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

COUNCIL OF GOVERNORS
9th September 2014

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus for the Trust, areas of performance in terms of quality, operations and finance and a perspective on the external environment.
The Council is asked to:	Discuss the report.
Submitted by:	Suzanne Rankin, Chief Executive
Date:	September 2014
Decision	For Discussion

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

ASSURANCE REPORT

1 INTERNAL FOCUS

1.1 Be the Change Awards – a celebration of frontline driven care

In July the Trust held our first-ever *Be The Change* Awards Ceremony which showcased 14 projects ranging from improving documentation to a fun teaching day bringing together ward staff, with 88 projects underway in total across our two hospitals.

Launched in February by a co-ordination team of junior doctors in their first rotation at the Trust, the campaign captured the imagination of teams across our hospitals who made suggestions about how they could make a difference. Some schemes needed funding, others required people's time and cooperation and no other cost. Chairman Aileen McLeish, and Director of Workforce Transformation, Louise McKenzie, presented the awards, aided by Dr Kimmee Khan, who led the publicity campaign and worked with her local change champions through the process.

Pathology Training Manager, Sue Saunders, won the bronze prize for her project to create a monthly newsletter for pathology staff who work across three hospital sites (St Peter's, The Royal Surrey and Frimley), which was aimed at improving staff morale by providing improved communication. In second place – the Silver Award - was Izabela Wakula to support her play department transformation on Ash and Oak wards. The overall winners who will receive a £5,000 cheque are the Portering and Security Team for their colour coding scheme for patients to identify departments around the Trust following a survey of 100 patients. Award recipients on behalf of the portering and security team were John Porter and Paul Balatan.

1.2 Ebolavirus disease (EVD)

The Trust is adopting the Department of Health guidance on any outbreak of EVD with a protocol/clinical pathway in place which all NHS providers have to follow. The Trust will adopt the Flu Pandemic plan in terms of isolation and escalation where appropriate.

2 EXTERNAL OUTLOOK

2.1 NHS rated as best healthcare system in the world

In a report conducted by The Commonwealth Fund, the UK's health system has been ranked first overall in comparison with ten other countries in quality, efficiency, cost and performance. "Mirror, Mirror on the Wall," scores the UK highly for its quality of care, efficiency and low cost at the point of service, with Switzerland coming an overall second. The US came last, as it has done in four other editions of "Mirror, Mirror" since 2004. The Commonwealth fund is a Washington-based foundation respected for its analysis of the performance of different countries' health systems. It examined 11 countries, including detailed data from patients, doctors and the World Health Organisation. The full list of countries analysed in the study were: New Zealand, Australia, France, Germany, Norway, Sweden, the Netherlands, Switzerland, Canada, Britain and the US.

2.2 **The Foundation Trust Network (FTN) and the Foundation Trust Governors Association (FTGA)**

In August the FTGA members, following a ballot, agreed to join the FTN with the two organisations expected to join in the autumn. The FTN note:

"The decision will allow us to provide a comprehensive governance support service for our members. It will enable us to secure a sustainable future for strong governor representation and to provide enhanced development and networking opportunities for governors"

3 STRATEGY

3.1 **Our Merger Plans with The Royal Surrey County Hospital**

Our plans to merge Ashford and St Peter's with The Royal Surrey County Hospital are progressing well, managed through an overall Merger Programme across our two Trusts. Reporting to a Programme Steering Group, 18 workstreams are driving a number of projects to carry out the detailed planning including more detailed work on the clinical strategy, a new nursing and midwifery strategy, overall organisational design and integration planning, a review of corporate services, communications and engagement and overall governance.

A number of regulatory approvals need to be sought over the next few months, starting with our submission to the Competition and Markets Authority in late October. As part of this we will need to submit a detailed patient benefit case which describes the improvements and benefits we expect patients to experience once the merger takes place. These include the expansion of 7 day working (for example consultants carrying out daily reviews of patients in many specialties including Saturdays and Sundays) and increased access to specialist services locally.

We have also begun work on developing our Full Business Case, which describes the new organisation and its detailed strategy, and our Long Term Financial Model. These will be important submissions to both Boards and to Monitor, the health sector Regulator. We have also held our First Stage Review meeting with Monitor to review the strategic rationale for the merger. We are currently working towards a go-live date of 1st June 2015, but this will be dependent on the necessary regulatory approvals as well as our own detailed integration planning.

4 REGULATION

4.1 **CQC**: The CQC have informed the Trust that they intend to complete a full inspection in December 2014 in light of the announcement to progress with plans to merge with the Royal Surrey.

The **Care Quality Commission** (CQC) recently published their report into progress made at the NHS foundation trusts and trusts which were put into special measures in July 2013. The report says that there have been improvements in the majority of the trusts. Factors for the success of special measures include the:

- strength of leadership.
- acceptance by trusts of the scale of the challenges they faced.
- alignment between managers and clinicians.
- willingness to accept external support.

