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

COUNCIL OF GOVERNORS
17th June 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:	June 2015
Decision	For Discussion

1 INTERNAL FOCUS

1.1 #Right Culture

The Trust continues to progress the culture work-stream and engagement strategies with a refreshed look at some of the mechanisms we use for communications and engagement. The Trust plans to develop this further working closely with colleagues across the Trust, exploring a range of techniques and developing a more robust evaluation process for this which will feed into our overall culture programme.

1.2 Best Outcomes

CHKS Top Hospitals Awards

Last month Ashford and St Peter's won the CHKS Top Hospitals Award for Quality of Care, as well as being named as a Top 40 Hospital for the third year running.

This means the Trust has been judged against the best hospitals across the country, and to come out top for quality of care is a significant achievement. Most importantly this demonstrates the consistent, high levels of care that staff provide to patients every day.

Not only that, but the Trust was also shortlisted in the top five Trusts for patient safety after being nominated for the same award last year. To have been shortlisted for two national award categories two years in a row, and then to go on to win one of those awards is something to be extremely proud of and demonstrates the commitment colleagues across the hospitals show to patients every single day.

The **Quality of Care Award** is given for excellence in high quality care to patients, appropriate to their diagnosis. It is based on a number of criteria including the length of time patients stay in hospital, the rate of emergency re-admissions and whether the care pathway proceeded as it was originally intended.

The **Patient Safety Award** recognises outstanding performance in providing a safe hospital environment for patients and is based on a range of indicators, including rates of hospital-acquired infections and mortality.

Winning these national awards, and so shortly after a positive CQC inspection report, is testament to the continuing commitment and skills of our staff.

Patient Safety Awards 2015

The Trust's cancer services have also been shortlisted for two national awards in this year's Patient Safety Awards:

- The **Cancer Care Category** – for work in initiating a support network for cancer patients, their families and carers as well as signposting them to relevant organisations such as Macmillan to support a health and active life;
- The **Quality of Care Award** – for the chemotherapy service at Ashford Hospital for breast cancer patients, providing this specialist service closer to patients' homes.

The award winners will be announced at the Patient Safety Congress in Birmingham on 6-7 July.

1.3 Excellent Experience

Opening of our new Memory Loss Café at St Peter's Hospital

In May the Trust opened a new 'Memory Loss café' at St Peter's Hospitals for carers of patients with dementia or other forms of memory loss staying in our hospitals. An important part of our new dementia strategy is to provide support and an improved experience for carers who often lose touch with their support network once their loved one is in hospital. The drop-in style café will open twice a month and will be supported by members of staff including our Admiral dementia nurse specialist as well as representatives from other organisations such as the Alzheimer's Society and Home Instead.

1.4 Skilled, Motivated Teams

Pride in Nursing & Midwifery Day

In May the Trust held its annual Pride in Nursing and Midwifery Day. This year over 100 colleagues attended during the course of the day, which in a busy Trust such as ours is particularly impressive. The event gives an opportunity for nurses and midwives to showcase the hard work care and compassion they give to patients every day.

During the event, participants heard from a wide range of colleagues who were able to showcase the work they are doing, from demonstrating the basics, the 6Cs Care, Compassion, Courage, Communication, Competence and Commitment, to new ideas, innovations – such as a new breastfeeding app developed by one of the neonatal nurses - and ways of working. Topics on the agenda included our dementia strategy, wound care, more about the early supported discharge service for orthopaedic patients and projects that are improving care such as *Releasing Time to Care (*which is enabling nurses to have more time to spend on direct care with patients).

Learning at Work Week

Last month the Trust celebrated *Learning at work* with a number of events taking place across the hospitals. The aim of the week was to encourage colleagues to consider the importance and benefits of learning and development, raising awareness of what we have on offer in terms of learning skills and gaining qualifications. A mobile awareness campaign was set up in both hospitals where the team were able to hear more from colleagues about the current experience they have when they access learning and development in the organisation.

Recruitment and Retention

The Trust recently launched a new recruitment campaigns website. To further support recruitment and retention we are planning a staff benefits week in June to promote (and encourage) benefits for staff that are available both in the NHS and locally for staff working at our hospitals.

1.5 Car Parking

The Trust currently has planning permission for 987 staff car parking spaces at St Peter's Hospital.

Following the end of the lease of the Woodlands car parks, there have been several meetings and significant exchange of correspondence between Runnymede Borough Council (RBC) and the Trust. There has been agreement for the Trust to rent the smaller of the two wooded car parks with 62 spaces, but not for the larger one, which has 120 spaces. RBC now intends to turn this into a public pay and display car park and no date has been given to the Trust of when this is likely to happen.

Earlier this year the Trust had re-provided the 186 spaces onsite utilising the back of Abbey block and other brown field areas of the site. The Trust subsequently received planning permission for this development. The Trust then gained 62 spaces when it rented back the smaller of the two

wooded car parks taking staff car park numbers up to 1,041. RBC has subsequently started charging for the off-site Homewood car park near to the old mortuary at the backend of the hospital. On average, 40 – 60 staff parked there and they have nearly all stopped as the charge is £3 a day and staff pay on average £1 a day to park in staff car parks, which are situated much closer to their place of work. This modal shift back into Trust car parks has negated the positive affect of the additional spaces gained.

Presently all of the staff car parks are full most mornings by 8.50am and between 30-40 staff are having difficulties parking. This is also in part due to an increase of circa 500 staff car parking permit applications this year, up from 3,000 to 3,500 across both our hospitals. The Trust has recruited more staff and reduced the vacancy rate from 9.4% in April 2014 to 7.1% in March 2015 – an increase of around 100 permanent staff. In addition, the Trust has actively recruited to the bank with around 40 WTE more bank staff per week than a year ago.

Going forward, the Trust will apply for planning permission for additional spaces to meet current and future staff parking requirements at St Peter's, based on the increase in staff numbers, the lack of other site access options and the proposed withdrawal of public transport services visiting St Peter's due to Surrey County Council reducing its public bus transport subsidies. However, this is an expensive and complex process with no certainty of a successful outcome, as there may be a view that the Trust needs to implement a more robust Travel Plan, revisit staff parking prices and eligibility for granting a car-parking permit.

2 EXTERNAL OUTLOOK

2.1 Referral to Treatment Time Waiting Targets

On 4th June NHS England announced changes to the referral to treatment time (RTT) waiting targets. These changes follow a review undertaken by Sir Bruce Keogh, NHS England Medical Director, to ensure that all waiting time measures make sense for patients and are operationally well-designed.

Sir Bruce found that the 18 week RTT standard was being measured in three conflicting ways --- through admitted, non-admitted and incomplete standards, and that using these three measures resulted in perverse incentives. The admitted and non-admitted standards penalise providers for treating patients who have waited more than 18 weeks, whereas the incomplete standard, introduced in 2012, incentivises hospitals to treat patients who have been waiting the longest.

Sir Bruce proposed to abolish the admitted and non-admitted measures as soon as practically possible, using only the incomplete standard as a measure. These proposals have been accepted by NHS England.

3 STRATEGY

3.1 Our Merger Plans with The Royal Surrey County Hospital

The Competition and Markets Authority is continuing its further assessment of plans for the proposed merger with the Royal Surrey County Hospital. The CMA's role is to determine whether or not there is likely to be any significant reduction in competition or choice as a result of the proposed merger and, if there is, whether or not this is outweighed by the strength of the proposed patient benefits. If the Trust receives clearance from the CMA then it can move on to the next stage which will be approval of the Full Business Case by the two Boards and then further assessment by Monitor, the healthcare sector regulator.

In the meantime, the Trust continues to engage with key stakeholders on wider plans, including

merger, as it awaits the final outcome from the CMA later this year.

4 REGULATION

4.1 Care Quality Commission CQC Inspection

The Trust has been rated as "Good" overall by the CQC following their inspection in December. The rating was announced formally at the CQC's Quality Summit held at St Peter's Hospital on 6th March. This is a fantastic achievement for the Trust.

Overall the CQC described the Trust as 'a good place to come and get your care' which, in today's post Mid-Staffs landscape, is a significant achievement and should be seen as very reassuring for patients and their families.

The full reports can be found online at: www.cqc.org.uk/provider/RTK

4.2 Monitor: Quarter 4 2014/15 Foundation Trust (FT) Performance Summary

Monitor published its 12 month report in May which detailed FT performance for the 12 months to 31st March 2015. A summary of performance is detailed below:

- 54 of 84 acute trusts are in deficit (77 of 152 overall).
- 26 of 38 mediums size acute trusts (Income - £200-400m) are in deficit.
- In 2014/15, only 33 FTs have achieved their planned CIPs, 69 FTs under achieved their planned CIPs by 20%.
- FTs in total have £3.9bn in cash.
- 28 of 84 acute trusts are now red rated (32 of 152 overall)
- A&E: 66 of 109 FTs with an A&E failed the waiting time target in Q4 14/15
- RTT: In Q4 14/15; 48, 32 and 23 trusts breached the admitted, non-admitted and incomplete targets respectively, compared to 28, 11 and 8 trusts that failed the same targets last year. For the first time the sector failed the non-admitted target.
- Cancer: 66 trusts failed the 62-day urgent GP referral target this quarter compared to 26 in Q4 last year and 29 in Q3 2014/15. The sector has now failed the 85% target for four consecutive quarters.

