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

COUNCIL OF GOVERNORS
23rd June 2014

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:	June 2014
Decision	For Discussion

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

ASSURANCE REPORT

1 INTERNAL FOCUS

1.1 Celebrating our new ABC Birth Centre

Our new Abbey Birth Centre opened its doors on Monday 5th May, coinciding with The International Day of the Midwife. The new unit has been purpose built to provide a homely and relaxing environment for women who have normal and uncomplicated pregnancies and want to give birth in a less clinical setting. The addition of this new unit means the Trust is able to offer the widest range of maternity services in the area – from a natural birth centre to high risk maternity care, including the level 3 neonatal intensive care unit. The Trust also opened a special care unit on the postnatal ward last year, so mothers could stay in hospital with their babies after the birth if they require additional care from the neonatal team.

1.2 Trauma Centre Accreditation

As a member of the South West London and Surrey Trauma Network, St Peter's hospital is a designated trauma unit. The network is made up of a main Trauma Centre based at St George's in Tooting (which deals with the most severe cases of trauma), with seven trauma units - at St Peter's, The Royal Surrey, Frimley Park, East Surrey, St Helier, Croydon and Kingston hospitals.

To maintain our status as a trauma unit we have to be regularly inspected against a number of criteria to make sure we have the right facilities, leadership, governance and reporting in place, and that we are meeting all the latest developments and best practice. Following our recent inspection in February, St Peter's has retained its trauma unit status and received a very positive report. In particular we were praised for good data quality, and a positive commitment by the organisation to the trauma agenda. We were also commended for good local trauma education, particularly in general surgery, vascular, anaesthetics and nursing.

Our status as a trauma unit is important for us as a major acute hospital and particularly as our longer-term aim is to become one of the 50-70 major emergency centres in the country, described by Sir Bruce Keogh in his new blueprint for emergency care.

1.3 CHKS Top Hospitals Awards

The Trust has been named as a top 40 hospital by CHKS (a company that provides healthcare intelligence and quality improvement services to the NHS and the independent healthcare sector). The awards recognise the 40 best performing hospital Trusts across the UK (out of 130 that are CHKS clients), based on the evaluation of 22 quality and safety indicators including safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. The Trust was previously rated a top 40 hospital in both 2011 and 2013.

CHKS also presents three national awards each year for patient safety, quality of care and data quality. The Trust was a finalist in both the quality of care and data categories. For quality of care there were five finalists, putting Ashford & St Peter's in the top five Trusts and for data quality in the top three. These are important indicators of the quality of the care we give to patients and a credit to all our staff, both on the front-line and all those involved in data collection, coding and analysis.

1.4 Spring to Green – "What are the lessons to be learned from the Spring to Green initiative, in particular in regard to patient discharge procedures?"

Introduction

This initiative aimed to generate energy for change by doing things differently to support patient flow and consequently improve patient experience, safety and staff morale. The underlining principle was that if the patient needed to be admitted then it's; 'Right Care, Right Place, First Time'. The week was managed in the same format as a serious clinical incident e.g. with a command centre and performance managed throughout the day.

Aims

The main aims of the week were;

- Right Care, Right Place, First Time.
- Releasing clinical staff from non-essential tasks to focus on clinical duties.
- Support services providing a rapid response service to clinical departments.
- Providing non clinical staff the opportunity to be based in a clinical area to provide fresh eyes and feedback themes to the command centre.

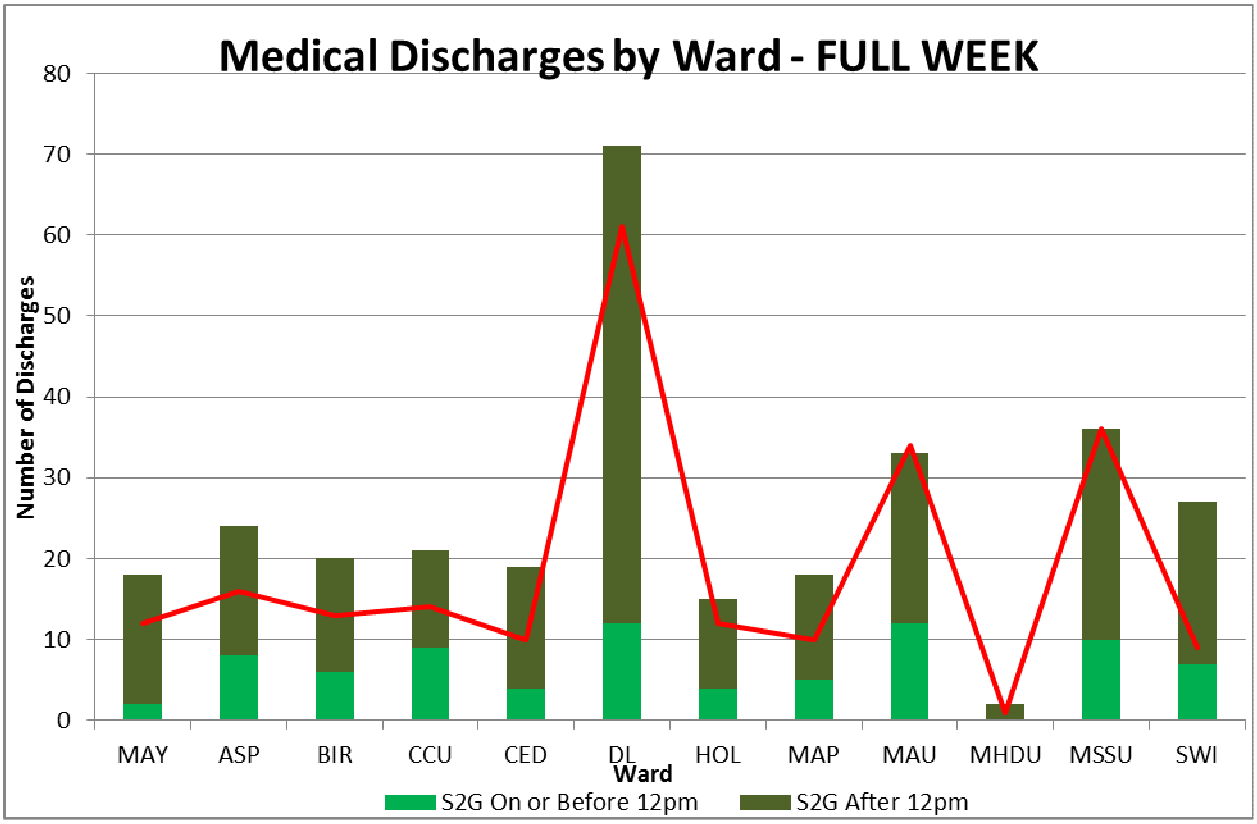
Findings

Many lessons have been captured following the Spring to Green week and are being actively implemented through the Emergency Care Pathway Programme. The following feedback was received from Medicine about what made a difference during the week,

