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

COUNCIL OF GOVERNORS
1st December 2015

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:	Suzanne Rankin, Chief Executive
Date:	December 2015
Decision	For discussion

1 INTERNAL FOCUS

1.1 #Right Culture

We have recently had many opportunities to reflect on our safety culture, which is a key component of our #Right Culture programme. At October's board meeting, Dr Mick Imrie, Chief of Patient Safety, shared the new NHS Framework for reporting Serious Incidents and Never Events. There are some practical changes on how and when incidents are investigated but also a fundamental culture shift – the focus is now on learning, allowing 'near miss' incidents to also be reported, preventing similar potential mistakes happening in the future. It reinforces the idea that incident reporting is not about blame, but rather learning and prevention.

At our last Team Briefing we also talked about the Manchester Patient Safety Framework, a tool to help NHS organisations and teams assess their progress in developing a safety culture. Each of our Divisions has been using the framework and the ten questions it poses to engage their teams, many down to individual speciality level. It has been great to see such a high level of engagement and enthusiasm from our teams around this, with honest reflections on what has worked well and what could be improved.

On a different note I have also been impressed with the way our social committee and club is gaining momentum. Staff have told us that they would like to see more social activities and facilities at the Trust, as a way to unwind after work and socialise with colleagues (particularly for those who live on site).

Recently the committee has expanded, with its new members enthusiastic to get involved and put forward their ideas. Our Staff Social Club Café Evening has also started up on a Thursday in the Postgraduate Centre at St Peter's. We are only a couple of weeks in so it's early days but staff have been taking the opportunity to go along for a glass of wine or cup of tea and a chat.

These are positive steps in developing a sense of community at the Trust and encouraging the type of culture we would like to see. I am pleased to hear there are more activities planned over the Christmas period, such as our annual 'decorate a door' competition, a traditional Christmas performance by our staff choir and a Santa's grotto for children and grandchildren of staff on 5th December.

1.2 Best Outcomes

'Stay Well This Winter'

We have been getting behind the national 'Stay Well this Winter' campaign, promoting key messages, particularly through local media. I am also pleased to hear that around 1000 members of staff have taken up their flu vaccination.

Throughout December and January one of our A&E Consultants will also be heard on Eagle Radio as part of a series of three 'infomercials', organised by a collaboration of Surrey Clinical Commissioning Groups. They will be giving advice about keeping yourself and your family well and only choosing to attend A&E when it is really needed.

Ophthalmology Team Shortlisted for Award

I was pleased to learn that our Eye Unit has been selected as a finalist for the Best Ophthalmology Team by Bayer Ophthalmology, for their service to patients with Age Related

Macular Degeneration. Finalists are selected on an annual basis throughout the UK and chosen for outstanding work being carried out by teams. The judges particularly look for those teams who implement exceptional initiatives and demonstrate clinical excellence and innovation within Ophthalmology – overall improving the care provided to patients. It is a real achievement for the team to be selected and I look forward to hearing if they win on Wednesday 2nd December.

Better care for Stoma Patients

Well done to our stoma care team, including specialist nurses and colorectal consultants, who have won the 2015 Opus Healthcare Research Award jointly with a team from Western Sussex Hospitals NHS Foundation Trust.

This combined project studied patients' views on an innovative surgical method of reducing or eliminating distressing stoma leakages after gastric surgery.

The method was taken from reconstructive surgeons at Western Sussex Hospitals, who have been using lipomodelling or 'fat transfer' in breast cancer patients with great success. Over the last year, colorectal surgeons have introduced the technique to patients with a permanent stoma who suffer from leakages due to abnormalities around the stoma.

Lipomodelling is used to refashion the stoma with a minimally invasive approach and those patients who have undergone the procedure reported a decrease in leakages. This is a great example of collaborative working and trying something new for the benefit of our patients and to improve their quality of life.

1.3 Excellent Experience

Opening of New MRI Facility at Ashford Hospital

On 3rd November I joined special guest Sarah Ayton OBE, former gold-winning Olympic Sailor, and other guests from the Trust and Alliance Medical (who provide and run the facility on our behalf) to official unveil the new MRI Scanning Unit.

