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

COUNCIL OF GOVERNORS
28th May 2013

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus and for the Trust, areas of performance in terms of quality, operations and finance and a perspective on the external environment.
The Council is asked to:	Discuss the report.
Submitted by:	Andrew Liles, Chief Executive
Date:	May 2013
Decision	To Discuss

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Assurance report to the Council of Governors

1 INTERNAL FOCUS

1.1 Improving the Patient Environment

Ashford Outpatients - works to refurbish and modernise the outpatients department at Ashford Hospital are progressing well and the second phase of the project has now been completed. The general environment has already been significantly improved and on arrival patients are now greeted by the reception team at a brand new desk, which will shortly be enhanced with self check-in machines to speed up the process at busy times. The atrium has been converted into a new waiting area, with natural light from the roof and a variety of chairs available for patients to choose from. A colourful separate space with toys and floor cushions has also been created to keep children entertained. The final two phases should be complete by late summer.

St Peter's front entrance – we have also started a major programme to improve access to St Peter's Hospital from the main outpatients car park, particularly for disabled visitors, which was the direct result of feedback from a number of patient groups. The works will increase the number of blue badge parking spaces and provide a new lobby and a brighter more pleasant entrance, significantly improving the experience of patients coming in to the hospital that way. The external improvements and signage will make pedestrian and blue badge vehicle access to the hospital much clearer, as well as providing a drop-off point immediately outside the ground floor entrance, to allow patients easy access.

1.2 Inpatient Survey Results

The annual survey of patients that have stayed at least one night at Ashford and St. Peter's Hospitals – published this month by the Care Quality Commission - shows that they have experienced a significant improvement in nursing care compared with that reported in last year's survey. In particular the Trust received higher scores than in previous years for three key questions about confidence and trust in nurses, how nurses treated them and numbers of nurses on duty.

In addition, the survey shows significant improvements compared to previous years in how patients scored the time they were on a waiting list for planned care and how long they waited for a bed when they arrived at hospital. This reflects the significant amount of work undertaken over the last year to improve how patients needing urgent care are managed, in particular by increasing the number of Accident & Emergency consultants and hours covered so that patients are seen more quickly by a senior member of the team.

Overall these results show that patients rate our two hospitals about the same as other hospitals across the country, with one lower than average score where patients report not being given enough notice about when they would be discharged. We are already doing a substantial amount of work on improving patient discharge and will continue to work on improving those areas which remain a challenge.

2 EXTERNAL OUTLOOK

2.1 Government's response to the Francis Report

The government's initial response to the Francis Report on the 26th March, 'Patients First and Foremost' set out a thematic response to the Francis Report rather than explicitly responding to each of the 290 recommendations.

The eighty-page response announced significant changes including Ofsted-style ratings for hospitals, a statutory duty of candour for NHS providers, and a pilot programme in which would-be nurses work for up to a year as healthcare assistants as a prerequisite for receiving funding for their degree. The changes are grouped into five domains:

- A culture of zero harm and compassionate care –including new specialist CQC inspection model; the Chief Inspector; and single aggregated ratings at trust and service level;
- Detecting problems quickly – including organisational statutory duty of candour; publishing survival rates for further ten disciplines; Chief Inspector as 'nation's whistleblower in chief'.
- Dealing with problems quickly – including a set of fundamental standards produced by CQC working with NICE, patients and the public; a new failure regime where standards are breached to include suspension of the Board.
- Accountability for wrongdoers – including consideration of legal sanctions for knowingly generating misleading information.
- Leadership and motivation of staff – including nurse revalidation on the doctor model; healthcare support worker code of conduct and minimum training; every DH civil servant to do frontline work.

Reflections on the Francis report and learnings for ASPH were discussed in more detail at a meeting with the Chairman and Chief Nurse on 21st May.

2.2 Accident and Emergency: national context

Accident and emergency waiting time performances in April highlights the current pressures on departments throughout the country at present. NHS England figures identify that in the first three weeks of 2013-14 the government's target of treating, admitting or discharging 95% of patients within four hours of attendance was missed by 125 out of 143 trusts with a national average 90.4% of patients seen within four hours.

2.3 New NHS Structure

Changes to the healthcare system in England came into force on 1st April as a result of the Health and Social Care Act 2012. As such PCT's such as NHS Surrey have been replaced by Clinical Commissioning Groups (CCGs) led by local GPs, nurses and other healthcare professionals and involving patients and the public in the future planning of health services.

There are six CCGs in Surrey, our most local being the North West Surrey Clinical Commissioning Group, made up of 43 local GP practices, and responsible for planning and buying healthcare services for around 350,000 people in Runnymede, Spelthorne, West Elmbridge and Woking areas.

The new national NHS Commissioning Board (known as NHS England) also came into effect from April 1st, replacing Strategic Health Authorities such as NHS South of England. NHS England, its four regional and 27 local offices will commission primary care services as well as specialist services that need to be planned across a wider area such as Bariatric, Vascular, Neonatal, Renal and some elements of Cardiology.

The Surrey Health and Wellbeing Board has been a statutory committee of Surrey County Council since April 2012, and is where the NHS, public health, social care, local councillors and service users work together to improve the health and wellbeing of the people of Surrey, identifying opportunities for collaboration and integration.

A new patient watchdog, Healthwatch Surrey, has replaced Surrey LINk, aiming to influence policy, planning and delivery for health and adult social care services. The new organisation is being managed by a consortium of charities including Surrey Independent Living Council, Help & Care and Citizen's Advice Surrey.