East Kent Hospitals University NHS Foundation Trust: In mid-August the CQC published their inspection report into this Trust. The Trust was rated as inadequate for providing safe care; requires improvement for providing effective care; good for providing caring services, requires improvement for responsive care and inadequate for being well-led. Overall the Trust rated as inadequate.

4.2 Monitor

In early August Monitor published a series of guidance documents on transactions, merger benefits and the competition review process in the NHS. A summary of these are detailed below:

Transactions guidance:

- Updates Monitor's approach to risk assessing transactions and provides more detailed guidance than has been published before;
- Describes how to access informal support relating to choice and competition by engaging with Monitor early; and
- Outlines good practice in complying with the regulatory framework for transactions including mergers and acquisitions.

Competition review of NHS mergers:

- Outlines the UK merger review process; it highlights the important aspects of the review process and provides an overview of the substantive test.

Merger benefits guidance:

- Outlines how Monitor will assess and provide advice to the Competition and Markets Authority (CMA) on the benefits of mergers involving NHS foundation trusts. It covers:
    - Monitor's role in relation to merger benefits;
    - What is a relevant patient benefit;
    - How the CMA will take Monitor's advice into account;
    - Monitor's approach to assessing merger benefits; and
    - Examples of types of merger benefits.

5 PERFORMANCE

5.1 Quality

Table 1: Quality Performance Dashboard

1. Best outcomes

	Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Jun 14 Actual	6-month trend	YTD 14/15
1-01	In-hospital SHMI	N	56	<72	<72	55		55
1-02	RAMI	N	57	<70	<70	60		60
1-03	In-hospital deaths (CQUIN)	L	1033	86	<1033	70		234
1-04	Proportion of mortality reviews	L	23%	30% in Q1	>90%	68%		35%
1-05	Number of cardiac arrests not in critical care areas	L	NEW	-	-	6		15
1-06	MRSA (Hospital only)	N	2	0	0	0		0
1-07	C.Diff (Hospital only)	N	10	0.75	9	0		3
1-08	Falls (Total Number)	L	721	58	697	44		160
1-09	Falls (Per 1000 Beddays)	L	3.93	3.73	3.73	2.90		3.42
1-10	Falls with harm (safety thermometer measure)	N	0.53%	0.50%	0.50%	0.61%		0.34%
1-11	Pressure Ulcers (Per 1000 Beddays)	L	1.25	1.19	1.19	1.97		2.18
1-12	Pressure Ulcers (safety thermometer measure)	N	1.10%	1.20%	<1.2%	0.61%		1.21%
1-13	Readmissions within 30 days - emergency only	N	12.5%	12.5%	12.5%	13.9%		13.0%
1-14	WHO surgical safety checklist compliance	L	95.1%	98.0%	98.0%	97.7%		97.0%
1-15	Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.5%	60% in Q1	90%	50.0%		54.4%
1-16	EDDs set within 14 hours of admission (CQUIN)	L	NEW	50% in Q2	90%	39%		39%

3. Excellent experience

	Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Jun Actual	6-month trend	YTD 14/15
3-03	Serious Incidents Requiring Investigation (SIRI)	L	94	N/A	N/A	5		21
3-07	Friends & Family test score - InPatients	L	72.3	>73	>73	79.4		74.5
3-08	Friends & Family test score - A&E	L	47.6	>55	>55	48.1		47.3
3-09	Friends & Family test score - Maternity (Composite Score)	L	72.3	>73	>73	82.7		77.1
3-10	Follow-up complaints	L	144	14	136	13		38
3-11	Dementia screening (Composite Score)	N	96.7%	>90%	>90%	94.32%		92.3%

For indicator definitions see Appendix 2.

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

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

In-Hospital Deaths

The actual number of deaths in June was 70, below the monthly limit of 86. The SHMI mortality rate for June was 55 in line with 54 in May, well below the monthly limit of 72. The RAMI for June of 60 is also below the limit of 70.

Mortality Reviews

The Trust is increasing in-hospital death mortality reviews on a stepwise trajectory across the year,

aiming for 30% in Q1 through to 90% by year end. Divisions have demonstrated strong commitment to this by increasing performance above trajectory from 30% in May to 68% in June.