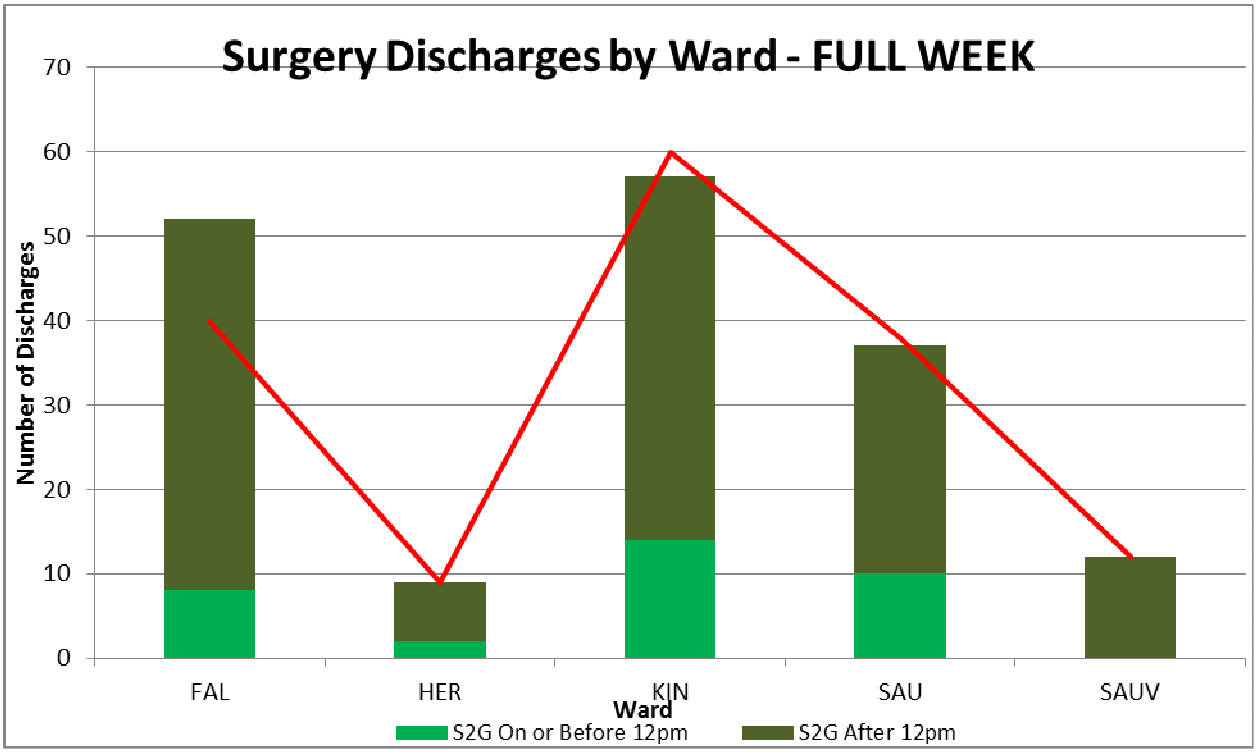
- Twice daily ward rounds made a huge difference.
- Consultant continuity made a difference as plans didn't change and all patients didn't need to be physically seen every day as long as assurance was there that the plans were being progressed.
- Some wards didn't do a full second ward round but saw new and sick patients and caught up on what was happening with care plans.
- There was good junior doctor cover that week - disproportionate as no study leave but it worked well.
- Ward Liaison Officers were good and made a difference as took work away from the nursing staff to allow them to focus on patient care.
- We should do it again but with plenty of notice.
- We should imbed processes that fell out of Spring to Green and then do it again but try new things.
- Start Q3 with a Spring to Green in first week in October as half term the most challenging week and it would allow us to spring board into that week with flow.

All wards in medicine saw a marked change in discharges during Spring to Green week (compared to the previous 7 weeks) as evidenced by the graph below.

MAU and MSSU saw only average discharge numbers compared to the previous 7 weeks but both areas had good flow through movement to base wards which is more important than the actual numbers of discharges. The discharge lounge was also well utilised during Spring to Green week.



Anecdotally surgery did not feel that the process of twice daily senior review made much of a difference to patient care. The graph and table below show a significant number of discharges made on Falcon compared to the previous 7 weeks activity with the rest of the surgical wards remaining pretty similar. Surgery had a 12.9% increase in elective activity during Spring to Green compared with the previous 7 weeks activity and in total an increase of 5% in total discharges compared to the previous 7 weeks. A&E sight the availability of surgical beds during that week as particularly helpful in being to prevent breaches and maintain flow.



Conclusion

Spring to Green week has proved that a strong consultant presence on a daily basis on the wards alongside consistency of care for patients has a positive impact on flow within our hospitals leading to shorter lengths of stay, better discharge experience and improved patient outcomes. These principles are being implemented through the Emergency Care Pathway Programme will,

- Improve A&E processes by eliminating wasted time, having senior decision makers at the start of the pathway and making decisions to admit or discharge as early as possible.
- Redesign the A&E workforce to ensure we have the right skills to deliver the new processes.
- Implement an acute hub model – where all patients are treated as ambulatory as often as possible with a focus to get them home safely and efficiently. Or where the patient requires an admission to ensure they are seen by a senior clinician, have a plan of care developed and are directed to the correct ward first time.
- Ensure consultant led ward care on every ward with senior review of all patients over 7 days.

Spring to Green will also be repeated at the end of September to springboard the Trust and kick start slow ready for the winter period.

2 EXTERNAL OUTLOOK

2.1 CMA clear first foundation trust merger

In May the proposed acquisition of Heatherwood and Wexham Park Hospitals Foundation Trust by Frimley Park Hospital Foundation Trust was cleared by the Competition and Markets Authority, paving the way for the first merger between two foundation trusts.

3 STRATEGY

3.1 Our Partnership with The Royal Surrey County Hospital

On Friday 2nd May the Boards of Ashford & St Peter's and The Royal Surrey County Hospital jointly announced their agreement to develop a business case for merging the two organisations. Both Boards agree this is the best way forward to ensure the continuation of high quality local healthcare. Both Trusts are now working together on developing a Full Business Case for merger.

Merging the two Trusts will create a stronger, more resilient organisation with a larger catchment population, creating real benefits for patients including:

- The development of a wider range of specialist services locally, bringing services back from London;
- Increased 7 day working, including joint consultant rotas so patients in hospital are reviewed by a consultant every day;
- Improved access for patients to cutting edge treatments and innovations through a wider partnership with Surrey and Royal Holloway Universities; and
- Maximising benefits of digital technology, for example in developing an electronic patient record much sooner that either organisation would be able to do on their own.

Importantly our vision – developed jointly by clinicians from both organisations – is about maintaining core services, including A&E, maternity and children's services at both hospital Trusts. Above all this is about enhancing services and doesn't mean patients will have to travel further for routine hospital care.

We anticipate the merger will take around 12-18 months to implement and is subject to regulatory approval from the Competition and Markets Authority and risk assessment by Monitor - the health sector regulator.

4 REGULATION

4.1 CQC: Meeting Care Quality Commission Standards

The CQC has now published their full report following an unannounced visit to the Trust in January. This confirms that we successfully met all four of the standards they looked at; care and welfare; safeguarding (children and adults); support to staff; and governance processes, which is extremely good news. This was a routine annual visit, the first for over a year, and focused specifically on Maternity, Paediatrics and A&E.

More recently the Care Quality Commission has published its second wave of Intelligence Monitoring Reports on acute hospital trusts. Each report reviews a number of indicators relating to quality of care, including patient safety, the effectiveness of care and treatments and both patient and staff experience. The Trust's second report included a review of 92 applicable indicators and we have maintained our Band 6, lowest, risk grouping which is very positive news.

July-September 2014 inspections

On 19th May 2014 the CQC announced the next batch of acute, community healthcare and mental health providers who will face an inspection between July and September 2014 as part of their new approach to inspection. Ashford and St. Peter's Hospitals was not one of those Trusts selected was not one of those trusts selected. Following the inspection, each provider will receive an overall rating of either: outstanding, good, requires improvement or inadequate.

