Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
5th December 2012

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus for the Trust, areas of performance in terms of quality, operations finance and a perspective on the external environment. Matters include:- ▪ **Internal focus** (Emergency Care pathway, New Infusion Unit, 2012/13 Corporate Business Plan) ▪ **Strategy** (Epsom transaction, Royal Surrey County Hospital) ▪ **External Outlook** (The Health and Social Care Act 2012, National Commissioning Board ▪ **Regulation** (CQC, Monitor) ▪ **Performance** (Quality, Operational performance, Finance)
The Council is asked to:	Discuss the report.
Submitted by:	Andrew Liles, Chief Executive
Date:	November 2012
Decision	To Discuss

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

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Assurance report to the Council of Governors

1 INTERNAL FOCUS

1.1 Emergency Care pathway

One of our top priorities this year is to improve our emergency care pathway and the experience our patients have when they come into hospital as an emergency.

On 8th October, following the work the Trust has been doing with ECIST (the national Emergency Care Intensive Support Team), and drawing on evidence from other Trusts and Royal College guidelines, we put into place some bigger changes to the way we manage our emergency medical patients, in particular early consultant review, GP and medical referrals from A&E being directed to the Medical Assessment Unit (MAU) for assessment and the creation of a new MAU with 21 trolleys, and a new Short Stay Unit with 38 beds in the area previously used for medical assessment.

These changes represent a first and significant step in the redesign of emergency medical care pathways as part of the Unscheduled Care Programme.

The performance section of this report highlights how we are currently performing against the four hour waiting time standard.

1.2 Opening of new Infusion Unit at Ashford Hospital

The Trust opened a new infusion unit at Ashford Hospital – an idea put forward by Consultant Mike Irani as part of our Good to Great leadership development programme – in October. Situated next to the Outpatients Department, this nurse-led unit will provide a day service for all patients requiring an infusion, for example blood and iron transfusions.

This purpose built unit means that patients can receive their treatment in a more appropriate environment and avoid unnecessary overnight stays in hospital. The suite provides six standard and two bariatric reclining chairs, each equipped with oxygen, suction and a nurse call bell. There is also an interview room for carrying out any tests and speaking with patients privately as well as toilet and kitchen facilities. The Ashford Hospital League of Friends have kindly donated some handheld DVD players for patients to use whilst receiving their infusion. The unit will be open Monday to Friday, 8am to 6pm, but will be flexible to accommodate the needs of our patients.

1.3 2012/13 Corporate Business Plan

As part of our 2012/13 Corporate Business Plan the Trust set a number of Strategic Objectives which would be monitored throughout the year. At the end of Quarter 2 good progress has been made across the objectives. Of the 99 objectives, 16 relate to Epsom. Of the remaining 83, 65 are green or completed, 15 are amber and 3 are red. Areas identified with a red or amber status have mitigation plans in place to take these forward in the third quarter. Red objectives relate to:

SO1: Highest quality Care

- 1.1 – 'implementation of Schwartz Rounds to support clinical debrief and team reflection'. This objective had a slow start, but this should now improve following the identification of a Clinical Lead for the programme.
- 1.4 – 'work with 'virgincare' to develop rapid discharge team and community support'. This objective has been delayed but specification for the Liaison Team is being drafted prior to discussions with Surrey and Borders Partnership Trust about future service provision.

SO4: Financial Sustainability and Efficiency

- 4.4 – 'Deploy Patient Centre to achieve electronic order communications'. The objective has been delayed due to the time available from Surrey Pathology Services to dedicate engagement to the project due to wider system pressures.

Objectives in conjunction with the 'Integration with Epsom' (SO 5) are currently on hold following the halting of the transaction in October 2012

2 STRATEGY

2.1 Epsom General Hospital transaction

On 25th October, NHS London took the decision to halt the Epsom transaction, the process by which we planned to merge Epsom Hospital into our Foundation Trust. There were four key reasons for the decision:

- A review by Deloitte's has found that Epsom's forecast deficit is estimated to be £13.8 million at the end of the year (2012/13). This is much higher than expected and is considered to be too great as, if merged with Epsom Hospital, the new Trust would not be able to break even within five years;

- This concern, coupled with the current challenging economic environment and increasing financial constraints, adds further uncertainty as new Clinical Commissioning Groups continue to plan for how they will buy services in the future.