Previously our MRI scanning facilities at Ashford Hospital were provided out of a small mobile unit in the car park, which limited our capacity to perform scans and was not an ideal environment for our patients.

The new purpose-built modular unit is attached to the main hospital via a corridor and provides a much improved space for both patients and staff. There is now a separate area for patients to undress / dress and prepare for their scans, such as going through questionnaires with staff and having a cannula inserted if contrast dye is needed. It means that one patient can be preparing whilst another is actually having their scan, hence we can see more patients more quickly.

The scanner is brand new, state-of-the art, with enhanced imaging capabilities. This means we are able to carry out more complex scans and the imaging is very high resolution – helping clinicians to make accurate diagnosis and treatment plans.

It was a very enjoyable event, and a good opportunity to learn more about one of our vital diagnostic services.

Research and Development Open Day

On 16th November our Research and Development Team hosted an Open Day, for people to come along and find out more about this developing area of patient care. It was open to all – staff, members and the public – and a great opportunity to hear from leading clinicians, research experts and patients. The success of our Research and Development team is something we are very proud of at the Trust; indeed last year alone over 1800 patients took part in over 40 different studies. During the course of the day we heard from colleagues from a range of organisations such as Professor Pankaj Sharma, Professor of Neurology, Royal Holloway University of London and Mark Tarrant, Hospital Liaison Committee of Jehovah's Witnesses. Professor Sharma's

recent study of stroke patients on behalf of the Institute of Cardiovascular Research at Royal Holloway - which suggests that patients should be weighed [on special beds] when they first come into A&E to ensure the correct dosage of important clot busting drugs - has attracted considerable national media coverage including the Daily Mirror and Daily Mail.

I was also pleased to listen to some very engaging feedback from two of our patients who have been part of the asthma research work undertaken by Dr Monica Nordstrom. To hear their comments on how the trials have improved their wellbeing was incredibly powerful and a real first hand testament to the benefits of clinical research.

1.4 Skilled, Motivated Teams

Junior Doctor Contract Negotiations

One of the most topical issues currently is around the junior doctor contract negotiations and whilst as a Trust we are not directly involved in the negotiations themselves I am very keen to ensure we maintain an open and supportive dialogue with our own junior doctors. They are a hugely important part of our team and we recognise and value the contribution they make.

Dr David Fluck and I held an open evening session, with around 30 junior doctors of all grades attending on Monday 2nd November. It was an opportunity to talk through the issues they face and what we, as employers, can do to better understand and support. I felt it was a good session, with lively debate and a sense that we all came away understanding each other's perspectives more clearly.

Clearly there is huge strength of feeling from all sides and as this report goes to press we have just heard the result of the ballot with 98% of junior doctors voting in favour of strike action (from a turn-out of 76%). With our divisions, we are now working on contingency plans to assess the full impact of the proposed industrial action this go ahead. If it does, we expect that some planned services will need to be postponed. We are currently working with our clinical teams to assess the full impact across our services and on a robust communication plan. The safety and continued care of our patients will be our priority at all times.

Awards update

Last month I wrote about our success in being nominated for several national and regional awards. I was delighted to hear that our Facilities team were commended as runners-up (second) in the annual 'Building Better Healthcare Awards', which took place in London on 4th November. They were shortlisted from a long list of entries, for their outstanding work in keeping our two hospitals clean and for having such a highly rated food service. It's clear that the team take real pride in what they do, which is such an important contribution to the experience of our patients. It's great that their effort and dedication as a team has been recognised.

On 12th November, Aileen McLeish and I attended the annual Kent, Surrey and Sussex Leadership Summit and Awards, which were held at Sandown Racecourse in Esher. This was another opportunity to showcase some of the great work happening across the region, and in particular to shine the light on some of our most talented and inspirational leaders – not necessarily from senior leadership teams, but those leading individual projects and teams that are making a real difference.

We had two nominations – Mark Hinchliffe for 'Emerging Leader' by his Programme Management Office colleagues and Pankaj Sharma (who has a joint role with us and Royal Holloway University) for Outstanding Collaborative Leader. Although we didn't win, it is a fantastic demonstration of the talent we have across or organisation and both Mark and Pankaj should be extremely proud of what they have achieved.