Under the changes, councils have become responsible for public health work relating to issues such as smoking, alcohol and obesity, with budgets and teams moving from PCTs to local authorities, overseen by Public Health England.

These new organisations and structures are a significant change to the way the NHS operates. It is vitally important that we work with our new colleagues and partners to ensure that the transition is seamless and we continue to deliver the best possible care to our patients.

3 STRATEGY

3.1 Better Services, Better Value review

The Better Services, Better Value review (BSBV) is looking at how health services in south west London and some parts of Surrey around Epsom are provided. The draft pre-consultation business case for BSBV has been approved by the Programme Board and is due to be considered by the seven local clinical commissioning groups (CCGs) during May. The draft business case requires the unanimous support of CCGs in order for the proposals to be put forward for public consultation. The 'preferred option of the review is for a local hospital with Elective Centre at Epsom, a local hospital at St Helier, major hospitals at Croydon and Kingston and a major teaching hospital at St Georges. The 'alternative option' is a local Hospital at Epsom, a local hospital with Elective Centre at St Helier, major hospitals at Croydon and Kingston and a major teaching hospital at St Georges. The 'least preferred option' is a local hospital with Elective Centre at Epsom, a local hospital at Croydon, major hospitals at St Helier and Kingston and a major teaching hospital at St Georges.

Ashford St Peter's are working closely with the BSBV Programme team to model the impact of these proposals on the flow of patients to ASPH and, if supported by the CCGS, will be responding in due course to the proposals as part of the Public Consultation.

4 REGULATION

4.1 CQC – three year strategy

The Care Quality Commission (CQC) recently announced that it will make 'radical changes' to the way it inspects and regulates health and social care services as it launched its strategy for 2013-16, '*Raising standards: putting people first*'. Recognising its role to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, the CQC said that the changes will ensure that services provide people with safe, effective, compassionate and high-quality care, and encourage them to make improvements. The changes, which will be implemented in NHS hospitals and mental health trusts first, include appointing chief inspectors for hospitals and social care and support, and potentially a chief inspector for primary and integrated care. They also include asking five questions when inspecting services - are they safe, effective, caring, well led and responsive to people's needs?

4.2 Monitor – their new role post 1st April 2013

As in the past Monitor continue to assess NHS trusts for foundation trust status and ensure that foundation trusts are well led, in terms of quality and finances. However in accordance with the Health and Social Care Act 2012 and the move to becoming the sector regulator, they have a number of new roles; namely to:

1. **license foundation trusts** (other eligible providers of NHS services will be licensed from April 2014);
2. **set prices for NHS-funded care** in partnership with NHS England;
3. **enable integrated care**;
4. **safeguard choice and prevent anti-competitive behaviour** which is against the interests of patients; and
5. support commissioners to **protect essential health care services** for patients if a provider gets into financial difficulties.

4.3 Monitor : Quarter 4 2012/13 review

In accordance with Monitor's Compliance Framework, the Trust is required to make a quarterly submission to Monitor on the Trust's performance in both financial, quality and operational terms. This includes performance against various national targets.

The Trust met all of the performance targets associated with the Monitor Compliance Framework in Quarter 4 2012/13 bar the Accident and Emergency waiting time target. Normally failure of one target would attract an Amber-Green governance rating however as this was the Trust's third failure of this target in five quarters an automatic over-ride to Red was applied whilst Monitor assess whether to investigate the circumstances around this failure in more detail. This assessment will take place in May.

The Trust has achieved a Financial Risk Rating (FRR) of 3 (out of 5 with 5 being the highest) at Quarter 4 2012/13 against a planned Monitor FRR of 3, and is forecasting a minimum FRR of 3 for the next four quarters.

The Trust awaits the outcome of Monitor's Quarter 4 review which is expected in early to mid-June.

5 PERFORMANCE

5.1 Quality

Quality Dashboard and Commentary

1. To achieve the highest possible quality of care and treatment for our patients

	Patient Safety & Quality		Annual Target 12/13	Annual Forecast 12/13	Mar Actual	Performance			YTD 12/13
						Jan	Feb	Mar	
1-01	Summary Hospital-level Mortality Indicator (SHMI)	N	<100	<100	68	▲	▲	▼	60
1-02	Risk Adjusted Mortality Index (RAMI)	N	<100	<100	83	▲	▼	▼	64
1-03	Crude mortality (Excluding readmissions)	L	1.6	<1.6	2.06%	▲	▲	▼	1.66%
1-05	MRSA (Hospital only)	N	1	2	0	◄►	◄►	◄►	2
1-06	C.Diff (Hospital only)	N	20	15	2	▲	▼	◄►	15
1-07	VTE (hospital acquired with PE or DVT)	L	14	24	0	▼	▲	▲	24
1-08	Serious Incidents Requiring Investigation (SIRI)	L	75	77	7	◄►	▼	▼	71
1-09	SIRI Grade 2 (proportion of total SIRI)	L	10.0%	10.0%	0.0%	◄►	◄►	◄►	10%
1-10	Falls (Total Number)	L	753	766	82	▼	▲	▼	766
1-11	Falls - resulting in significant injury (grade 3)	L	<17	17	3	◄►	▼	▼	18
1-12	Stroke Patients (90% of stay on Stroke Unit)	N	80.0%	80.0%	80.7%	▼	▼	▲	82.4%
1-13	Average Bed Occupancy (inc escalation)	L	92.0%	88.6%	91.1%	▲	▼	◄►	88.6%
1-14	Patient Moves (ward changes >=3)	L	<7.5%	7.4%	7.2%	▼	▼	▲	7.4%
1-15	Formal complaints (Total Number)	L	<500	485	50	▼	▲	▼	485
1-16	Formal complaints (rate per discharge - IP only)	L	0.44%	0.51%	0.57%	▼	▼	▼	0.51%

1-08 Target Adjusted to 75 as per Suzanne Rankin
1-14 Target Adjusted to <7.5% as per Suzanne Rankin

(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

The SHMI mortality rate for March was 68 bringing the year to date position to 60 a slight increase from the previous month value of 59. The RAMI score for March was 83, which places the Trust within the average range on CHKS. The scheme introduced as a three month pilot, to transfer patients who were expected to die to the local hospice, has worked effectively with 28 patients being involved over the three month period.

