction of sharps incidents is in Emergency Care who have seen a 61% reduction. The other historical high areas of Theatres and Rehabilitation & Elderly have not seen any improvement and there has been a slight increase in Theatres sharps incidents this year. Obstetrics & Gynae, Head and Neck and General Surgery also have a noted increase in reported sharps this year.

Looking at that type of device/activity which result in a sharps injury the Trust has had:

- 27 incident taking blood of which 7 were recorded to have involved the failed application of the safety device
- 19 incidents giving injections
- 8 incidents due to the sharps disposal process such as an overfilled sharps box or found in the wrong waste stream
- 10 incidents involving insulin needs mostly from patients own use

The Trust's incident data shows the following staff were subject to a sharps injury:

- 41 qualified nurses (nursing 34 midwifery 7)
- 22 medical staff
- 16 Health Care Assistants
- 6 Student nurses

The above data confirms that the risk of a sharps injury and potential for a member of staff to be infected with a BBV from a sharps incident remains a concern. This reinforces the importance of continuing to taking all reasonable measures to reduce the number sharps incidents further as part of the on-going work being led by the Sharps Task and Finish Group.

Tables 3a and 3b show that the employer and employee public liability claims for sharps incident has significantly reduced this year. The Trust has only had 2 claims in total in 2017/18 costing the Trust £8.8k. The public liability claim was from a patient's father (in a paediatric ward) who stood on a self-administration diabetic needle, which was incorrectly disposed of by a previous patient.

4. Cost of Claims

Safety related Employer and Public Liability Claims Closed by Category (2017/18)

Table 3a. Employer Liability				
Category	***Total Claims***	***Repudiated***	***Settled***	***Total Costs***
Needle Stick/Sharps	*1 (5) (6)*	*0*	*1*	*£5982*
Manual Handling	*1 (3) (3)*	*1*	*0*	*£0*
Slipping/Tripping	*4 (1) (2)*	*2*	*2*	*£19242*
Injury Harm (Others)	*1 (2) (5)*	*1*	*1*	*£4701*
Injury by patient	*2(1)*	*2*	*0*	*£1000*
Industrial disease (Asbestos)	*2 (1) (0)*	*2*	*0*	*£10000*
Equipment Malfunction	1	0	0	£14425
Total	***8 (13) (16)***	***8***	***4***	***£55350***

The total cost of settled employer liability claims in 2017/18 was £55K. Figures for previous years: £27k; £101k; £130k; £124k; £138K; £105k.

Table 3b. Public Liability				
Category	***Total Claims***	***Repudiated***	***Settled***	***Total Costs***
Needle Stick/Sharps	*1(2) (6)*	*0*	*1*	*£2850*
Slipping/Trip/Fall	*1(3) (6)*	*1*	*0*	*£1005*
Appointments	*0 (1)*	*0*	*0*	*£0*
Manual Handling	*0 (1)*	*0*	*0*	*£0*
Injury Harm (Others)	*1 (0) (2)*	*0*	*1*	*£4405*
Total	***3 (6) (13)***	***1***	***2***	***£8260***

The total cost of settled safety related public liability claims in 2017/18 was: £8k figures for previous years: £13.5k; £51k £100k; £60k.

Total cost of safety related employer and public liability claims for 2017/18 was £63k. Figures for previous years: £41k; £151k; £230k; £184k.

5. Health and Safety Executive Interventions

The Trust has had no Health and Safety Executive (HSE) interventions in 2017/18.

The Trust has had one HSE site-visit to check on its Licenced Asbestos Contractor during some asbestos removal/remedial work at Sunderland Eye Infirmary. The HSE Inspector was satisfied that the asbestos work was being

carried out satisfactorily commenting specifically on our onsite procedures, paperwork and overall positive attitude towards asbestos safety.

The HSE will only carry out an intervention if it is triggered as a result of a formal investigation into a statutory breach of health and safety law. The HSE will charge £124 per hour if they determine an organisation is in breach of a statutory duty. The HSE are the lead safety inspectorate and enforcement body for the employee and all non-patient safety incidents under the Health and Safety at Work Act etc. 1974.

The CQC are the lead patient safety inspectorate and enforcement body under the Health and Social Care Act 2008. The CQC remit covers the safety, quality, treatment, and care of patients and users in receipt of health or adult social care from providers registered with CQC.

In the healthcare sector the most common causes for intervention/prosecution include:

- Management and control of asbestos (HSE)
- Patient falls from windows (CQC)
- Scalds when bathing or showering patients (CQC)
- Measures for controlling the risks from legionella in hot and cold water systems (HSE/CQC)
- Manual handling risk assessments (HSE/CQC)
- Use of safer sharps (HSE)
- Management of hazardous substances (HSE)

7. Trust Health and Safety Group

The Trust's Health and Safety Group meets bi-monthly and is chaired by the Deputy Chief Executive/Director of Corporate Affairs and Legal. Good representation and support continues to be made with attendance by Staff Side Trade Union Appointed Safety Representatives, Trust Managers, and Specialist Advisors.

8. HEALTH AND SAFETY TRAINING

All new employees of the Trust and CHoICE Facilities Services have to complete a full half day safety and fire induction which informs staff of the Trust's key health and safety organisation and arrangements.

Fire and Safety Mandatory training provided within the Trust includes:

- Annual fire safety awareness (F&S)
- Manual handling for both patient and non-patient tasks (Occ Hlth)

- Infection prevention and control (IPAC)
- Conflict Resolution (F&S)
- Patient falls (Clinical)

In addition to the above the Fire and Safety Department also provide:

- Workplace risk assessor training (WPRA)
- COSHH risk assessor training (CRA)
- Display screen equipment risk assessor
- Health and safety law and responsibilities for managers

Having trained local responsible persons in Workplace risk assessor and COSHH risk assessor training is seen as an important legislative requirement as detailed in the 2017/18 health and safety action plan. The current status with regard to this training is detailed in Table 4 and 5.

Table 4 - WPRA status as of March 2018	
Total number of nominated WPRA required	129
Number of WPRA trained in 2017/18	26
Total number currently trained	**66 (50%)**
Number of nominated WPRA booked on training up to December 2018	13
Number of nominated WPRA not booked on	**50**

Table 5 - CRA status as of March 2018	
Total number of nominated CRA required	105
Number of CRA trained in 2017/18	30
Total number currently trained	**62 (59%)**
Number of nominated CRA booked on training up to December 2018	20
Number of nominated CRA not booked on	**23**

A national e-learning programme covering health, safety and welfare training as part of national streamlining project 'UK Core Skills Framework' is to be implemented from May 2018. This will be mandatory for all staff.

9. Asbestos Management

The management of asbestos remains a high priority within the Estates Directorate. All the known asbestos containing materials (ACM) were subject to an annual re-inspection in 2017. The re-inspections monitor the condition

of ACM and give a risk based priority for remedial action. Areas for priority actions in 2017/18 have included:

- Asbestos removal and remedial work at Sunderland Eye Infirmary basement/duct areas
- Removal or encapsulation of known high risk ACM drain joints at Sunderland Royal Hospital

CHoICE FM Engineering Manager continues to run a bi-monthly Estates Asbestos Management Group. The group provides assurance the Trust is maintaining a strict and robust management procedure for the Control and Management of Asbestos Containing Materials.

The Director of Estates (now CHoICE FS) commissioned a full independent review of the Trust's management of asbestos in January 2017; the final report on its findings was received in April 2017. The report made 10 recommendations all of which have been actioned as part of the Trusts revised Asbestos Policy and the current Asbestos Management Plan (Sept 2017).

The Trust's Health and Safety intranet page provides links to the Asbestos Management Plan, the Asbestos Refresher Training delivered to all relevant CHoICE and CHS staff and a link to the HSE asbestos information portal and the Trust's Asbestos Register, which is available to all CHoICE staff and Trust staff as required.

The next annual re-inspection of ACM is planned to commence in April/May 2018, the findings of which will inform the priority removal/remediation work for 2018/19.

10. H&S Strategic Objectives

The Trust's health and safety objectives for 2017/18 were identified and reported on via the Health and Safety Group Strategic Action Plan. **Appendix 3** gives an update on the progress made during 2017/18.

Appendix 4 details the Health and Safety Group forward plan for 2018/19 which builds on the progress made during 2017/18.

Ensuring that the Trust has staff trained in carrying out their fire and safety management responsibilities is seen as a key priority.

The continued work carried out by the Sharps Task and Finish Group as detailed in its updated action plan is designed to ensure the Trust meets its legislative obligations for the management of sharps and to further support the reported downward trend of sharps incidents.

11. Conclusion

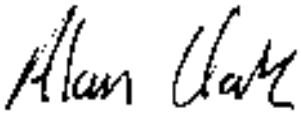
The Trust has reported another significant increase in reported violence against staff this year which reinforces the need for the Trust to continue with its initiatives to manage violence and aggression and support staff in being able to carry out their work in a safe and secure environment. The National NHS staff survey highlights that violence and aggressive behaviour towards healthcare staff is an issue throughout the NHS as a whole.

However, it has been encouraging to note a reduction in sharps, slips trips & falls and manual handing this year. Even though the Trust has reported a good reduction in sharps incidents the report clearly shows that more can be done to reduce these incidents even further.

The health and safety strategic objectives have been reviewed and updated in this report with **Appendix 4** giving detailing the recommended forward actions for 2018/19.

12. Recommendations

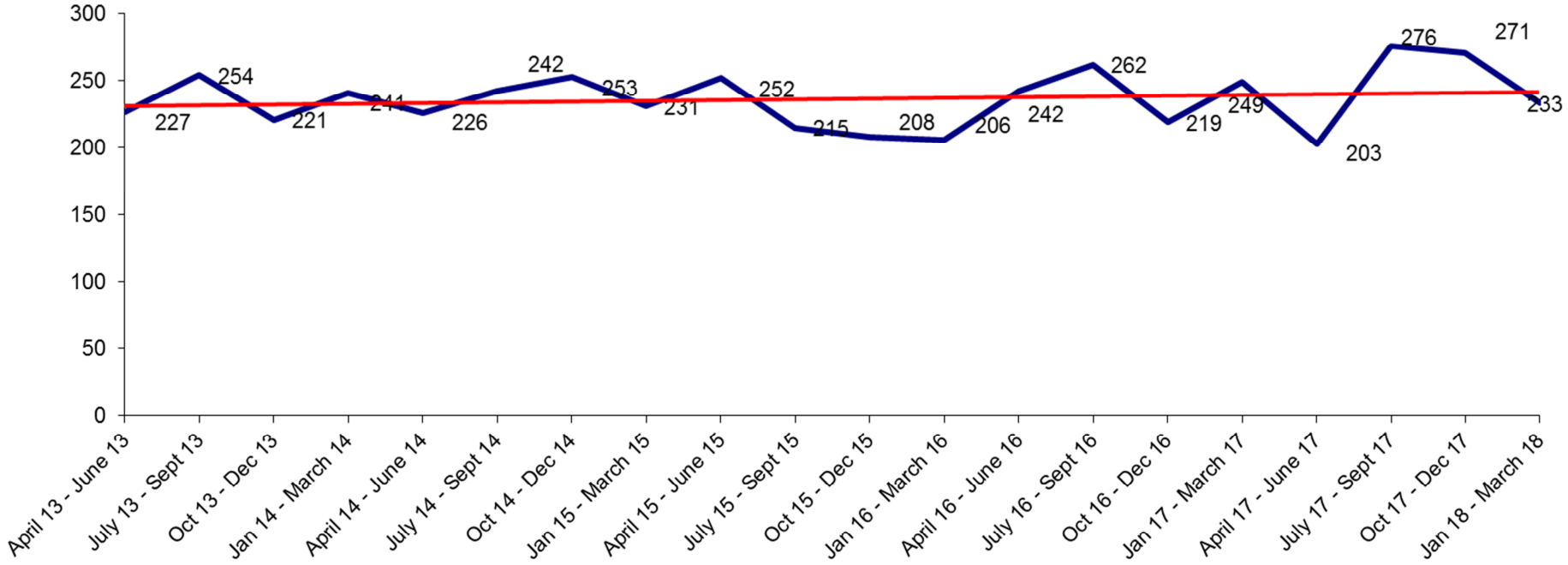
Directors are asked to note the Health and Safety Report for 2017/18 and continue to support the health and safety forward plan for 2018/19 as detailed in **Appendix 4**.



