

COUNCIL OF GOVERNORS MEETING IN PUBLIC

Date: Tuesday, 20 November 2018
Time: 10:00 am
Venue: Robinson Suite, The Glebe Centre, Murton, SR7 9BX

AGENDA

Item 1 Declaration of Interest

Item 2 To approve the minutes of the Council of Governors meeting held 'In Public' on Tuesday, 5 June 2018 (Enc 1)

Matters Arising

Item 3	Path to Excellence	<i>Ken Bremner</i>
Item 3	Care Quality Commission Inspection	<i>Ken Bremner</i>
Item 4	Vascular Services	<i>Ken Bremner</i>

Item 3 Chief Executive's Update	Verbal	<i>Ken Bremner Chief Executive</i>
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Item 4 PLACE Results	(Enc 2)	<i>Rachael Hutchinson Hotel Services Manager</i>
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Item 5 Care Quality Commission Report	Verbal	<i>Diane Palmer Deputy Director of Nursing</i>
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Item 6 Performance Report	(Enc 3)	<i>Alison King Director of Performance</i>
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Item 7 Finance Report	(Enc 4)	<i>Julia Pattison Director of Finance</i>
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Item 8 Merger Criteria	(Enc 5)	<i>Debbie Henderson Company Secretary</i>
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Item 9 Any Other Business

Date and Time of Next Meeting

Tuesday, 15 January 2019 at 2:00 pm in the Board Room, Sunderland Eye Infirmary

**COUNCIL OF GOVERNORS MEETING
IN PUBLIC - TUESDAY, 5 JUNE 2018**

MINUTES OF THE MEETING

Present: Jackie Burlison (JB)
Chris Colley (CC)
Sue Cooper (SC)
John Dean (JD)
Margaret Dobson (MD)
Liz Highmore (LH)
Stewart Hindmarsh (SH) (Chair)
Kay Hodgson (KH)
Mike McNulty (MMcN)
Susan Pinder (SP)
Gillian Pringle (GP)
Pauline Taylor (PT)

Apologies: John Anderson (JNA)
Danny Cassidy (DC)
Tom Harris (TH)
Shahid Junejo (SJ)
Graeme Miller (GM)
Ruth Richardson (RR)

In Attendance: Louise Burn (LB) - Item 5
Ken Bremner (KWB)
Kath Griffin (KG) - Item 8
Carol Harries (CH) (Trust Secretary)
Fiona Kay (FK) - Item 6
Paul McEldon (PMcE)
Diane Palmer (DP) - Item 7

Item 1 **Declaration of Interest**
None.

Item 2 **Minutes of the Meeting held in Public on 27 03 18**
Accepted as a correct record.

Item 3 **Matters Arising**

Path to Excellence – KWB advised that the Joint Overview and Scrutiny Committee had referred the consultation process and decision to the Secretary of State who in turn had referred to the Independent Review Panel and had asked for a response by 8 June 2018. KWB commented that this was an unusual turnaround time and hopefully indicated that we may receive a positive outcome.

KWB also advised that the 'Save our Hospital Campaign' had lodged an application for a judicial review with Irwin Mitchell Solicitors. The timings were unclear at this stage and it may be that the Secretary of State may want to listen to the Judicial Review process in the first instance before making a decision. It demonstrated however, that public funds were having to be used to defend the review process. KWB also informed Governors that at the moment the phase one work of the clinical service review process could not be implemented in full and anything that was implemented had to be reversible. In the interim period staff could use the opportunity to undergo training in advance of implementation – they could also use the time to visit other parts of the country and see centres of excellence.

KWB reminded Governors that three areas were however, still vulnerable and having to close SCBU/Maternity at STFT demonstrated just how vulnerable those services were.

KWB advised Governors that the phase two work had started and having reflected on phase one more staff engagement was being undertaken. A number of checkpoint meetings were in place and there would be more transparency from now until the summer of 2019 when formal consultation would begin again for phase II.

KWB commented that if the decision regarding phase I went against the Trust then we would need to reflect again but the vulnerabilities and manpower issues in particular did not go away. MD queried when the report would become public. KWB replied that it was unclear and should be the response to the JHSOC in the first instance but the Secretary of State may want to take other soundings.

JD queried the cost of defending the review. KWB replied that he was not aware and clearly it was dependent on how long this went on and unfortunately we had no control over the issue. The Trusts were identified as interested parties and the review was directed at the two CCGs.

CQC Inspection – KWB advised that the Trust expected to receive the report during the first week in July which would cover both the announced inspection, the Governance interviews in Newcastle and the use of resources assessment. KWB stated that at this stage it was unclear as to the actual rating. There had been no serious concerns raised at the verbal feedback but we would await their response.

KWB thanked those Governors who had participated in the focus groups. MD replied that it had been very amicable and positive. KWB commented that they had asked a lot of staff regarding their views about merger and the feedback had been really positive.

It was expected that we would receive the report around the 70th Birthday of the NHS.

Item 4 Chief Executive's Update

Financial Position – KWB informed Governors that the outturn position was agreed with the Regulators of a deficit of £14.981m and if we achieved that position then we would receive £9.237m of STF funding. The actual year end position had

been £13.06m which was an improvement and a really good position. As a result we received £13.07m of STF funding which meant that we ended the year with a small surplus. KWB advised that £956m of STF funding was available nationally but a large number of Trusts had not achieved their control totals and would therefore not qualify for the STF funding.

KWB explained that because we had exceeded our position we also received an incentive and a bonus payment as well. In reality this meant that we would be declaring a surplus of £1.4m in the year end accounts.

KWB stated that whilst ever we were in this position it was absolutely the best time to have undertaken the use of resources assessment by NHSI which was really important. There were however, some issues for next year regarding STF funding.

KWB commented that it had been very good for staff to see their efforts during the year had, for once, been rewarded.

JD queried whether there was any concern regarding cash flow and would STF funding alleviate that problem. KWB replied that it would help some of it but put us in a better start position. We were also still in discussion with the centre regarding the control total.

Vascular Services Durham – KWB advised that there had been an article in the Northern Echo regarding vascular services and a view by the Local Authority that this was the downgrading of the University Hospital North Durham site – an approach similar to that taken by the Save our Hospital Campaign. The Overview and Scrutiny Committee in Durham had referred the issue to a Joint Scrutiny Committee as whilst they supported three centres they could not understand why one of those centres was not Durham as geographically Durham was in the middle of everywhere.

NHS England/NHS Improvement – KWB informed Governors that NHS England & NHS Improvement were going to form a single operating and financial regime. The country was being restructured from eight regions to seven and the North East would cover South Yorkshire and Humber, and West of the Pennines would be the North West region. A regional Director would be appointed to create a clear strategic vision of how services would be created which would be sorted hopefully by September 2018. KWB stated that the two current incumbents both had links to the North East.

MMcN queried whether the new structures would have power. KWB replied that this was not as yet clear but they also could not cut across structure/consultation process etc. KWB stated that if an individual FT were to dig its heels in and were supported by their Board and Council of Governors then it would be difficult to change their direction. SC queried whether it was like the old RHA. KWB replied that it was not but clearly there would be some familiar aspects – whilst the bodies would have authority their powers to take action would be limited and specific. If a Trust were failing then they could intervene but if it were not then it was much more difficult.

MD queried whether the North East and North West included Greater Manchester and whether we would lose out because of our population base. KWB replied that it did not and the North East included Leeds, Hull, Sheffield and Cumbria.

Item 5 **Dementia Strategy**

Louise Burn (LB) presented the strategy which set out the strategic aims and objectives with regard to continuing to improve the care given to patients with dementia and their families in both hospital and community services across the Health Care Group. LB advised that there were two lead consultants involved with the strategy – Dr Lesley Young (CHSFT) and Dr Rebecca Wiseman (STFT). Both Trusts had looked at the national audit of dementia outcomes, the results of which had been helpful in demonstrating the strengths and weaknesses of the current provision.

LB also advised that both Trusts had a Dementia Strategy Group which included Community Services and there would be bi-annual workshops to share best practice etc. LB commented that there was an expectation that both groups would merge at some point.

MMcN queried whether the strategy had a budget for implementation. LB replied that it was more about ways of working, and partnership arrangements were really important. Family members also wanted to be included as much as possible.

JD queried page 4 and the establishment of volunteers. LB replied that the volunteers would be on both sites and that she expected the dementia strategy groups to determine such cohorts. KWB commented that investment in volunteers had already been made in Sunderland and we should use the staff and volunteers from there to support any actions.

JD commented that obviously patients with dementia would present across many of the wards and queried whether there were the skill levels in place to deal with that and for wards to be dementia friendly. LB replied that the surgical wards in particular would like more training for their staff. LB also advised that we were looking at the rotation of staff to further develop competencies.

SP queried page 3 and improving the use of the “This is me” document. LB replied that at the moment use was very patchy but that it was really important for staff to complete the document. It was a key area of work going forward but also important to talk with the Carers Association to try and get them completed in the community.

SP also queried the reduction in the prescription of anti-psychotic drugs. LB replied that there were other ways of calming patients down rather than using the drugs. SP stated that she had been visiting on ward E56 and had nothing but admiration for the nursing staff as it was clearly not easy work.

LH commented that it was important to improve the links for care when patients were discharged and also to ensure increased awareness to know and understand the early onset of dementia. LB replied that in terms of discharge there were strong links to the Local Authority in place but we needed to ensure that we all worked in

the same way which needed to be seamless. LB highlighted page six and the importance of an up to date directory of services being available to patients and their carers. LB stated that people needed to know what was around them to help them particularly if it was a new diagnosis for a patient.

SC queried whether there was education available for carers. LB replied that on admission there was discussion with carers but further work was needed. MMcN queried the measure of success on page six and whether the current staffing constraints allowed for shadowing or rotation. LB replied that shadowing was available all the time but that we needed to formalise rotation. There was discussion taking place with NTW to support that process.

MMcN also commented that he felt the slogan “Live Well with Dementia” was very good and it would be helpful to see that slogan around the organisation.

JD stated that it was important that the strategy covered the Local Authority as well and to make use of the technology that they have available as there were a lot of varied developments. LB replied that Telehealth would form a major part of the strategy going forward to keep people safe.

CC commented that dementia was addressed in the PLACE survey and she was surprised that the two out of three people with dementia are female. LB replied that she too had been surprised by the statistic. SH stated that a major plus was that dementia and awareness of the disease was now being understood in the community whereas ten years ago people were ashamed and reluctant to acknowledge the disease.

Resolved: To support the Strategy.

Item 6 Risk Management Strategy 2018-2021

Fiona Kay (FK) presented the strategy which set out the goals for the delivery of effective risk management for the period 2018 – 2021. FK highlighted the key goals which would be monitored by the Trust’s Governance Committee.

FK advised that the Trust applied a “fair blame” culture – in the majority of cases where risks arise, they are due to systemic weaknesses rather than to a failing on the part of any individual.

GP queried whether data from the current Ulysses system would transfer to Datix. KH stated that it would be archived but it would not transfer. FK commented that the archive would give us a broad brush of information. GP queried that presumably the Trust would still have access to look at previous trends. FK confirmed that was correct.

MMcN queried whether Datix was superior and could it analyse more detail. KH replied that Ulysses gave no qualitative data and Datix was much stronger in its narrative content.

LH commented that there was an older version of Datix at STFT and how would one system transfer to the other. FK stated that Datix would build the system for us and at STFT they did not necessarily know what they wanted the system to do. FK also advised that there would be no data loss and the system would be tailored to our needs.

LH queried how long it would be for the transfer. KH replied that a datix lead had been appointed and STFT would move across in the next few months and CHSFT would transfer in the new financial year.

SC queried whether it was more complex to complete the incident form. FK replied that KH and others had redesigned the reporting systems and it now only took 50 seconds. FK advised that at STFT it currently took 40 minutes and then the system would time you out.

JD commented that given it was a corporate wide introduction there was presumably a degree of risk in populating Datix. KH replied that the system was being built manually. JD stated that there was a high degree of risk analysis involved. FK advised that project arrangements were in place and assurance would be sought at Corporate Governance Steering Group.

FK advised that once qualitative information was flowing from litigation data and the improved risk management system was in place then risk-based dashboards would be constructed to identify risks and to monitor the effectiveness of mitigation activity. JD queried as what would be included in the dashboards. FK replied that they would include incidents, complaints and concerns data which could be triangulated with other data sources such as clinical audit findings. JD also queried whether the Trust would be looking at mitigation and whether escalation takes place. FK confirmed that this was correct.

FK informed Governors that the Risk Management Strategy was supported by a significant number of key risk management documents within the Trust. There had been a lot of work and time undertaken to move this approach forward.

Resolved: To note the Strategy.

Item 7 **Quality Strategy**

Diane Palmer (DP) presented the strategy which had been developed following extensive consultation across both CHSFT and STFT with key stakeholders including clinicians, managers, various committees, Governors, staff side and South of Tyne and Sunderland CCGs.

DP advised that the strategy had undergone a number of modifications and highlights our framework and focus for the next five years. DP apologised that there was previously an error which had been amended to have a 5% reduction in the number of cardiac arrests and not 50% as previously stated. DNACPR had now also been included and also effective communication. DP stated that behind each heading there were extensive pieces of work and improvement plans for each priority which would be monitored – some on a monthly basis.

The emphasis was very much about improvement and learning.

MD queried page 3 and achieving 90% compliance with recording of fluid input and output and what was the current position. DP replied that we were not at 90% although it was a key priority and we must get it right. DB commented that staff do not realise the importance of it and of water in particular. MD also queried the reduction of incidence of missed doses of medicine by 50%. DP replied that for some, the reason was justifiable however, for many, action should have been taken.

SP commented on the terms of reference of the joint Patient, Carer and Public Experience group and in particular that there were not many patient representatives. DP replied that work was being undertaken to improve this and to ensure adequate representation. SP also queried the sub-groups. DP advised that they were not all developed as yet.

SH commented that this was a five year strategy and therefore a live document. JD stated that communication was really important but also ensuring that technology was available to support what was required. DP replied that we were looking to ensure that everything was as simple as possible – Datix in particular needed to be simple, user friendly and inherent in all our work.

SC commented that often we get too involved with IT and more important was talking to patients, carers and their relatives. DP replied that we needed a multi-faceted approach.

PT queried page 3 and the reduction of severe harm from patient falls. DP stated that it was about encouraging reporting but minimizing severe harm. The organisation actually performed very well and therefore a percentage reduction had not been given.

Resolved: To note the Quality Strategy.

Item 8 **2017 Staff Survey Results**

Kath Griffin (KG) presented the results of the 2017 NHS Staff Survey and identified the key areas for follow-up and next steps.

KG advised that all staff were invited to participate rather than a randomised sample and the survey was carried out via on-line/e-survey. The response rate was 42.3%, an improvement of 7.3% from the previous year.

KG highlighted the significant changes since the 2016 survey and advised that the term, “significant” was a national definition not a definition from the Trust. KG also apologised that on page 2 the figure for the percentage of staff having an appraisal was 84% and not 85% as stated. KG highlighted question KF1 – “staff recommendation of the organization as a place to work or receive treatment” which was 3.81, an improvement from the previous year but also above the national average of 3.76.

SP queried the score for bullying and harassment. KG replied that sometimes it related to a particular patient/group. For staff, sometimes it related to events or to issues outside of work if someone was socializing and sometimes, it could relate to emails as staff often felt abused by the content.

KG stated it was much better to speak to someone face to face than to submit the email. KG also advised that some of our staff Governors were Freedom to Speak up Ambassadors whereby staff were able to speak to them if they had concerns.

MMcN queried what percentage of staff received an exit interview. KG replied that it was not significant and we focused more on anniversary interviews i.e. for staff being with the organisation for one year. KG stated that sometimes an exit interview did not get into the detail.

MMcN queried whether staff would be more reluctant to speak up when KG as the Director of HR was identified as the Freedom to Speak up Guardian. KG replied that it was a national requirement following the Francis Report. KG stated every Trust had to appoint one and to have trained ambassadors. SH was also identified as the Guardian Non-Executive Director. Staff therefore could go to one of nine individuals. An annual report also went to the Board. In 2017 there were eight referrals, four to ambassadors and four directly to KG.

MMcN also commented on leadership apprenticeships and that presumably this was as a result of the recent Apprenticeship Act. KG replied that the Trust had always had apprenticeships but now they were available at quite a senior level and there was the ability to use the apprenticeship levy.

JD queried appendix 2 and the results from Newcastle Hospitals which were higher and whether there were any exceptional achievements at Newcastle from which we could learn. KG replied that we had asked for areas that we could learn from but had received nothing tangible at the moment. JD queried whether it was the patient population that affected the result. KWB replied that it could be but more interesting were the Gateshead results as they served a relatively small population.

SC commented that she had been a patient in Newcastle and she felt that perhaps staff received more customer training. KWB replied that he would then expect more positive results in the patient survey rather than the staff survey.

KG advised that some behavioural work was to take place. There had however, been some external visitors to the Trust who had commented extremely positively on the organisation. KWB stated that we would get feedback on that in our CQC report.

LH queried whether other areas were doing more for staff than we did. KWB replied that his wife worked in Newcastle Hospitals and she received none of the benefits that our staff received. JD commented that he attended hospital a lot and the response from staff had always been really helpful and he could not see any measurable difference between CHS and the Freeman for example.

KG advised that a number of engagement events had taken place during April and May to which all staff had been invited to attend. The events had a focus on listening to staff experience and developing ideas for taking action to address the issues identified. The OD plan had also been shared with staff. The plan consisted of a number of initiatives designed to give a better understanding of our culture, people, needs and challenges, e.g. development of a behavioural standards framework, leadership training and BME colleague engagement.

Resolved: To note the report and approve the next steps.

JOHN ANDERSON QA CBE
Chairman

COUNCIL OF GOVERNORS

NOVEMBER 2018

PLACE REPORT 2018

INTRODUCTION

The following is a report of the PLACE inspections carried out in April 2018 and an overview of the findings and results of the PLACE inspection teams.

BACKGROUND

The PLACE programme was introduced in April 2013 to replace the Patient Environment Action Team (PEAT) assessments, which ran from 2000-2012.

PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers:

- Putting patients first;
- Active feedback from the public, patients and staff;
- Adhering to basics of quality care;
- Ensuring services are provided in a clean and safe environment that is fit for purpose.

PLACE encourages the involvement of patients, the public, and both national and local organisations that have an interest in healthcare in assessing providers.

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

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

The inspections took place over the following dates:

Sunderland Royal Hospital (SRH) - 10th April 2018
Sunderland Eye Infirmary (SEI) - 11th April 2018

PLACE assesses a number of non-clinical aspects of the healthcare premises identified as important by patients and the public, known as domains:

- Cleanliness
- Food and hydration
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia: how well the needs of patients with dementia are met
- Disability: how well the needs of patients with a disability are met

All healthcare settings in England are eligible. Whilst the programme is voluntary, all sites are encouraged to participate provided they meet certain criteria as the assessments give patients and the public a voice in discussions about local service provision.

A fundamental part of PLACE is the inclusion of lay assessors known generically as ‘patient assessors’. All assessment teams must include a minimum of 2 patient assessors, making up at least 50% of the team.

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

The requirement for patient representatives to complete the final assessment forms and to agree a score for each area with the rest of the team including CHS staff is the same as in previous years. The Patient Representatives are also required to submit a “Patient Assessment Summary Sheet” containing some questions specifically for patient assessors only to answer. This is to make sure that the patient voice is strong and clear. At the end of the assessment, patient assessors meet alone to answer these questions.

Due to the delays in publishing collection materials NHS Digital did not issue notifications this year; the dates were therefore the same for all data providers in order to allow sufficient time for preparations. CHS chose the dates for the inspections ensuring maximum availability of patient representatives. The Patient representatives choose the areas to be visited on the day of the inspections.

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

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

- 14 ward Assessments (13 SRH, 1 SEI)
- 9 Outpatient areas (7 SRH, 2 SEI)
- 3 A & E/Minor Injuries (2 SRH, 1 SEI)
- Internal Areas (both sites)
- External Areas (both sites)
- 9 Food Assessments (8 SRH, 1 SEI)

The inspections, which were unannounced, took place via four teams at SRH and one team at SEI to ensure the maximum number of areas could be inspected.

TEAM MEMBERSHIP

The following were involved with the inspections:

Rachael Hutchinson - Hotel Services Manager, CHoICE Facilities Services
Larry Stores – Head of Facilities, CHoICE Facilities Services
Carol Harries – Director of Corporate Affairs
Julie Porter – Practice Development Sister
Miriam Davison - Matron
Dave Smith – Building Officer, CHoICE Facilities Services
Peter Ingram – Senior Nurse, Infection Prevention & Control
Glen Robinson - Contracts Manager, G4S
Claire Dodds - Hotel Services Manager, CHoICE Facilities Services
Michael McNulty – Council of Governors
Danny Cassidy - Council of Governors
Chris Colley – Council of Governors
Pauline Taylor - Council of Governors
Liz Highmore – Council of Governors/Healthwatch
Janet King - Healthwatch
John Dean - Governor
Harry Brown – Volunteer
Audrey Thompson – Healthwatch
Craig Hardy – Healthwatch
Linda Davison – Healthwatch
Susan Pinder – Governor
Tom Canning – Healthwatch
Wendy Hadlington – Healthwatch
Margaret Quinon – Volunteer
Tom Stephenson - Volunteer

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

POST INSPECTION PROCESS

The findings from the inspection were entered onto the PLACE Assessment form and submitted to NHS information Centre on 24 May 2018, well within the deadline date.

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

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

INDEPENDENT REVIEW

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

RESULTS

National results were published on 16 August 2018. A summary of the results is show below by Domain, including the scores of our neighbouring Trusts.

Local Site Scores		SRH	SRH	SEI	SEI
	National Average	2018 %	2017 %	2018 %	2017 %
Cleanliness	98.5	99.45	99.81	99.12	98.86
Food	90.2	93.52	95.83	99.28	99.33
Organisation Food	90	98.41	99.19	100	100
Ward Food	90.5	92.55	95.06	98.34	98.59
Privacy, Dignity and Wellbeing	84.2	85.35	86.57	83.02	82.20
Condition, Appearance and Maintenance	94.3	97.36	94.83	93.58	93.23
Dementia	78.9	81.24	75.19	79.40	80.97
Disability	84.2	89.30	83.86	85.20	84.98

PLACE Inspection Scores 2018	Cleanliness	Food	Organisation Food	Ward Food	Privacy Dignity & Wellbeing	Condition & Appearance	Dementia	Disability
National Average	98.5	90.2	NA	NA	84.2	94.3	78.9	84.2
Sunderland Royal Hospital	99.45	93.52	98.41	92.55	85.35	97.36	81.24	89.30
Sunderland Eye Infirmary	99.12	99.28	100	98.34	83.02	93.58	79.40	85.20
South Tyneside District Hospital	97.56	85.65	89.34	81.55	76.33	95.87	79.65	82.82
Queen Elizabeth Hospital	99.93	93.40	92.82	93.58	86.75	99.04	86.53	93.45
Freeman Hospital	100	85.66	84.78	85.85	90.08	97.56	71.38	82.94
Royal Victoria Infirmary	99.93	87.88	93.70	86.80	87.61	97.63	67.48	83.70
North Tyneside General Hospital	99.73	99.32	96.65	100	96.13	99.00	98.31	97.02
James Cook University Hospital	98.35	85.05	93.74	82.17	89.65	96.38	85.72	91.36
University Hospital North Durham	99.92	95.59	98.41	94.90	88.86	97.95	80.50	90.16
Darlington Memorial Hospital	98.97	96.90	98.25	96.57	92.88	95.13	81.65	87.31

Refer to **Appendices 2a & b** for results table 2018 across all domains and **Appendices 3a & b** for comparison of results over the last 5 years

FINDINGS

The area scores can be found at **appendices 1a & 1b**. Some members of the inspection team had been involved in previous inspections, although there were a number of inspectors new to the process this year. The general feeling was that there was a good standard maintained across all areas.

There were improvements noted across the domains although it is recognised there are still some aspects of the PLACE inspection that require enhancement.

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

We continue to learn from the findings as a result of the inspections, and ensure that continuous improvement in patient care standards and their environment is always our main focus. The PLACE results can support a focused approach to improving the environment in the areas that make a real difference to patient care.

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

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

Areas for action

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

The Dementia scoring improved again from last year, with both SRH & SEI now above the national average and further improvements to the environment are planned for this year. This increase of 6% was mainly due to additional "Large Faced Clocks" Ward Information boards, decoration and toilet facilities. However further input into signage and information boards is required in outpatients' areas where Dementia sufferers are likely to attend.

The introduction of Hearing Loops at Outpatients reception desks will improve the patient experience for many and work is now ongoing to find a suitable solution.

The results from the Food Domain are of particular concern this year with a drop in the scores at SRH. The findings from the report show a lack of preparation and support for patients at meal times. There was a lack of evidence that patients had been prepared with their bed tables very cluttered and patients not sitting out of bed, or sitting up in readiness for their meals and no handwashing/wipes provided. Further work is now underway with the Nursing team to address these issues.

There continue to be areas of the assessment that would require substantial investment from the Trust, across all areas, in order to improve the scoring in these categories. These include:

- Signage around the site, both internally and externally, continues as an area requiring further updating.
- Flooring to meet Dementia standards
- Lack of social spaces – ward day rooms

ACTION PLAN

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

The findings will be shared with Divisional General Managers, Directorate Managers, Matrons and Ward/Departmental Managers.

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

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

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

All outcomes will also be discussed at Strategic Infection Prevention and Control Group and CHoICE FS Managers meetings.