- The level of financial synergies proposed by Ashford and St Peter's to make savings and increase income as part of our vision for the future of Epsom Hospital have reduced from the original plans following more detailed financial assessments.

- The potential impact of proposals being put forward as part of the Better Services Better Value (BSBV) review in South West London could have had an impact on future income streams - particularly in terms of the Elective Orthopaedic Centre Centre potentially moving to St Helier hospital.

We continue to register our interest in on-going discussions about the future of Epsom Hospital, although as yet no decisions on the way forward have yet been made.

2.2 Royal Surrey County Hospital NHS Foundation Trust (RSCH)

In November the Boards of ASPH and RSCH have agreed with the Board of RSCH to work in partnership together on key projects of mutual benefit to our patients across both organisations. Specifically, initial work will be looking at how we can enhance the provision of cancer services at the Ashford site, how we might develop a Surrey based in-patient renal service and how we can deliver improvements and efficiencies in our delivery of corporate back-office functions.

3 EXTERNAL OUTLOOK

3.1 The Health and Social Care Act 2012

The Health and Social Care Act received Royal Assent on 27th March 2012. It is not yet known when the Commencement Orders needed for most of the provisions of the Act which will impact on the Trust will be issued.

However Commencement Order No 3 has been issued and came into effect from 1st November 2012. This repealed the provision within the 2006 NHS Act which provided for the de-authorisation of NHS foundation trusts deemed to be unsustainable. The order has also provided for the appointment of special trust administrators, their roles and the actions they may take where a foundation trust is in administration.

3.2 National Commissioning Board

The Department of Health published the first mandate to the NHS Commissioning Board on 13th November 2012, providing the long-term direction for the NHS. It sets a number of objectives for the NHS and reaffirms the Government's commitment to preserving its founding principles as laid out in the NHS Constitution – a comprehensive service for all, based on clinical need and not ability to pay or background.

The key objectives contained within the Mandate include:

- improving standards of care and not just treatment, especially for the elderly;
- better diagnosis, treatment and care for people with dementia;
- better care for women during pregnancy, including a named midwife responsible for ensuring personalised, one-to-one care throughout pregnancy, childbirth and the postnatal period;
- every patient to be able to give feedback on the quality of their care through the Friends and Family Test starting from April 2013 – so patients will be able to tell which wards, A&E departments, maternity units and hospitals are providing the best care;
- by 2015 everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online;
- putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment;
- preventing premature deaths from the biggest killers; and
- by 2015, everyone should be able to find out how well their local NHS is providing the care they need, with the publication of the results it achieves for all major services.

4 REGULATION

4.1 Meeting Care Quality Commission Standards

In October the CQC published the report following their return visit to St Peter's Hospital on 11th September, which focused on record keeping. The report gives the hospital a clean bill of health and follows a considerable amount of work put in by staff across the Trust redrafting and simplifying of a lot of our paperwork and making sure everyone is aware of their responsibilities regarding record keeping.

The CQC also visited Ashford Hospital for a routine unannounced inspection in October, where they visited theatres and three wards. The visit looked specifically at five standards: Consent to care and treatment; the care and welfare of people who use services; safety, availability and suitability of equipment; complaints; requirements relating to workers. The final report following this visit has indicated that the Trust was compliant with each of the standards reviewed.

Following these inspections the hospital is now fully compliant with the Care Quality Commission.

4.2 Monitor

In accordance with Monitor's Compliance Framework, the Trust is required to make a quarterly submission to Monitor on the Trust's performance in both financial, quality and operational terms. This includes performance against various national targets.

The Trust met all of the performance targets associated with the Monitor Compliance Framework in Quarter 2 2012/13 and therefore declared a Green governance rating in our submission to Monitor at the end of October.

The Trust has achieved a Financial Risk Rating (FRR) of 4 (out of 5 with 5 being the highest) at Quarter 2 2012/13 against a planned Monitor FRR of 3, and is forecasting a minimum FRR of 3 for the next four quarters.

The Trust awaits the outcome of Monitor's Quarter 2 review which is expected in early to mid December.

