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

COUNCIL OF GOVERNORS
9th March 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:	March 2015
Decision	For Discussion

1 INTERNAL FOCUS

1.1 #Right Culture

We are continuing our work to support my vision to create the right culture in our organisation that supports the delivery of high quality patient care. I would particularly like to highlight the following initiatives that support this:

*Compassion and kindness – w*e are currently involved in a project with the University of Brighton and Surrey University called *Cultivating Compassion*, which looks at how compassion can be recognised, developed and sustained in the healthcare workforce. As part of this project, we are developing *Compassion Champions* across the Trust, using a 'train the trainer' model. As part of our wider engagement work around this we are planning to develop a *Compassion/Kindness Wall* on our Trust intranet – this is a web-based tool that allows staff to engage in conversations by adding their thoughts to an online comments 'wall'. We will be asking staff to recognise acts of compassion and kindness they have seen across our hospitals by recording these examples on the wall, sharing good practice and encouraging conversation.

7 day working – as leaders in our organisation, the Executive Team are piloting seven day working so there will be an Executive Director on site in our hospitals on Saturdays and Sundays. We are planning to work an 11 week rota starting from 2nd February, with Directors taking a day off during the week in lieu. We are aiming to provide visible leadership rather than lead operationally and will continue to run the separate operational on-call Director rota, although where possible we will aim to align the two. The Director will take the opportunity to walk the floor, talking to colleagues and patients across our hospitals, leading, learning and supporting. We will be evaluating the pilot and will report our conclusions in the Spring.

Results of culture diagnostic- in previous reports I described the culture diagnostic we have undertaken jointly with The Royal Surrey County Hospital as part of our merger work so that we can describe the target culture for the new organisation and what needs to be done to generate that. This has been a positive opportunity for us to engage with staff about the new organisation, actively engaging around 850 colleagues across both organisations. We now have the full results and it's reassuring to see that both cultures appear to be based on similar values – putting patients first, aiming for high standards of quality, supporting each other and on working more efficiently. Both want to see more emphasis on fair treatment of employees (more from ASPH), more personal development opportunities and encouragement to be more innovative (more from RSCH). As a starting point for developing shared values, we appear to have some real common ground and will be building on this as we move forward.

National Staff Survey 2014 Results - the National Staff Survey 2014 questionnaire was sent to eligible ASPH staff in October 2014. Within a period of 10 weeks, 1466 (43.93%) members of staff completed it and we thank them for their participation. The results of our survey and those of all acute Trusts in England are expected to be published by NHS England on 24th February 2015.

Recognition - we continue to be recognised on a number of national platforms with the Trust winning three awards at the DAPS (Doctors Advancing Patient Safety) Global Awards at the end of November:

- Most innovative quality improvement project – our 'Be the Change Campaign' which was a hospital-wide campaign run by the Foundation Year 1 doctors last year to improve services provided to our patients, received by Carly Chu, Claire Matthews and Keefai Yeong;

- Claire Matthews for Best Patient-centred Quality Improvement Project – improving the number of painful needle pricks for new born babies (neonates) with low blood sugars;
- Keefai Yeong for Significant contribution to quality improvement.

My congratulations and thanks to all.

1.2 Best Outcomes

Opening of Birch Ward

At the end of November, we officially opened our newly refurbished cardiac ward, which brings together the Coronary Care Unit and Birch Ward. Previously located on the fourth floor at St Peter's Hospital, the wards have joined together and have been renamed Birch Acute Cardiac Care or BACU. They are now located adjacent to our Cardiac Catheterisation laboratories on Level 3 so all our inpatient cardiac care is in one place. The new unit comprises ward areas, a quiet space, an echo room for echocardiograms, the Cath labs, two recovery areas and a day ward. Bringing everything together means care is less disjointed and more efficient for both patients and staff. The new unit also has direct access for the ambulance services, so time sensitive treatments can be delivered quickly.

Early Supported Discharge Team

Our Early Supported Discharge Team was recently awarded the Clinical Leadership Award at the Kent Surrey and Sussex Health Sciences Network Awards. The team, based on Swan [orthopaedic] ward, supports early discharge from hospital helping to ensure patients achieve the same expected outcomes, if not better, than those achieved during an inpatient stay as evidence suggests that patients often recover more quickly than they do in hospital.

1.3 Locum Access to Computerised Data

I understand that Governors have queried how locums are provided with access to computerised data. It was felt that locums were not necessarily given the same degree of access as at other hospitals. I can advise that the Director of Finance and Information has looked into this and has identified that there are generic accounts that have been created for both PAS (inpatient and outpatient details) and PACS (Radiology images) and these are controlled and managed by A&E. The generic accounts log on/password details are handed out as and when required and reset by IT on request. Pathology results are accessed using the ward enquiry viewer.

There was some confusion in Paediatric A&E due to the generic account details not being made known to that team by other members of A&E leadership; however this has now been addressed. The team has also been advised by the PACS team to use the existing PACS generic accounts in use in the A&E environment.

Based on these findings, I can advise locums have access to PACS, PAS and Pathology.

2 EXTERNAL OUTLOOK

2.1 2015/16 Tariff

On 19th February Monitor and NHS England wrote to all providers outlining its proposed next steps with the national tariff for 2015/16 following the objection mechanism being triggered. The announcement of an enhanced tariff offer included:

- An extra £500 million for providers through the tariff in 2015/16 funded by NHS England and the Department of Health;
- An improved balance of financial risk at a national level between commissioners and providers,

though this must be replicated at each local level;

- Further movement on the marginal rate for emergency admissions including a 70% rate and a blanket rebasing to reflect today's demand levels rather than those from 2008/09;
- Marginal cost for specialist services is raised from 50% to 70%; and
- A lower tariff efficiency factor (from 3.8% to 3.5%).

Providers continue to have access to up to 2.5% of CQUIN.

2.2 Freedom to Speak Up Review

Sir Robert Francis QC published the *Freedom to Speak Up* report in February 2015. This was an independent review into creating an open and honest reporting culture in the NHS. The secretary of state also made a statement setting out the government's response to the review. All Sir Robert's recommendations were accepted in principle, and a package of measures to implement them will be consulted on. Two main recommendations were made, as well as a further 20 principles with associated actions that aim to create better conditions for NHS staff to raise concerns about patient safety and care, to build knowledge sharing across the NHS and to improve standards of complaints handling across organisations and provide appropriate redress when errors occur. The first recommendation is that all organisations which provide NHS healthcare and regulators should implement the principles and actions from the report in line with good practice. The second is that there should be an annual review by the secretary of state of the progress made, and the performance of the NHS in handling concerns and the treatment of those who raise them.

3 STRATEGY

3.1 Our Merger Plans with The Royal Surrey County Hospital

As you are aware, the Competition and Markets Authority (CMA) took the decision to refer our proposed merger with The Royal Surrey County Hospital to Phase II assessment. The CMA will continue to investigate plans for the merger before making a final decision, and this second phase could take up to 6 months.