CONCLUSION

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

We would also acknowledge the continued commitment from volunteers, Governors and Health-Watch for confirming that the process was in accordance with PLACE principles.

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

Given the age of much of the Estate, CHS are consistently scoring above the national average in most domains.

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

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

Wayne Carr
Director of Estates
CHoICE

Larry Stores
Head of Facilities
CHoICE

Rachael Hutchinson
Hotel Services Manager
CHoICE

Summary of Appendices

Appendix 1a & 1b – Area Scores – separate scores for each area assessed

Appendix 2a & 2b – Site report – 2018 Scores

Appendix 3a & 3b – Comparison of results over the last 5 years

Appendix 4a & 4b – Summary of findings



Area Scores

Organisation **CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

Site **SUNDERLAND ROYAL HOSPITAL**

Collection **2018**

Ward Type: A&E/Minor Injuries Units

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
Emergency department (adult ED)	93.88%		87.50%	100.00%	96.30%	94.74%
Emergency dept, Paed ED	98.08%		100.00%	100.00%		100.00%

Ward Type: Food

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
B20		96.57%			75.00%	96.43%
C30		97.26%			80.00%	100.00%
C33		78.81%			75.00%	82.14%
C36		87.97%			68.75%	79.17%
E50		93.72%			68.75%	95.83%
E52		92.34%			75.00%	96.43%
F61		97.79%			75.00%	100.00%
F65		89.20%				95.00%

Ward Type: Out-Patient Areas

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
Audiology	100.00%		100.00%	89.71%	85.19%	94.74%

Endoscopy	99.12%		100.00%	100.00%	73.68%	87.50%
Head & Neck	100.00%		66.67%	100.00%	81.48%	84.21%
Metabolic Unit	100.00%		37.50%	85.71%	73.91%	73.33%
Physio	100.00%		77.78%	100.00%	73.68%	87.50%
Radiology	100.00%		70.37%	89.06%	64.00%	64.71%
Urology	100.00%		87.50%	95.31%	74.07%	84.21%

Ward Type: The Ward Assessment - Acute and Community Hospitals

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	First Impression	Final Impression		Comments
B20	99.28%		91.67%	98.41%	82.61%	100.00%	Very Confident	Very Confident	➡	
B26	97.89%		91.67%	97.76%	78.57%	93.33%	Very Confident	Very Confident	➡	
C30	99.64%		91.67%	100.00%	75.00%	86.67%	Very Confident	Very Confident	➡	
C33	100.00%		88.64%	100.00%	75.00%	86.67%	Very Confident	Very Confident	➡	
D41	100.00%		81.25%	97.27%	82.14%	93.33%	Confident	Confident	➡	
D48	100.00%		79.17%	99.11%	85.71%	93.33%	Very Confident	Very Confident	➡	
E50	100.00%		72.92%	100.00%	88.89%	93.33%	Very Confident	Very Confident	➡	
E51	100.00%		98.44%	100.00%	100.00%	100.00%	Very Confident	Very Confident	➡	
E58	99.59%		79.17%	99.25%	91.67%	92.31%	Confident	Very Confident	⬆	
F61	100.00%		98.33%	95.52%	81.25%	87.50%	Confident	Confident	➡	
F63	99.67%		100.00%	99.21%		100.00%	Very Confident	Very Confident	➡	
F65	100.00%		88.89%	100.00%		100.00%	Very Confident	Very Confident	➡	
IAU	99.22%		75.00%	100.00%	82.14%	93.33%	Very Confident	Very Confident	➡	



Area Scores

Organisation CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

Site SUNDERLAND EYE INFIRMARY

Collection 2018

Ward Type: A&E/Minor Injuries Units

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
Emergency Department 1	100.00%		57.14%	96.43%	69.57%	73.33%

Ward Type: Food

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
Food 1 Haygarth		98.34%			85.00%	89.29%

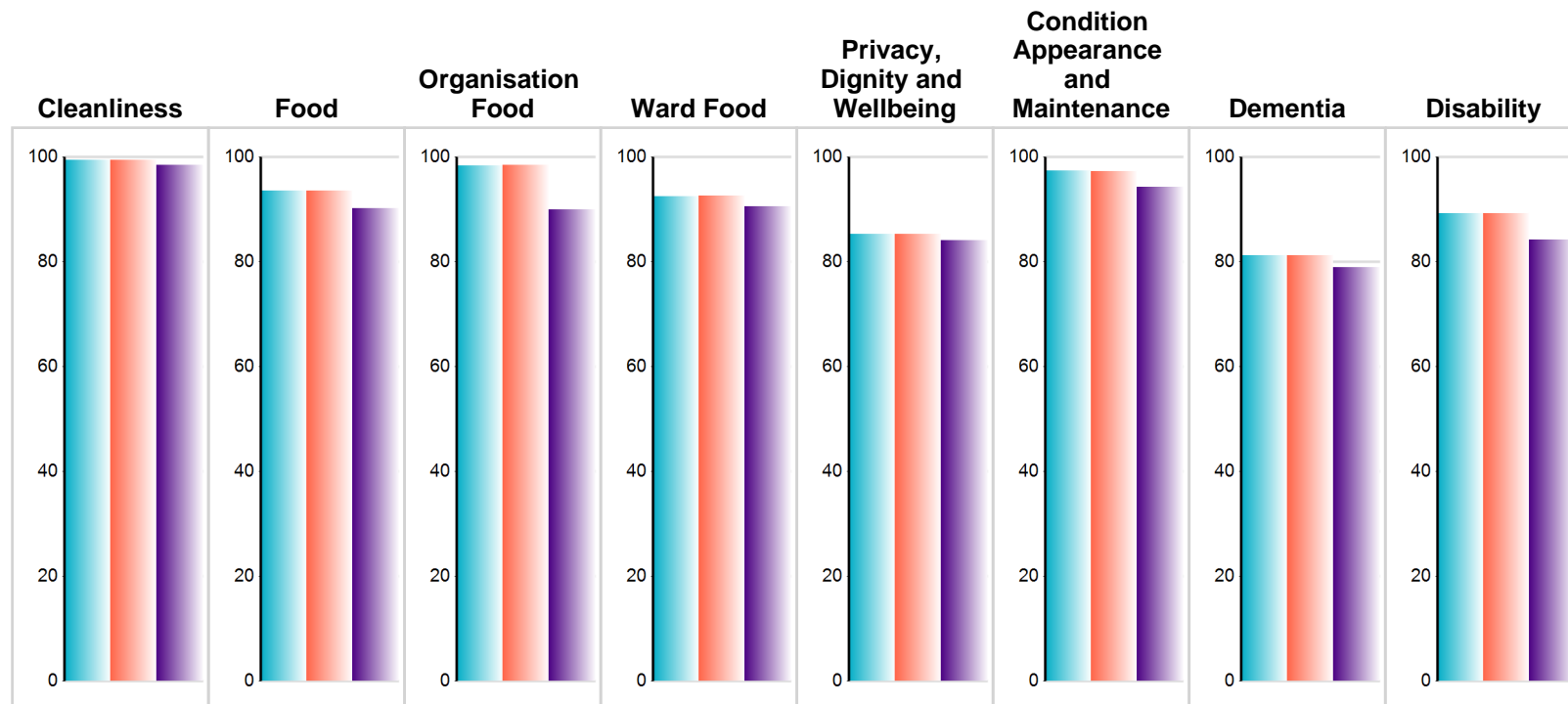
Ward Type: Out-Patient Areas

Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability
OPD A	97.46%		87.50%	94.83%	79.17%	81.25%
OPD B	98.31%		60.00%	96.55%	75.00%	75.00%

Ward Type: The Ward Assessment - Acute and Community Hospitals

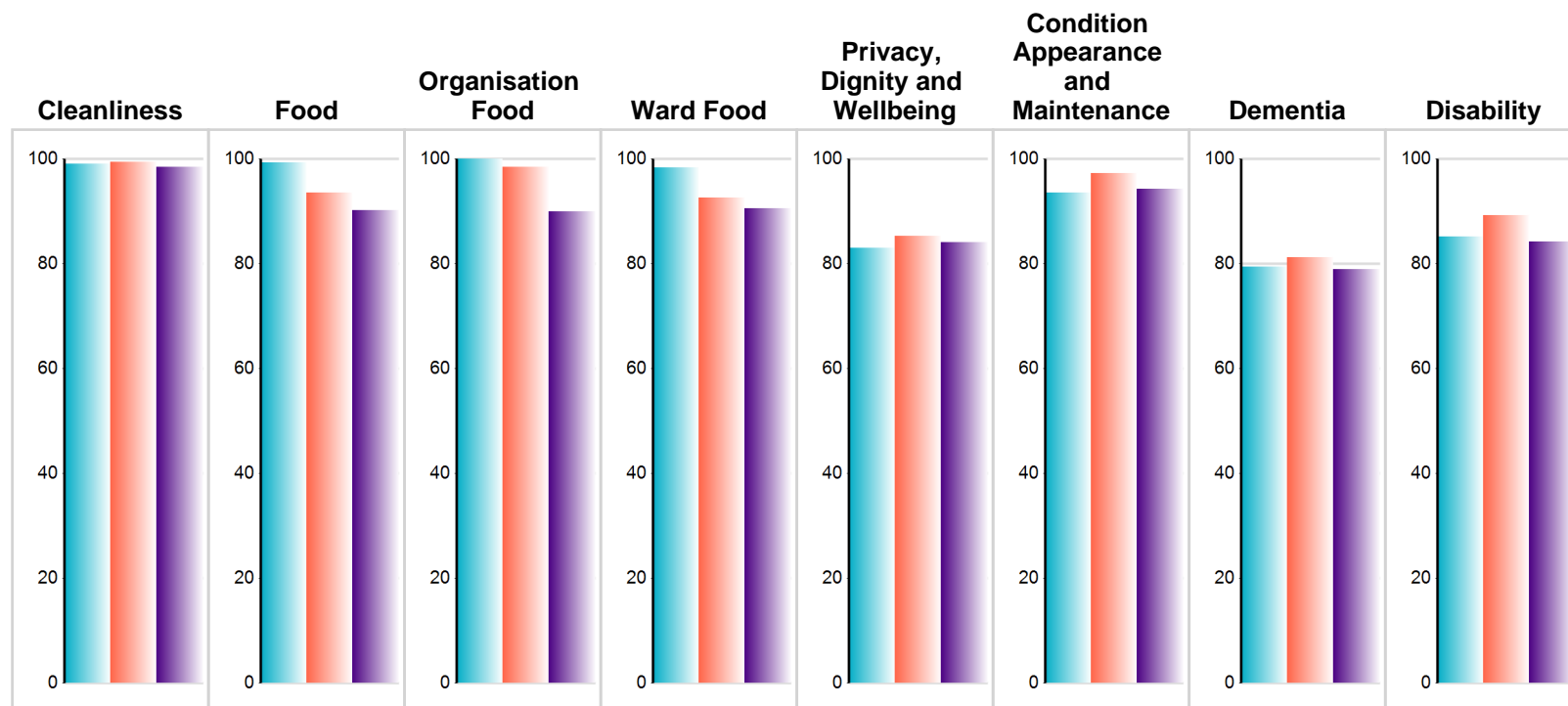
Ward Name	Cleanliness	Food	Privacy	Condition, Appearance & Maintenance	Dementia	Disability	First Impression	Final Impression		Comments
Haygarth	99.35%		96.67%	99.21%	84.38%	93.75%	Very Confident	Very Confident		Best use of space. Some information posters are out of date.

SUNDERLAND ROYAL HOSPITAL- Collection: 2018



Achieved Score (Actual)	4553.0000	668.8485	116.6973	552.1512	401.1666	2356.0000	928.4663	741.4789
Available Score (Actual)	4578.0000	715.1929	118.5880	596.6049	470.0000	2420.0000	1142.8571	830.3697
Site Score	99.45%	93.52%	98.41%	92.55%	85.35%	97.36%	81.24%	89.30%
Organisation Average	99.45%	93.60%	98.43%	92.63%	85.32%	97.30%	81.21%	89.24%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%

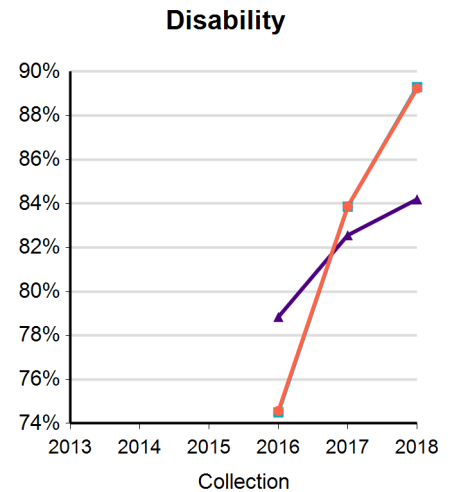
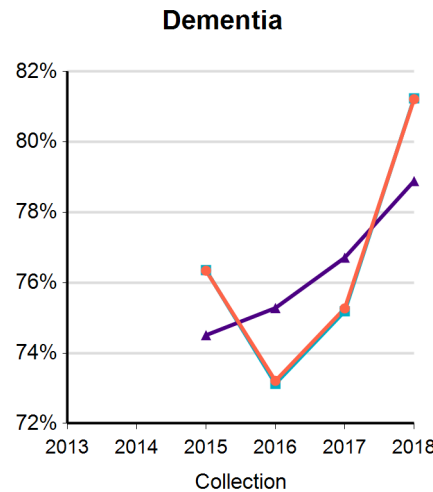
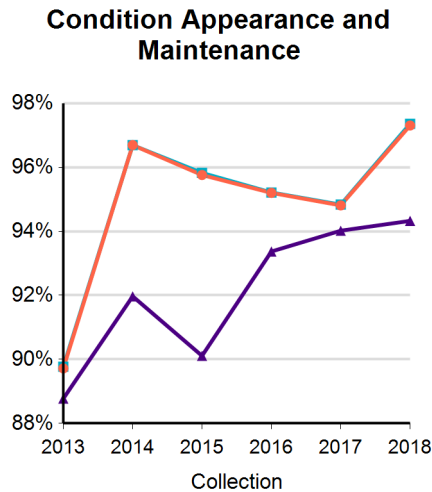
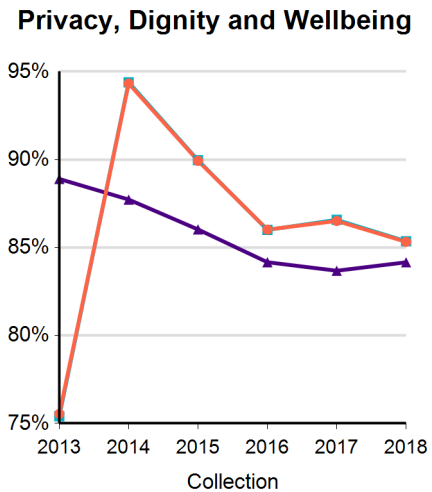
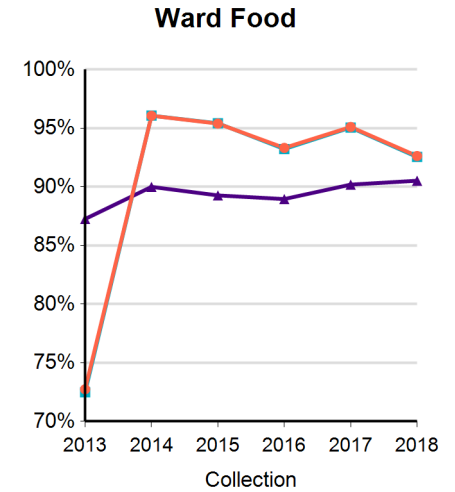
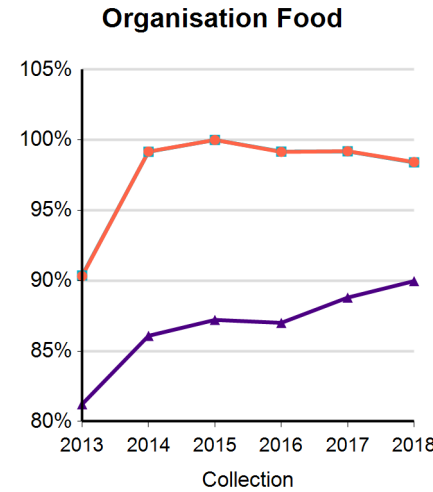
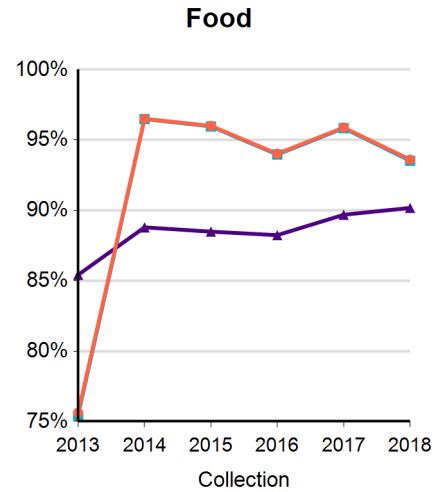
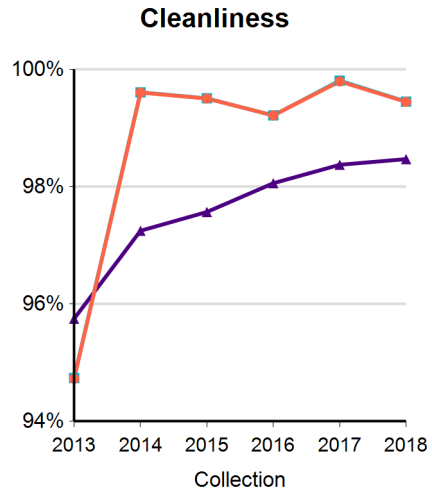
SUNDERLAND EYE INFIRMARY- Collection: 2018



Achieved Score (Actual)	785.0000	205.5586	116.5880	88.9706	89.6666	423.0000	229.3571	192.8697
Available Score (Actual)	792.0000	207.0586	116.5880	90.4706	108.0000	452.0000	288.8571	226.3697
Site Score	99.12%	99.28%	100.00%	98.34%	83.02%	93.58%	79.40%	85.20%
Organisation Average	99.45%	93.60%	98.43%	92.63%	85.32%	97.30%	81.21%	89.24%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%

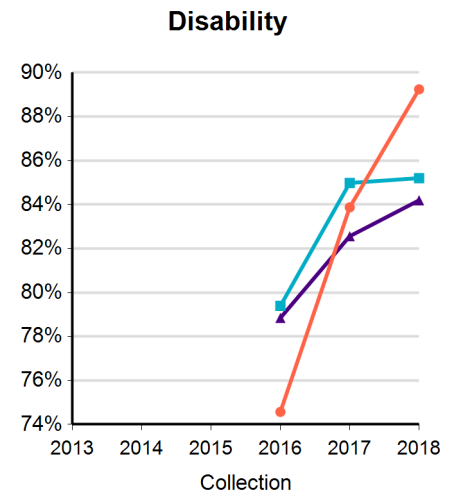
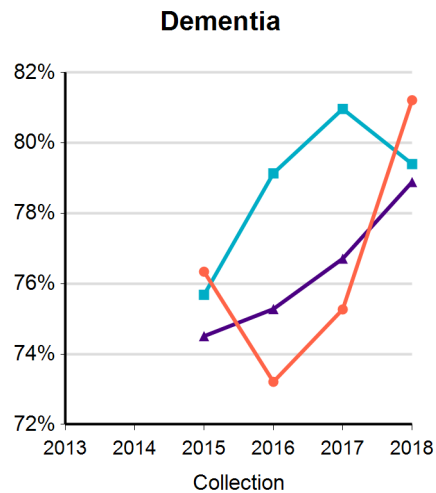
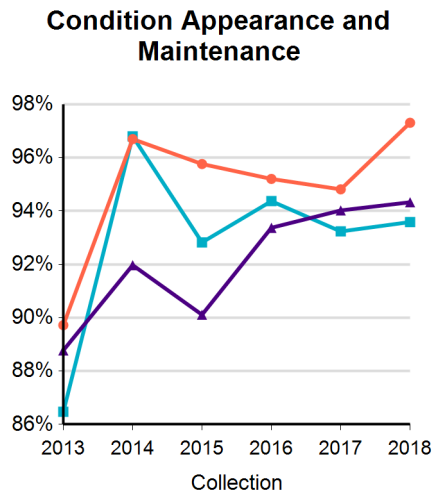
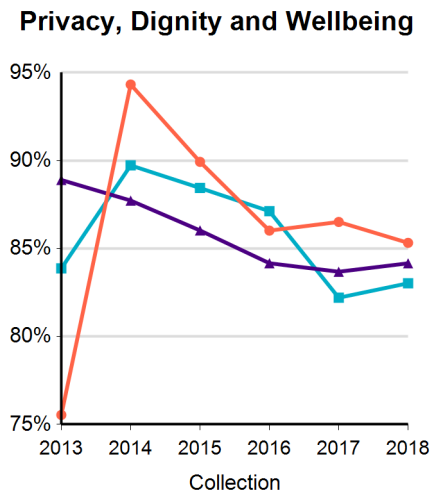
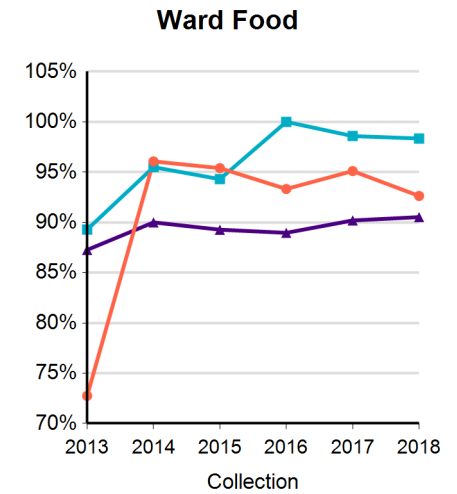
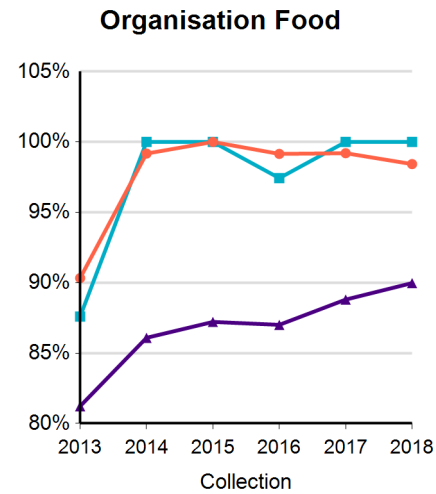
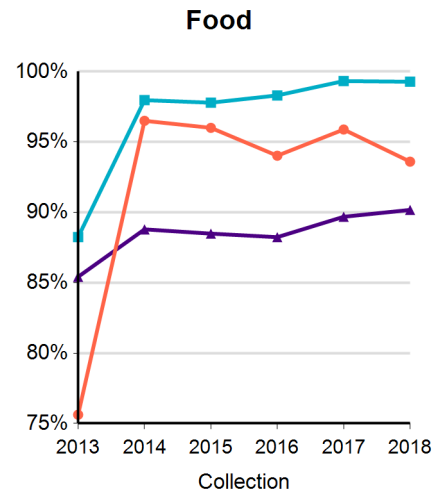
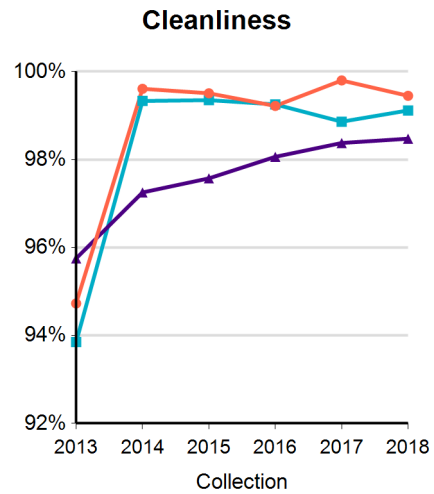
SUNDERLAND ROYAL HOSPITAL

Site Scores Organisation Average National Average



SUNDERLAND EYE INFIRMARY

Site Scores Organisation Average National Average



CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: B20

1st Impression: A

SUMMARY OF FINDINGS:

- Side ward 1, marks on wall where mirror removed.
- Drilling very noisy (refurbishing nearby)
- Door frames damaged.
- Socket (left of nurses station) damaged/dirty
- No hand rails in corridor (reason: ligature issue)
- Cold tap needs replacing in interview room
- Floors dirty and scuffed in interview room
- B1215 – Clothes in bag, toilet seat wet, incontinence pad left out
- B1221 – Patient toilet taps dirty, old need replacing.
- Leaflet holder - only one leaflet in place
- B1204 – Cleaning charts not displayed correctly (stuck behind mirror)
- Patient info notices not good, out of date leaflets
- Fire notice lying on chair
- Empty leaflet holders – corridor to B20
- Ward notice board – incorrect date
- Sinks clean
- Notices sellotape to walls – old blu-tak
- Lots of equipment in corridor, linen trolley at entrance to ward
- Radiator top cover broken (Plastic)
- Holes in wall to be filled
- Sanitary schedule up to date
- Beverage trolley boiler not working
- Wash hand basin needs sealant
- Damage below fire button at entrance
- Staff sign damaged (dirty utility) and wall damage
- Bay 4 floor shining
- Reception floor shining
- Wall side ward 1 attention needed above sink disposal.