There were 50 complaints in March, which is within the seasonal range, bringing the year- to-date total to 485. Therefore the Trust did achieve the target of less than 500 complaints for the year.

There were two cases of C-difficile in March, bringing our full year total to fifteen which is five below the target. There were no cases of MRSA in March, leaving the final year total at two against a target of one.

The Trust achieved a reduction of 8.5% for total falls compared to our results for the previous year 2011/12, but did not meet the 10% reduction for falls resulting in harm that was set as a target. Engaging doctors in the falls assessment process remains a priority alongside investment in additional

specialist nurse support and new equipment.

Whilst we have improved our performance in VTE risk assessments (now set at 95%), we have not met the target for reduction of hospital associated VTE. No cases were identified in March, leaving the year-to-date figure at 24, which is above the year-end target of 12. The difficulties in identifying actual numbers of hospital associated VTE and the often clinically 'silent' nature of the condition present a problem in identifying the source of the VTE. In discussions with other Trusts we know that the level of hospital associated VTE / PE can be much higher than the levels we have discovered thus rendering the reduction target that we set at the beginning of the year, unachievable. The Trust will continue to investigate all identified cases in detail as well as review the process itself for identifying cases. The campaign to improve understanding and awareness of VTE / PE amongst professionals within the Trust is proving very successful.

Quality Account

The Quality Account dashboard for 2012/13 is presented in Appendix 1. The table below highlights progress made during the year and whether we intend to continue with these priorities in 2013/14. Those priorities, where it has been recommended that we do not report within the Account, will remain quality priorities for the Trust and monitored regularly.

Summary of Quality Account Progress 2012/13

Experience Priorities	**Progress made**
Providing safe, high quality discharge for patients ***To be continued***	**Partial achievement** We achieved reduction in discharge related complaints (10%) but failed to achieve 25% of discharges by 12 noon (19%).
Improving all aspects of communication with patients ***To be continued***	**Underachieved** Audit results have shown some improvement with inpatient communications, and our annual survey of inpatients shows that we have improved on shared decision-making, however, we know that we need further work to improve all aspects of communication with our patients and their relatives and carers.
Providing high quality experience relating to nutrition and hydration	**Achieved** Our audits and patient surveys indicate good care. We will still continue to monitor the situation.
Safety Priorities	**Progress made**
Provide effective risk assessment and prophylaxis for VTE[1] ***To be continued***	**Partial achievement** We have met the national targets for VTE risk assessment and also established figures for patients developing hospital acquired DVT[2] / PE[3].
Provide confidence and assurance on infection control	**Partial achievement** We missed the limit set for MRSA bacteraemia by having one additional case (total of 2 cases). For Clostridium difficile we were well within the limit of 20 cases with 15 cases reported.
Reducing patient falls ***To be continued***	**Partial achievement** We did not meet our targets but have reduced the overall number of patient falls (by 8.5% compared to figures for 2011/12).

[1] VTE – venous thromboembolism
[2] DVT – deep vein thrombosis
[3] PE – pulmonary embolism

Reducing hospital-acquired pressure ulcers ***To be continued***	**Not acheived** We identified that previous reporting for pressure ulcers needed to be improved and have established more robust process on which to base future improvement work.
Effectiveness Priorities	**Progress made**
Reducing the hospital emergency and elective re-admission rate ***To be continued***	**Not achieved** This remains a key priority area for improvement
Reduce mortality for patients with heart failure and pneumonia	**Partial achievement** We are maintaining mortality rates below the national benchmark. Our results for deaths within hospital show a reduction in 2012/13. Work will continue reviewing mortality with the aim of further reductions.
Reduce admissions for patients with COPD[4]	**Achieved** The levels remain relatively constant. We are working closely with our community partners and stakeholders agree that this is more for focus on care in the community.

Quality Account Priorities 2013/14

All providers of NHS care are required to produce a Quality Account. This sets out improvement priorities for the year ahead and a review of our performance against the quality indicators that we set for the previous year.

This summary provides an overview of our quality priorities for 2013/4. The Trust Board receives quarterly updates on progress within our quality report. Progress will also be shared with our stakeholders at workshops in: July and October 2013 and in January and April 2014.

Priority 1 **Dementia** (NEW)	We will be screening patients on admission, fully assessing those identified and referring them on to the dementia care team. We are providing staff training and education across the Trust. We will be asking carers of patients with dementia to give us feedback, not only on the quality of care we provide, but also regarding the advice and information that we give to carers. We will also be reviewing patient medication to ensure usage of anti-psychotic drugs is reduced where appropriate and to confirm that patients receive the correct treatment for their individual needs.
Priority 2 **Discharge** (continues from 12/13)	We are increasing our discharge team and providing additional cover for weekend discharges. We will re-launch our “Protocol of Choice” letter which sets out clear timeframes for safely discharging patients with complex needs and helping patients and families to understand the process. We will work to minimize delays to discharge by reviewing the discharge pathway and improving the time taken for prescriptions to be ready on discharge. We will also highlight issues as they arise to senior managers to support and improve safe and timely discharge of our patients.