Alan Clark
Principal Fire & Safety Advisor

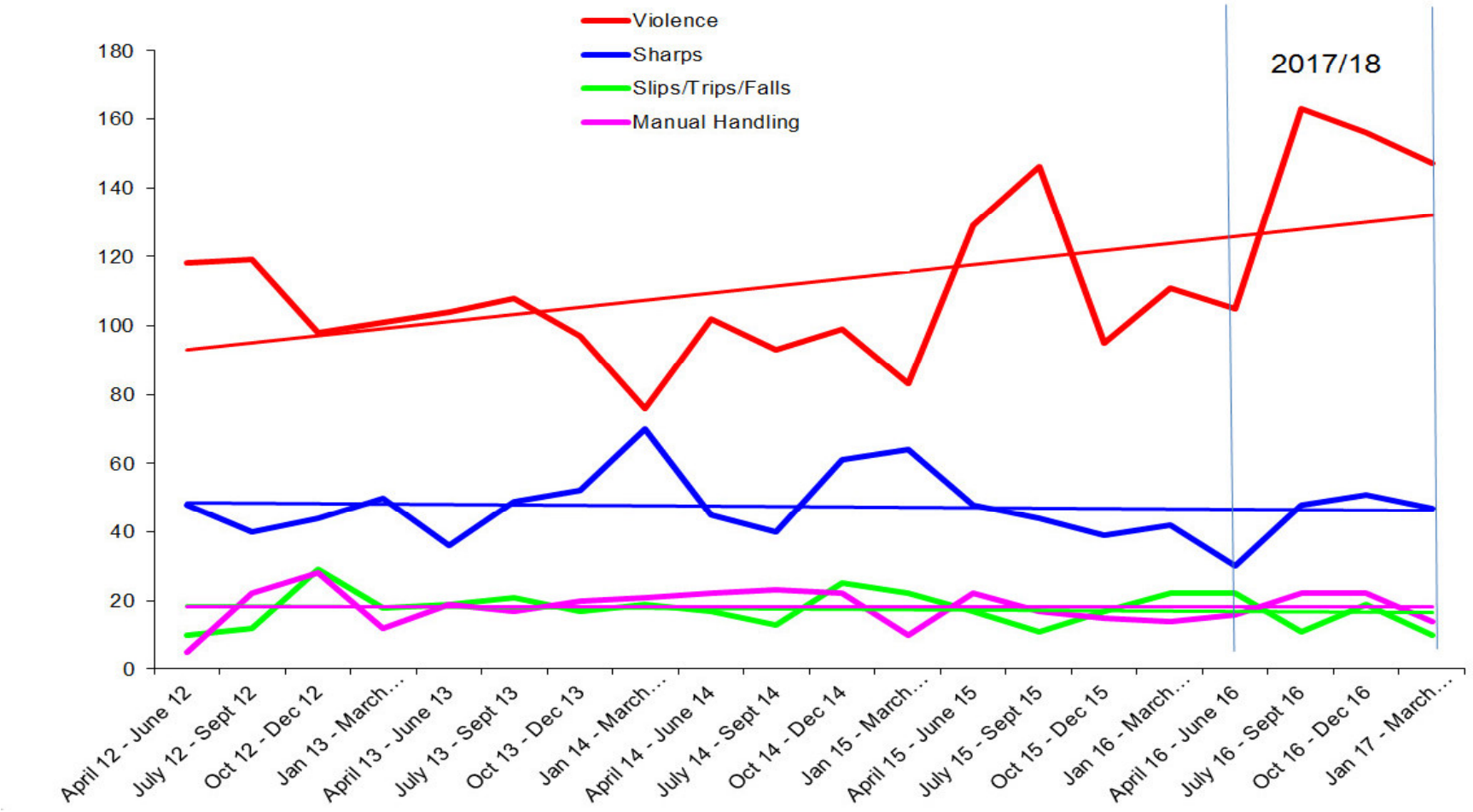
Appendix 1

All Staff Accidents (by Qtr) April 2013 - March 2018



Appendix 2

Top 4 Staff Incidents (By Qtr) April 2013 to March 2018



Appendix 3

Health and Safety Group Strategic Action Plan Progress and actions for 2017/18

Description of Key Objective	2017/18/ planned actions	Progress as of March 18	Lead Person
Review and update of Health and Safety Policies	▪ The updated General Policy on the Management of Health and Safety at Work to be ratified. ▪ Review and update the Trust's Management of Latex Policy. ▪ Fire Policy to be launched once current IT issues with Confirmer have been resolved.	COMPLETE 1st Draft complete, with PMcA for clinical input. Ongoing – awaiting confirmation Revised policy to be published as 'Confirmer' is not expected to go on-line until June 2018	Alan Clark Alan Clark/Paul McAndrew Alan Clark
Annual review of local Health & Safety Arrangements and risk assessments	▪ All staff identified as requiring competency training as Workplace Risk Assessors to be monitored and tracked via ESR. ▪ Information on staff requiring WRA training to be forwarded to DM's for local action	ESR can only monitor continued compliance once the member of staff has attended training event. NFA Development of new training dashboard to report and inform directorates COMPLETE	Alan Clark/Mary Pollard Alan Clark

Description of Key Objective	2017/18 planned actions	Progress as of March 18	Lead Person
Implementation of Safer Sharps	▪ Confirm clinical lead for reformation of Sharps Task and Finish Group to review compliance with Safer Sharp Regulations and confirm any additional training needs. ▪ Continued monthly review of sharps incidents to confirm accuracy of data and identification of any trends.	Sharps and Task and Finish Group established with TOR and detailed action plan Ongoing and included in the H&S 2017/18 EYR	Alan Clark Alan Clark/Anna Porter
Implementation of updated COSHH risk assessment process	• Continue to review, maintain and update COSHH information on the on-line database. • Complete review and update of COSHH risk assessment process and forms. • Review and update COSHH training in-line with above. • All staff identified as requiring competency training risk assessors to be monitored and tracked via ESR • Information on staff requiring COSHH training to be forwarded to DM's for local action	Ongoing review of high risk P1 substances COMPLETE COMPLETE ESR can only monitor compliance following staff attendance NFA Development of new training dashboard to report and inform directorates COMPLETE	Derek Gibson Derek Gibson Derek Gibson Alan Clark/Mary Pollard Alan Clark

Description of Key Objective	2017/18 planned actions	Progress as of March 18	Lead Person
Further monitoring and review of key safety risk standards to seek assurance of appropriate level of organisation wide compliance.	**Reversing Vehicles** ▪ Recommended vehicular/pedestrian recommendations to be costed up and submitted to CDSG for approval **Latex** • Review and update of the Trust Latex Policy updated to reflect current arrangements and best practice covering both staff and patient safety needs.	It has been identified that Catering entrance cannot have any ground penetrations due to services directly underneath. Road marking only option at present. Barrier for Fire Stair 22 and mirror for pharmacy. All options being formally priced up to submitted to CDSG to request funding. Final Draft complete, with PMcA for clinical input and ratification - TBC .	Alan Clark Alan Clark/Paul McAndrew
Further monitoring and review of key safety risk standards to seek assurance of appropriate level of organisation wide compliance (Cont.)	**Violence to staff** ▪ Continue with formal debrief sessions for those staff involved in violent indents relating to dementia and delirium.	3 formal debriefs held this year with Rehab and Elderly. 3 planned sessions did not ahead due to staff not being able to attend	Jim Charlton/June Lawson and Dr Lesley Young

Description of Key Objective	2017/18 planned actions	Progress as of March 18	Lead Person
Overall Health and Safety assurance against HSG 65 (HSE's Management of Health and Safety) and other appropriate health and safety management standards.	**Internal H&S Audit Report.** • Key health and safety key objectives for directorates to be specifically set and agreed via the Health and Safety Group**.**	Utilising the dashboard information directorates to ensure that key identified risk assessors are booked in to training provided.	Alan Clark
	• Deliver Executive Committee Health and Safety Workshop presentation	30min presentation to be delivered as soon as a slot is available – On Hold	Carol Harries
	• Liaise with ETC to set up quarterly safety management training compliance reports to H&S Group, DJM's and Heads of Service.	As identified ESR can only monitor compliance following staff attendance NFA	Alan Clark/Mary Pollard
	• Set up quarterly H&S dashboard compliance report for DM's	Development of new training dashboard to report and inform directorates COMPLETE	Alan Clark

Appendix 4

CHS Health and Safety Group – Forward Plan for 2018/19

Action detail	Actions required	Actioned by	Target dates	Date completed/Status report
Fire Safety Responsible Person training for high priority patient areas	All Directorate Managers to confirm and identify all staff in the high priority 24/7 wards/departments are booked in and attend training.	Alan Clark/ Directorate Managers	June 2018	
	All ward/departments who are RAG rated RED on the Fire Warden/Responsible person compliance matrix to have at least one person attend training to progress the local management of fire safety.	Alan Clark/ Directorate Managers	Sept 2018	
	All ward/department to progress from RED/AMBER to GREEN status on the Fire Warden/Responsible person compliance matrix.	Alan Clark/ Directorate Managers	March 2019	
Implementation of new Fire Policy in-line with availability of 'Confirmer Telecoms system'	I.T. to complete server/software upgrade to facilitate the use of the 'Confirmer' telecoms system to summon secondary assistance to evacuate in-patient areas in the event of a real fire situation.	Simon Joyce	July 2018	
	Operations Fire Policy to be revised to include the revised fire response strategy utilising 'Confirmer' .	Alan Clark/ Carol Harries	August 2018	

Action detail	Actions required	Actioned by	Target dates	Date completed/Status report
'Confirmer' continued	Communicate to all staff the change in secondary fire response utilising the 'Confirmer' telecoms system.	Alan Clark	August 2018	
	Update annual fire awareness lecture to include updated secondary fire response strategy.	Alan Clark	August 2018	
	Commence programme of 'Confirmer' telecom system tests to audit/confirm response from designated wards/departments.	Alan Clark	August 201818	
Ward/Department annual health and safety arrangements & risk assessment return for 2018/19	2018/19 annual health and safety arrangements & risk assessment return to be sent out via directorate managers/heads of service.	Alan Clark/ Directorate Managers	June 2018	
	Directorate managers and heads of service to ensure annual health and safety arrangements & risk assessment return completed and returned to the Fire and Safety Department.	Alan Clark/ Directorate Managers	August 2018	
Workplace health and safety risk assessor training	Ward/department managers to ensure that staff nominated to carry out workplace health and safety risk assessments are booked on to attend available training.	Alan Clark/ Directorate Managers	June 2018	

Action detail	Actions required	Actioned by	Target dates	Date completed/Status report
COSHH risk assessor training	Ward/department managers to ensure that staff nominated to carry out COSHH risk assessments are booked on to attend available training.	Alan Clark/ Directorate Managers	June 2018	
Latex Policy	Updated Latex Policy to be ratified.	Paul McAndrew/ Carol Harries	August 2018	
Sharps – Task and Finish Group	Completion of agreed Sharps action plan for 2018/19 with a bi-monthly progress report to the Health and Safety Group.	Alan Clark	August 2018	
Management of violence and aggression initiatives	Review and confirm that the control measures and arrangements for the management of violence aggression are suitable and sufficient.	Alan Clark	September 2018	

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

SECURITY REPORT 2017/18

EXECUTIVE SUMMARY

JULY 2018

INTRODUCTION

Throughout 2017/2018, security has again remained a high profile issue in the National Health Service, with a particular focus on NHS standards on the effective management of security issues.

The Trust continues to actively work to enhance its existing services, ensuring an environment that is safe and secure so that the highest standards of clinical care can be made available to patients. Violence and abuse against NHS staff impacts directly on patient care. From harming recruitment and retention of staff, to damaging the morale of hardworking professionals, attacks on staff must be treated with the utmost seriousness. Protecting patients and visitors as well as staff and professionals working in or providing services to patients using the NHS is essential, ensuring the risk of physical and non-physical violence is effectively managed and controlled.

City Hospitals has continued with a programme of investment and activity to further develop the Security infrastructure. The Trust has also continued to try and reduce the risk of violence against NHS staff and encourage staff to adopt a lower tolerance of anti-social and violent behaviour displayed by visitors and patients. It is encouraging that staff continue to be proactive in the development/implementation of Trust Security policies in particular the Procedure for Care of Violent Patients.

CONCLUSION

There has been a significant increase in reported violence against staff this year which reinforces the need for the Trust to continue with its initiatives to manage violence and aggression and support staff in being able to carry out their work in a safe and secure environment. It can be concluded from the incident data that the greatest risk of violence to staff continues to be in Emergency Medicine with nursing staff being the most likely victims. Physical incidents, attributable to clinical condition, are most prevalent in Rehab and Elderly. Non-physical violence is mainly due to intentional or reckless behaviour which is mostly reported in Emergency Medicine.

The continued use of the Management of Individuals who are Violent and Abusive Policy gives a positive message to both staff and patients of how the Trust pro-actively supports measures which manage violent and aggressive behaviour.

Police assistance has been sought by the security team on 116 occasions (191). This is a slight decrease from the previous year. Security mainly request for police support in dealing with violent or potentially violent incidents or for criminal activity on site.

The Trust's security arrangements have been tested on several occasions over the year resulting in continued changes to improve on these, both by way of risk assessments and post incident investigation. The effective management of Security at City Hospitals Sunderland continues to remain a high priority.

A reported increase in criminal damage to Trust property and theft of personal property continues to be of concern. Alerts continue to be posted via the intranet, advising staff to ensure all valuables should be kept safe and secure.

There continues to be low auto crime incidents reported to the security team, with the overall trends of all security incidents showing a decrease. Requests for patient assistance have slightly deceased from the previous year.

From April 2017 NHS Protect as a special NHS Body no longer exists. The requirement to comply with the security standards remains within the Trusts NHS Standard Contract. The Trust continues review and maintains those standards which are relevant to its operational and service delivery requirements.

The Security group wish to record their appreciation for the support received from Northumbria Police and also the Security Management Specialist and Security Team, whose actions are so key in keeping track of the progress of some of the violence issues through the legal process.

RECOMMENDATIONS

Directors are asked to note the Security Report for 2017/18 and support the continued development of the Trust's organisational work plan based on the outcome of the Security Management Standards.

Claire Dodds
Hotel Service Manager

Alan Clark
Principal Safety Advisor & LSMS

July 2018

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

SECURITY REPORT 2017/18

JULY 2018

INTRODUCTION

Throughout 2017/2018, security has again remained a high profile issue in the National Health Service, with a particular focus on NHS standards on the effective management of security issues.