4.2 Monitor

Operational Plan and Quarter 4 Report Following review of our operational two year plan and quarter four submission the Trust have been provided with a Green Governance Risk Rating.

2013/14 Foundation Trust sector report Monitor's 2013/14 foundation trust sector report was recently published which identified:

At 31 March 2014:

- 27 of 147 foundation trusts were subject to enforcement action by Monitor (two more have been found in breach since 31 March 2014).
- Of the 39 medium acute FTs (revenue £200m-400m), 12 are red rated (31%).
- 40 trusts ended the year in deficit (27%), which is more than planned (16), and almost double the number from last year (21). The combined deficit of the 40 (£307m) was higher than expected (£190m).

In Q4 2013/14:

- 34 (41%) of acute foundation trusts failed the A&E waiting time standard in Q4. This is an improvement on 47 in Q4 12/13 but higher than 18 in Q4 11/12.
- 50 foundation trusts (50%) failed the C-Difficile target (48 in Q3).
- 27 foundation trusts (27%) failed the admitted RTT target, 12 (12%) failed the non-admitted and 7 (7%) the incomplete.
- 26 foundation trusts (31%) failed the 62 day wait from GP referral' target.
- 11 foundation trusts (13%) failed the '62 day wait target: consultant referrals' target.
- 8 foundation trusts (9%) failed the two week breast cancer wait target.

5 PERFORMANCE

5.1 Quality

Table 1: Quality Performance Dashboard – April 2014

	1. Best outcomes							
	Measure		**Outturn 13/14**	**Monthly Target 14/15**	**Annual Target 14/15**	**Apr 14 Actual**	**6-month trend**	**YTD 14/15**
1-01	In-hospital SHMI	N	56	<72	<72	54		**56**
1-02	RAMI	N	57	<70	<70	53		**N/A**
1-03	In-hospital deaths (CQUIN)	L	1033	86	<1033	70		**70**
1-04	Proportion of mortality reviews	L	23%	30% in Q1 + 20% per qtr	>90%	16%		**N/A**
1-05	Number of cardiac arrests not in critical care areas	L	NEW	-	-	7		7
1-06	MRSA (Hospital only)	N	2	0	0	0		**0**
1-07	C.Diff (Hospital only)	N	10	0.75	9	1		**1**
1-08	Falls (Total Number)	L	721	58	697	55		**55**
1-09	Falls (Per 1000 Beddays)	L	3.93	3.73	3.73	3.58		**3.58**
1-10	Falls with harm (safety thermometer measure)	N	0.53%	0.50%	0.50%	0.20%		**0.20%**
1-11	Pressure Ulcers (Per 1000 Beddays)	L	1.18	1.12	1.12	0.98		**0.98**
1-12	Pressure Ulcers (safety thermometer measure)	N	1.10%	1.20%	<1.2%	1.01%		**1.01%**
1-13	Readmissions within 30 days - emergency only	N	12.5%	12.5%	12.5%	13.3%		**13.3%**
1-14	WHO surgical safety checklist compliance	L	95.1%	98.0%	98.0%	95.9%		**95.9%**
1-15	Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.5%	60% in Q1 + 10% per qtr	90%	61.0%		**61.0%**
1-16	EDDs set within 14 hours of admission (CQUIN)	L	NEW	50% in Q2; 75% in Q3	90%	41%		**41%**
3-03	Serious Incidents Requiring Investigation (SIRI)	L	94	N/A	N/A	12		**12**
3-07	Friends & Family test score - InPatients	L	72.3	>73	>73	71.8		**71.8**
3-08	Friends & Family test score - A&E	L	47.6	>55	>55	50.1		**50.1**
3-09	Friends & Family test score - Maternity (Composite Score)	L	72.3	>73	>73	73.2		**73.2**
3-10	Follow-up complaints	L	144	14	136	16		**16**
3-11	Dementia screening (Composite Score)	N	96.7%	>90%	>90%	88.8%		**88.8%**

The SHMI mortality rate for April was 54, down from 60 in March. The Trust is well below the monthly and limit of 72. The actual number of deaths in April was 70, below the monthly limit of 86. The RAMI for April of 53 was below the limit of 70.

There were 5 cases of hospital-associated DVT/PE in April (4 root cause analyses pending). Of the 11 cases from March there are 2 root cause analyses pending. The threshold for hospital associated venous thromboembolism remains under consideration

There were no cases of hospital acquired MRSA this month.

The 55 falls in April have reduced from a peak of 72 in December 2013; however falls are up on both February 45 and March 51. Thirteen falls resulted in harm.

The Trust is aiming for 90% of stroke patients to be admitted to a stroke unit within 4 hours by the year end. The target is increasing stepwise from 60% in Q1 to 90% in Q2. The Q1 target was reached in April with actual performance of 61%. Patients not accommodated in the stroke unit within 4 hours are receiving care from the specialist stroke team and moved as quickly as possible to the stroke unit.

The Trust has slipped in its dementia screening, with 88% of patients screened in April compared with the target of 90%.

For indicator definitions see Appendix 2.

(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

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

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

- New hospital associated harms have decreased from 1.44% in March to 1.41% in April and remain below the national average 2.53%.
- Falls with harm have been on a decreasing trajectory generally since November 2013; on Safety Thermometer day in April 0.2% of patients had experienced falls with harm compared to 0.41% in March 2014.
- Pressure ulcers have gradually tracked upwards from a low of 0.42% in November; increasing to 1.01% in April from 0.82% the previous month.
- There was 1 new CAUTI in April following a three month period of zero CAUTIs.

Although the overall position is favourable regarding delivery of harm-free care in accordance with the Safety Thermometer survey, the concerning peak in Pressure Ulcers which arose in December 2013 will continue to be a priority improvement area.

Patient Experience

Divisional Patient Experience metrics are shown in the Patient Feedback Dashboard in Appendix 3. Both formal complaints and PALS remain at a high level. In April 145 patients or families contacted PALS. Of these enquiries 142 were to raise informal concerns. The greatest category of concern pertained to matters about outpatients with 57 concerns, followed by concerns about admissions with 23 cases. In 2013/14 the Trust received 113 PALS concerns on average each month, so the level of informal concerns raised through PALS is rising in April.

WOW Awards

Nine awards have been proposed for Women's Health and Paediatrics in April, and 5 in Theatres, Anaesthetics, Surgery and Critical Care. Acute and Emergency Medicine made 9 nominations. Diagnostics, Therapies, Trauma and Orthopaedics had 5 awards across nursing and physiotherapy. Workforce nominated 2 colleagues, alongside 1 from Volunteers.

Formal Complaints

There were 62 formal complaints in April, which exceeds the 2013/14 monthly average of 45. The main topic area remains treatment and care 28 followed by attitude of staff 9. The trajectory of rising complaints over the historical seasonal trajectory is continuing. There has been slippage in some divisions regarding responding to complainants within agreed timescale, which has dipped from 99% in Q4 2013/14 to 91% in April. Divisional results are shown in Appendix 3.

The Trust performance remains a high priority and is expected to recover. A workshop is being planned to map the process from arrival to dispatch of formal complaints in order to identify opportunities for

[1] 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)

improved efficiency and quality.

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 majority of complaints received in April pertained to care episodes in the current month.

Performance against Timescale

Acute and Emergency Medicine and Estates and Facilities maintained excellent performance at 100%. Diagnostics, Therapies, Trauma and Orthopaedics despatched 91% in accordance with timescale agreed with complainants. Women's' Health and Paediatrics despatched 75% to timescale, and Theatres, Anaesthetics and Critical Care reduced performance to 82%.