Priority 3 **Communication** (continues from 12/13)	Building on our early implementation of the NHS Friends & Family test, all staff from Board members to those working directly with patients will have access to up-to-date patient feedback to take immediate action to tackle areas of weak performance and build on success. This priority links to the priorities for improving the Trust safety culture and reducing harms and aligns with recommendations within the Francis report published on 6 March 2013. We are focusing on open and honest communication with patients which will be supported by our strengthened Divisional re-structure.
Priority 4 **Safety Culture** (NEW)	There will be meetings with all staff to share and learn from the findings within the Francis report; engaging with multi-disciplinary teams via Quality Improvement Discussions to drive improvements in patient care and to support development of a positive culture of safety. We are continuing with our nurse leadership programme and embedding the ways through which we will deliver compassionate care. This priority links to the other safety priorities to reduce avoidable harm to our patients.
Priority 5 **Safety Thermometer** (NEW)	Build on our improvement work for falls, pressure ulcers and VTE. We will reduce the incidence of hospital acquired catheter associated UTI through staff training and education. We are reviewing performance and quality regularly with multi-disciplinary specialty teams.
Priority 6 **VTE** (continues from 12/13)	Awareness and education of all clinical staff within staff induction and on other training programmes including a planned educational study day. We will be assigning VTE ward champions to all areas across the Trust. We will raise awareness amongst patients and update our patient information leaflet. We will be reviewing the appropriateness of prescribing following risk assessment for VTE and ensuring actions are undertaken with further review to confirm improvement. We will also continue to investigate all cases of hospital-associated VTE.
Priority 7 **Pressure ulcers and falls** (continues from 12/13)	We are recruiting additional nurses with a special focus on reduction of falls and incidence of pressure ulcers. Work will continue with staff training and education and close monitoring of data to confirm improvements with these priorities. We are also purchasing additional equipment including 'sensor' alarms for patients with a cognitive impairment who are at risk of falling.
Priority 8 **Diabetes** (NEW)	We will be implementing 'ThinkGlucose', a package of tried and tested products, learning and support to improve awareness of diabetes and enable better treatment for our inpatients with diabetes. We will also be assessing patients on admission and referring appropriate cases to the specialist diabetic team.
Priority 9 **Readmissions** (continues from 12/13)	We are optimising patient care with better planning and preparation of patients before surgery and promoting mobilization within 24 hours of surgery. We are working closely with our community partners to support patient care after leaving hospital. We are also looking at variation in readmission rates for individual surgeons to help us target the main problem areas for improvement work.

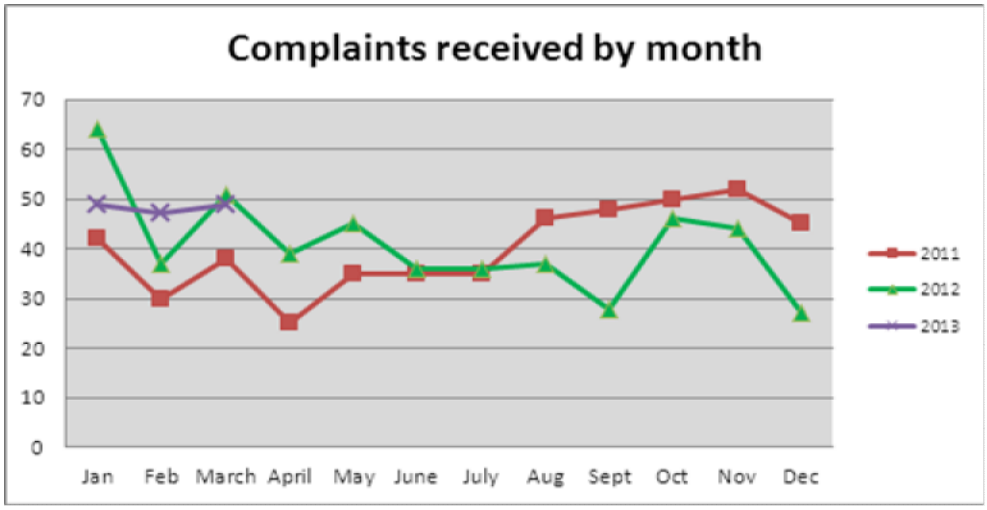
NHS Safety Thermometer (National CQUIN)
The Safety Thermometer programme aims to reduce avoidable harm during episodes of health care: pressure ulcers, falls, catheter associated urinary tract infections (CAUTI) and venous thromboembolism (VTE). Data is collected on all inpatients on one day per month to provide a 'snapshot' of harms and enable comparisons with other trusts.

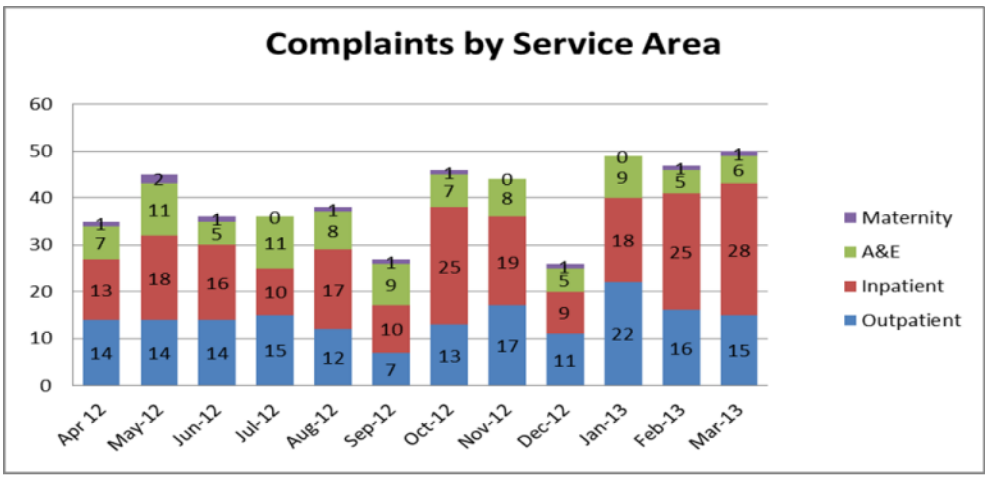
New harms decreased from Sept to Dec but there has been an increase in Jan and Feb reflecting an increase in emergency admissions during this period. For March our figures are decreasing again.