5 PERFORMANCE

5.1 Quality

Quality Dashboard

	1. To achieve the highest possible quality of care and treatment for our patients								
	Patient Safety & Quality		Annual Target 12/13	Annual Forecast 12/13	Oct Actual	Performance			YTD 12/13
						Aug	Sep	Oct	
1-01	Summary Hospital-level Mortality Indicator (SHMI)*	N	<100	<100	80	▲	▲	▼	62
1-02	Risk Adjusted Mortality Index (RAMI) **	N	<100	<100	67	▲	▲	▼	67
1-03	Crude mortality (Excluding readmissions)	L	1.6	<1.6	1.7%	▲	▼	▼	1.56%
1-05	MRSA (Hospital only)	N	1	2	1	◄►	◄►	▼	2
1-06	C.Diff (Hospital only)	N	20	18	1	▼	▲	▼	10
1-07	VTE (hospital acquired with PE or DVT)	L	14	21	4	▼	▼	◄►	15
1-08	Serious Incidents Requiring Investigation (SIRI)	L	50	110	9	▼	▲	▼	46
1-09	SIRI Grade 2 (proportion of total SIRI)	L	0.0%	4.6%	0.0%	▼	▼		11%
1-10	Falls (Total Number)	L	462	674	41	▲	▼	▲	414
1-11	Falls - resulting in significant injury (grade 3)	L	<15	15	2	▲	▼	◄►	9
1-12	Stroke Patients (90% of stay on Stroke Unit)	N	80.0%	80.0%	75.7%	▼	▲	▼	84.1%
1-13	Average Bed Occupancy (inc escalation)	L	92.0%	-	85.4%	▼	▼		88.5%
1-14	Patient Moves (ward changes >=3)	L	<5%	8.0%	7.5%	▲	▲	▲	7.3%
1-15	Patient Satisfaction (NetPromoter Score)	L	65%	60.3%	64%	▼	▲	◄►	60%
1-16	Formal complaints (Total Number)	L	<500	447	46	▼	▲	▼	262
1-17	Formal complaints (rate per discharge - IP only)	L	0.44%	-	0.58%	▼	▲	▼	0.59%

(T*) Target Type **N, National; L, Local**

Delivering or exceeding Target		Improvement Month on Month
Underachieving Target		Month in Line with Last Month
Failing Target		Deterioration Month on Month

The Summary Hospital Mortality Indicator (SHMI) rate is 80 bringing the year to date position to 62 (against an annual target and forecast of less than a 100). This rate is in the middle of our peer group on CHKS (our clinical information provider).

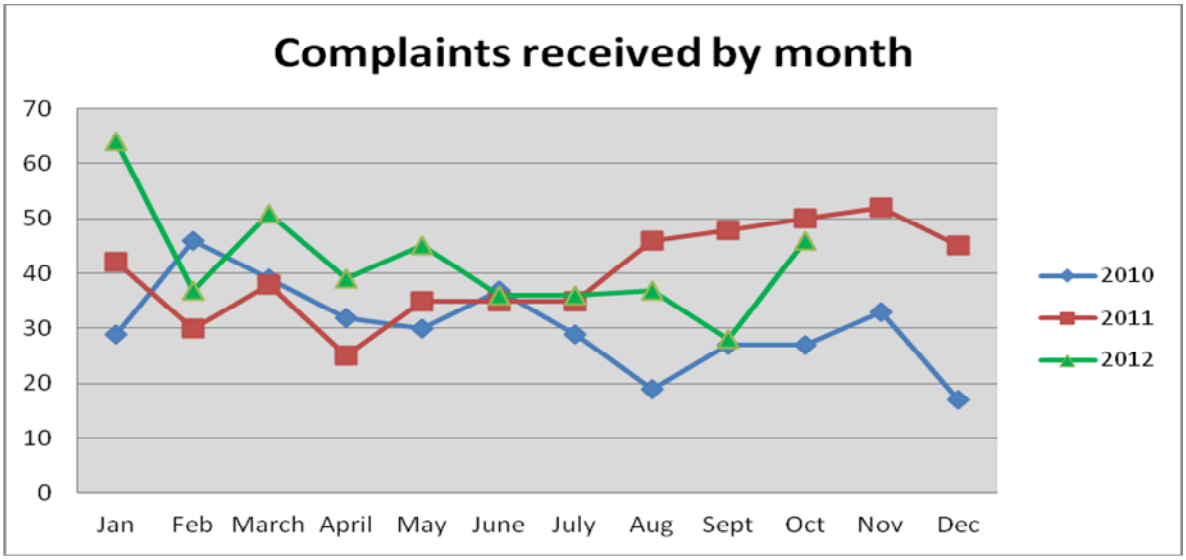
With one case of C-difficile in October, our year to date total increased to ten which is just below the trajectory. The forecast for the year end is that the Trust will achieve the target. There was one case of MRSA in October, bringing the year to date total to two against a target of one. Due to the low target level, Monitor does not reduce the governance rating until there are more than six cases in a year.