The reduced performance is mainly due to slippage in sending draft responses through for final quality review before despatch.

Table 1 Response Time Averages for Complaints issued in April 2014

MEAN	AEM	WHPAED	TODT	TASCC	Facilities	Info/Fin	Trust
Jan 14	29	37	33	44	44	28	36
Feb 14	25	35	24	34	19	22	27
Mar 14	23	24	30	39	7	-	26
Ap 14	23	22	21	26	22	18	23

MEDIAN	AEM	WHPAED	TODT	TASCC	Facilities	Info/Fin	Trust
Jan 14	27	30	32	40	44	28	32
Feb 14	24	37	24	28	-	-	25
Mar 14	18	23	26	29	7	-	20
Ap 14	23	19	21	23	22	18	22

This shows that, on average, a complaint despatched in April took 23 days to respond to, which is an improvement compared to March (26 days).

Patient Feedback

Friends and Family Test (FFT)[2]

The Friends and Family response rate has shown a decreasing trend this month.

- Inpatient has dropped from 43% in March to 29% in April.
- Accident and Emergency rate of 18% is slightly below March at 19% but in line with the prior six months.
- Inpatient with Accident and Emergency at 20.8% is also below March of 26%, most of which is contributed to by the Inpatients dip.
- Maternity rate of 12% is lower than March at 17% but across the prior six months is tracking upwards overall.
- The combined Trust response rate now includes Maternity, and is 19.3% which is below March of 24.3%.

The dip in Inpatients response rate was a Trust wide trend across most wards. Acute and Emergency Medicine has dropped from 41.6% in March to 29.6% in April. In Diagnostics, Therapies, Trauma and

[2] 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?

Orthopaedics the response rate was 27.2% in March versus 25.4% in April. The largest response rate dip was in Theatres, Anaesthetics, Surgery and Critical Care from 51.5% to 29.4%.

The Friends and Family test promoter score has shown an increasing trend this month:

- Inpatients score has risen from 67 in March to 72 in April.
- Accident and Emergency score has risen from 46 in March to 50 in April.
- Maternity score remains similar to last month – March was 75 versus April 73.
- The score for Inpatients with Accident and Emergency at 58 is up on March which was 56.
- The combined Trust score including Maternity is 60 which is an improvement on March of 58.

The score for Acute and Emergency Medicine has risen from 70 in March to 82 in April. Diagnostics, Therapies, Trauma and Orthopaedics has dipped from 79 to 71. Theatres, Anaesthetics, Surgery and Critical Care has risen from 61 in March to 58 in April.

NHS Choices - User Rating:

Hospital	**User rating (out of 5)** **Aug 2013**	**User rating (out of 5)** **Nov 2013**	**User rating (out of 5)** **Feb 2014**	**User rating (out of 5)** **Jun 2014**
Ashford & St Peter's ***(ratings split by site from August*****)**	SPH: 5 (125) AH: 4.5 (22)	SPH: 5 (138) AH: 4.5 (27)	SPH: 4.5 (146) AH: 4.5 (28)	SPH: 4.5 (166) AH: 4.5 (58)
Frimley Park	4.5 (146)	4.5 (155)	4.5 (159)	4.5 (175)
Epsom	4.5 (42)	4.5 (46)	4.5 (58)	4 (73)
Royal Berkshire	4.5 (131)	4 (156)	4 (177)	4 (200)
Royal Surrey	4 (43)	4 (79)	4 (102)	4.5 (129)
Kingston	4 (58)	4 (64)	4 (81)	3.5 (90)
West Middlesex	4 (86)	4.5 (116)	4 (132)	4 (155)
St George's	4 (106)	4 (113)	4 (124)	4 (147)
Wexham Park	3.5 (92)	3.5 (98)	3.5 (110)	3.5 (137)
Chelsea & Westminster	3.5 (33)	4 (35)	3.5 (46)	3.5 (61)

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

5.2 Operational Performance

The Trust did not achieve the referral to treatment time (RTT) target for admitted patients or the Cancer 62 day wait for first treatment for urgent GP referrals in April 2014. All other targets and standards were met.

Domain	Standard		Compliance threshold	APR-14	
A&E	Maximum waiting time of **four hours** from arrival to admission/transfer/discharge		95%	97.01%	☑
RTT	Maximum time of **18 weeks** from point of referral to treatment **(ADMITTED PATIENTS)**		90%	81.3%	☒
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(NON-ADMITTED PATIENTS)**		95%	96.0%	☑
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(INCOMPLETE PATHWAYS)**		92%	94.6%	☑
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	71.8%	☒
		NHS Cancer Screening Service referral	90%	100%	☑
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	100%	☑
		Anti-cancer drug treatments	98%	100%	☑
CANCER	All cancers: 31-day wait from diagnosis to first treatment		96%	100%	☑
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	94.2%	☑
		Symptomatic breast patients	93%	94.1%	☑

Four hour waiting time target The Trust met the 4 hour waiting time target in April. Performance for the month was 97.01%. This represents an upturn in performance compared to the previous month of March (96.26%).

Month	Performance (Monitor)[3]	*Performance SPH only*[4]
April 14/15	97.01%	*95.76%*
Q4 13/14	**94.59%**	***91.07%***
Mar 13/14	96.26%	*93.91%*
Feb 13/14	93.07%	*88.42%*
Jan 13/14	94.19%	*90.39%*

The Trust is pleased to record its best performance against this standard since August 13/14; the Trust

[3] Performance against this standard is represented by % patients admitted/transferred/discharged within 4 hours of arrival time against a target of 95%. Data includes SPH A&E, GUM, EPU & Ashford.

[4] St. Peter's A&E performance shown for information.

also recorded the lowest number of breaches in eight months with the figure representing fewer than half the number of patients compared to April 2013/14. Attendances in April fell from the very high levels seen in March however remained broadly in line with the consistently high levels seen over the winter period.

Nevertheless, the Trust faced a number of significant challenges in the month. These included:

- A&E attendances remain high at 7,596 for the month. Re-attendances also remained high with the fourth successive month over 5%; and
- The Trust experienced an increased number of admissions to the acute emergency care pathway with the conversion rate from A&E increasing again to greater than 24%.

The Trust continues to support the schemes that were put in place over winter to improve flow through the hospital and continues to secure the value from these schemes:

Early Supported Discharge – This scheme together with regular board rounds on the ward has contributed to a reduction in Trust average length of stay to levels significantly below that of the same month in 2013 – 19.8 days in March and 15 days in April (compared with 24.4 and 27.5 days last year respectively).

OPAL – The Older Persons Assessment and Liaison team continues to operate in MAU reviewing all patients over the age of 85 and patients over 75 meeting frailty criteria. Following a review of the first six months of OPAL, when comparing to the same six month period of the previous year:

- fewer patients are converted from MAU to ward admission, a reduction from 90% to 81%.
- a one day length of stay reduction has been achieved.
- a reduction in readmissions from 20.7% to 15.3% has been achieved.

Referral to Treatment Time At aggregate level, the Trust did not deliver against the standard for admitted pathways in April but was compliant against the standards for non-admitted and incomplete pathways. At an individual specialty level, the Trust remains non-compliant against the admitted standard in four specialties, non-compliant against the non-admitted standard in four and non-compliant against the incomplete standard in two specialties.

