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

COUNCIL OF GOVERNORS
11th December 2013

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 and finance and a perspective on the external environment.
The Council is asked to:	Discuss the report.
Submitted by:	Andrew Liles, Chief Executive
Date:	December 2013
Decision	For Discussion

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

ASSURANCE REPORT

1 INTERNAL FOCUS

1.1 Preparations for winter

With winter upon us the Trust have been putting in place a number of new services and plans to ensure we are as well prepared as possible; these include:

- *Our new Ambulatory Emergency Care Unit* – opened in November this unit is helping to divert less urgent patients away from A&E and avoid unnecessary hospital admissions. Patients, currently triaged from A&E and our Medical Assessment Unit, are seen and assessed quickly by a consultant, have any necessary tests with a treatment plan agreed within a few hours. The new unit offers a high quality environment with a more relaxed atmosphere than A&E and was first suggested to us by the Department of Health's Emergency Care Intensive Support Unit when they visited in July. The unit has got off to a good start in its first few weeks, seeing around 10-12 patients a day, all of whom have been discharged home and we hope to open it up to direct GP referrals earlier than originally planned. Eventually the unit aims to see up to 30 patients a day.

- *OPAL – Older Person's Assessment and Liaison Team* - a new dedicated service, offering early assessment and intervention for the hospital's frail elderly patients. The core team consists of an OPAL nurse, therapist and geriatrician, with support from a pharmacist and dietician and is based on our Medical Assessment Unit (MAU). We now have the majority of the team in post and although it's still early days, initial feedback indicates they are making a difference, with patients and their families being impressed by the whole team approach. The addition of specialist geriatric expertise on MAU has been particularly welcomed, resulting in earlier interventions and better therapy and pharmacy support for patients.

- *A&E staffing* – we have one new A&E consultant starting in January with recruitment for a further consultant taking place in December. Our nursing staffing is good following successful recruitment campaigns and we have just appointed an additional A&E Sister. By December we should be up to full establishment for the rest of our nursing staff.

- We have also made a number of improvements to our Surgical Assessment Unit (SAU), including new consultant rotas which are providing a stronger consultant presence, higher staffing levels and changes to the unit's layout so we are able to take GP referrals directly to SAU rather than via A&E, ensuring patients get to the right place, first time.

- We are currently meeting the four hour waiting target for this quarter to date (October – December), although significant challenges remain for the rest of the winter despite all the improvements we have made.

- Following the significant work we have done to improve our emergency services over the past 12 months, we have now been recommended as a site of good practice by ECIST and as such are being visited later this month by Swindon CCG and Great Western Hospitals NHS Foundation Trust.

1.2 **Results for new Patient-Led Assessments of the Care Environment (PLACE)**

The first results for the new Patient-Led Assessments of the Care Environment (known as PLACE) were released nationally in October. These new patient-led environment inspections (replacing the former PEAT inspections) were introduced to ensure patients are at the centre of all inspections of hospital environments and have been published by the Health and Social Care Information Centre.

The inspections – which were carried out at both Ashford and St Peter's Hospitals earlier in the year – are divided into four key areas, with our scores shown below:

	Ashford Hospital	St Peter's Hospital	National Average
Cleanliness (of ward areas)	99.18%	98.76%	96%
Food and hydration	89.74%	87.9%	85%
Privacy, dignity and wellbeing	92.57%	92.06%	89%
Condition, appearance and maintenance (of sites)	89.26%	84.96%	89%

Our scores compare very well with the national results and are above average for almost all areas, with particularly high scores for cleanliness of our ward areas. However our score for the condition and appearance of our St Peter's site is just below the national average, despite a range of recent refurbishments across the hospital including audiology, ophthalmology, paediatric and maternity departments. As a result we have already agreed some initial actions which include replacing floors in A&E and our Medical Assessment Unit, renewing corridor seating and upgrading a number of public toilets across the site, a total investment of around £100,000.

1.3 **Continuing Capital Investment in our Hospitals**

The Trust continues to invest in a number of capital programmes; recent investments include:

- *Outpatient Department at Ashford Hospital* **–** a newly refurbished £2.8 million Outpatient Department at Ashford Hospital. This has been one of the biggest capital developments undertaken by the Trust for a number of years and has completely transformed the department, providing a first-class modern and comfortable environment for both patients and staff.
- *Opening of the Jasmine Suite* - the newly refurbished Jasmine Suite at Ashford Hospital, used for breast and gynaecology outpatients. The area was refurbished in response to feedback from patients who said the area was cramped and old fashioned; we now have a bigger, brighter reception and waiting area and an additional consulting room.
- *Opening of New Entrance at St Peter's Hospital* – the new ground floor entrance to St Peter's Hospital was also opened recently. The changes include a brighter, more colourful corridor, better signage, a new entrance door and covered waiting area as well as improved parking facilities for blue badge holders.
- *First Turf Dig for the new Midwifery Led Unit* – the Trust recently celebrated the digging of the first turf for the new £1.5 million Midwifery Led Unit at St Peter's Hospital. The new unit will provide a 'home from home' environment for women who have normal and uncomplicated pregnancies and want to give birth in a less clinical setting. It will sit next door to the existing maternity unit and will give local women more choice on where and how to have their baby.
- *Progress on New Cardiac Unit* – progress continues on the building of our new Cardiac Unit at St Peter's Hospital, due to open in October. The new purpose built £2.5 million unit, a partnership between the Trust and specialist diagnostic provider InHealth, will house two purpose built catheterization laboratories, two recovery areas and day ward facilities, replacing our existing laboratories which are in different areas of the hospital.

2 EXTERNAL OUTLOOK

2.1 Government's response to the Francis Report

The Government published its full response to the Mid Staffordshire public inquiry (the Francis Report) on 19th November 2013 which incorporated the Government response to six expert independent reports on safety, complaints, bureaucratic burdens, support workers and trusts with the worst mortality rates. The Government has accepted 281 of the 290 recommendations including 57 in principle and 20 in part. Progress against the report will be reported to Parliament on an annual basis.

The February 2013 Francis Report called for a 'fundamental culture change' across the health and social care system to put patients first at all times. It looked at six core themes: culture, compassionate care, leadership, standards, information, and openness, transparency and candour.

The Government sees the Francis recommendations as resonating across health and social care, and is explicit that its response applies equally to mental health and physical health services. Further developments in the report of 19th November include:

- The expectation of monthly reporting of ward-by-ward staffing levels;
- Hospitals to set out clear routes for patients to raise complaints and concerns, with trusts reporting complaints data and lessons learned on a quarterly basis;
- A statutory duty of candour on providers, and a professional duty of candour on individuals through changes to professional guidance and codes;
- Consultation on whether trusts should contribute to the NHS Litigation Authority's compensation costs when they have not been open about a safety incident;
- Legislation to hold accountable those responsible for wilful neglect;
- A fit and proper person's test which will act as a barring scheme;
- A protocol to minimise bureaucratic burdens on Trusts signed by all arm's length bodies and the Department of Health;
- A Care Certificate to ensure that Healthcare Assistants and Social Care Support Workers have the right fundamental training and skills; and
- A new criminal offence applicable to care providers that supply or publish certain types of information that is false or misleading.

Some of the rejected recommendations include:

- Merger of system regulatory functions. Rather than merging Monitor and the CQC the Government has committed to creating a single failure regime;
- Commissioners' powers of intervention. Rejected to avoid blurred roles and responsibilities;
- Designated Healthwatch structure. Local Healthwatch organisations will be set up to best meet the needs and reflect the circumstances of their local communities;
- Criminal offence to obstruct statutory duties. The Government does not intend to criminalise untruthful statements to commissioners and regulators made by healthcare professionals;
- Statutory regulation and developing standards for healthcare support workers. Rejected on the basis of sufficient safeguards already existing; and
- Dismissing unsatisfactory staff following breach of code of conduct. Rejected on the basis that the Government does not believe regulation of health care assistants and support workers will improve the quality of care.

The Trust's response to the Francis Report, which is required to be published by the end of December 2013, is included elsewhere on the agenda.

2.2 **Urgent and emergency services review**

In mid-November NHS England published its interim report into how urgent & emergency care services should be organised and delivered in the future. This publication concludes Phase 1 of the work programme, which has focussed on developing the evidence base for change and the principles that should guide service redesign.