More recently on 18th November, I attended the national HSJ Awards in London with other members of the team where we had been shortlisted for two awards; Board Leadership and Chief Executive of the Year. Although we didn't receive the top awards on the night, just to be shortlisted was an achievement and a testament to all the hard work and commitment from the

whole team.

Overall our continuing success in being shortlisted for such a wide variety of awards is a real reflection of how we are continuing to improve and raise standards for our patients.

2 EXTERNAL OUTLOOK

2.1 Junior Doctors' Contract Offer

A firm contract offer for junior doctors was published on 4th November 2015 by the Department of Health and NHS Employers. Health Secretary Jeremy Hunt wrote directly to all junior doctors in England confirming that no junior doctor will receive a pay cut compared to their current contract. Around three quarters of junior doctors moving to the new contract would see an increase in pay with the remainder getting pay protection. The Department of Health continues to urge the doctors' trade union, the British Medical Association (BMA), to return to the table and negotiate on the detail to secure a fair, safe deal for doctors and patients.

Alongside the changes to the contract, the Government also announced plans to better support doctors to raise concerns if employers breach limits on safe working hours. Following work with the Care Quality Commission (CQC), the working hours and the service delivery of junior doctors will be included within its inspection regime on how trusts manage their medical workforce to deliver safe quality care for patients.

The new contract will be implemented next August for newly qualified junior doctors and those changing their contracts of employment as they advance through training or change specialism.

2.2 Health Secretary Outlined Measures for Greater Patient Power

From next year, for the first time, new 'Ofsted style' ratings will show patients how their local area's health service is performing in crucial areas, including:

- cancer
- dementia
- diabetes
- mental health
- learning disabilities
- maternity care

The new ratings, broken down by Clinical Commissioning Group (CCG), will not only be based on local data but will also be verified by experts in each field, including:

- the Chief Executive of Cancer Research UK, Harpal Kumar, who will verify cancer ratings and
- the government's Mental Health Taskforce Chairman Paul Farmer, who will lead on mental health ratings

Initial ratings, based on the current CCG assessments, will be published in June 2016.

Patients and clinicians will also benefit from a range of new measures to cut bureaucracy across the health system, saving valuable time and money. Up to 27% of GP appointments could potentially be avoided if there was more co-ordinated working between GPs and hospitals, wider use of primary care staff and better use of technology. New measures will include immediately stopping pointless referrals from hospitals back to GPs – a waste of time which accounts for around 2.5% of appointments. By giving 2 hours a week back to each GP, there could be a 5% increase in workforce capacity - equivalent to 15 million appointments a year.

3 STRATEGY

3.1 Our Merger Plans with The Royal Surrey County Hospital

We are continuing to work on our implementation plans towards the proposed merger with the Royal Surrey County Hospital NHS Foundation Trust. Work is also continuing on finalising the Full Business Case and long-term financial plans to be considered in full by both Boards in December. If approved we will then move to the next stage in the process which will be a detailed assessment by Monitor, the independent healthcare regulator. The earliest go-live date for the new proposed organisation remains 1st July 2016.

At the same time we are continuing our engagement with stakeholders, explaining our plans and listening to their feedback. Over the last month we have presented to members of Runnymede Borough Council, the Spelthorne Local Area Committee and a number of local community groups including residents' associations and the North West Surrey Disability Alliance.

4 REGULATION

4.1 Monitor - Quarterly report on the performance of the NHS foundation trust sector: 3 months ended 30 September 2015

Monitor published their Quarter 2 sector report in mid-November. In summary it highlighted:

- 190 out of the 241 NHS providers reported a deficit for the second quarter of the year;
- Overall, the NHS provider sector reported a year-to-date deficit of £1.6bn – £358m worse than planned at the beginning of the year;
- Delayed discharges are estimated to have cost NHS providers £270m over the first six months of this financial year;
- The provider sector spent £1.8bn on contract and agency staff – almost double what they planned;
- Providers made a total of £1.12bn worth of cost savings – around 2.8% of total costs – although they were falling behind on Cost Improvement Plans;
- Despite the size of the waiting list increasing by 8% compared to the same period last year, NHS providers performed well against the referral to treatment performance standard, hitting 92.2% in September;
- 93.6% of A&E patients were seen, treated and admitted or discharged within four hours. This missed the operational standard, largely due to delayed transfers of care preventing providers from freeing beds in time to meet demand, compounded by a rise in demand for beds;
- Improvements were required to performance against cancer standards, with providers treating 82.1% of cancer patients referred by GPs within 62 days of referral where the operational standard is 85%, largely due to increasing demand having an impact on providing diagnostic tests. Recognising the importance of cancer standards, we have been working with providers to support them develop improvement plans.