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City Hospitals has continued with a programme of investment and activity to further develop the Security infrastructure. It has also continued to try and reduce the risk of violence against NHS staff and encourage staff to adopt a lower tolerance of anti-social and violent behaviour displayed by visitors and patients. It is encouraging that staff continue to be proactive in the development/implementation of the Trust's Security policies in particular the Management of Individuals who are Violent and Abusive Policy.

KEY ACTIVITIES

The Trust's security arrangements have been tested on several occasions over the year resulting in continued changes to improve on these, both by way of risk assessments and post incident investigation. The following changes have been noted: Previous year figures in brackets

- Total number of criminal incidents recorded 44 (30) **(Appendix 1)**
- Auto Crime 0 (0) **(Appendix 2)**
- Non-auto crime**,** burglary/theft/criminal damage 44 (29) (**Appendix 3)**
- Patient Assistance 981 (1058) **(Appendix 4)**
- Police Assistance has been sought on 116 occasions (191)
- Incidents in A&E 377 (329)
- Reported Security breaches 6 (1)
- Physical Assaults 158 (192) **(Appendix5)**
- Non- physical Assaults 414 (289) **(Appendix 5)**

SECURITY PROFILE

1. 2017/18 Security Management Standards

The security services provided by NHS Protect ceased from April 2017. The NHS security management standards for providers and commissioners still remain in place. There is no requirement to complete or submit the on-line self-assessment tool and there is no ongoing arrangements given any future quality or compliance checks at present.

The requirement to comply with the security standards remains within the Trusts NHS Standard Contract. The Trust continues to review and maintain those standards which are relevant to its operational and service delivery requirements.

Strategic Governance	**GREEN**
Greens	5
Ambers	0
Reds	0
Inform and Involve	**GREEN**
Greens	5
Ambers	0
Reds	0
Prevent and Deter	**AMBER**
Greens	11
Ambers	3
Reds	0
Hold to Account	**GREEN**
Greens	4
Ambers	0
Reds	0

Out of these 28 standards there are 25 greens and 3 ambers.

Appendix 6 details the updated security management standards and action plan which NHS trusts are required to apply as part of their NHS standard contract for 2018/19.

2. Risk Minimisation through Investment in Security Infrastructure

2.1 Permanent manning of the control room and provision of mobile security teams 24 hours/day (minimum 2 Patrol Officers).

2.2 Provide 24/7 Supervisory cover for both Security and Portering Services.

2.3 Provide dedicated police presence in Emergency Department Friday and Saturday evenings with support from security.

2.4 Continue to use and extend CCTV system to monitor all hospital sites in line with funding. The CCTV system and camera coverage all digitally recorded. The security team have been provided with a state of the art modern control room to offer improved monitoring across the site. The use of Bodycams was introduced in 2017, to further enhance security monitoring, prevention and detection of crime.

2.5 The Emergency Department has had 46 CCTV cameras installed.

2.6 Provide across site staff escort service, responded to 2001(1668) requests throughout the year

2.7 ID Badge Access control system is now widely in operation throughout the Trust, with 649 (619) active points. The Trust has continued with a programme, in-line with funding and identified risk, to roll this out to additional areas.

2.8 Staff Attack System is provided in 29 (35) locations at Sunderland Royal Hospital and 3 locations at Sunderland Eye Infirmary. The reduction in systems are decommissioned from areas that are vacant or have been removed. The Emergency Department has implemented a voice communications system. This system incorporates communication between staff and the security team to alert for assistance in potentially violent/violent situations. All systems are linked back to the main Security Control Room

2.9 A total of 209 (207) Lone worker devices were used by staff in 2017/18 **(Appendix 7)**

2.10 The Trust continues to develop incident investigation arrangements with the aim to learn from experience, reported at the monthly Trust Security Group.

2.11 Work with Northumbria Police to co-ordinate follow-up investigation of incidents

2.12 Continued activities of Security Services include;

Security Patrols	Car Parking/ Permit System
Manning of Control Room	Security Presence on Ward
Emergency Response Procedures	Missing Patient Process
Issuing of Keys	Escorts
Secondary Assistance	Locking up and Access
Information and Awareness	Security Assessments
Assisting with Police investigations	Review of CCTV and SAS
Monitoring of Car Parks and enquiries	Mandatory requirement for all Security Officers SIA Licence.

3. Security/Conflict Resolution Training

In line with the NHS target for all high risk staff to attend conflict resolution training, the Trust's overall compliance levels has remained at 88% from last year. Details of each Directorate's compliance are detailed in (**Appendix 8**).

Following a full review of Conflict Resolution Training (CRT) carried out across both CHSFT and STFT the Mandatory Training Review Group have agreed that as of 1st April 2018:

- All staff will receive a 30min CRT brief on Induction
- All new staff who are in the high risk category will receive a 2 hour CRT face to face session as soon as possible following their induction
- All high risk staff will complete a 3 yearly refresher via e-learning

A programme of Breakaway and Disengagement training has continued this year, for front line staff, out of 10 sessions provided **55** staff attended.

An enhanced programme of Control & Restraint Training remains in place aimed initially at front line Security staff with all **19** security staff fully trained and compliant.

The Security Team are fully accredited with Security Industry Authority licences as part of CHoICE Facilities Services.

4. Public Partnership

The Trust has continued to develop and enhance its interface with key public organisations:

- Northumbria Police Liaison
- Northumbria Police Millfield Neighbourhood Policing Team
- Northumbria Police Missing Person Liaison Team
- Joint Security Presence with police in Emergency Department
- National Counter Terrorism Security Office
- HMP Service - Durham and Frankland
- Multi Agency Public Protection Agency.

The Security Group has again collaborated with the Millfield Neighbourhood Policing Team to co-ordinate the investigation of violent incidents, security breaches, thefts criminal damage, violence to staff and anti-social behaviour and this continues to prove invaluable.

The formal agreement continues between the Trust and the local Police Inspector that all assaults against NHS staff should not to be disposed of via a simple caution, unless this is agreed by the victim and the Trust. Therefore most cases of intentional or reckless physical assault, against staff, will be tried in a court of law.

5. Security Awareness

Security Officers continue to carry out 'Be Seen Inspections' with particular emphasis on vulnerable areas, offering advice and support in addressing Security issues. Northumbria police are also involved in offering advice.

All thefts/crimes reported are followed up with crime prevention and awareness information, by the security team and where appropriate the police.

The Trust Security Group continues to work together with Northumbria Police on Security Issues.

A security awareness campaign regarding the theft of personal property and continuing recent nitrous oxide thefts continues to be reported locally via local NHS Trusts, with alerts publicised via the Trust intranet.

6. Review and Audit of Security Procedures and Protocols

Following a review of Northumbria Police and NHS Trust stakeholders to ensure a safe and co-ordinated approach for the management and response to missing patients, Northumbria Police produced a 'Hospital Missing Adult Patient Protocol'. The protocol was agreed and formally signed off by Northumbria Police and the NHS Stakeholders in October 2017. The

Trust's Missing Patients Procedure was revised to take into account the agreed protocol in January 2018.

The Protocol and the Trust' Missing Patients Procedure aims to ensure the safety of those patients who are considered to be high risk due to their clinical condition and/or vulnerability. If the police call handler deems the patient not to be high risk then there is a clear escalation process involving the duty matron and the police control room team leader. If the issue fails to be resolved it can be escalated up to the Duty Force Manager and the equivalent Trust senior manager.

7. Body Worn Video Cameras (BWVC)

The Trust is committed to providing a safe environment for all who visit and work within the Trust. While the monitoring of activity across City Hospitals is a vital function in the security teams role, its primary focus is to provide support, advice and assistants to both the public and staff.

A successful trial in the use of BWVC's by the Trusts security team is complete. The equipment records visual and audio footage, which can be used to record the actions of offenders involved in incidents.

The use of BWV cameras should act as a deterrent and will improve the quality of evidence recorded by City Hospitals Sunderland when an incident is identified. The use of this technology will help identify offenders and reduce the cases of violent incidents.

A recommendation to the Information Governance Committee has been submitted for the approval of BWV cameras to be worn openly by CFS security team, throughout the Trust including in patient areas and has received full support for this from the Trusts Security Group.

8. Local Security Management Specialist (LSMS)

City Hospitals Sunderland accredited LSMS has continued to support the Trust as a specialist security advisor. As reported, the security services and support provided by NHS Protect ceased to exist from the 31 March 2017. The NHS security management standards for providers and commissioners will remain in place with no ongoing arrangements given for any future quality or compliance checks.

There is a named National Operational Security Management Lead within the Transformation & Corporate Operations Directorate within NHS England.

9. Management of individuals who are violent and abusive policy

The Management of individuals (2016) who are violent and abusive policy, commonly referred to as the red and yellow card policy, continues to be actively used within the Trust to:

- Flag patient's records who are known to present a risk of violent and aggression from incidents reported on the Trust's incident system; from known MAPPA patients and those individuals reported to us from other reliable sources

- Support managers and staff in making a safe environment to treat known risk patients

- Support the criminal justice system in taking appropriate action against those individuals who continue to present with violent and aggressive behaviour towards staff

In 2017/18 the Trust issued **57** yellow cards, 25 red cards **and** 4 Red Card Plus **(Appendix 9 and 10)** As a result of the review process 57 yellow and 20 red cards were removed.

In 2017/18 the Trust had 68 (48) violence risk markers (VRM) from notifications/information received, 35 (14) alerts via the multi-agency public protection arrangements (MAPPA) process, and 9 from other external NHS/Agency sources and 24 from internal sources (Includes PLT). An addition to this there was 38 (19) requests for information from the MAPPA risk management panel.

Emergency Medicine have a well-established violence and aggression group, which meets on a monthly basis to investigate and review all reported violent incidents, within the emergency medicine directorate. Red and Yellow cards are issued and reviewed within this group.

Staff in all Directorates are encouraged to support the use of the Management of individuals who are violent and abusive, and the policy aims to support a positive impact not just on their safety but also on the safety of the aggressor and any other patient/visitor in the immediate environment of a particular incident.

10. Reported Violent incidents

As detailed above the number of reported violent incidents has this year increased by 19% due to a 43% rise in reported non-physical violence which is contrasted by an 18% reduction in reported physical violence. For a violent incident to be physical there must be some direct or indirect physical contact made.

Drilling into the violence data there is an increase in reported non-physical from Emergency Care (+65), D48 (+27), ward E54 (+24), and C36 (+17). Emergency Care has seen an increase from Ward B20 alone of 24 reported non-physical violent incidents. It must be noted that activity levels in the Emergency Department has increased by 11% over the past 12 months.

Analysis of the incident data highlights that in some incidents there may be more than 1 member of staff involved as the victim. Taking this into account it has been identified that out 572 reported violent incidents there were 759 recorded 'victims of violence'.

Further analysis by staff group shows that out 158 reported physical violent incidents the following staff groups were the victim: 70 qualified nurses; 60 health care assistants; 12 security officers; 8 allied health professions; and 2 medical staff. Out of the 414 non-physical violent incidents the following staff groups were the victim: 255 qualified nurses; 39 health care assistants; 23 security officers; 18 allied health professionals; and 15 medical staff.

The 2017 National NHS staff survey results report that 16% of Trust staff have experienced physical violence from patient, relatives or the public in the last 12 months. This correlates to 800 staff having experienced at least one incident of physical violence. The survey results could therefore be considered to indicate a significant under reporting of physical violence within the Trust. The staff survey also compares us with other acute trusts and the Trust is only 1% higher than the national average for acute trusts.

Staff do not generally have any control on how patients and visitors present to the Trust, especially in the Emergency Department. Staffs influence on both their behaviour and service experience commences from the time of admission. If the patient has a known history of violent behaviour, from either being issued with a Yellow or Red card from us or made known to us from external agencies (i.e. from the Multi-agency Public Protection Arrangements – MAPPA), they will have a violence risk marker/flag on their electronic patient records. The violence risk markers warn staff and assist them in putting the necessary measures in place to ensure and maintain a safe environment for staff, other patient and visitors. Other than these flags staff will need to de-escalate and manage any developing violent situation as part of their dynamic risk assessment response at the time.

As with previous years the majority of reported physical violence is attributed to clinical condition (87%) reported mostly in Rehabilitation and Elderly Medicine. Emergency Medicine reported the majority of intentional physical violence with alcohol and drugs being a common contributing factor.

With regards to clinical violence the patient is deemed not to know what they were doing at the time due to their clinical condition. Someone under the influence of self-inflicted alcohol or recreational drugs is not categorised as clinical condition as their condition is due to their intentional or reckless behaviour.

All staff victims of reported violence are contacted by the Fire and Safety Department to provide additional support as well as to seek further feedback relating to the incident. This support can include a face to face meeting and a staff debrief if required. The Fire and Safety Team have presented feedback from the staff 'victims of violence' in the October Lessons Learnt event and the Trust's Health and Safety Group. A further presentation is planned for April 2018 Lessons Learnt event.

11. Prosecutions

Criminal action has been taken on 6 occasions following violent and aggressive behaviour against CHS staff and property in 2017/18 (**Appendix 11)**

12. Police Data

Northumbria Police provide us with data from their Police Crime, Arrest and Incident Recording Systems indicating reported crime, detected crime and offender outcome **(Appendix 12)**, which shows the number of crimes recorded at Sunderland Royal Hospital over the last seven years.
This includes crimes where the address is recorded simply as Sunderland Royal Hospital along with offences at specific premises within the hospital and its grounds, e.g. the car park and the RVS shop.