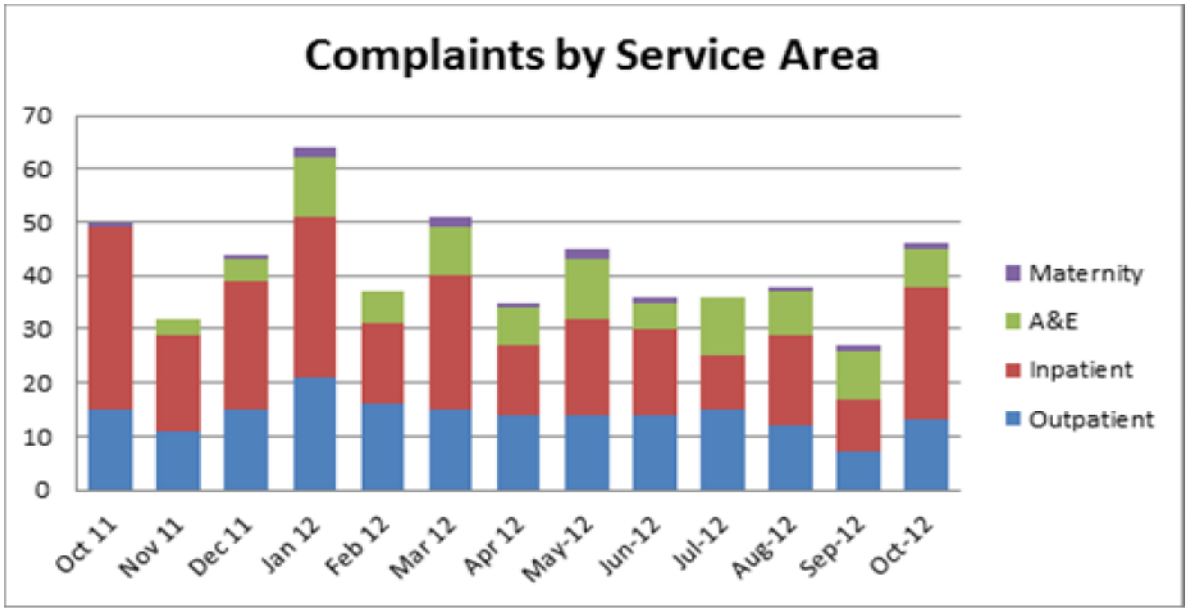
The number of Falls in October is three above the monthly target however it is one of the lowest monthly figures so far for the year with two that resulted in harm. The Trust is predicting that it will not achieve the target it set itself for total falls.

Complaints/Ombudsman Reports

There were 46 complaints in October (28 in September and 38 in August) bringing the year to date total to 262. Therefore the Trust is forecasting to achieve its target of receiving less than 500 complaints by year end.

The below charts show the breakdown by month and service area.





Parliamentary and Health Service Ombudsman (PHSO) cases

The table below provides a summary of cases that were active with the PHSO in October 2012.

Issue	Stage
Care and treatment relating to bile duct dilation.	Investigation commenced February 2012, awaiting outcome. OPEN
Care and treatment at end of life.	On 5 October 2012 the Trust was advised of the PHSO decision not to investigate. CLOSED

Patient Feedback

The Net Promoter Score (NPS) for the Trust was 64%.

NHS Choices Website Comment regarding the Cardiology Service:

"I found all the staff delightful, communicative, and demonstrated teamwork. My stay was brief, but I was made to feel special."

Five of the seven positive comments on the NHS Choices website relate to experience of the Cardiology Service.

NHS Choices - User Rating: The table below identifies the 'user rating' on NHS Choices for a number of hospitals close to our catchment area. The 'user rating' highlights the percentage of people providing comments who would recommend the hospital.