The five key headlines from the report are:

- (1) **Better support for self-care to reduce avoidable attendances & admissions should be provided**
  - This will be achieved by, for example, taking a more comprehensive and standardised approach to care planning and sharing care plans across care settings (potentially using residents nursing and care homes as a pilot patient group for this work).

- (2) **Help people with urgent care needs to get the right advice first time**
  - This will be achieved by, for example, enhancing the NHS 111 service to be more clinician-led; allowing NHS 111 to directly book appointments at GP services, 100 hour pharmacists, urgent care centres, and to book community or psychiatric nurse home visits.

- (3) **Provide of a more responsive out of hospital service to prevent A&E being the default choice for urgent care**
  - This will be achieved by, for example, delivering rapid telephone consultations in primary care; potentially federating GP practices to offer extended opening hours; placing more prominence on pharmacists and 100 hour pharmacies as a consultation and condition management service.

- (4) **Ensure that medical emergencies are treated in the right facilities with the right expertise**
  - This will be achieved by rebranding and reconfiguring A&E services into:
    a) 40-70 Major Emergency Centres (MEC), which will be large units capable of assessing and initiating treatment for all patients. These units will provide a range of specialist services led by senior staff with access to specialist equipment & expertise
    b) Emergency Centres (EC), which will be capable of assessing and initiating treatment for all patients. Patients needing specialist treatments after assessment with be transferred to an MEC.
    c) Urgent Care Centres (UCC) – the term Urgent Care Centre will replace all other terms such as minor injury unit, walk in centre etc. They will offer an accessible walk in minor illness and injury service and may be based in both community settings and alongside hospital services.

  It is expected that the overall number of Emergency Centres and Major Emergency Centres will be broadly the same as the existing number of Emergency Departments (or Type 1, major, consultant-led, 24 hour units). However, services and staffing mixes will be considerably changed to support the new two-tier model of Emergency Centres.

- (5) **We must connect the whole urgent & emergency care system together through networks**
  - This will be achieved by, for example, Major Emergency Centres taking lead responsibility for the quality of care and operational performance of services across the network, including Emergency Centres; introducing formal critical care transfer and retrieval systems in remote and rural areas; providing shared opportunities for hospital and community services to plan and redesign services.

NHS England will now formally launch Phase 2 of the urgent & emergency care review, which will focus on turning the ideas for change into a reality.

3 STRATEGY

3.1 Planned merger of Bournemouth and Poole Foundation Trusts

In mid-October the Competition Commission published its final decision to prohibit the proposed merger of the Royal Bournemouth and Christchurch Hospitals NHS foundation trust and Poole Hospital NHS foundation trust on the basis that there was insufficient evidence that the proposed merger of the two trusts would result in overall benefits for local patients. The Commission stressed that foundation trusts proposing a merger must consider carefully the rationale for the merger and their post-merger reconfiguration plans from the perspective of patients.

4 REGULATION

4.1 CQC Intelligence Monitoring Report

The CQC has recently published individual reports (known as an Intelligent Monitoring Reports) for each acute Trust across the country to be updated on an ongoing basis. Each Trust is attributed a 'risk' banding, based on a number of indicators of quality, including infection control rates, mortality rates, waiting times, staff surveys and staffing levels. Ashford and St Peter's was categorised in the lowest (best) risk band in the first iteration of these reports. These reports will act as early intelligence for the CQC, giving a detailed view on how a hospital is performing, as it prepares to inspect individual hospitals under its new inspection regime.

4.2 CQC: second wave inspections

In late October 2013 the CQC announced the second wave of acute trust inspections. The new intelligent monitoring system was used to inform this selection of trusts who would be inspected in January. ASPH was not one of those trusts selected to be inspected as part of the second wave.

4.3 Monitor Governance Rating

In October Monitor informed the Trust that our Governance Rating has reverted back to Green from Amber-Red. This is mainly due to improvements in meeting the four hour waiting target which was achieved for both Quarters 1 and 2 of this financial year.

5 PERFORMANCE

5.1 Quality

Quality Dashboard and Commentary

Table 1: Quality Performance Dashboard

	1. To achieve the highest possible quality of care and treatment for our patients									
	Patient Safety & Quality		Outturn 12/13	YTD Target 13/14	Monthly Target 13/14	Oct Actual	Performance			YTD 13/14
							Aug	Sep	Oct	
1-01	Summary Hospital-level Mortality Indicator (SHMI)	N	60	<72	<72	63	▲	▲	▼	61
1-02	In-Hospital Deaths (CQUIN)	L	1134	<603	<86	66	▲	▼	▲	574
1-03	MRSA (Hospital only)	N	2	0	0	1	◄►	◄►	▼	1
1-04	C Diff (Hospital only)	N	15	6	<=1	0	▼	▼	▲	4
1-05	VTE (hospital associated with PE or DVT)	L	24	<14	<2	2	▼	▲	▲	19
1-06	Serious Incidents Requiring Investigation (SIRI)	L	71	<43	<6	6	▲	▲	▼	41
1-07	Average Bed Occupancy (inc escalation)	L	88.6%	<92%	<92%	87.0%	▲	▼	▼	86.3%
1-08	Patient Moves (ward changes >=3)	L	7.4%	<7.5%	<7.5%	6.6%	▲	▼	▼	5.9%
1-09	Formal complaints (Total Number)	L	485	<262	<37	45	▲	▼	▼	287
1-10	Friends & Family test score - InPatients	L	-	70	70	73.1	▼	▼	▲	72.6
1-10a	Friends & Family test score - A&E	L	-	70	70	47.4	▼	▼	▲	46.6
1-11	Falls (Total Number)	L	766	<408	<58	55	▲	▲	▼	440
1-12	Falls - resulting in significant injury (grade 3)	L	18	<8	<1	2	▲	▲	▼	12
1-13	Hospital acquired pressure ulcers grade 2 and above	L	164	<81	<11	9	▲	▲	▲	71
1-14	Catheter associated UTI *	L	-	<1.2%	<1.2%	0.21%	▲	▼	▲	0.47%

1-01 IN-HOSPITAL (SHMI) Monthly figure is a rolling 3 month position, 1 month in arrears & YTD figure is a rolling 12 Month position, 1 Month in arrears
1-03 MRSA - in arbatration with the Director of Public Health
1-08 Patients Moves excluded: To the Discharge Lounge, MAUV-MAU and SAUV-SAU, between Theatres, between Endoscopy
1-14 *Achieved by 6 months then maintained

For indicator definitions see Appendix 1.

(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

Scorecard Commentary

The SHMI mortality rate for October was 63 which means the rolling twelve month position is 61, against a limit of 72. The actual number of deaths in October was 66 which is below the monthly limit of 86.

There were 2 cases of hospital-associated DVT/PE in October; this remains a key area of focus for the Trust. New cases of thrombosis are identified via the return of patients to anti-coagulation clinics and it is difficult to accurately identify actual numbers due to the often clinically silent nature of VTE. Clinical staff receive regular training sessions and the results of root causes of thrombosis to improve practice.

There were 45 complaints in October, which was higher than both September (41) and August (26); formal complaints remain above the trajectory.

The Friends and Family Test score for October (73) was above the Trust target (70) for inpatient care; the score for A&E (47) lies well below the target (70) set at the beginning of the year. Recent, published data show wide variation in the scores for A&E departments (from 20 to 75) and the Trust will reconsider the appropriateness of this target for A&E.

The number of falls in October was 55 which exceeds September (49). Whilst falls in October were below the monthly limit (58) the cumulative year-to-date falls number exceeds target of 408. Two patients suffered injury in October following a fall. The Trust is piloting of a new, multi-disciplinary falls risk assessment based on recent NICE guidance.

There were no cases of C. difficile and 1 case of hospital acquired MRSA Bacteraemia in October, which has been referred for arbitration. As a result, the case will be attributable to the Trust until the result of arbitration is confirmed. This leaves the year to date number of cases at four and one respectively. In the prior twelve months there were no cases of MRSA Bacteraemia.

Quality Accounts Quarter 2 Report

The Quality Account dashboard for April to September is presented in Appendix 3.