13. Lessons Learnt from Incidents

Ward B26
Following a number of violent incidents and the introduction of regular security patrols, Ward B26 installed additional CCTV in the main ward corridor. This has had a positive impact on the number of violent incidents occurring within the ward area.

Ward B20
After a noted rise in violent incidents in ward B20, additional support was given to the ward which included an increase in regular patrols by the security team as well as training and support given to clinical/nursing staff.

Neo Natal unit – Thefts of Credit Cards
Following a number of reported credit card thefts by parents within the unit, the police successfully prosecuted the offenders and have been brought to justice. The Unit has implemented a number of security measures to help prevent similar crimes occurring.

- Signing in /out of department
- Signage regarding security of personal property within the unit

Vending Machine Thefts
A number of attempted thefts/thefts have occurred on vending machines throughout the Trust in particular the main concourse. A process was implemented to ensure machines were emptied of cash each evening and additional CCTV installed within this area, as a deterrent. There have no further reported incidents.

Theft of Personal Belongings/ Money
The Trust continues to have a number of thefts of personal belongings/money from staff only areas within the Trust. Although thefts have been reported, no prosecutions have taken place. The Trust have arranged for Northumbria Police Liaison Officer to visit the departments to provide a visible presence. Staff are also reminded via the internal Trust security alerts of the importance of securing all valuables in the work place and reporting any thefts or suspicious activity to the Security Team and also the police.

14. Summary of Appendices

Appendix 1 (Total Crimes/Incidents)
This year the Trust has seen a significant increase in the total number of reported crimes/incidents (Excluding violence) from 30 to 44

Appendix 2 (Auto Crime)
There were no thefts or attempted thefts of vehicles this year.

Appendix 3 (Non-Auto Crime)
Appendix 3 illustrates the trend of Non-Auto Crime from which it can be seen that the level of criminal damage to property has increased 16 to 32

Appendix 4 (Patient Assistance)
Appendix 4 demonstrates the continuing high and increasing demand for Security Staff to provide support for staff in handling potential violent/violent patients as well as support with missing patients, 981 (1058). Extended assistance requests remains low.

Appendix 5 (Violence)
This shows the reported violence incidents against staff over the last 5 years.

Appendix 6 (Security Standards and Work Plan)
The Security Management Standards which the Trust is required to apply as part of its NHS standard contract for 2017/18.

Appendix 7 (Lone Working Devices Issued 2017/18)
Appendix 7 shows that the number of individual and pooled lone working devices in use in 2017/18.

Appendix 8 (Conflict Resolution Training – Violence and Aggression)
This graph demonstrates the percentage of front line staff who has attended Conflict Resolution Training by each Directorate.

Appendix 9 (Management of individuals who are violent and abusive policy)
In 2017/18 the Trust has issued 57 yellow cards, 25 red cards and 4 red card plus.

Appendix 10 ((Red and Yellow Cards and other VRM's Issued 2016/17)
Detail of **57** yellow cards and **25** red cards issued in 2017/18.This shows the vast majority of red and yellow cards are issued from the Emergency Medicine Directorate and identifies the reason for the issue of the card.

Appendix 11 (Police Action Taken Against Individuals 2016/17)
A summary of offences committed against NHS and CHS staff which has resulted in police and/or court action been taken against the perpetrators.

Appendix 12 (Police crime data 2016/16)
Appendix 12 contains Data from Northumbria Police Crime, Arrest and Incident Recording Systems for the Sunderland Royal Hospital site.
Points to note:

Violence against the person

- This includes 6 assaults on Police officers as well as assaults and Public order offences.
- 4 race hate included in Violence against the person.
- Offences amount to Section 5 Public order. No assault. 2 charged for racial offence.

Thefts include:-
1 theft pedal cycle detected. 6 shoplifting and 5 thefts from Machine Meter (Vending machines)

CONCLUSION

There has been a significant increase in reported violence against staff this year which reinforces the need for the Trust to continue with its initiatives to manage violence and aggression and support staff in being able to carry out their work in a safe and secure environment. It can conclude from the incident data, the greatest risk of violence to staff continues to be in Emergency Medicine with nursing staff being the most likely victims. Physical incidents, attributable to clinical condition, are most prevalent in Rehab and Elderly. Non-physical violence is mainly due to intentional or reckless behaviour which is mostly reported in Emergency Medicine.

The continued use of the Management of Individuals who are Violent and Abusive Policy gives a positive message to both staff and patients of how the Trust pro-actively supports measures which manage violent and aggressive behaviour.

Police assistance has been sought by the security team on 116 occasions (191). This is a slight decrease from the previous year. Security mainly request for police support in dealing with violent or potentially violent incidents or for criminal activity on site.

The Trust's security arrangements have been tested on several occasions over the year and the Trust continue to make changes to improve on these, both by way of risk assessments and post incident investigation. The effective management of Security at City Hospitals Sunderland continues to remain a high priority

A reported increase in criminal damage to Trust property and theft of personal property continues to be of concern. Alerts continue to be posted via the intranet, advising staff to ensure all valuables should be kept safe and secure.

There continues to be low auto crime incidents reported to the security team, with the overall trends of all security incidents showing a decrease. Requests for patient assistance have slightly deceased from the previous year.

From April 2017 NHS Protect as a special NHS Body no longer exists. The requirement to comply with the security standards remains within the Trusts NHS Standard Contract. The Trust continues review and maintains those standards which are relevant to its operational and service delivery requirements.

The Security group wish to record their appreciation for the support received from Northumbria Police and also the Security Management Specialist and Security Team, whose actions are so key in keeping track of the progress of some of the violence issues through the legal process.

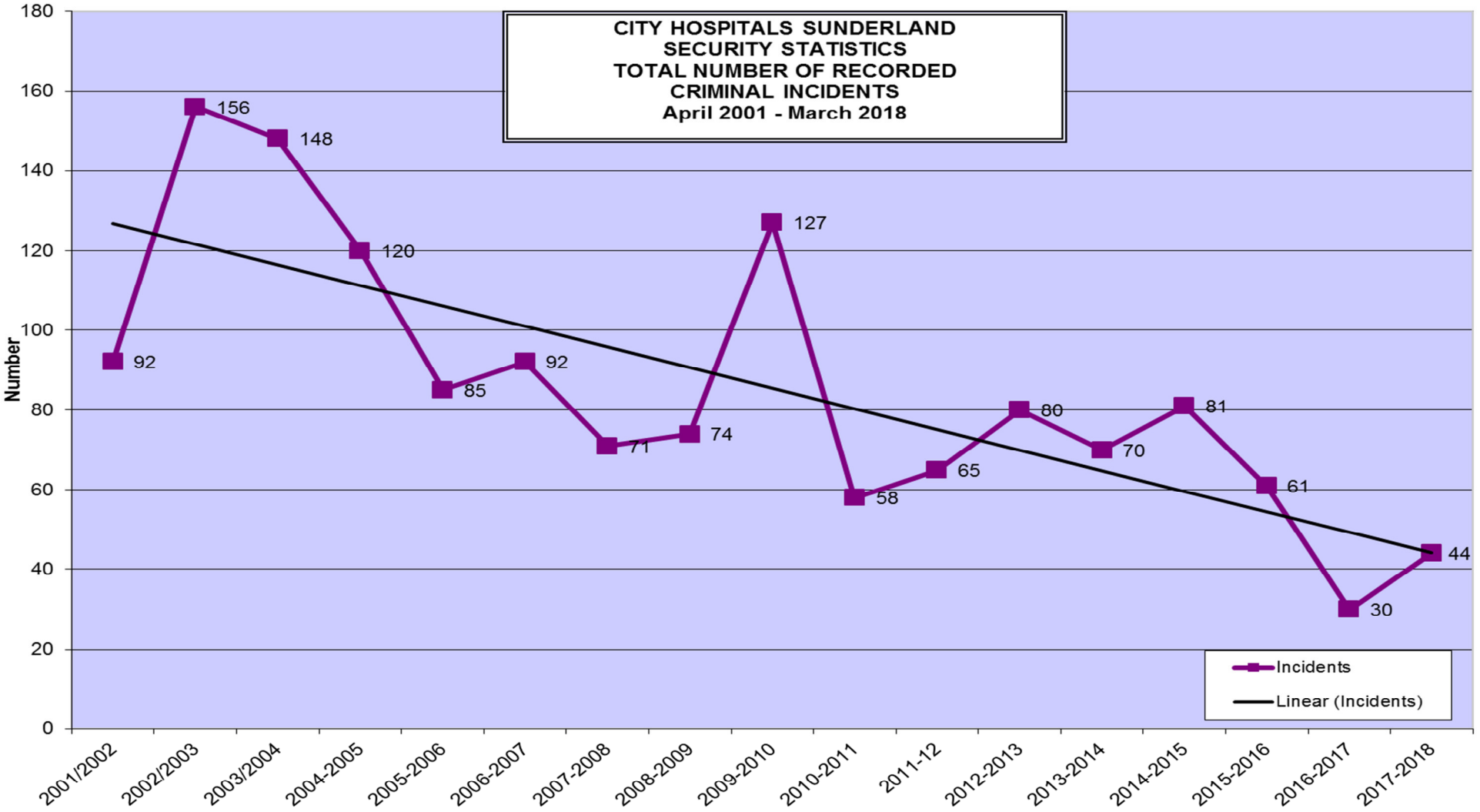
RECOMMENDATIONS

Directors are asked to note the Security Report for 2017/18 and support the continued development the Trust's organisational work plan based on the outcome of the Security Management Standards.