The rationale given by the CMA for the referral was based on their view that there would be a 'realistic prospect of a substantial lessening of competition' in a number of inpatient and outpatient specialties. On a more positive note, the CMA has accepted Monitor's advice on the relevant patient benefits for seven day working in stroke, interventional radiology and gastroenterology. However, given the CMA's judgement on the lessening of competition and the potential benefits, they have decided that a fuller investigation is required.

Following the CMA's decision, both our Boards have now formally agreed to continue with the merger process. At separate Board meetings on Thursday 26th February, Board members all agreed that the rationale for proceeding with the merger remained as strong as ever.

This second phase assessment means the CMA will continue to investigate the joint plans before making their final decision. During this time, both trusts will have to pause integration planning and will not be permitted to progress any of this work until the CMA gives its final decision later this year.

For those staff involved in merger planning, that means a return to the day jobs until things can be picked up again in the autumn, assuming we are given the go-ahead. A small team will still be involved in working with the CMA, answering questions and helping to provide the detailed information they will need to conduct their analysis. There may also be a small number of partnership projects we are able to continue with in the meantime.

4 REGULATION

4.1 Care Quality Commission (CQC) Inspection

As I previously reported, our CQC inspection took place from 2-5 December across both our hospitals and we await the final report in March.

4.2 CQC Fundamental Standards

From 1st April, new regulations (the fundamental standards) from the CQC will come into effect. They will set the standards below which care must not fall, and which providers must demonstrate how they will meet as part of registration. The standards sit alongside the five questions around whether services are safe, caring, effective, responsive to people's needs and well led, that are asked by the CQC and rated against when inspecting. If inspection teams identify poor care, they will determine whether there is a breach in the new regulations and if so, what action to take. Following a public consultation last year, the CQC has developed guidance on meeting the fundamental standards and how enforcement powers will be used. The final version of *Guidance for providers on meeting the regulations* will be published at the end of March.

4.3 Monitor: Quarter 3 2014/15 Foundation Trust (FT) Performance Summary

Monitor published their 9 month report on 13th February which detailed FT performance for the 9 months to 31 December.

Some of the key findings:

- Of the 38 medium sized acute trusts (£200m-£400m), 31 trusts are in deficit and 13 are currently red rated for governance and therefore in special measures or under investigation;
- Of the 35 FTs in the South 57% are in deficit;
- The number of FTs that breached the A&E target doubled to 66 compared to 33 in the same period last year;
- FTs breaching the admitted RTT targets now stands at 50 at Q3 2014/15;
- FTs achieved RTT targets for both non-admitted (95%) and incomplete pathways (92%), reporting performances of 95.13% and 93.14% respectively;
- For the third consecutive quarter, FTs failed to meet the 85% cancer waiting time target, with a performance of 84.45%. The number of trusts failing the target increased to 31 this quarter compared to 30 in Q2 2014/15 and 16 in Q3 2013/14;
- FTs have increased their overall year to date deficit by £67m t £321m in Q3 2014/15. The net deficit is now almost five times the planned value;
- Acute trusts remained most financially challenged with a net deficit of £428m;
- FTs hold a combined £3.7 billion in cash in the bank.

5 PERFORMANCE

5.1 Quality and Safety

1. Best outcomes

	Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Dec Actual	6-month trend	YTD 14/15
1-01	In-hospital SHMI	N	56	<72	<72	56		57
1-02	RAMI	N	57	<70	<70	81		60
1-03	In-hospital deaths (CQUIN)	L	1033	86	<1033	123		790
1-04	Proportion of mortality reviews	L	23%	70% in Q3	>90%	22%		34%
1-05	Number of cardiac arrests not in critical care areas	L	NEW	-	-	9		52
1-06	MRSA (Hospital only)	N	2	0	0	0		0
1-07	C.Diff (Hospital only)	N	10	0.75	9	2		15
1-08	Falls (Total Number)	L	721	58	697	49		475
1-09	Falls (Per 1000 Beddays)	L	3.93	3.73	3.73	2.95		3.31
1-10	Falls with harm (safety thermometer measure)	N	0.53%	0.50%	0.50%	0.00%		0.53%
1-11	Pressure Ulcers (Per 1000 Beddays)	L	1.25	1.19	1.19	1.92		2.05
1-12	Pressure Ulcers (safety thermometer measure)	N	1.10%	1.20%	<1.2%	0.60%		0.98%
1-13	Readmissions within 30 days - emergency only	N	12.5%	12.5%	12.5%	12.4%		12.8%
1-14	WHO surgical safety checklist compliance	L	95.1%	98.0%	98.0%	98.2%		98.4%
1-15	Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.5%	80% in Q3	90%	41.7%		53.7%
1-16	EDDs set within 14 hours of admission (CQUIN)	L	NEW	75% in Q3	90%	75%		50%

3. Excellent experience

	Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Dec Actual	6-month trend	YTD 14/15
3-03	Serious Incidents Requiring Investigation (SIRI)	L	94	N/A	N/A	9		75
3-07	Friends & Family test score - InPatients	L	72.3	>73	>73	74.6		74.9
3-08	Friends & Family test score - A&E	L	47.6	>55	>55	48.6		46.7
3-09	Friends & Family test score - Maternity (Composite Score)	L	72.3	>73	>73	82.3		78.1
3-10	Follow-up complaints	L	144	14	136	4		75
3-11	Dementia screening (Composite Score)	N	96.7%	>90%	>90%	95.64%		95.9%

For indicator definitions see Appendix 1.

(T*) Target Type: N, National; L, Local

Delivering or exceeding Target		Improvement Month on Month
Underachieving Target		Month in Line with Last Month
Failing Target		Deterioration Month on Month

5.1.1 Commentary

Falls Total falls of 475 year to date and 49 this month are well below limits. The safety team is currently performing a deep dive into falls exploring the interrelationship of the incident grade, nature, intervention, and action including data triangulation across internal and external sources. Results will be reported to Board in February.

Readmissions Thirty day emergency readmissions has improved from 13.1% in November to 12.4% in December. It is also worth noting there was 191 increase in admissions in December compared to November data. Readmissions were below the target level at 12.3% by the end of Q3, though the Trust has been above target through the rest of Q2 and Q3. Reducing the number of readmissions is a focus for the Trust. With the high level of emergency admissions in December the new plan, to phone high risk discharges in cardiology has been delayed until January. From February all high risk patients will be identified to the GP's in the discharge summary. Further validation activity is occurring to ensure that all readmissions are checked to ensure that they are recorded correctly and the number is not overstated

WHO checklist This month compliance with the WHO checklist reached the target of over 98%, with 98.2% of cases complying. This encouraging result reflects the continued promotion of the checklist within theatres.

Estimated Discharge Dates (EDDs) Considerable progress has been made in embedding setting EDDs within 14 hours of admission, which rose from 57% in November to 75% in December, thus achieving the Q3 target. This is a considerable achievement given the operational pressures this quarter.

5.1.2 Safety

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

The Safety Thermometer[1] 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 one day per month, approximately 500 patients, to provide a 'snapshot' of harms.

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

- New hospital associated harms have decreased from 2.46% last month to 1.41% in December which is now below the national average.
- New CAUTIs have increased from nil last month to 0.4% this month which is slightly above the national average of 0.3%.
- The percentage of new pressure ulcers has decreased from 0.95% to 0.6% this month and is below the national average of 0.96%.