Number of Cardiac Arrests Arising from Areas other than Critical Care
This new measure reflects whether patients are being cared for in an appropriate care level bed. The methodology for setting the baseline will be progressed at the Resuscitation Committee on 30 July. In June 6 cardiac arrest calls came from non-critical areas, compared to 2 in May and 7 in April. Interventions are still being developed to make cardiac arrests outside of critical care a non-occurrence. The current Modified Early Warning System works well but there remain improvement opportunities in recognising trends. The Trust is currently evaluating an electronic system for early recognition of deterioration that will be more patient specific than the current generic system. More work is needed around the early identification of patients who require a DNACPR evaluation completed. This will be progressed at the upcoming Resuscitation Committee. An audit of current DNACPR forms will commence on 18 July. The Trust is also evaluating implementing the UFTO (Universal Forms of Treatment Options) form which would have the added benefit of incorporating ceilings of treatment.

MRSA
There were no cases of hospital acquired MRSA this month, in line with expectations.

Falls
Total falls reduced considerably from 61 in May to 44 in June, well below the monthly limit of 58. Falls per 1000 bed days of 2.90 was below the monthly limit of 3.73. One June fall was graded 'moderate'. Falls with harm on the safety thermometer spot day were 0.61% which whilst above the limit of 0.50% set for the month, is below national average of 0.71%.

Recent falls prevention initiatives have targeted both staff engagement and improved preventative equipment. A falls competency framework has been implemented. Staff attendance at training has been good overall, and wards needing improvement are supported with future training. Wards who have piloted the NICE guidelines based falls documentation have reduced their falls rate. Cues to reduce falls risk have included 'forget me not' cards to promote close monitoring of vulnerable patients alongside revised patient information leaflets. Future improvement strategies include engaging community hospitals to prevent readmission, developing falls champions, and reinstating the falls group.

Emergency Readmissions Within 30 days
The 30-day readmission rate has increased from 12.1% in May to 13.9% in June, above the limit of 12.5%. The readmissions project is ongoing and continues to focussing on the feasibility of post discharge telephone support for patient to improve both readmissions and communication with patients.

Estimated Date of Discharge (EDD) Set Within 14 Hours of Admission
The Trust is increasing setting timely EDD for inpatients on a stepwise trajectory across the year, aiming for 50% by Q2 through to 90% by Q4. Currently 39% in patients have EDD set within 14 hours of admission which is an encouraging result for this new initiative.

Serious Incidents Requiring Investigation (SIRI)
The number of SIRIs remains low with 5 in June and 4 in May. There were no SIRIS pertaining to pressure ulcers in June. One SIRI pertained to a patient fall.

Hospital-associated DVT/PE
There were 8 cases of hospital-associated DVT/PE in June compared with 6 in May and 5 in April. No limit for hospital-associated thrombus has yet been set.

Follow-up Complaints
Follow-up complaints have increased marginally from 9 in May to 13 in June. Divisions continue to focus on reducing follow up complaints and ensuring all issues are effectively dealt with in the first instance.

Dementia Screening
In May 93.1% of eligible patients were screened, above the 90% target. The Trust's approach to handing out questionnaires to carers of patients with a diagnosis of dementia continues.

In addition, the Trust also worked in partnership with the Patient Association, led by the Trust's Governors via the Patient Experience Group, to survey the experience of carers of patients with dementia. This survey went beyond inpatients also targeting attendees of the Alzheimer's Café and other community groups which led to a rich collection of information on carers' experiences.

There are two main actions which have resulted from this work, these are, the setting up of a Carers' Coffee Group for the Trust and a training programme for staff on how to meet the needs of carers.

Quality Account Q1 Commentary

The Quality Priorities for 2014/15 were agreed by the Board in the 31 March 2014 Quality Account. The measure definitions are contained in Appendix 3 and an update of progress in Q1 is shown in Appendix 4.

Priority 1: To improve the care of patients with dementia and support carers

The Trust is continuing to screen newly admitted patients for dementia. Performance improved in May which was in line with expectations. June data is due for submission to Unify by the end of July, so June data is pending. In Q1 the training plan was developed, and in order to demonstrate that staff are appropriately trained to care for patients with dementia the Trust will implement the training plan by year end. The Trust will continue to seek the views of patients' families through the monthly carers' survey.

Priority 2: Provide safe, high quality discharge for patients

The Trust is working towards increasing the number of wards which achieve discharging half of their patients by 2pm. The baseline for this will be Q1 2014/15 data when available.

To ensure the Trust meets this CQUIN requirement, communications with ward staff, doctors and support services have commenced. This communication and dialogue will continue during Q2. Alongside this, data at ward level is being circulated weekly to the wards to enable them to monitor progress against target.

The initial Quality Account priority was to sustain the timeliness of inpatient discharge letters to GPs, however, as performance is now consistently high in this area, changing emphasis to outpatient letters was considered more appropriate. This priority is recommended to be changed to an improvement initiative to increase the proportion of outpatient letters discharged to GPs in a timely manner. An improvement trajectory will be set once the baseline can be firmly established following embedding of the 'Dictate IT' rollout and it is anticipated that data will be available from Q3 onwards.