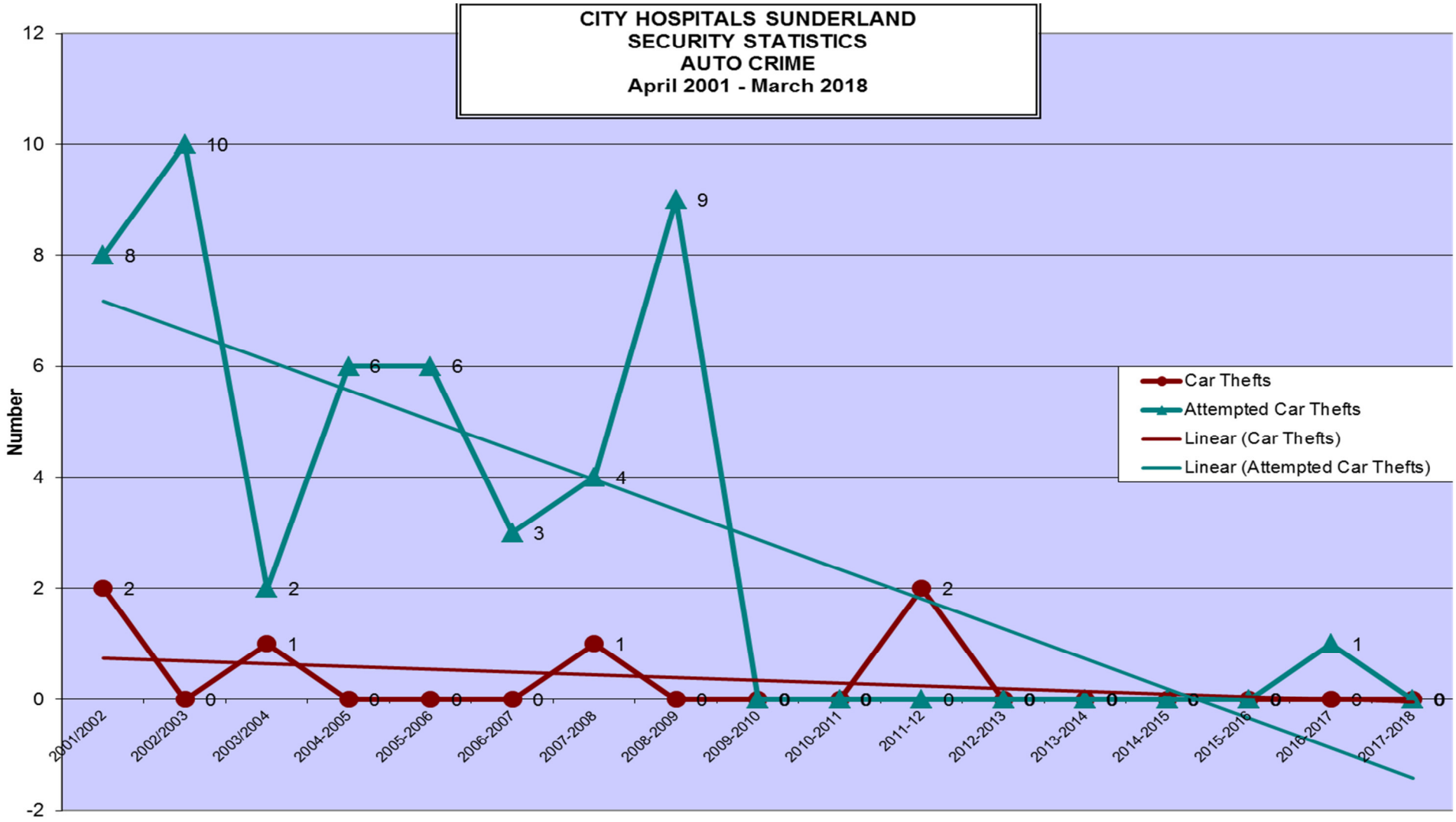
Claire Dodds **Hotel Service Manager**

Alan Clark **Principal Safety Advisor & LSMS**
JuLY 2018

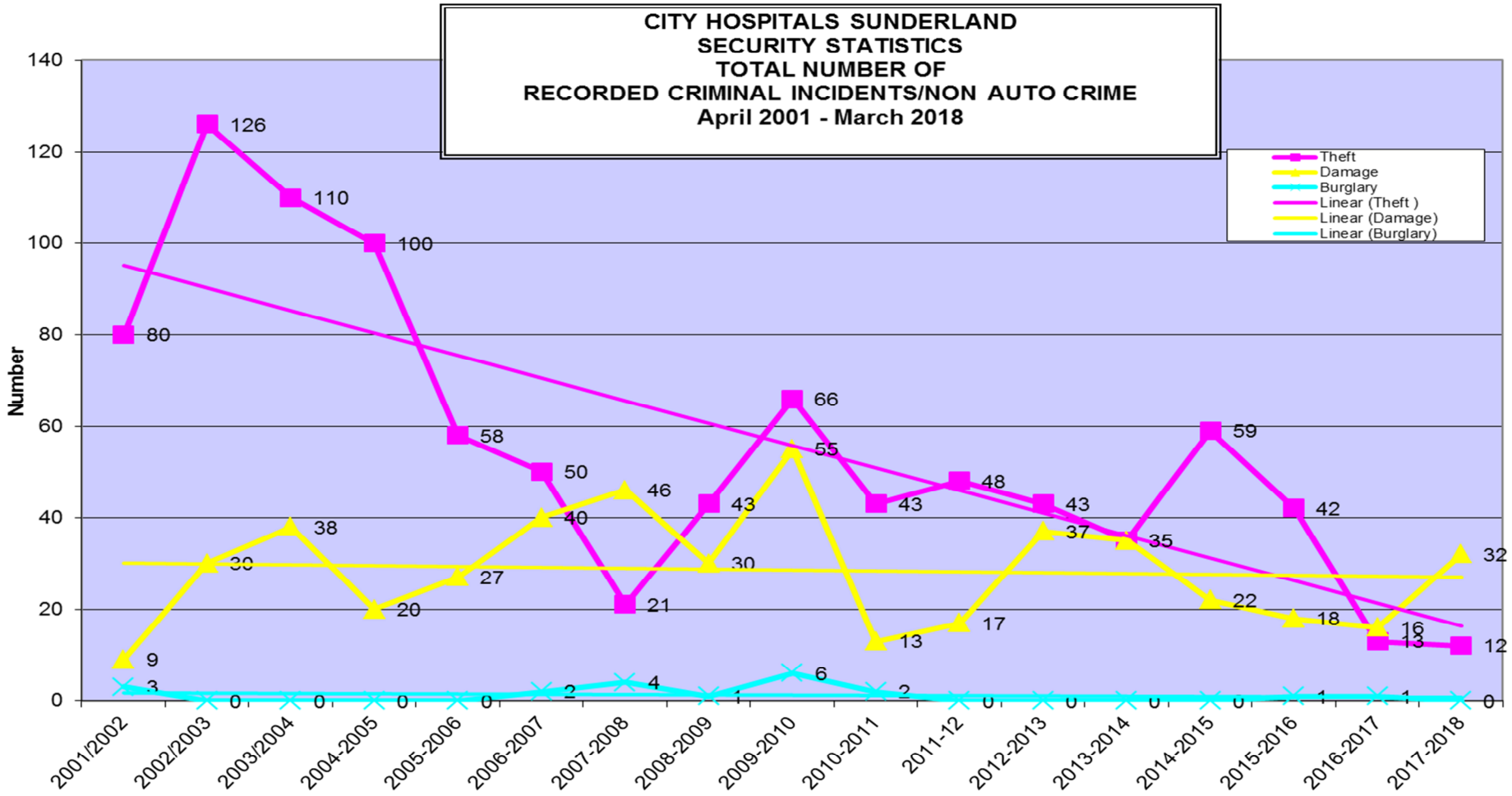
Appendix 1


CITY HOSPITALS SUNDERLAND
SECURITY STATISTICS
TOTAL NUMBER OF RECORDED
CRIMINAL INCIDENTS
April 2001 - March 2018
Number
180
160
140
120
100
80
60
40
20
0
92
156
148
120
85
92
71
74
127
58
65
80
70
81
61
30
44
2001/2002
2002/2003
2003/2004
2004-2005
2005-2006
2006-2007
2007-2008
2008-2009
2009-2010
2010-2011
2011-12
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018
Incidents
Linear (Incidents)

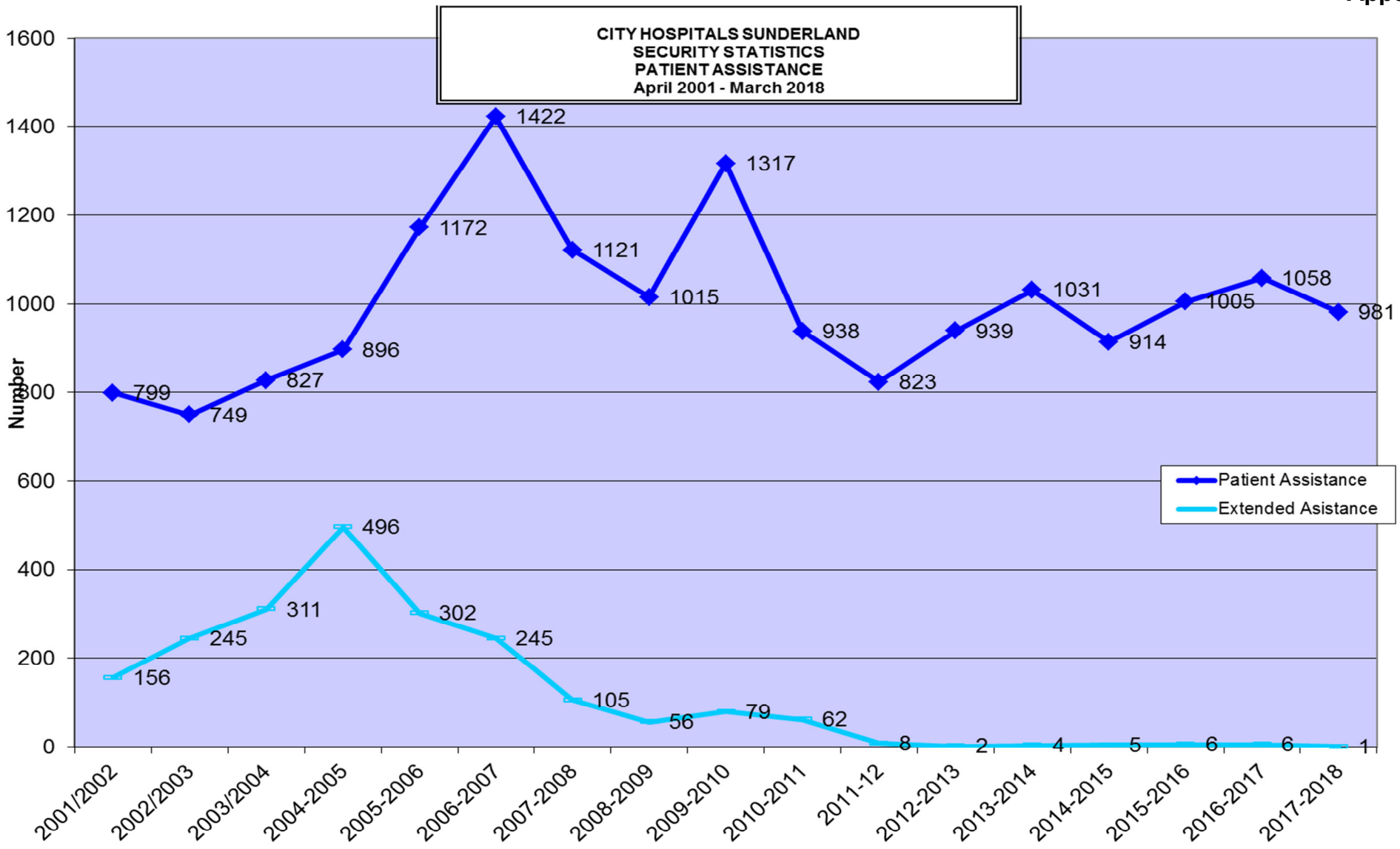
Appendix 2


CITY HOSPITALS SUNDERLAND
SECURITY STATISTICS
AUTO CRIME
April 2001 - March 2018
Number
12
10
8
6
4
2
0
-2
2001/2002
2002/2003
2003/2004
2004-2005
2005-2006
2006-2007
2007-2008
2008-2009
2009-2010
2010-2011
2011-12
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018
Car Thefts
Attempted Car Thefts
Linear (Car Thefts)
Linear (Attempted Car Thefts)

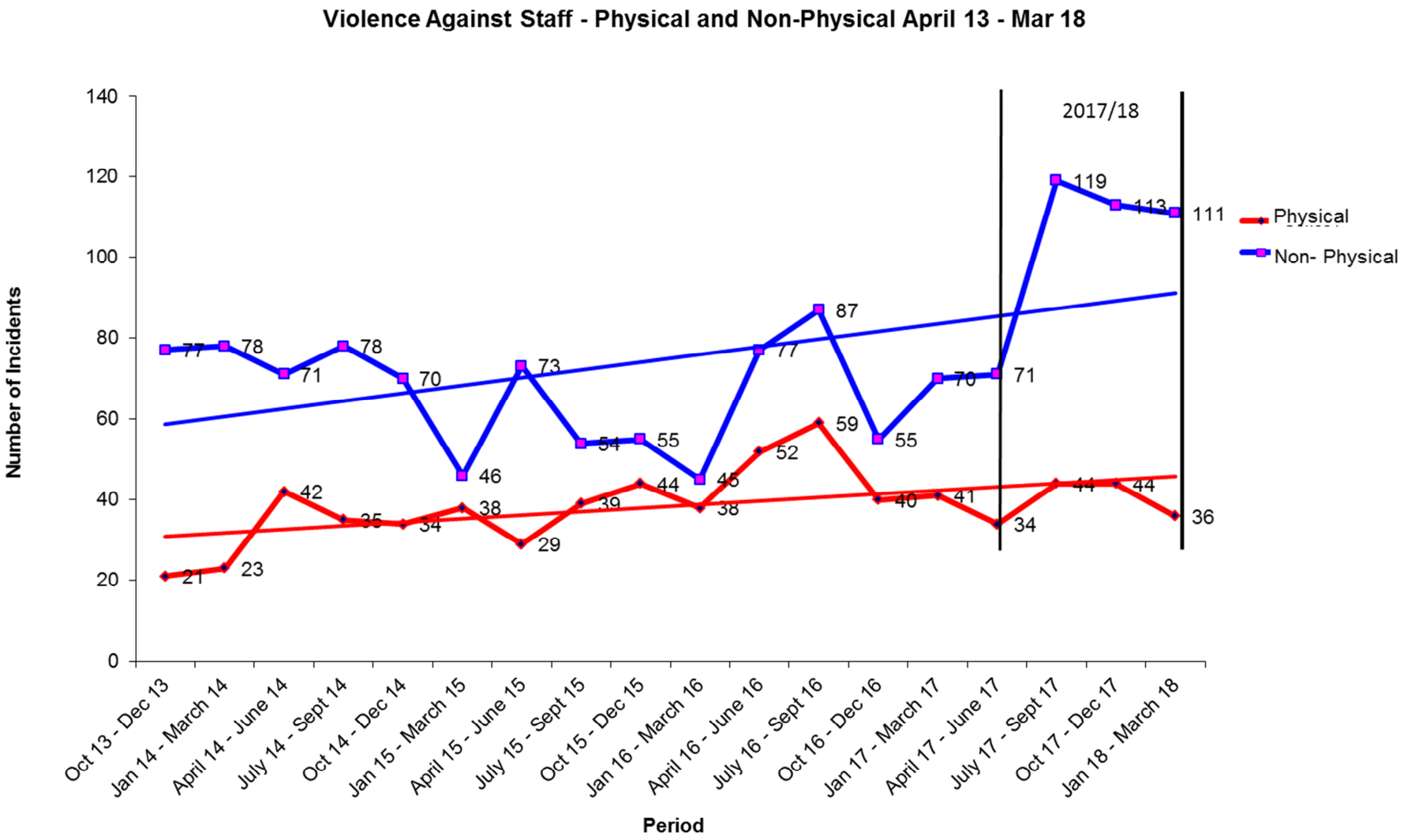
Appendix 3


CITY HOSPITALS SUNDERLAND
SECURITY STATISTICS
TOTAL NUMBER OF
RECORDED CRIMINAL INCIDENTS/NON AUTO CRIME
April 2001 - March 2018
Number
Theft
Damage
Burglary
Linear (Theft)
Linear (Damage)
Linear (Burglary)
2001/2002
2002/2003
2003/2004
2004-2005
2005-2006
2006-2007
2007-2008
2008-2009
2009-2010
2010-2011
2011-12
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018

Appendix 4


CITY HOSPITALS SUNDERLAND
SECURITY STATISTICS
PATIENT ASSISTANCE
April 2001 - March 2018
Number
1600
1400
1200
1000
800
600
400
200
0
799
749
827
896
1172
1422
1121
1015
1317
938
823
939
1031
914
1005
1058
981
156
245
311
496
302
245
105
56
79
62
8
2
4
5
6
6
1
2001/2002
2002/2003
2003/2004
2004-2005
2005-2006
2006-2007
2007-2008
2008-2009
2009-2010
2010-2011
2011-12
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018
Patient Assistance
Extended Asistance

Appendix 5


Violence Against Staff - Physical and Non-Physical April 13 - Mar 18
Number of Incidents
Period
2017/18
Physical
Non- Physical
140
120
100
80
60
40
20
0
Oct 13 - Dec 13
Jan 14 - March 14
April 14 - June 14
July 14 - Sept 14
Oct 14 - Dec 14
Jan 15 - March 15
April 15 - June 15
July 15 - Sept 15
Oct 15 - Dec 15
Jan 16 - March 16
April 16 - June 16
July 16 - Sept 16
Oct 16 - Dec 16
Jan 17 - March 17
April 17 - June 17
July 17 - Sept 17
Oct 17 - Dec 17
Jan 18 - March 18
77
78
71
78
70
46
73
54
55
45
77
87
55
70
71
119
113
111
21
23
42
35
34
38
29
39
44
38
52
59
40
41
34
44
44
36

Appendix 6

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

SECURITY GROUP
SECURITY MANAGEMENT STANDARDS UPDATE
MARCH 2018

Introduction

The Security Management Standards have been developed as part of a national strategy for NHS providers to incorporate a risk based approach to both providing a safe and secure environment for patients, staff and visitors and to protecting NHS property and assets. The standards are designed to assist providers in implementing key aspects of security management, identifying areas for improvement and developing their own plans for improvement.