5 PERFORMANCE

5.1 Details of our operational performance are part of the A&E Report at agenda item 7.2.

5.2 5.2.1 Patient Experience

The PALS service continues to support a similar number of concerns each month with 145 in October and the YTD average at 139. Communication and information issues remain the highest reported area with 68 concerns in October. The Trust continues to work on improving the Outpatient Appointment system to improve concerns going forward.

There were 42 formal complaints in October which is a small increase on the YTD average of 38.7. Reasons for formal complaints continue to be mostly around treatment and care or communication issues.

Parliamentary and Health Service Ombudsman (PHSO) Cases

No new requests have been received in October and YTD only 3 requests for information have been received. This is a notable reduction when compared to previous years.

NHS Choices User Rating

Hospital	User rating (out of 5) Dec 2014	User rating (out of 5) Feb 2015	User rating (out of 5) June 2015	User rating (out of 5) Aug 2015	User rating (out of 5) Nov 2015
Ashford and St Peter's	SPH: 4.5 (179) AH: 4.5 (68)	SPH: 4.5 (193) AH: 4.5 (76)	SPH: 4.5 (214) AH: 4.5 (95)	SPH: 4.5 (249) AH: 5 (96)	SPH: 4.5 (273) AH: 5 (92)
Frimley Park	4.5 (215)	4.5 (235)	4.5 (235)	4.5 (235)	4.5 (238)
Epsom	4 (86)	4 (89)	4 (99)	4 (104)	4 (108)
Royal Berkshire	4 (236)	4 (245)	4 (264)	4 (282)	4 (290)
Royal Surrey	4.5 (191)	4.5 (206)	4.5 (253)	4.5 (272)	4.5 (275)
Kingston	3.5 (118)	3.5 (135)	3.5 (152)	3.5 (154)	3.5 (173)
West Middlesex	4 (197)	4 (212)	4 (223)	4 (226)	4 (224)
St George's	4 (179)	4 (185)	4 (196)	4 (201)	4 (210)
Wexham Park	3.5 (194)	No data available	4 (14)	4 (38)	4 (61)
Chelsea and Westminster	3.5 (80)	3.5 (87)	3.5 (91)	3.5 (98)	3.5 (96)

5.3 2015/16 Financial Position - Month 7 Headlines

The month 7 financial position showed an under-spend against budget of £0.8m. The key components of which are set out in the scorecard and commentary that follows.

Finance Scorecard					
	Annual Plan	Forecast	YTD Plan	YTD Actual	YTD Variance
Financial Sustainability Risk Rating	3	3	3	3	
Total income excluding interest (£000)	£257,134	£266,994	£150,408	£155,458	£5,050
Total expenditure (£000)	£243,344	£253,681	£141,888	£147,352	£5,464
EBITDA (£000)	£13,789	£13,313	£8,520	£8,106	(£414)
I&E net operational surplus/Deficit (£000)	(£1,220)	(£167)	(£228)	£594	£822
CIP Savings achieved (£000)	£13,544	£13,440	£7,933	£7,972	£39
CQUINs (£000)	£5,195	£5,195	£3,031	£3,031	£0
Month end cash balance (£000)	£8,714	£8,714	£8,648	£7,712	(£936)
Capital Expenditure Purchased (£000)	£10,247	£9,748	£6,260	£4,767	(£1,493)
Emergency threshold/readmissions penalties	£3,153	£2,948	£1,841	£1,722	(£119)

Monitor Metrics					
	Weighting	Current	Forecast	Current Score	Forecast Score
Capital Service Cover	25%	1.85x	1.73x	3	2
Liquidity	25%	-5.8	-9.7	3	2
I&E Margin	25%	0.38%	0.01%	3	3
I&E Margin Variance	25%	0.14%	0.02%	4	4
Financial Sustainability Risk Rating				**3**	**3**