Whilst there were no falls with harm in December on the safety thermometer spot test day. Hospital harms remains a priority area which is under active review by the safety team.

5.1.3 Patient Experience

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

In December 133 patients or families contacted PALS, a slight dip from previous months. Of the 133 concerns raised in December, communication remains the highest area for concern with 49 contacts relating to this. Outpatients received 28 concerns which is below the expected amount. There were 21 concerns raised pertaining to treatment and care which is an expected level related to this area.

Formal Complaints

There were 41 new formal complaints in December, which is in line with previous months. The two top subjects remain consistent with treatment and care with 22 complaints raised, and communication with 11. There has been a further decline in complaints received pertaining to staff attitude with 1 formal complaint being raised, compared to November which received 4, and October which received 11 complaints related to the attitude of staff.

Each division has an action plan in order to ensure learning and changes are adopted following

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

complaint investigations. Complaints are also taken to Speciality Clinical Governance meetings to ensure local specialties are aware and can support necessary learning and improvement.

Divisional results are shown in Appendix 2.

Complaint Performance against Timescale

The Patient Experience Dashboard in Appendix 2 shows divisional performance against timescale.

Responding to complainants within agreed timescale has increased in December with it currently taking the Trust an average of 38 days to respond. Complaint timelines are being closely monitored and there will be a new process in place in January 2015 to allow for complaints graded as a one or two to be signed by the appropriate Triumvirate member in each division. This will allow for less complex complaints to be managed in a more timely manner.

Complaints graded as a three or above will go to a complaints panel chaired by the Chief Nurse to ensure that the investigation will be thorough and cover all points necessary.

5.1.4 Patient Feedback

Friends and Family Test (FFT)[2]

The percentage of respondents that would recommend their experience of Inpatient services is 95.3% which is a very marginal dip from the previous month. The response rate has recovered to 45.4% and has highlighted the fact that the submissions of FFT data have not been aligned with monthly data. This has been corrected which should avoid such significant differences in response rates in the future.

The Accident and Emergency FFT percentage recommended score is 81.9% which is a marginal improvement on the previous month. The response rate has dipped slightly to 14.5%, and there are plans to introduce a new method for collection in the A&E department to increase this response rate in line with the 20% average target for Q4.

Maternity FFT percentage recommended score is 97.4% which is a slight improvement on the previous month. Response rates continue to be low in community touchpoints one, and 4 with 8.1% and 9.1% respectively. Touchpoint two has recovered in December to 15.9%. Touchpoint three is showing an exception to its normal response rate at 5.9%. This is usually reported at around 20%+. On investigation it has been identified that the responses were not submitted in time by the Patient Experience Team and as such there will be an elevated response rate in January. Whilst there is not an external target that this affects, it is noted that the system for collection must be revised in order to ensure this does not happen again.

Outpatients have been gathering feedback through FFT since October. There is no response rate measure for Outpatients. The percentage recommended score has improved to 94% in December across the whole department. Individual areas are looking at their own scores and comments in detail and actioning feedback accordingly. There is high engagement from Outpatient areas and further work is being done with the electronic dashboard to ensure results are easy to obtain for each speciality outpatient group.

The Outpatients recommended score will be reported on nationally from April 2015.

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

Wow Awards

Medicine and Emergency Services, Women's Health and Paediatrics and Diagnostics, Therapies, Trauma and Orthopaedics each had seven nominations proposed. Theatres, Anaesthetics, Surgery and Critical Care received nine nominations and Health Informatics had one award proposed. Friends of St. Peter's Hospital and all staff also received one nomination each.

NHS Choices User Rating

Hospital	User rating (out of 5) Feb 2014	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
Ashford and St Peter's *(ratings split by site from August)*	SPH: 4.5 (146) AH: 4.5 (28)	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)
Frimley Park	4.5 (159)	4.5 (175)	4.5 (186)	4.5 (215)	4.5 (235)
Epsom	4.5 (58)	4 (73)	4 (75)	4 (86)	4 (89)
Royal Berkshire	4 (177)	4 (200)	4 (217)	4 (236)	4 (245)
Royal Surrey	4 (102)	4.5 (129)	4.5 (154)	4.5 (191)	4.5 (206)
Kingston	4 (81)	3.5 (90)	3.5 (100)	3.5 (118)	3.5 (135)
West Middlesex	4 (132)	4 (155)	4 (180)	4 (197)	4 (212)
St George's	4 (124)	4 (147)	4 (164)	4 (179)	4 (185)
Wexham Park	3.5 (110)	3.5 (137)	3.5 (168)	3.5 (194)	No data available
Chelsea and Westminster	3.5 (46)	3.5 (61)	3.5 (71)	3.5 (80)	3.5 (87)

