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

COUNCIL OF GOVERNORS
14th June 2017

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus for the Trust and areas of performance in terms of quality, operations and finance. The report seeks to provide assurance that activities within the Trust are focused on the delivery of excellent care and achievement of the constitutional standards.
The Council is asked to:	Note and review the report.
Submitted by:	Suzanne Rankin, Chief Executive
Date:	June 2017
Decision	For assurance

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

1 INTERNAL FOCUS

1.1 #Right Culture

Over the past couple of weeks, two events have caused me to reflect on the way we continue to develop a culture of support and team work at ASPH.

Firstly, the global ransomware attack that started on Friday 12th May and affected several NHS organisations. Thankfully, Ashford and St. Peter's Hospitals was not directly affected but we shut down our external IT systems as a precaution and it took a huge collective effort to ensure our systems were safe and protected from the virus in order to continue to deliver safe care and treatment to patients.

Many of the team went above and beyond in order to stabilise the situation; particularly the IT team and the on-call and operational site teams over the weekend. Colleagues working into the early hours of Saturday morning, coming in from annual leave and turning around on their journeys home to come back and help. When something like this happens it's a true test of an organisation and I am proud to say that team ASPH rose to the challenge in every respect proving that we are living our values every day.

Secondly, the annual Staff Achievement Awards, these are always a highlight of our calendar and a rare opportunity to take some time out and appreciate everything our colleagues do, day-in day-out, for our patients and their teams.

This year's event began with a short film and hearing some of our finalists speak about their nominations, plus messages from their peers on why they should be recognised and was really humbling. What really shone through was the support and loyalty colleagues offer to each other and to the Trust as a whole; they are proud to work at Ashford and St. Peter's.

Every finalist and winner spoke about 'their team', that they couldn't do their job without the invaluable support of others. That cohesiveness and willingness to help others sits at the centre of #RightCulture and it was a truly upbeat and enjoyable event.

Towards the end of the ceremony Consultant Surgeon Mr Humphrey Scott presented a surprise award to our Chairman Aileen McLeish for her 'Outstanding Contribution to the NHS following her recent announcement to step down after over 12 years on the Board and over 8 as Chairman. And just this last week, Aileen was highly commended at the Institute of Directors South Awards for her contribution within the public sector. I would like to take this opportunity to publicly add my thanks and congratulations to Aileen for all she has achieved in particular on behalf of Ashford and St Peter's Hospitals.

1.2 Best Outcomes

Final CQC Report
The CQC have published their final report, following their focused inspection on 28th February. The key message from the CQC was that the Trust has really improved since our December 2014 inspection and they found that we are now delivering services in line with the CQC Regulations, which is something to be very proud of. The compliance actions we have been striving to improve upon during the last two years are now cleared and, as expected, we retained our CQC rating of 'GOOD'.

Particular areas where we had improved included, implementing changes to practice following learning from safety incidents within the critical care service and many areas of medicines management, including intravenous practice and medicines training, now being up-to-date.

Our patient records are now securely stored with standard operating procedures to address this in outpatient areas. Our critical care service has put in place innovative ways to act on feedback from patients and those close to them and the CQC was positive about our critical care step-down patient experience questionnaire which patients could use when they were in ward areas following a critical care stay, along with their patient diaries.

As is usual with an inspection there are some areas we need to embed further and we will continue to focus on further tightening our medicines management, including monitoring the temperature of medicines storage and ensuring that when required medications are prescribed the indication is always written on the drug chart.

1.3 Excellent Experience

Expansion of Neonatal Intensive Care Unit (NICU)
I was delighted to attend an event on 3rd May to officially open our newly expanded Neonatal Intensive Care Unit (NICU), along with the Mayor of Runnymede, members of the NICU team and families who support the unit.
The new room provides another four cots, which will really help to manage demand for NICU services at busy times. The NICU at St. Peter's is the only one in Surrey and one of only three across the Kent, Surrey and Sussex network – so as well as providing care to neonates born at St. Peter's we retrieve babies who require intensive care from hospitals across the South East until they are well enough to return home or back to their local hospital.

The event was also used to launch the new NICU charity – the Little Roo Neonatal Fund. Listening to some of the families speak about their own experiences in NICU and how they have gone on to fundraise vast sums of money to help other families in their situation, was both moving and inspiring.

International Day of the Midwife
On 5th May it was International Day of the Midwife and our maternity team organised some special celebrations. They reunited Mums who had their babies at St. Peter's Hospital with the midwives who looked after them in labour and birth.