Apr-14	PERFORMANCE		
	Admitted pathways (Target 90%)	Non-admitted pathways (Target 95%)	Incomplete pathways (Target 92%)
General Surgery	77.1%	94.5%	92.3%
Urology	95.1%	97.3%	98.3%
Trauma & Orthopaedics	59.3%	90.4%	87.3%
ENT	89.9%	94.0%	96.3%
Ophthalmology	92.2%	97.4%	97.7%
Oral Surgery	72.7%	95.0%	95.0%
General Medicine	100%	98.3%	98.0%
Gastroenterology	97.1%	97.6%	98.8%
Cardiology	100%	98.0%	96.1%
Dermatology	n/a	98.1%	98.4%

Neurology	n/a	90.7%	86.4%
Rheumatology	n/a	98.7%	96.3%
Geriatric Medicine	n/a	98.9%	97.1%
Gynaecology	98.8%	99.5%	97.8%
Other	93.7%	97.4%	98.6%
Total	81.3%	96.0%	94.6%

April 2014 performance: RTT performance continued to be challenging in April, however some services continue to see the results of improvement work into their RTT pathways.

Admitted standard: According to its recovery trajectories, the Trust anticipated admitted pathway failures in General Surgery, T&O and Max Facs/Oral surgery in this month. It was anticipated that the ENT specialty would return to compliance for April, however the 90% standard has been narrowly missed. The relatively small numbers of patients treated on an admitted pathway in ENT leaves the specialty vulnerable should procedures not go ahead as planned – as was the case in the last week of April when the service encountered two on-the-day cancellations (unfit) and one patient who failed to attend.

A revised trajectory has been developed for the General Surgery specialty. This was required to address issues with a number of the planning assumptions that were made as part of the initial trajectory developed in January. Two key elements of the plan required reviewing. The number of patients added to the admitted waiting list each week was found to be underestimated by around 8% leading to a higher than expected waiting list size. The amount of capacity required within the private sector to supplement internal core capacity was also not forthcoming in sufficient numbers to achieve the treatment numbers established in the trajectory. The revised trajectory does not anticipate that General Surgery will recover by the initial date agreed and that with the current levels of demand and capacity, performance pressures will continue with this specialty to October.

Non-admitted standard: In specialties currently operating with large 18 week backlogs, non-admitted performance continues to be challenging – this is particularly difficult within the General Surgery and T&O specialties whilst these services progress towards recovery. ENT continues to struggle with performance against this standard and it is anticipated that performance will continue in a position close to the 95% standard. A sizeable backlog has developed over recent months within Neurology. This specialty is now in a position to begin to clear this backlog with the use of additional capacity; it is not expected to achieve this for some months however. Performance remains at risk on the non-admitted standard due to the fact that the Neurology specialty routinely only has a breach tolerance of around 5-7 patients a month if it is to meet the 95% standard.

Incomplete pathways standard: As discussed above, the sizable backlogs in Neurology and T&O will continue to put pressure on the 92% incomplete standard until the point where these backlogs are suitably reduced.

Cancer The Trust was non-compliant against the 62 day referral to first treatment target for urgent GP referrals, recording performance of 71.8% in April. All other cancer target indicators were met in April.

The Trust recorded a total of 10 breaches against the 62 day standard (including shared breaches with the cancer centre at RSCH). The primary driver for reduced performance in April came from the Urology pathway which recorded six breaches (affecting eight patient pathways). The Urology specialty has been highlighted as a risk area in terms of its ability to progress patients quickly through the pathway. On the 3rd July, a Urology cancer pathway event will be held with representation from the Urology multi-disciplinary team. This will be a service improvement event designed to develop mechanisms for expediting patients at the beginning of the pathway, for example by developing one-stop clinics for diagnostics. There will also be a focus on reducing back office delays throughout the entire pathway. The redesigned pathway and processes will be benchmarked against best practice form other

organisations. A substantive Urology service manager has also appointed this month providing increased levels of management and support to service as well as additional scrutiny.

5.3 2013/14 Financial Position - Month 12 Outturn

The month 12 outturn financial position for 2013/14 is set out below::

Finance Scorecard				
	Annual Plan	YTD Plan	YTD Actual	YTD Variance
Monitor Continuity of Service Risk Rating	4	4	3	
Total income excluding interest (£000)	£232,609	£232,609	£245,687	£13,079
Total expenditure (£000)	£215,254	£215,254	£230,564	-£15,310
EBITDA (£000)	£17,354	£17,354	£15,123	-£2,231
I&E net operational surplus (£000)	£3,000	£3,000	£1,392	-£1,608
CIP Savings achieved (£000)	£11,839	£11,839	£10,091	-£1,747
CQUINs (£000)	£4,950	£4,950	£4,547	-£403
Month end cash balance (£000)	£12,843	£12,843	£11,065	-£1,778
Capital Expenditure Purchased (£000)	£17,036	£17,036	£15,664	-£1,372
Emergency threshold/readmissions penalties	£3,692	£3,692	£5,332	-£1,640

Monitor Metrics				
	Weighting	Current	Current Score	Forecast Score
Debt Service Cover	50%	2.47x	3	3
Liquidity	50%	-2.4	3	3
Continuity of Service Risk Rating			**3**	**3**

Key movements year on year are set out below:

- NHS clinical income increased by £13.0m (6.0%) year on year, despite a decrease in the national Payment by Results tariff for 2013/14. The largest increase in NHS clinical income occurred in elective activity which increased by £4.5m (9.0%).

- Pay costs were £9.0m (6.4%) higher than 2012/13. Reductions from cost improvement programmes were offset by the costs of meeting the increased activity levels (in general, increased activity has been covered by using agency staff which incur a premium) and incremental pay awards. In addition high cost medical agency generated an overspend in the Trust's Accident & Emergency department as the Trust looked to improve its emergency pathway and performance against the A&E target.

- Non-pay costs were £5.7m (7.7%) higher than 2012/13 which was mainly in clinical supplies used in delivering the additional income, as well as slippage in some cost improvement schemes and outsourcing to address 18 week pathway issues. Drug costs were up £2.4m (15.9%), in part due to activity, and also due to an increase in authorised excluded drug costs, which are directly recovered through income at full cost. In addition the Trust procured intermediate care beds in the community on behalf of our host CCG at a cost of £0.7m.

- The above led to a decreased EBITDA performance which reduced by £1.2m (7.4%) year on year. The EBITDA margin is now 6.2% compared to 7.0% in 2012/13.

The cost improvement programme (CIP) delivered £10.1m of savings in 2013/14 against a plan of £11.8m, with slippage occurring in procurement CIP's as well as agency CIP's not achieving due to

additional activity having to be met.

The Trust spent £15.7m on purchased capital during the period compared to £9.0m in 2012/13. The majority of the capital programme was funded by internally generated resources, however the Trust also entered into some finance leases and also received £1.6m of Department of Health funding for the energy efficiency scheme.

Cash balances fluctuated throughout the financial year as the Trust over-performed in activity terms, incurring costs, but did not receive payment for the bulk of this over-performance until March 2014. The Trust ended the financial year with a cash balance of £11.1m.

2014/15 Financial Position - Month 1

The month 1 financial position showed an overspend against budget of £0.6m.