4.3 Monitor

In early June Monitor published a consultation on proposed changes to its Risk Assessment Framework (RAF). Monitor is proposing these changes to strengthen its regulatory regime to deal with the current financial challenges facing the foundation trust sector, a move prompted by the Department of Health announcements earlier this week on value for money and the urgent need to move towards financial balance.

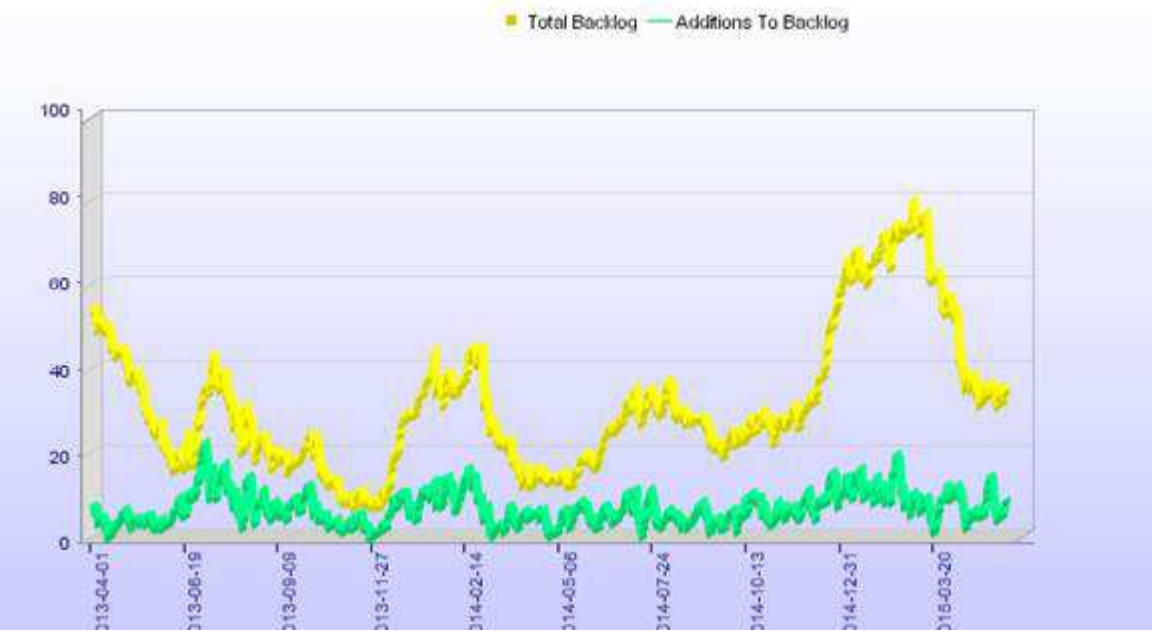
The proposed changes will make it easier for Monitor to take regulatory action, such as launch an investigation earlier if a foundation trust is in deficit, failing to deliver its financial plan and/or not providing value for money. Monitor is proposing to enable this by:

- Re-introducing two previously used measures: on tracking foundation trust deficits and another on the accuracy of planning;
- Combining a trust's rating on these new measures with its existing continuity of services ratings (COSRR) to produce a new four-level financial sustainability and performance risk rating, with appropriate regulatory responses to each rating level; and
- Making two further changes to ensure trusts make sure they deliver value for money by adding a measure within a trust's governance rating and making a change to the accounting officer memorandum.

5 PERFORMANCE

5.1 Elective Work – Impact of the Major Incident

The recent major incident resulted in a daily review of elective activity due to the demand for beds for emergency admissions. This lead to cancellations of elective surgery across all specialties in January. The Urology service was impacted disproportionately as the Urology Unit was used for inpatients over a period of 24 days. This caused an increase in the backlog of patients waiting for surgery over 18 weeks. The graph below illustrates the impact on the backlog through December and January.



The specialty has carried out additional operating sessions to reduce the wait for surgery and in May the clinical lead organised a 'Big Weekend' of operating which reduced the backlog by 50% and saw 46 patients having surgery. The specialty is now forecasting they will meet the referral To Treatment target by July and the backlog is currently sat at 22 patients.

5.2 Temporary Beds Brought into the Service over the Winter

The majority of the temporary beds brought into service over winter have now been closed with the exception of 5 beds on Heron Annex which have been closed intermittently. When open this ward is covered by two trained nurses 24/7. The closure of temporary beds has been successfully achieved despite reducing the number of beds open on the Ashford site. The Trust has now closed Fielding ward it is the aim to have closed Wordsworth Ward by the end of June as contracted by the commissioners. As the Trust moves towards winter however it is highly likely that it will have to open temporary beds again to cope with the increase in patient acuity and reduced capacity in the community. The Trust is starting winter resilience planning this month and actively working with system partners through the System Resilience Group to plan how it responds as a sector.

5.3 Quality and Safety

Table 1: Quality Performance Dashboard

1. Best outcomes

	Measure		Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Apr Actual	6-month trend	YTD 15/16
1-01	In-hospital SHMI	N	58	<72	<72	65		58
1-02	RAMI	N	60	<70	<70	56		60
1-03	In-hospital deaths	L	1111	86	<1033	113		113
1-04	Proportion of mortality reviews	L	38%	<90%	<90%	58%		58%
1-05	Number of cardiac arrests not in critical care areas	L	72	-	-	8		8
1-06	MRSA (Hospital only)	N	1	0	0	0		0
1-07	C.Diff (Hospital only)	N	18	1.4	17	1		1
1-08	Falls (Total Number)	L	638	51	606	47		47
1-09	Falls (Per 1000 Beddays)	L	3.29	3.00	3.00	2.98		2.98
1-10	Falls with harm (safety thermometer measure)	N	0.57%	0.50%	0.50%	0.19%		0.19%
1-11	Pressure Ulcers (Per 1000 Beddays)	L	2.03	1.19	1.19	2.09		2.09
1-12	Pressure Ulcers (safety thermometer measure)	N	0.99%	0.95%	<0.95%	0.77%		0.77%
1-13	Readmissions within 30 days - emergency only	N	12.6%	12.2%	12.2%	12.4%		12.4%
1-14	WHO surgical safety checklist compliance	L	96.9%	98.0%	98.0%	97.9%		97.9%
1-15	Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.8%	90.0%	90%	37.5%		37.5%
1-16	EDDs set within 14 hours of admission (CQUIN)	L	58%	90.0%	90%	91%		91%

3. Excellent experience

	Measure		Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Apr Actual	6-month trend	YTD 15/16
3-03	Serious Incidents Requiring Investigation (SIRI)	L	114	N/A	N/A	14		14
3-07	Friends & Family Satisfaction Score - InPatients (incld Daycases)	L	93.9%	95%	95%	96.7%		96.7%
3-08	Friends & Family Satisfaction Score - A&E	L	83.6%	87%	87%	84.7%		84.7%
3-09	Friends & Family Satisfaction Score - Maternity (Composite Score)	L	95.8%	TBC	TBC	96.6%		96.6%
3-09a	Friends & Family Satisfaction Score - Outpatients		NEW	TBC	TBC	92.2%		92.2%
3-10	Follow-up complaints	L	85	7	81	2		2
3-11	Dementia screening (Composite Score)	N	96.6%	>90%	>90%	97.67%		97.7%

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

5.3.1 Commentary

In-hospital Summary Hospital Level Mortality Indicator (SHMI)[1]

The April SHMI of 65 is below both 63 reported in March and the limit of 72.

Risk Adjusted Mortality Index (RAMI)