Dementia: The Trust screening and assessing on 98.6% of its eligible patients for dementia, thus achieving and exceeding the targets of 90%. The number of surveys returned by carers of patients with dementia is too small to provide any robust information; changes to survey distribution are underway to improve the response rate.

Discharge: Currently the Trust is discharging approximately 50% of patients before 15:00h against a target of 66%. Complaints relating to discharge remain low in September (3); there were 36 over the six month period which is just above the target of 34. There has been significant improvement in sending electronic discharge summaries to GPs within 24 hours; daily reports indicate the Trust is achieving over 90%.

Communication: There has been a 21% response rate for the Friends & Family Test (FFT) exceeding the 15% target. The overall Trust promoter score for FFT (51) is below the target of 70; the inpatient score is 68, however, the A&E score is 39. Published data show wide variation in the scores for A&E departments (from 20 to 75) and the Trust will reconsider the appropriateness of this target for A&E. Formal complaints relating to communication continue to be higher (119) than the six monthly target (98).

Harm-free Care: The Trust is well below the limit (<6%) set for reducing hospital-associated new harms (2.8%), which is an achievement and a significant reduction in CAUTI[1] has been seen over the six months.

Nursing Care: The Trust had fewer falls in September (49) and no falls resulting in significant harm. However, the six monthly total falls (375) exceeds the target (<350) and the figure for falls with harm (11) exceeds the target (<8). There has been a reduction in hospital-associated pressure ulcers (62) over the six months against a limit of less than 70.

VTE[2]: The Trust continues to meet the target for VTE risk assessment. There were three cases of VTE in September and the figure for quarter two (11 cases) is higher than that for quarter one (6 cases) and the Trust is not meeting the limit for the year-to date (9). It is difficult to identify actual numbers of hospital-associated VTE and it is acknowledged that the risk cannot be completely eradicated.

Improve the Safety Culture: As mentioned above the patient FFT is progressing and formal complaints decreased in quarter 2 (110) compared to quarter one (132) but the Trust is still above the target. Work is also progressing with the staff FFT; a brief staff survey ("Pulse") was undertaken in July.

Diabetes: All eligible patients are assessed for diabetes on admission. The Trust has met the target

[1] CAUTI catheter-associated urinary tract infection measured within the Safety Thermometer one day census.
[2] VTE venous thromboembolism

set (75%) at the end of the period and work is progressing to improve the audit figures. A baseline is being established for length of stay.

Readmissions: The Trust is below the limit (2.7%) set for elective readmissions (2.1%) and saw a reduction in emergency readmissions in September (12.1%). For the six months, emergency readmissions (13.2%) remain above the limit of (12.6%).

Actions underway include:

- Additional specialist support nurses for key areas: pressure ulcers, falls and VTE and increased staff training and awareness sessions.
- Development of new falls prevention guidance for wards, patients and relatives and piloting of a new, multi-disciplinary falls risk assessment.
- Monthly audits of VTE risk assessment documentation in 22 areas with results fed back to staff
- The discharge team continues close working with wards to support the safe discharge of all patients and especially for more complex cases and frail, older patients. Discharge summaries are being revised.
- The Trust, internal staff survey ("Pulse") was undertaken in July with results disseminated to areas for discussion.
- Development of a communication forum for staff on the Trust intranet, where all staff can share positive and negative comments.
- The readmissions project includes piloting a readmission risk-predictor tool and a telephone hotline for patients manned by senior nurses.

NHS Safety Thermometer (National CQUIN) (Charts 1 - 4)

The Safety Thermometer[3] programme of work aims to achieve significant reductions in four types of avoidable harm from which patients are at most risk during episodes of healthcare:
pressure ulcers, falls, catheter associated urinary tract infections (CAUTI) and venous thromboembolism. Data is collected on all inpatients on one day per month, approximately 500 patients, to provide a 'snapshot' of harms.

The Department of Health has confirmed that ASPH has shown a 17% reduction in all harms (community acquired and hospital associated) for the period September 2012 to September 2013.

The Trust's Safety Thermometer performance is demonstrated in Charts 1 to 4 (page 10), which show the following:

- There is a sustained decrease below the national average of 'new' (hospital associated) harms in October 2013.

- There is a slight decrease in incidence of CAUTI; the Trust incidence remains below the national average.

- In October pressure ulcers rose by 0.65%. The Trust's annual pressure ulcer conference "Stop the Pressure" was held on 30th October, and this is expected to promote further improvements in clinical practice.

- There is a fluctuation in the percentage of patients who had experienced falls with harm on the 'spot test' day each month. Since May the incidence remains low (in the October census, zero patients had falls with harm). However, distinguished on the Trust Balanced Scorecard dashboard on page 4 of this report were two falls with harm across the whole month. The data

[3] The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care see: http://www.hscic.gov.uk/thermometer)

differs because 'Safety Thermometer' is a 'point in time indicator', whereas the Trust Balanced Scorecard dashboard shows data that pertains to the whole month.

Reducing patient falls is a major focus for the Trust. A new falls assessment tool based on the recent NICE guidance[4] is being piloted.

Levels of hospital associated VTE are monitored continuously; one case was recorded within the Safety Thermometer tool in October; all cases of VTE are fully investigated and there is ongoing training and education of all clinical staff on risk assessment and prevention of VTE.

This demonstrates a continued strong performance in the Trust's efforts to deliver harm free care.

Patient Experience

The Patient Feedback Dashboard provides an overview of key patient experience metrics and these results are explored in further detail here:

Formal Complaints (Charts 5 – 7)

There were 45 formal complaints received, representing an increase of 10% compared with September (41) and a 73% increase compared with Aug (26). Chart 5 shows a breakdown of complaints received by month and demonstrates an overall pattern of seasonal variation in the number of complaints received.

Complaints by Date of Episode

Chart 6 shows a breakdown of complaints by Service Area and the date of the episode relating to each complaint. The highest number of complaints received in October relate to inpatient episodes (24). The highest number of inpatient complaints relate to episodes in October (nine), followed by three episodes in September and three in July.

The main concerns raised relating to inpatient complaints regarding episodes in July, September and October relate to treatment and care and communication. There were no main themes identified within these concerns.

Discharge Related PALS Concerns and Complaints

Chart 7 shows discharge related concerns and complaints.

There were four discharge related complaints and four PALS concerns relating to discharge raised. Of the four complaints; two relate to episodes in September, one in July and one in 2005. The patient experience dashboard shows that if the improvement trajectory continues over the next five months, the Trust will meet the annual target for reduction in discharge related complaints. Ain additiion to the ongoing work to address the issue of poor experience of the discharge process there will be increase to the Discharge CoordinatorsTeam in the future, which will increase the team's capacity to help improve the experience of discharge from our hospitals.

Performance against Timescale

There was an overall Trust performance of 84% against the agreed timescale for responding to complaints. The Patient Experience Dashboard shows variation across divisions in performance against timescale; the Acute and Emergency Medicine Division achieved 100%, with the greatest number of complaints due (17) in October. Women's Health and Paediatric Division aslo achieved

[4] NICE: National Institute for Health and Clinical Excellence; http://guidance.nice.org.uk/CG161

100%. The Theathres Anaesthetics Surgery and Critical Care (TASCC) Division achieved 60% (7 out 10 complaints) and Trauma and Orthopaedic, Diagnostic and Therapeutic (TODT) Division managed to respond to 67% wthin the agreed timescale (4 out of 7 complaints). A revised action plan to reduce variability across Divisions and to ensure sustained improvement is in draft.

Patient Feedback

Friends and Family Test (FFT)[5]

Chart 8 shows the Trust has exceeded the target of 20% returns for the fifth consecutive month in the response rate, with a combined Trust rate of 23.7%.

The response rate for the Trauma, Orthopaedics, Diagnostics and Therapeutics Division was 16% compared with 24% in September. This is below the Trust target of 20% and the Division has taken action to increase awareness of ward staff and have recruited to a new Ward Manager.

Chart 9 shows that the Inpatient Net Promoter Score (NPS) of 73 exceeds the Trust target of 70. The NPS for the Emergency Department (ED) was 47, compared with 39 in September.