Hospital	% user rating *
Ashford & St Peter's	94
Frimley Park	86
Royal Surrey	71
Epsom & St Helier	71
Kingston	72
West Middlesex	71
St George's	73
Wexham Park	66
Royal Berkshire	74
Chelsea & Westminster	59

Refer to Appendix 1 for detailed patient experience performance.

5.2 Operational Performance

Referral to Treatment Times (RTT)

The Trust met the 18 week waiting time standards for admitted patient care, non-admitted patient care and incomplete pathways at speciality level for October 2012.

Although the Trust has consistently met all targets at speciality level each month for 2012/13 to date, there is a risk that the 90% standard for admitted patient care will not be delivered in General Surgery during the month of December. This is because a backlog of patients waiting over 18 weeks has developed as a result of consultant sickness and sub-optimal booking practices in Vascular Surgery. The issues in Vascular Surgery have now been resolved and a decision taken to offer al of the patients that have breached the 18 week standard a date to come in for surgery during December.

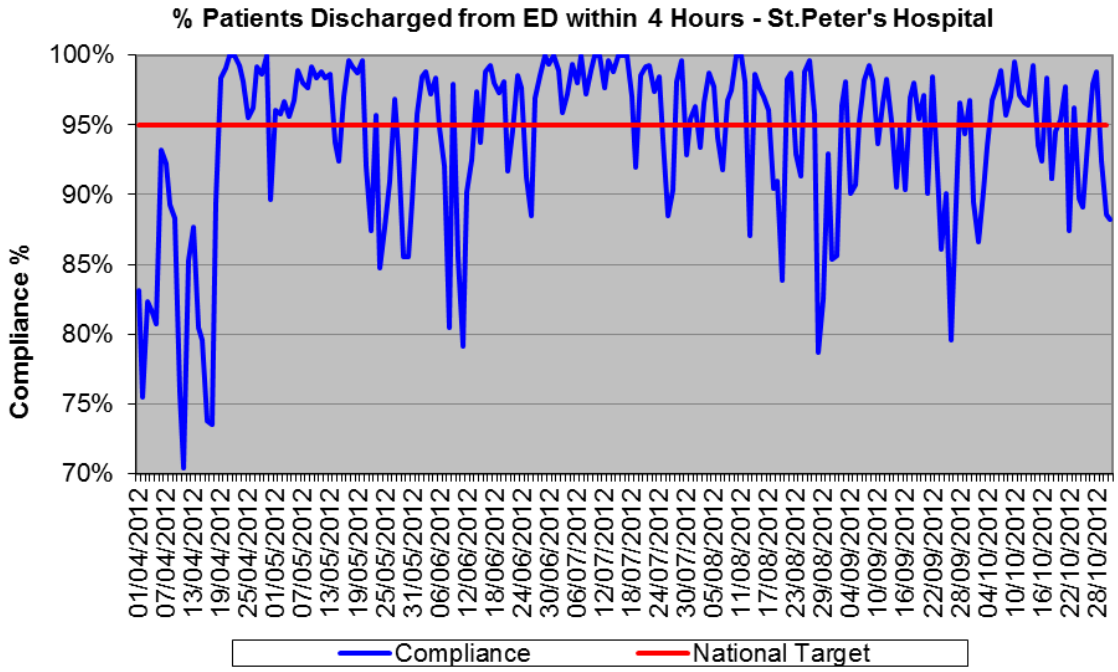
Whilst the decision to accommodate all breach patients in December may mean that the 90% standard is not achieved for the month in General Surgery, it does mean that:

- All patients will be booked chronologically – theoretically it is possible to guarantee delivery of
- the 90% standard in December but it would mean that some of those patients that have already waited in excess of 18 weeks would not be treated until sometime in the New Year, whilst others with the sam condition would have their surgery much more quickly.

- All patients will undergo surgery in less than 23 weeks from the date of referral.
- All patients offered a date to come in for surgery during December will be given reasonable
- notice of their appointment, as defined by the Trust's Access Policy.

4 Hour Standard for Waiting times

The graph below shows the percentage of patients that were admitted or discharged from the Emergency Department at St Peter's Hospital within 4 hours of arrival from 1st April 2012.



The below table shows performance against the Monitor Compliance Framework standard (which includes activity for Ashford and St. Peter's Hospitals) and the standard used for contract monitoring (which only includes activity for St. Peter's) by month. Performance at the St. Peter's site for October shows some improvement on that for August and September and is linked to the implementation of the new emergency medical pathway of care on 8th October 2012.