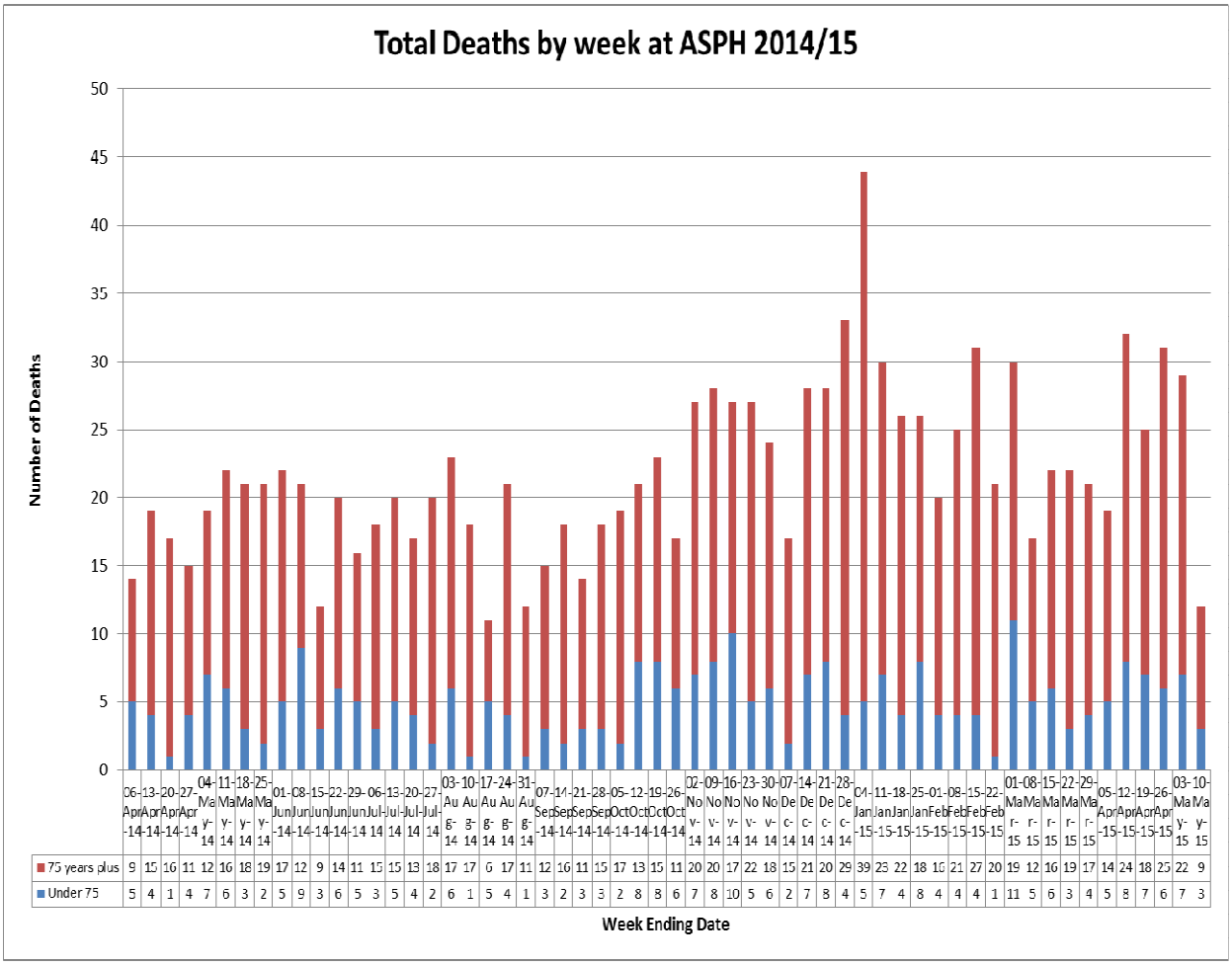
The April RAMI of 56 is below both 68 reported in March and the limit of 70.

[1] Both the SHMI and the RAMI are reported on data 1 month in arrears.

In-hospital Deaths

In-hospital deaths of 113 exceed the limit of 86 and also April 2014 with 70 deaths. A peak in deaths around Easter is sometimes observed and whilst higher deaths in April 2015 are associated with ongoing operational pressures this cannot be deemed causal. As above, both the SHMI[2] and RAMI are within limits this month.

Table 2: Total Deaths by Week at ASPH 2014/15



5.3.2 Safety

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

The NHS Safety Thermometer programme of work aims to achieve significant reductions in 4 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 1 day per month.[3] [4]

The Trust's Safety Thermometer performance is demonstrated in Charts 1 to 4 on page 10.

[2] SHMI: Summary Hospital Level Mortality Indicator and RAMI: Risk Adjusted Mortality Index
[3] Approximately 500 patients
[4] 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) http://www.ic.nhs.uk/services/nhs-safety-thermometer

New hospital associated harms have decreased from 1.88% in March to 1.35% in April, which is below the national average of 2.36%.

There were no new CAUTIs during April.

Although there was one hospital acquired fall with harm in April the rate remained below the national average of 0.64%.

New pressure ulcers of 0.77% are tracking below the national average of 1.03%.

5.3.3 Patient Experience

Divisional Patient Experience metrics are shown in the Patient Experience Dashboard in Appendix 2.

In April 137 patients or families contacted PALS which is consistent with the previous quarter's average of 138. Communication remains the highest area for concern with 53 contacts. Outpatients received 37 concerns which is in line with the previous quarterly average of 33. There continues to be improvement work in this area and concerns raised are providing intelligence to the outpatient project improvement plan. There were 7 concerns raised pertaining to treatment and care which shows a reduction when compared with the previous quarterly average of 15.

Formal Complaints

There were 41 new formal complaints in April 2015 which ended the recent rise in complaints throughout Q4 last year which averaged 51 complaints. Whilst the reduction is in line with seasonal expectations generally this is against a backdrop featuring an unusually high complaints volume in April last year whereby 62 formal complaints were received.

Of the 41 new April complaints 17 related to treatment and care concerns, 10 were related to communication issues and 4 mentionned staff attitude. 4 complaints were related to discharge and further focus will be directed into improving the patient and carer experience of discharge processes including strengthening links with third party organisations.

The weekly complaints panel continues to review all grade 3 and 4 complaints and this is demonstrating the success of the improved quality of responses as only 2 follow-up complaints were received in April.

Complaint Performance Against Timescale

The Patient Experience Dashboard in Appendix 2 shows divisional performance against timescale. The average response time in April was 28 days and this has further reduced from 32 during March.

Further Update in Light of the New Process in Complaints

The number of complaints received since the introduction of the new process in January 2015 has decreased slightly compared to 2014, however as a Trust feedback is encouraged and hence more complaints and PALS concerns are anticipated. The important measure of improvement in quality is the reduction in the number of follow-up complaints which has reduced from 16 in April 2014 to 2 in April 2015. The time to investigate and respond to complaints is also reducing with average turnaround for Grade 1 and 2 complaints at 24 days in April and for Grade 3 and 4 complaints at 37 days.

5.3.4 Patient Feedback

Friends and Family Test (FFT)[5]

This section reports on performance against the new national scoring methodology rolled out in October 2014.

Inpatient respondents that recommended the service are at 96.7% which is in line with previous months and above the national target of 95%. The April inpatient response rate remains consistent at 40.7% and is above the previous year's average of 37.1% and the NHS England CQUIN response target of 30%.

The April the Accident and Emergency Department recommended score has improved slightly in at 84.7% but remains below the national average score of 87%. The emergency care pathway project includes improvements which address patient experience including patient streaming, modified assessment space and increased point of care testing. The response rate has improved significantly to 28.5% following the introduction of automated voice messages to patients.

In Maternity the recommended score has dipped slightly in April but still remains consistently high at 96.6%. The response rate remains low at touch points 1 and 4 in the community. Response rates are no longer recorded nationally across touch points 1, 3 and 4. Internal targets will be set across these touch points for the 2015/16 period in conjunction with the Women's Health and Paediatric Division. Touch point 2 in the Labour Ward has a response rate of 14.2% which is currently tracking below the national average response rate of 24.5%. Further focus will be directed towards this touch point to explore increasing this feedback response rate.

The Outpatients Department's percentage recommended score has increased for the 3rd consecutive month to 92.2% in April. The first month for national submission is April 2015 and therefore the comparison to national recommended scores will be detailed in the next report when data becomes available.

Day Surgery score remains both stable and positive with 96.4% of patients recommending the service. April is the first month for national submission of data and is encompassed within the Inpatient data. Therefore the target remains the same as the Inpatient target of 95%, which the Trust is above.

Wow Awards

AMES (Acute Medicine and Emergency Services) and DTTO (Diagnostics, Therapies, Trauma and Orthopaedics), received 12 nominations, with 8 for TASCC (Theatres, Anaesthetics, Surgery and Critical Care) and 2 for WHPAED (Women's Health and Paediatrics) and Estates and Facilities.

[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

Hospital	User rating (out of 5) Jun 2014	User rating (out of 5) Aug 2014	User rating (out of 5) Dec 2014	User rating (out of 5) Feb 2015	User rating (out of 5) June 2015
Ashford and St Peter's	SPH: 4.5 (166) AH: 4.5 (58)	SPH: 4.5 (161) AH: 4.5 (60)	SPH: 4.5 (179) AH: 4.5 (68)	SPH: 4.5 (193) AH: 4.5 (76)	SPH: 4.5 (214) AH: 4.5 (95)
Frimley Park	4.5 (175)	4.5 (186)	4.5 (215)	4.5 (235)	4.5 (235)
Epsom	4 (73)	4 (75)	4 (86)	4 (89)	4 (99)
Royal Berkshire	4 (200)	4 (217)	4 (236)	4 (245)	4 (264)
Royal Surrey	4.5 (129)	4.5 (154)	4.5 (191)	4.5 (206)	4.5 (253)
Kingston	3.5 (90)	3.5 (100)	3.5 (118)	3.5 (135)	3.5 (152)
West Middlesex	4 (155)	4 (180)	4 (197)	4 (212)	4 (223)
St George's	4 (147)	4 (164)	4 (179)	4 (185)	4 (196)
Wexham Park	3.5 (137)	3.5 (168)	3.5 (194)	No data available	4 (14)
Chelsea and Westminster	3.5 (61)	3.5 (71)	3.5 (80)	3.5 (87)	3.5 (91)