GOOD:

- Very bright very clean
- Good notice board
- Good response from patient x 2
- Good visual clock

ISSUES FOR ACTION:

- No hand gel on 4 out of 5 beds
- Sink – hand wash
- Estates related issues
- Hoist – marked as clean
- Drilling at 7.10 a.m. B20

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: B26

1st Impression: A

SUMMARY OF FINDINGS:

- B854a – Shower/toilet black mould on shower, dirty utility sign missing.
- B857a – shower/toilet black mould on sealant and fluff on extractor.
- Leaflet racks broken, empty leaflet stand on ward
- Entrance door badly damaged (trolley's)
- Sink at entrance/floor wet
- Shower room – paint missing
- Staffing notice board at entrance, still states S. Sasmazer/19.03.18 (No longer here)
- Sharps box open
- Hand rails clean/same colour as walls
- Curtain rails dusty bay 4
- No aprons in Danicentre outside SR3
- B867 – Wall badly scuffed – Paint on hand rail in shower bad state. Label on bin torn. Shower dial broken, no privacy curtain.
- B854A – Shower - black mould around tray
- Corridor – used tissues left on top radiator
- B863 – Cleaner check list not displayed correctly – needs frame
- B853 – Relatives room dirty floor, overflowing bin. Obs equipment left on sink. Under sofa cushions dirty/flushing last done on 6th April?
- Stained ceiling tiles at @ dirty utility and corridor
- Wall damage assisted toilet/shower and short cord
- Hand rail corridor, no contrast with walls
- Bay 1 and bay 2 – wash hand basin no sealant
- No door closer cover at entrance and damage
- Oxygen bottles stored unsecured in corridor
- Shower dial broken

GOOD:

- Linen store clean and tidy
- Dirty utility clean and tidy
- Clocks in wards dementia friendly
- Spoke to patients good response in all areas.

ISSUES FOR ACTION:

- Toilet cleaning charts filled in advance, signed off till 8 p.m.
- Relatives room – floor dirty, bins full
- Sofas dirty/table dirty
- Ceiling tiles x 2
- Flushing outlet – not checked since 06.04.18 – relatives room

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: C30

1st Impression: A

SUMMARY OF FINDINGS:

- Poor entrance light
- Toilet stained, sanitary check dated 9/4. Full waste/sanitary bins
- Treatment room – couch and room very clean.
- Toilet – cleaning schedule 9/4 bin
- Bin in dirty utility mixed waste – Lots of clutter, stands on floor in sluice
- Commodes clean – no bin for hand towels.
- Lap tops/obs machines clean.
- No curtain in bathroom
- C1202 – Floor in shower damaged, looks to be leaking, nearby handrail loose/mirror old
- C1215 Old taps discoloured
- C1221 – Toilet dirty, clothes left in area, paper towels wet
- C1227 – No privacy curtain
- C1228 – Sani bin overflowing
- C1203 – hand rail loose
- Bay 4 shiny floor
- Light off at entrance toward
- Boxes stored in corridors

GOOD:

- Spoke to patient – good response

ISSUES FOR ACTION:

- Shower floor needs attention
- Cluttered dirty utility

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: C33

1st Impression: A

SUMMARY OF FINDINGS:

- Waiting Area – Chairs same height
- Corridor nice and clean and bright and tidy
- Bays clean and tidy and bright
- Impressed by Cleaning system e.g. mop system, blue, red and yellow.
- All patients stated impressed with cleanliness and care.
- Notice board tidy/leaflets tidy
- Hand washing available
- Notice board down, wall holes, on entry to ward
- Pleasant washing area with good chairs within areas
- Linen store locked, just delivered; looks clean and pressed. Store clean and tidy.
- Corridor tidy
- Clear signage
- Gloves and aprons readily available
- Date and weather board updated
- Curtains close
- Ward bay spotlessly clean, bed lovely, patient said cleaned all the time and the staff are fab.
- No smells
- Wall in waiting area got blue tac residue
- Floors look wet as shinny
- Linen looks OK
- Units for old EMF closers require renewing (electrical)
- Right hand main entrance clean, catching floor damaging floor covering
- Waiting area – windows taped up C103
- No clock
- Main corridor opposite waiting room, notice board renewed and hole in wall to fill an paint
- Tidy neat waiting area
- Side room – relatives staying over

GOOD:

- Light, bright, clean
- Hand rails are sturdy easy grip contrasting
- Curtains clean

ISSUES FOR ACTION:

- Drill holes at entrance just outside main door
- Domestic supervisor being contacted by ward manager as domestic help not reported for duty – concerns generally about level of domestic cover on ward.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: C33

1st Impression: A

SUMMARY OF FINDINGS:

- Waiting Area – Chairs all the same height
- Corridor nice and clean. Light, and bright and tidy
- Bays clean and tidy and bright
- Impressed by Cleaning system e.g. mop system, blue, red and yellow.
- All patients stated impressed with cleanliness and care.
- Notice board tidy/leaflets tidy
- Hand washing available
- Notice board down, wall holes, on entry to ward
- Pleasant washing area with good chairs within areas
- Linen store locked, just delivered; looks clean and pressed. Store clean and tidy.
- C129 – Linen Store – set missing from lock
- Shower room 122a – out of order? Not sure if this has been reported
- Clear signage
- Gloves and aprons readily available
- Date and weather board updated
- Curtains close fully
- No smells
- Wall in waiting area - blue tac residue
- Floors look wet but just shiny
- Units for old EMF closers require renewing (electrical)
- Right hand main entrance door, catching floor damaging floor covering
- Waiting area – windows taped up C103
- Tidy neat waiting area

GOOD:

- Hand rails are sturdy easy grip contrasting
- Curtains clean
- Good seats in showers and toilets
- Ward bay spotlessly clean, bed lovely, patient said cleaned all the time and the staff are fab.
- Side room – relatives staying over – ward staff arranged for extra bed for relative due to circumstances

ISSUES FOR ACTION:

- Drill holes at entrance just outside main door

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: D41

1st Impression: B

SUMMARY OF FINDINGS:

- Few hole in treatment room where fittings have been removed
- Ward looked very busy and cluttered
- Dementia door colours
- Floor coverings in good condition
- Decoration in good condition
- Bed at entrance

GOOD:

- Dementia signs in place and clocks

ISSUES FOR ACTION:

- Patient info board says D42 (ward relocated and took board from D42)

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: D48

1st Impression: A

SUMMARY OF FINDINGS:

- Well organised ward
- Patient info board visible and patient feedback available to view
- Slightly dark entrance corridor
- Visitors WC clean - no check at 2 p.m.
- Large treatment room clean
- Pictorial calendar in corridor
- Domestic Store tidy
- Well organised, clean and tidy
- D906 – toilet back rest ripped, needs repaired

GOOD:

- Well organised, clean and tidy
- Wooden handrail (as well as other handrail)

ISSUES FOR ACTION:

- Check sanitary sign off register; not signed at all today (it's now 2 p.m.)
- Bay signage states 'female' when only men are in it
- Patterned floor but clean

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: E50

1st Impression: A

SUMMARY OF FINDINGS:

- Corridor lighting could be improved
- Shower head holder broken in bathroom
- Ward bay 1 – Bright, plain curtains large windows
- Corridor clean, a few scuffs from wheelchairs
- Curtains fit each bed space correctly
- Female shower clean

GOOD:

- Kitchen area clean
- Toilet doors dementia friendly
- Dirty utility very clean and tidy.
- Chart up to date, excellent

ISSUES FOR ACTION:

- First strip light broken
- Used sharps bins open
- Floor tiles, but not over patterned, looked slippery
- First strip light broken
- Not many visitors seats

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: E51

1st Impression: A

SUMMARY OF FINDINGS:

- Bathroom with 'out of order' label on but doesn't say where another one is.
- Floor a bit shiny
- Staff eating outside of ward, no space elsewhere for staff
- Bathroom out of order, a bit smelly outside
- Corner damaged on corridor

GOOD:

- Patients have small plastic baskets on their trays to ensure items are kept in one place.
- Pictorial orientation board
- Clean and tidy
- Board shows that 100% of patients felt staff managed pain.

ISSUES FOR ACTION:

- Staff eating their lunch in corridor and there was a meeting in the day room!
- Shiny floors in corridor and bays

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: E58

1st Impression: A

SUMMARY OF FINDINGS:

- Lights off in waiting area and corridor, entrance to ward dark – reported by matron
- Handrails sufficiently contrasting colours
- Orientation boards showing date and weather, wrong date shown
- Bathrooms with pictorial signage
- Linen store well kept
- Visitors toilet clean
- Dirty utility – clean and tidy
- Corridor areas clean
- Reception no clock
- Broken tile
- Unmarked bottles gel on hand rail
- Male toilet - dirty air extraction duct
- Female toilet drain – floor stained.
- Clean, tidy wooden rails on top of ordinary rails.

GOOD:

- Signs clear
- 'All about me' boards (easy to read) in rooms
- Visible cleaners

ISSUES FOR ACTION:

- Floors in reception, possibly not dementia friendly
- No clock in reception
- Quite dark on entering ward
- Bath discoloured, but clean
- Curtain in bathroom not quite wide enough, but clean
- Waste bin full.
- Bed in corridor
- Not a lot of chairs in wards for visitors.
- Sign up saying its Monday and its actually Tuesday

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: F61

1st Impression: B

Lasting Impression:

SUMMARY OF FINDINGS:

- Bay 1, 2, 3, 4 all clean
- No white boards above some beds
- Patient Sitting room clean variety chair's
- Dusting on medicine boxes in bays
- Wall damage
- Window ledge stains
- Dust on out pipe under sink
- Trip hazard in bath shower room
- Ingrained dirt in sink over flow
- Needs more light in patient sitting room
- F1102 – Toilet/bath – no hand rails
- Table sticky
- Poor lighting

GOOD:

- Good clear signage friendly environment

ISSUES FOR ACTION:

- Hole in wall bay 4 - several holes
- Seating needs replacing
- Paint damage – caused by trolleys

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: F63

1st Impression: A

SUMMARY OF FINDINGS:

- Tiles treatment room
- Lockers not lockable
- Good impression
- All facilities in good condition
- Staff helpful and co-operative
- Linen cupboard neat and tidy

GOOD:

- General condition excellent
- Really impressed

ISSUES FOR ACTION:

- Treatment room leak onto ceiling tiles
- Bay D dirt on curtain rails

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: F65

1st Impression: A

Lasting Impression:

SUMMARY OF FINDINGS:

- Child offered choices
- Child asked for Dairylea sandwich – made and left until it woke
- Medical gases empty, not on rack could fall,
- White board against wall loose, could fall over
- Window leaking
- Welcoming, décor child friendly red balloons to follow
- Dust on windowsill (high)
- Room 5 – toilet required cleaning

GOOD:

- Good choice of foods suitable for finger eating
- Great ward, very happy with this ward

ISSUES FOR ACTION:

- Tray not ready for food
- Food service poor, one health care assistant
- Tables not cleared beforehand, wash wipes only offered after prompt.
- Pleasant staff around but not helping service ward policy
- High chairs table peeling/plastic top
- Window raining in, in corridor opposite room 5

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: IAU

1st Impression: A

Lasting Impression:

- Light, bright, clean

SUMMARY OF FINDINGS:

- Nice light clean bright corridor on entrance. Appears quiet and calm.
- Has large face clock.
- Bright and clean
- Curtains for privacy
- Nurses station clean and tidy
- Signage is good
- Handrails in place
- Décor good
- Floor coverings good

GOOD:

- Staff all friendly
- Nice quiet room for those who are dying and relatives

ISSUES FOR ACTION:

- Floors not clean, bits of paper

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Emergency Department & Paed ED

SUMMARY OF FINDINGS:

- Treatment room 1, table has leg off
- Resus – High activity 1 (to be cleaned) pen sterile dressing box, oxygen bottle free stand at desk. Key board on top of water dispenser, no desk or chair to access key board x 2
- Ambulatory and speciality assessment area secure access
- Assessment 9 dirty trolley
- Waiting time announcement on TV screen, not obvious
- See & Manage – open sterile dressing.
- Meditech PC's - dust on top of screen.
- Ambulatory Care – plughole needs attention. Toilet, sink lots of paper on the floor, full bin.
- Dirty floor - entrance
- High Acuity 1 – Dust, sink dirty, cup of water left, room 2 – Dust - no hand gel, sink needs cleaning, bed dirty, floor dirty
- Cleaning taking place, wet floor signs in place, corners unclean, marks on seats.

GOOD:

- Paediatrics – entrance door dirty
- Children's waiting area very good and bright
- Fire extinguisher blocked off next to high acuity
- Bright, waiting area, paediatrics toys, very calm atmosphere.
- Waiting area not busy, very quiet
- Relatives room very calm atmosphere.
- Rooms cleaned down and ready for use

ISSUES FOR ACTION:

- Floors across department and Toilet areas dirty
- C6139 relatives room, tile open ceiling
- C6165 – hole in trolley cover
- No cups for water
- Dust on top of doors, window sills etc
- Open sterile dressings
- Trolley blocking corridor
- See & Manage – a lot of paper – waste on floor (packaging)
- High Acuity – paper on floor – packages, high level dust on monitoring equipment, floors not swept.
- Window sills outside rooms, dust
- Curtains dated WC 17/10 – what is the frequency of curtain changes.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Audiology

SUMMARY OF FINDINGS:

- Dull, marginally under lighting
- Shabby tape on boards
- Patient exam bed worn in many rooms
- Skirting's damaged/wear and tear but clean
- Staining on ceiling tiles in waiting area
- Flooring carpets to muffle sound
- Paintwork chipped behind chairs
- Mix of chairs with arms
- Notices taped to whiteboard
- Doors to cabinet broken
- Treatment 3 – Extra couch torn
- Work surface chipped
- Treatment 4, exam couch worn
- Noticeboard audiology corridor (blue) needs replacing
- (1) sound field testing – door unlocked, bag/coats in room
- patient information
- Stationary cupboard open and accessible in public area (door broken)
- Window blinds in waiting area
- Disabled toilet in Chester Wing

GOOD:

- patient information good and in plentiful supply, leaflet rack well stocked
- Corridors clutter free
- Tidy waiting room environment

ISSUES FOR ACTION:

- C2114 staining on corners/Wear and tear (EA14)
- Wall damage (waiting area)
- Scuffs to skirting (C2140, EA10)
- Exam couches need recovering

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Endoscopy

SUMMARY OF FINDINGS:

- Clean, smart, modern
- 4 bariatric chairs
- WC fine
- Treatment rooms
- Still looks brand new (2 years old)
- Signage from Chester Road could be better, but very good.
- Clean, spacious
- WC – fine, bins emptied, OK for disabled
- Light and bright
- General store 100% great
- Unit manager very welcoming
- Immaculate, bright, wheelchair available, magazine table.
- A range of leaflets available, info on TV screen.
- Toilets clean and smelled fresh
- Notice boards very good
- Very high tech treatment room with high desks (stand up or sit down to use lap taps etc.)
- Patient pathway in seminar room, pictorial, table to read.
- Toilets immaculate, however signs off sheet was signed off this morning and afternoon at 8.30 a.m.

GOOD:

- Very light bright and clean
- Well organised, clean and tidy
- Store room very tidy.
- Very clean and fresh and modern facilities
- Wheelchairs friendly
- Excellent access for disabled
- Bariatric chairs available

ISSUES FOR ACTION:

- Toilet signs
- Handrails not dementia friendly
- Toilet seat slightly worn or greasy
- Lower third of corridor walls slightly scuffed by wheelchairs
- Grey flooring good for dementia, however large circles of dark blue, possible dementia patients may find this difficult.
- Handrail on grey wall same colour – not good for dementia patients.
- Signage – There is a outside sign for endoscopy, but could be better

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Head and Neck

SUMMARY OF FINDINGS:

- Shabby notice board
- Oral and facial, inside signs tatty
- Inside radiator dirty
- Chair ripped
- Picture frame dirty
- Slight wear and tear on door frames and skirting's
- Dust on picture, otherwise spotless
- No all floors not dementia friendly, but where floors replaced they are dementia friendly.
- Edge of main corridor flooring worn
- Good use of television sub tiles
- Some leaflet racks empty and one broken
- Good levels of information, both clinical and non-clinical, but some notice boards untidy, torn notices
- Sanitary check list up to date
- Light and tidy on entering
- Clinic information boards up to date
- Dental X-Ray notice needs replacing on door (Paper notice)
- Leaflet rack, broken and untidy, not full
- Patient chairs 1 items needs recovering (corridor dental)
- Scuffs on orange wall, waiting area (1st impression good)
- Recovery room (artificial lighting)

GOOD:

- Good info board on clinics times
- Signage on toilets – pictures (dementia friendly)

ISSUES FOR ACTION:

- Loose tile (CZ054 EA2)
- Scuffs to door frame (C2087 OF25 (and many others)
- Broken tiles (ceiling) and some tiles stained
- Some dust and areas not as clean as they could be

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Metabolic Unit

SUMMARY OF FINDINGS:

- Small Unit, clean and tidy
- Feels cramped in waiting area, too much signage
- Room 3 – staff belongings i.e. cups/drinking bottle
- Room 4 cluttered
- Staff clothing hung up in toilet A952
- Corridors cluttered with equipment
- Reception area – 2 lights not working
- Lots of info flyers
- Floors clean, lots of seating – TV
- Clean exit signs
- Staff areas well signed
- Scales in corridor
- Some wear and usage apparent
- Equipment in corridors

GOOD:

- Clean
- Lots of info easily available

ISSUES FOR ACTION:

- Storage issue
- Door stop with tissue wrapped around it in corridor
- Storage units in corridor
- Corridors cluttered
- One light gone in reception
- Data hub cupboard unlocked

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Physiotherapy

SUMMARY OF FINDINGS:

- A little dark in waiting area near physio gym
- Notice boards quite overcrowded in physio gym
- B level corridor clean and bright
- 3 separate areas
- Clear signage, reception
- Larger chairs
- Gym – lights, bright, calm, curtains for dignity/hand gel present in cubicles.
- Treatment area and pool – well maintained
- Shower room – clean, lockers provided. Changing area spotless/light/bright and clean
- Toilet – ceiling tile (leak). Good signage/clean floors
- Cubicle – hand gel clean tidy, well maintained, appropriate curtain lengths, calm atmosphere.
- Neuro gym – Light and bright, peaceful, work spaces are clear, condition good.
- Buffer rails dementia friendly, floor aren't.
- Lighting good
- Areas clean and tidy
- Variety of seating in waiting areas and in good condition.
- Limb reconstruction gym, PC's not locked

GOOD:

- Toilet for disabled in corridor in good condition
- Hydro pool good facility, changing rooms and locks good for security
- Nice seating areas for relaxation after therapy.

ISSUES FOR ACTION:

- Room B2014 w/c badly stained ceiling tile
- Physio – some wall damage

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Radiology

SUMMARY OF FINDINGS:

- Nice and bright on entrance
- Toilets clean (CT small)
- Waiting room tidy (CT small)
- Sharps box open (CT small)
- No bag in bin (CT small)
- MRI/Ultra sound – bins OK, temp signage on door (sellotape)
- MRI 1 Waiting area- scrubs untidy lockers
- MRI 2 – wall damage, paed's area
- Ceiling above main reception sign is tatty
- Looks dark in MRI waiting area
- Bit of damage to walls due to heavy traffic
- 4 stained ceiling tiles, waiting area
- No clock in main waiting
- area
- Seating in good condition, none with arms
- X-Ray 1 cubicles 11 and 12 skirting been removed holes in walls
- Reception – sign posting well visible from entrance
- Paediatric X-Rays carried out in X-Ray room 1, stained ceiling tiles
- Hand gel present, but not obvious
- Water machine – no cups
- Seating is low in CT, only one with handle
- Light and bright
- Small scanner room, rubbish on floor in corridor, clean and tidy
- Cubicle painted for kids
- Disabled loo very clean, well maintained

GOOD:

- Bright and clean and tidy
- X-Ray room 1 paed's – fantastic art work
- Toilets/Sinks clean and wash materials well stocked
- Curtains clean

ISSUES FOR ACTION:

- Toilet for disabled next to cubicle 27, bench needs repair/repainting
- No handrails
- Floor badly marked in places
- Floors look wet in some areas as very shiny
- Disabled toilet tatty near cubicle 27828
- Portable X-Ray in reception too large

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Urology

SUMMARY OF FINDINGS:

- Urology cluttered waiting area, area full
- All consulting rooms ok
- Fire extinguisher blocked off
- No hearing loop
- Tape on window test room Fire door jammed open, blocked off
- No hearing loop
- Hearing loop

GOOD:

- Bright waiting room, different chairs types

ISSUES FOR ACTION:

- Notes trolley in reception area - accessible
- Temporary door has crash bar which looks like a fire door but is not.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

FOOD

SUMMARY OF FINDINGS:

Ward B20

- Menus at bedside.
- Serviettes and condiments offered.
- Service rotation practiced.
- Patient said food and staff amazing.
- No qualified staff involved in service.
- Portions adequate and hot.
- Patients asked choice at point of service.
- No colour coded jugs or trays.
- Staff friendly and accommodating.

Ward C30

- Spoke to patients in male bay and female bay, positive feedback re meal service sandwich and soup adequate.
- Always well presented, soup hot.
- Positive comments regarding staff re meal service.
- Chicken sandwich contained chunks of chicken as opposed to wafer thin tasteless slices.
- Hot meat very tender and tasty.

Ward C33

- Patients stated soup and sandwiches really tasty.
- Asked them if they were offered hand wash or wipes, they stated not.
- Bed tables not cleaned. Hand wipes not offered to patients.
- Some staff distributing meals taken off service for short periods to attend to patients.
- Service process was a bit chaotic.
- Not a protected mealtime.

Ward C36

- Over bed tables very cluttered.
- Lots of waste.

Ward E50

- Operated protected mealtimes.
- Shame so much was destined to be thrown away.
- On food service one of the staff in buff colour uniform was sucking her fingers.

- Patients could not reach table and food and could have been helped with a spoonful of peas.
- One complaint tea was cold, no meat in shepherd's pie.
- Meal service ward clean and tidy.

Ward E52

- Ward Manager taking control at serving meals looked very professional.
- She was multi-tasking, watching bay 1 as well.
- Michelle ward manager orders food with patients' needs in mind i.e. finger food for Parkinson's sufferers.
- Operate protected mealtimes.
- Staff ask patients if they enjoyed their meals, had eaten and drank enough.

Ward F61

- Texture and presentation very good and long term patients (months) state that they get some variety every week (3 choices of pudding).
- 'Food not cooked fully (Potato)
- Ok, salads look good.

Ward F65

- Good sandwiches, meals to suit children's tastes.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: Haygarth Ward

1st Impression: A

Lasting Impression: A

SUMMARY OF FINDINGS:

- Philosophy notice – large print version would be good
- Store room makes good use of space
- Children's bay pleasant for small children, but not for adolescents. Child height chart – nice
- Bathroom tonal contrast lacking, no curtain
- Nice décor on windows
- bariatric commode stored in paediatric bathroom
- Good education board
- Temporary dementia signage on patient toilet/shower; makes good use of limited space overall.
- Patient information
- Clean, well maintained ward
- Bays tidy and clean, clean bed space
- Menus needs updating in wall holder/display
- Decoration and floor coverings in good condition
- All rooms accessible
- Aluminium handrail in one toilet
- Well signed
- Signs on toilets and picture
- Commode labelled

GOOD:

- Hand rails – do contrast
- Nice to have communal area
- 6 step check for meals good
- Nice to see the new place mats.

ISSUES FOR ACTION:

- Various items stored in corridor
- Linen store tidy but needs sweeping
- How can patients charge mobile devices?
- No free WiFi

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: SEI A&E

SUMMARY OF FINDINGS:

- Hand cleans quite high up
- Lights to be changed to LED
- Push buttons for wheelchair access
- Flooring looks tired
- Some variety of seating, but main seating looks very utilitarian
- No hearing loop on reception
- Door opener push button worn
- Directions to accessible toilets need to be laminated to look less temporary.
- Ladies toilet hand dryer very high up
- Comments box dirty

GOOD:

ISSUES FOR ACTION:

- Disabled toilet rubbish on floor
- No tonal contrast on seats
- Dark colour behind sluice and paper hand dispenser would help and be cheaper to do quickly.

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: SEI Mayling

SUMMARY OF FINDINGS:

- Like notice board philosophy
- Nurse led glaucoma waiting area more cheerful - lovely
- Different chairs heights etc.
- TV not on
- Water machine available
- Notice boards good, say date, hospital etc.
- Lighting good

GOOD:

- Really liked philosophy statement

ISSUES FOR ACTION:

-

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: SEI OPD A

SUMMARY OF FINDINGS:

- Consultants room 6 – Mug on sink
- Clean tidy
- Leaflet racks being sorted, look good
- Room 7 – excellent kids distraction therapy
- Room 8 – Clean, mug on sink
- Treatment/assessment – excellent use of space
- Toilets clean
- Bright environment, well signed
- Staff friendly
- Waiting areas are clean and comfortable

GOOD:

- Notice boards,
- picture signage
- Picture on walls (reminiscence) very good

ISSUES FOR ACTION:

- Bags not in bin properly
- None
- Staff mugs left in consulting rooms

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

PLACE INSPECTIONS 2018

WARD/AREA: SEI OPD B

SUMMARY OF FINDINGS:

- Clean bright
- Waiting area – PALS poster needs changing
- Disabled toilet sign needs laminating
- Carers charter needed
- Clean, bright
- Sharps bin open
- No FFT box in waiting area B
- Ceiling tile in disabled w/c to replace
- Decoration and floor covering in good condition
- Inner door to main entrance, automatic would be good
- Some notices need replacing, photo slipped on consultants board
- Dementia clock to be put in reception
- Accessible toilet - more tonal contrast behind suite
- Ceiling tile out of place
- No cards in F&F box

GOOD:

- Good health promotion board
- All notice boards well designed, good displays

ISSUES FOR ACTION:

- All cleaning schedules need updating to CHoICE, not signed dated.
- Lift flooring not cleaned to edges, or if clean had white deposit which looks messy

COUNCIL OF GOVERNORS**NOVEMBER 2018****PERFORMANCE REPORT****INTRODUCTION**

Please find enclosed the Performance Report for September 2018 which updates Governors on performance against key national targets up to the end of quarter 2.