Period	CONTRACT Position	COMPLIANCE FRAMEWORK Position
August	94.9%	96.5%
September	94.5%	96.2%
October	95.1%	96.6%
November to date	91.9%	92.9%
Quarter 3 to date	**94.2%**	**95.7%**

Although performance in October exceeded the 95% standard used for both the Monitor Compliance Framework and the contract measure, delivery of both measures for quarters 3 and 4 remains a challenge. As the above table demonstrates, during early November the Trust has experienced operational pressure and delivery of the 4 hour target has been compromised.

Whilst the recent changes to the emergency medical pathway of care have improved system resilience and its ability to respond when under pressure, further work is needed. A continued focus on the completion of the unscheduled care programme of work is central to successful and sustainable delivery and key planned actions for the coming weeks include:

- Development of "hot clinics". These are general clinics for access by A&E and the Acute Physicians for admission avoidance or early discharge;
- Speciality in-reach to MAU and SSU to support the management of cardiac, gastro and respiratory patients;
- Monitoring of internal professional standards;
- Continued efforts to embed the use of RealTime; and
- Launch of the "Ready to Go" discharge project on Heron Ward.

Robust mechanisms to manage performance on a daily, weekly and monthly basis, as outlined in previous Board papers, remain in place and every breach of the 4 hour standard is formally reviewed.

We have also held a summit with senior people from our health system (CCG, Community Services, Social Services and Primary Care) and agreed a set of improvements designed to support the hospital.

Refer to Appendix 2 for detailed year to date performance of targets, indicators and activity.

5.3 Finance

Month 7; October 2012/13

The month 7 financial performance and forecast financial position for 2012/13 is set out below:

Finance Scorecard						
		Annual Plan	Forecast	YTD Plan	YTD Actual	YTD Variance
Monitor Financial Risk Rating		3	3	4	4	0
Total income excluding interest (£000)		£225,816	£230,804	£132,936	£135,605	£2,669
EBITDA (£000)		£17,020	£17,051	£11,805	£11,210	-£596
I&E net operational surplus (£000)		£3,300	£3,300	£4,388	£3,725	-£663
CIP Savings achieved (£000)		£12,000	£11,978	£6,640	£6,528	-£112
CQUINs (£000)		£4,236	£3,295	£2,471	£1,922	-£549
Month end cash balance (£000)		£12,560	£12,560	£15,295	£14,803	-£492
Capital Expenditure Purchased (£000)		£11,752	£10,260	£2,969	£2,845	-£124
Monitor Metrics						
		Weighting	Current	Forecast	Current Score	Forecast Score
EBITDA	EBITDA Margin	25%	8.3%	7.4%	3.0	3.0
	EBITDA % of Plan	10%	95.0%	100.2%	4.0	5.0
Financial Efficiency	Net return after financing (%)	20%	3.9%	2.6%	5.0	4.0
	I&E Surplus Margin (%)	20%	2.7%	1.9%	4.0	3.0
	Liquidity Ratio (days)	25%	30.6	23.6	4.0	3.0
		Weighted Total Score			4.0	3.4
		Capped Total Score			4	3

Year to Date

Key issues are: -

- Clinical income was £3.0m ahead of budget with most activity streams being ahead of plan, but in particular the emergency activity. As the Trust has now exceeded its baseline, relevant

emergency activity is only being paid at 30% of tariff. PCT QIPP plans have not yet fully kicked in and it remains to be seen whether this will change during the rest of 2012/13;

- The higher than planned activity levels has had a knock on effect on the Trust cost base with additional staff costs incurred as well as increased clinical supplies costs. In addition agency costs are generating an overspend in the Trust's Accident & Emergency department;
- Cost improvement plans are £0.1m behind at month 7; and
- Overall performance is £0.7m behind plan but still delivers an FRR of 4 at month 4 – as planned.

Forecast

The Trust is forecasting that it will recover the budget deficit in the remaining five months and meet its plan for 2012/13 of a surplus of £3.3m and FRR of 3.

The forecast includes a significant level of over-performance against income plans with commissioners, in particular NHS Surrey. The assumption built in is that some of the PCT's QIPP plans (efficiencies) will occur, but not to the level planned.

Cost saving targets, which are budgeted at £12.0m for the full year, have increased following the slow start to the financial year and these are now expected to yield the full £12.0m. The outturn could improve further as the Trust looks to start the transformation programme for future years as early as possible.