Work continues to support Divisions in identifying themes from the FFT comments in order to make early changes and improvements. An increase in detractors (patients who would not recommend a ward/department) was noted in the feedback from Surgical Assessment Unit (SAU) patients. Review of the feedback found that concerns related to waiting time and lack of explanation and information. On Monday 18 November 2013 there was a re-launch of SAU and improvements include: an improved environment for the assessment of patients, clear lines of communication following GP referral, a new information leaflet and Consultant rounds three times a day. At the time of reporting there has been a notable improvement in patient flow through the unit and it is anticipated that this will improve patient experience and there will be an improved NPS.

In line with National guidance, the Trust has commenced the implementation of the Friends and Family Test in Maternity Services and is reporting for the first time with October data. The response rate across maternity services is 4.9% for October, with planned activity in place to support the invitation to respond. The NPS for maternity services for October is 77. The FFT question is asked of Maternity Service users at four points along the pathway at approximately 34 weeks in antenatal services; the birth experience; the inpatient postnatal experience and about the community postnatal experience.

The impact of maternity data on Trust scores is illustrated in Charts 8 and 9 as a purple ‘cross marked x’ on the chart.

Compliments

The Trust received 14 formal compliments during October. All formal compliments received in the Executive Offices are responded to personally in writing.

Positive feedback

NHS Choices website: the relative gave a rating of 5 stars regarding our Vascular Team
“I want to extend my thanks to the Vascular team, in particular the surgeon who operated … Also thanks to the staff of Heron Ward who made my time there extremely comfortable”.

[5] The FFT asks the following standardised question: “How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?

NHS Choices - User Rating: The table below identifies the 'user rating' on NHS Choices for a number of hospitals close to our catchment area. ASPH continues to be the only trust in the surrounding area with a 5 star rating although the ratings are now split with St. Peter's being rated as 5 stars whereas Ashford is 4.5.

Hospital	User rating (out of 5) Feb 2013	User rating (out of 5) May 2013	User rating (out of 5) Aug 2013	User rating (out of 5) Nov 2013
Ashford & St Peter's *(ratings split by site from August)*	5 (81)*	5 (118)	SPH: 5 (125) AH: 4.5 (22)	SPH: 5 (138) AH: 4.5 (27)
Frimley Park	4.5 (102)	4.5 (117)	4.5 (146)	4.5 (155)
Epsom	4.5 (28)	4.5 (32)	4.5 (42)	4.5 (46)
Royal Berkshire	4 (100)	4 (119)	4.5 (131)	4 (156)
Royal Surrey	4 (21)	4 (33)	4 (43)	4 (79)
Kingston	4 (28)	4 (39)	4 (58)	4 (64)
West Middlesex	4 (48)	4 (69)	4 (86)	4.5 (116)
St George's	4 (69)	4 (93)	4 (106)	4 (113)
Wexham Park	3.5 (51)	3.5 (75)	3.5 (92)	3.5 (98)
Chelsea & Westminster	3.5 (22)	3.5 (31)	3.5 (33)	4 (35)

* the figure in brackets is the number of ratings submitted.