EXECUTIVE SUMMARY**Performance – NHS Improvement (NHSI) Operational Performance Indicators and Contractual National Operational Standards**

The headlines in relation to the Trust's position against NHSI's operational performance indicators are as follows:

- Performance against the A&E 4 hour target (percentage of patients who spend less than 4 hours in A&E) was below the 95% target for quarter 2 however performance is starting to show improvement.
- There have been consistently high levels of demand, particularly for the main Emergency Department with a 4% increase in attendances overall compared to quarter 2 last year.
- Performance against the Referral to Treatment Time (RTT) target (patients referred for consultant led treatment who wait less than 18 weeks) has remained above target with only a small number of specialties not achieving this.
- In line with the national commitment that waiting lists are reduced by March 2019, the Trust is also monitored on this for 2018/19. We are currently higher than our planned waiting list size and this is due to a number of factors.
- The Trust continues to meet the Diagnostic waiting time standard for patients waiting less than 6 weeks for a key diagnostic test.
- The Trust continues to meet all Cancer waiting time standards with the exception of the 62 day target for patients referred urgently by their GP (urological breaches in the main).

Performance – Contractual National Quality Requirements

The headlines in relation to the Trust's position against the National Quality Requirements included in our contract are as follows:

- The Trust continues to have no patients waiting over 52 weeks for treatment
- The number of ambulance handover delays over 30 minutes for the year to date was 744 compared to 151 for the same period last year. The Trust continues to have some of the highest levels of ambulance arrivals in the North East.

- Performance remains above target in relation to the percentage of patients who have a risk assessment for Venous Thromboembolism (VTE/blood clot) on admission to hospital.

RISKS

The performance risks are:

- A&E 4 hour performance which is linked to Provider Sustainability Funding of £585K for quarter 3 although performance has improved in September and October
- Cancer 62 day performance linked to ongoing capacity pressures in Urology

RECOMMENDATIONS

Governors 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

September 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

Diagnostics

NHS/SOFT 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.

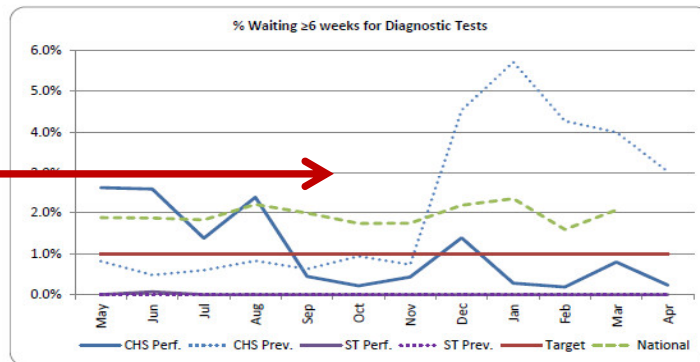
Indicator group

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

Narrative highlighting recent performance and corrective actions, where applicable

Diagnostics - 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%	44	185	0	0.00%	377
Neurophysiology	97	0	0.00%	117	N/A	N/A	N/A	N/A
Respiratory physiology	145	0	0.00%	56	N/A	N/A	N/A	N/A
Urodynamics	19	0	0.00%	23	N/A	N/A	N/A	N/A
Colonoscopy	189	0	0.00%	265	108	0	0.00%	150
Flexi sigmoidoscopy	86	0	0.00%	85	37	0	0.00%	47
Cystoscopy	283	3	1.06%	533	1	0	0.00%	N/A
Gastroscopy	244	3	1.23%	293	127	0	0.00%	245
Trust Total	4,279	10	0.23%	10,837	1,866	0	0.00%	3,744

Table showing current performance compared to target (where relevant)



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

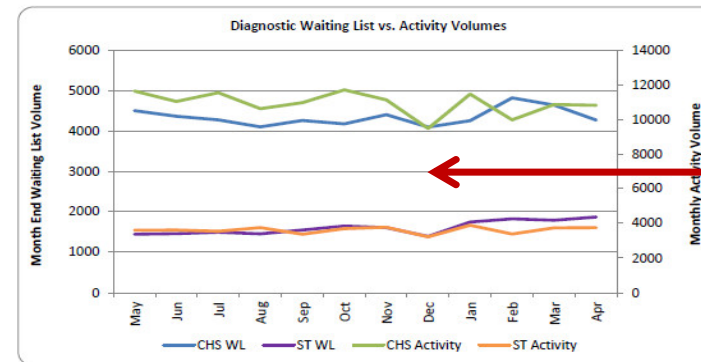


Chart displaying other relevant supporting information

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):

A&E 4 hours	CHS	ST	Forthcoming risks:	CHS	ST
Cancer 62 days	<input checked="" type="checkbox"/>		Cancer 62 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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	2				N/A	N/A
	STFT		N/A		2	2	2				N/A	
A&E - % seen in 4hrs	CHSFT	Sean Fenwick	≥95%	91.25%	90.95%	89.61%	89.83%				89.71%	4
	Trajectory			N/A	94.09%	94.48%	95.01%	90.01%	87.56%		91.73%	
	STFT		≥95%	94.35%	96.46%	95.00%	95.80%				95.40%	5
	Trajectory			N/A	94.99%	94.03%	95.00%	92.98%	90.04%		93.07%	
RTT - % incompletes waiting <18 wks	CHSFT	Sean Fenwick	≥92%	94.21%	93.16%	94.04%	93.97%				94.00%	6
	STFT			95.87%	95.50%	95.56%	95.83%				95.70%	
Cancer waits - % 62 days	CHSFT	Sean Fenwick	≥85%	83.62%	80.85%	83.57%	77.87%				81.18%	8
	Trajectory			N/A	83.01%	83.96%	83.58%	84.88%	83.94%		84.10%	
	STFT		≥85%	89.11%	75.00%	83.54%	82.54%				83.10%	9
	Trajectory			N/A	85.71%	87.50%	85.87%	86.96%	85.56%		86.44%	
% Diagnostic tests ≥6 wks	CHSFT	Sean Fenwick	<1%	1.32%	0.63%	0.27%	0.39%				0.33%	7
	STFT			0.01%	0.06%	0.00%	0.02%				0.01%	
IAPT - % Patients moving to recovery	STFT	Sean Fenwick	≥50%	55.94%	54.12%	56.92%	54.84%				55.89%	12
IAPT - % Patients waiting under 6 weeks	STFT	Sean Fenwick	≥75%	99.89%	99.17%	99.40%	99.32%				99.36%	12
IAPT - % Patients waiting under 18 weeks	STFT	Sean Fenwick	≥95%	99.42%	100.00%	99.94%	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	5	8	12				20	N/A
	STFT			0	0	0	0				0	
Cancer waits - % 2ww	CHSFT	Sean Fenwick	≥93%	96.53%	95.53%	95.45%	95.23%				95.37%	10
	STFT			94.99%	84.72%	82.96%	88.52%				85.10%	
Cancer waits - % 31 days	CHSFT	Sean Fenwick	≥96%	98.32%	99.44%	99.37%	98.57%				99.03%	11
	STFT			100.00%	100.00%	100.00%	100.00%				100.00%	
Cancer waits - % 31 days for subsequent treatment - surgery	CHSFT	Sean Fenwick	≥94%	96.78%	96.55%	98.65%	98.18%				98.45%	11
	STFT			100.00%	100.00%	100.00%	100.00%				100.00%	
Cancer waits - % 31 days for subsequent treatment - drugs	CHSFT	Sean Fenwick	≥98%	99.78%	100.00%	99.50%	100.00%				99.72%	11
	STFT			100.00%	100.00%	100.00%	100.00%				100.00%	
Cancer waits - % 62 days from screening programme	CHSFT	Sean Fenwick	≥90%	96.67%	100.00%	80.00%	100.00%				85.71%	8
	STFT			100.00%	100.00%	100.00%	100.00%				100.00%	9
Cancer waits - % 62 days from consultant upgrade	CHSFT	Sean Fenwick	N/A	80.18%	78.26%	85.71%	84.21%				85.15%	8
	STFT			95.65%	100.00%	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				0	N/A
	STFT			0	0	0	0				0	
A&E / ambulance handovers - no. 30-60 minutes	CHSFT	Sean Fenwick	0	1,190	77	382	297				679	4
	STFT			532	77	213	253				466	5
A&E / ambulance handovers - no. >60 minutes	CHSFT	Sean Fenwick	0	271	5	33	32				65	4
	STFT			115	9	21	27				48	5
% VTE risk assessments	CHSFT	Ian Martin	≥95%	98.68%	98.46%	98.73%	98.52%				98.63%	N/A
	STFT	Shaz Wahid		95.95%	92.39%	96.37%	93.61%				94.99%	

1. Performance is one month behind normal reporting for all Cancer indicators (August 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 £390k for achievement in quarter 2

A&E Indicators - September 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	90.95%	89.71%
Type 1 % seen in 4 hours	≥95%	86.09%	83.74%
Type 2 % seen in 4 hours	≥95%	97.71%	98.29%
Type 3 % seen in 4 hours	≥95%	99.72%	99.55%
Trust total attendances		13,109	81,395
Type 1 attendances		8,116	49,517
National rank (acute Trusts)		45/136	N/A
Ambulance arrivals		2,717	16,130
Ambulance handover delays - 15-30 mins	0	751	4,350
Ambulance handover delays - 30-60 mins	0	77	679
Ambulance handover delays - >60 mins	0	5	65

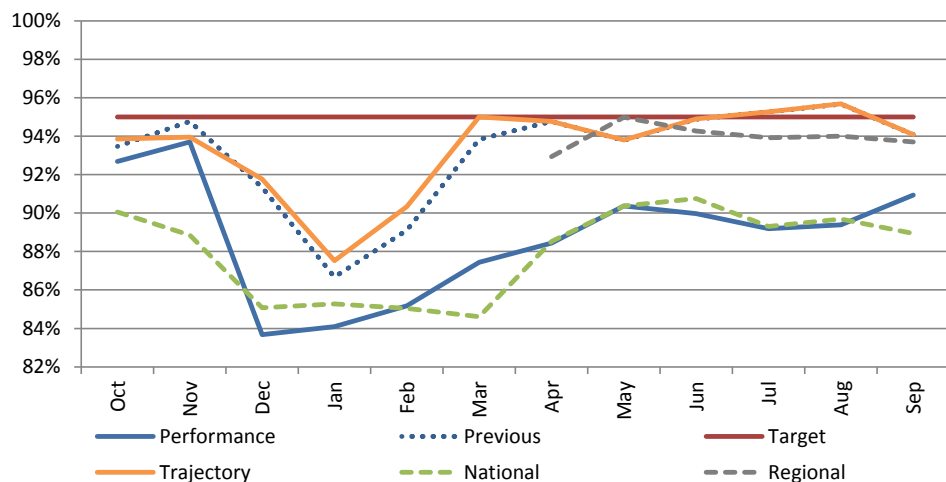
The Trust has failed to achieve the national operating standard for the total proportion of patients seen in A&E within 4 hours during September. Performance improved from August's position, although it remains lower than September 2017. The volume of attendances was 2.3% higher than September 2017, which is primarily driven by a 6.3% increase in type 1 attendances. Emergency admissions via ED have increased in September and volumes continue to be higher than expected for the time of year. Bed occupancy has been higher in September generally and the department has continued to experience pressures from both a demand and flow perspective. The ED continue to experience staffing pressures, although the position is improving.

The Trust has remained in the upper middle 25% of Trusts nationally and were ranked 45th out of 136 acute Trusts and were ranked 8th out of 9 Trusts in Cumbria & the North East.

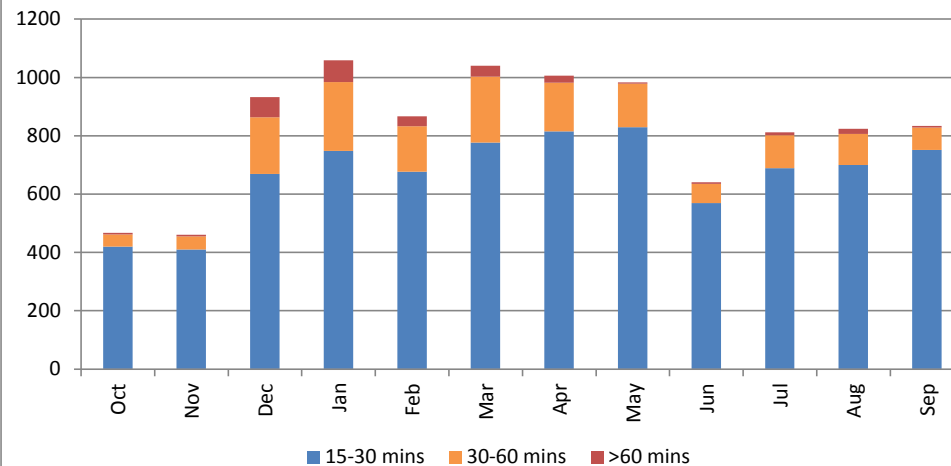
The number of ambulance arrivals was 8.6% higher than September 2017 and the Trust received the third highest volume of ambulances out of all hospitals in the North East in the month. The number ambulance handover delays over 30 minutes has decreased in September. Delays as a proportion of all arrivals decreased to 3.0%, which is better than the regional average.

There is an overarching action plan in place which includes enablers to deliver each of the recommendations made by the national Emergency Care Improvement Team (ECIP). A new see and manage process has been introduced in September, which is working well. There is also a Frailty pilot under way. There is an expectation nationally that performance is at least 90% over winter, with September being a key milestone for NHSE and NHSI.

A&E % Seen In 4 Hours



Ambulance Handover Delays



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 £177k for achievement in quarter 2

A&E Indicators - September 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	96.46%	95.40%
Type 1 % seen in 4 hours	≥95%	96.12%	94.97%
Type 3 % seen in 4 hours	≥95%	100.00%	99.90%
Trust total attendances		5,629	35,375
Type 1 attendances		5,135	32,300
National rank (acute Trusts)		12/136	N/A
Ambulance arrivals		1,202	7,460
Ambulance handover delays - 15-30 mins	0	295	1,685
Ambulance handover delays - 30-60 mins	0	77	466
Ambulance handover delays - >60 mins	0	9	48

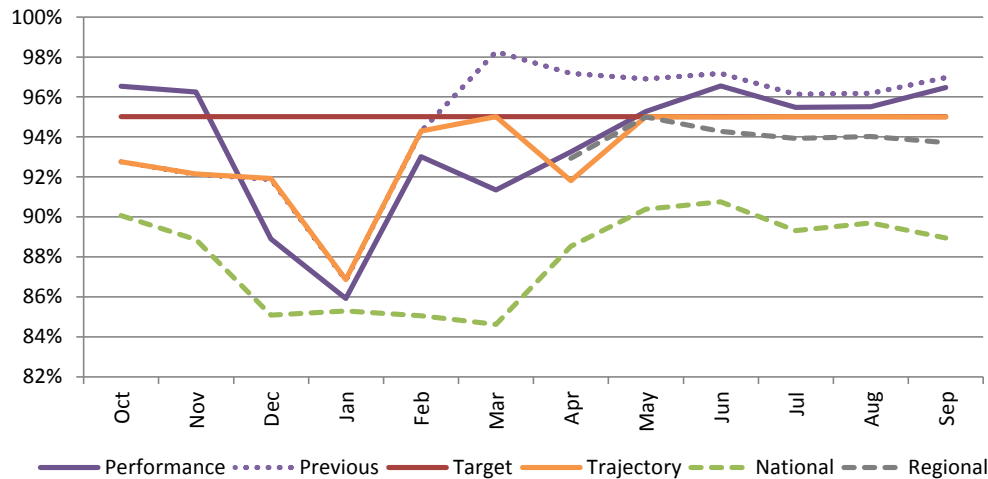
The Trust has achieved the national operating standard for the total proportion of patients seen in A&E within 4 hours during September, with performance improving compared to August. Type 1 performance was also above target this month.

The volume of attendances seen during September was at the same level when compared to September 2017. There was a lower number of type 3 attendances (-29.3%), however type 1 volumes were 4.2% higher than September 2017.

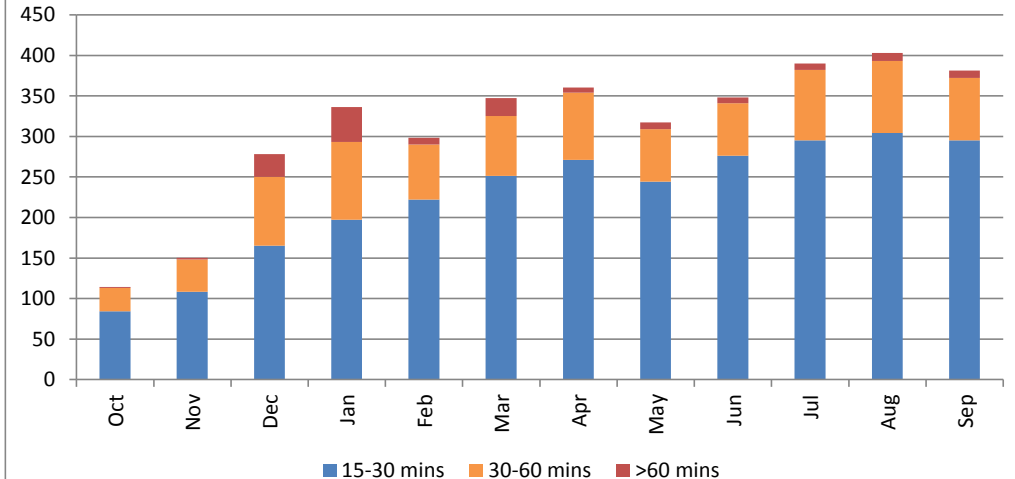
The Trust has remained in the upper 25% of Trusts and was ranked 12th out of 136 acute Trusts. The Trust was also ranked 3rd in Cumbria & the North East.

The number of ambulance arrivals was 2.3% higher than September 2017, and the Trust continues to receive the fewest volume of ambulances out of all hospitals in the North East. Between August and September the number of ambulance handover delays over 30 minutes has decreased, but delays as a proportion of all arrivals was 7.2%, which is higher than the regional average.

A&E % Seen In 4 Hours



Ambulance Handover Delays



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 September was above target for both Trusts and better than national average. Performance compared to last month was lower at CHS but about the same at ST.

At specialty level, Trauma & Orthopaedics (T&O), Rheumatology and Oral Surgery failed to achieve the 92% target for CHS. Oral Surgery failed to achieve the target due to capacity issues resulting from the loss of 2 specialist registrars and an increase in complexity of referrals impacting on routine minor oral surgery capacity. Subsequently, performance continues to be a risk in October but is expected to improve beyond that. Rheumatology had been previously flagged as a risk and are working through an action plan to improve performance linked to staffing and operational process efficiencies. These plans are being implemented through October and any improvement is not likely to be seen until November.

In addition to the specialties listed above, Neurology and within the 'Other' specialty group 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.

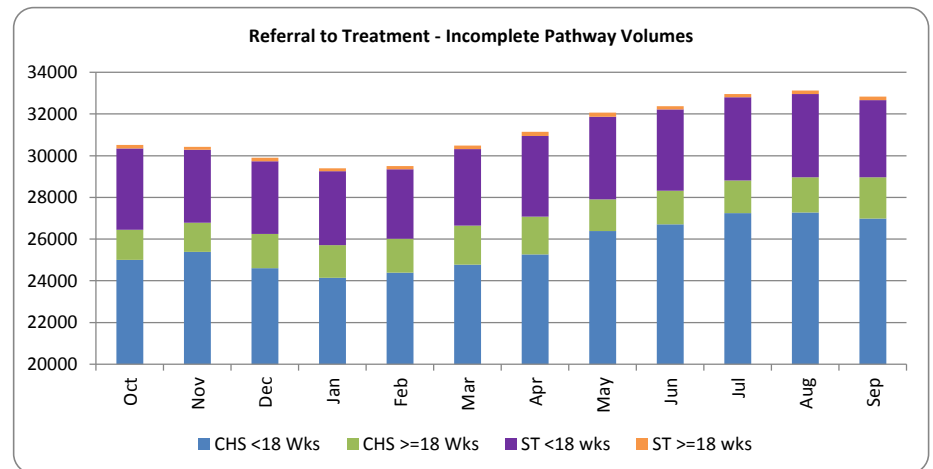
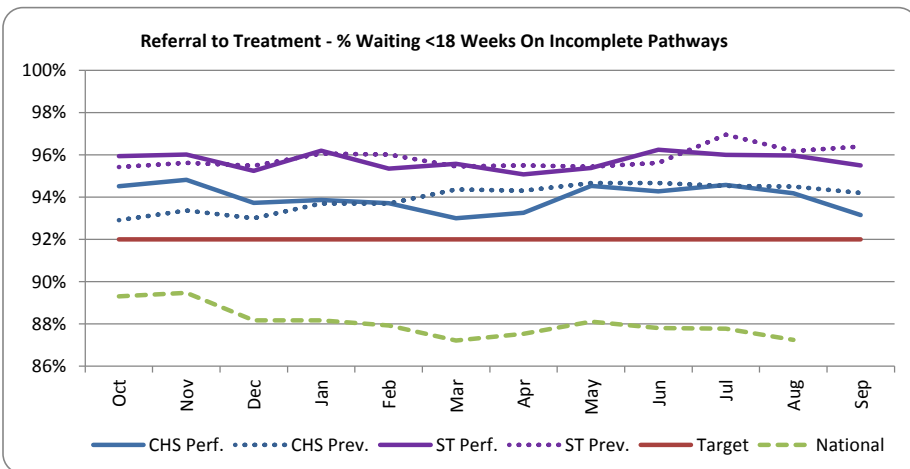
CHS was above the Incomplete waiting list total plan submitted for September, however ST was below the planned position.

The RTT stress test risk rating has increased for both trusts between July and August. Nevertheless, both Trusts continue to compare favourably, being ranked at 11th and 5th (best), respectively, out of 148 trusts.

RTT Incompletes - September 2018	CHS			ST		
	Volume	No. ≥18 Weeks	% <18 Weeks*	Volume	No. ≥18 Weeks	% <18 Weeks*
Target			≥92%			≥92%
Cardiology	527	5	99.05%	310	14	95.48%
Ear, Nose & Throat	2,962	231	92.20%	399	24	93.98%
Dermatology	N/A	N/A	N/A	324	1	99.69%
Gastroenterology	356	0	100.00%	476	26	94.54%
General Medicine	N/A	N/A	N/A	1	0	*
General Surgery	2,090	157	92.49%	566	35	93.82%
Geriatric Medicine	380	4	98.95%	99	3	96.97%
Gynaecology	1,054	11	98.96%	389	18	95.37%
Neurology	1,039	57	94.51%	N/A	N/A	N/A
Ophthalmology	4,598	82	98.22%	207	5	97.58%
Oral & Maxillo Facial Surgery	1,935	205	89.41%	N/A	N/A	N/A
Plastic Surgery	N/A	N/A	N/A	7	0	*
Rheumatology	1,024	97	90.53%	N/A	N/A	N/A
Thoracic Medicine	644	41	93.63%	192	10	94.79%
Trauma & Orthopaedics	3,443	517	84.98%	534	30	94.38%
Urology	3,072	193	93.72%	N/A	N/A	N/A
Other	5,849	382	93.47%	362	8	97.79%
Trust Total	28,973	1,982	93.16%	3,866	174	95.50%

*De minimis level >= 20 pathways in total

RTT Stress Test	Jun-18	Jul-18	Aug-18	Jun-18	Jul-18	Aug-18
% Risk of failure in next 6 months	12.78%	13.22%	18.62%	3.28%	5.08%	5.34%
National rank (1st is best)	11/150	12/148	11/148	5/150	5/148	5/148



Diagnosics

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

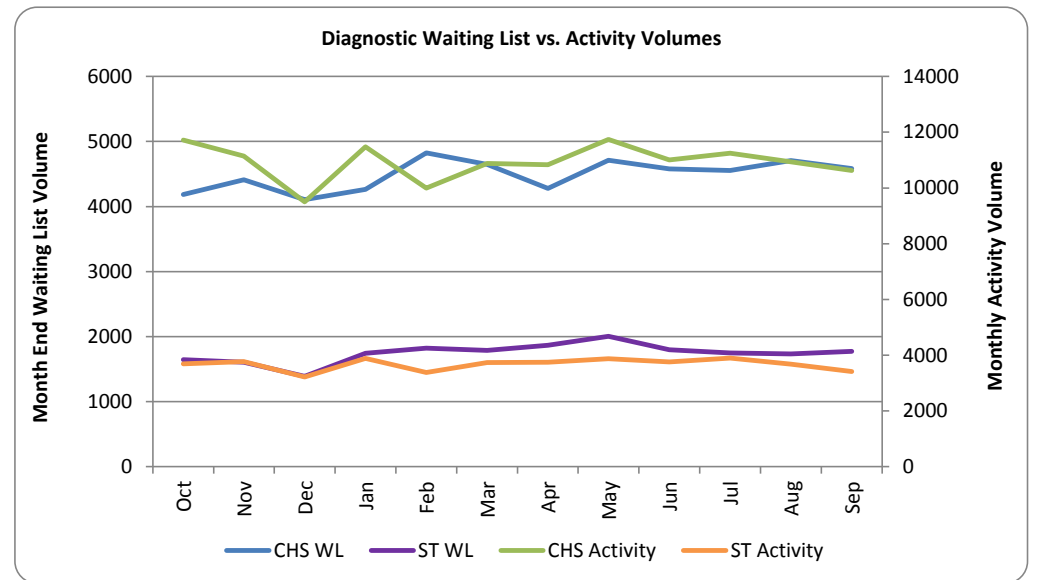
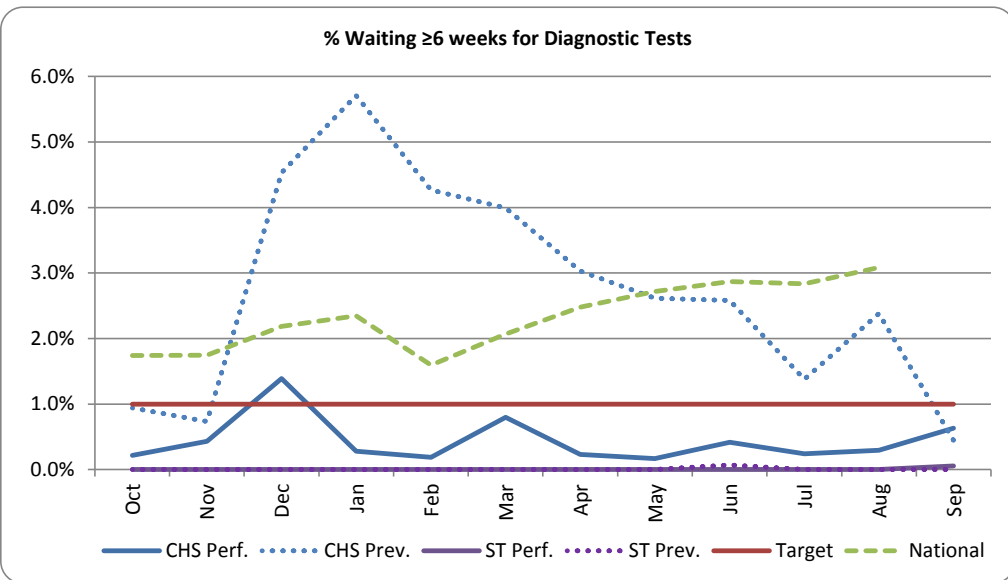
Consequence of failure: Patient experience, quality, access & reputation

Both Trusts achieved the national operating standard for diagnostic waits at the end of September. ST performance was about the same as previous with 1 breach, whereas CHS performance has increased to 0.6%. Performance for both Trusts was better than the latest national average (3.1%).