I heard it was a very social and fun event and attracted the attention of our local media, whom ran a lovely story on the Get Surrey website. The team also took the opportunity to hold a bake sale and raffle, raising funds for aromatherapy and acupuncture training (to support women in labour) through the local RCM branch. In total they raised over £1000, so very well done to all involved in a successful day.

Critical Care Unit refurbishment
Work continues apace on our Intensive Care Unit at St. Peter's Hospital. The new part of the unit is now built and running, with our High Dependency function integrated. Works are now taking place in the old part of the unit to replace the gas and vacuum hoses connected to nine beds.

Whilst these works take place, throughout May, there is an overall reduction of three critical care beds and the teams have worked hard to put robust plans in place to minimise disruption to the service.

I look forward to seeing the unit completed and also attending our Official Opening event on Tuesday 30th May.

1.4 Skilled, Motivated Teams

Staff Achievement Awards

As previously mentioned we held our annual Staff Achievement Awards on 27th April at Oatlands Park Hotel in Weybridge. The event was hosted by TV broadcaster and journalist, Victoria Derbyshire, who spoke, very movingly, about her experiences of being a patient at the Trust.

Victoria joined us on stage to hand out awards; firstly to those celebrating 25, 30 and incredibly, 40, years with the Trust, before moving onto the main award categories. The winners were:

- *Patients First* – Jasmine Phillips, Midwife
- *Personal Responsibility* – Tracey Bradshaw, Heart Failure Nurse
- *Passion for Excellence* – Cedar Ward
- *Pride in our Team* – NICU (our Neonatal Intensive Care Unit)
- *Inspiring Leader* – Roselyn Benedict-Felix, Sister, Intensive Care Unit
- *Unsung Hero* – Simon Turner, IT
- *Be the Change Project of the Year* – the Risk Feeding Decision-making Toolkit, Nicola Wilks, Dee Bousfield, Gill O'Shea, Dr Keefai Yeong

We then gave out two special awards. Chairman Aileen McLeish presented the '*Lifetime Achievement Award'* to Clinical Site Nurse Practitioner Sue Harris. Sue has worked at the Trust for all of her 35 working years and supported us through much change along the way, with compassion, positivity and committed leadership.

I then presented my *Chief Executive's Award* to the Integrated Musculoskeletal (iMSK) Team. They have demonstrated many of the values I really think underpin the kind of organisation we want to be, showing courage, innovation and creativity in how they have responded to challenge and in particular, in how they have embraced change in developing their new services.

Finally we had a change to the published script, with a surprise award. Consultant Colorectal Surgeon, Mr Humphrey Scott, presented an extra special *Outstanding Contribution to the NHS* award to our outgoing Chairman Aileen McLeish. Mr Scott read a very complimentary tribute about Aileen; describing her as the epitome of everything the Trust stands for and speaking of the way she has served our organisation as a fantastic ambassador.

'Pride in Nursing Day`

Our annual Pride in Nursing and Midwifery Day held on Friday 12th May was a great success this year. It was brilliant to see so many of our nurses come together to share their successes, learn from each other and showcase the great work from our teams at ASPH. This was a fantastic networking day with a focus this year on the theme of change and reflecting on the nursing and midwifery legacy. We were honoured to have keynote speaker, Professor of Nursing Philip Darbyshire who gave an inspirational talk on the challenges we are facing and the ability of the nursing and midwifery profession in particular to be able to rise to that challenge. We were also joined by Joanne Bosanquet MBE, who is the Deputy Chief Nurse at Public Health England and also a Queen's Honorary Nurse and a Florence Nightingale scholar. Congratulations to Heather Caudle and her team for organising such a fantastic day which also included giving out our much coveted Pride in Nursing and Midwifery Awards.

Equality, Diversity and Human Rights week and Learning @ Work week

To mark both Equality, Diversity and Human Rights Week and Learning @ Work Week, (from 15-19th May) we ran a week-long serious of events and drop-in sessions, along with themed articles on Aspire with links to information and training.

The focus on Equality, Diversity and Human Rights was to highlight the ongoing work across the NHS to ensure that it continues to meet the diverse needs of the local population. Whilst the Learning at Work Week looked at how we can continue to be curious and creative in our everyday lives.