Year to Date

The key points are: -

- Clinical income from CCG's, NHS England and Local Authorities (GUM) activities was £4.8m ahead of budget. Most areas of activity are over-performing with the largest being emergency, A&E and outpatients. October was a particularly busy month with income ahead of budget and the Trust continues to exceed its baseline for activity with specialist commissioners, and as a result relevant activity is only being paid at 70% of tariff;

- Other income streams are ahead by £0.3m mainly within injury cost benefit income and income generation;

- The higher than planned activity levels have had a knock on effect on the Trust cost base with additional staff costs incurred (£2.5m or 2.6%). In addition delivery of the emergency pathway has seen increased pay costs as the Trust utilised escalation beds to cope with the continued high demand and to achieve improvements in the A&E 4 hour target. Pay costs fell in October following a few months of increasing costs and temporary staffing costs were 15% higher than at this point last year;

- Activity also drove increased non-pay costs (£3.0m or 6.4%) in particular clinical supplies, which includes drugs and devices, and outsourced work, in particular endoscopy work. Drugs and devices costs are also high as a result of pass through drugs for which income is received;

- Cost improvement plans are on plan at month 7;

- Capital is currently behind plan by 23.8% (£1.5m) mainly due to access issues;

- Cash is behind target due to 2014/15 over-performance arrears (£0.9m) and EBITDA performance, offset by the capital programme slippage; and

- Overall performance shows that a surplus of £0.6m has been delivered to date, which is £0.8m ahead of plan. The surplus to plan arises from three things (i) impairments not materialising in the period (£0.6m), (ii) merger costs delays (£0.5m) and (iii) core budgets (EBITDA) and depreciation being behind plan (£0.3m). This financial performance delivers an FSRR of 3 at month 7, against a plan of 3.

Forecast

The Trust is forecasting that it will meet a revised forecast deficit of £0.2m at the end of the financial year after allowing for the costs of the proposed merger. This target would deliver an FSRR of 3.

There is pressure on income and costs and the Trust is taking various actions to keep the budget on track, as well as delivering the key performance targets. As widely publicised the states of NHS finances in this financial year is not healthy; as a result Monitor is also looking for all FT's to at least meet their plans and if possible to improve on this.

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

Cost saving targets, which are budgeted at £13.5m for the full year, are currently projected to yield £13.4m with work continuing to close the gap.

The capital programme is forecast to under deliver by £0.5m.