Diagnostic activity reduced for both trusts during September. The overall size of the waiting list has decreased between August and September at CHS, but remained about the same at ST.

Demand for Non Obstetric Ultrasound and MRI scans remain high, but both are in line with historical volumes. There are risks at CHS in Cardiology and Urodynamics currently. Cardiology have experienced an increasing waiting list over the past four months, which is being managed. Urodynamics pressures are due to lost capacity, but there is an interim plan in place until the capacity can be replaced. The situation for both is being closely monitored.

Diagnosics - September 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	487	1	0.21%	1,341	240	0	0.00%	524
Computed Tomography	479	0	0.00%	2,808	278	0	0.00%	745
Non-obstetric ultrasound	1,540	2	0.13%	2,941	770	0	0.00%	1,266
Barium Enema	31	0	0.00%	1	8	0	0.00%	19
DEXA Scan	184	0	0.00%	269	13	0	0.00%	75
Audiology	160	1	0.63%	960	N/A	N/A	N/A	N/A
Cardiology	689	1	0.15%	835	175	0	0.00%	395
Neurophysiology	87	0	0.00%	109	N/A	N/A	N/A	N/A
Respiratory physiology	102	0	0.00%	67	N/A	N/A	N/A	N/A
Urodynamics	69	20	28.99%	18	N/A	N/A	N/A	N/A
Colonoscopy	183	0	0.00%	252	106	0	0.00%	140
Flexi sigmoidoscopy	93	1	1.08%	74	39	0	0.00%	37
Cystoscopy	257	0	0.00%	634	N/A	N/A	N/A	N/A
Gastrosocopy	222	3	1.35%	318	144	1	0.69%	212
Trust Total	4,583	29	0.63%	10,627	1,773	1	0.06%	3,413



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 below the national target but above the national average in August. The tumour groups that did not achieve the target were Head & Neck, Lung, Skin, Urological and Upper Gastrointestinal. There were 18 breaches in total, mainly due to diagnostic delays. At tumour group level, most groups performed favourably against the national performance, with the exception of Skin. There were 3.5 breaches over 104 days in August, with 3 of these being in the Urological tumour group.

There were no breaches for patients referred from NHS screening programmes during August, and consequently the target was achieved. There was 2.5 breaches for patients treated following a consultant upgrade, with the breaches attributable to Lung, Colorectal and Head & Neck (0.5) tumour groups.

The volume of patients who are approaching their breach date has been increasing in September, and remains high. Urology is the main area of risk going forwards, due to ongoing capacity issues and diagnostic delays. An action plan is underway to address these issues in Urology, with pathways continuing to show improvement for new referrals.

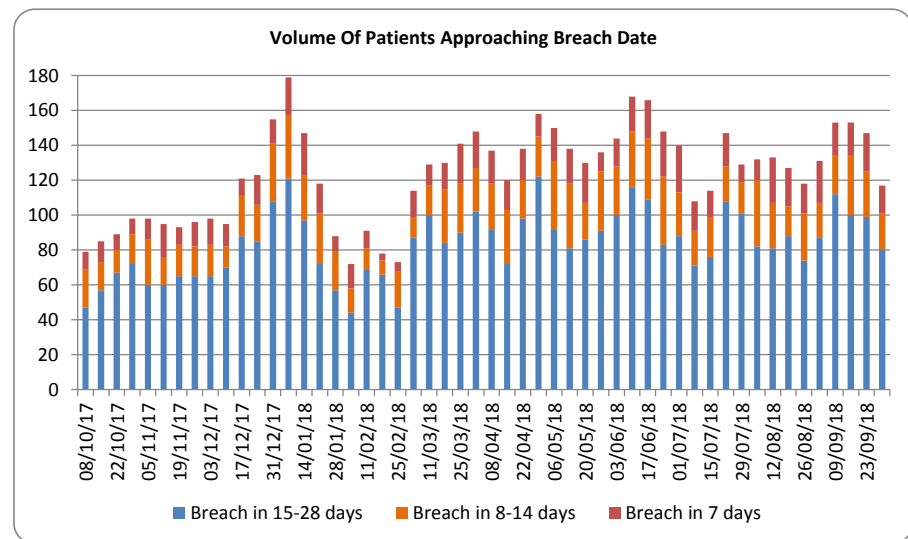
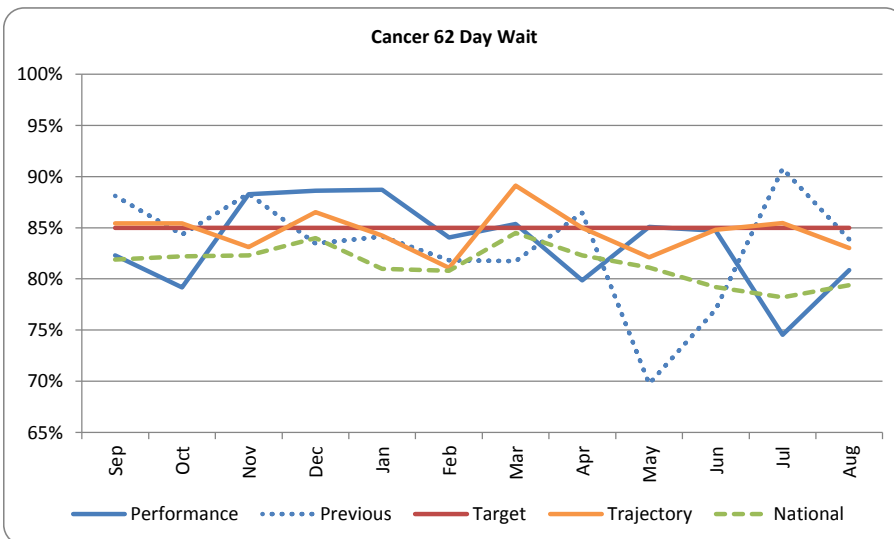
Indicative performance for September is currently above target but performance remains a risk going forwards.

First Definitive Treatment - August 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			85%	85%	85%	0
Breast	0.0	0.0	N/A	92.0%	100.00%	0
Gynaecological	4.5	0.0	100.00%	N/A	94.29%	0
Haematological	7.0	0.0	100.00%	N/A	93.55%	0
Head & Neck	12.0	2.5	79.17%	N/A	-	1
Lower Gastrointestinal	8.5	1.0	88.24%	71.7%	89.06%	0
Lung	5.0	1.0	80.00%	74.2%	73.81%	0
Other	0.5	0.0	100.00%	N/A	33.33%	0
Sarcoma	1.0	0.0	100.00%	N/A	100.00%	0
Skin	6.0	1.0	83.33%	95.8%	91.11%	0
Upper Gastrointestinal	8.5	2.5	70.59%	N/A	79.59%	0
Urological	41.0	10.0	75.61%	67.3%	76.64%	3
Total	94.0	18.0	80.85%	79.4%	81.18%	4

Non GP Referrals

Screening (Target: 90%)	1.0	0.0	100.00%	90.0%	85.71%	0
Consultant Upgrade	11.5	2.5	78.26%	86.3%	85.15%	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 failed to achieve the 62 day operating standard for urgent GP referrals in August and was also lower than the national average. There were 4 breaches this month due to a combination of complexity and diagnostic delays. 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 during August.

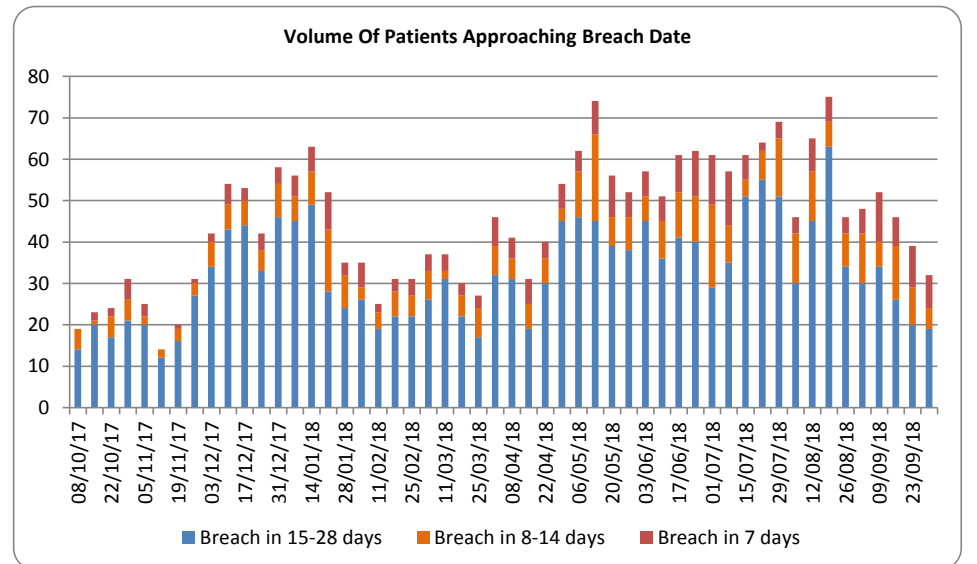
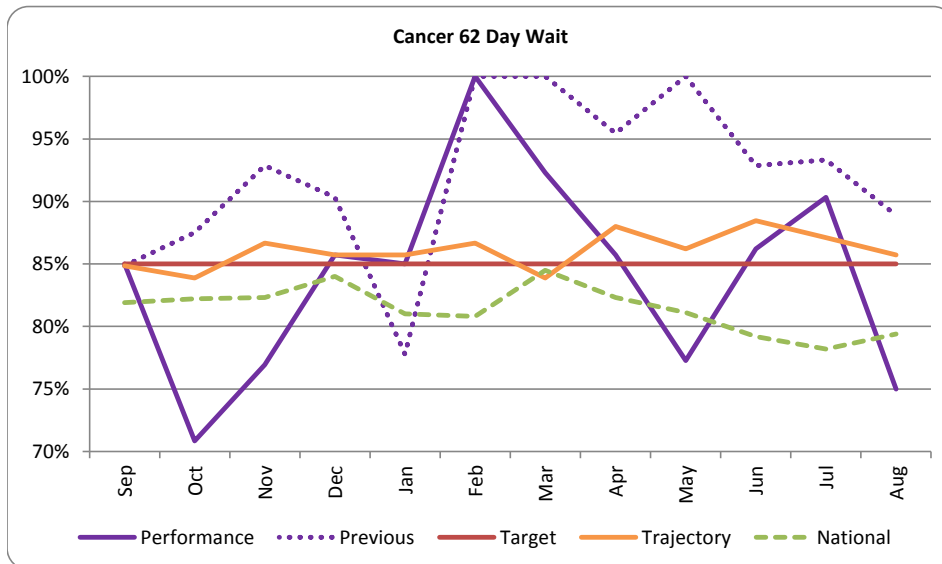
The volume of patients approaching the 62 day breach date has reduced during September. However, there remains a risk around a number of Colorectal & Upper GI patients who have waited longer than 14 days for first OP appointment, because of capacity issues, which may subsequently cause delay in the 62 day pathway. Indicative performance for September is currently above target.

First Definitive Treatment - August 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			85%	85%	85%	0
Breast	0.5	0.0	100.00%	92.0%	100.00%	0
Gynaecological	1.5	0.0	100.00%	0.0%	90.00%	0
Haematological	0.0	0.0	N/A	0.0%	100.00%	0
Head & Neck	2.0	0.5	75.00%	0.0%	66.67%	1
Lower Gastrointestinal	5.5	2.5	54.55%	71.7%	72.09%	1
Lung	2.5	0.0	100.00%	74.2%	97.44%	0
Other	0.0	0.0	N/A	N/A	66.67%	0
Sarcoma	1.0	0.0	100.00%	N/A	100.00%	0
Upper Gastrointestinal	2.0	1.0	50.00%	N/A	76.92%	0
Urological	1.0	0.0	100.00%	67.3%	100.00%	0
Total	16.0	4.0	75.00%	79.4%	83.10%	2

Non GP Referrals

Screening (Target: 90%)	1.0	0.0	100.00%	90.0%	100.00%	0
Consultant Upgrade	5.0	0.0	100.00%	86.3%	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 August, with performance improving compared to July. All tumour groups were above target with the exception of Acute Leukaemia, Haematological and Upper GI. The majority of breaches related to patient choice.

ST remained below the 2WW target in August. Aside from June, the Trust has failed to achieve the target since February. Lower GI and Upper GI were the only tumour groups below target.

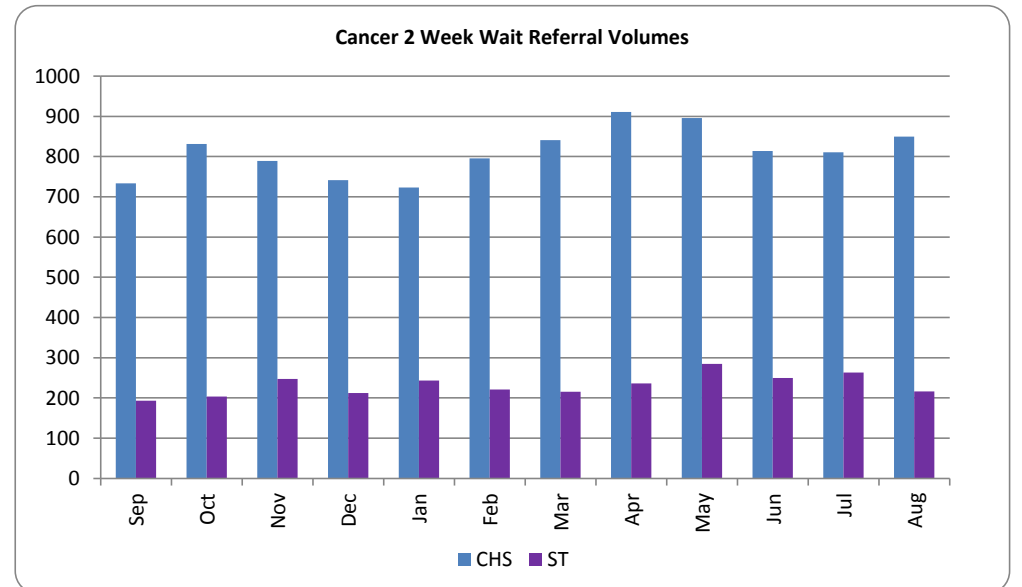
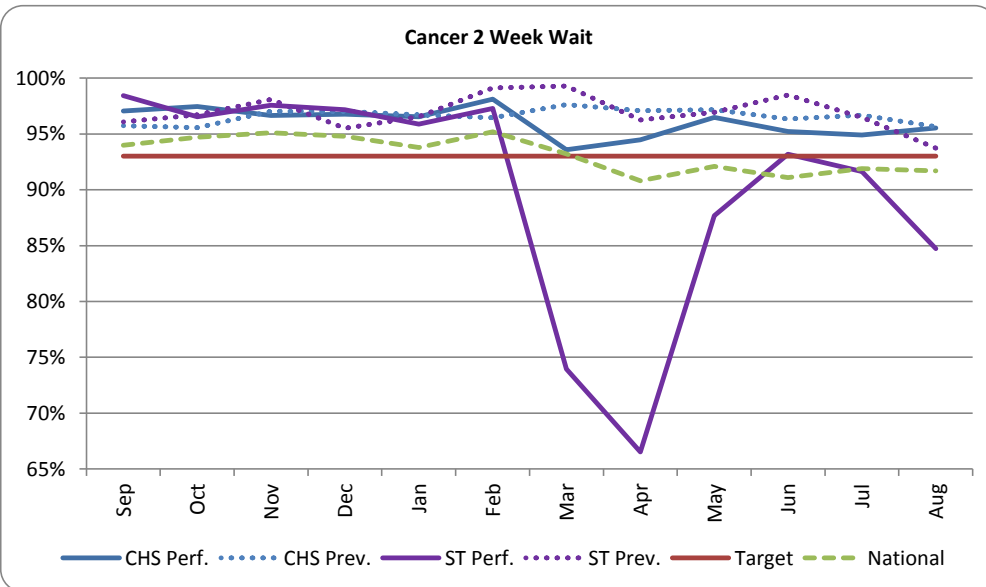
Gastroenterology and Colorectal Surgery remain subject to the formal performance escalation process. A revised pathway commenced in July with appropriate patients going straight to test following clinical triage. However, there are ongoing capacity issues for Gastroenterology, which means that achievement of the 2WW standard remains a risk. The specialty are continuing to pursue options to manage capacity and reduce the backlog. October is currently below target and unlikely to recover.

Overall referral volumes that converted to first outpatient appointments increased during August at CHS, but decreased at ST. The increase at CHS was seen mainly in Lung and Lower GI tumour groups. Gynaecological and Lower GI tumour groups most contributed to the decrease at ST.

Indicative 2WW performance for September is above target for CHS but below target for ST.

Referrals for Suspected Cancer - August 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			93%			93%	93%
Acute Leukaemia	2	1	50.00%	0	0	N/A	88.90%
Gynaecological	104	7	93.27%	44	1	97.73%	93.60%
Haematological	7	3	57.14%	3	0	100.00%	95.50%
Head & Neck	173	1	99.42%	21	1	95.24%	N/A
Lower Gastrointestinal	190	7	96.32%	86	20	76.74%	88.70%
Lung	64	2	96.88%	17	1	94.12%	96.40%
Other	0	0	N/A	0	0	N/A	93.70%
Testicular	6	0	100.00%	0	0	N/A	97.20%
Upper Gastrointestinal	78	12	84.62%	45	10	77.78%	90.70%
Urological (Excluding Testicular)	227	5	97.80%	0	0	N/A	94.30%
Total	851	38	95.53%	216	33	84.72%	91.70%

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



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.

The performance at CHS increased during August, whereas ST remains consistent at 100%. Both Trusts continue to perform better than the national average.

At tumour group level only Skin failed to achieve the target at CHS due to a single breach. Consequently Skin was the only tumour group lower than the national average at CHS. All tumour groups were better than national average at ST.

Indicative performance for September is currently below target for CHS but above target for ST.

There was 1 breach at CHS against the Surgery 31 days subsequent indicator but the target was still achieved.

There were no further breaches against either 31 day subsequent indicators for either trust.

Indicative performance for September is also currently below target for 31 day subsequent treatments at CHS.

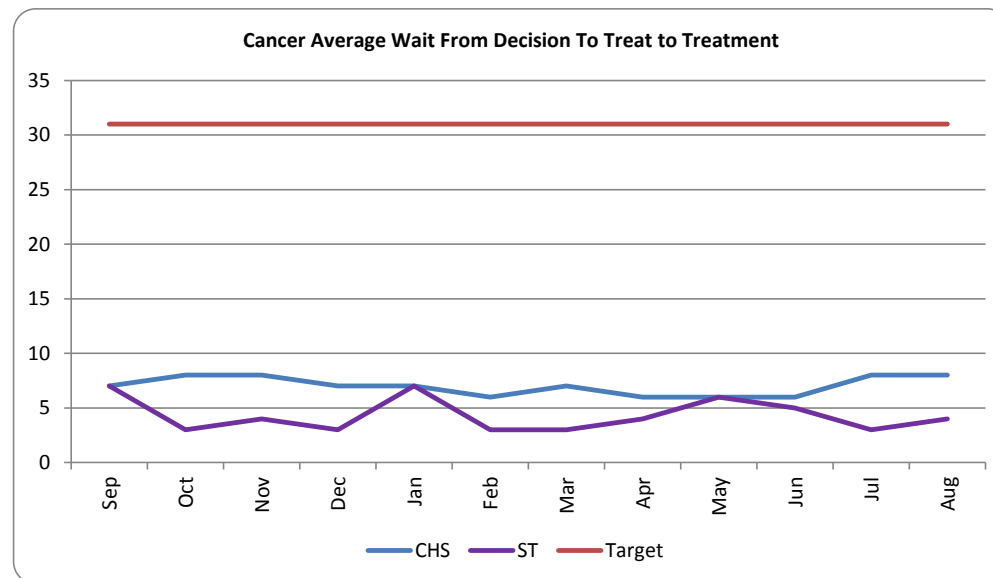
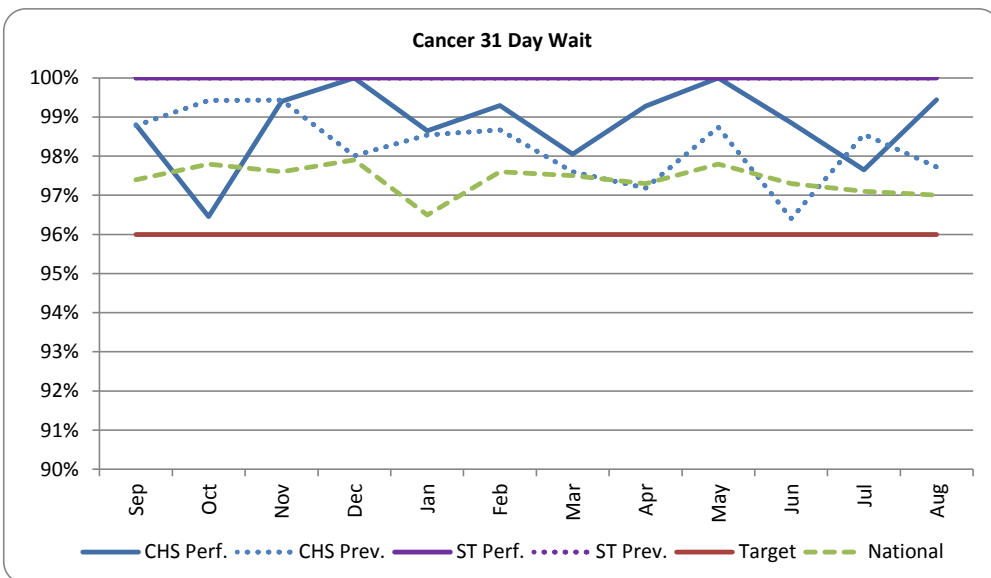
Indicative positions for September are in the process of being validated.