Staff Turnover Rates
Please find below the turnover rates for the staff groups requested:

Consultants 7.6% (230 headcount)
Specialty doctors 25.8% (47 headcount)
Other junior doctors not detailed as they are on fixed term rotational posts
Middle managers (Bands 7-8B): 13.44% (112 headcount)

Overall the Trust's turnover is 16.7% (last month's reported figure).

In addition, further detailed work continues to look at how the Trust can improve retention levels including a strategic discussion at the Workforce and Organisational Development Committee and at Team Brief in May 2017. These discussions will inform the development of the detailed retention plan.

1.5 Top Productivity

Redevelopment of the West Site on the St Peter's campus
A two-day exhibition took place on 26-27 April to showcase plans and canvas opinion from local people, patients, people who use our services, families and hospital staff about proposals for the redevelopment of surplus land at St Peter's Hospital. The site is jointly owned by Ashford and St Peter's Hospitals NHS Foundation Trust and Surrey and Borders Partnership NHS Foundation Trust.

We intend to secure planning permission for the redevelopment of the surplus land (known as the West Site) for housing. The West Site would then be sold in order to fund improved local healthcare facilities. This is a fantastic opportunity to improve the facilities in which we provide care to our local population.

The resources will be used to improve a number of important facilities in our hospital, particularly for those people who arrive here in an emergency. I'm particularly pleased that this development will enable us to offer better quality staff accommodation, which is vital for recruitment and retention. The redevelopment will also provide much needed new homes in Runnymede, an area with a housing shortage.

Surrey Heartlands STP (Sustainability & Transformation Partnership)
We continue to be an active partner in the Surrey Heartlands Sustainability and Transformation Partnership, with clinical workstreams now mobilising and starting to develop their more detailed plans. Following the departure of Julia Ross, who has taken up the role of Joint Accountable Officer at Bristol, North Somerset and South Gloucestershire CCGs, the partnership is now actively recruiting a new Senior Responsible Officer which is expected to be an internal appointment. Work is still ongoing with the national teams at NHS England and NHS Improvement to progress the Surrey Heartlands devolution proposal, with an announcement expected after the General Election on 8th June.

A new Joint Accountable Officer has also been appointed across the three CCGs from Surrey Heartlands (Guildford and Waverley, North West Surrey and Surrey Downs), Matthew Tait who is currently Chief Executive at Bedfordshire CCG. Matthew is expected to join in June.

2 EXTERNAL OUTLOOK

2.1 NHS facts and figures: the NHS at the heart of our national life – NHS Providers

This short overview establishes why the NHS is important, the scale and scope of its work (including international comparisons, patient experience, its delivery track record) and the challenges it faces.

This has been developed as a resource for members to support local conversations with candidates and stakeholders in the lead-up to the general election 2017.

Please see overview at the end of this paper.

3 PERFORMANCE

3.1 Details of our operational performance including A&E are included in the separate report – Paper 7.2.

3.2 2016/17 Financial Position - Month 12 Outturn

2016/17 was another challenging year for all NHS providers who again faced sustained operational and financial challenges. Record winter demand, put even greater pressure on NHS trust finances, increasing spending whilst at the same time reducing income due to more cancelled operations. Similar demand pressures also affected Social Services leading to additional delayed transfers of care. Despite this, considerable progress was made by the NHS to cut the 2015/16 record deficit and particularly around reducing agency usage and hourly rates.

The Trust's financial performance was heavily influenced by these trends, and we were also able to improve our financial performance to an underlying surplus of £1.1m. In delivering our financial and operational performance targets across Quarters 1-3 we also secured £6.3m of the available £8.4m of Sustainability and Transformation Funds. We also reported £1.3m of unrealised gains from asset revaluations resulting in an overall surplus of £8.7m.

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

Finance Scorecard					
	YTD Plan (excl STF)	YTD Actual (excl STF)	YTD Variance (excl STF)	Annual Plan (incl STF)	Actual (incl STF)
Use of Resources Score (UOR)	1	3		1	2
Total income excluding interest (£000)	£282,221	£281,817	(£404)	£290,621	£288,082
Total expenditure (£000)	£264,680	£268,042	£3,362	£264,680	£268,042
EBITDA (£000)	£17,541	£13,775	(£3,766)	£25,941	£20,040
I&E net operational surplus/Deficit (£000)	£3,900	£2,400	(£1,500)	£12,300	£8,665
CIP Savings achieved (£000)	£10,727	£10,313	(£415)	£10,727	£10,313
CQUINs (£000)	£5,052	£3,565	(£1,488)	£5,052	£3,565
Month end cash balance (£000)	£15,651	£10,459	(£5,192)	£15,651	£10,459
Capital Expenditure Purchased (£000)	£9,945	£8,777	(£1,168)	£9,945	£9,945
Emergency threshold/readmissions penalties	£3,319	£4,097	£777	£3,319	£4,097