5.1.5 Safety Thermometer Charts

Chart 1: Percentage of patients with new harms

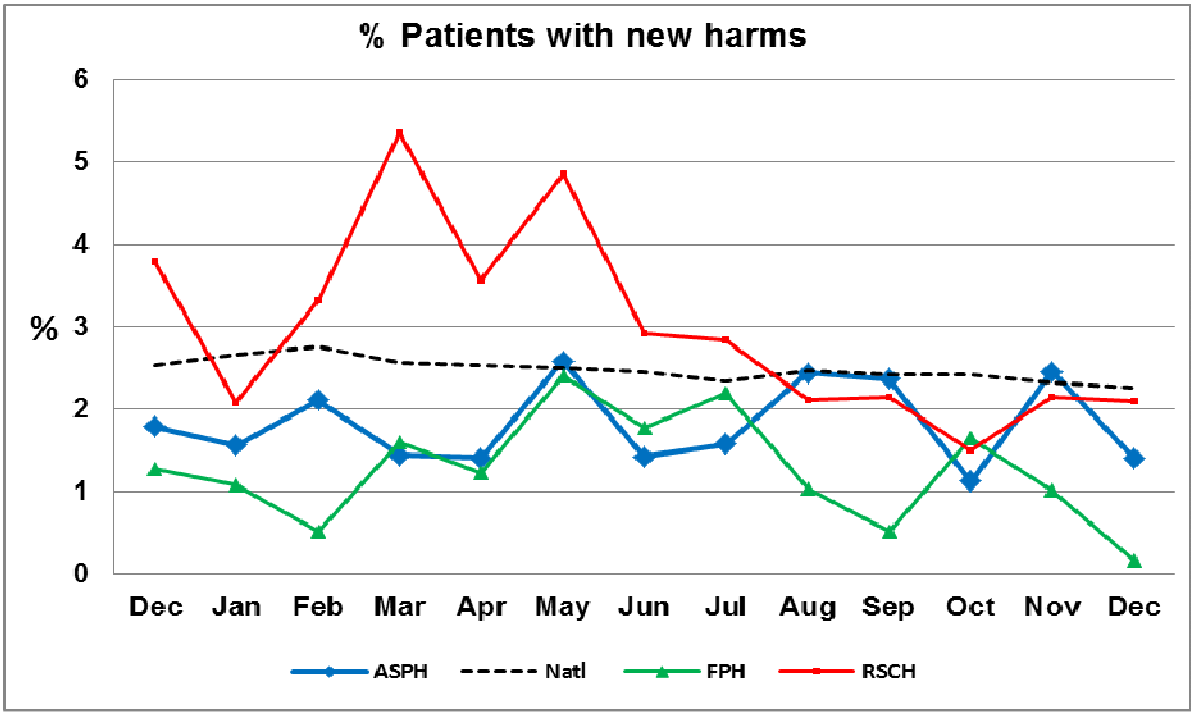


Chart 2: Incidence of new CAUTI

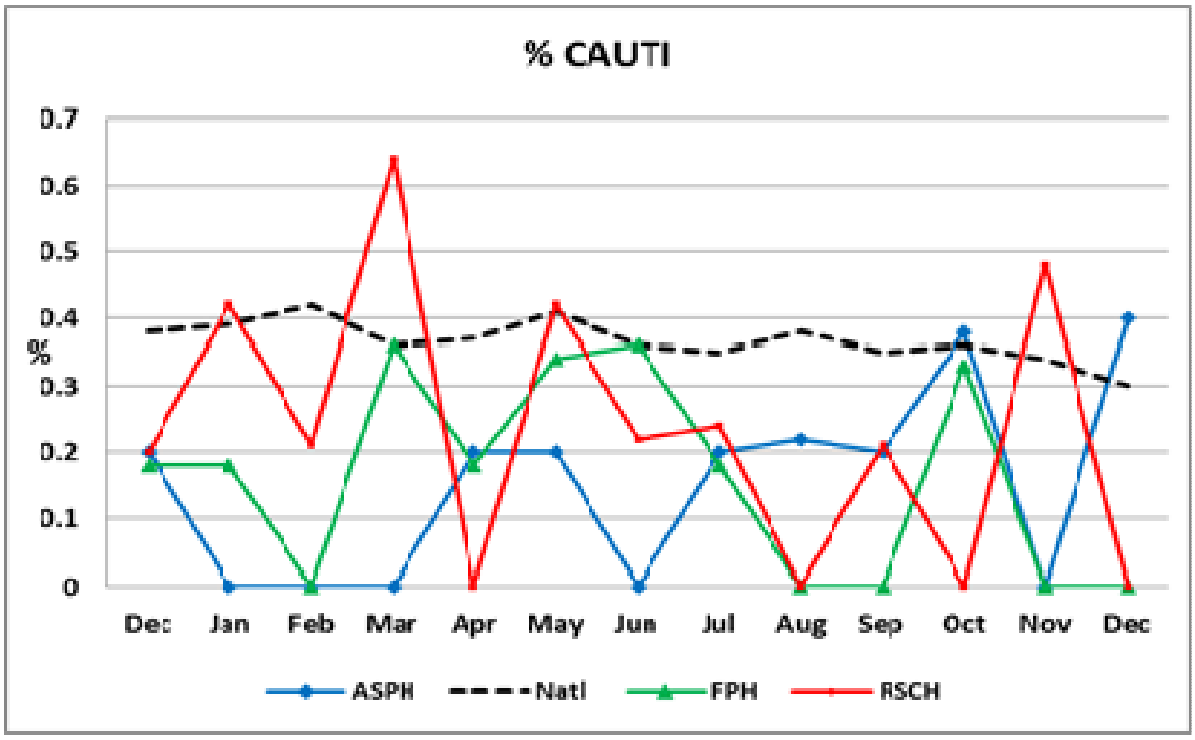


Chart 3: Incidence of new pressure ulcers

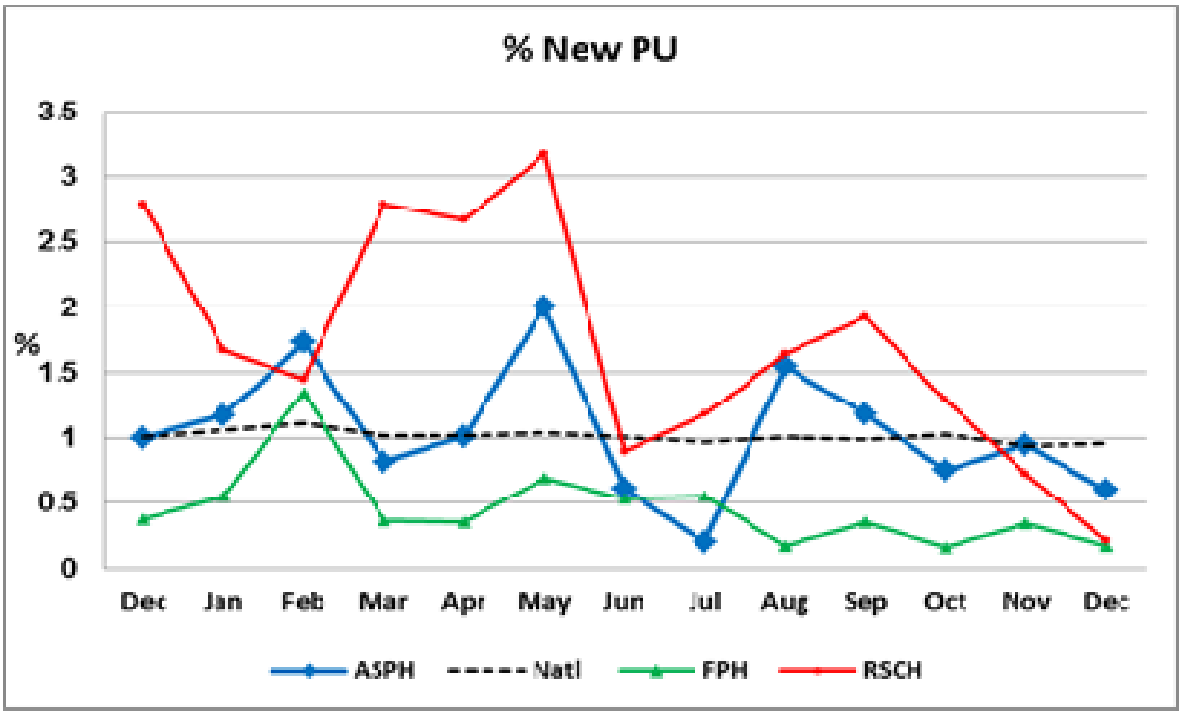
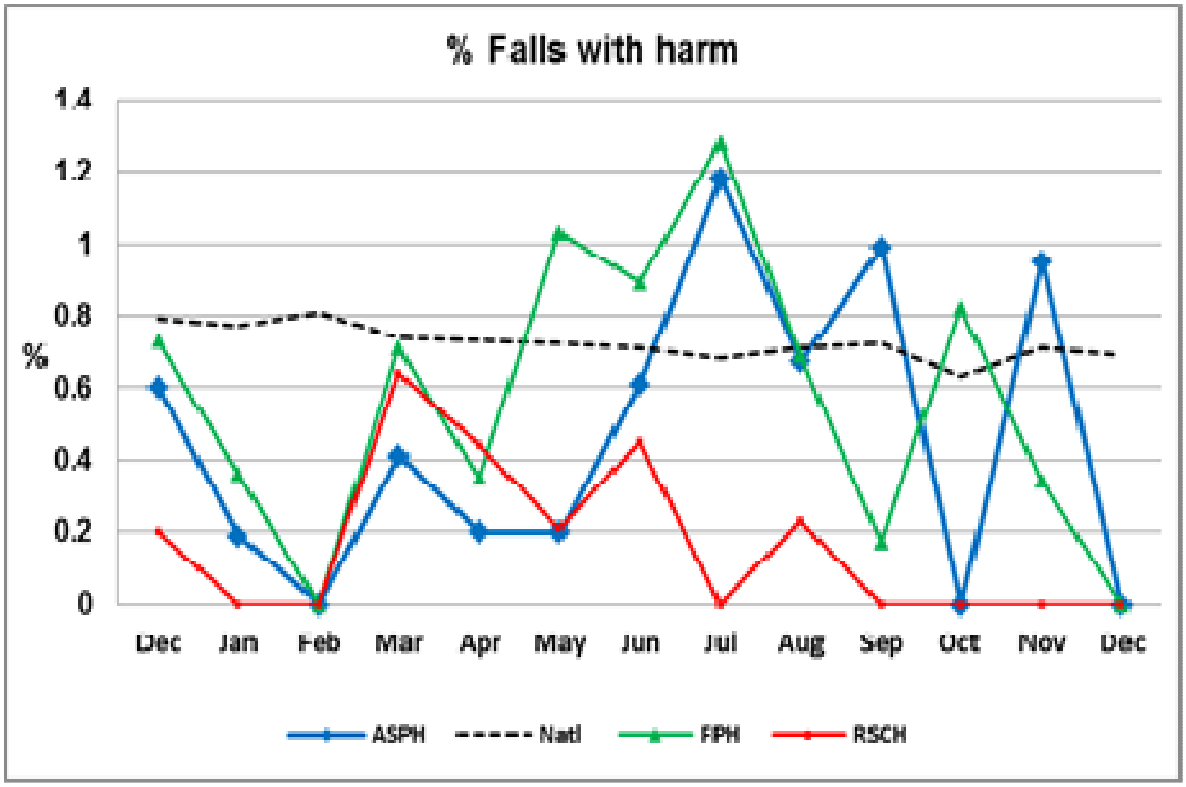
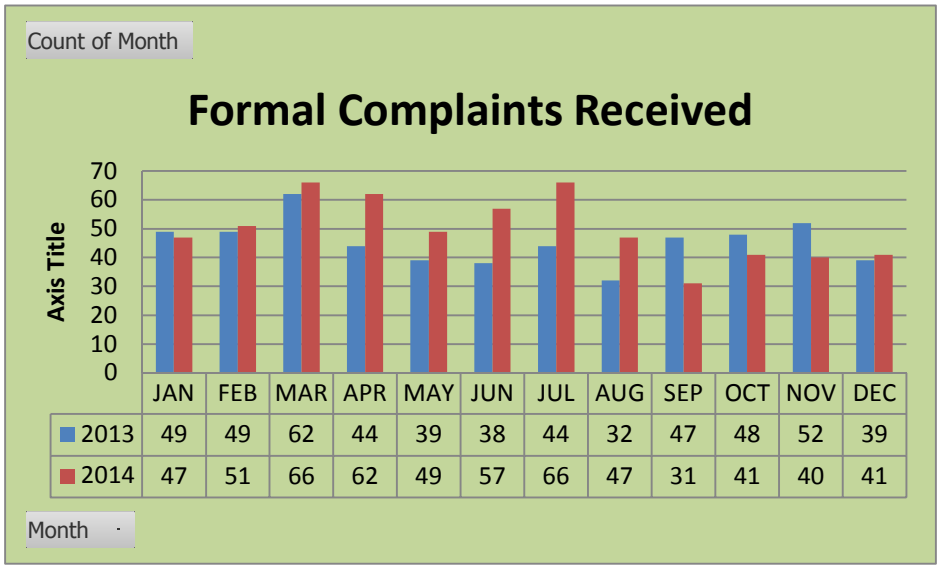