Appendix 1: Patient Experience Dashboard

Oct-12	ACCT (per month)	YTD		Ac & Em (per month)	YTD		D&T (per month)	YTD		Fac (per month)	YTD		SMSS (per month)	YTD		Surg (per month)	YTD		T&O (per month)	YTD		WH & P (per month)	YTD		Trust (per month)	YTD	YTD target	Annual target
Complaints Rec'd	0	6	▶	25	160	▲	0	12	▶	1	3	▲	3	30	▲	5	34	▼	3	22	▲	9	42	▲	**46**	**268**		<500
Discharge related complaints	0	0	▶	6	22	▲	0	0	▶	0	0	▶	0	0	▶	1	3	▲	0	4	▶	0	2	▶	**7**	**31**		<73
% Response timescales met	N/A	86%	▶	82%	68%	▲	N/A	92%	▶	N/A	50%		100%	91%	▶	71%	64%	▲	100%	85%	▶	86%	88%	▲	**80%**	**76%**	95%	>95%
PALS Concerns	1	20	▲	16	157	▲	13	70	▲	10	40	▲	17	120	▲	4	91	▼	7	67	▼	8	40	▲	**76**	614	tba	tba
NPS* see key below				57%	57%	▲										56%	51%	▼	77%	65%	▲				**64.0%**	**61%**	65%	65%
Intimations of claims	1	2	▲	2	6	▶	0	0	▶	0	0	▶	1	4	▲	2	13	▲	2	5	▲	3	12	▲	11	41	tba	tba
Reported claims	0	2	▶	0	1	▼	0	0	▶	0	0	▶	0	2	▶	0	1	▼	0	2	▶	0	5	▼	0	17	tba	tba
NHS Choices +ve rec rate Ashford																										100%		n/a
NHS Choices +ve rec rate St Peter's Hospital																										92%		n/a

No change from previous month	▶
Decrease compared to previous month	▼
Increase compared to previous month	▲
Improvement compared to previous month	
Same or no change	
Deterioration compared to previous month	
Not applicable	

Divisional NPS scores comprise:		
ACCT	Day Surgery Unit	Trust Inpatient NPS score
Acute Med & Emerg Servs	Medical Wards x 12	Trust Inpatient NPS score
WH & Paedaitrics	Maternity & Paed Inp	Trust Inpatient NPS score
Surgery	Surgical Wards x 5	Trust Inpatient NPS score
Trauma & Orthopaedics	Orthopaedic Wards x 3	Trust Inpatient NPS score
Spec Med & Spec Surgery	Outpatient - rolling dept survey	Trust Outpatient NPS score
Diagnostics & Therapeutics	Outpatient Areas	Trust Outpatient NPS score
Null	Insufficient or no data provided	