NHS Improvement "Use of Resources Score (UOR)"					
	Weighting	Current	Current Score	Current (excl STF)	Current Score (excl STF)
Capital Service Cover	20%	2.87x	1	1.98x	2
Liquidity	20%	-3.7	2	-12.1	3
I&E Margin	20%	2.54%	1	0.38%	2
I&E Margin Variance From Plan	20%	-1.96%	3	-1.26%	3
Agency	20%	-26.24%	3	-26.24%	3
Use of Resources Score Rating (UOR)			**2**		**3**

The key points are:-

- Clinical income increased by £12.5m (5.0%) year on year. The largest increases in clinical income occurred across outpatients which increased by £4.2m (7.6%) and elective activity which increased by £3.1m (6.3%). Within the above activity increases it should be noted the Trust won the new iMSK contract for all North West Surrey patients which increased income in the second half of the year by £3.0m. The national tariff also increased in 2016/17 by 1.8%. Our CQUIN initiatives underperformed at 60% delivery for CCGs and 80% for NHS England compared to 78% in 2015/16.

- Non-clinical income increased by £8.1m (42.2%) year on year. The main reason for this was the introduction of the national Sustainability and Transformation Fund for the delivery of financial and operational performance targets. The Trust received £6.3m as a result of meeting these targets for the first three quarters of the financial year.

- Pay costs were £8.1m (4.8%) higher than 2015/16. Of the increase 3.3% related to a combination of national pay terms and conditions and also changes to the state pension scheme (higher employers national insurance costs). Reductions from cost improvement programmes and agency rate capping were offset by the costs of meeting the increased activity levels. Additional costs were generated as the Trust looked to improve its emergency pathways and performance against the 4hr target. Year on year our agency costs reduced by £0.9m.

- Non-pay costs were £4.3m (5.0%) higher than 2015/16 which was mainly spent on £2.7m of sub-contracted activity linked to the new iMSK contract which was paid to the other existing local providers of this service. Drug costs were up £1.2m (5.2%) and this was largely recovered through income. The Trust also saw an increase of 17% (£0.7m) in its contribution to the Clinical Negligence Scheme for Trusts which was in line with the national average.

- The above combined with cost improvements of £10.3m drove an increase in our EBITDA performance of £8.2m (69.5%) year on year, largely due to the additional income from the Sustainability and Transformation Fund. The Trust's EBITDA margin was 7.0%, or 4.9% after stripping out the Sustainability and Transformation Fund income, compared to 4.4% in 2015/16.

Post EBITDA the Trust had a net reversal of asset impairments of £1.4m.

The Trust's cost improvement programme (CIP) saw delivery of £10.3m of savings in 2016/17 against a plan of £10.7m. Early slippages in the programme were partially compensated by replacement schemes later in-year, but not to the full extent planned.

The main elements of the 2016/17 capital programme of £8.8m included:

- The implementation of our electronic medical record system
- The commencement of a three storey courtyard infill to create additional endoscopy capacity and to enable the relocation of the neurophysiology department
- Works on the Intensive Care Unit to enable the colocation of the High Dependency Unit and
- Relocation of the Multi Faith Chapel to enable the expansion of A&E capacity.

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 on our Imaging Managed Equipment Service.

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 in-year. The Trust ended the financial year with a cash balance of £10.5m which was partially aided by slippage in the capital programme.

The Trust's financial performance for the whole of the 2016/17 financial year was given a Use of Resources Rating of 2, against a plan of 1. The Use of Resources Rating, which forms part of the overall Single Oversight Framework, is this year scored between 1 and 4, where 1 is 'low risk'.