First Definitive Treatment - August 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			96%			96%	96%
Breast	1	0	100.00%	2	0	100.00%	98.4%
Gynaecological	5	0	100.00%	2	0	100.00%	N/A
Haematological	13	0	100.00%	0	0	N/A	N/A
Head & Neck	15	0	100.00%	0	0	N/A	N/A
Lower Gastrointestinal	20	0	100.00%	11	0	100.00%	97.1%
Lung	29	0	100.00%	6	0	100.00%	98.5%
Other	1	0	100.00%	2	0	100.00%	98.0%
Sarcoma	2	0	100.00%	2	0	100.00%	N/A
Skin	10	1	90.00%	0	0	N/A	97.3%
Upper Gastrointestinal	14	0	100.00%	7	0	100.00%	N/A
Urological	70	0	100.00%	1	0	100.00%	93.6%
Total	180	1	99.44%	33	0	100.00%	97.0%

Subsequent Treatments

Surgery (Target: 94%)	29	1	96.55%	2	0	100.00%	93.8%
Drug (Target: 98%)	73	0	100.00%	14	0	100.00%	99.5%

*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

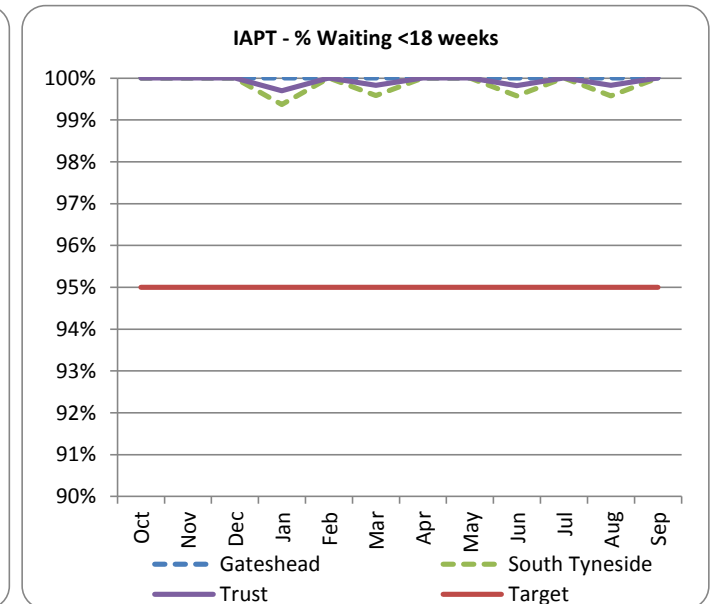
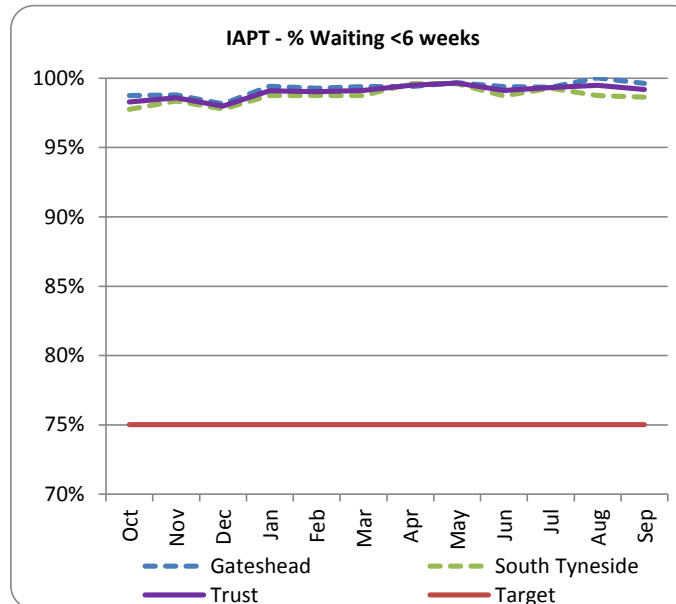
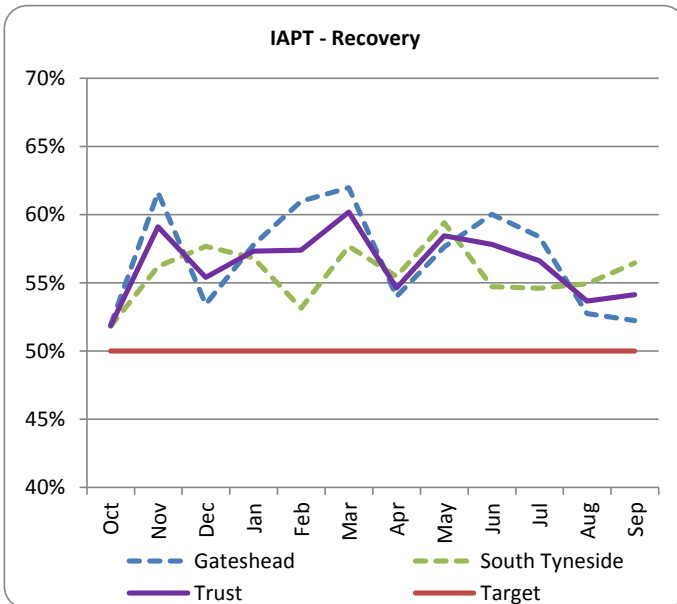
1. % of people who complete treatment who are moving to recovery
2. % of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period
3. % of people that wait 18 weeks or less from referral 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 September has been higher than previous years but 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 - September 2018	Target	Volume	Total Breached	Performance	YTD
1. Recovery					
Gateshead	50%	247	118	52.23%	55.87%
South Tyneside	50%	202	88	56.44%	55.92%
Trust Total	50%	449	206	54.12%	55.89%
2. Waiting Times <6 weeks					
Gateshead	75%	263	1	99.62%	99.57%
South Tyneside	75%	217	3	98.62%	99.10%
Trust Total	75%	480	4	99.17%	99.36%
3. Waiting Times <18 weeks					
Gateshead	95%	263	0	100.00%	100.00%
South Tyneside	95%	217	0	100.00%	99.86%
Trust Total	95%	480	0	100.00%	99.94%



COUNCIL OF GOVERNORS

NOVEMBER 2018

FINANCIAL POSITION AS AT 30 SEPTEMBER 2018

1.0 INTRODUCTION

This Executive Summary provides the highlights of the financial position as at September 2018.

2.0 PERFORMANCE AGAINST KEY INDICATORS

	Ref	Annual Plan £000	Current Month			Year to Date			RAG Rating	Change from Prior Month Variance £000
			Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000		
Key Headlines										
Deficit (excluding PSF)	2	18,404	1,965	2,121	156	11,773	11,452	(321)	●	↓
PSF		(6,495)	(433)	(303)	130	(2,273)	(1,591)	682	●	→
Deficit (including PSF)		11,909	1,532	1,818	286	9,500	9,861	361	●	↓
Cash	15	9,209	11,229	11,690	461	11,229	11,690	461	●	↑
Use of Resources Rating		3	3	3	0	3	3	0	●	→
Income and Expenditure Position										
Income	2	(339,879)	(28,152)	(28,550)	(398)	(169,255)	(170,558)	(1,303)	●	↑
Pay expenditure	6	221,329	18,575	19,040	465	111,390	114,163	2,773	●	↑
Non-pay expenditure	8	124,212	10,480	10,801	321	63,266	62,519	(747)	●	↓
Depreciation and finance costs	8	12,742	1,062	830	(232)	6,372	5,328	(1,044)	●	↑
Adjustments for items excl. from Control Total		0	0	(18)	(18)	0	23	23	●	↓
Performance Against Control Total (excl PSF)		18,404	1,965	2,103	138	11,773	11,475	(298)	●	↑
CIP										
Recurring	12	(9,500)	(575)	(228)	347	(2,802)	(2,946)	(144)	●	↓
Non-recurring	12	(3,500)	(292)	(713)	(421)	(1,748)	(1,939)	(191)	●	↑
Sub-total		(13,000)	(867)	(940)	(73)	(4,550)	(4,885)	(335)	●	↑
Stretch	12	(3,738)	(273)	(352)	(79)	(1,521)	(1,359)	162	●	↑
Total		(16,738)	(1,140)	(1,292)	(152)	(6,071)	(6,244)	(173)	●	↑

3.0 ITEMS TO REPORT ON BY EXCEPTION

3.1 Month 6 Position

At the end of the second quarter of the financial year the Trust is ahead of plan by £298k (excluding PSF).

Including PSF the Trust is behind plan by £381k; this is due to the non-achievement of the A&E element of the PSF for the first two quarters.

As the Trust has achieved the control total for the quarter it is due to receive PSF of £909k. This is £390k less than planned due to the 95% four hour wait target in A&E not being met.

3.2 2018/19 Pay Award Funding

Further correspondence has been received in respect of the pay-award and the Trust have will now receive a small amount of additional funding (£97k) as the scaling factor previously applied to the allocations has been removed.

Further information is awaited from NHS Improvement on amendments to the Annual Plan to reflect the additional income and additional expenditure. As such income is showing an over recovery of £1,608k offset by £1,698k of additional expenditure in pay costs.

3.3 New Accounting System and Ordering Process

The Finance Department will be implementing a new accounting system in December 2018.

As part of the migration to the new system there will be a requirement for all invoices received to include an order number. The Trust is in the process of writing to all of its suppliers to advise that if an order number is not included on the invoice the invoice will be returned. It is therefore imperative that staff follow the correct process when engaging with suppliers and ensure an order is raised prior to the goods being received or the service carried out.

The Finance and Procurement Departments will be providing more information to staff around this in the coming weeks.

3.4 Forecast Outturn

A forecast outturn position has been produced and is detailed on page 19. This shows the likely position is a £2,280k variance from plan (excluding PSF); an improvement of £38k from the previous month's forecast of £2,243k.

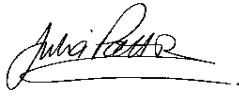
The main movements on the forecast outturn position from month 5 are detailed on page 17.

There is a potential that an incentive scheme will be offered to Trusts who are able to accept a revised control in next month's return. This would involve additional PSF being offered to Trusts in exchange for delivering smaller deficits. Whilst further details on this are awaited it is not expected that the initial PSF would be at risk if the potential revised control total was not met.

The Trust will test the robustness of the forecast outturn with Divisions in the coming weeks to assist in order to recommend whether a revision to control total should be considered.

4.0 RECOMMENDATION

The Council of Governors is requested to note the month 6 financial position.

A handwritten signature in black ink, appearing to read 'Julia Pattison', with a horizontal line underneath.






















Julia Pattison
Executive Director of Finance

November 2018

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

OPERATIONAL FINANCIAL POSITION - AUGUST 2018

KEY TO INDICATORS USED IN THE REPORT

Rating Type	Icon	Description
RAG Ratings in General		Better than plan
		Worse than plan by < 5%
		Worse than plan by > 5%
Capital RAG Ratings		Expenditure is within 15% of plan
		Expenditure is within 25% of plan
		Expenditure is greater than or less than 25% of plan
CIP RAG Ratings		Forecast is equal to or better than plan
		Forecast is below plan by < 5%
		Forecast is below plan by > 5%
Forecast Outturn RAG Ratings		Low risk of cost being incurred or high chance of savings being made
		Medium risk of cost being incurred or savings being made
		High risk of cost being incurred or low change of savings being made
Change from Prior Month		Position has improved from prior month variance
		Position is the same as prior month
		Position has worsened from prior month variance
Change from 2017/18		Actual income is greater than year to date position in 2017/18 by more than £100k or actual expenditure is less than year to date position in 2017/18 by more than £100k
		Actual income is within £100k of year to date position in 2017/18 or actual expenditure is within £100k of year to date position in 2017/18
		Actual income is less than year to date position in 2017/18 by more than £100k or actual expenditure is greater than year to date position in 2017/18 by more than £100k
PBR Position for Block Contracts		Variance from block has decreased in month (i.e. closer to block agreement)
		Variance from block has remained static in month
		Variance from block has increased in month (i.e. increased gap against block agreement)

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

OPERATIONAL FINANCIAL POSITION - SEPTEMBER 2018

PAGE 1 - PERFORMANCE AGAINST KEY INDICATORS

	Ref	Annual Plan £000	Current Month			Year to Date			RAG Rating	Change from Prior Month Variance £000	2017/18 YTD actual @ month 6	Change from 2017/18
			Plan	Actual	Variance	Plan	Actual	Variance				
			£000	£000	£000	£000	£000	£000				
Key Headlines												
Deficit (excluding PSF)	2	18,404	1,965	2,121	156	11,773	11,452	(321)	●	↓	6,774	↓
PSF		(6,495)	(433)	(303)	130	(2,273)	(1,591)	682	●	→	(3,233)	↓
Deficit (including PSF)		11,909	1,532	1,818	286	9,500	9,861	361	●	↓	3,541	↓
Cash	15	9,209	11,229	11,690	461	11,229	11,690	461	●	↑	3,138	↑
Use of Resources Rating		3	3	3	0	3	3	0	●	→	3	→
Income and Expenditure Position												
Income	2	(339,879)	(28,152)	(28,550)	(398)	(169,255)	(170,558)	(1,303)	●	↑	(174,321)	↓
Pay expenditure	6	221,329	18,575	19,040	465	111,390	114,163	2,773	●	↑	107,501	↓
Non-pay expenditure	8	124,212	10,480	10,801	321	63,266	62,519	(747)	●	↓	66,450	↑
Depreciation and finance costs	8	12,742	1,062	830	(232)	6,372	5,328	(1,044)	●	↑	7,144	↑
Adjustments for items excl. from Control Total		0	0	(18)	(18)	0	23	23	●	↓	26	↑
Performance Against Control Total (excl PSF)		18,404	1,965	2,103	138	11,773	11,475	(298)	●	↑	6,800	↓
CIP												
Recurring	12	(9,500)	(575)	(228)	347	(2,802)	(2,946)	(144)	●	↓	(2,501)	↑
Non-recurring	12	(3,500)	(292)	(713)	(421)	(1,748)	(1,939)	(191)	●	↑	(2,448)	↓
Sub-total		(13,000)	(867)	(940)	(73)	(4,550)	(4,885)	(335)	●	↑	(4,949)	→
Stretch	12	(3,738)	(273)	(352)	(79)	(1,521)	(1,359)	162	●	↑	0	↑
Total		(16,738)	(1,140)	(1,292)	(152)	(6,071)	(6,244)	(173)	●	↑	(4,949)	↑
Capital expenditure												
Total Capex	16	5,813	520	603	(83)	3,002	1,627	1,375	●	↑	736	↓
Trust funded	16	5,813	520	603	(83)	3,002	1,508	1,494	●	↑	736	↓
Funded via donations	16	0	0	0	0	0	119	(119)	●	→	0	↓
Pay analysis												
Substantive staff	7	209,389	17,560	18,024	464	105,300	107,971	2,671	●	↑	101,096	↓
Bank staff	7	6,540	545	666	121	3,270	4,025	755	●	↑	3,380	↓
Agency staff	7	5,400	470	350	(120)	2,820	2,167	(653)	●	↑	3,025	↑
Total pay costs		221,329	18,575	19,040	465	111,390	114,163	2,773	●	↑	107,501	↓
Agency cap performance	7	5,812	490	350	(140)	3,000	2,167	(833)	●	↑	3,025	↑
Non-pay analysis												
Total non-pay costs	8	136,954	11,542	11,631	89	69,638	67,847	(1,791)	●	↓	73,594	↑

CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 2 - INCOME SUMMARY

INCOME SUMMARY

	Annual Plan £000	Year to Date				RAG Rating	Change from prior month variance
		Plan £000	Actual £000	Variance £000			
NHS England	45,099	22,526	22,735	209	●	↑	
NHS England - Pay Award	0	0	1,608	1,608	●	↑	
CCG's	264,705	131,813	131,725	(88)	●	↓	
Local Authorities	2,407	1,203	1,203	0	●	↑	
Other Patient Income	741	372	703	331	●	↑	
Income from patient care	312,952	155,914	157,974	2,060	●	↑	
Other Income	26,927	13,341	12,584	(757)	●	↓	
Total Excluding PSF	339,879	169,255	170,558	1,303	●	↓	
PSF	6,495	2,273	1,591	(682)	●	↓	
Total Including PSF	346,374	171,528	172,149	621	●	↑	

SUMMARY BY POD*

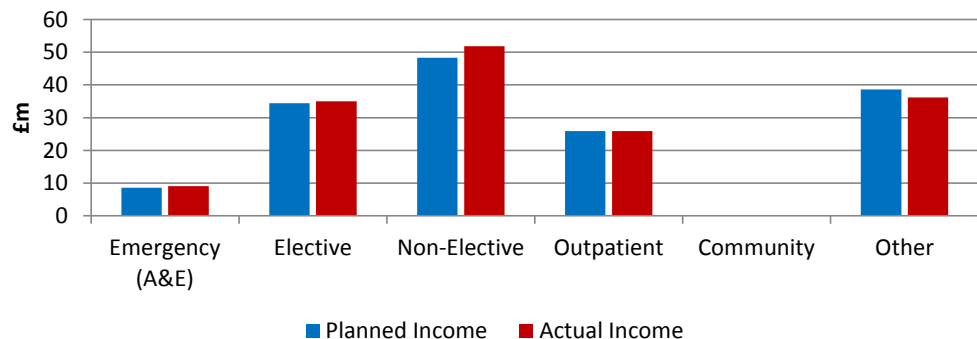
	Annual Plan £000	Year to Date				Change from prior month
		Plan £000	Actual £000	Variance £000		
Emergency (A&E)	17,452	8,605	9,103	498	↑	
Elective	68,867	34,423	34,977	554	↑	
Non-Elective	98,277	48,345	51,821	3,476	↑	
Outpatient	51,891	25,946	25,873	(73)	↓	
Community	0	0	0	0	→	
Other	76,465	38,595	36,200	(2,395)	↑	
Total	312,952	155,914	157,974	2,060	↑	

* The above POD numbers relate to actual activity not 'block' activity plans. 'Other' POD contains the impact of block contracts.

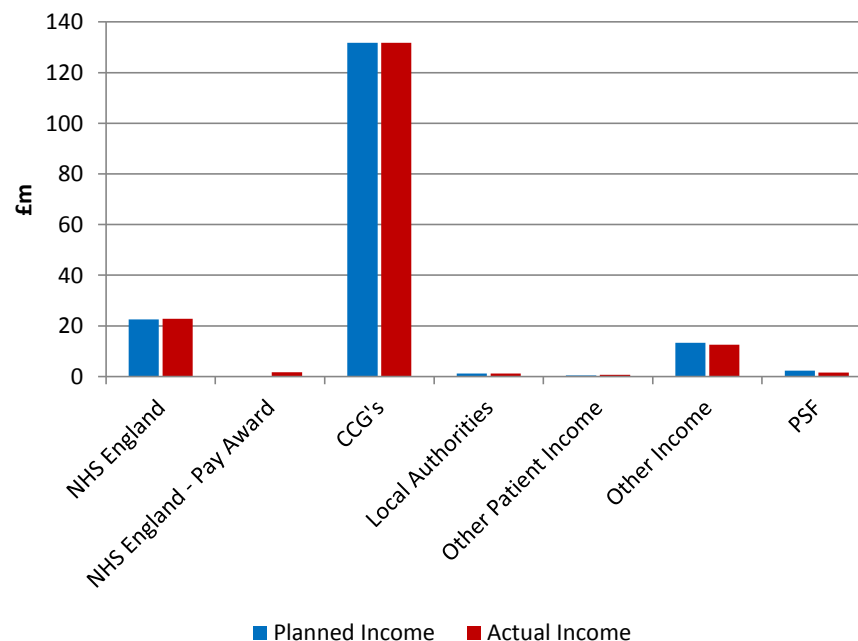
SUMMARY BY COMMISSIONER

	Annual Plan £000	Year to Date				RAG Rating	Change from prior
		Plan £000	Actual £000	Variance £000			
Sunderland CCG	174,775	87,081	86,951	(130)	●	↓	
South Tyneside CCG	26,015	12,953	12,912	(41)	●	↓	
DDES CCG	35,865	17,845	17,797	(48)	●	↓	
North Durham CCG	16,591	8,267	8,256	(12)	●	↑	
NHS England Spec Comm	36,942	18,461	18,636	175	●	↑	
Other	22,765	11,307	13,423	2,116	●	↑	
Total	312,952	155,914	157,974	2,060	●	↑	

YTD Summary by POD



YTD Summary by Commissioner



CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 3 - INCOME SUMMARY (CONTINUED)

Comments

The income budget to Month 6 is £171,528k with the actual performance being £172,149k resulting in an over performance of £621k.

The commissioner income actuals are based on Month 5 PbR files with the exception of drugs income which is directly matched to expenditure for Month 6.

There are block contracts in place with Sunderland South Tyneside, DDES, North Durham & Sunderland LA. Bariatrics activity, both elective & outpatients continues to be charged on a PBR basis, due to a risk share the CCG's have with NHSE, this is shown as over/underperformance on those CCG's on a block contract.

The contract with NHSE includes Specialised Commissioning (on a PbR basis.) and NHSE central team. As at Month 6, we are over performing against plan by £1,817k of which £1,608k is the centrally funded pay award with the balance being PbR commissioners, both Specialised Commissioning & Dental.

Comments

Non-elective activity at month 6 is £3,476k above plan. The majority of the over performance relates to Sunderland CCG and is predominantly pricing variances rather than activity variances. There is over performance relating to achievement of best practice tariffs within elderly medicine including ; Stroke (£740k), Sepsis (£196k), Cardiac disorders (£252k) and Respiratory disorders (£323k).

The rest of the NEL over performance relates to activity rather than best practice tariffs, in particular T&O procedures (£291k), Respiratory (£90k) and A&E (£224k).

As the level of non-elective activity is 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.

Elective & A&E & outpatients are also ahead of plan at this point in the year. Compliance with the Value Based Commissioning policy (VBC) is now being monitored & initial figures received from SCCG on behalf of all CCG's show a significant element that could be challenged.

OTHER INCOME

	Annual Plan £000	Year To Date			
		Plan £000	Actual £000	Variance £000	Change from prior month
Research and Development	1,540	768	634	(134)	↓
Education and Training	11,518	5,760	5,523	(237)	↓
Charitable Donations	240	120	125	5	↓
PSF	6,495	2,273	1,591	(682)	↑
Other Income	13,629	6,693	6,302	(391)	↓
Total	33,422	15,614	14,175	(1,439)	↓

Comments

Total other income at month 6 is £1,439k behind plan. Research and Development income is £134k behind plan. This tends to be ad hoc in nature which makes it difficult to predict trends. Education and Training is also behind plan due to invoicing indicative amounts until the exact value has been confirmed. Other income at £391k is behind plan due to; CIP delivery shortfall (£210k) and several other areas of under recovery including, cessation of the Head & Neck medical staff provision to Gateshead (£71k) and the Maternity income target (£60k).

PBR POSITION FOR COMMISSIONERS ON A BLOCK CONTRACT

Commissioner	Plan as Per NHSI (£000)	Total Actuals (£000)	Variance as per PBR (£000)	% Against NHSI (£000)	Change from prior month
Sunderland CCG	87,081	89,183	2,103	2.4%	↑
South Tyneside CCG	12,953	13,325	372	2.9%	↑
DDES CCG	17,845	18,546	701	3.9%	↓
North Durham CCG	8,267	8,519	252	3.0%	↓
Sunderland LA	1,203	1,203	(0)	0.0%	↓
Total	127,350	130,776	3,426	2.7%	↑

Comments

The majority of commissioner income for 2018-19 is on block contract. At this stage, the figures would suggest we are over performing against block contracts by circa £3.4m, this would reduce to circa £2.04m if non-recurrent funding were to be removed from the contracts. As discussed above, this over-performance is mainly driven by non elective activity, but this figure would be reduced by the full application of the emergency threshold & also potentially any valid challenges regarding compliance with Value Based Commissioning (VBC).

SUMMARY BY COMMISSIONER

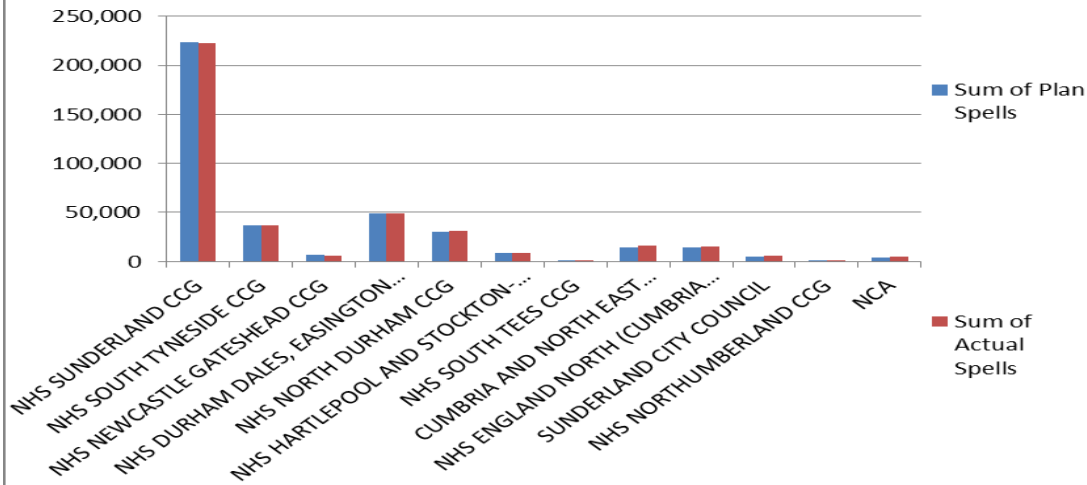
	Annual Plan	Year to Date			
		Plan	Actual	Variance	RAG Rating
NHS Sunderland CCG	450,162	223,984	222,757	-1,227	●
NHS South Tyneside CCG	73,809	36,826	36,401	-425	●
NHS Newcastle Gateshead CCG	12,979	6,473	5,996	-477	●
NHS Durham Dales, Easington & Sedgfield CCG	98,869	49,240	49,105	-135	●
NHS North Durham CCG	61,090	30,483	31,432	949	●
NHS Hartlepool & Stockton CCG	16,272	8,122	8,432	310	●
NHS South Tees CCG	1,167	582	530	-52	●
Cumbria & North East Commissioning Hub	28,000	13,996	15,714	1,718	●
NHS England North (Cumbria & North East)	28,805	14,399	14,768	369	●
SUNDERLAND CITY COUNCIL	9,822	4,911	5,699	788	●
NHS Northumberland CCG	2,977	1,485	1,038	-447	●
NCA	8,050	4,010	5,073	1,063	●
Total	792,000	394,512	396,945	2,433	●

SUMMARY BY POD

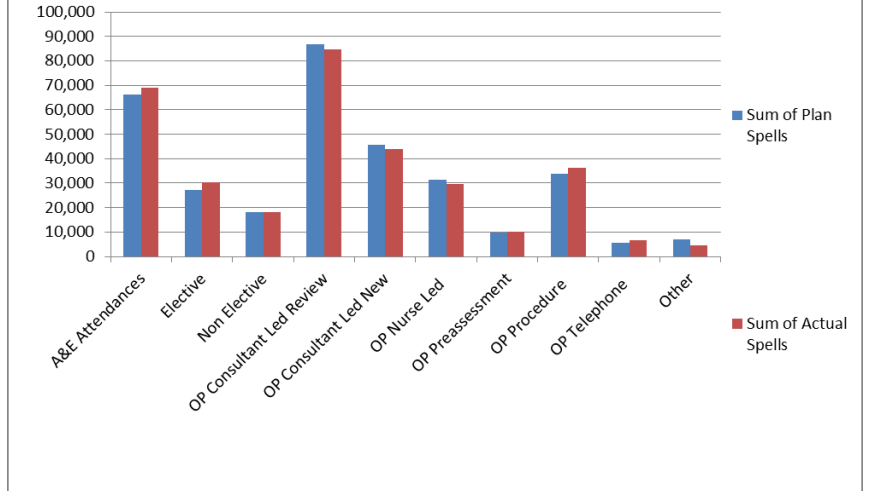
	Annual Plan	Year to Date			
		Plan	Actual	Variance	RAG Rating
A&E Attendances	160,484	79,136	82,226	3,090	●
Elective *	64,634	32,317	35,755	3,438	●
Non Elective	44,342	21,789	21,902	113	●
OP Consultant Led - New	108,269	103,028	101,019	-2,009	●
OP Consultant Led - Review	206,056	54,134	52,477	-1,657	●
OP Nurse Led	74,940	37,470	35,153	-2,317	●
OP Preassessment	23,198	11,599	12,060	461	●
OP Procedure	80,217	40,109	43,045	2,936	●
OP Telephone	12,919	6,459	7,864	1,405	●
Other	16,941	8,471	5,444	-3,027	●
Total	792,000	394,512	396,945	2,433	●

* Elective is currently showing an over performance due to a change in National guidance regarding classification of Chemotherapy spells

YTD Summary by Commissioner



YTD Summary by POD



Outpatient Consultant Led Summary

Consultant led Outpatients have shown an improvement on Month 5, with significant decreases in attendances over the holiday season. Below is a summary of attendances by Month.