Table 1: Quality Performance Dashboard

REF	Quality Scorecard Measures	Outturn 14/15	Monthly Target	Annual Target	Sep	Oct	6 month trend	YTD 15/16	Current month commentary
1.01	In-hospital SHMI	58	<72	<72	64	65		68	Mortality indices in line with expectation.
1.02	RAMI	60	<70	<70	69	63		67	Mortality indices in line with expectation.
1.03	In-hospital deaths	1111	86	<1033	99	88		643	The Trust performs monthly mortality reviews on in-hospital deaths as outlined below.
1.04	Proportion of mortality reviews (measured at the cut-off date for Board reporting)	38%	>90%	>90%	55%	60%		53%	TODT - The October data refers to one death in September. The outstanding cases are being reviewed and findings will be presented at the Morbidity and Mortality meeting on 24 November. TASCC - 100% maintained this month. MES - improved from 46% in September to 59% in October. WHPAED - no deaths to review.
1.05	Number of cardiac arrests not in critical care areas	72	-	-	5	2		31	Improving.
1.06	Methicillin Resistant Staphlococcus Aureus (MRSA) - hospital	1	0	0	0	0		0	In line with expectations.
1.07	C. Difficile (hospital only)	18	1.4	17	1	2		8	RCAs in progress - the first patient was admitted with an infected leg ulcer and had recieved antibiotics for this. The second patient had diarrhoea within 72hrs of admission but the specimen was not processed by the laboratory as it did not meet criteria to be analysed. A repeat sample was confirmed as Clostridium difficile positive. This is being investigated as part of the RCA.
1.08	Falls (per 1000 beddays)	3.29	3.00	3.00	2.35	2.6		2.68	Falls per 1000 bed days has increased to 2.68 but this is well below limit of 3.0. The strategy of promoting equipment use and weekly training is in place. E-learning for medical and nursing staff is due to be made available via the intranet falls web page. In October the Medical Assessment and Action Plan document of falls risk factors and interventions was implemented in Medicine and on Swan Ward.
1.09	Pressure ulcers (per 1000 beddays)	2.03	1.19	1.19	1.87	2.14		2.07	In October there were 17 stage 2 hospital acquired ulcers affecting 13 patients, with zero stage 3 or 4 ulcers. The target of 22.4 stage 2 and above ulcers per month (a 20% decrease on last year) was met. In Intensive Care an audit of endotracheal tube care is underway to determine themes for this ulcer category. Swan Ward is prioritising handovers to include pressure ulcer identification. The Stop the Pressure Conference will be held in November.
1.10	Readmissions within 30 days - emergency only	12.60%	12.2%	12.2%	12.10%	13.60%		12.5%	Emergency eadmissions have risen in Trauma and Orthopaedics from 10.6% to 13.4%, in Accident and Emergency from 15.5% to 21.4% and in Respiratory from 28.6% to 37.5%. Paediatric readmissions have increased from 5.4% to 10.6%. Divisional Directors have been asked to notify their plans for improving the readmission rate. Therapies is actively promoting pre-discharge planning and Pharmacy is assisting with medication change management.
1.11	Stroke patients (% admitted to stroke unit within 4 hours)	52.80%	90%	90%	81.3%	66.7%		61.7%	This indicator reports performance based on discharges in the current month, so is sensitive to patients admitted in previous months but discharged this month. Performance based on October admitted patients is 78% which is our best ever month based on admissions. The Trust is focussing on the 4 hour target and is holding a 4 hour event on 23 November focussing on the stroke pathway.
1.12	Medication errors (rate per 1000 beddays)	2.04	2.01	2.01	2.77	3.6		3.02	Increased reporting being encouraged.
1.13	Sepsis screening audits undertaken - Percentage of eligible patients that were screened	-	-	-		56.7%		56.7%	50 patients audited per month, 150 per quarter. Of the 120 who needed screening, 68 were screened. Data validation and improvement review is to be undertaken as priority.
1.14	Sepsis antibiotic administration audits undertaken - Percentage of eligible patients that had antibiotic administration within 1 hour					72.9%		72.9%	109 patients were audited for the quarter. 61 excluded as did not meet criteria for antibiotics. Of the 48 eligible patients only 35 received the antibiotics within the 1 hour timescale. Data validation and improvement review is to be undertaken as priority.
3.03	Serious Incidents Requiring Investigation (SIRI) reports overdue to CCG	-	-	-	20	11		11	The number of overdue reports is reducing steadily. At end October 2 reports were in excess of the trajectory.
3.04	Serious Incidents Requiring Investigation (SIRI) reports submitted to CCG	-	-	-	10	11		74	Reporting at steady volume.
3.07	Friends and Family Satisfaction Score - Inpatients including Daycase	93.9%	95%	95%	96.4%	96.0%		96.2%	Exceeds expectations.
3.08	Friends and Family Satisfaction Score - Accident and Emergency including Paediatrics	83.6%	87%	87%	86.4%	85.9%		85.8%	A slight drop in A&E recommended score and tracking 1% below the national average. Further work is being undertaken to provide more Patient Experience stewards in this area to support a better experience for patients.
3.09	Friends and Family Satisfaction Score - Maternity touchpoint 2 score	95.8%	TBC	TBC	99.0%	94.2%		TBC	A drop is shown in composite score for maternity touch points. However this measurement needs re-aligning with the national measurement of touch point 2 only. This will be recorded as such from this month.
3.09a	Friends and Family Satisfaction Score - Outpatients	NEW	92%	92%	95.6%	93.6%		94.6%	Exceeds expectations.
3.10	Follow-up complaints (measure of quality of response)	85	7	81	2	3		20	In line with expectations.
3.11	Dementia screening (composite score)	96.6%	>90%	>90%	98.2%	97.0%		98.0%	Dementia screening is in 3 parts. 3a initial screening scored 93.7% which is a drop from September of 97.8% owing to the medical teams taking on this new task. Component 3b diagnostic assessment remained at 100% compared to last month. 3c measuring referral to GP has increased from 91% in September to 100% in October.