Chart 4: Percentage of falls with harm



5.1.6 Patient Experience Charts

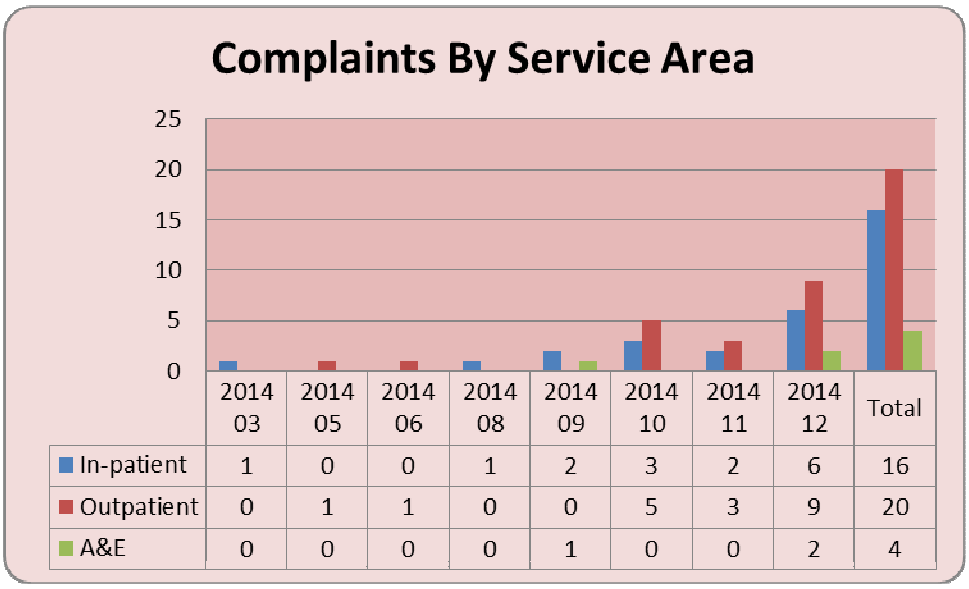
Chart 5 Complaints received by month



	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

Chart 5 shows formal complaints have increased slightly in 2014; however complaints remain consistently aligned to activity levels at approximately 1.2%.