Charts 1 to 4 Safety Thermometer

Chart 1 *Percentage patients with new harms*

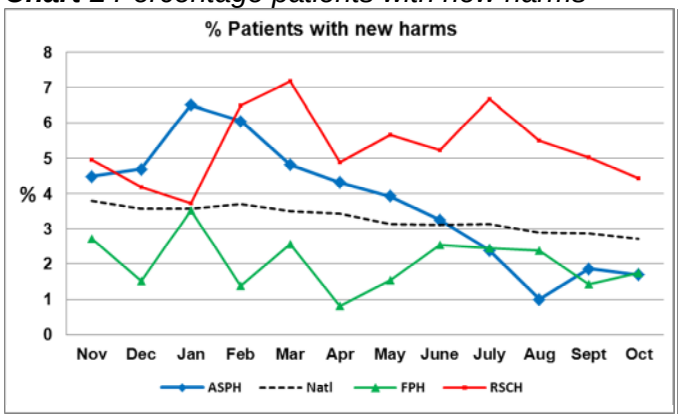


Chart 2 *Indicence of new CAUTI*

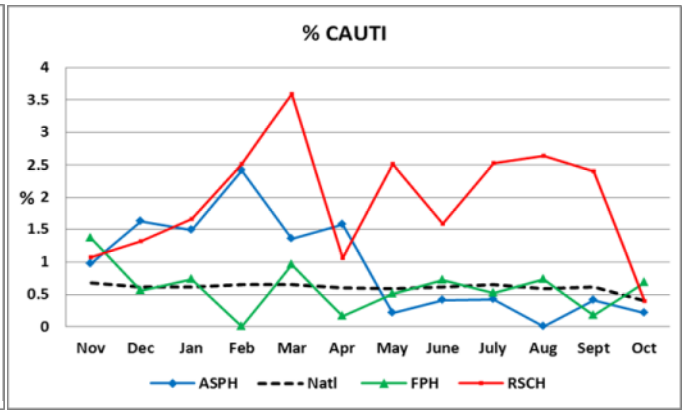


Chart 3 *Incidence of new pressure ulcers*

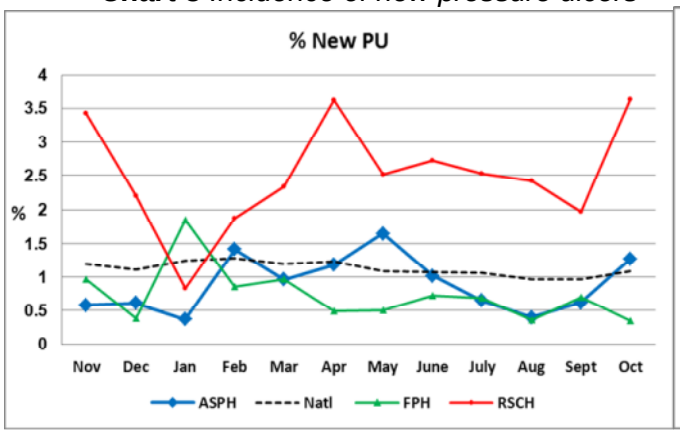


Chart 4 *Percentage of falls with harm*

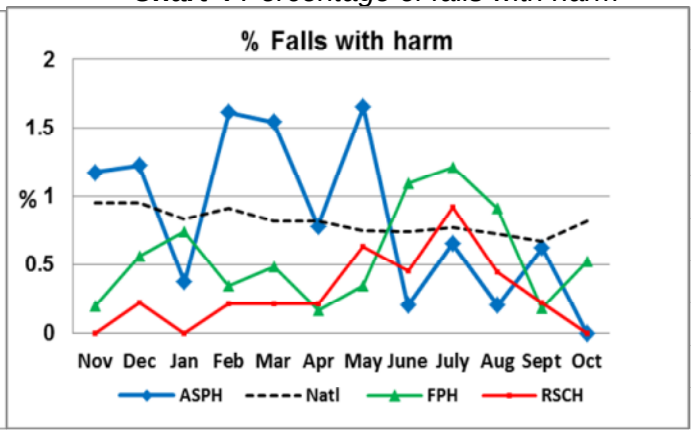


Chart 5 *Complaints received by month*

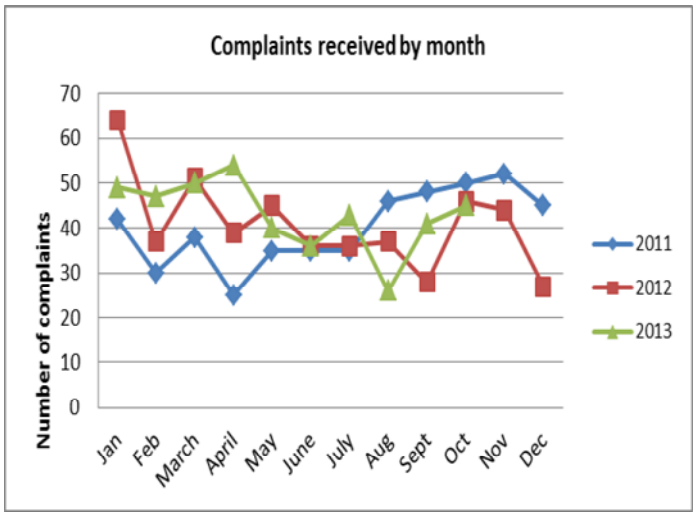


Chart 7 *Concerns and Complaints received by month*

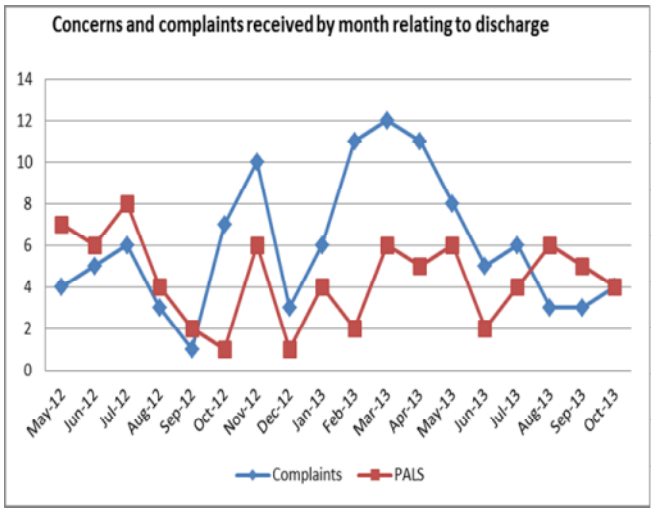


Chart 6 *October complaints: service area by date of episode*

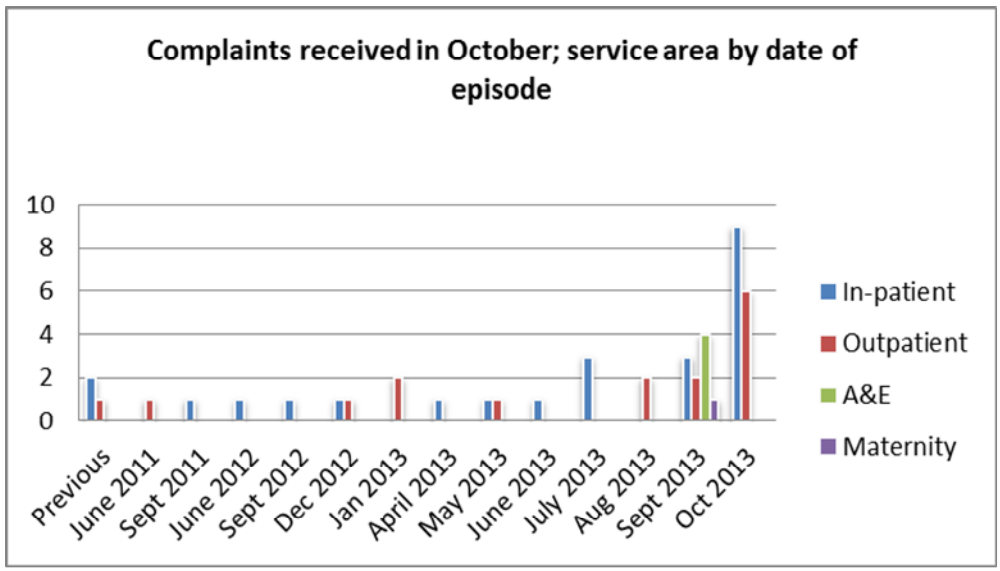


Chart 8 *Friends & Family Test: response rates*

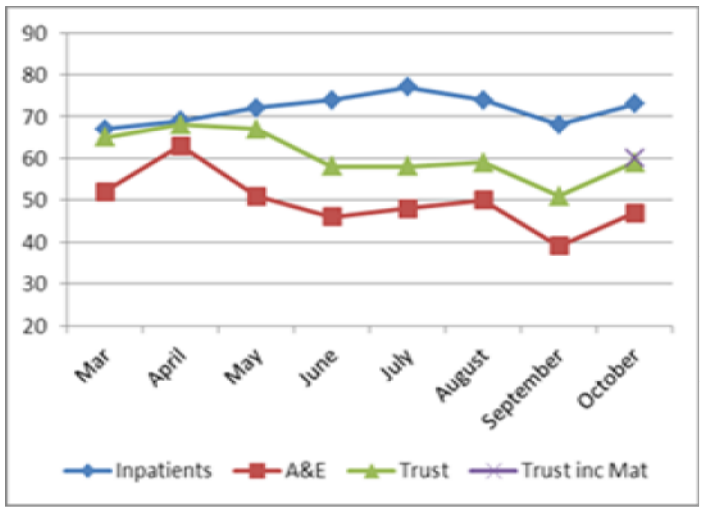
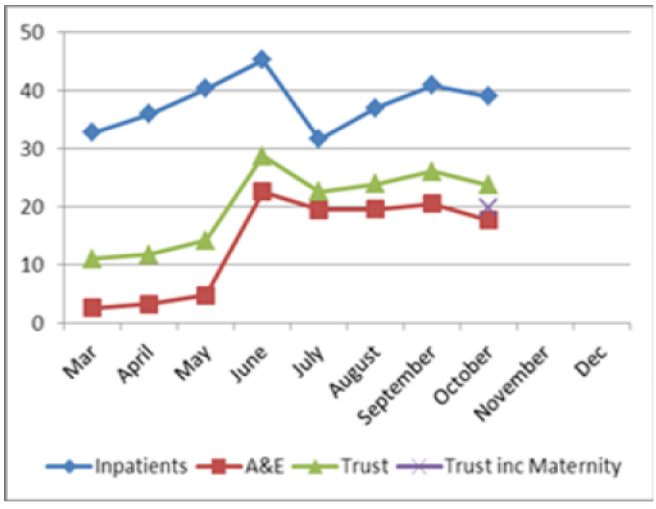


Chart 9 *Friends & Family Test: net promoter score*



5.2 Operational Performance

The Trust met all of the performance targets associated with the Monitor Risk Assessment Framework in quarter 2 and for the month of October 2013.

Four hour waiting time target: The Trust met the 4 hour standard for waiting times in A&E in October 2013. Performance for the month was 95.10%. This represents an improvement in performance from September and puts the Trust back into a compliant position against this target. However, with our performance very close to the compliance level of 95%, this does serve as reminder of the fragility of the position.

Period	% Patients admitted / transferred / discharged < 4 hours (SPH, EPU, GUM & ASH)
July	96.9%
August	97.7%
September	94.3%
(Quarter 2 2013/2014)	***(96.3%)***
October	95.1%

The key drivers of performance in the month were:

- Continued focus on the delivery of the 4 hour recovery plan within the Trust, including Executive-led weekly meetings to review all A&E breaches and well as a weekly, senior cross-divisional performance review
- Enhanced performance management of the 4-hour standard through implementation of a cross-divisional performance meeting
- Continued implementation and refinement of the Older Persons Assessment and Liaison (OPAL) team model.

The most significant challenges in the month were:

- A&E attendances remain high and October saw an increase in attendances compared with September.
- The Trust experienced an increased number of admissions to the acute emergency care pathway with the admission rate from A&E remaining at a high level of 23%, suggestive of a high level of acuity in patients presenting to A&E.

Forward look and forecast for quarter 3 Performance against the 4-hour standard remains at significant risk as the Trust moves further into winter and Q3. National scrutiny of Trusts' performance against this standard is at unprecedented levels with heightened interest from commissioners, regulators and patient groups.

Throughout Q2 and in advance of winter 2013/2014, the Trust completed a range of actions to support future sustainability, including:

- Establishment and embedding of the new frail, elderly pathway (OPAL)
- Implementation of the Ambulatory Care Unit

- Extension and improvements in the Surgical Assessment Unit

However, in light of the fragility of performance in September and October, the Trust is now seeking to expedite a number of further actions to support the emergency care pathway, these include:

- Expansion of the opening hours of the Ambulatory Care Unit
- Introduction of Sunday ward rounds to aid discharge
- Continued support to maximise the impact of the OPAL team

Referral to Treatment Time: The Trust delivered for all 18 week RTT standards at an aggregate level. At specialty level, admitted patient care and incomplete pathways were compliant across all specialties and compliant in non-admitted patient care for all specialities other than Urology.

Failure to meet the 18 week standard for Urology does not have a performance implication with regard to the Risk Assessment Framework, as the 90% standard for admitted pathways was achieved for the month for the Trust as a whole. However, failure to achieve at speciality level will incur a financial penalty under the terms of the contract with North-West Surrey CCG.