Trust Operational Performance Report - October 2012

		Apr	May	Jun	Jul	Aug	Sep	Oct	YTD 12/13	12/13 Plan	Var	Trend
Cancer indicators and targets												
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	98%	2.0%	
	Surgery	100%	95.7%	100%	100%	90%	100%	100%	98.0%	94%	4.0%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100%	100%	100%	100%	89%	100%	100%	98%	90%	7.7%	
	Urgent GP Referral To Treatment	85.1%	92.6%	92.8%	92.1%	91.5%	90.7%	92.2%	90.9%	85%	5.9%	
31-Day Wait For First Treatment	All Cancers	97.5%	100.0%	100.0%	100%	100%	100%	100%	99.6%	96%	3.6%	
Two week wait from referral to date first seen	All Cancers	95.5%	96.0%	95.2%	98.2%	98.0%	98.0%	97.6%	96.9%	93%	3.9%	
	For symptomatic breast patients	96.1%	97.6%	93.0%	98.1%	95.8%	96.8%	99.0%	96.5%	93%	3.5%	
Referral to Treatment wait (RTT)												
Referral to treatment waiting times - admitted		94.62%	95.10%	94.56%	95.35%	94.70%	94.11%	93.48%	94.29%	90.00%	-22.1	
Referral to treatment waiting times - Non-admitted		97.87%	98.05%	97.46%	98.14%	98.50%	98.32%	97.88%	97.89%	95.00%	-17.3	
Referral to treatment waiting times - Incomplete		98.11%	98.61%	97.96%	99.04%	98.58%	98.27%	97.57%	98.22%	-	-	
A&E Clinical Quality												
Total time in A&E (95%) - Monitor Position		93.1%	96.8%	96.9%	98.5%	96.5%	96.2%	96.6%	96.4%	>95%	1.4%	
Total time in A&E (95%) - Unify & Contract Monitoring Position		89.8%	95.3%	95.4%	97.8%	94.9%	94.6%	95.1%	94.7%	>95%	-0.3%	
Time to initial assessment (95th percentile)		00:07	00:07	00:41	00:42	00:55	00:15	00:44	-	< 15 min	-	
Time to treatment decision (Median)		00:42	00:48	00:53	00:48	00:55	00:59	00:54	-	< 60 min	-	
Unplanned reattendance rate		2.9%	2.0%	5.5%	5.3%	5.0%	4.9%	5.9%	-	1% - 5%	-	
Left without being seen		0.9%	0.9%	0.9%	0.9%	1.1%	1.1%	0.8%	-	< 5%	-	
Quality & Safety												
C.Diff (hospital acquired)		3	3	0	1	2	0	1	10	20	-50%	
MRSA Bacteraemia (hospital acquired)		1	0	0	0	0	0	1	2	1	100%	
Patient Experience Survey		79.7%	81.6%	80.6%	79.5%	80.5%	81.9%	82.5%	80.9%	90.0%	-9.1%	
Breach of Same Sex Accommodation		0	0	0	0	0	0	0	0	0	0	
VTE Risk Assessment *		90.9%	90.1%	90.3%	91.3%	91.4%	91.1%	87.77%	90.44%	91.0%	-0.56%	
Stroke Pts - 90% time on Stroke Unit		86.11%	89.74%	84.91%	90.70%	80.00%	81.40%	75.68%	84.12%	80.00%	4.12%	
Maternity 12 weeks (Quarterly)		92.2%	91.8%	91.0%	92.3%	92.7%	89.3%	90.20%	91.2%	80.0%	11.2%	
Smoking During Pregnancy		10.1%	8.9%	3.8%	5.7%	8.2%	5.4%	5.60%	7.2%	8.2%	-1.0%	
Breastfeeding Initiation		83.0%	81.3%	82.0%	85.1%	84.5%	83.8%	80.80%	84.4%	80.7%	3.7%	
Activity												
Acute Bed Capacity		559	555	559	538	534	534	534	560	-	-	
Avg. Length of Stay - Elective (Acute)		2.8	3.0	2.8	3.1	2.7	3.4	2.7	2.9	2.95	-0.05	
Avg. Length of Stay - Emergency (Acute)		5.8	5.0	4.6	4.9	5.0	4.6	5.0	5.0	4.80	0.20	
Daycase Rate		81.2%	79.6%	79.5%	80.8%	80.3%	81.4%	77.1%	80.6%	84.0%	-4.0	
Delayed Transfers of Care – Acute & MH		3.2%	2.7%	2.2%	2.1%	2.7%	3.5%	2.3%	2.7%	3.5%	-4.8	
GP Written Referrals to Hospital		7,697	8,876	7,453	8,419	7,658	7,047	8,146	55,296	-	-	
Other Referrals For a First Outpatient Appointment		4,776	5,602	4,956	5,120	5,135	5,034	5,810	36,433	-	-	
All Outpatient Attendances		26,890	33,805	27,240	30,655	29,272	27,145	32,952	175,007	355,916	-50.8%	
Elective Spells		2,742	3,130	2,670	3,033	2,774	2,732	3,075	20,156	34,417	-41.4%	
Non-elective (inc maternity & transfers)		3044	3,377	3,389	3,442	3,381	3,292	3,411	23,336	37,644	-38.0%	
A&E Attendances		7,557	8,302	8,035	8,004	7,575	7,573	8,184	55,230	91,243	-39.5%	

Old Better Care Better Value (not transferred to Operating Framework)	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD 12/13	12/13 Plan	Var	Trend
BADS Procedures	84.5%	82.9%	84.6%	85.9%	85.6%	84.4%	81.6%	83.8%	85.0%	-1.2%	
Inpatients Admitted before day of Operation	7.7%	5.7%	6.8%	7.4%	5.6%	5.1%	6.6%	6.4%	10.0%	-3.6%	