Finance Scorecard					
	Annual Plan	Forecast	YTD Plan	YTD Actual	YTD Variance
Monitor Continuity of Service Risk Rating	3	3	3	2	
Total income excluding interest (£000)	£250,245	£252,222	£19,991	£20,361	£370
Total expenditure (£000)	£233,330	£236,804	£18,751	£19,737	-£987
EBITDA (£000)	£16,915	£15,418	£1,240	£623	-£617
I&E net operational surplus (£000)	£1,500	£0	£14	-£316	-£330
CIP Savings achieved (£000)	£14,902	£10,363	£1,185	£868	-£316
CQUINs (£000)	TBC	TBC	TBC	TBC	TBC
Month end cash balance (£000)	£15,376	£13,876	£13,003	£7,996	-£5,012
Capital Expenditure Purchases (£000)	£12,415	£12,515	£71	£355	£284
Emergency threshold/recommissioning penalties	TBC	TBC	TBC	TBC	TBC

Monitor Metrics					
	Weighting	Current	Forecast	Current Score	Forecast Score
Debt Service Cover	50%	1.13x	2.21x	1	3
Liquidity	50%	-3.7	-4.8	3	3
Continuity of Service Risk Rating				2	3

Total operating expenditure exceeded budget by £1.0m which was not matched by additional income.

Appendix 1: Charts 1 to 4 Safety Thermometer

Chart 1 Percentage patients with new harms

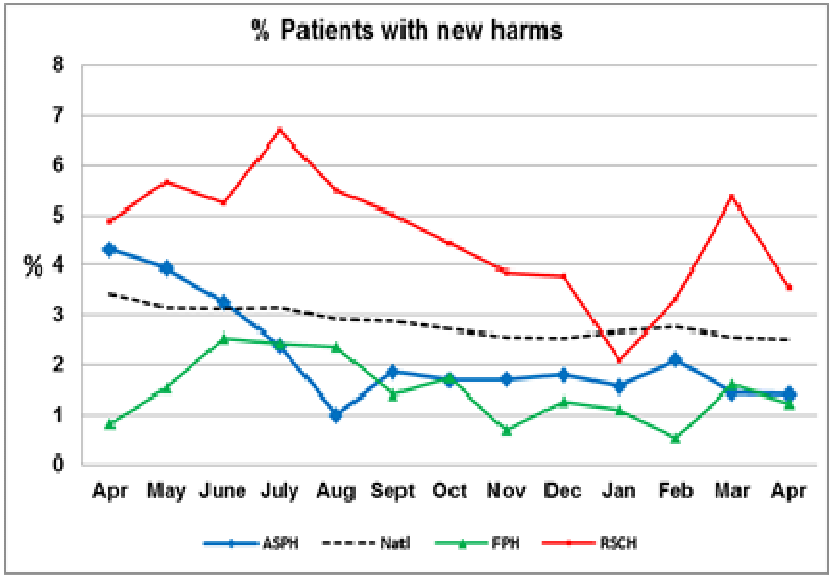


Chart 2 Indicence of new CAUTI

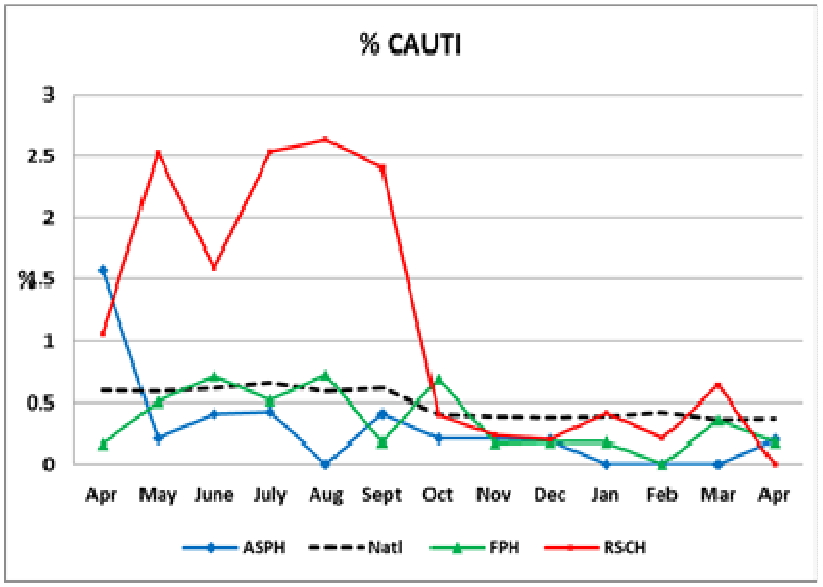


Chart 3 Incidence of new pressure ulcers

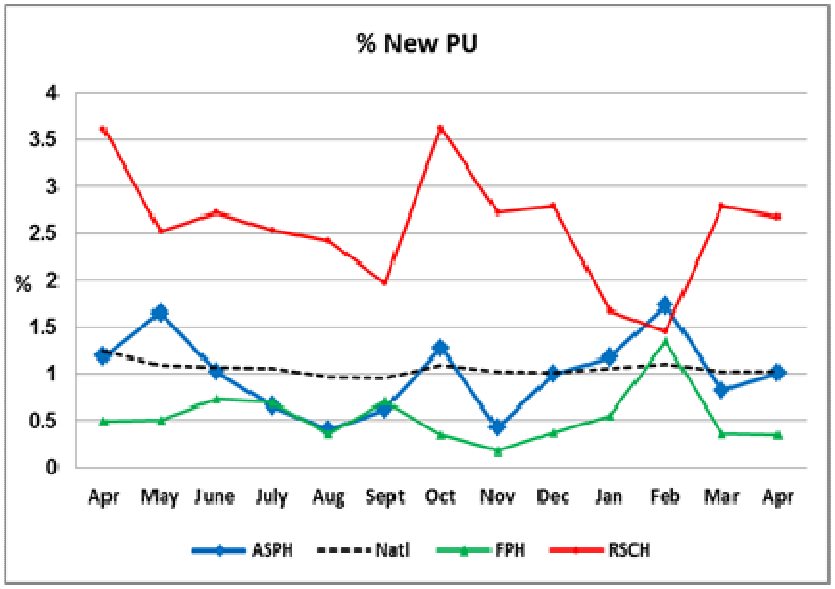
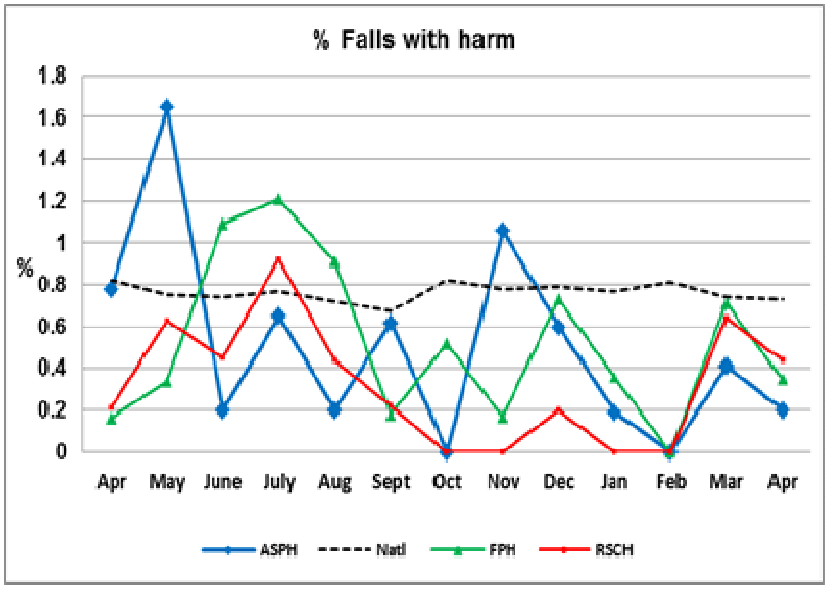