Urology: The 18 week target for non-admitted patients in Urology was not achieved in October (93.85% against a target of 95%). The root cause behind this specialty failure has been identified and analysed. The patients breaching the standard in October are former patients of the Epsom Downs Integrated Care Services (EDICS) which were placed into administration in August 2013. The trust inherited a patient case load from this organisation and a number of patients who had already experienced an extended waiting time. The urology speciality treated a number of these patients in October and was obliged to record them as breaches. Had this not been the case, the specialty would have been compliant for this standard in October.

Performance in Cardiology was compliant in October despite the forecast in the last report to the Board; however there remains a risk to achieving the 18-week standard in this specialty as a result of the review of the planned waiting list which revealed patients were waiting longer than necessary for their treatment (cardioversion). It is forecast that clearing this backlog will adversely affect specialty level admitted performance in November which will lead the specialty to fail, however it is not presently anticipated to affect December's performance.

Within the General Surgery specialty, a number of capacity and operational issues have been identified that are currently affecting the surgical pathways and action plans have been developed to address these. The specialty is currently forecasting a failure for November and December and is conducting a detailed review of forecasted performance for January onwards.

A detailed analysis of the root causes of the issues in General Surgery has been undertaken and the specialty continues to work closely with the Intensive Support Team on demand and capacity modelling for the service. The major root causes identified are as follows:

- A move to chronological booking which resulted in an expected dip in performance as the backlog was addressed
- Staff turnover which effected the capacity for oversight of performance
- An underlying demand and capacity imbalance

Key actions identified to address the root causes include:

- Completion of the modelling of demand and capacity
- Realigning of capacity against demand
- Resolution of staffing vacancies.

In overall terms, the size of the backlog (the number of patients not seen and already having breached 18

weeks) rose slightly by around 5% over the month of October, however each specialty continues to focus very heavily on clearing their backlog and this is monitored each week through both specialty level and trust-wide performance meetings. Daily 18 weeks performance meetings take place to monitor real-time performance and the improvement action plans originally designed by the IST continue to be reviewed on a weekly basis.

Refer to Appendix 5 for detailed year to date performance of targets, indicators and activity.

5.3 2013/14 Financial Position - Month 7 and Forecast Outturn

The month 7 and forecast financial position for 2013/14 is set out below:

Finance Scorecard

	Annual Plan	Forecast	YTD Plan	YTD Actual	YTD Variance
Monitor Continuity of Service Risk Rating	4	4	4	4	
Total income excluding interest (£000)	£232,320	£242,890	£136,591	£142,013	£5,422
Total expenditure (£000)	£214,966	£227,692	£125,515	£132,603	-£7,088
EBITDA (£000)	£17,354	£15,198	£11,076	£9,410	-£1,666
I&E net operational surplus (£000)	£3,000	£1,500	£3,265	£1,697	-£1,568
CIP Savings achieved (£000)	£11,839	£10,352	£7,199	£5,688	-£1,511
CQUINs (£000)	£4,950	£4,950	£2,887	£2,887	£0
Month end cash balance (£000)	£12,845	£12,290	£14,296	£7,490	-£6,806
Capital Expenditure Purchased (£000)	£17,036	£17,036	£5,663	£5,664	£1
Emergency threshold/readmissions penalties	£3,692	£5,492	£2,154	£3,143	-£989

Monitor Metrics

	Weighting	Current	Forecast	Current Score	Forecast Score
Debt Service Cover	50%	2.83x	2.51x	4	4
Liquidity	50%	0.3	-2.7	4	3
Continuity of Service Risk Rating				4	4

Monitor's new Risk Assessment Framework replaced the Compliance Framework from 1st October 2013. As a result the five financial metrics that the Trust was previously assessed against by Monitor, scoring from 1 to 5, have been replaced by the two new metrics set out above making up a Continuity of Services Risk Rating (COSRR). This is now assessed from 1 to 4, with 4 being the best rating.

<u>Year to Date</u>

Key issues are: -

- Clinical income was £4.8m ahead of budget with most activity streams being ahead of plan, but in particular day case, outpatient and emergency activity. As the Trust has now exceeded its baseline, relevant emergency activity is only being paid at 30% of tariff;
- 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 delivery of the emergency pathway has seen increased pay costs as the Trust utilises escalation beds to cope with demand and achieve the A&E 4 hour target;

- Cost improvement plans are £1.5m behind plan at month 7 with activity and staffing issues resulting in capacity closure and agency staffing schemes being delayed; and
- Overall performance shows that a surplus of £1.7m has been delivered to date, however that is £1.6m behind plan – despite this the Trust delivered a COSRR of 4 at month 7, against a plan of 4.

Forecast

As a result of the year to date financial position the Trust has now revised its forecast downwards from the plan of £3.0m to £1.5m, and this would deliver a COSRR of 4.

The forecast includes a significant level of over-performance against income plans with commissioners, in particular NW Surrey CCG and Specialist Commissioners. The assumption built in is that these organisations will pay for their over-performance.

Cost saving targets, which are budgeted at £11.8m for the full year, are currently projected to yield £10.4m.

APPENDIX 1 Quality and Safety Balanced Scorecard Indicator Definitions

Table 1 is made up of 9 main columns:

1. Description of Measure

1-01 The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender admission method, year index, Charleston Comorbidity Index and diagnosis grouping. A three year dataset is used to create the risk adjusted models. A one year dataset is used to score the indicator. The one year dataset used for scoring is a full 12 months up to, and including, the most recently available data. The three years used for creating the dataset is a full 36 months up to, and including, the most recently available data.

1-02 The total number of deaths.

1-03 Number of Hospital acquired MRSA

1-04 Number of Hospital acquired C-Diff

1-05 The number of patients with a VTE (Venous Thromboembolism) assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)

1-06 The total number of Serious Incidents Requiring Investigation

1-07 Average number of beds available (including escalation beds) in the month against the

average number of beds occupied taken at midnight from PAS

1-08 The percentage of patients who were transferred between wards, 3 or more times during their admission.

1-09 The number of formal complaints

1-10 Friends and Family Test score for Inpatients

(Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"

1-10a Friends and Family Test score for A&E

(Test asks following standardised question: "how likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?"

1-11 The total number of falls

1-12 The total number of falls resulting in significant injury grade 3 or above

1-13 The number of hospital-acquired pressure ulcers grade 2 or above

1-14 New Catheters and UTI's as a rate of total sampled patients

2. Target (T*) - where possible a national (N) or local (L) strategic health authority target has been used where not available, we have used a percentage improvement on the 2012/13 year end total.

3. Outturn 12/13 – the overall results for 2012-13.

4. YTD (Year-to-date) Target 13/14 – the sum of the monthly target from the beginning of the financial year (April).

5. Monthly Target 13/14 – the target for each month

6. Annual Target 13/14 – the target for the entire year.

7. Actual - this is the actual achievement for the month

8. Performance - Monthly Trend Indicator - The arrows represent one of three states, improvement on the previous month, deterioration on the previous month, or the same. It must be noted that this does not necessarily mean that higher numbers are represented by an ‘up’ arrow as higher numbers may be worse and thus will be represented by a ‘down’ arrow.

9. YTD 13/14 - The sum of the actual activity from the beginning of the financial year (April).

APPENDIX 2 Quality Account Dashboard Definitions

Priority 1: Improving the care of patients with dementia and their carers
All emergency patients aged over 75 who have a length of stay longer than 72 hours should be screened for dementia (exclusions apply e.g. patient in a coma); those patients identified through the screening are then referred on to the team for full assessment. Survey of dementia carers is due to start by the 1st July. There is no requirement around response rates or scoring.

Priority 2: Providing safe, high quality discharge for patients
Electronic discharge summaries are created when patients are ready to leave hospital; these can be printed and posted or sent electronically to GP practices.

Priority 3: Improve all aspects of communications with patients
From April 2013, all patients are being asked a simple question to identify if they would recommend a particular A&E department or ward to their friends and family. For further details see:
https://www.gov.uk/government/news/guidance-for-nhs-trusts-on-the-nhs-friends-and-family-test

Priority 4: Improve harm-free care
Each month all inpatients are assessed on one day for four avoidable harms that patients might experience whilst in hospital using an audit tool called the Safety Thermometer; results can be compared with other trusts and nationally. For further details see:
http://www.ic.nhs.uk/services/nhs-safety-thermometer

Priority 5: Improve nursing care
The incidence of hospital acquired pressure ulcers and falls are considered to be good indicators of the quality of nursing care. Although measured within the Safety Thermometer this is the full data for these indicators for the month.