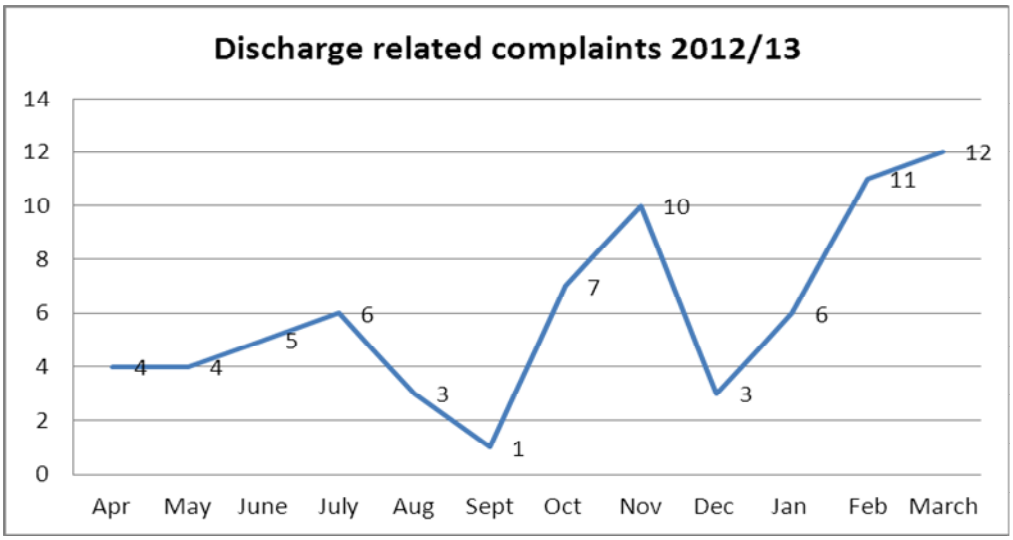
Compared to national results, the Trust figures for new harms remain high overall. The Health and Social Care Information Centre which publishes the national data has not yet published March data which was due on 11 April.

National Patient Safety Agency (NPSA) Safety Alerts
The Trust has one overdue alert relating to 'Minimizing risks of mismatching spinal, epidural and regional devices with incompatible connectors'. A recent update has been provided on this alert. This is further support for our current position not to implement one of these systems Trust wide. The Trust will wait for the International Standards Organisation to produce their specification for such devices. A corporate risk has been raised until all mitigating steps have been taken to ensure the actions detailed in the alert have been closed.

Complaints/Ombudsman Reports
There were 49 complaints received in March compared with 47 in February and 49 in January.







There were twelve formal discharge related complaints in March, compared with eleven in February and six in January. Five issues were raised relating to discharge planning, other issues related to arrangements on the day and follow arrangements.

Patient Feedback

Of the 49 complaints, 46% relate to treatment and care, 18% relate to communication/information and 9% relate to discharge. A new patient feedback dashboard is under development to bring it in line with the new Divisional Structure. Overall performance against agreed timescale for responding to formal complaints was 79% compared with 80% in February, achieving 80% for 2012/13.

Friends and Family Test (FFT) Readiness

The Friends and Family Test has been launched for inpatient areas and A&E, with supportive communications materials provided for these areas. The Trust submitted returns for the Friends and Family Test in readiness to go live with across the Trust on 1 April, in line with national guidance. There has been a significant improvement in the rate of returns, with a return rate of 18.3%, exceeding the CQUIN target of 15% for next quarter.

In order to understand opportunities for benchmarking our FFT performance going forward, advice has been sought from Fr3dom Health Solutions, a leading provider of patient experience and involvement solutions, who have worked with the DH on the Friends and Family Test Guidelines.

They have advised that Benchmarking ASPH against the East of England Trusts, who published FFT scores last year, is likely to be unreliable and onerous.

Fr3dom recommend that from July we work to establish an internal baseline, using our existing Net Promoter Score, NPS, data and the new FFT data. They also recommend that the Trust focus as much on reducing the range of scoring over time, as increasing the score. Opportunities for working with Fr3dom will be explored.

Compliments

The Trust received 10 formal compliments during January. All formal compliments received in the Executive Offices are responded to personally in writing.

NHS Choices Website Comment – Swan Ward

"*I spent 4 nights on Swan Ward … from the moment I was admitted onto the ward until my discharge on Sunday I was overwhelmed by the kindness, efficiency and care demonstrated by all the staff to me and the other patients 24 hours a day… The ward had a strong 'team' feeling around it and without a*

doubt, the reassurance care and support had a definite impact on my feeling confident enough to be discharged in order to 'recover at home".

NHS Choices - User Rating: The table below identifies the 'user rating' on NHS Choices for a number of hospitals close to our catchment area. ASPH continues to be the only trust in the surrounding area with a 5 star rating.