5.3.5 Safety Thermometer Charts

Chart 1 Percentage of patients with new harms

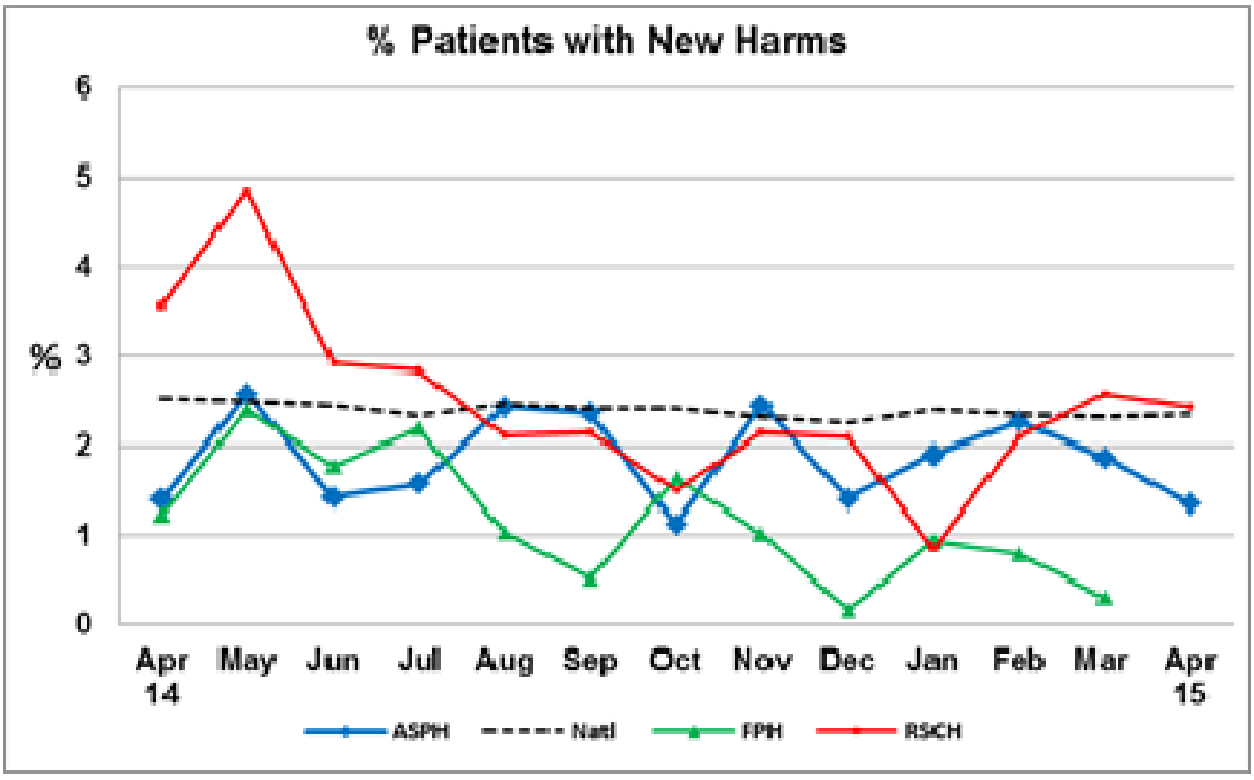


Chart 2 Incidence of new Catheter Associated Urinary Tract Infection (CAUTI)