2017/18 Financial Position - Month 1 Position

The month 1 financial position showed an underspend against budget of £0.01m. The table overleaf sets out the key metrics:

Finance Scorecard					
	Annual Plan (Incl STF)	Forecast (Incl STF)	YTD Plan (Incl STF)	YTD Actual (Incl STF)	YTD Variance (Incl STF)
Use of Resources Score (UOR)	1	1	3	3	
Total income excluding interest (£000)	£300,360	£298,629	£23,164	£22,492	(£673)
Total expenditure (£000)	£273,074	£271,324	£22,948	£22,243	(£705)
EBITDA (£000)	£27,287	£27,305	£216	£249	£33
I&E net operational surplus/Deficit (£000)	£13,424	£13,424	(£885)	(£870)	£15
Month end cash balance (£000)	£22,788	£22,788	£13,107	£11,061	(£2,046)
Capital Expenditure Purchased (£000)	£8,712	£8,712	£802	£253	(£549)
CIP Savings achieved (£000)	£10,541	£10,075	£758	£893	£135
STF Funding within income £000)	£7,672	£7,672	£384	£384	£0
CQUINs (£000)	TBC	TBC	TBC	TBC	TBC
Joint Delivery Plan with CCG (Income Only)	£8,000	TBC	TBC	TBC	TBC

NHS Improvement "Use of Resources Score (UOR)"					
	Weighting	Current	Current Score	Forecast (incl STF)	Forecast Score (incl STF)
Capital Service Cover	20%	0.42x	4	3.68x	1
Liquidity	20%	-4.7	2	12.2	1
I&E Margin	20%	-3.80%	4	4.70%	1
I&E Margin Variance From Plan	20%	0.02%	1	0.03%	1
Agency	20%	21.64%	1	0.00%	1
Use of Resources Score Rating (UOR)			**3**		**1**

In respect of payments for 2016/17 activity:

(i) North West Surry CCG have paid for all of their activity
(ii) The Trust is going through the usual national reconciliation process for the rest of the commissioners.