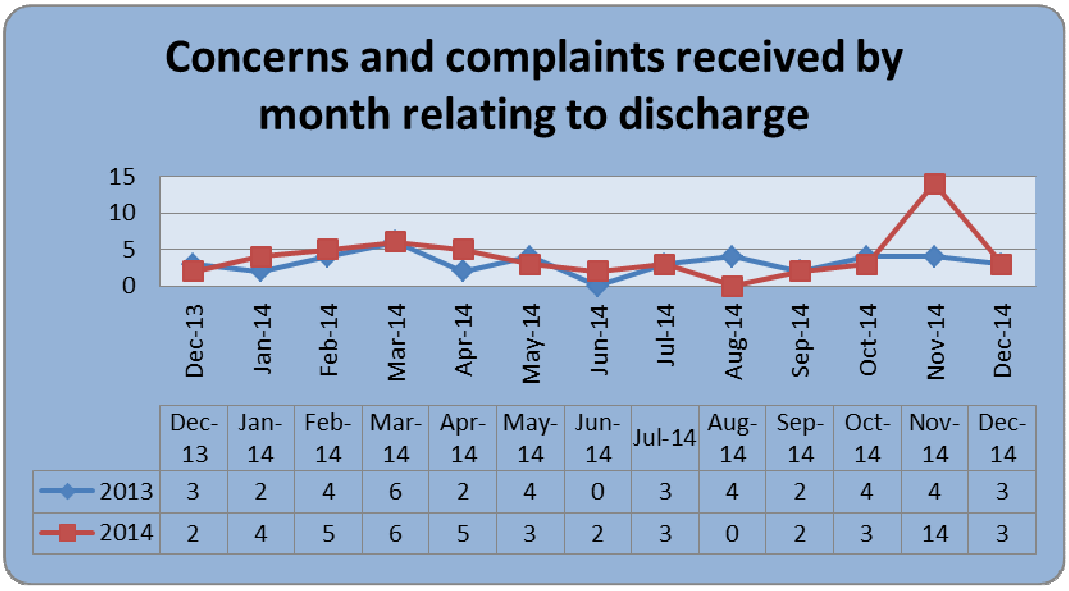
Chart 6 September complaints: service area by date of episode



	2014 03	2014 05	2014 06	2014 08	2014 09	2014 10	2014 11	2014 12	Total
In-patient	1	0	0	1	2	3	2	6	16
Outpatient	0	1	1	0	0	5	3	9	20
A&E	0	0	0	0	1	0	0	2	4

Chart 6 shows the complaints received in the month of December across the service areas and the month the complaint pertains to. This highlights that the majority of complaints are received within three months of the event.

Chart 7 Concerns and Complaints about discharge



	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
2013	3	2	4	6	2	4	0	3	4	2	4	4	3
2014	2	4	5	6	5	3	2	3	0	2	3	14	3

Chart 7 details complaints related to discharge. There is a reduction in December following a spike in November. Further work needs to be undertaken to understand why there was such a high level of complaints relating to discharge in November; however it is reassuring to see the level normalize in December.

Chart 8 Friends and Family Test Response Rate

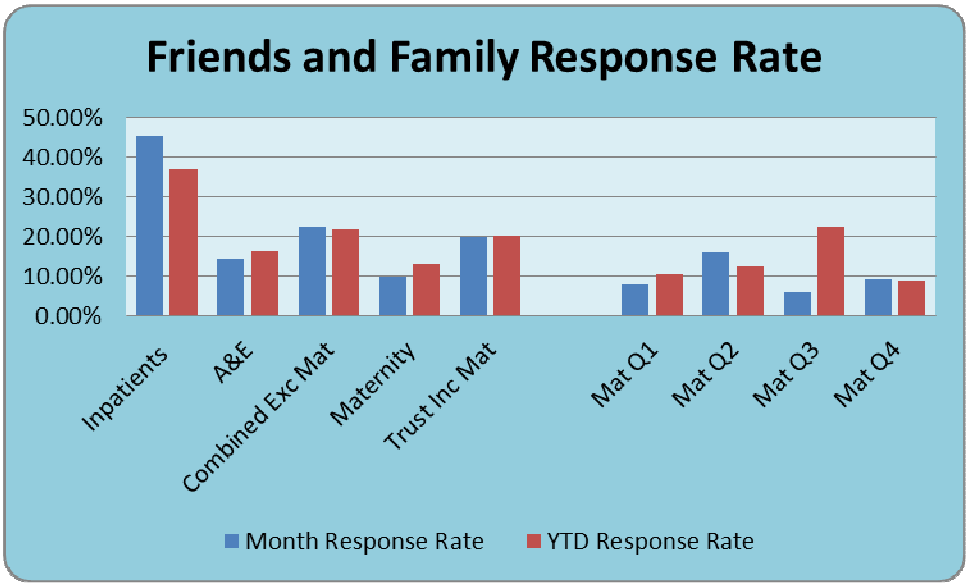


Chart 8 shows monthly FFT response rate compared to the year to date. It is noted that there has been an exception in Maternity Question 3 due to the feedback not achieving the cut-off date, and therefore January is expected to show an elevated response rate.

5.2 Operational Performance

Domain	Standard		Compliance threshold	DEC		Q3 2014/15	
A&E	Maximum waiting time of **four hours** from arrival to admission/transfer/discharge		95%	84.69%	☒	**88.54%**	☒
RTT	Maximum time of **18 weeks** from point of referral to treatment **(ADMITTED PATIENTS)**		90%	92.63%	☑	☒	
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(NON-ADMITTED PATIENTS)**		95%	95.24%	☑	☑	
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(INCOMPLETE PATHWAYS)**		92%	95.80%	☑	☑	
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	91.4%	☑	**84.1%**	☒
		NHS Cancer Screening Service referral	90%	100%	☑	**100%**	
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	100%	☑	**100%**	☑
		Anti-cancer drug treatments	98%	100%	☑	**100%**	
CANCER	All cancers: 31-day wait from diagnosis to first treatment		96%	96.0%	☑	**97.9%**	☑
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	94.1%	☑	**93.8%**	☑
		Symptomatic breast patients	93%	98.5%	☑	**97.2%**	

5.2.1 Four Hour Waiting Time Target

The Trust did not meet the 4 hour A&E wait standard with December's performance recorded at **84.69%**.

Monthly Performance

Month	Performance (Monitor)	*Performance SPH only*
Dec 2014	84.69%	*76.16%*
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%*
April 2014	97.01%	*95.76%*

Quarterly Performance

Month	Performance (Monitor)	*Performance SPH only*
2014/15		
Q3 2014/15	88.54%	*81.86%*
Q2 2014/15	95.18%	*92.26%*
Q1 2014/15	95.23%	*92.32%*
2013/14		
Q4 2013/14	94.59%	*91.07%*
Q3 2013/14	95.77%	*93.12%*

December performance summary During December, our monthly attendances were the 2nd highest we have ever recorded at 8,322 with admissions at their highest ever at 2,113. Attendances during the month compared to December 2013 increased by 7.1% (YTD=4.0%), with admissions remaining significantly high at 15.7% (YTD=7.8%).

The level of admissions places December's admitted conversion rate at 24.8%, over a percentage point higher than the YTD average (23.6%). Increases in admissions were seen across all age groups, with increases being seen from 5.7% in the 0-15 age group, up to 26.8% in the 75+ age group.

The 60-74yr and 75+yr age groups still have the highest YTD increases at 7.4% and 12.8% respectively, with an overall 7.8% (1243 patients) increase in admissions compared to this point last year.