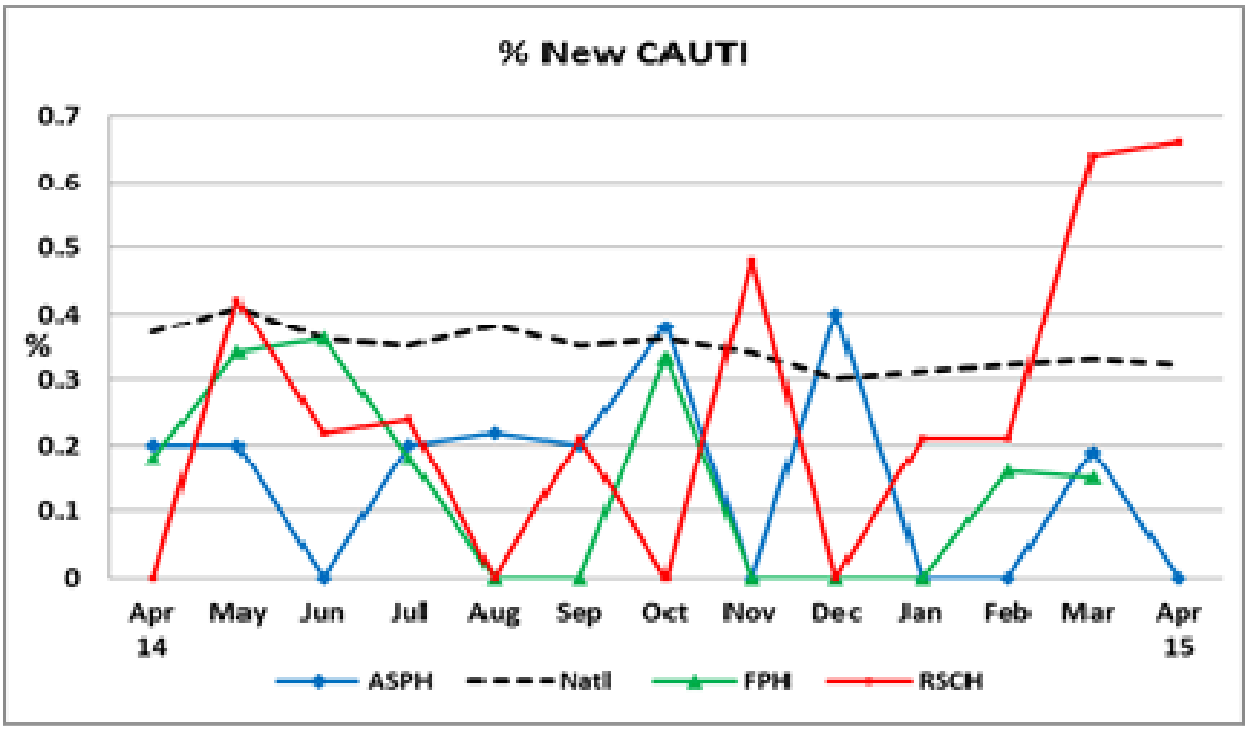


Chart 3 Incidence of new pressure ulcers

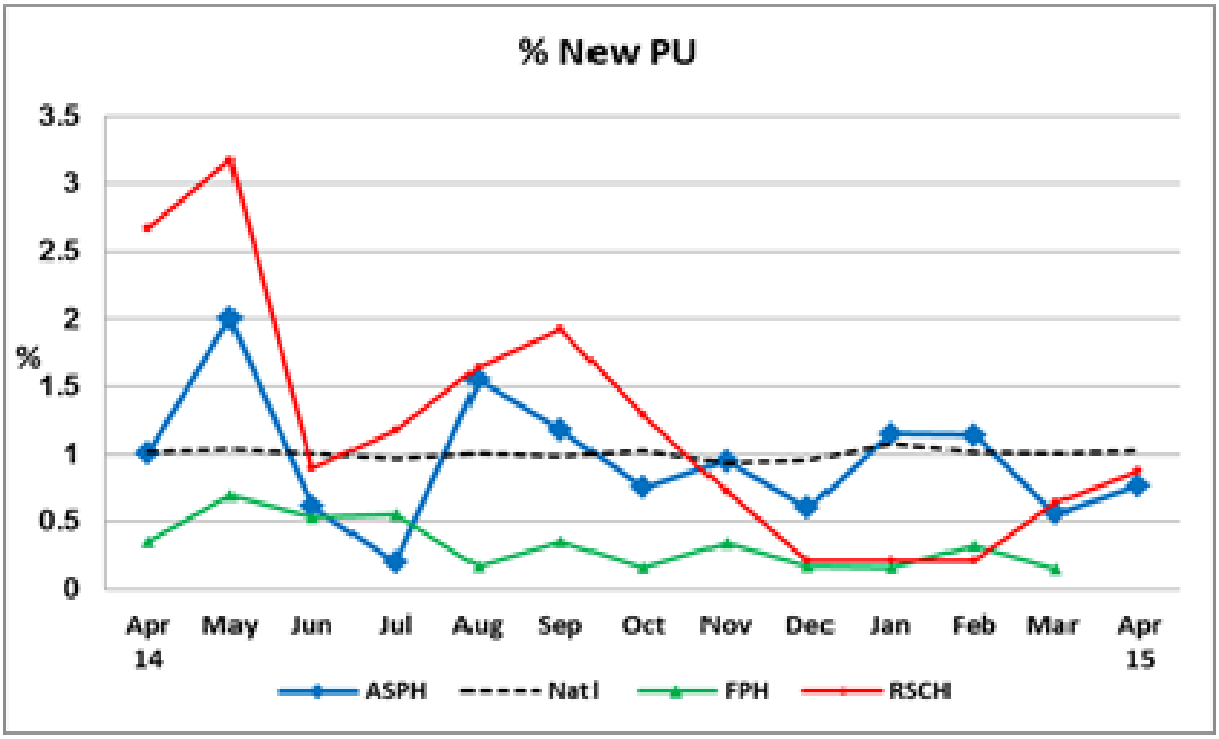
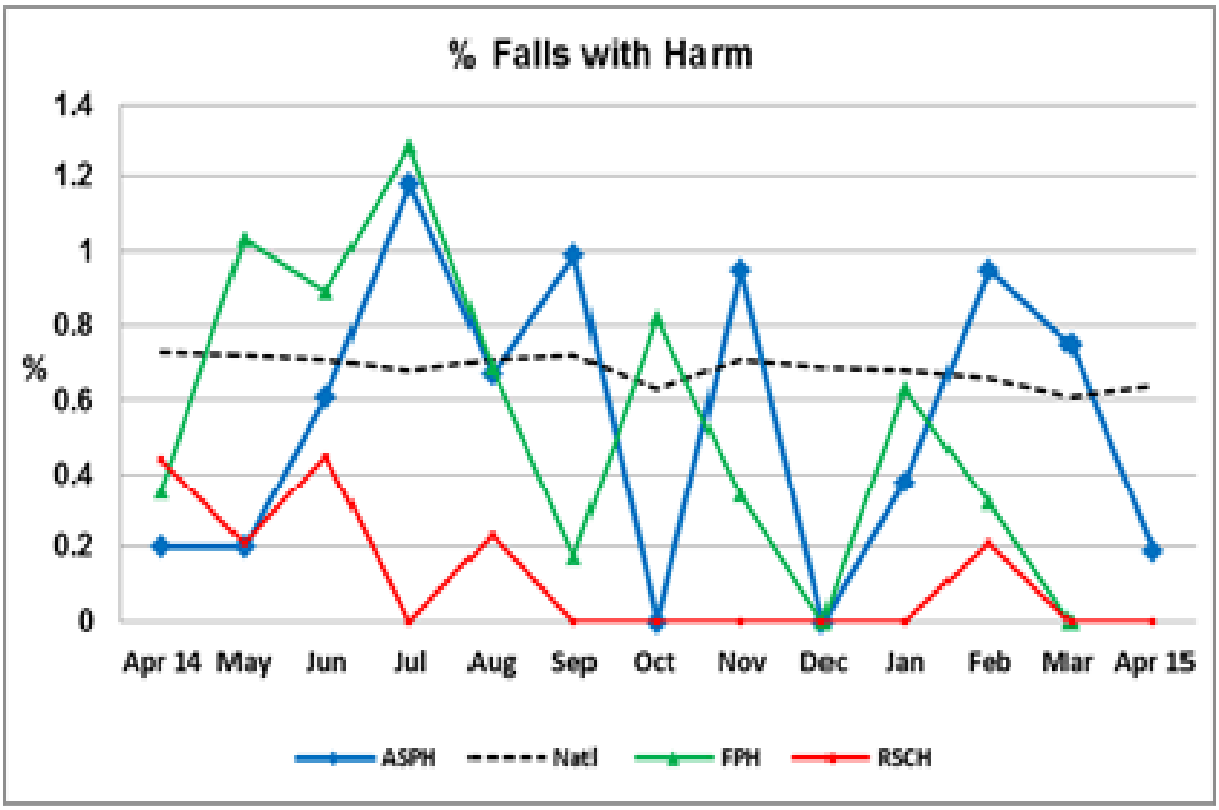
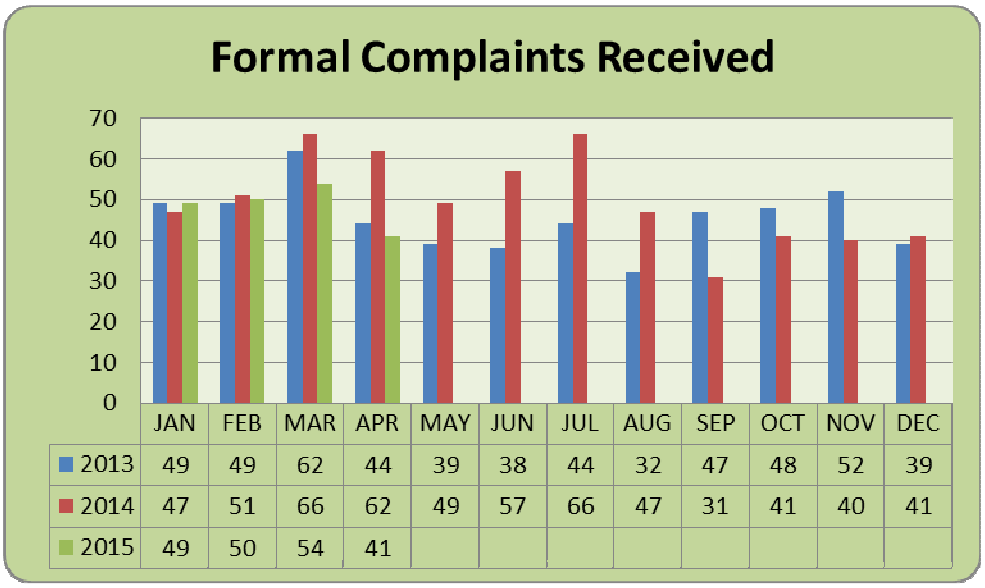


Chart 4 Percentage of falls with harm



5.3.6 Patient Experience Charts

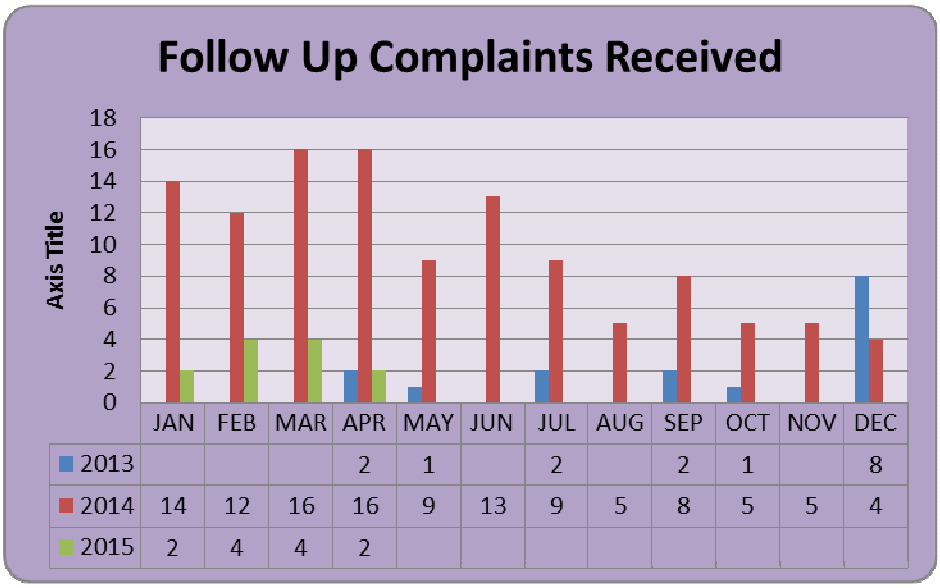
Chart 5 Complaints received by month



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2013	49	49	62	44	39	38	44	32	47	48	52	39
2014	47	51	66	62	49	57	66	47	31	41	40	41
2015	49	50	54	41								

Chart 5 shows formal complaints have reduced in April and this is in line with seasonal expectation. This is against a backdrop of an elevated number of complaints received in April 2014 compared to the same month in other years.

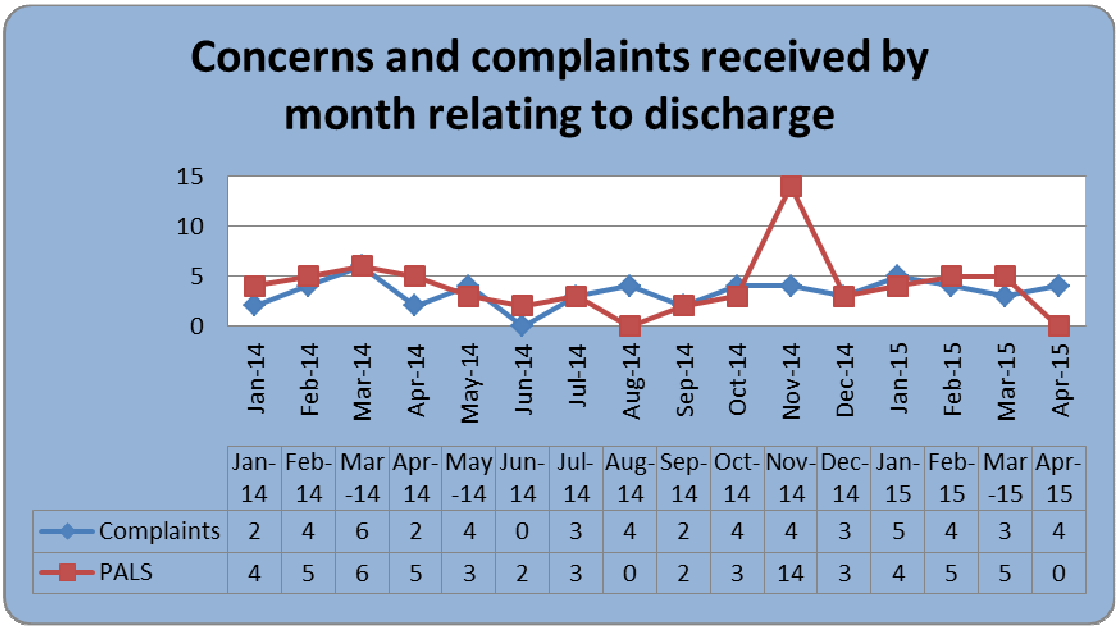
Chart 6 Follow-up complaints received



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2013				2	1		2		2	1		8
2014	14	12	16	16	9	13	9	5	8	5	5	4
2015	2	4	4	2								

Chart 6 shows follow up complaints have settled and are consistently below 10% of new complaints received in a month. This is reflective of the new complaints process and implementation of the successful complaints panel chaired by the Chief Nurse which provides guidance on complex complaints and enables quality checks of responses.