From April 2017 NHS Protect as a special NHS Body no longer exists. The requirement to comply with the security standards remains within the Trusts NHS Standard Contract. The Trust continues review and maintain those standards which are relevant to its operational and service delivery requirements.

2017/18 CHSFT Security Management Standards

The current security management work plan (**enclosure 1**) shows that the Trust has:

Strategic Governance	**GREEN**
Greens	5
Ambers	0
Reds	0
Inform and Involve	**GREEN**
Greens	5
Ambers	0
Reds	0
Prevent and Deter	**AMBER**
Greens	11
Ambers	3
Reds	0
Hold to Account	**GREEN**
Greens	4
Ambers	0
Reds	0

Out of these 28 security standards there are 25 greens and 3 ambers.

Next Steps

1. Continue to update and review the Security Management Work Plan as part of the Security 2018/19 forward plan

Larry Stores
Head of Facilities

Claire Dodds
Hotel Services Manager

Alan Clark
Principal Safety Advisor and LSMS

ENCLOSURE 1

Security Management Work Plan 2017/18

	Area		Comments	Further Actions Required	Target Dates	Completed Date
RAG LEVEL	**STRATEGIC GOVERNANCE**					
Green	1.1	A member of the executive board is responsible for overseeing and providing strategic management and support for all security management work within the organisation.	Executive Director of Finance is the Trusts executive board lead for security. Minutes of Security Group presented monthly at Corporate Governance Steering Group, chaired by Executive Director of Finance, and annual Security Report presented at CGSG.	None (JP)	N/A	
Green	1.2	The organisation employs or contracts in a qualified person to undertake the full range of security management work.	Accredited LSMS (Principal Safety Advisor) and Hotel Services Manager (Operations) report to and attend monthly Security Group. Security Group review and evaluate progress with security management standards.	None (AC & LS)	N/A	
Green	1.3	The organisation allocates resources and investment to security management in line with its identified risks.	All known outstanding security risks are detailed in Security annual report. This report details actions taken (resources and investment) and actions required to progress identified risks. Trust risk register process		N/A	

			facilities the reporting and ongoing management of any identified security risks. Evidence available to demonstrate changes made in line with identified security risks.			
Green	1.4	The organisation reports annually to its executive board, or equivalent body, on how it has met the standards set by NHS Protect in relation to security management, and its local priorities as identified in its work plan.	Annual end of year report taken to all governance groups, the Executive Board and Board of Directors. Outcomes and corrective actions clearly documented in annual Security Report and the Security Management Work Plan.	Ongoing	N/A	N/A
Green	1.5	The organisation has a security management strategy aligned to NHS Protect's strategy. The strategy has been approved by the executive body or senior management team and is reviewed, evaluated and updated as required.	The Trust's approved annual Security Report is set out to report and record the Trust's security strategy and actions to manage its security risks in-line with NHS Protects strategy.	None (Security Group)	NFA	
	INFORM & INVOLVE					
Green	2.1	The organisation develops and maintains effective relationships and partnerships with local and regional anti-crime groups and agencies to help protect NHS staff, premises, property and assets.	Formal liaison with Police integrated into the Security Groups monthly meetings and agenda, with regular attendance by the Local Police Beat Manager. Representative from CPS and other bodies can be invited as required. Formal police contract in place to provide police presence A&E for 2 nights per week. All criminal	None (Security Group)	N/A	

			prosecutions monitored, tracked and formally reported in end of year Security Report. Criminal incidents investigated in close liaison with the police. Formal protocol developed with the police with regard to bomb threats and the prison service with regard to prisoner under custody attendances. Formal contract review annually and adjusted as appropriate. Reviewed and reported annually in Security Report.			
Green	2.2	The organisation has an ongoing programme of work to raise awareness of security measures and security management in order to create a pro-security culture among all staff. As part of this, the organisation participates in all national and local publicity initiatives, as required by NHS Protect, to improve security awareness. This programme of work will be reviewed, evaluated and updated as appropriate to ensure that it is effective.	Monthly security meeting 'lessons learnt' are published in the Trust's Grapevine. All national and local security alerts disseminated as appropriate.	None (Security Group)	N/A	

Green	2.3	The organisation ensures that security is a key criterion in any new build projects, or in the modification and alteration (e.g. refurbishment or refitting) of existing premises. The organisation demonstrates effective communication between risk management, capital projects management, estates, security management and external stakeholders to discuss security weaknesses and to agree a response.	Capital project meetings discuss and manage any security related issues as part of the capital project management programme and include stakeholder (cross organisational) involvement. Examples being the new ED build provision of access control, CCTV and Vocera comms system. Review of DTC security arrangements (AC/CD/) completed	None	N/A	
Green	2.4	All staff know how to report a violent incident, theft, criminal damage or security breach. Their knowledge and understanding in this area is regularly checked and improvements in staff training are made where necessary.	Risk management regularly reinforce the need to report all incidents through awareness initiatives. Included on Induction and CRT Training. Crime book requires incident form to be completed as part of the reporting process. All violent, theft etc. crime reported monthly to Security Group. Annual NHS Staff survey reports on staff awareness of how to report and whether they have reported violence, harassment and bullying. Incidents analysis from Trust's RM system reported to Security Group and included in annual report. Staff security survey and NHS staff survey.	None (Risk Management)		

Green	2.5	All staff who have been a victim of a violent incident have access to support services should they require it.	Victims of significant violence contacted by H&S and LSMS to enquire on their wellbeing and offer additional support. Support available from Directorate Managers, Matrons, Department Managers, H&S, LSMS, Security and Police. Workforce reports on take-up and use of formal counselling service. Formal violence debrief sessions.	None (AC)		
	PREVENT & DETER					
Green	3.1	The organisation risk assesses job roles and/or undertakes training needs analyses for all employees, contractors and volunteers whose work brings them into contact with NHS patients and members of the public. As a result, the appropriate level of prevention of violence and aggression training is delivered to them in accordance with NHS Protect's guidance on conflict resolution training and/or the prevention and management of clinically related challenging behaviour. The training is monitored, reviewed and evaluated for effectiveness.	CRT provided via annual programme. Training needs analysis identifies those staff who are high risk and mandatory to attend using a risk based approach. Formal course evaluations carried out from 2013. CRT extended to include dealing with challenging behaviour from a clinical perspective in 2014. 2016 review of CRT training needs completed with recommendations made for all front line staffs CRT training requirements, including the introduction of an updated 3 yearly refresher programme via e-learning.	Implement recommendations from CRT joint CHS and STW review as agreed via the Mandatory Training Review Group. (AC/MP)	March 2018	

Green	3.2	The organisation ensures that staff whose work brings them into contact with NHS patients are trained in the prevention and management of clinically related challenging behaviour, in accordance with NHS Protect's guidance. Training is monitored, reviewed and evaluated for effectiveness.	CRT extended to include dealing with challenging behaviour from a clinical perspective in 2014. Formal debrief sessions made available in 2016 for all victims of clinically related physical violence. Dementia training is also available via an e-learning package monitored via ESR.	Review the provision of Dementia training following on from the changes to CRT to be introduced in April 2018 (AC/MP and DDOT team)	July 2018	
Green	3.3	The organisation assesses the risks to its lone workers, including the risk of violence. It takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed and evaluated for their effectiveness.	Local lone worker risk assessment and procedures for both on-site and off-site (community) staff. Lone work guidelines included in violence to staff policy. Lone worker risk assessment standards. Provision of lone worker devices, training and monitoring for community lone workers. Police support and advice given to support lone workers. Follow-up support following any reported incidents of concern. E-mail group set up to communicate to all off-site lone workers with lone workers devices for feedback.	None		
Green	3.4	The organisation distributes national and regional NHS Protect alerts to relevant staff and action is taken to raise awareness of security risks and incidents. The process is controlled, monitored, reviewed and evaluated.	All alerts issued to relevant staff, managed by LSMS and Management Support. All national reports issued reported in Security annual report. All evaluated and reported on via annual Security Report. New patient record created for any	None (Security Group)		

			non-patients who we are informed of by external agencies presents a risk to CHS staff.			
Green	3.5	The organisation has arrangements in place to manage access and control the movement of people within its premises, buildings and any associated grounds.	Extensive electronic access control installed throughout the Trust. Use of mechanical locks/keypads where electronica access control not suitable or available. Monitored and reviewed through local security risk assessments and organisationally via the Security Group annual report. HR and Estates manage the badge access system. Formal security audit carried out in 2015.	None (HR & AB)		
Green	3.6	The organisation has systems in place to protect its assets from the point of procurement to the point of decommissioning or disposal.	Formal internal and external audit contained in ISA260 (Audit Report), no significant financial risks identified as part of this process. Financial Procedure Note covers management of fixed assets. Standard Financial Instruction's (SFI) also include asset management under sections 23 and 25	None (PR)		
Green	3.9	The organisation has clear policies and procedures in place for the security of medicines and controlled drugs (CDs).	Principal Pharmacist confirmed policies and procedures in place.	None (DM)		

	PREVENT & DETER					
Green	3.10	The organisation has policies and procedures in place to ensure prescription forms are protected against theft and misuse. These policies and procedures are reviewed, evaluated and updated as required.	All SOP's updated and approved in February 2018 Clinical Governance Group meetin http://chsintranet/wp-content/uploads/2018/01/SOP-5-Issue-of-non-dispened-items-1.pdf	None		
Green	3.11	Staff and patients have access to safe and secure facilities for the storage of their personal property.	Patient property procedure developed and implemented. Staff lockers provided centrally and in ward. Review of incidents and action taken via security group. Reviewed in annual Security Report.	None (Security Group)		
Green	3.12	The organisation records all security related incidents affecting staff, property and assets in a comprehensive and systematic manner. Records made inform security management priorities and the development of security policies.	All security incidents reviewed monthly by security group. Significant incident and lessons learnt with action taken, included in end of year Security report. Key Security policies reviewed and updated as required. Security Policy, Missing Patients, Patient Property, MVIP, Violence to staff and lone working. Updated crime log book meets financial audit and SIRS data requirements, linking all theft and criminal damage incidents to incident reports recorded in Ulysses. Updated Security Policy ratified	None (Security Group)		

Amber	3.13	The organisation takes a risk-based approach to identifying and protecting its critical assets and infrastructure. This is embedded in policy and can be evidenced.	Trust overarching business continuity plan (BCP) and draft resilience policy available. 80 plus departmental BCP's complete to-date. Key critical assets included in process supported by Trust asset register. Draft BCP's need formal approval locally and Trust wide.	Working draft BCP's need formal approval locally and Trust wide. (CB)	March 19	
Amber	3.14	In the event of an increased security threat level, the organisation is able to increase its security resources and responses.	Draft 'Threat Level move to critical plan' will cover any increased security threat as it develops	Threat Level Move to critical plan to be completed and approved	March 19	
Amber	3.15	The organisation has in place suitable lockdown arrangements (critical assets) for each of its sites, or for other specific buildings/areas of priority.	Lock down plans developed for A&E high risk critical area. Child and Paed areas, ICCU, Pathology. Pharmacy fully locked down at all times.	Site wide review of lock-down arrangements ongoing, group set up and progress to be reported and monitored vis the Security Group (CB, CD & AC)	March 19	
Green	3.16	Where applicable, the organisation has clear policies and procedures in place in relation to preventing a potential child or infant abduction, and these are regularly tested, monitored and reviewed.	Security arrangement in place covering all paediatric and maternity areas. Updated missing patients procedure, maternity child abduction procedure and paediatric child abduction procedures now in place	None (Security Group)		

			covering all child protection risks. All maternity and Paediatric areas have full restricted access arrangements in place. Updated Security Policy ratified.			
	HOLD TO ACCOUNT					
Green	4.1	The organisation has arrangements in place to ensure that allegations of violence, theft and criminal damage are investigated in a timely and proportionate manner and these arrangements are monitored, reviewed and evaluated.	LSMS documentation and EYR. Liaison with staff and police provided by LSMS management support. Log of all communication between police and outcomes recorded and evaluated by LSMS.	None (AC & CD)		
Green	4.2	The organisation is committed to applying all appropriate sanctions against those responsible for acts of violence, security breaches, theft and criminal damage.	All published in EYR. Correspondence between victims and police seeking feedback. Monthly Intranet update from Security Group. Meeting with police confirmed prosecution strategy for dealing with physical assaults against staff. Liaison with staff and police provided by LSMS management support.	None (AC & CD)		