Table 1: Quality Performance Dashboard 30 April 2017

REF	Quality Scorecard Measures	Outturn 15/16	Monthly Target / Limit	Annual Target / Limit	Mar	Apr	6 month trend	YTD 17/18	Current month commentary
1.01	In-hospital SHMI	64	<72	<72	74	76		69.9	Mortality indices above expectation.
1.02	RAMI	62	<70	<70	66	68.7		70	See below.
1.03	In-hospital deaths	1139	90	<1082	116	90		90	April in-hospital deaths of 90 are within target.
1.04	Proportion of mortality reviews (data 1 month in arrears)	56%	>90%	>90%	61%	58%		65%	Mortality Review completion rates were 100% for TASCC, 53% for MES, 50% for WH&P and 0% for DTTO. DTTO had 2 deaths in March which will be reviewed at the QUASH day in May 2017.
1.05	Number of cardiac arrests not in critical care areas	56	-	-	10	2		2	Trustwide rollout of the Treatment Escalation Plan (TEP) is planned in June or July.
1.06	Methicillin Resistant Staphlococcus Aureus (MRSA) -	0	0	0	0	0		0	No cases.
1.07	C. Difficile (hospital only)	15	1.4	17	5	0		0	No cases.
1.08	Falls (per 1000 beddays)	2.59	2.46	2.46	1.99	2.56		2.56	Falls per 1000 beddays of 2.56 is above target of 2.46. Falls prevention strategies continue.
1.09	Pressure ulcers (per 1000 beddays)	2.08	1.98	1.98	1.39	1.70		1.7	The monthly CCG target of 11.7 stage 2 hospital acquired ulcers was not achieved this month with 16 stage 2 pressure ulcers. AMU and Swan each had 3 stage 2 pressure ulcers. AMU staff are completing daily checks for pressure ulcers; Swan ward are aiming to be stage 2 and above pressure ulcer free for 100 days. Aspen, BACU, Labour Ward and Theatres SPH each had 2 stage 2 pressure ulcers. Pressure ulcers are unusual on Labour Ward and occurred after an epidural in labour; the communication bulletin this month reminds all staff to be vigilant in providing care in labour, particularly when epidurals are given.
1.10	Readmissions within 30 days - emergency only	13.1%	12.5%	12.5% by Q4	14.0%	14.5%		14.5%	30 day readmissions of 14.5% remains above the Q4 target of 12.5%. Significant areas by volume were A&E at 21.6%, Upper Gastrointestinal Surgery at 18.9%, Urology at 18.8%, Cardiology at 17.7% and General Medicine at 17.2%.
1.11	Stroke patients (% admitted to stroke unit within 4 hours)	65.0%	90%	90%	57.5%	53.2%		53.2%	The majority of breaches were due to lack of ring fenced beds.
1.12	Medication errors (rate per 1000 beddays)	2.92	-	-	2.6	2.13		2.13	Medication errors per 1000 beddays of 2.13 were lower than last month.
1.13	Sepsis screening audits - % of eligible patients that were screened in ED	70.5%	90%	90%		88% Q4	-		During the last quarter, ASPH ran a '#Think Sepsis' campaign for 90 days with the following aims: 1. Ensuring all staff are fully engaged and have knowledge of sepsis and how to identify it; 2. To have a clear understanding of their roles and responsibilities in the early identification and management of sepsis and 3. To have established these as part of their daily routine. Following the conclusion of this campaign, we are setting up an expanded Trustwide Sepsis project team, which includes Maternity, Paediatrics, Inpatients and ED representatives. This group will take forward areas for improvement that have been identified during this year.
1.14	Sepsis - antibiotics administered on ED patients and day 3 antibiotic review performed	-	-	80% Q2; 90% Q3		81% Q4	-		The ED sepsis antibiotic target was not met in Q4. 16/85 patients did not receive antibiotics within the appropriate timeframe during Quarter 4. Their ED patient notes were reviewed by the Sepsis clinical lead for ED and an action plan has been developed to support the identified areas of improvement.
1.15	Inpatient sepsis - % eligible patients screened for sepsis	-	-	Dec 90%; Q4 90%		96% Q4	-		The Trust launched a revised screening protocol using VitalPAC software in December 2016 and the inpatient screening target in Q4 was achieved.
1.16	Inpatient sepsis - % eligible patients receiving timely antibiotics and day 3 antibiotic review performed	-	-	Dec 90%; Q4 90%		54% Q4	-		The Q4 inpatient antibiotic target was not achieved.
3.03	Serious Incidents Requiring Investigation (SIRI) reports overdue to CCG	8	-	-	9	9		9	Under progression by the Safety Team.
3.04	Serious Incidents Requiring Investigation (SIRI) reports submitted to CCG	116	-	-	6	7		7	Under progression by the Safety Team.
3.07	Friends and Family Satisfaction Score - Inpatients including Daycase	96.2%	95%	95%	95.1%	96.9%		96.9%	The FFT Inpatient recommended score of 96.9% is above the monthly target of 95% and an increase from 95.1% last month and from this time last year (96%). The average response rate for April was 19.7%.
3.08	Friends and Family Satisfaction Score - Accident and Emergency Department (ED) including Paediatrics	84.3%	87%	87%	83.5%	84.7%		84.7%	FFT satisfaction score for ED is slightly improved from last month and is a similar rate to this time last year (84.5%). Response rates remain very low (1.6%) amd work is underway on possible solutions.
3.09	Friends and Family Satisfaction Score - Maternity Touch Point 2	96.3%	97%	97%	100.0%	95.5%		95.5%	Maternity touchpoint 2 score was below target of 97%, but is an increase on the same month last year. Response rates remain low at 6.6%.
3.09a	Friends and Family Satisfaction Score - Outpatients	0.9	92%	92%	95.7%	94.9%		94.9%	Outpatients FFT score of 94.9% remains steady and above target of 92%. Response rates this month are good at 61.2% average.
3.10	Follow-up complaints - complaint rate per rolling 12 month average	8.3%	<10%	<10%	5.3%	5.0%		5.0%	2 follow ups were received in addition to 38 new complaints in April.
3.11a	Dementia case finding	96%	>90%	>90%	29.0%	31.1%		31.1%	Dementia case finding data reporting is incomplete due to limited staff capacity to manually collate this data. It is planned to use VitalPAC to track this data electronically in 2017/18 which is expected to significantly improve recorded results.
3.11b	Dementia diagnostic assessment	99%	>90%	>90%	100%	100%		100.0%	In line with expectations.
3.11c	Dementia referral	87%	>90%	>90%	100%	100%		100.0%	In line with expectations.