REF	Reference items	Target description & limit		Sep	Oct	6 month trend	YTD 15/16	Current month commentary
1	Overdue safety alerts	<1 overdue	<1	1	1		n/a	The 1 overdue acute kidney injury alert is expected to be cleared in December 2015 when clinicians start receiving AKI results. Alerts from prior months which are underway include safety standards for invasive procedures and antimicrobial resistance. 2 new alerts were received in October 2015, the first of which pertained to naloxone dosing which is underway. The second alert on the risks of patients falling whilst using hoists has been actionned and closed.
2.1	NHS Safety Thermometer - % of patients on spot day with new harms	< National av.	2.10%	1.31%	0.41%		0.41%	New harms of 0.41% are below the national average of 2.1%.
2.2	NHS Safety Thermometer - % of patients on spot day with new CAUTIs	< National av.	0.30%	0.79%	0.00%		0.15%	New CAUTI of 0% is below the national average of 0.3%.
2.3	NHS Safety Thermometer - % of patients on spot day with new pressure ulcers	< National av.	0.90%	0.26%	0.20%		0.61%	New pressure ulcers of 0.2% is below the national average of 0.9%.
2.4	NHS Safety Thermometer - % of patients on spot day with falls with harm	< National av.	0.60%	0.26%	0.20%		0.47%	Falls with harm of 0.2% is below the national average of 0.6%.
3	Best care audits undertaken this month	Level 3 ward count	-	0	10	-	n/a	32 wards/areas were audited in October 2015. 6 wards/areas increased their accreditation level, 10 retained their previous level and 14 decreased their level. Of those decreasing 4 wards dropped to level zero: Ash (from 2), Holly (from 3), SAU (from 2) and Swift (from 1). Two areas (Admissions Lounge and Urology) were audited for the first time. Action plans are to be presented at the Best Care Surveillance Panels set for December 2015. Ash exceptions were nutrition, skin integrity and end of life care. Holly red gaps were observations, nutrition and nursing documentation with multiple amber exceptions. SAU had red gaps for nutrition and falls. Swift red areas were nutrition, nursing documentation and mental health with multiple amber areas.
4	WOW awards	-	n/a	55	52		n/a	MES received 19 nominations; WH&P received 5. TASCC were nominated for 8 awards; QRMNM received 1 and DTTO had 18 nominations including 15 for Physiotherapy.
5.1	Complaints % Responded to timescale (pre April 2015)	Timeliness	>95%	100%	91%		92%	4 responses were sent without a record that the complainant had been contacted to discuss a new timeframe and explanation of delay. Steps have been put in place to ensure the capture of potential delays at the central end of the process to avoid future breaches of this kind.
5.2	Complaints % Responded to timescale (Grade 1 & 2 in 25 days)	Timeliness	>95%	87%	82%		77%	4 complaints exceeded the 25 day time frame. All were in agreement with the complainants and were extended by less than a week.
5.3	Complaints % Responded to timescale (Grade 3 & 4 in 35 days)	Timeliness	>95%	23%	31%		48%	31% of complaints (after allowing for complaints progressed under the serious incidents framework) were responded to within 35 working days which is an improvement on September. The Trust continues to prioritise responding in a timescale as agreed with the complainant.
5.4	Complaints mean response time in days: variance from 25 day target (Grade 1 & 2)	Responsiveness	<0	-7	-7	-	-	17 days average to close.
5.5	Complaints mean response time in days: variance from 35 day target (Grade 3 & 4)	Responsiveness	<0	+12	+24	-	-	Out of the Grade 3 and 4 complaints, 4 of these were SIRI's which has skewed the average days to close. If SIRI's are removed from the calculation then the average days to close is 49.
5.6	PHSO (Ombudsman) cases open - total number	Quality of response	nil	15	0		15	No new cases received
5.7	PHSO (Ombudsman) cases not upheld	Quality of response	All	0	0		0	No cases closed

Scorecard notes: Rating table

Delivering or exceeding target		Improvement month on month
Underachieving target		In line with or just below last month
Failing target		Below target