	Additional Attendances 2014 vs 2013 (Age Group)				
	0-15	16-59	60-74	75+	Grand Total
Apr	-8.1%	-2.1%	4.2%	0.0%	-2.4%
May	1.9%	9.4%	13.5%	1.6%	6.7%
Jun	-0.2%	6.7%	10.5%	1.9%	4.7%
Jul	2.7%	4.2%	-0.3%	4.3%	3.4%
Aug	-13.2%	0.9%	6.4%	8.2%	0.0%
Sep	8.7%	1.8%	-1.8%	0.9%	2.8%
Oct	2.8%	4.4%	9.8%	10.0%	5.6%
Nov	10.6%	8.1%	10.7%	5.4%	8.5%
Dec	11.4%	0.3%	-4.1%	26.5%	7.1%
Grand Total	**2.1%**	**3.7%**	**5.1%**	**6.6%**	**4.0%**

	Additional Attendances 2014 vs 2013 (Age Group)				
	0-15	16-59	60-74	75+	Grand Total
Apr	-151	-75	39	0	-187
May	35	341	125	23	524
Jun	-3	249	89	24	359
Jul	50	165	-3	60	272
Aug	-201	34	58	111	2
Sep	143	68	-16	12	207
Oct	52	161	83	135	431
Nov	206	279	84	73	642
Dec	213	10	-42	373	554
Grand Total	**344**	**1232**	**417**	**811**	**2804**

	Additional Admissions 2014 vs 2013 (Age Group)				
	0-15	16-59	60-74	75+	Grand Total
Apr	-8.3%	11.2%	-0.6%	11.5%	6.7%
May	-9.1%	5.9%	16.6%	10.6%	7.2%
Jun	-19.7%	-0.7%	8.5%	5.8%	0.8%
Jul	-18.1%	12.0%	-8.1%	7.5%	2.6%
Aug	-24.5%	-1.7%	7.6%	13.4%	3.1%
Sep	5.0%	4.4%	7.1%	14.1%	8.7%
Oct	29.9%	2.1%	11.6%	8.8%	10.0%
Nov	7.9%	18.2%	20.4%	15.4%	15.5%
Dec	5.7%	7.2%	8.2%	26.8%	15.7%
Grand Total	**-3.0%**	**6.2%**	**7.4%**	**12.8%**	**7.8%**

	Additional Admissions 2014 vs 2013 (Age Group)				
	0-15	16-59	60-74	75+	Grand Total
Apr	-18	55	-2	81	116
May	-24	29	45	76	126
Jun	-46	-4	24	40	14
Jul	-43	60	-26	56	47
Aug	-53	-9	22	94	54
Sep	12	23	20	96	151
Oct	67	11	34	67	179
Nov	24	83	51	112	270
Dec	15	32	27	212	286
Grand Total	**-66**	**280**	**195**	**834**	**1243**

December was a very challenging month with increases in attendance, admissions, ambulance conveyances and the number of confirmed delays reaching a level that we have not seen before of 36, reflecting the difficulty in securing placements outside hospital for patients who need ongoing high levels of care.

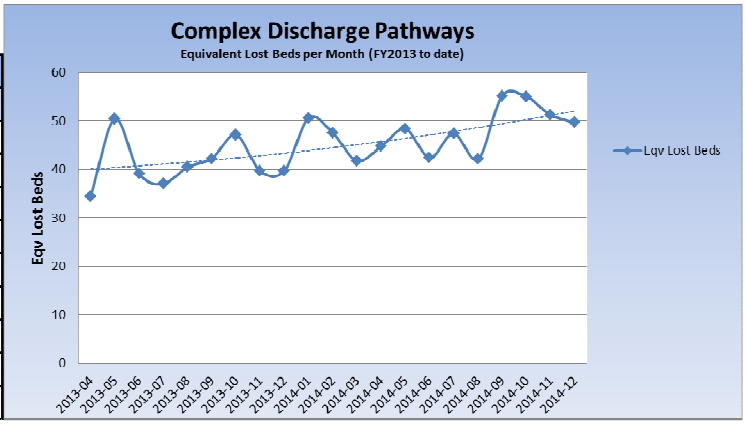
There have also been an unprecedented and sustained number of paediatric A&E attendances during both November and December, where paediatric attendances have been at the highest levels the Trust has ever seen.

Over the past 6 months we have seen a rise in complex discharges where we continue to experience difficulty in securing placements outside hospital for patients who need ongoing high levels of care.

These are normally approximately 45 patients, although since late August this number has been rising to 75-90 for several weeks at a time, which is the highest level we have seen for over 18 months.

Due to enhanced working and streamlined protocols with local health partners, despite the ongoing high number of patients with complex discharge, we continue to see a reduction in the impact of 'lost' bed days.

Complex Pathway Delays		
Month	Bed Days Lost	Eqv Lost Beds
2014-04	1343	45
2014-05	1499	48
2014-06	1274	42
2014-07	1470	47
2014-08	1306	42
2014-09	1656	55
2014-10	1706	55
2014-11	1589	51
2014-12	1541	50



5.2.2 Major Incident

A major incident was declared during the weekend of 3 and 4 January 2015 in response to extreme operational pressure in the preceding week and during this weekend. The decision to declare a major incident was taken in full discussion with colleagues in our local CCG. The particular factors leading to this decision included:

- An extremely high number of medical outliers (nearly 100);
- A high number of confirmed delays and complex discharges due to the slowing up of placements in the nursing and home care sectors;
- The cancellation of all routine and some urgent elective cases;
- An excessive queue of ambulances waiting to offload patients in the Emergency Department, sometimes up to 17.

Declaring a major incident allowed the Trust to mobilise people and resources in a different way and to alleviate the very significant pressure and risk on the hospital. The additional mobilisation included:

- Mobilisation of senior managers and senior nurse managers to provide additional support over the weekend;
- Additional vehicle support from the local ambulance Trust to facilitate additional transfers to Ashford Hospital;
- Re-allocation of consultants from existing outpatient and professional development activities to ward based work in order to ensure senior review of all in patients and outliers.

As a result of these actions and a sustained focus on flow and capacity during January with a senior control room in place, progress was made with reducing outliers, restarting elective work and so on.

As was expected external scrutiny of the Trust's actions at this time was high, with requests for information and a review of the major incident declaration requested from a number of sources. Detailed information was provided to the Trust's regulators and other external bodies as requested at the time. There has been no further follow up to these requests.

The major incident position was stepped-down on Friday 9th January.

5.2.3 Recovery and Action Plan

Regular telephone conferences have taken place with the CCG and health system partners to improve patient discharge and flow through the hospital. The Trust also supports and attends the fortnightly meetings of the System Resilience Group.

Winter resilience activities are underway which include:

- incentivising primary care to reduce emergency admissions;
- more support to nursing and residential homes;
- enhancing the support and service provided by walk in centres;
- supporting flow through the hospital.

A number of key actions have been identified in previous updates, further key activities include:

- Strengthening support to the hospital at weekends, with more physicians working. This includes our Enhanced Care for Older People team and an additional discharge consultant for the medical wards on Saturdays and Sundays.

- Opening our ambulatory care unit on our Medical Assessment Unit at weekends, making a positive difference to patient flow at weekends, and

- Trailing a GP working in A&E during a time of intense pressure. The GP concerned was one of our locality leads in our local Clinical Commissioning Group who found it helpful to see the huge pressure the hospital was under.

A dedicated Urgent Care System Recovery programme of improvements is currently underway in conjunction with NWS Surrey CCG to rapidly improve hospital flow. This is included as Appendix B.

5.2.4 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 3, the Trust was not compliant against the admitted standard in October and therefore reported non-compliance for Q3.