REF	Reference items	Target description & limit		Mar	Apr	6 month trend	YTD 17/18	Current month commentary
1	Overdue safety alerts	<1 overdue	<1	0	0			In April 1 new stage 2 safety alert was received on the identification of pregnant girls and women taking valproate for epilepsy and bipolar disorders. This alert has been actioned and is underway. Open alerts are being actioned and no alerts are overdue.
2.1	NHS Safety Thermometer - % of patients on spot day with new harms	< National av.	2.06%	0.99%	0.90%		0.90%	New harms of 0.90% were below the national average of 2.06%.
2.2	NHS Safety Thermometer - % of patients on spot day with new CAUTIs	< National av.	0.29%	0.50%	0.00%		0.00%	There were no new CAUTIs on the April audit day.
2.3	NHS Safety Thermometer - % of patients on spot day with new pressure ulcers	< National av.	0.90%	0.50%	0.22%		0.22%	New pressure ulcers at 0.22% were below the national average of 0.90% and reflect 1 stage 2 pressure ulcer on Swan.
2.4	NHS Safety Thermometer - % of patients on spot day with falls with harm	< National av.	0.54%	0.00%	0.00%		0.00%	There were no falls with harm on the April audit day.
2.5	NHS Maternity Safety Thermometer - % of patients with combined harm free care (physical harm and women's perception of safety)	> National av.						No national data currently available due to a change in the data provider Update received on 11 May that April data is anticipated to be available in June 2017.
2.6	NHS Medications Safety Thermometer - % of patients with reconciliation started within 24 hours of admission	> National av.						No national data currently available due to a change in the data provider Update received on 11 May that April data is anticipated to be available in June 2017.
2.7	NHS Medications Safety Thermometer - % of patients with an omitted critical medicine in the last 24 hours	< National av.						No national data currently available due to a change in the data provider Update received on 11 May that April data is anticipated to be available in June 2017.
3	Best care audits undertaken this month	Level 3 ward count	-	-		-	-	From 1 April 2017, wards/areas have been completing weekly data collection for between 1 -3 measures using Quality Improvement methodology.
4	WOW awards	-	n/a	23	27		-	MES received 10 WOW nominations, TASCC received 6 and DTTO received 5. WH&P was nominated for 4 awards, and QRMNM and IT both received 1 nomination each.
5.1	Complaints % Responded to timescale as agreed with complainant	Timeliness	>95%	28.0%	61.3%		**	31 complaints were closed in April 2017. Of these, 19 were responded to within timescale.
5.2	Complaints % Responded to timescale (Grade 1 & 2 in 25 days)	Timeliness	No target	32.0%	89.5%		**	This is a significant improvement from last month reflecting a concerted effort by all involved.
5.3	Complaints % Responded to timescale (Grade 3 & 4 in 35 days)	Timeliness	No target	0.0%	10.5%		**	Of the four cases closed during April, 3 were complicated - 2 had been opened in January and 1 in February. The fourth case was converted from a PALS.
5.4	Complaints mean response time in days: variance from 25 day target (Grade 1 & 2)	Responsiveness	No target	8.5	20.06	-	**	The mean is partly affected by 3 of the 27 Grade 1 and 2 complaints which were responded to by the Chief Executive and these have a 35 day response time.
5.5	Complaints mean response time in days: variance from 35 day target (Grade 3 & 4)	Responsiveness	No target	56	14.5	-	**	Mean response times were affected by three lengthy cases opened in January and February.
5.6	PHSO (Ombudsman) cases open - total number	Response quality	No target	3	3		-	There are currently three open cases. One is not a complaint for our Trust; the second has requested a local resolution meeting and the third is for MES.
5.7a	PHSO (Ombudsman) cases closed but not upheld	Response quality	No target	0	0			No cases closed in April.
5.7b	PHSO (Ombudsman) cases closed and partially upheld	Response quality	No target	0	0			No cases closed in April.
5.7c	PHSO (Ombudsman) cases closed and upheld	Response quality	No target	0	0			No cases closed in April.
5.8	PHSO (Ombudsman) new cases received	Response quality	No target	1	0			No cases open in April.

NHS Providers

THE NHS AT THE HEART OF OUR NATIONAL LIFE

THE NHS PLAYS A FUNDAMENTAL ROLE IN SOCIETY AND IS A CENTRAL PILLAR OF OUR ECONOMIC STRENGTH AND STABILITY

The NHS in England...

- Provides **54 million citizens** with care free at the point of need
- Provides jobs for **1.2 million people**, making it the country's largest employer
- Provided education and training opportunities for over **38,000 nurses**, scientists, and therapists and over **50,000 doctors and dentists** last year

The NHS also plays a key role in maintaining the global competitiveness of the UK's life sciences sector, which:

- Generates around **£50 billion** annually
- Provides **165,000 UK jobs**

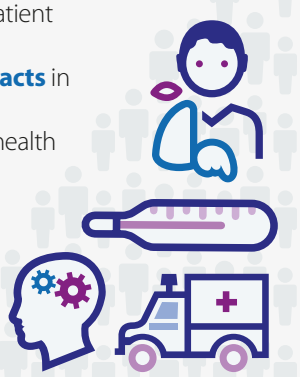
THE NHS DELIVERS WORLD CLASS SERVICES

The NHS is an international leader...