Chart 7 Concerns and complaints about discharge



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Complaints	2	4	6	2	4	0	3	4	2	4	4	3	5	4	3	4
PALS	4	5	6	5	3	2	3	0	2	3	14	3	4	5	5	0

Chart 7 details complaints and PALS cases relating to discharge appear consistently low, however, when such complaints occur the impact on patients and carers is high. To improve learning in this area a thematic review is underway to aim to improve the patient or carer experience when dealing with a complex discharge.

Chart 8 Friends and Family Test Response Rate

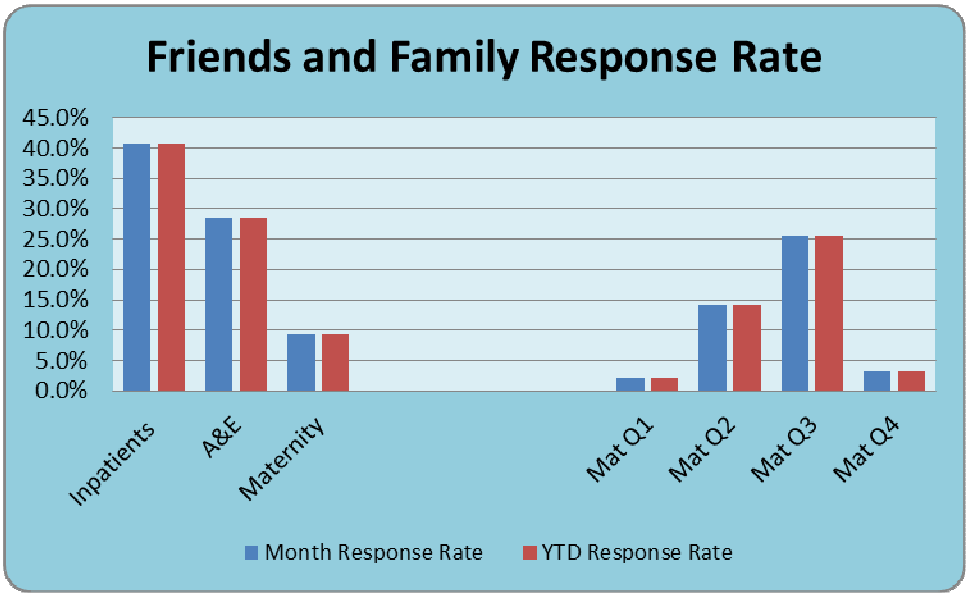


Chart 8 shows the above chart shows the response rates across different settings. Outpatients does not record a response rate and Day Surgery is encompassed within the Inpatient figure as are Paediatric responses. These measures will also include the comparison to internal targets once the Maternity response rate targets have been agreed.

Chart 9: Friends and Family Test satisfaction percent

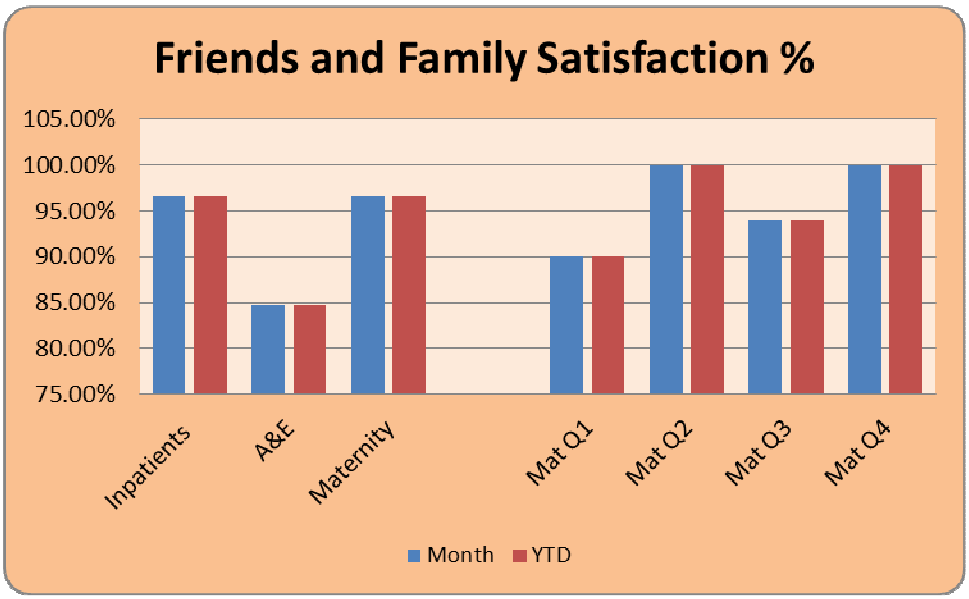


Chart 9 shows the response rates across different settings. These measures will also include the comparison to internal targets once the maternity response rate targets have been agreed.

5.4 Operational Performance

Domain	Standard		Compliance threshold	April 2015	
A&E	Maximum waiting time of **four hours** from arrival to admission/transfer/discharge		95%	92.51%	☒
RTT	Maximum time of **18 weeks** from point of referral to treatment **(ADMITTED PATIENTS)**		90%	88.5%	☒
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(NON-ADMITTED PATIENTS)**		95%	95.0%	☑
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(INCOMPLETE PATHWAYS)**		92%	96.1%	☑
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	84.9%	☒
		NHS Cancer Screening Service referral	90%	100%	☑
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	88.9%	☒
		Anti-cancer drug treatments	98%	100%	☑
CANCER	All cancers: 31-day wait from diagnosis to first treatment		96%	98.0%	☑
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	89.9%	☒
		Symptomatic breast patients	93%	94.7%	☑

5.4.1 Four Hour Waiting Time Target

The Trust did not meet the 4 hour A&E wait standard with April's performance recorded at **92.51%**.

Monthly Performance

Month	Performance (Monitor)[6]	*Performance SPH only*[7]
Apr 2015	92.51%	*87.96%*
Mar 2015	91.49%	*85.95%*
Feb 2015	92.79%	*87.95%*
Jan 2015	92.05%	*86.75%*
Dec 2014	84.70%	*76.17%*
Nov 2014	89.55%	*83.52%*
Oct 2014	91.37%	*85.94%*
Sep 2014	95.39%	*92.47%*
Aug 2014	96.31%	*94.05%*
Jul 2014	93.94%	*90.42%*
Jun 2014	95.82%	*93.35%*
May 2014	92.99%	*88.80%*

Quarterly Performance

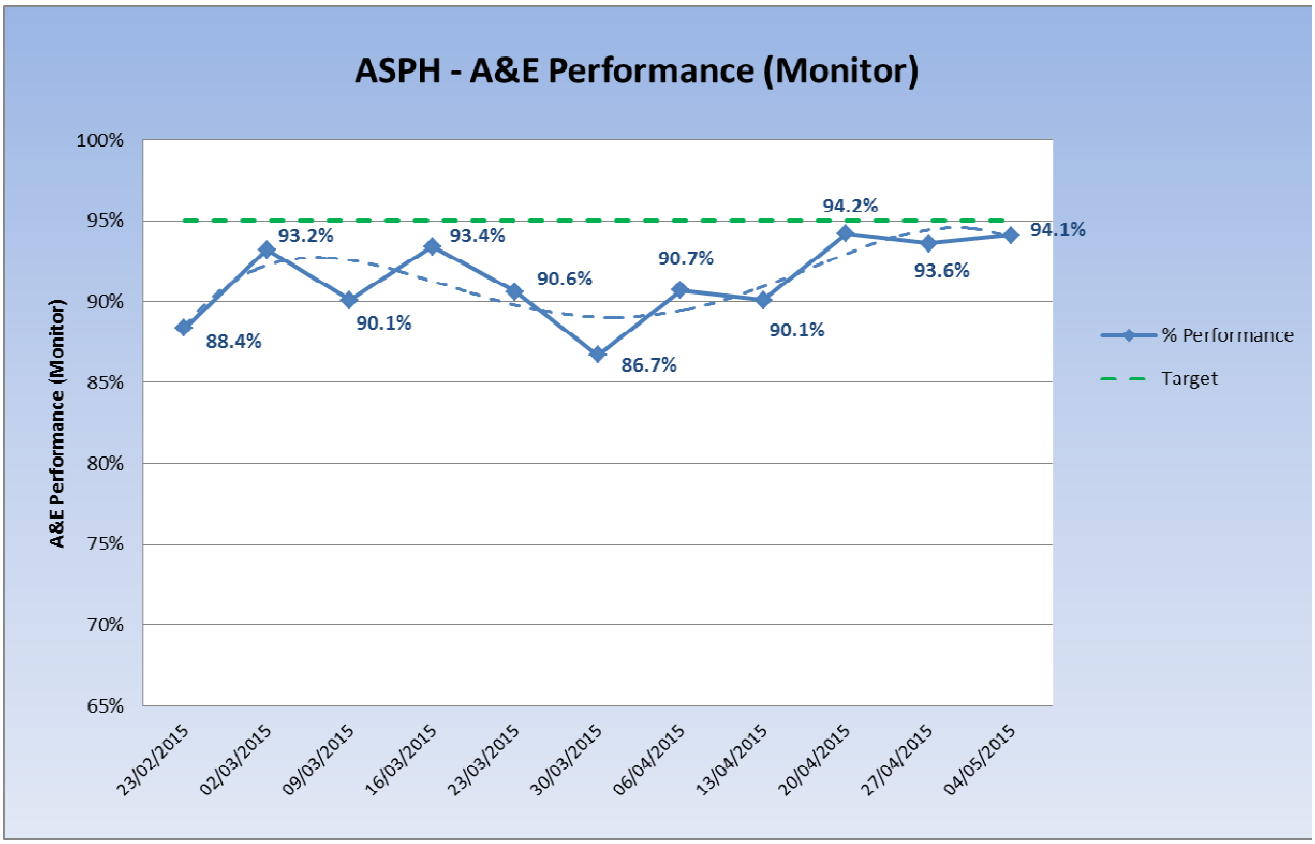
Month	Performance (Monitor)[1]	*Performance SPH only [2]*
Q4 2014/15	92.06%	*86.84%*
Q3 2014/15	88.56%	*81.87%*
Q2 2014/15	95.18%	*92.26%*

MARCH PERFORMANCE SUMMARY

April's attendances at 7,630 were lower than March (8,064) although similar to previous April attendances with a daily average attendance of 254 (Feb=245 & Mar=260).