Chart 4 Percentage of falls with harm



Charts 5 to 9

Complaints and Patient Feedback

Chart 5 Complaints received by month

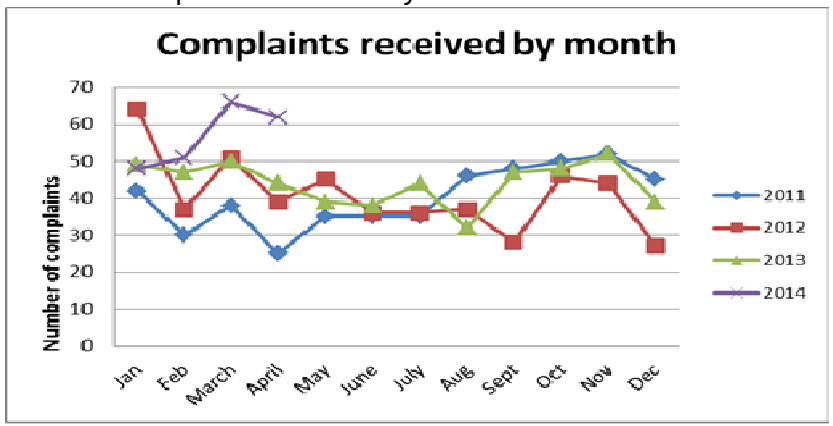


Chart 6 December complaints: service area by date of episode

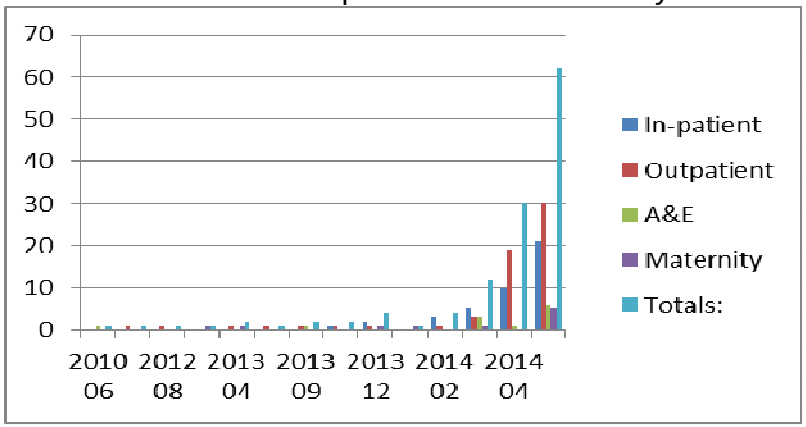


Chart 7 Concerns and Complaints about discharge

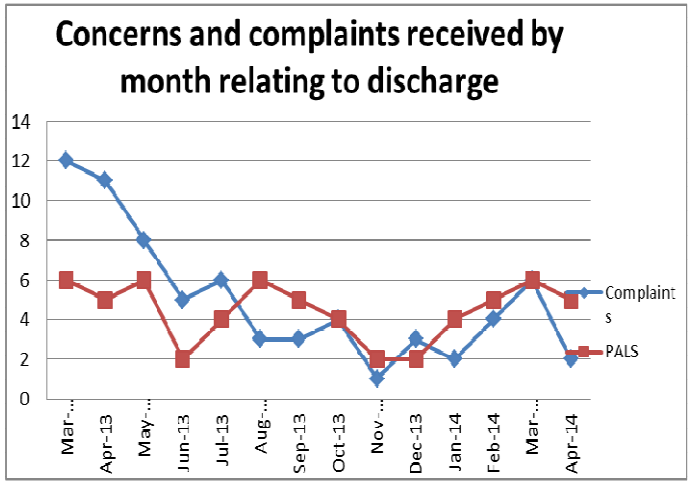


Chart 8 Friends & Family Test: response rates

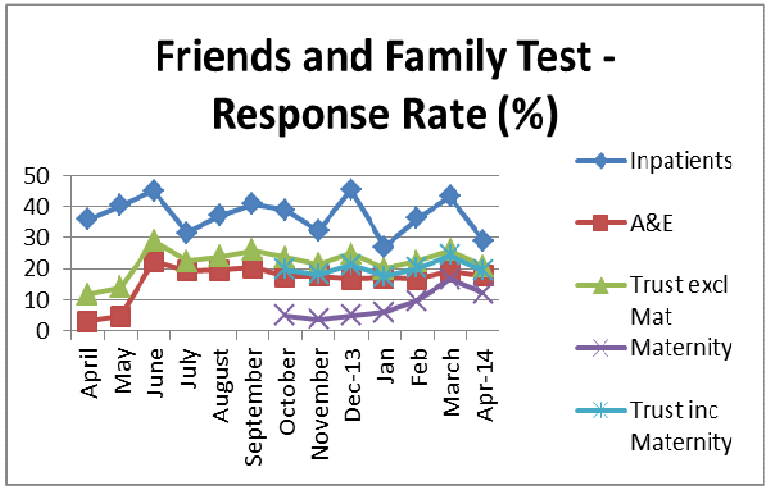
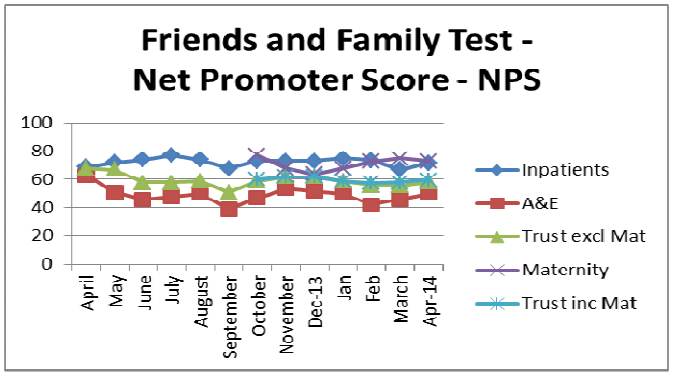


Chart 9 Friends & Family Test: net promoter score



APPENDIX 2 Quality and Safety Balanced Scorecard Indicator Definitions 2014/15

1-01 The SHMI (Summary Hospital-Level Mortality Indicator) 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 RAMI is the Risk Adjusted Mortality Index from CHKS. RAMI (Risk Adjusted Mortality Index) uses a method developed by CHKS to compute the risk of death for hospital patients on the basis of clinical and hospital characteristic data.The model calculates the expected probability of death for each patient based on the experience of the norm for patients with similar characteristics (age, sex, diagnoses, procedures, clinical grouping, admission type) at similar hospitals (teaching status). After assigning the predicted probability of death for each patient, the patient-level data is aggregated. The data source is CHKS. The monthly figure and YTD are reported one month in arrears.

1-03 In-Hospital deaths as per the CQUIN definition, with exclusions for age <18, maternity and . The total number of in-hospital deaths (CQUINN definition, excludes age<18, maternity and ICD10 codes that relate to trauma - V01, X*, W*, Y*, O*).

1-04 Proportion of deaths for which mortality reviews are completed. Number of mortality reviews (numerator) divided by total number of deaths (denominator). Unlike 1-03, the denominator has no exclusions, i.e. all deaths are counted. This measure is reported one month in arrears to account for the time lag to carry out and record the mortality review.

1-05 Number of cardiac arrests which occurred other than in critical care areas, i.e. not in MAU, CCU, SDU, SAU, Endoscopy, Cardiac Catheter Laboratory, A&E, ICU, Theatres, MHDU, Paediatrics A&E.