POD	Month	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Hist Activity 17/18
OP CONSULTANT LED - NEW	201804	8,593	8,578	-15	8,105
	201805	9,022	9,229	207	9,213
	201806	9,022	8,821	-201	9,020
	201807	9,452	8,936	-516	8,759
	201808	9,452	8,275	-1,177	8,625
	201809	8,593	8,638	45	8,423
OP CONSULTANT LED - NEW Total		54,134	52,477	-1,657	52,145
OP CONSULTANT LED - REVIEW	201804	16,354	16,682	328	15,059
	201805	17,171	18,486	1,315	17,815
	201806	17,171	16,699	-472	17,587
	201807	17,989	16,914	-1,075	16,320
	201808	17,989	15,888	-2,101	16,746
	201809	16,354	16,350	-4	16,857
OP CONSULTANT LED - REVIEW Total		103,028	101,019	-2,009	100,384
Grand Total		157,162	153,496	-3,666	152,529

The Directorates over performing the most significantly against plan for OP News include Vascular Surgery, Diabetic Medicine/Endocrinology, and Trauma & Orthopaedics. Neurology and Paediatrics are the specialties with the greatest under performance YTD.

The Directorates over performing the most significantly against plan for OP Reviews include General Surgery and Paediatrics. ENT and Orthodontics are the specialties with the greatest under performance YTD, although it is worth noting that the majority of Orthodontics review activity is now captured as OP Procedures.

Accident & Emergency Summary

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.

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 contracted commissioners meaning CHS will not receive any income for over performance. The table below shows YTD variance by Blocked and PbR Contracts

Contract Status	PODCode	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan
Block	Type1	45,614	48,300	2,686
	Type2	13,848	13,125	-723
	Type4	16,573	17,291	718
	Block Total	76,034	78,716	2,682
PbR	Type1	1,207	1,285	78
	Type2	1,560	1,524	-36
	Type4	335	701	366
	PbR Total	3,102	3,510	408
Grand Total		79,136	82,226	3,090

Total attendances are running at 3,090 over plan for Months 1-6(4%). Type 1 attendances are 2,764 over plan (6%) and Type 4 are 1,084 over plan (6.4%). This is countered by an underperformance of SEI Type 2, which is currently running at 758 under plan (5%). 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. ED attendances for DDES CCG are climbing at an average of 6% over 17/18 for Type 1 and 8% for Type 4. This is thought to be due to the lack of GP availability in Seaham Primary Care Centre, and has been raised with the CCG.

Admissions from ED were 22% for September, with the highest admission specialties being Accident & Emergency, Geriatric Medicine and Paediatrics.

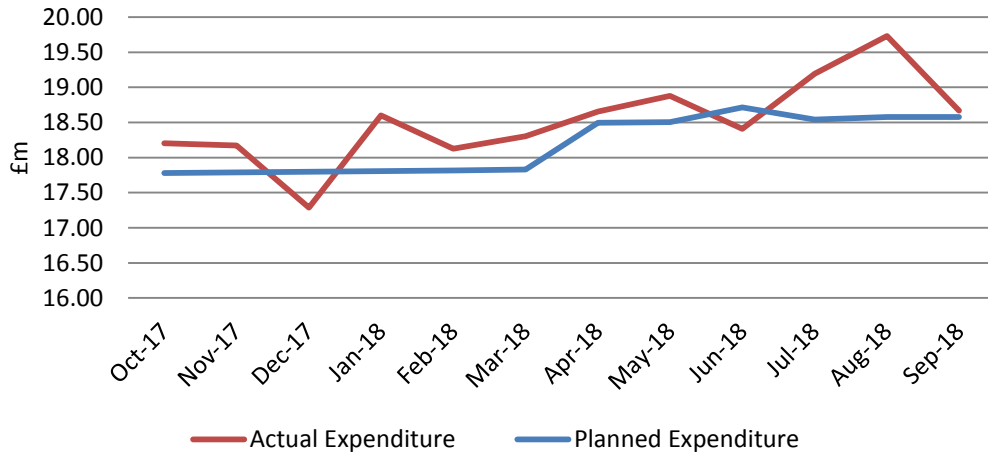
CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 6 - PAY EXPENDITURE BY STAFF GROUP

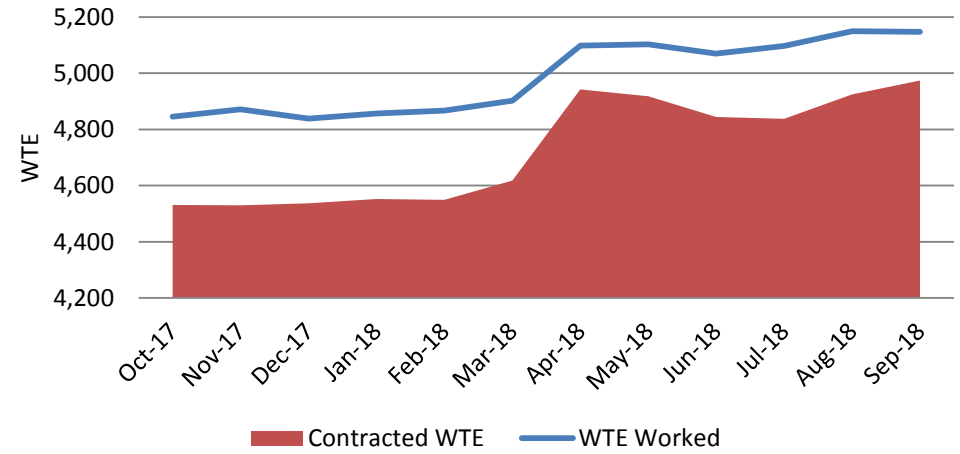
PAY ANALYSIS BY STAFF GROUP

	Staff Numbers			Current Month - Expenditure			Year to Date - Expenditure			RAG Rating	Change from Prior Month Variance
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance		
	WTE	WTE	WTE	£000	£000	£000	£000	£000	£000		
Medical and Dental	567	577	10	5,792	5,882	90	34,731	34,983	252	●	↓
Nursing, Midwifery and Health Visiting	1,550	1,466	(84)	5,705	5,464	(241)	34,060	32,830	(1,230)	●	↑
Scientific, Therapeutic and Technical	594	595	1	2,110	2,158	48	12,660	12,859	199	●	↑
Support to Clinical Staff (HCAs/AHPs)	1,140	1,144	4	1,994	1,994	0	11,922	12,084	162	●	↑
Managers and Infrastructure Support	1,398	1,365	(32)	3,609	3,519	(90)	22,141	21,135	(1,006)	●	↑
Other	0	0	0	(635)	23	658	(4,124)	272	4,396	●	↑
Total	5,249	5,147	(102)	18,575	19,040	465	111,390	114,163	2,773	●	↑

Planned Pay Expenditure vs Actual Pay Expenditure



Contracted WTE vs WTE Worked



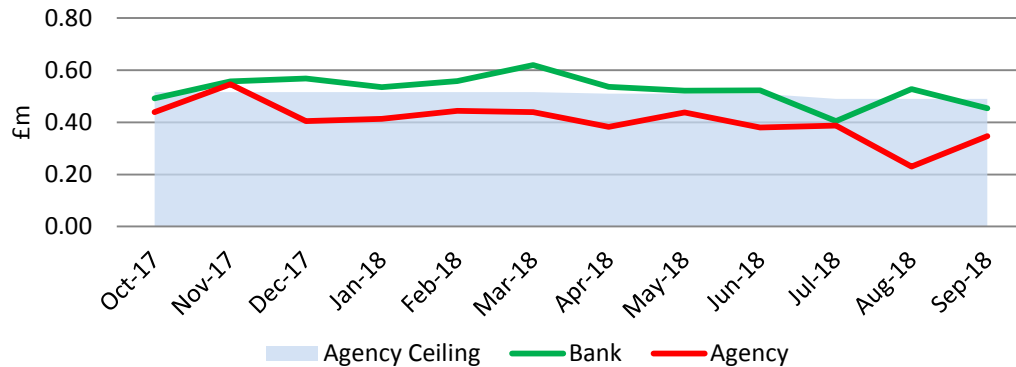
CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 7 - PAY EXPENDITURE BY DIVISION

PAY ANALYSIS BY DIVISION

	Staff Numbers			Current Month - Expenditure			Year to Date - Expenditure			CIP (over)/under achieve	RAG Rating	Change from Prior Month Variance
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance			
	WTE	WTE	WTE	£000	£000	£000	£000	£000	£000			
Surgery	953	966	13	3,951	4,102	151	23,618	24,275	657	(68)	●	↑
Medicine	1,515	1,529	14	5,747	5,940	193	34,420	35,162	742	133	●	↑
Family Care	481	475	(5)	2,001	2,032	31	12,004	12,150	146	(37)	●	↑
Clinical Support	660	656	(4)	2,321	2,281	(40)	14,007	13,927	(80)	72	●	↑
Theatres	604	575	(30)	2,203	2,214	11	13,117	13,018	(99)	(164)	●	↑
THQ	487	431	(56)	1,465	1,276	(188)	8,587	7,967	(620)	(21)	●	↑
Reserves, Other & CHOICE	549	515	(34)	888	1,195	307	5,636	7,664	2,028	(86)	●	↑
Total	5,249	5,147	(102)	18,575	19,040	465	111,390	114,163	2,773	(171)	●	↑

Non-Substantive Pay Expenditure



Comments and Actions

Pay is currently showing an overspend of £2,773k against plan to date.

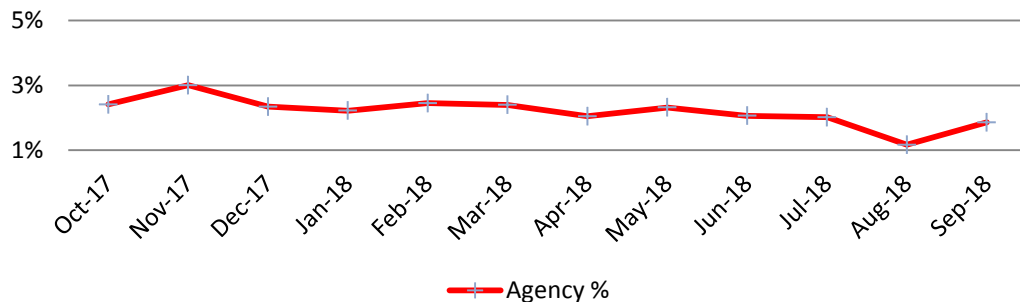
The improvement in month on pay was due to the agenda for change pay award arrears for months M1-M3 being paid in month 5. The Trust are awaiting NHSI to revise the annual plan in light of the pay award. Costs associated with the pay award in the position are £1,698k. To note the Divisional budgets have been adjusted for the pay award which has created a negative budget in corporate reserves and on the other category to this amount. The other category also includes unidentified CIP across all divisions and reserves totalling £2,108k. Apprenticeship levy and apprenticeship costs are also within the other category, the variance being £590k this will mainly be set off against divisional budgets.

Nursing expenditure is showing an underspend of £1,230k compared to plan due to vacant nursing posts across all divisions partly offset by spend on bank and agency. It has been agreed to pay £22 per hour for nurse staffing within the emergency department between August and October. The largest variance is against 'other' where there is a negative budget reflecting unallocated CIP targets. These targets will be reviewed and allocated across the categories as appropriate. The cross charge to South Tyneside FT for the cross site senior management working arrangement has contributed to the large underspend on Managers and Infrastructure Support to date.

The CIP position for pay is £171k ahead of plan to date due mainly to non recurrent nursing vacancies across all divisions.

Agency costs continues to be below the agency cap in September, but this still requires addressing as monthly expenditure on agency is planned to fall in the later months of the year. To ensure agency costs remain low in the coming months, a working group has been set up lead by the Nursing directorate to implement a process for approval of agency spend.

Agency Usage as % of Total Pay Costs



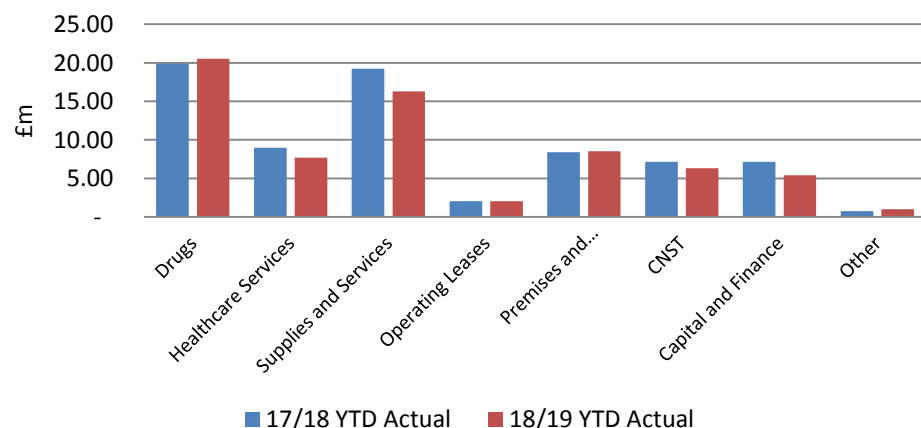
CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 8 - NON-PAY EXPENDITURE BY SUBJECTIVE GROUP

NON-PAY SUBJECTIVE ANALYSIS

	Annual Plan £m	Current Month			Year to Date			RAG Rating	Change from prior month variance
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000		
Drugs	40,433	3,386	3,378	(8)	20,366	20,536	170	●	↑
Healthcare Services	16,440	1,370	1,341	(29)	8,220	7,711	(509)	●	↓
Supplies and Services	33,604	2,913	2,684	(229)	17,813	16,287	(1,526)	●	↑
Operating Leases	4,080	340	340	0	2,040	2,040	0	●	→
Premises and Establishment	15,301	1,275	1,655	380	7,650	8,535	885	●	↓
CNST	13,274	1,106	1,054	(52)	6,636	6,321	(315)	●	↓
Capital and Finance	7,491	1,029	805	(224)	6,174	5,401	(773)	●	↑
Other	6,331	123	374	251	738	1,016	278	●	↓
Total	136,954	11,542	11,631	89	69,638	67,847	(1,791)	●	↓

Non-Pay Expenditure



Comments:

Non-Pay is underspent by £1,791k against plan, (including depreciation, finance costs and impairments). The main drivers within the non-pay variance are:

- A significant underspend of £1,526k on Supplies and Services. This is partly a result of efficiencies gained through the transfer of services to CHOICE and partly due to inflationary pressures which were budgeted for but have not yet materialised.
- Underspends on capital and financing costs amounting to £773k. This is mainly a reduction in depreciation charges following the MEA valuation undertaken at the end of 2017/18
- A small overall underspend against drugs amounting to £170k - however overspends on lucentis within ophthalmology are offsetting underspends elsewhere.

The remaining variances across the other categories amount to £338k and include

- A rates overspend of £135k due to the increase in charges from the local authority
- Overspends on utilities totalling £163k - mainly across gas and electricity
- An underspend on the pathology SLA of £(145k)
- Overspend on engineering contracts of £300k which are being reviewed to ensure no capital costs have been charged to this area.

A piece of work is being undertaken to review the categories of expenditure and to ensure the categories used internally are consistent with those on the NHSI return.

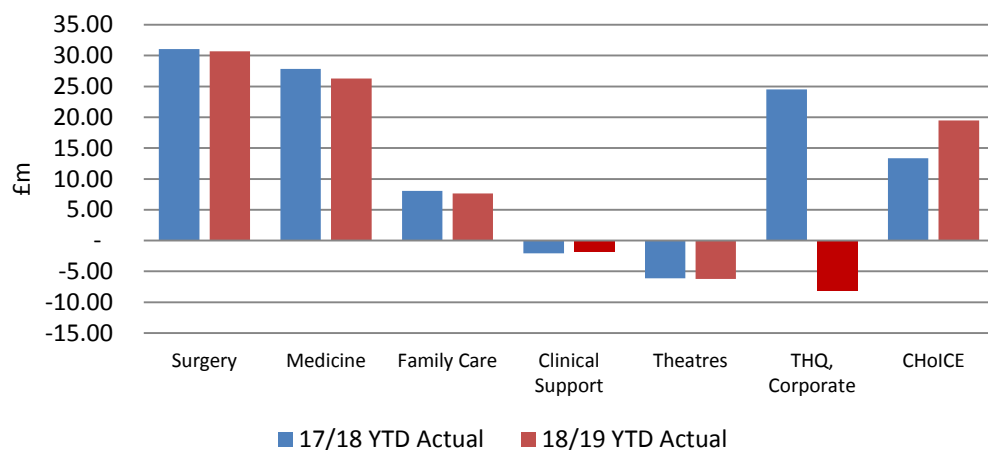
CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 9 - NON-PAY EXPENDITURE DIVISIONAL EXPENDITURE

NON-PAY EXPENDITURE BY DIVISION

	Annual Plan £000	Current Month			Year to Date			CIP (over)/under achievement	RAG Rating	Change from prior month variance
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000			
Surgery	34,048	4,782	5,174	393	29,427	30,672	1,245	206	●	↓
Medicine	39,900	4,380	4,310	(71)	26,270	26,283	14	125	●	↑
Family Care	11,981	1,299	1,194	(105)	7,795	7,643	(152)	0	●	↑
Clinical Support	17,128	(360)	(289)	71	(2,106)	(1,888)	218	186	●	↓
Theatres	6,684	(1,028)	(1,056)	(27)	(6,109)	(6,220)	(111)	115	●	↑
THQ	3,277	273	237	(36)	1,638	1,661	23	0	●	↑
Reserves, Other & CHOICE	23,936	2,197	2,062	(135)	12,723	9,695	(3,028)	(842)	●	↓
Total	136,954	11,542	11,631	89	69,638	67,847	(1,791)	(211)	●	↓

Non-Pay Expenditure



Comments

The overspend in Surgery's non pay costs £1,245k is mainly due to Drugs costs £743k primarily Lucentis in Ophthalmology. The other major adverse variance in Surgery's Non Pay is a shortfall in identified CIP to date amounting to £206k against plan.

The large underspend in Reserves, Other and CHOICE is due mainly due budgets held in reserves for pressures (including inflation) which have not yet been required.

Family Care's underspend of (£152k) against plan to date is due lower than expected premises and plant costs incurred to date.

Theatre's underspend against plan by £111k is due to additional ISLA income received in supporting Surgery's clinical activity.

Clinical Support overspend to date is due to a shortfall in identified CIPs against plan to date.

Overall CIP position as at September 2018 is £211k ahead of plan.

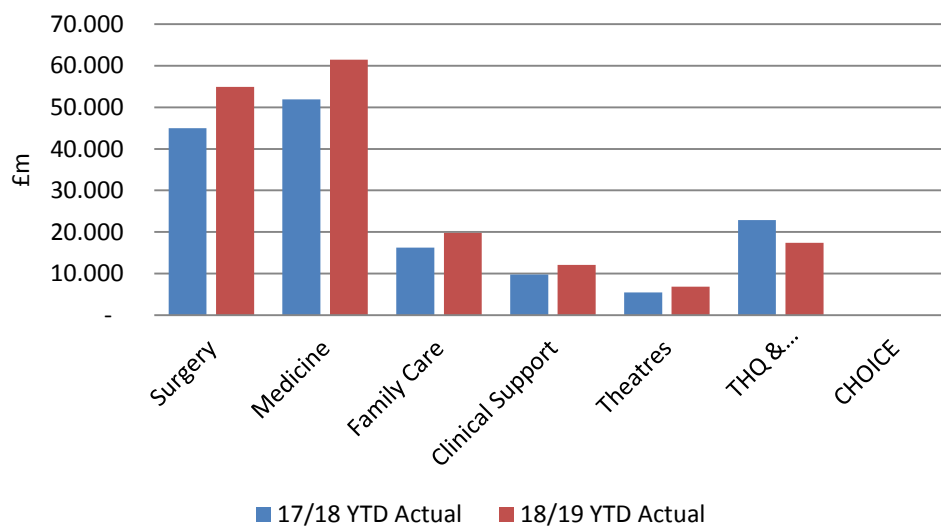
CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 10 - DIVISIONAL PERFORMANCE

DIVISIONAL PERFORMANCE (PAY AND NON-PAY EXPENDITURE)

	Annual Plan £000	Current Month			Year to Date			CIP (over)/under achievement	RAG Rating	Change from prior month variance
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000			
Surgery	81,152	8,733	9,276	544	53,045	54,946	1,901	138	●	↓
Medicine	108,272	10,127	10,250	123	60,690	61,446	756	258	●	↑
Family Care	35,776	3,300	3,225	(74)	19,799	19,794	(5)	(37)	●	↑
Clinical Support	44,789	1,961	1,991	31	11,901	12,039	138	258	●	↓
Theatres	32,724	1,175	1,159	(16)	7,008	6,798	(210)	(50)	●	↑
THQ	20,370	1,738	1,513	(225)	10,226	9,628	(598)	(21)	●	↑
Reserves, Other & CHOICE	35,236	3,085	3,257	172	18,360	17,360	(1,000)	(928)	●	↓
Total	358,319	30,118	30,671	554	181,028	182,010	982	(381)	●	↑

Divisional Expenditure



Overall divisional expenditure total is an overspend of £982k against plan at the end of September 2018. The expenditure is £21k more in comparison to the same period last year.

The overspend is driven by Surgery's drug costs and unidentified CIP target to month 6. Despite this, finance costs and Clinical Supplies costs continue to underspend. There continues to be a large number of Nursing vacancies across the Trust helping the financial position.

THQ Divisional position is showing a favourable position YTD which is mainly due to pay vacancies. The Corporate and CHOICE position is showing a favourable YTD variance due mainly to non-pay reserves which were set up in anticipation of inflationary pressures. These have been lower than planned and the Trust has also benefited from increased Procurement savings via CHOICE.

CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 11 - VARIANCE ANALYSIS

BREAKDOWN OF VARIANCES BY DIVISION

	Surgery £000	Medicine £000	Family Care £000	Clinical Support £000	Theatres £000	THQ £000	Corporate, Other & CHoICE £001	Total £000	RAG Rating	Change from prior month variance
Income variance	51	134	95	(11)	9	(182)	(717)	(621)	●	↑
Pay variance	657	742	146	(80)	(99)	(620)	2,028	2,773	●	↓
Non-pay variance	1,245	14	(152)	218	(111)	23	(3,028)	(1,791)	●	↓
Expenditure variance	1,901	756	(5)	138	(210)	(598)	(1,000)	982	●	↓
Net variance	1,952	890	90	127	(201)	(780)	(1,717)	361	●	↓
Variance due to CIP	140	258	11	324	(50)	(21)	(834)	(171)	●	↑
Underlying variance	1,813	632	79	(197)	(152)	(759)	(883)	532	●	↓

ANALYSIS OF VARIANCES BY CATEGORY

Description of key variances	Income £000	Pay £000	Clinical Supplies and Services £000	Drugs £000	Other non- pay £000	Finance costs £000	Total £000
Stretch CIP as at Month 6			813	(409)	(242)		162
CIP under/(over) delivery to month 6	210	(171)	(20)	115	(468)		(332)
Under recovery of PSF due to non-achievement of A&E target	682						682
Funding for Pay Award April to September 2018	(1,608)	1,698					90
Training and Education, R&D income under recovery	371						371
Medical staff vacancies		(1,281)					(1,281)
Medical staff additional sessions / on-call		972					972
Agency / Direct engagement medical staff		149					149
Other medical staffing pressures		526					526
Nursing and HCA vacancies (less Flexi/NHSP costs)		(1,500)					(1,500)
Unallocated pay pressures		2,108					2,108
Premises and establishment					885		885
Net Drug pressures				464			464
Depreciation variance due to MEA revaluation						(840)	(840)
Efficiency savings and lower than planned inflationary pressure			(2,319)				(2,319)
Other	(276)	272			163	67	225
Totals	(621)	2,773	(1,526)	170	339	(773)	361

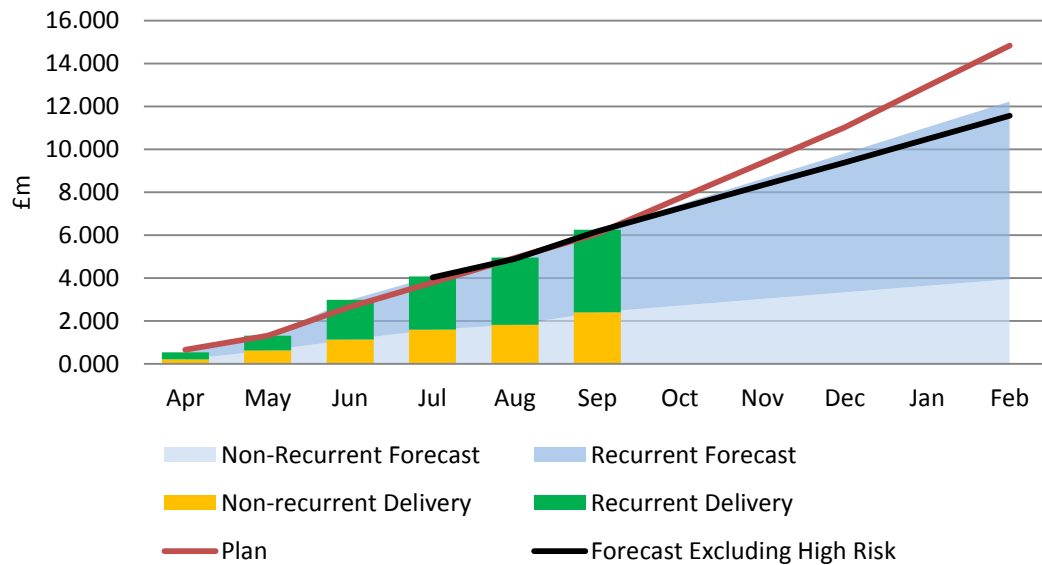
CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 12 - COST IMPROVEMENT PROGRAMME

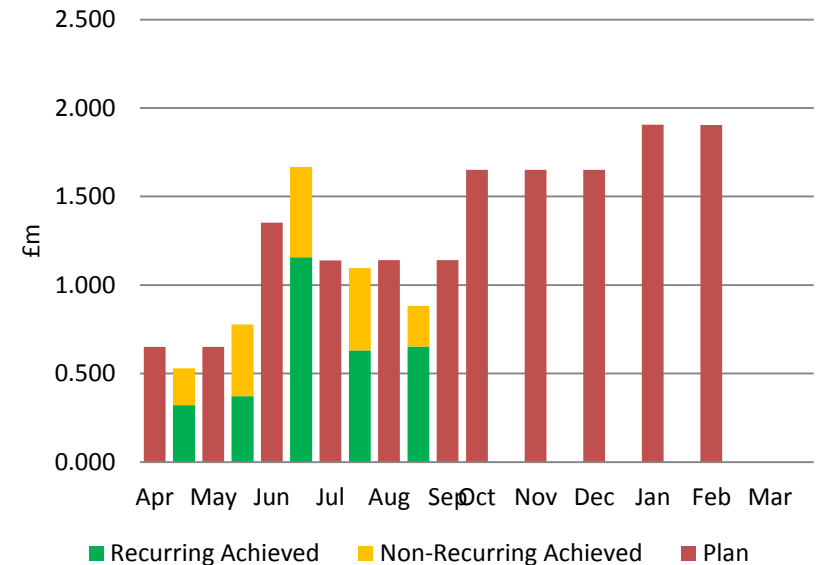
CIP DELIVERY - AS CATEGORISED IN NHSI RETURN

Scheme	Risk	Total Plan £000	Current Month			YTD			Identified £000	Still to Identify £000	RAG Rating
			Plan	Actual	Variance	Plan	Actual	Variance			
			£000	£000	£000	£000	£000	£000			
Procurement	Medium	600	50	50	0	300	300	0	600	(0)	●
CHOICE	Low	2,100	145	145	(0)	840	836	4	2,100	0	●
THQ restructure (recurrent)	Low	500	40	25	15	180	147	33	294	206	●
GDE	Low	500	30	0	30	90	0	90	140	360	●
Pay - N/R vacancies	Low	3,500	292	229	63	1,748	1,908	(160)	3,582	(82)	●
Biosimilars	High	750	55	21	34	270	140	130	605	145	●
Medical Agency	High	380	0	22	(22)	0	130	(130)	260	120	●
Pay - Recurrent	High	450	37	0	37	222	0	222	300	150	●
Spinal	High	500	40	0	40	240	0	240	0	500	●
Other Schemes	Various	7,458	451	801	(350)	2,181	2,783	(602)	5,633	1,825	●
Total		16,738	1,140	1,292	(152)	6,071	6,243	(172)	13,514	3,224	●

CIP Delivery - Cumulative Position



CIP Delivery - Monthly Achievement



CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 13 - COST IMPROVEMENT PROGRAMME

CIP DELIVERY - DIVISIONAL ACHIEVEMENT

	Surgery	Theatres	Medicine	Family Care	Clinical Support	THQ Corporate	Other Trust wide	Total	Stretch	Total incl Stretch
Divisional CIP's 18/19 £000's	-2,743	-1,120	-2,800	-1,013	-1,476	-508	-3,342	-13,001	-3,737	-16,738
Plan to date £000's	-1,245	-414	-1,282	-485	-670	-254	-203	-4,551	-1,521	-6,072
Actual to date £000's	-1,105	-464	-1,023	-473	-346	-274	-1,198	-4,884	-1,359	-6,243
YTD Variance 18/19 £000's	140	-50	258	11	324	-21	-995	-332	162	-171
YTD Variance %	-11%	12%	-20%	-2%	-48%	8%	491%	7%	-11%	3%
Actual to date recurring £000's	-638	-33	-371	-70	-29	-147	-1,198	-2,486	-1,359	-3,846
Actual to date non recurring £000's	-467	-431	-652	-403	-317	-127	0	-2,397	0	-2,397
Recurring % compared to actual to date	58%	7%	36%	15%	8%	54%	100%	51%		62%
Recurring % compared to plan to date	51%	8%	29%	14%	4%	58%	591%	55%	89%	63%

	Surgery	Theatres	Medicine	Family Care	Clinical Support	THQ Corporate	Other Trust wide	Total	Stretch	Total incl Stretch
Forecast CIP delivery 2017/18 £000s										
Financial Year End CIP recurrent	-1,101	-142	-1,003	-204	-84	-294	-3,730	-6,558	-2,719	-9,276
Financial Year End CIP non recurrent	-895	-659	-952	-677	-409	-247	-400	-4,238	0	-4,238
Financial year end CIP total forecast	-1,996	-801	-1,955	-881	-492	-541	-4,130	-10,795	-2,719	-13,514

Forecast / (Surplus) / Shortfall	748	319	845	132	984	-33	-788	2,206	1,018	3,224
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Comments

The Trust's original Cost Improvement Plan (CIP) for 2018/19 was £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 planned to be achieved as a corporate stretch target rather than being added to divisional targets.

Excluding the additional stretch target, CIP achievement at the end of Sep 2018 was as follows:

CIP achieved was £332k ahead of plan (£4,884k against a YTD target of £4,551k)

CIP forecast was £2,206k behind plan (£10,795k against an annual target of £13,000k)

Including the additional stretch target the YTD position is £171k ahead of plan and the forecast is £3,224k behind plan.

The Trust is working on identifying additional schemes to close the gap and is still planning to deliver the CIP in full.

CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 14 - BALANCE SHEET ANALYSIS

CONSOLIDATED BALANCE SHEET

Main Category	Sub Category	Plan £000	Actual £000	Variance £000	Comments
Non-current assets	Intangible assets	5,126	4,871	(255)	Mainly underspend on capital programme
	Property, plant and equipment: other	142,432	141,806	(626)	Mainly underspend on capital programme
	Trade and other receivables: non-NHS receivables > 1 year	969	969	0	
		148,527	147,646	(881)	
Current assets	Inventories	6,400	6,129	(271)	Pharmacy inventory movement
	Trade and other receivables: NHS receivables	7,214	11,768	4,554	Balances with other NHS organisations including STFT (3.69m)] net £461k - see Cash Analysis
	Trade and other receivables: non-NHS receivables	7,340	6,842	(498)	
	Cash and cash equivalents: commercial/in hand/ other	4,195	3,659	(536)	
	Cash and cash equivalents: GBS/NLF	7,034	8,031	997	
		32,183	36,429	4,246	
Current liabilities	Trade and other payables: non-capital	(30,467)	(34,236)	(3,769)	Higher than planned accruals and invoices on hold
	Trade and other payables: capital	(580)	(1,198)	(618)	
	Deferred income	(1,665)	(1,680)	(15)	
	Borrowings < 1 year Loan	(3,273)	(3,273)	0	
	Provision < 1 year	(244)	(267)	(23)	
	Other liabilities	(762)	(426)	336	
		(36,991)	(41,080)	(4,089)	
Non-current liabilities	Borrowings > 1 year	(56,342)	(55,479)	863	Lower than planned interim cash support
	Provisions > 1 year	(701)	(701)	0	
		(57,043)	(56,180)	863	
Total Assets Less Total Liabilities		86,676	86,815	139	
Reserves	Income and expenditure reserve	45,216	52,771	7,555	Plan did not reflect final 17-18 adj between I&E and Rev Reserves relating to MEA adj in respect of buildings
	Public dividend capital	(104,289)	(104,289)	0	
	Revaluation reserve	(27,603)	(35,297)	(7,694)	Plan did not reflect final 17-18 adj between I&E and Rev Reserves relating to MEA adj in respect of buildings
		(86,676)	(86,815)	(139)	
Total Reserves		(86,676)	(86,815)	(139)	

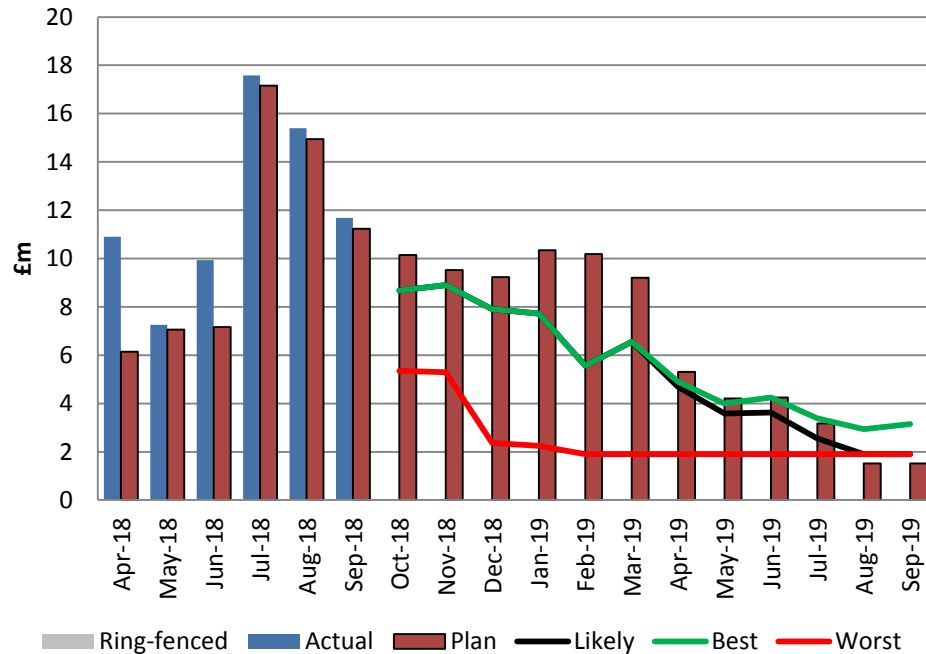
CASH AND LIQUIDITY ANALYSIS

	Previous Month Actual	YTD Plan	YTD Actual	Variance
	£000	£000	£000	£000
Cash Balance	14,938	11,229	11,690	461
Interim Support Funding	(8,166)	(8,166)	(7,304)	862
Underlying Position	6,772	3,063	4,386	1,323

Cash balances are £0.46m higher than planned. The favourable variance 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 £2.18m, offset by adverse variances in working capital movements of £1.78m and a repayment against the interim support deficit loan 0.86m. Further analysis of the £0.46m variance is detailed below:

Description	Variance (£000)
I & E Position behind plan due to PSF	-565
Receivables balances higher than planned	-3,597
Payables and deferred income higher than planned	3,986
Capital expenditure lower than planned	2,176
Depreciation and amortisation lower than planned	-840
Interim Support lower than planned	-862
Other movements	-759
Total	-461

Cash Profile - 6 Months Historic and 12 Months Forecast

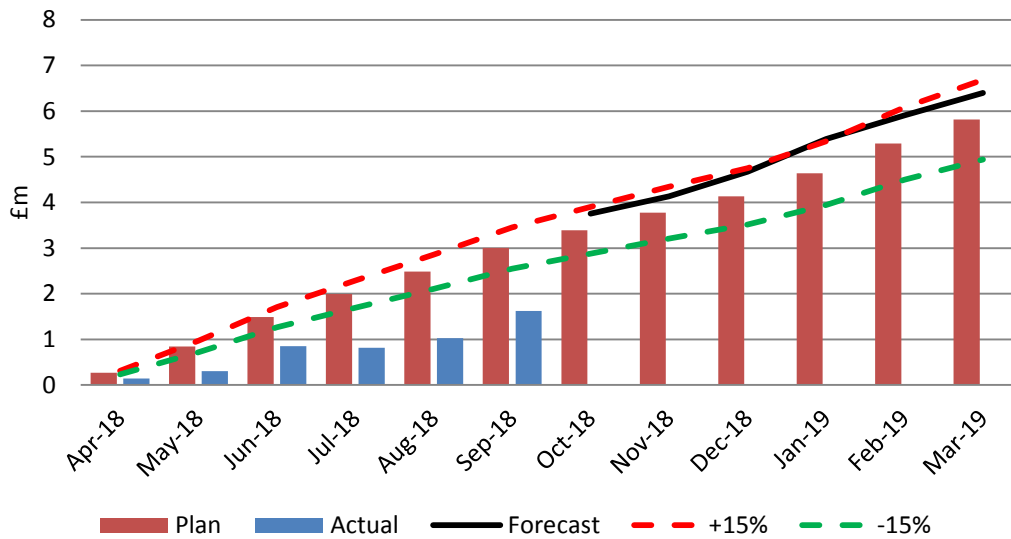


Principal and interest repayments of £0.62m and £0.32m respectively were paid against the Trust's capital borrowing facility, effectively reducing the total value of outstanding capital loans (excluding interim support loans) to £51.45m. The Trust received Q1 PSF funding of £0.68m in September 18. The 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 that reflect a reduction of £0.68m in respect of PSF. The likely case at this stage assumes that the Trust will require interim deficit support funding in August 19 of £0.99m and a further £3.29m in September 19. The best case scenario is consistent with the likely case for the remainder of 2018/19. The worst case scenario assumes the Trust is £4.5m behind plan as detailed in the forecast outturn. 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 £1.89m; this reflects NHSI's minimum expected working cash balance.

CAPITAL EXPENDITURE

	Annual Plan £000	Year to Date			RAG Rating	Comments
		Plan £000	Actual £000	Variance £000		
Facilities	819	416	482	66	●	Costs relating to the ED redevelopment scheme recognised in year.
Medical	1,090	492	491	-1	●	Additional equipment has been purchased using donated funds.
IT	3,904	2,094	653	-1,441	●	GDE scheme cost phasing is currently behind plan.
Total Capex	5,813	3,002	1,626	-1,376	●	
Trust Funded	3,613	1,728	1,507	-221	●	
PDC funded	2,200	943	0	-943	●	
Donations	0	0	119	119	●	Expenditure met via donations from Charitable Funds

Capital Expenditure



The planned 2018/19 capital programme for City Hospitals totals £5,813k. The actual spend at the end of September 2018 was £1,626k against a plan to date of £3,002k, resulting in a variance of £1,376k. The variance to date primarily relates to the IT GDE scheme (£1,223k) which is ongoing. Orders have now been placed for some aspects of the GDE programme, spend is therefore anticipated over the next couple of months.

A number of medical equipment proposals have also been received into the Medical Capital Equipment sub group. subject to approval, it is anticipated spend will start to be incurred as equipment is purchased; a two month lead time is expected.

The capital forecast outturn is currently £6,395k, leading to a variance of £582k against the annual plan. £372k of the variance relates to medical equipment which is being funded externally or through donated funds. A further £175k of the variance relates to the final ED redevelopment scheme cost. The cost of this is to be offset by capital receipts following the sale of residential properties.

OPERATIONAL FINANCIAL POSITION - SEPTEMBER 2018

PAGE 17 - FORECAST OUTTURN

	RAG rating	Income £000	Pay £000	Non-Pay £000	Finance £000	Total £000	Best case scenario £000	Worst case scenario £000	Movement from Previous Month £000
Annual Plan (excluding PSF)		(339,915)	221,329	125,050	11,940	18,404	18,404	18,404	0
Key assumptions in baseline forecast									
Over performance against PbR contracts	●	(607)				(607)	(607)	(607)	749
Underperformance - Hep C and potential PAS rebates	●	1,104				1,104	1,104	1,104	650
Maternity charges	●	(302)				(302)	(302)	(302)	(302)
NCA's	●	(321)				(321)	(302)	(302)	(321)
Cancer drug fund income/costs higher than planned	●	(496)		496		0	0	0	0
Pay award funding/costs	●	(3,215)	3,369			154	154	154	0
Merger consultancy costs	●			300		300	300	300	0
Lower than planned depreciation	●				(620)	(620)	(620)	(620)	0
Lower interest charges on ITFF loan	●				(273)	(273)	(273)	(273)	0
Pay pressures			4,500			4,500	4,500	4,500	4,500
Other movements		41	76	(1,326)	(841)	(2,049)	(2,068)	(1,868)	(4,257)
Baseline forecast (excluding PSF)		(343,711)	229,274	124,520	10,206	20,289	20,289	20,489	1,019
Stretch CIP schemes not included in baseline									
Non-pay inflation costs lower than planned	●			(410)		(410)	(410)	(250)	0
Diagnostic growth lower than planned	●			(188)		(188)	(188)	0	0
Other non-pay reserve not required in full	●			(197)		(197)	(197)	0	0
Corporation tax bill lower than planned	●			(100)		(100)	(100)	0	0
Sub-total		0	0	(895)	0	(895)	(895)	(250)	0
Downside adjustments to baseline									
Pay award funding pressure - potential clawback	●		325			325	325	650	0
A&E Business Case	●		350			350	0	500	(531)
Winter costs not included in Divisional forecasts	●			500		500	0	1,200	(450)
Costs associated with Path to Excellence work	●		159	156		315	0	315	0
Sub-total		0	834	656	0	1,490	325	2,665	(981)
Upside adjustments to baseline									
DTC costs overstated in baseline	●								0
Capital good schemes VAT refund	●			0		0	(926)	0	0
Reduction in agency costs	●		(200)			(200)	(400)	0	0
Sub-total		0	(200)	0	0	(200)	(1,326)	0	0
Forecast outturn at M6 (excluding PSF)		(343,711)	229,908	124,281	10,206	20,684	18,393	22,904	38
Annual Plan (excluding PSF)		(339,915)	221,329	125,050	11,940	18,404	18,404	18,404	18,404
Forecast variance from plan (excluding PSF)		(3,796)	8,579	(769)	(1,734)	2,280	(11)	4,500	38

CHS OPERATIONAL FINANCE POSITION - SEPTEMBER 2018

PAGE 18 - CONSOLIDATION OF SUBSIDIARY

	Trust Position	CHoICE Position	Consolidation Adjustments	Group
	£000	£000	£000	£000
Income	(173,587)	(27,618)	28,667	(172,538)
Pay expenditure	107,327	6,888	(52)	114,163
Non-pay expenditure	72,537	18,904	(28,507)	62,934
Depreciation	2,904	1	0	2,905
Finance Costs	1,767	740	(109)	2,397
Net (Surplus)/Deficit	10,948	(1,086)	(0)	9,861

Comments

The table to the left shows the consolidation of the Trust's wholly owned subsidiary (CHoICE). This shows that for the year to date CHoICE is making a profit of £1.086m which is offset against the deficit in the Trust.

All analysis within this report is based on the group position as shown in the final column

ENCLOSURE 5

COUNCIL OF GOVERNORS

NOVEMBER 2018

MERGER CRITERIA

Background and summary

Following agreement with the Council of Governors of both City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust, at a meeting held on 11th July 2018, two joint Governor Sub-Groups were established. One Group (the Constitution Sub-Group) focused on drafting the key elements of a new constitution and the other (the Criteria Sub-Group) focused on developing the criteria that Governors would use to assess the robustness of the merger transaction process, the assurance associated with which would be used by Governors to approve the Board's decision at the end March 2019.

A joint meeting of the Council of Governors was held on 25th October 2018 to update the Governors of both Trusts on the work of the Governor Sub Groups including the final evaluation criteria for merger.

Recommendation

The Council of Governors are asked to formally note and approve the merger criteria detailed in the attached document.



Debbie Henderson
Company Secretary/
Head of Corporate Governance

**South Tyneside and Sunderland Healthcare Group
Councils of Governors' Criteria Sub-Group
Evaluation Criteria for Merger**

Criterion 1: Has the Board been thorough and comprehensive in reaching its proposal (i.e. undertaken proper due diligence)?	
Has the Board has received assurance in relation to operational performance matters (as defined in the scope of due diligence undertaken) and clinical matters (as defined in the scope of due diligence undertaken)?	<ul style="list-style-type: none"> • Operational performance due diligence reports covering the matters set out in NHS Improvement's indicative scope of due diligence • Clinical Integration due diligence reports covering the matters set out in NHS Improvement's indicative scope of due diligence • Business Case and Long Term Financial Plan
Has the Board received assurance in relation to quality governance?	<ul style="list-style-type: none"> • Quality governance due diligence reports covering the matters set out in NHS Improvement's indicative scope of due diligence • Independent Reporting Accountant opinions (if applicable)
Has the Board received assurance in relation to financial sustainability of the new Trust?	<ul style="list-style-type: none"> • Financial due diligence reports (including KPMG independent report) covering the matters set out in NHS Improvement's indicative scope of due diligence • Letter from NHS Improvement confirming amber or green risk rating for transaction • Independent Reporting Accountant opinion of working capital
Has the Board received assurance in relation to financial reporting procedures?	<ul style="list-style-type: none"> • Financial due diligence reports (including KPMG independent report) covering the matters set out in NHS Improvement's indicative scope of due diligence • Independent Reporting Accountant opinions on financial reporting procedures (if required by NHS Improvement)
Has the Board received assurance in relation to legal matters?	<ul style="list-style-type: none"> • Due diligence reports covering the matters set out in NHS Improvement's indicative scope of due diligence • Proposed new constitution • Independent legal advice reports
Has NHS Improvement reviewed the transaction?	<ul style="list-style-type: none"> • Formal documentation submitted to NHS Improvement

Criterion 1: Has the Board been thorough and comprehensive in reaching its proposal (i.e. undertaken proper due diligence)?

<p>Has NHS Improvement indicated an acceptable transaction risk rating following its review?</p>	<ul style="list-style-type: none"> • Letter from NHS Improvement confirming amber or green risk rating for transaction (including, where relevant, subject to mitigation of any identified risks) and supporting formal documentation following NHS Improvement review
<p>Has the Board satisfied itself that appropriate mitigations have been identified in relation to any risks identified by NHS Improvement as part of its review?</p>	<ul style="list-style-type: none"> • Formal documentation submitted to NHS Improvement as evidence of risk mitigations
<p>Has the Board received assurance in relation to post-transaction integration plan</p>	<ul style="list-style-type: none"> • Final PTIP reviewed and approved by Board • Independent Reporting Accountant opinion (if applicable)
<p>Has the Board received assurance in relation to CQC registration?</p>	<ul style="list-style-type: none"> • Letter from CQC confirming updated registration
<p>Has the Board received assurance in relation to membership of NHS Resolution schemes?</p>	<ul style="list-style-type: none"> • Letter from NHS Resolution confirming updated membership
<p>Has the Board received assurance in relation to commissioner support?</p>	<ul style="list-style-type: none"> • Letter of support from commissioners • Assurance reports on commissioning contracts

Criterion 2: Has the Board obtained and considered the interests of trust members, the public and stakeholders as part of the decision-making process?

<p>Has the Board obtained and considered the interests of trust members, the public and stakeholders as part of the decision-making process?</p>	<ul style="list-style-type: none"> • Engagement plan and evidence that it has included the views of governors and other stakeholders including HealthWatch and Local Authorities (Sunderland and South Tyneside) • Proposed new Constitution
<p>Has the Board engaged with and considered interests of staff?</p>	<ul style="list-style-type: none"> • Engagement and communication plan in place • Evidence of processes for individual and joint staff side engagement • Engagement on the name of the new Trust • Evidence of staff engagement exercises and TUPE briefings / processes for consultation including involvement of trade unions