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.

5.2.5 Cancer Indicators

The Trust is also pleased to provisionally report compliance against all cancer standards in December and especially performance against the 62 day standard for referral to first treatment which is provisionally recorded at 89.4%, which represents a return to compliance after 6 months.

The Trust has made significant improvements against the cancer standards, especially pathway improvements through improvement events and learning lessons from breaches earlier than it did previously. However, patient engagement, choice and non-elective business continuity activities remain considerable risks to ongoing achievement of these cancer standards. The Trust continues to support patients and GPs in mitigating these risks and improving patient outcomes.

However, due to failures against the 62 day standard in previous months, the Trust reported non-compliance against this standard for Q3.

5.3 2014/15 Financial Position - Month 10 Headlines

Our month 10 financial position showed an actual year to date deficit of £1.7m, which was an over spend against budget of £1.9m. This delivered a monitor risk rating of 3, against the plan of 3. Following an extremely challenging December and January period, the Trust Board agreed in January to revise our year-end forecast to a maximum of £2.39m deficit and is keeping this under regular review at both the Finance Committee and Trust Board. The Trust is taking further corrective actions, including finalising year end agreements with commissioners, with the aim of getting this back to a deficit of £1.3-£1.4m.

A similar deterioration in financial performance is being seen across the 149 foundation trusts which at quarter 3 saw an increase in their net deficit of £67m to £321m. Of these, 78 foundations trusts reported deficits totalling £530m and 71 foundations trusts reported surpluses totalling £209m. For acute foundation trusts only the numbers were even starker with 72% of those currently in deficit (82% for medium sized acute FT's like this Trust). The foundation trust sector as a whole is not expecting an improvement by year-end, forecasting a net deficit of £375m.

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

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)	£252,171	£259,208	£209,980	£215,895	£5,916
Total expenditure (£000)	£235,256	£245,767	£195,705	£204,244	£8,539
EBITDA (£000)	£16,915	£13,441	£14,274	£11,651	(£2,623)
I&E net operational surplus (£000)	£0	(£2,390)	£137	(£1,724)	(£1,861)
CIP Savings achieved (£000)	£14,902	£13,257	£12,293	£10,733	(£1,560)
CQUINs (£000)	£4,296	£4,493	£3,580	£4,043	£464
Month end cash balance (£000)	£11,811	£8,921	£8,538	£7,525	(£1,013)
Capital Expenditure Purchased (£000)	£12,415	£12,474	£9,694	£7,660	(£2,034)
Emergency threshold/readmissions penalties	£5,572	£7,026	£4,643	£5,855	(£1,211)

Monitor Metrics					
	Weighting	Current	Forecast	Current Score	Forecast Score
Debt Service Cover	50%	1.90x	1.79x	3	3
Liquidity	50%	-4.3	-9.8	3	2
Continuity of Service Risk Rating				**3**	**3**

Year to Date

The key points are:-

- Clinical income from CCG's, NHS England and Local Authorities was £5.7m ahead of budget. The main areas that are over-performing are Emergency (albeit paid at the 30% marginal rate so activity is much higher), A&E and Outpatients, which has offset Elective and Day Case activity which are both under-performing. December and January were particularly busy months in the Trust and, whilst emergency activity was up, the Trust did have to postpone some elective work;

- The higher than planned activity levels, as well as the major incident the Trust underwent, have had a knock on effect on the Trust cost base with additional staff costs incurred (£4.6m). Pressures on our emergency pathway have seen additional agency costs incurred to support our escalation beds, including 26 beds in Swift ward 3 months earlier than

planned, which have been required to cope with the exceptional demand seen during December and January. Temporary staffing costs are 11.1% higher than at this point last year;

- Activity levels have also driven increased non-pay costs (£3.9m) in particular clinical supplies which include drugs. The Trust has also carried additional 18 week RTT work most of which has been outsourced at tariff;

- Our original Cost Improvement Plans were £1.6m behind plan at month 10 with this falling across a number of work streams, some of which have been impacted by the activity pressures previously mentioned. Additional plans totally £2.2m are being implemented to reverse this shortfall;

- Capital is currently behind plan by 21.0% (£2.0m) mainly due to delays in schemes; and

- Cash continued to track behind target due to the year to date deficit and in year over-performance not yet paid, partially offset by the delays in the capital programme. Some over performance has been paid by NWS CCG with the balance expected in March.

Forecast

Our planned budget surplus of £1.5m was revised to zero (breakeven) in month 4 following an agreement with Monitor to include £1.5m of merger transaction costs. This was expected to still deliver a Monitor risk rating of 3. As at month 10, and following the challenging December and January period, the Trust is now forecasting that it will incur a maximum deficit of £2.39m by the year-end. This will still deliver a Monitor risk rating of 3.

There is on-going pressure on income and costs and the Trust is taking various actions to get the finances back on track, as well as delivering our key performance targets. A programme of additional savings plans was drawn up and is delivering, and this is currently being validated for inclusion in the CIP schedule. £2.2m of these additional savings have been included in the forecast.

The forecast includes a significant level of over-performance against income plans with commissioners, in particular NW Surrey CCG and NHS England (specialist commissioning). Negotiations are ongoing with commissioners about reaching an agreement on their 2014/15 outturn activity income.

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 – December 2014

Dec-14	EMED	YTD		Fac &IS	YTD		HR & Other	YTD		TASCC	YTD		TODT	YTD		WH & Paeds	YTD		A&E FFT		Inpt FFT		Mat FFT			Monthly Total	YTD	YTD target	Annual target
Complaints Rec'd	15	200	▼	0	12		1	3	▲	13	137	▼	8	75	▼	11	67	▲								45	465		
Discharge related compla	3		▲	0	0					0			0	5	▼	0	1									3	25		
% Response timescales r	89%	84%	▲	0%	89%	▲	0%	100%		85%	81%	▲	78%	89%	▼	75%	68%	▲								84.0%	82.0%	95%	>95%
PALS Concerns	50	490	▼	7	100		3	28	▲	29	323	▲	31	385	▼	13	107	▼								133	1433		
	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	45.4%	36.9%	▲	8.10%	10.6%	▲	15.90%	12.40%	▲	5.9%	22.6%	▼	9.1%	8.8%	▼	9.80%	13.1%		14.5%	16.20%	▼	22.40%	21.70%	▲		20.0%	20.1%	A&E 15%; IP 25%	A&E 20%; IP 30%
FFT* Score -	95.34%	95.92%	▼	96.30%	96.07%	▲	98.11%	99.06%	▼	95.00%	93.15%	▲	100.00%	100.00%		97.35%	96.52%	▲	81.86%	81.45%	▲	88.61%	88.69%	▼		92.98%	92.03%		
	EMED	YTD		Fac &IS	YTD		HR & Other	YTD		TASCC	YTD		TODT	YTD		WH & Paeds	YTD									Total	YTD		
Intimations of claims	2	21	▼	0	0					2	16	▼	2	17	▼	3	17	▲								9	74	▼	
Reported claims	0	10		0	0					0	9	▼	1	10		0	6	▼								1	35	▼	

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

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

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