Hospital	User rating (%) Dec 2012	User rating* (out of 5) Feb 2013	User rating* (out of 5) May 2013
Ashford & St Peter's	94	5 (81)	5 (118)
Frimley Park	86	4.5 (102)	4.5 (117)
Epsom	71	4.5 (28)	4.5 (32)
Royal Surrey	71	4 (21)	4 (33)
Royal Berkshire	74	4 (100)	4 (119)
Kingston	72	4 (28)	4 (39)
West Middlesex	71	4 (48)	4 (69)
St George's	73	4 (69)	4 (93)
Wexham Park	66	3.5 (51)	3.5 (75)
Chelsea & Westminster	59	3.5 (22)	3.5 (31)

* the calculation of the User Rating on NHS Choices has changed since December 2012 with a star rating out of 5 now provided. The figure in brackets is the number of ratings submitted.

5.2 Operational Performance

The Trust met all of the performance targets associated with the Monitor Compliance Framework in quarter 4, with the exception of the four hour standard for waiting times in A&E.

Four hour waiting time target

The Trust failed to meet the four hour standard for waiting times in A&E for each month during quarter four at both St Peter's site as well as St Peter's and Ashford combined.

Period	St Peter's only	St Peter's and Ashford (Monitor reporting)
Quarter 1	**93.61%**	**95.63%**
Quarter 2	**95.80%**	**97.10%**
Quarter 3	**93.95%**	**95.85%**
January	**90.51%**	**93.30%**
February	**88.63%**	**92.00%**
March	**88.70%**	**92.11%**
Quarter 4	**89.29%**	**92.47%**

In terms of the failure of Q4 2012/13 this was due to a number of factors which are summarised below:

- There was not a significant increase in the number of A&E attendances in Q4 12/13, but there was a shift in case mix from December 2012 with a statistically significant increase in the number of patients that attended A&E and were treated through the "majors" stream. This change in acuity had a significant impact on capacity and flow throughout the hospital;
- As a consequence of increasing patient acuity and a lack of capacity downstream in the hospital,

the Medical Assessment Unit (MAU) was "blocked" with patients waiting for inpatient beds. This compromised the functioning of the new medical pathway of care because there was insufficient space to accommodate patients requiring assessment and created additional pressure in A&E because patients that could not get to MAU were seen there instead. A lack of physical space in A&E caused very long waits for treatment and delays with ambulance handover; and

- Complex discharges have been particularly problematic. On any given day in December there was an average of 55 patients with complex needs that were fit for discharge from hospital. This increased to an average of more than 80 cases per day in January and February.

The health economy's inability to adequately respond to the demands of winter was evidenced through the absence of the winter pressure funding for providers within North-West Surrey. This led to a restriction of the system's ability to create additional capacity at times of peak pressure.

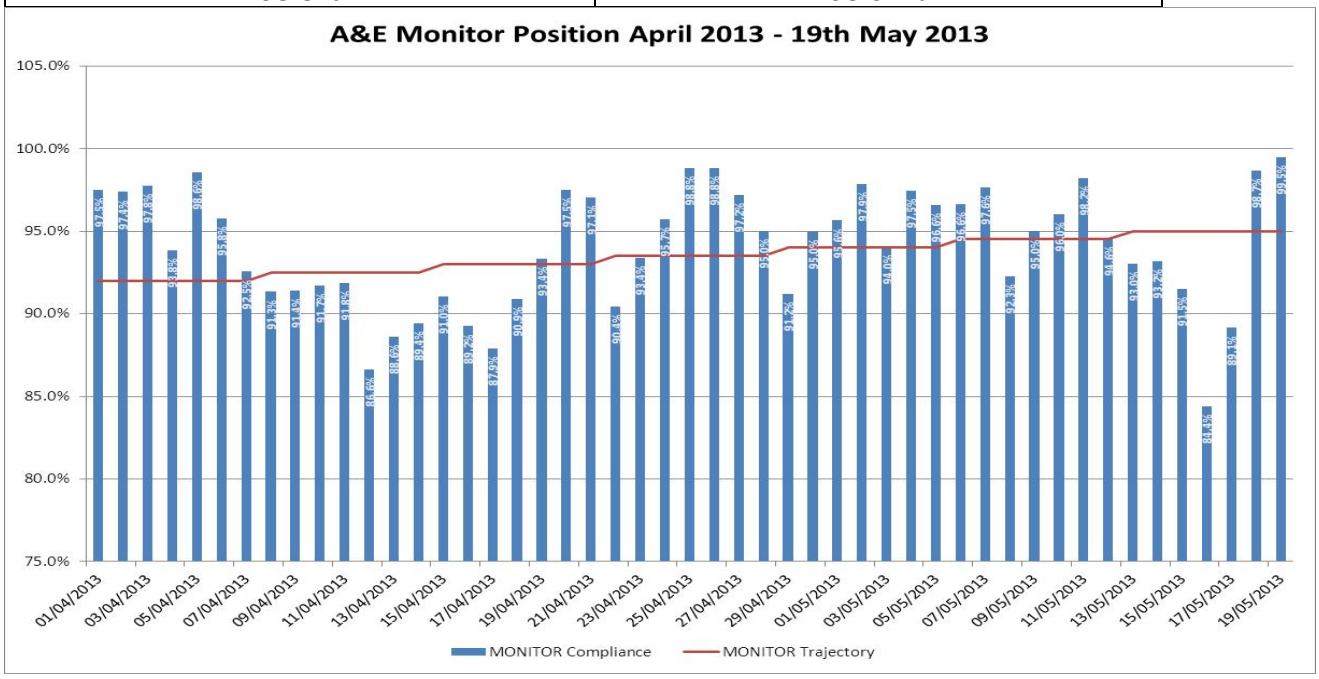
In terms of performance in Q1 2013/14 the increase in the number of patients that attended A&E and were treated through the 'majors' stream in December 2012 has been sustained in April 2013. This has been exacerbated by a peak in operational pressure for two weeks during early April 2013, which coincided with the soft launch of NHS111. Progress has been made with reducing the number of complex discharges, and as such flow through St. Peter's hospital has improved, reducing blocking of the MAU and A&E.