	HOLD TO ACCOUNT					
Green	4.3	Where appropriate, the organisation publicises sanctions successfully applied following security related incidents.	All successful prosecutions are publicised in annual Security Report. Monthly report of all crime reported to Security Group and included in Group minutes. Monthly summary of all successful prosecutions published in the Grapevine. Physical assaults reviewed case-by-case subject to clinical factors. Evaluated via annual staff surveys and monthly Security Group and annual Security Report.	None (Security Group)		
Green	4.4	The organisation has a clear policy on the recovery of financial losses incurred due to theft of, or criminal damage to, its assets and can demonstrate its effectiveness.	A financial recovery cost process agreed by Security Group included in updated Security Policy.	None		

Appendix 7

2017-2018

Active Individual Lone Worker Devices 8 Series

TOTAL 180

SALT	3
Paediatrics	17
Occupational Therapy	11
Pharmacy	10
Podiatry	23
Dietetics	1
Med Specialities	1
General Surgery	3
Physiotherapy	14
CSRT	11
Head and Neck	5
Cancer Services	1
Maternity	80

2017-2018

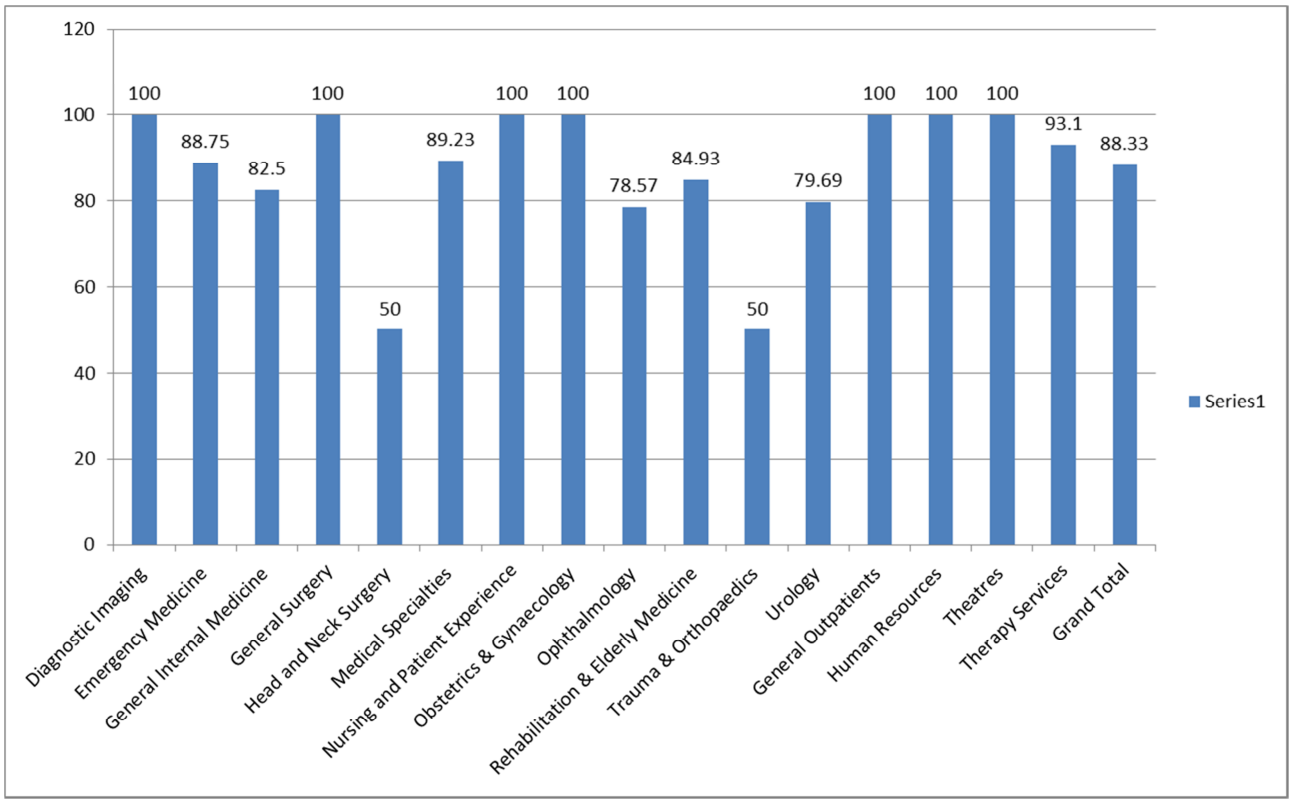
Active Pooled Lone Worker Devices 8 Series

TOTAL 29

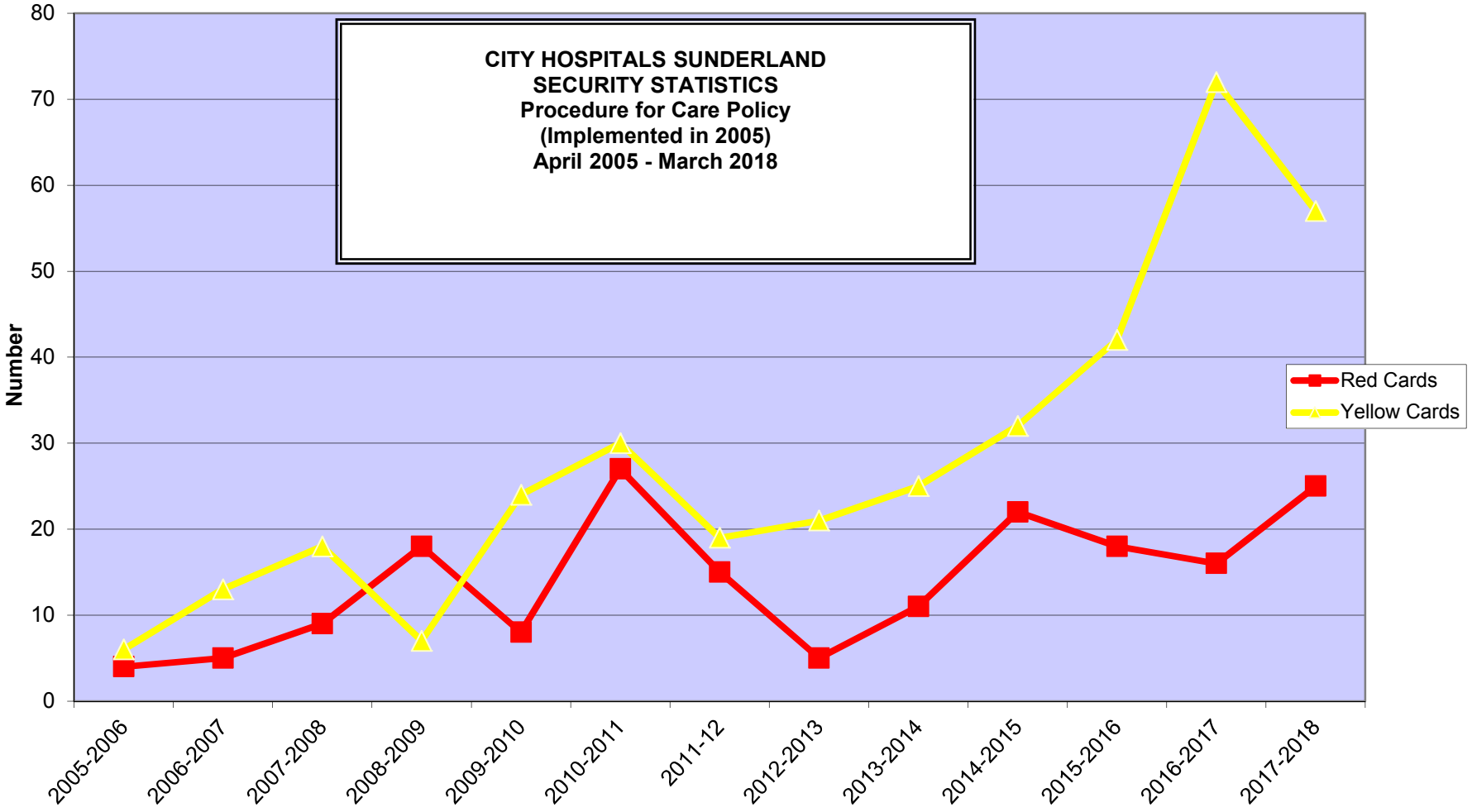
Physiotherapy	5
Occupational Therapy	12
Pharmacy	5
SALT	7

Appendix 8

Conflict Resolution Training by % 2017/18



Appendix 9


CITY HOSPITALS SUNDERLAND
SECURITY STATISTICS
Procedure for Care Policy
(Implemented in 2005)
April 2005 - March 2018
Number
80
70
60
50
40
30
20
10
0
2005-2006
2006-2007
2007-2008
2008-2009
2009-2010
2010-2011
2011-12
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018
Red Cards
Yellow Cards

Appendix 10

Red and Yellow Cards Issued 2017/18

CARD ISSUED	DIRECTORATE	REASON
Red	Emergency Care	Physical Assault towards a member of staff
Red	Emergency Care	Threatened physical assault, used foul language towards staff
Red	Emergency Care	Abusive behaviour and spat at staff
Yellow	Emergency Care	Used loud foul language towards staff
Yellow	Emergency Care	Used foul language towards staff
Yellow	Emergency Care	Used foul, abusive language towards staff
Yellow	Opthalmology	Used verbally abusive, aggressive language towards staff
Yellow	Emergency Care	Verbally aggressive towards staff
Yellow	Emergency Care	Used aggressive, foul language towards staff
Yellow	Emergency Care	Verbally aggressive and threatened physical violence
Yellow	Emergency Care	Verbally abusive, used foul language towards staff
Yellow	Emergency Care	Aggressive behaviour towards staff
Yellow	Theatres	Aggressive , used foul language towards staff
Red	Emergency Care	Physically assaulted member of staff/physically sexually assaulted member of staff
Red	Emergency Care	Abusive behaviour, threatened staff and physically assaulted a member of staff
Yellow	Emergency Care	Damaged hospital property
Red	Emergency Care	Verbally abusive, abrupt with staff and intimidation
Red	Emergency Care	Abusive behaviour and threatened staff
Red	Emergency Care	Abusive behaviour and threatened staff
Yellow	Emergency Care	Verbally aggressive and used foul language towards staff
Red	Emergency Care	inappropriate sexual behaviour and inappropriate sexual comments
Red	Emergency Care	Verbally aggressive, used foul language towards staff and threatening behaviour
Yellow	Emergency Care	Verbally aggressive and used foul language towards staff
Yellow	Emergency Care	Verbally abusive and used foul language towards staff
Yellow	Emergency Care	Threatened to physically assault staff, aggressive behaviour
Red Card Plus	Emergency Care	Verbally aggressive and used foul language towards staff, refused to leave
Red	Emergency Care	Sexually physically assaulted member of staff
Yellow	Emergency Care	Used verbally abusive language towards staff
Red Card Plus	Emergency Care	Obstructed clinicians from leaving a room and was verbally aggressive making staff feel
Red	Emergency Care	Very verbally abusive shouting and swearing and

		threatened staff
Yellow	Emergency Care	Used foul language towards staff
Yellow	Emergency Care	Verbally aggressive, used foul language towards staff
Yellow	Emergency Care	Used foul language towards staff
Yellow	Emergency Care	Used foul abusive language towards staff
Red	Emergency Care	Verbally and physically aggressive to several members of staff, entering staffing areas.
Red	Emergency Care	Threatened staff members family, used foul language
Yellow	Emergency Care	Verbally aggressive, threatened staff used foul language
Yellow	Emergency Care	Inappropriate sexual comments to staff
Red	Emergency Care	Abusive behaviour and threatened staff and their family
Red	Emergency Care	Throwing furniture in room and threatening to hit staff, swearing and abusive behaviour
Yellow	Emergency Care	Damaged hospital property
Yellow	Emergency Care	Used abusive language towards staff
Yellow	General Internal Medicine	Used abusive foul language towards staff
Yellow	Emergency Care	Used aggressive, foul language and threatened staff
Yellow	Emergency Care	Used aggressive and foul language towards staff
Yellow	Emergency Care	Verbally abusive towards staff
Yellow	Emergency Care	Racially abusive and aggressive and threatened staff
Yellow	Emergency Care	Used foul abusive language towards staff
Yellow	Emergency Care	Verbally aggressive towards staff using foul language
Yellow	Emergency Care	Threats of violence towards staff, used foul language
Red Card Plus	Emergency Care	Abusive, foul, racist comments and spat at a nurse
Red	Emergency Care	Verbally aggressive towards staff and attempted to throw items at staff, using foul language.
Red Card Plus	Emergency Care	Violent and aggressive behaviour, criminal damage to hospital property
Yellow	Emergency Care	Aggressive behaviour towards staff
Yellow	Emergency Care	Verbally aggressive, using offensive language towards staff
Red	Emergency Care	Physical assault towards staff
Yellow	Emergency Care	Abusive behaviour towards staff
Red	Emergency Care	Physical assault towards member of staff, used foul racist language
Red	Emergency Care	Verbally aggressive, racist comments and abusive towards staff
Yellow	Emergency Care	Verbally aggressive, used foul language towards staff
Yellow	Emergency Care	Used foul language towards staff
Yellow	Medical Specialities	Verbally threatening behaviour towards staff
Yellow	General Internal Medicine	Abrupt behaviour towards staff
Yellow	Opthalmology	Threatening behaviour towards staff
Yellow		