- The Commonwealth Fund ranks the NHS as **the world's best healthcare system**, ahead of comparable systems on measures including quality of care, cost and efficiency
- The NHS provides **good value for money**; the UK spends $3,406 per person on healthcare each year compared to $4,361 in France and $4,920 in Germany
- **69% of the public in England** report they get good healthcare, compared with **57% in France** and **59% in Germany**

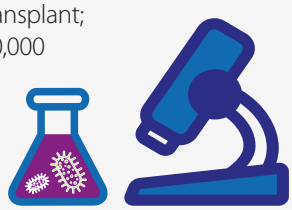
...providing comprehensive care to millions...

- Every year, NHS trusts:
  - manage **21 million A&E attendances** and over 113 million outpatient appointments
  - provide **100 million contacts** in community services
  - provide specialist mental health and learning disabilities services for **over 1.8 million people**
- In 2014, the first NHS national **waiting times targets for mental health services** were introduced

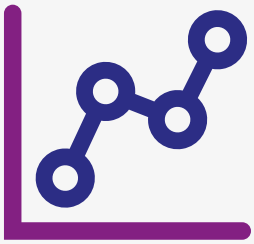


...and has a strong track record of improving care quality and our global competitiveness

- The NHS is **a world leading research organisation**, **with billions invested** in NHS research every year. The service has been **at the forefront of key medical breakthroughs**, such as pioneering the first combined heart, lung and liver transplant; introducing CT scans; and the 100,000 genomes project. The NHS also helps make the UK a global hub for the medicines and health technologies industries



- Given the right resources, NHS foundation trusts and trusts have shown that they can make **huge gains in improving care quality and outcomes**, including heart attack and cancer survival rates, reducing infections and saving money. In **2015/16 alone NHS trusts made £2.9 billion of cost improvement gains**



All statistics and references available on our website

NHS Providers

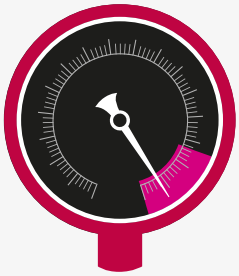
NHS CHALLENGES
INVESTMENT AND SUPPORT NEEDED

BUT OVER THE COURSE OF THE NEXT PARLIAMENT, THE NHS FACES MAJOR, UNPRECEDENTED CHALLENGES

Demand is rising...

- The **over-85s population** has increased by almost a third since 2005 to 1.3 million and **will double in the next 20 years**
- The prevalence of long-term conditions such as diabetes, arthritis and hypertension is rising, with people with **long-term conditions accounting for 70%** of inpatient bed days
- **One in four people** will experience a **mental health** issue each year
- GPs delivered an estimated 370 million consultations in 2016, an increase of **70 million in 5 years**

...so putting pressure on frontline services...



- **Performance** against key standards **is deteriorating**:
  - in the 12 months to January 2017, **an average of 89% people** were seen within 4 hours at **A&E**, compared to the 95% standard
- the 92% 18-week **elective surgery target has not been met** since February 2016
- the **ambulance target for 75%** of the most urgent calls to be responded to within 8 minutes was **not met** in any month in 2016/17

...at a time when funding is not keeping pace...

- **Demand for NHS services is rising by 4%** each year just as spending per person on health services is falling
- Demand for ambulance services is **growing on average by 5%** a year
- An **extra £10 billion of investment in NHS buildings** and equipment is needed to support current plans to improve local health services
- Reductions to social care budgets mean that around **400,000 fewer people over 65** now receive social care than in 2010
- A lack of funding, reductions in capacity and staff shortages have seen **significant reductions in the numbers of beds and other services** in the community

...and strain on the NHS workforce

- All trusts report **difficulties in recruiting and retaining** staff
- There are **persistent shortages across key staff groups** including nurses, paramedics, mental health support workers and A&E doctors
- There remains **uncertainty about the future rights and status of the 161,000 EU nationals** working in health and social care in England after the UK leaves the EU

Public concern about the future of the NHS is the highest it's been since June 2002: 57% think the NHS's ability to deliver care and services has been getting worse and will continue to decline.

To sustainably meet the changing needs of our growing and ageing population, the NHS has to transform, offering more personalised care closer to home. This will take time and will also need investment and political support.