The Trust has taken a number of actions to improve performance, including:

- To support the on-going development of the new medical model for emergency care implemented in October 2012, arrangements were put in place during March 2013 to formally monitor compliance with the internal professional standards agreed for MAU and the Medical Short Stay;
- The Trust has made substantive appointments to the posts of Associate Director of Operations for Medicine & Emergency Services and Head of A&E; and
- The Trust has participated in the newly established, multi-agency, discharge "task force".

The Trust developed a trajectory to achievement of the target in March 2013. Performance against this trajectory in April and May 2013 is highlighted below:

Trajectory (quarter to 19th May)	Compliance (quarter to 19th May)
93.5%	93.97%



At an aggregate level 4 hour performance remains on trajectory and the Trust anticipates meeting the 95% standard for quarter one 2013/14 as a whole.

Referral to Treatment Times (RTT)

The Trust continues to meet the 18 week waiting time standards for admitted patient care, non-admitted patient care and incomplete pathways at speciality level on a monthly basis.

Although the Trust has consistently met the 18 week waiting time standards for admitted patient care, non-admitted patient care and incomplete pathways at speciality level on a monthly basis, the number of patients waiting longer than 18 weeks (the 18 week backlog) has increased. The increase occurred from July 2012 and although there has been some improvement over the last two months, further work is required to bring it down to a sustainable level. The biggest increases have occurred in Urology, Ophthalmology and Oral Surgery and trajectories have been agreed for reducing the backlog in all of these specialities.

Planned waiting list: As part of the new weekly Trust-wide performance meeting, a regular review of the waiting list for planned admissions has been initiated. A planned admission is one where the date of admission is determined by the needs of the treatment, rather than by the availability of resources. As a result of this review an issue has been identified with Pain Management. This has resulted i patients waiting longer than necessary for their treatment because they have been incorrectly listed on the planned list instead of an 18 week pathway.

A process has now been put in to place to ensure that patients are listed correctly and work is underway to accommodate the 254 patients that have already waited in excess of 18 weeks for their treatment, with the longest wait at 44 weeks. Due to the large number of patients the Trust does not expect to meet the 18 week standard for admitted patient care at speciality level for Pain Management during quarter 1. This is not anticipated to compromise delivery of the Monitor Compliance Framework standard, which is measured at Trust-level, but may incur a penalty under the terms of the contract with North-West Surrey CCG.

The clinical lead for Pain Management is actively involved in managing the backlog of patients waiting for treatment and a root cause analysis is underway to establish how this problem arose and to ensure that robust mechanisms are in place to prevent it from happening again.

Refer to Appendix 3 for detailed year to date performance of targets, indicators and activity.

5.3 2012/13 Financial Position – Month 12 Outturn

The month 12 outturn financial position for 2012/13 is set out below:

Finance Scorecard					
		Annual Plan	YTD Plan	YTD Actual	YTD Variance
Monitor Financial Risk Rating		3	3	3	0
Total income excluding interest (£000)		£225,816	£225,816	£232,217	£6,401
EBITDA (£000)		£17,020	£17,020	£16,326	-£694
I&E net operational surplus (£000)		£3,300	£3,300	£3,357	£57
CIP Savings achieved (£000)		£12,000	£12,000	£12,058	£58
CQUINs (£000)		£4,236	£4,236	£3,969	-£267
Month end cash balance (£000)		£12,560	£12,560	£15,239	£2,679
Capital Expenditure Purchased (£000)		£11,752	£11,752	£8,985	-£2,767
Monitor Metrics					
		Weighting	Current	Planned Score	Current Score
EBITDA	EBITDA Margin	25%	7.0%	3.0	3.0
	EBITDA % of Plan	10%	95.9%	5.0	4.0
Financial Efficiency	Net return after financing (%)	20%	2.1%	4.0	4.0
	I&E Surplus Margin (%)	20%	1.4%	3.0	3.0
	Liquidity Ratio (days)	25%	23.3	3.0	3.0
		Weighted Total Score		3.4	3.3
		Capped Total Score		3	3

Key points are: -

- Clinical income was £6.9m ahead of budget with most activity streams being ahead of plan, in particular emergency activity. There is also a growth in activity year on year;
- Agreement was reached with the main commissioner, NHS Surrey, on its 2012/13 activity levels and payment received in March for the balance of their activity over-performance;
- The higher than planned activity levels has had a knock on effect on the Trust cost base with additional staff costs incurred (+£3.6m) as well as increased clinical supplies costs. In addition delivery of the emergency pathway has seen increased pay costs as the Trust utilises escalation beds to cope with demand;
- Cost improvement plans achieved £12.1m which was £0.1m ahead of plan;
- Overall performance on EBITDA was £0.7m behind plan, offset by savings post EBITDA;
- Overall surplus was slightly ahead of plan at £3.4m, and delivered an FRR of 3 in line with plan; and
- Capital expenditure was underspent as some big projects were delayed during the year. Funding will be carried over to the 2013/14 capital programme.