	General Surgery	Intimidating , aggressive behaviour towards staff
Yellow	Emergency Care	Used aggressive behaviour towards staff, attempt to damage hospital property
Yellow	Emergency Care	Verbally abusive , used foul language towards staff
Yellow	Emergency Care	Aggressive behaviour , attempted to physically assault
Red	Emergency Care	Verbally aggressive and used abusive language towards staff
Red	Emergency Care	Patients father sexual inappropriate behaviour
Yellow	Emergency Care	Aggressive, intimidating behaviour towards staff
Yellow	Emergency Care	Verbally aggressive towards staff
Red	Emergency Care	Abusive behaviour, physically intimidating staff
Yellow	Emergency Care	Verbally aggressive, used foul language, physically intimidating
Yellow	Emergency care	Used aggressive behaviour and threatened violence towards staff
Red	Emergency Care	Verbally, aggressive and used foul language towards staff
Red	Emergency Care	Physical assault, threatening behaviour towards staff
Yellow	Emergency Care	Racially offensive language towards staff, used foul language
Yellow	Emergency Care	Verbally abusive, used foul language towards staff
Yellow	Emergency Care	Verbally aggressive, used foul language towards staff
Yellow	Emergency Care	Verbally aggressive towards staff
Yellow	Emergency Care	Used foul language towards staff, verbally aggressive
Yellow	Emergency Care	Damage to hospital property
Yellow	Emergency Care	Verbally abusive towards staff, used foul language
Yellow	Emergency Care	Verbally aggressive, used foul language toward staff
Yellow	Emergency Care	Aggressive behaviour, using foul language and attempted to assault staff

Appendix 11

POLICE PROSECUTIONS 2017/18

Date of Incident	Cause Group	Directorate	Police Outcome	Red/Yellow Card
03.01.2017	Violence Physical Intent	Emergency Care	Patient was charged with assault and appeared at court. Dealt with and ordered to pay £100.00 compensation and received 4 weeks in custody	RED
24.03.2017	Violence Physical Intent	Emergency Care	Patient was charged with assault x3 and POA. Attended court and was given a community service order for 10 days along with £50.00 compensation	RED
06.08.2017	Violence Physical Intent	Emergency Care	Patient charged with criminal damage was ordered to pay compensation of £240.00 and a 10 months Youth Rehabilitation Order	YELLOW
09.08.2017	Violence Physical Non Intent	Emergency Care	Patient charged with racially aggravated conduct public offence Dealt with and fined £120.	RED
03.12.2017	Violence Non Physical Intent	Emergency Care	Patient was given a simple caution for causing a nuisance or disturbance of NHS premises	YELLOW
10.12.2017	Violence Physical Intent	Emergency Care	Patient attended court and was given a 26 weeks total sentence for the 4 offences to be served consecutively suspended for 24 months, a £50 fine and rehabilitation order over a 9 month period.	RED

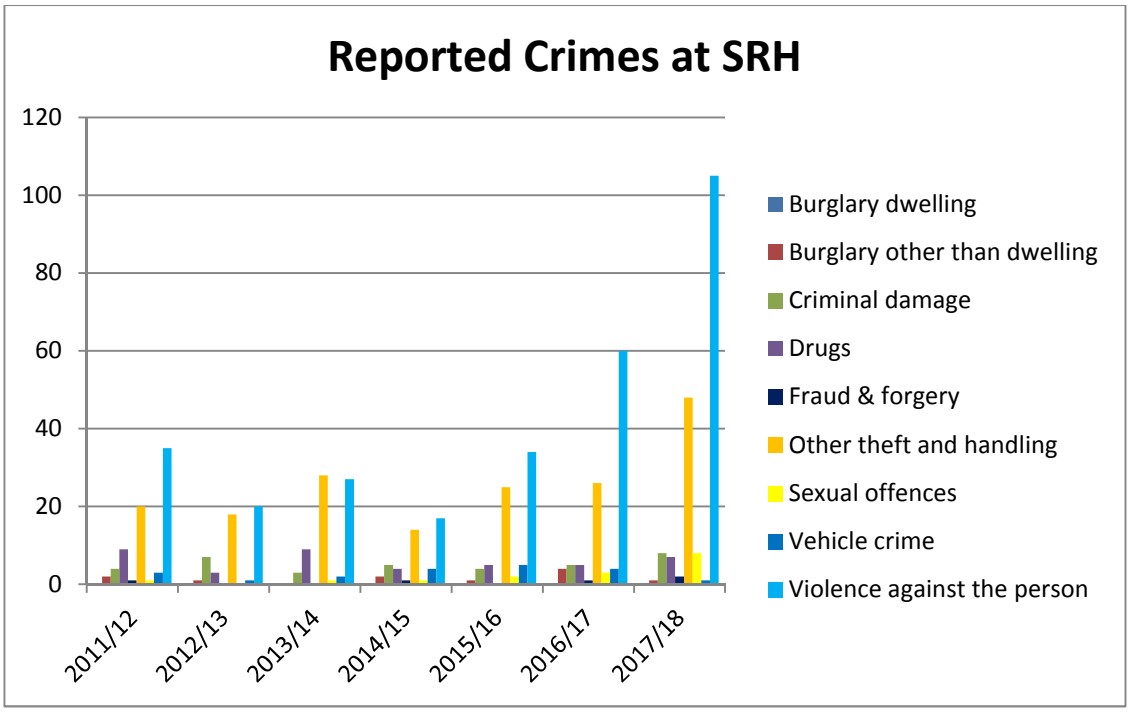
20.01.2018	Violence Physical Intent	Emergency Care	Patient was given a fixed penalty notice ticket for being drunk and disorderly .	TBC
08.03.2018	Violence Physical Intent	Emergency Care	Patient was charged with common assault x2 and a Public Order Act. Sentenced to 8 weeks imprisonment and ordered to pay £120.00 compensation.	RED

Appendix 12

Crime and detection data for Sunderland Royal Hospital

The following table and chart show the number of crimes recorded at Sunderland Royal Hospital over the last seven years.

This includes crimes where the address is recorded simply as Sunderland Royal Hospital along with offences at specific premises within the hospital and its grounds, e.g. the car park, the WRVS shop.

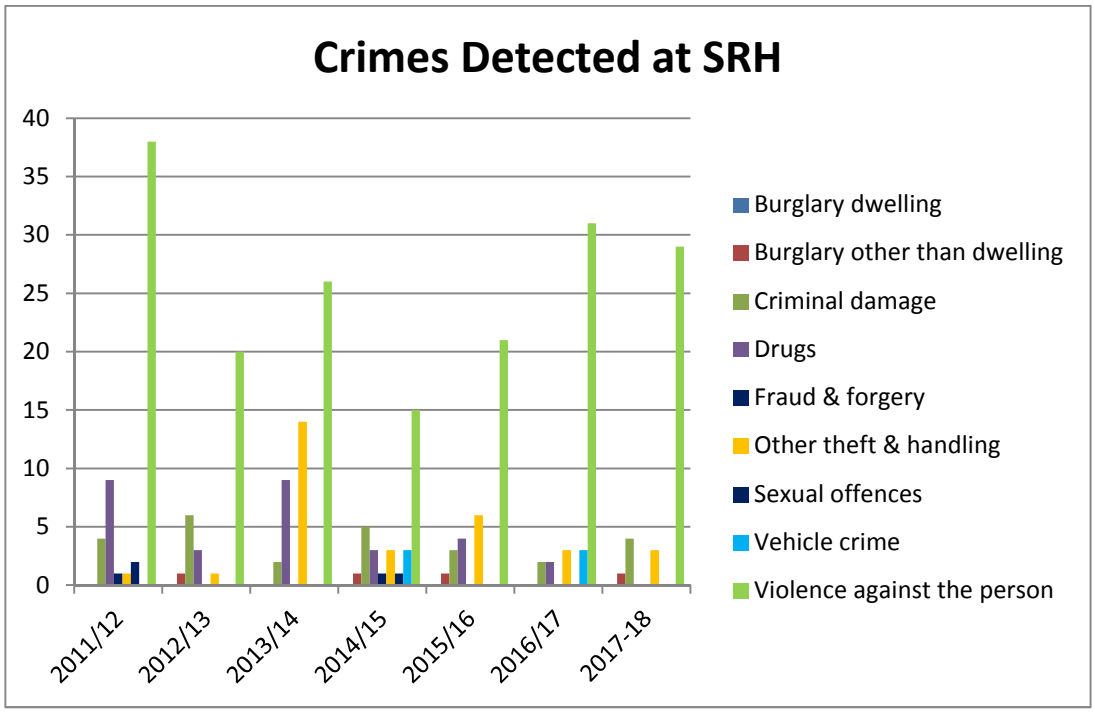


Reported Crimes

	2011/12	*2012/13*	*2013/14*	*2014/15*	*2015/16*	*2016/17*	*2017/18*
Burglary dwelling	0	0	0	0	0	0	0
Burglary other than dwelling	2	1	0	2	1	4	1
Criminal damage	4	7	3	5	4	5	8
Drugs	9	3	9	4	5	5	7
Fraud & forgery	1	0	0	1	0	1	2
Other theft and handling	20	18	28	14	25	26	48
Sexual offences	1	0	1	1	2	3	8
Vehicle crime	3	1	2	4	5	4	1
Violence against the person	35	20	27	17	34	60	105
Total	**81**	**50**	**70**	**48**	**76**	**108**	**180**

The following table and chart show the number of crimes detected at the hospital over the last five years.

NB: These figures include <u>any</u> crime detected in that year, regardless of when the crime was actually committed. The figures do not show the number of crimes that were created and then detected in that year.

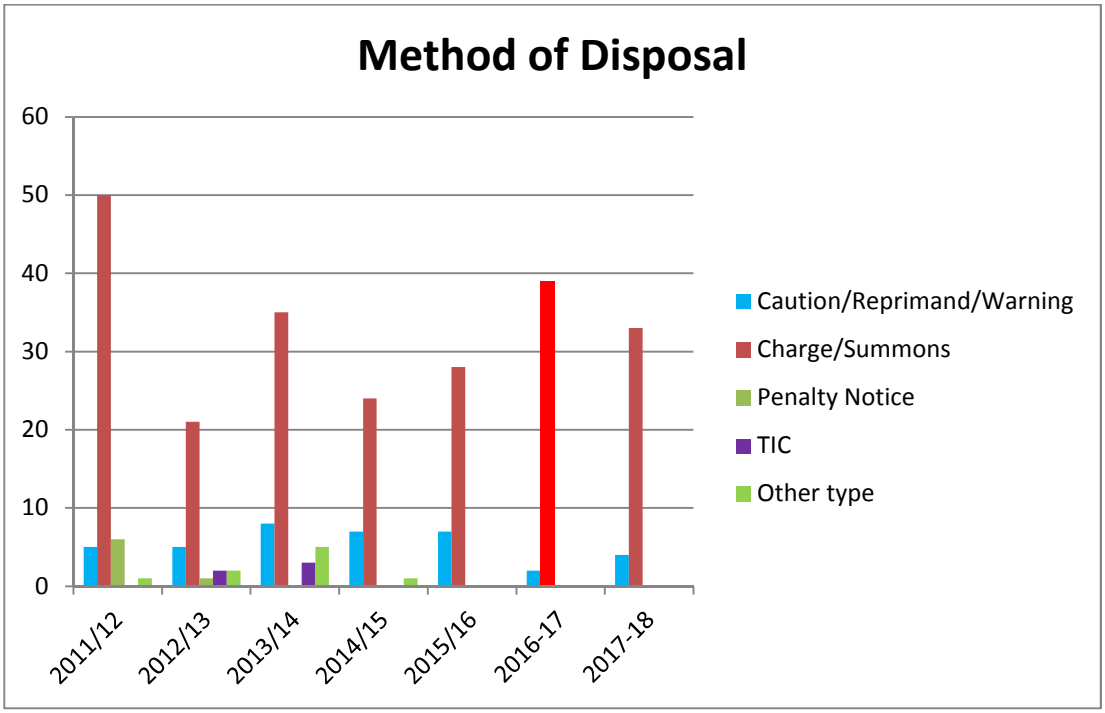


<u>Crimes Detected</u>

	2011/12	***2012/13***	***2013/14***	***2014/15***	***2015/16***	***2016/17***	***2017/18***
Burglary dwelling			0	0	0	0	0
Burglary other than dwelling		1	0	1	1	0	1
Criminal damage	4	6	2	5	3	2	4
Drugs	9	3	9	3	4	2	0
Fraud & forgery	1		0	1	0	0	0
Other theft & handling	1	1	14	3	6	3	3
Sexual offences	2		0	1	0	0	0
Vehicle crime			0	3	0	3	0
Violence against the person	38	20	26	15	21	31	29
Total	**62**	**31**	**51**	**32**	**35**	**41**	**37**

The following table and chart show the method of disposal for each of the crimes that were detected in that year.

NB: The method of disposal is based on the prime (most 'serious') disposal for the offender/s linked to that crime. If two offenders are arrested with one being charged and the other receiving a caution, then only the charge will be counted (as it is the most 'serious' disposal).



Method of Disposal

	2011/12	*2012/13*	*2013/14*	*2014/15*	*2015/16*	*2016-17*	*2017-18*
Caution/Reprimand/Warning	5	5	8	7	7	2	4
Charge/Summons	50	21	35	24	28	39	33
Penalty Notice	6	1	0	0	0	0	0
TIC		2	3	0	0	0	0
Other type	1	2	5	1	0	0	0
Total	**62**	**31**	**51**	**32**	**35**	**41**	**37**