Admissions via A&E at 1,855 (daily average = 62) for April were similar to Jan-Mar (daily average = 62) although lower than December's which was at an average 68 per day.

The Trust's A&E performance showed incremental improvement during April, despite the bank holidays creating surges inpatient admissions, causing difficult patient flow due to the high levels of delay when discharging patients with complex care (social packages of care, rehabilitation & nursing homes etc.) needs to the community.

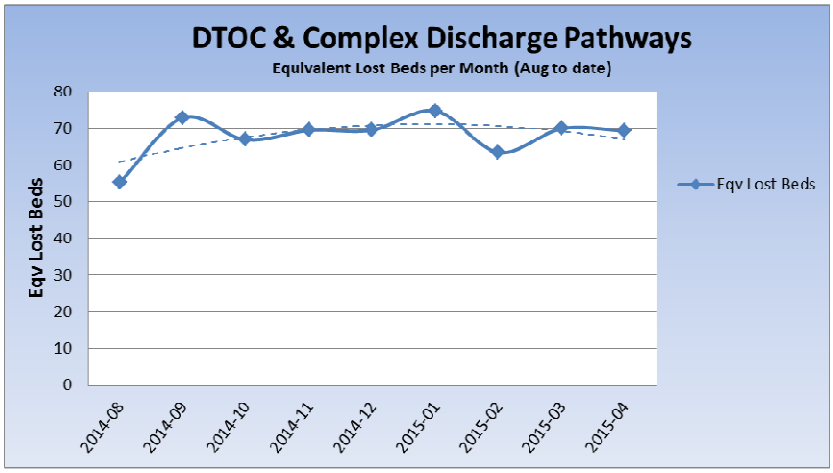


Delays caused by Delayed Transfers of Care (DTOCs) and Complex Discharges, where patients are medically fit to leave hospital although require additional support, continue to be recorded at a very high level.

The Trust continues to work with local health partners to support the safe and effective transfer of

patients once they are medically fit to be discharged, although this continues to be a substantial and on-going challenge for the whole sector.

DTOC & Complex Pathway Delays		
Month	Bed Days Lost	Eqv Lost Beds
2014-08	1716	55
2014-09	2188	73
2014-10	2076	67
2014-11	2156	70
2014-12	2158	70
2015-01	2321	75
2015-02	1968	63
2015-03	2170	70
2015-04	2152	69



The Trust continues to support and attend the fortnightly meetings of the System Resilience Group.

Progress is being made implementing the dedicated Urgent Care System Recovery programme of improvements that is currently underway in conjunction with NWS Surrey CCG to improve hospital patient flow. A review of the Urgent Care programme is currently underway with CCG colleagues.

Key actions of the Urgent Care System Recovery programme currently include;

- Front-end reconfiguration of A&E, including capital works, establishment of an AECU adjacent to A&E and enhancements to the operating model
- Permitting rapid access to clinics and local walk-in centres
- Enabling community GPs to directly access the Trust's specialty consultants for advice
- Revising operating procedures and policies to improve hospital patient flow
- Improving diagnostic access and turnaround in A&E
- Improving frail elderly and key clinical pathways (Abdomen, Chest & Sepsis), and
- Increasing community step down and access to packages of care

The Trust is also reviewing how our discharge team functions in the Trust with external colleagues to have a more integrated approach & tighten up our internal processes.

5.4.2 18 Weeks Referral to Treatment Times (RTT)

For the purposes of the Monitor Risk Assessment Framework, performance is measured quarterly on an aggregate (rather than specialty) basis and NHS foundation trusts are required to meet the threshold each month during the quarter. In terms of 2014/15 Quarter 4, the Trust was non-compliant.

Failure to meet the 18 week standard at specialty level does not have any further implication with regard to the Monitor Risk Assessment Framework. However, failure to achieve at speciality level does incur a financial penalty under the terms of the contract with North West Surrey CCG.

APRIL 2015 SPECIALTY PERFORMANCE

Apr-15	PERFORMANCE		
	Admitted pathways (Target 90%)	Non-admitted pathways (Target 95%)	Incomplete pathways (Target 92%)
General Surgery	81.79%	88.53%	91.02%
Urology	68.25%	92.80%	95.26%
Trauma & Orthopaedics	92.63%	95.39%	96.37%
Ear, Nose & Throat (ENT)	91.95%	95.30%	96.54%
Ophthalmology	91.40%	96.66%	97.68%
Oral Surgery	92.64%	97.61%	98.02%
General Medicine	100%	95.13%	96.60%
Gastroenterology	81.25%	96.24%	97.80%
Cardiology	100%	97.05%	97.88%
Dermatology	n/a	91.72%	96.21%
Neurology	n/a	93.33%	93.43%
Rheumatology	n/a	98.26%	99.31%
Geriatric Medicine	n/a	97.06%	98.36%
Gynaecology	90.00%	98.20%	94.52%
Other	92.65%	98.17%	99.06%
Total	88.55%	95.01%	96.15%

Admitted Performance for April is non-compliant at 88.6%. The primary drivers behind the Trust's performance in April were the General Surgery and Urology specialties where additional capacity was sourced in both of these areas to reduce the admitted pathway backlog.

General Surgery

A sizable backlog remains within General Surgery. Additional capacity was delivered to assist with the reduction of long waiting patients requiring vascular surgery (a sub-specialty of General Surgery for the purposes of RTT). A substantial proportion of this backlog has been removed however it will be necessary over the course of May to arrange additional treatment capacity to make further reductions in this area. May is expected to see a much improved performance position in this specialty however delays to both upper gastro-intestinal and colorectal pathways as a result of the Trust's position in endoscopy remains a substantial challenge to recovery.

Urology

The admitted backlog was reduced by over 50% in April following an intensive period of additional activity focused on long waiting patients. As a result, specialty level performance in Urology for April was significantly below the standard; however this 'managed breach' situation was a conscious decision to make a decisive impact on the backlog. Further additional activity is planned in May to tackle the residual backlog.

Gastroenterology

The performance position in May is the result of three breaches and is explained by the current long delays experienced by patients waiting for endoscopy.

5.4.3 NON-ADMITTED STANDARD

General Surgery

Non-admitted performance in this specialty is suffering the same affects as described for admitted pathways namely delays in routine access to endoscopy.

Urology

The availability of resources in Urology has been focussed on additional theatre sessions which have, to some degree, meant sacrificing an opportunity to provide additional outpatient sessions. This service will implement plans in the coming weeks to reduce waiting times for outpatient appointments in order to improve the performance against this standard.

Neurology

With a new consultant having commenced in March, this specialty has now corrected the imbalance in capacity that led to a growth of a backlog earlier in the year. This specialty now has a short term challenge to remove the remaining historic backlog – these actions will include identifying additional short term clinic space and a management plan for minimising administrative delays following diagnostic assessments.

Dermatology

The lengthening of waiting times in this specialty was the result of lost clinical capacity following the departure of two consultants; attempts to cover these lost sessions with locum cover have proved difficult. These posts have now been successfully covered and approval has been granted for three months' additional capacity from 1st June in order to recoup the deficit. Existing consultants have also offered additional weekend sessions. This specialty expects recovery to take place in the next 2-3 months based on the current waiting list size and additional capacity provided.

5.4.4 INCOMPLETE PATHWAYS STANDARD

A reduction in the General Surgery backlog over the course of April and further anticipated reductions in May means that this specialty is currently targeting compliance at the end of May.

5.4.5 DIAGNOSTIC PERFORMANCE

The Trust has a contractual target to see 99% of all diagnostic referrals (GP direct access and internal referrals from outpatients) within six weeks from receipt of referral, to date of examination. Diagnostic waits are a key component in meeting 18 weeks RTT standards.

The Trust has missed the 99% standard for diagnostic waits below 6 weeks at the end of April, specifically as a result of pressures in Endoscopy. Issues within the Endoscopy service are listed below.

TRUST DM01 PERFORMANCE	%
Apr-15	89.3%
Mar-15	91.2%
Feb-15	96.4%
Jan-15	96.3%
Dec-14	97.6%
Nov-14	99.4%
Oct-14	98.8%
Sep-14	99.5%
Aug-14	99.0%
Jul-14	99.2%
Jun-14	99.4%
May-14	99.7%

5.4.6 ENDOSCOPY

The Trust remains in discussion with NW Surrey CCG regarding the plan it has submitted to tackle the considerable delays to endoscopy procedures. The Trust has held discussions, in conjunction with NW Surrey CCG, with a series of third party providers with a view to providing the additional capacity required – these plans will be finalised in the coming days.