1-06 Number of Hospital acquired MRSA cases.

1-07 Number of Hospital acquired C-Difficile cases.

1-08 The total number of falls.

1-09 The total number of falls per 1000 bed days.

1-10 Falls with harm (spot-test) point prevalence as measured by the National Safety Thermometer measure.

1-11 Pressue ulcers per 1000 bed days.

1-12 Pressure ulcers (spot-test) point prevalence as measured by the National Safety Thermometer measure.

1-13 Readmissions within 30 days – Emergency only.

1-14 Completion of the WHO Surgical Safety Checklist as reported on the Theatres dashboard (excluding Radiology and General Medicine as these specialties have a 2-part checklist).

1-15 Percentage of stroke patients admitted to a stroke unit within 4 hours.

1-16 Percentage of inpatients for whom EDD Estimated Discharge Date was set within 14 hours of admission (CQUIN).

3-03 The total number of Serious Incidents Requiring Investigation (SIRI).

3-07 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?")

3-08 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?")

3-09 Friends & Family test score - Maternity (Composite Score). Maternity Composite Score calculated from the questions asked at 4 touchpoints - antenatal care, birth, labour ward and postnatal care.

Note: Indicators 1-01 to 1-16 are from the Trust's Best Outcomes dashboard and Indicators 3-03, 3-07, 3-08, and 3-09 are from the Excellent Experience dashboard. Only indicators applicable to the Quality Report are included.

2. Target (T*) - where possible a national (N) or local (L) target has been used; where not available, we have used a percentage improvement on the 2013/14 year end total.

3. Outturn 12/13 – the overall results for 2013-14.

4. YTD (Year-to-date) Target 14/15 – the sum of the monthly target from the beginning of the financial year (April).

5. Monthly Target 14/15 – the target for each month.

6. Annual Target 14/15 – 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 14/15 - The sum of the actual activity from the beginning of the financial year (April).

APPENDIX 3 Patient Experience Dashboard – April 2014

Apr-14	EMED	YTD		Fac &IS	YTD		HR & Other	YTD		TASCC	YTD		TODT	YTD		WH & Paeds	YTD		A&E FFT		Inpt FFT		Mat FFT				Trust incl. Mat	YTD	YTD target	Annual target
Complaints Rec'd	23	23	▼	2	2		0	0		18	18		9	9		10	10	▲								▼	62	62	<37	<450
Discharge related complaints	1	1	▼	0	0					0	0		0	0		1	1	▼								▼	2	2	TBA	TBA
% Response timescales met	100%	100%		100%	100%		100%	100%		82%	82%	▼	91%	91%	▼	75%	75%	▼								▼	91.7%	91.7%	95%	>95%
PALS Concerns	51	51		8	8		2	2		42	42		32	32		7	7										142	142		
FFT* returns	29.6%	29.6%	▼							29.4%	29.4%	▼	25.4%	25.4%	▼				17.7%	▼	29.0%	▼	12.1%	▼		▼	19.3%	19.3%	A&E 15%; IP 25%	A&E 20%; IP 30%
FFT* Score -	82	82	▲							58	58	▼	71	71	▼				50	▲	72	▲	73	▼		▲	59.9	59.9	A&E >55; IP>73	
Intimations of claims	2	2		0	0					6	6		0	0		1	1									▲	9	9		
Reported claims	1	1		0	0					1	1		0	0		1	1									▼	3	3		

Key:

EMED	Fac &IS	TASCC	TODT	WH & Paeds
Medicine and Emergency Services	Estates & Facilities	Theatres, Anaesthetics, Surgery and Critical Care	Trauma & Orthopaedics, Diagnostics and Therapeutics	Women's Heath and Paediatrics

Decrease compared to previous month	▼
Increase compared to previous month	▲
Improvement compared to previous month/100% target	
Same or no change	
Deterioration compared to previous month or risk to targe	
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 - April 2014

		2013/14												2014/15				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 14/15	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%	98%	2.0%	
	Surgery	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%	100%	93%	100.0%	90%	100.0%	93.8%	100.0%	100%	100%	100%	90%	10.0%	
	Urgent GP Referral To Treatment	87.9%	89.0%	94.8%	87.3%	91.0%	90.4%	90.0%	90.6%	92.1%	93.6%	87.3%	86.5%	71.8%	72%	85%	-13.2%	
31-Day Wait For First Treatment	All Cancers	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	97.8%	100.0%	99%	100%	100%	96%	4.0%	
Two week wait from referral to date first seen	All Cancers	96.4%	98.3%	97.1%	97.9%	96.6%	95.3%	97.9%	97.9%	95.2%	94.0%	97.2%	95.6%	94.2%	94%	93%	1.2%	
	For symptomatic breast patients	96.4%	98.0%	99.0%	100.0%	93.2%	97.0%	93.8%	98.0%	95.5%	97.2%	97.1%	97.9%	94.1%	94%	93%	1.1%	
Quality & Safety																		
Friends and Family Test	Inpatients (Test Score)	68.8	72.1	74.5	77.4	74.2	68.1	73.1	73.0	72.6	74.9	73.7	67.0	71.8	71.8	70	2.6%	
	Inpatient (Response Rate)	35.89%	40.39%	47.40%	31.58%	37.00%	40.83%	38.85%	32.10%	45.56%	27.01%	36.30%	43.17%	29.00%	38.05%	15%	153.7%	
	A&E (Test Score)	63.1	51.1	45.3	47.6	49.6	38.9	47.4	54.4	51.6	49.9	42.1	46.1	50.1	47.6	70	-32.0%	
	A&E (Response Rate)	3.17%	4.73%	22.46%	19.45%	19.47%	20.49%	17.60%	17.08%	16.83%	17.22%	17.05%	19.06%	17.67%	16.19%	15%	7.9%	
	Maternity Overall (test Score)							77.1	68.1	65.6	68.4	72.7	75.1	73.2	73.2	72.3	1.3%	
	Maternity Overall (Response rate)							4.93%	3.75%	5.05%	6.49%	9.64%	16.84%	12.07%	12.07%	8%	58.8%	
Breach of Same Sex Accommodation		1	0	0	0	0	0	0	3	0	3	0	0	0	0	0	0	
VTE Risk Assessment		95.1%	95.40%	95.08%	95.68%	95.68%	95.02%	96.68%	95.78%	96.51%	98.18%	98.11%	97.93%	96.94%	96.94%	97.0%	-0.06%	
Smoking During Pregnancy		8.28%	8.06%	5.59%	8.21%	6.96%	5.35%	4.37%	7.94%	5.97%	7.10%	7.53%	4.70%	5.16%	5.2%	8.2%	-3.0%	
Breastfeeding Initiation		85.7%	82.0%	86.6%	85.5%	86.2%	86.7%	89.3%	85.6%	83.6%	84.0%	83.8%	85.2%	88.0%	88.0%	80.0%	8.0%	
Activity																		
Daycase Rate		84.2%	83.4%	83.5%	84.0%	83.7%	84.7%	83.6%	84.1%	82.7%	85.6%	84.6%	83.2%	84.3%	84.3%	84.0%	-4.0	
GP Written Referrals to Hospital		8,413	8,524	7,948	8,599	7,773	7,919	8,831	7,976	7,475	9,032	8,326	8,737	8,248	8,248	-	-	
Other Referrals For a First Outpatient Appointment		5,289	5,440	5,603	6,028	5,263	5,598	6,176	5,840	5,539	6,163	5,429	5,929	5,468	5,468	-	-	