2013/14 Financial Position - Month 1

The month 1 financial position has recently been finalised and is showing an overspend against budget of £0.1m. Within this, pay budgets are overspent by £0.3m as the Trust has had continued operational pressures in A&E and also in the emergency pathway, with the use of escalation beds to meet demand. This is partially offset by increased income.

Appendix 1: Quality Account Dashboard – March 2013

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Year to Date 2012/13	Trend	Target YTD	Actual YTD vs Plan YTD
Improving our Patient Experience																
Priority 1 – To provide safe, high quality discharge for patients																
Patients Discharged by 12:00 noon (%)	19.3%	18.6%	19.4%	18.2%	18.4%	18.8%	18.4%	19.4%	20.3%	18.9%	20.2%	18.8%	**19.0%**		25.0%	-6.0%
Discharge Related Complaints	4	4	5	6	3	1	7	10	3	6	11	12	**72**		**72**	0
Priority 2011/12 – To provide high quality experience relating to nutrition and hydration																
Essence of Care - Service to patients (6 mth)						95.8%							**95.8%**	-	-	-
Essence of Care - Patients nutritionally at risk (6 mth)						95.6%							**95.6%**	-	-	-
Priority 2 – To improve all aspects of communication with patients																
% Response against target no. of "Your Feedback" completed surveys	47%	70%	47%	50%	57%	37%	33%	48%					**49%**		100%	-51.3%
Outpatient appointment letter templates revised (Quarterly)			3			5			1			1	**10**	-	**18**	-8
Essence of Care Communication Audit (6 mth)						91%							**91%**	-	100%	-9%
Audit of Discharge Letters (6 mth)						64%							**64%**	-	100%	-36.0%
Patients knowing how to access PALS (annual)													**0**	-	60%	-
Shared decision-making (annual)												7.1	**7.1**	-	6.9	0
Maintaining High Safety Standards																
Priority 3 – To provide effective risk assessment and prophylaxis VTE																
Risk Assessment for VTE (%)	90.91%	90.07%	90.26%	91.27%	91.35%	91.13%	94.17%	93.67%	93.06%	95.46%	95.50%	96.06%	**92.77%**		**95.00%**	1.1%
Hospital acquired VTE (hospital acquired with PE or DVT)	2	0	1	1	3	4	4	2	2	3	2	0	**24**		**14**	10
Priority 2011/12 – To provide confidence and assurance on infection control																
C.Diff (Hospital acquired)	3	3	0	1	2	0	1	0	1	0	2	2	**15**		**20**	-5
MRSA Bacteraemia (Hospital acquired)	1	0	0	0	0	0	1	0	0	0	0	0	**2**		**1**	1
Priority 2011/12 – To improve the quality of nursing care by setting and measuring a number of nursing sensitive indicators																
Total Falls	70	70	63	70	38	62	49	53	69	81	59	82	**766**		**753**	13
Falls - resulting in harm (grade 3 or above)	0	0	2	3	0	3	2	1	1	1	2	3	**18**		**17**	1
Prevention of pressure ulcers (hospital acquired stage 2 and above)	11	12	9	18	14	14	10	14	12	18	21	11	**164**		**108**	56
Achieving High Quality Clinical Care																
Priority 4 – To reduce the hospital emergency and elective readmission rate																
Readmission in 28 days - Elective	3.5%	2.6%	3.3%	3.4%	3.1%	3.4%	2.8%	2.8%	3.2%	2.5%	2.4%	3.2%	**3.0%**		-	-
Readmission in 28 days - Emergency	14.3%	14.2%	13.6%	13.7%	14.0%	14.0%	13.9%	13.4%	12.0%	13.3%	16.6%	14.8%	**14.0%**		-	-
Priority 5 – To improve effectiveness of care for those with conditions most commonly associated with death in hospital: pneumonia and heart failure*																
Summary Hospital-level Mortality Indicator (SHMI) (CHKS)	65	58	64	53	47	66	60	62	62	57	54	68	**60**		**100**	-40
Risk Adjusted Mortality Index (RAMI) (CHKS)	65	55	68	62	50	65	67	65	68	56	60	83	**64**		**100**	-36
Priority 2011/12 To improve the experience and clinical outcomes for those with long term conditions																
Admission Rate for Chronic Obstructive Pulmonary Disease (COPD)	0.68%	0.62%	0.67%	0.48%	0.65%	0.48%	0.84%	0.72%	0.73%	0.78%	0.70%	0.61%	**0.66%**		**0.69%**	-0.03%

*Figures are Trust wide and not only associated with pneumonia and heart failure

** Amendmended 28 Day re-admission rates, previously over-reporting

Appendix 2: Patient Experience Dashboard

Mar-13	EMED	YTD	TASCC		Estates & Facilities	YTD		TODT	YTD		WHPAED	Trust (per month)	YTD	YTD target	Annual target
Complaints Rec'd	29		14		0			4			2	**49**	**484**		<500
Discharge related complaints	9		2		0			1			0	**12**	**72**		<73
% Response timescales met												**79%**	**80%**	95%	>95%
PALS Concerns	38		26		5			13			12	**94**	**976**	tba	tba
FFT*												**72%**		tbc	tbc
Intimations of claims	0		1		0			1				**2**	**63**	tba	tba
Reported claims			2								2		**38**	tba	tba

No change from previous month	▶
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	
Not applicable	

*Friends and Family Test. % of patients responding "extremely likely" response to the question "how likely are you to recommend our

March 2013 - dashboard reflects new Divisional Structure and therefore does not allow for comparison with previous month