NW Surrey CCG is also implementing its own plans for demand management within primary care and the Trust awaits confirmation of the expected effect in 2015/16.

The Trust remains confident that with these additional resources, the amassed backlog of long waiting endoscopy requests can be removed within three months. Once the backlog is removed, demand and capacity modelling shows there will remain a capacity gap of 7-9 sessions per week as the level of community demand continues to exceed the Trust's stretch capacity. The Trust is discussing options with commercial suppliers of endoscopy services to bridge the gap in the short term. For the time being, this restricted endoscopy capacity continues to impact patient waiting times and consequently performance against a number of Monitor standards.

5.4.7 CANCER INDICATORS

<u>TWR – 14 day first appointment standard</u>
This standard is expected to be non-compliant in April. A number of the breaches are the result of delays to straight-to-test endoscopy procedures (17%). Additionally, many beaches were affected by patient choice, were patients have been offered a date inside two weeks although elected to wait longer. Work is underway with the CCG GP cancer lead to improve patient information in GP Surgeries in an attempt to resolve this issue.

<u>31-day wait for second or subsequent treatment – Surgery</u>
This standard is expected to be missed with a single patient waiting in excess of 31 days; this was due to patient choice.

62-day wait for first treatment
At present, the Trust expects an improved position against this standard in April; however this is expected to deliver performance marginally short of 85%. Provisionally, five of an expected nine breaches come from the Urology specialty and four as a result of treatment delays at tertiary centres.

5.5 2014/15 Financial Position - Month 12 Headlines

Our month 12 financial position showed an actual year to date deficit of £1.0m, which was an over spend against budget of £1.0m. This delivered a Monitor Continuity of Services Risk Rating of 3, against the plan of 3.

A similar deterioration in financial performance has been seen across the 151 foundation trusts which at quarter 4 (unaudited accounts) saw an increase in their net deficit to £349m, which was £339m more than planned. Of these, 77 foundations trusts reported deficits totalling £636m and 74 foundations trusts reported surpluses totalling £297m. For acute foundation trusts only the numbers were even starker with 64% of those in deficit (68% for medium sized acute FT's like this Trust).

The key issues underpinning our financial performance are set out in the scorecard and commentary that follows.

Finance Scorecard			
	YTD Plan	YTD Actual	YTD Variance
Monitor Continuity of Service Risk Rating	3	3	
Total income excluding interest (£000)	£252,171	£260,618	£8,447
Total expenditure (£000)	£235,256	£247,125	£11,869
EBITDA (£000)	£16,915	£13,493	(£3,422)
I&E net operational surplus (£000)	(£0)	(£958)	(£958)
CIP Savings achieved (£000)	£14,902	£13,565	(£1,337)
CQUINs (£000)	£4,296	£4,831	£536
Month end cash balance (£000)	£11,811	£10,465	(£1,346)
Capital Expenditure Purchased (£000)	£12,415	£10,976	(£1,439)
Emergency threshold/readmissions penalties	£5,572	£7,341	(£1,769)

Monitor Metrics			
	Weighting	Current	Current Score
Debt Service Cover	50%	1.78x	3
Liquidity	50%	-6.8	3
Continuity of Service Risk Rating			**3**

The key points are:-

- NHS clinical income increased by £14.7m (6.4%) year on year, despite a decrease in the national tariff for 2014/15. The largest increases in NHS clinical income occurred in outpatient activity which increased by £3.7m (8.4%) and other NHS clinical income £8.3m (13.6%). The latter included a £1.9m increase in income for chemotherapy and other tariff excluded drugs.
- Pay costs were £11.1m (7.4%) higher than 2013/14. 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. Additional costs were generated in the Trust's Accident & Emergency department and across the wards as the Trust looked to improve its emergency pathway and performance against the 4hr target during an extremely challenging winter period.

- Non-pay costs were £5.4m (6.8%) higher than 2013/14 which was mainly in clinical supplies used in delivering the additional income and outsourcing to address 18 week pathway issues (up £2.0m). Drug costs were up £2.5m (14.2%), in part due to repatriated chemotherapy activity, and also due to an increase in other excluded drug costs, which are directly recovered through income at full cost.
- The above led to a decreased EBITDA performance, which reduced by £1.6m (10.8%) year on year. The Trust's EBITDA margin is now 5.2% compared to 6.2% in 2013/14. Although this still benchmarks well with comparable Foundation Trusts, the continued deterioration in the wider NHS' financial performance is clearly also being felt by the Trust.
- Post EBITDA the Trust incurred £1.5m in non-operational expenditure in relation to merger activities – this being a mix of pay and non-pay costs.
- The cost improvement programme (CIP) delivered £14.9m of savings in 2014/15 against a plan of £14.9m, with early slippages in the programme being compensated by replacement schemes in-year.
- The Trust spent £11.0m on purchased capital during the period compared to £15.7m in 2013/14. The major areas of investment were:
    - replacing imaging equipment and associated building works £2.5m;
    - completion of the new Admissions Lounge at St. Peter's Hospital £0.8m;
    - ward refurbishment programme (Birch Ward) £0.8m;
    - Vital Signs nursing technology £0.6m; and
    - completion of the Abbey Centre midwifery led unit £0.1m.
- The majority of the capital programme was funded by internally generated resources; however in addition the Trust increased borrowings in the form of finance leases and also received £0.7m of Department of Health nursing technology funding for the Vital Signs 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 2015. The Trust ended the financial year with a cash balance of £10.5m.
- The Trust's financial performance for the whole of the 2014/15 financial year was given a Continuity of Service Risk Rating of 3, against a plan of 3. The Continuity of Service Risk Ratings are given between 1 and 4, where 4 is 'low risk'. The metrics making up this rating are set out in the table below.

2015/16 Financial Position - Month 1 Position

The month 1 financial position showed an overspend against budget of £0.1m. The table below sets out the key metrics:

Finance Scorecard					
	Annual Plan	Forecast	YTD Plan	YTD Actual	YTD Variance
Monitor Continuity of Service Risk Rating	3	3	3	3	
Total income excluding interest (£000)	£256,396	£256,396	£21,176	£21,588	£412
Total expenditure (£000)	£242,606	£242,606	£20,382	£20,826	£445
EBITDA (£000)	£13,789	£13,789	£794	£762	(£32)
I&E net operational surplus (£000)	£1,220	£1,220	(£420)	(£463)	(£43)
CIP Savings achieved (£000)	£13,544	£11,399	£1,262	£1,097	(£165)
CQUINs (£000)	TBC	TBC	TBC	TBC	TBC
Month end cash balance (£000)	£8,714	£8,714	£8,404	£8,232	(£172)
Capital Expenditure Purchased (£000)	£10,247	£10,247	£166	£206	£40
Emergency threshold/readmissions penalties	TBC	TBC	TBC	TBC	TBC

Monitor Metrics					
	Weighting	Current	Forecast	Current Score	Forecast Score
Debt Service Cover	50%	2.02x	1.79x	3	3
Liquidity	50%	-7.2	-10.2	2	2
Continuity of Service Risk Rating				**3**	**3**

APPENDIX 1 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, and 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 Pressure 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 2 Patient Experience Dashboard – April 2015

Apr-15	AMES	YTD		Fac &IS	YTD		HR & Other	YTD		TASCC	YTD		TODT	YTD		WH & Paeds	YTD		A&E FFT				Mat FFT		Monthly Total	YTD	YTD target	Annual target
Complaints Rec'd	15	15	▼	1	1	▲	2	2		13	13	▲	5	5	▲	5	5	▼							41	41		
Discharge related complaints	3	3	▲							0	0		1	1		0	0	▼							4	4		
% Response timescales met	95%	95%		100%	100%		100%	100%		100%	100%		100%	100%		71%	71%								94.0%	94.0%	95%	>95%
PALS Concerns	51	51	▼	6	6	▼	0	0		36	36	▲	35	35	▲	7	7	▼							137	137		
	Inpatients	YTD		Mat Q1	YTD		Mat Q2	YTD		Mat Q3	YTD		Mat Q4	YTD		Maternity	YTD		A&E	YTD		Trust Exc Mat	YTD		Trust incl. Mat	YTD	YTD target	Annual target
FFT* returns	40.7%	40.7%		2.9%	2.9%		14.2%	14.2%		25.6%	25.6%		3.3%	3.3%		9.4%	9.4%		28.5%	28.5%		32.0%	32.0%		27.6%	27.6%	A&E 20%; IP	A&E 20%; IP
FFT* Score -	96.6%	96.6%		90.0%	90.0%		100.0%	100.0%		94.0%	94.0%		100.0%	100.0%		96.6%	96.6%		84.7%	84.7%		90.0%	90.0%		90.4%	90.0%	IP 95%, A&E 87%, Maternity TBC	
																									Total	YTD		
	AMES	YTD		Fac &IS	YTD		HR & Other	YTD		TASCC	YTD		TODT	YTD		WH & Paeds	YTD											
Intimations of claims	3	3		0	0		0	0		3	3		3	3		3	3								12	12		
Reported claims	0	0		0	0		0	0		0	0		1	1		0	0								1	1		

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	

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