Priority 6: Provide effective risk assessment and prophylaxis for VTE
'Venous thromboembolism' (VTE) is a collective term for both 'deep vein thrombosis' (DVT) and 'pulmonary embolism' (PE). VTE can be difficult to diagnose. Most hospital-associated VTE occur after discharge; the average DVT after surgery is on day seven, the average PEis on day 21.

Root Cause Analysis (RCA) is a method of problem solving that looks closely at the details of a fault or problem to try to identify the root causes and solve them.

Priority 7: Improve the safety culture
Patient and staff feedback are being measured using the Friends & Family Test (FFT) see Priority 3 above re patient FFT. More detailed feedback from staff is also being collated relating to patient safety in their ward or department.

Priority 8: Improve the care of patients with diabetes
On admission to hospital, all appropriate, adult inpatients should be screened for diabetes. Patients identified to be at risk will be referred on to the diabetes team for investigation. The frequency of the audit is to be confirmed. *? Will this be captured electronically – currently on a form?*

Priority 9: Reduce emergency and elective re-admission rates
These are being measured as re-admissions within 28 days of discharge either following an elective procedure or an emergency admission. The rate of re-admissions is calculated based on the number of admissions. Indicator 9 was recalculated in July 2013 to reflect Monitor guidelines. April to June 2013 data has therefore been restated. This reduced June YTD elective rate by 0.5% and emergency rate by 0.8%.

Appendix 3: Quality Account Dashboard Quarter 2 (April to September)

Quality Account 2013/14	Target / Limit	Apr	May	June	July	Aug	Sept	YTD	Trend
Improving our Patient Experience									
1. Improve the care of patients with dementia and their carers									
% Emergency admissions aged ≥75 screened (los > 72h; exclusions apply e.g. coma)	90%	97%	98.5%	99.3%	99.4%	98.2%	99.3%	98.6%	
% Patients appropriately assessed	90%	97.0%	98.1%	100%	97.7%	100%	100%	98.6%	
2. Provide safe, high quality discharge for patients									
Increase timely discharge of patients (before 15:00h).	66.0%	49.2%	50.0%	52.1%	48.2%	46.7%	47.5%	48.9%	
Reduce complaints relating to discharge by 5% of 12/13 value (= 72)	68/y	11	8	5	6	3	3	36	
Increase electronic discharge summaries sent within 24 hours discharge	TBC								
3. Improve all aspects of communication with patients									
% Response rates for the NHS Friends and Family test (target = 20% by Q4)	15%	11.7%	14.1%	29%	23%	24%	26%	21%	
Promoter score for the NHS Friends and Family test (target by end of year)	70	68	67	58	58	59.6	51	59	
Reduce formal complaints re communication by 10% value 12/13	<196	29	22	15	23	11	19	119	
Maintaining High Safety Standards									
4. Improve harm-free care									
Improve harm-free care - Safety Thermometer by reducing new hospital-acquired harms.	<6%	4.3%	3.9%	3.3%	2.4%	1.0%	1.9%	2.80%	
Reduce hospital acquired CAUTI (ST monthly measure)	<1.2%	1.6%	0.2%	0.4%	0.4%	0.0%	0.4%	0.51%	
5. Improve nursing care									
Reduce patient falls (total falls)	<700	43	75	66	89	53	49	375	
Reduce patient falls resulting in harm (grade 3 and above)	<15	0	2	6	2	1	0	11	
Reduce hospital-acquired pressure ulcers (≥stage 2)	<139	10	16	9	10	7	10	62	
6. Provide effective risk assessment & prophylaxis for VTE									
Improve % patients risk-assessed for VTE	> 95%	95.1%	95.4%	95.1%	95.7%	95.7%	96.8%	95.6%	
Reduce hospital associated VTE	<24	1	3	2	3	5	3	17	
7. Improve the safety culture									
Promoter score for the NHS Friends and Family test (FFT) (target by end of year)	70	68	67	58	58	59.6	51	59	
Reduce formal complaints	<450/y	54	40	37	43	26	41	241	
Achieving High Quality Clinical Care									
8. Improve care of patients with diabetes									
% Patients assessed for diabetes (100% by end of year)	100%			71%	72%	65%	78%	72%	
Reduce length of stay (establish a baseline)	N/A			3.8			4.2	4.1	
9. Reduce readmission rates									
Reduce elective readmissions - 28 days	2.7%	2.2%	2.2%	2.3%	2.4%	2.4%	1.7%	2.2%	
Reduce emergency readmissions - 28 days	12.6%	12.6%	13.5%	12.8%	14.6%	13.3%	12.1%	13.2%	

APPENDIX 4 Patient Experience Dashboard – October 2013

Oct-13	EMED	YTD		Fac	YTD		TASCC	YTD		TODT	YTD		WH & Paeds	YTD		A&E FFT		Inpt FFT			Trust	YTD	YTD target
Complaints Rec'd	16	120	▼	0	4		15	76	▲	5	36	▼	8	45	▲					▲	45	286	262
Discharge related complaints	3	27	▲	0	0		0	7	▼	0	4	▼	1	3	▲						4	40	40
% Response timescales met	100%	89 %	▲	100 %	100 %		60%	59 %	▲	67%	79 %		100%	90 %	▲						84%	82 %	95%
PALS Concerns	46	265	▲	4	22	▲	38	216	▼	25	150	▲	9	40	▲						134	610	tba
FFT* returns	45%		▼				40%		▲	16%		▼				17%	▼	46 %	▲	▼	24%		15%
FFT* Score	74		▲				69		▲	83		▲				47	▲	73	▲	▲	59		70%
Intimations of claims	3	14	▲	0	0		3	14	▲	2	16	▼	1	15	▼					▼	9	59	tba
Reported claims	2	7		0	0		0	13		0	4		2	5	▲						4	25	tba

Decrease compared to previous month	▼
Increase compared to previous month	▲
Improvement compared to previous month/100% target held	
Same or no change	
Deterioration compared to previous month or risk to target	
Not applicable	

**Friends and Family Test. Consolidate score of response to the question "how likely are you to recommend our Ward [A&E department] to friends and family if they needed similar care or treatment?" For FFT results A&E is reported seperately - therefore EMED excludes A&E for this measure only.

Trust Operational Performance Report - October 2013

		2012/13												2013/14										
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD 13/14	13/14 Plan	Var	Trend
Cancer indicators and																								
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	2.0%	
	Surgery	100%	95.7%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	6.0%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100%	100%	100%	100%	89%	100%	0%	100%	100%	100%	83%	100%	100%	-	-	100%	100%	93%	97.6%	100%	90%	10.0%	
	Urgent GP Referral To Treatment	85.1%	92.6%	92.8%	92.1%	91.5%	90.7%	97.0%	92.5%	92.5%	87.5%	88.4%	90.8%	87.9%	89.0%	94.8%	87.3%	91.0%	90.4%	89.4%	91.0%	85%	6.0%	
31-Day Wait For First Treatment	All Cancers	97.5%	100.0%	100.0%	100%	100%	100%	100%	100%	98%	98%	99%	100.0%	100.0%	100%	100%	100%	100%	99%	100%	100.0%	96%	4.0%	
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%	97.8%	98.7%	96.3%	98.8%	98.7%	96.4%	98.3%	97.1%	97.9%	96.6%	95.3%	97.1%	96.6%	93%	3.6%	
	For symptomatic breast patients	96.1%	97.6%	93.0%	98.1%	95.8%	96.8%	98.9%	97.7%	96.1%	97.5%	97.3%	98.7%	96.4%	98.0%	99.0%	100.0%	93.2%	97.0%	97.1%	93.2%	93%	0.2%	
Referral to Treatment wait																								
Referral to treatment waiting times - admitted		94.62%	95.10%	94.56%	95.35%	94.70%	94.11%	93.46%	92.83%	93.17%	92.97%	91.49%	92.39%	90.08%	91.60%	91.56%	92.70%	92.30%	92.84%	94.11%	92.22%	90.00%	2.2%	
Referral to treatment waiting times - Non-admitted		97.87%	98.05%	97.46%	98.14%	98.50%	98.32%	97.63%	97.39%	98.12%	97.49%	97.95%	98.26%	98.15%	98.55%	98.39%	98.03%	97.77%	97.54%	97.42%	97.98%	95.00%	3.0%	
Referral to treatment waiting times - Incomplete		98.11%	98.61%	97.96%	99.04%	98.58%	98.27%	97.39%	97.49%	97.48%	97.06%	97.25%	97.48%	97.74%	98.24%	98.35%	98.73%	98.31%	97.95%	97.89%	98.17%	92.00%	6.2%	
A&E Clinical Quality																								
Total time in A&E (95%) - Monitor Position		93.1%	96.8%	96.9%	98.5%	96.5%	96.2%	96.7%	95.0%	95.9%	93.3%	92.0%	92.1%	93.6%	94.8%	98.1%	96.9%	97.7%	94.3%	95.1%	95.8%	>95%	0.8%	
Total time in A&E (95%) - Unify & Contract Monitoring Position		89.8%	95.3%	95.4%	97.8%	94.9%	94.6%	95.2%	92.7%	94.0%	90.5%	88.6%	88.7%	90.8%	92.7%	97.3%	95.7%	96.8%	92.0%	93.3%	94.1%	>95%	-0.9%	
Time to initial assessment (95th percentile)		00:07	00:07	00:41	00:39	00:55	00:14	00:13	00:14	00:13	00:11	00:52	00:51	00:29	00:30	00:26	00:31	00:24	00:30	00:36	-	< 15 min	-	
Time to treatment decision (Median)		00:42	00:48	00:53	00:48	00:55	00:59	00:54	00:59	00:57	00:57	00:56	01:03	0:59	00:49	00:47	00:46	00:49	00:55	00:49	-	< 60 min	-	
Unplanned reattendance rate		2.9%	2.0%	5.5%	5.3%	5.0%	4.8%	4.7%	4.5%	4.7%	4.6%	5.7%	4.3%	4.2%	4.7%	5.5%	5.3%	5.0%	5.5%	5.4%	-	1% - 5%	-	
Quality & Safety																								
C.Diff (hospital acquired)		3	3	0	1	2	0	1	0	1	0	2	2	1	0	0	0	1	2	0	4	13	-69%	
MRSA Bacteraemia (hospital acquired)		1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0%	
Friends and Family Test	Inpatients (Test Score)										66.7	60.8	67.2	68.8	72.1	74.5	77.4	74.2	68.1	73.1	72.6	70	3.7%	
	Inpatient (Response Rate)										11.18%	21.04%	32.68%	35.89%	40.39%	47.40%	31.58%	37.00%	40.89%	46.19%	39.83%	15%	165.5%	
	A&E (Test Score)										-	71.4	52.3	63.1	51.1	45.3	47.6	49.6	38.9	47.4	46.6	70	-33.5%	
	A&E (Response Rate)										-	0.37%	2.48%	3.17%	4.73%	21.80%	19.17%	19.18%	19.99%	17.38%	15.03%	15%	0.2%	
Breach of Same Sex Accommodation		0	0	0	0	0	0	0	2	0	0	2	0	1	0	0	0	0	0	0	1	0	0	
VTE Risk Assessment *		90.9%	90.1%	90.3%	91.3%	91.3%	91.1%	94.2%	93.7%	93.1%	95.5%	95.5%	96.1%	95.1%	95.40%	95.08%	95.68%	95.68%	95.02%	96.68%	95.53%	95.0%	0.53%	
Stroke Pts - 90% time on Stroke Unit		86.11%	89.74%	84.91%	90.70%	80.00%	81.40%	75.68%	83.78%	84.85%	77.14%	71.43%	80.70%	82.93%	66.67%	75.51%	85.37%	82.76%	80.00%	70.59%	78.16%	85.00%	-6.84%	
Smoking During Pregnancy		10.1%	8.9%	6.8%	5.7%	8.2%	5.4%	5.6%	7.8%	8.07%	7.85%	5.46%	9.7%	8.28%	8.06%	5.59%	8.21%	6.96%	5.35%	4.37%	6.6%	8.2%	-1.6%	
Breastfeeding Initiation		84.2%	82.1%	85.5%	85.1%	84.5%	83.8%	85.6%	82.3%	86.67%	84.80%	86.01%	85.76%	85.7%	82.0%	86.6%	85.5%	86.2%	86.7%	89.3%	86.1%	80.0%	6.1%	
Activity																								
Acute Bed Capacity		559	555	559	548	537	542	548	543	543	553	553	553	530	530	530	530	530	530	545	545	-	-	
Avg. Length of Stay - Elective (Acute) **		2.8	3.0	2.8	3.1	2.7	3.4	2.7	2.9	3.1	2.5	2.9	2.7	3.7	3.3	4.2	4.0	3.5	4.7	3.4	3.8	3.32	0.50	
Avg. Length of Stay - Emergency (Acute) **		5.8	5.0	4.6	4.9	5.0	4.6	5.0	5.0	4.7	5.1	5.2	5.2	7.3	6.8	6.6	6.3	6.4	6.3	6.4	6.6	6.99	-0.41	
Daycase Rate		81.2%	79.6%	79.5%	80.8%	80.2%	81.6%	81.3%	81.1%	83.1%	84.8%	83.0%	82.2%	84.2%	83.4%	83.5%	84.0%	83.8%	84.6%	81.7%	83.8%	84.0%	-4.0	
Delayed Transfers of Care – Acute & MH		3.2%	2.7%	2.2%	2.1%	2.7%	3.5%	2.3%	2.9%	2.1%	2.4%	2.5%	2.4%	1.4%	1.7%	1.5%	0.9%	1.9%	1.5%	1.8%	1.5%	3.5%	-4.8	
GP Written Referrals to Hospital		7,697	8,876	7,447	8,409	7,663	7,054	8,232	7,402	5,992	7,554	6,950	6,827	8,412	8,524	7,949	8,599	7,780	7,924	8,823	58,011	-	-	
Other Referrals For a First Outpatient Appointment		4,683	5,591	4,897	5,264	5,127	4,995	6,006	5,212	4,291	5,355	4,538	4,580	5,251	5,401	5,585	6,015	5,239	5,563	6,122	39,176	-	-	
All Outpatient Attendances		26,890	33,657	27,158	30,537	29,352	28,024	34,020	32,521	25,408	32,637	27,307	26,762	27,756	28,427	26,968	30,946	25,639	28,256	31,184	199,176	191,913	3.8%	
Elective Spells		2,742	3,130	2,670	3,033	2,774	2,736	3,075	2,995	2,464	2,899	2,856	2,884	3,022	3,137	3,119	3,318	2,957	3,066	3,426	22,045	20,292	8.6%	
Non-elective (inc maternity & transfers)		3044	3,377	3,389	3,442	3,381	3,292	3,416	3,269	3,392	3,447	2,985	3,407	3,083	3162	3251	3216	3,142	3126	3362	22,341	22,057	1.3%	
A&E Attendances		7,557	8,302	8,035	8,004	7,575	7,573	7,391	7,797	7,581	7,383	6,995	8,025	7793	7875	7658	8109	7,611	7,525	7,759	54,330	54,032	0.6%	

Old Better Care Better Value (not transferred to Operating Framework)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD 12/13	12/13 Plan	Var	Trend
BADS Procedures	80.4%	79.8%	80.3%	82.0%	80.9%	81.8%	79.5%	79.2%	82.6%	83.1%	80.6%	83.8%	81.1%	80.7%	81.8%	82.1%	82.5%	83.9%	81.5%	81.1%	85.0%	-3.9%	
Inpatients Admitted before day of Operation	7.7%	5.7%	6.8%	7.4%	5.6%	5.3%	7.5%	6.3%	7.3%	7.2%	5.7%	4.9%	6.7%	9.4%	12.3%	10.8%	9.2%	7.2%	4.1%	9.3%	10.0%	-0.7%	

* VTE Assessment unvalidated
** Avg. length of stay from 2013/14 - RealTime LOS