Priority 3: Improve all aspects of communication with patients

The Trust has set tailored improvement trajectories for both response rate and promoter score for Inpatients, Accident and Emergency, and Maternity areas as outlined in Appendix 3.

Priority 4: Maintaining high safety standards

By Q3 the Trust will implement the Manchester Patient Safety Framework (MaPSaF) which is a tool to help NHS organisations assess their progress in developing a safety culture. An action plan will be developed by Q4.

Priority 5: Improve harm free care as measured by the Safety Thermometer

The 2013/14 measures are continuing, with the aim of achieving performance below the national average.

Priority 6: Provide effective risk assessment and prophylaxis for hospital acquired thrombus

The Trust is on track by risk assessing patients for venous thromboembolism risk on admission, and completing root cause analyses to investigate for potential hospital acquired thrombus. The Trust is auditing the prescribing of appropriate medications to prevent VTE using a national methodology. The level of prescribing is below the Trust's target of 80% in part owing to patients being audited early in their inpatient pathways in both Day Surgery Unit and the Admissions Lounge, when it is not expected that medications would have been prescribed yet . Whilst consistent with the national methods, this does mean that achievement is approximately 17% lower than it would be if patients were audited slightly later in their pathway.

Priority 7: Improve the quality of clinical care and clinical outcomes of patients with sepsis

The Trust will increase compliance with the sepsis bundle in A&E and achieve 90% compliance with the bundle for patients with severe sepsis by Q4. Baseline data is in the process of being formulated for this new pathway, and audits will be quarterly going forward.

Priority 8: Improve the care of patients with diabetes and reducing their length of stay

The Trust target is for the proportion of patients screened for diabetes to remain at 98% or more. Results have dipped below this and have ranged from 77% in April improving to 89% in June. The Diabetes Team is progressing staff education and drop-in sessions are occurring to promote the launch of new documentation in August.

Priority 9: Reduce emergency re-admission rate

This is being measured as re-admissions within 30 days of discharge either following an elective procedure.

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

The Safety Thermometer[1] programme of work aims to achieve significant reductions in four types of avoidable harm from which patients are at most risk during episodes of healthcare: pressure ulcers, falls, catheter associated urinary tract infections (CAUTI) and venous thromboembolism. Data is collected on all inpatients on one day per month, approximately 500 patients, to provide a 'snapshot' of harms.

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

- New hospital associated harms have decreased to 1.43% in June 2014 from 2.59% last month and are well below the national average of 2.46%.
- Falls with harm have been on a decreasing trajectory generally since November 2013; on Safety Thermometer day in June 0.61% of patients had experienced falls with harm, slightly below the national average (0.71%).
- Pressure ulcers have decreased to 0.61% in June and are tracking below the national

[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)

average.

- There were no CAUTIs in June 2014; previous rates for April and May were 0.2%.

Patient Experience

Divisional Patient Experience metrics are shown in the Patient Feedback Dashboard in Appendix 5.

In June 178 patients or families contacted PALS of which 169 were raised as concerns. This remains fairly static from the previous month of 172. In 2013/14 PALS received on average 137 contacts per month, thus PALS has now experienced two consitent months with an increase of approximately 23% in volume compared with the average for the previous year.

Of the 169 concerns raised in June the greatest categories of concern continues to pertain to outpatients with 65 cases which remains similar to the previous month of 67, communication 34 items (previous month 33), and treatment and care with 30 which is a significant increase on the previous month at 17 enquiries. The increase in treatment and care instances fall between DTTO with an increase of 6 and AEM with an increase of 7 from the previous month. These divisions have been asked to look for any reasons or themes that would explain the increase. There is currently a Customer Service project being run by the PMO team to address concerns across outpatient complaints and administration issues. This will continue across Q2.

WOW Awards

Three awards have been proposed for Women's Health and Paediatrics in June, and 1 in Theatres, Anaesthetics, Surgery and Critical Care. Acute and Emergency Medicine made 6 nominations. Trauma, Orthopaedics, Diagnostics and Therapies proposed 2 awards. Estates and Facilities nominated 2 colleagues.

Formal Complaints

There were 57 new formal complaints in June, up from 48 in May and above the 2013/14 monthly average of 45. The largest main subject was treatment and care (27) followed by communication (8) and outpatients and attitude of staff both with (6). Reporting and governance is being strengthened, and a process mapping exercise has taken place to improve robustness of complaint handling.

Divisional results are shown in Appendix 5.

Complaints by Date of Episode

Chart 6 shows a breakdown of complaints by Service Area and the date of the episode relating to each complaint.

The majority of complaints received in June pertained to care episodes in the past two months.

Patient Feedback

Friends and Family Test (FFT)[2]

The overview is presented in the Executive Summary.

The high level trend is that wards have consistently improved response rate in June, and inpatient response rates for May and June are exceeding the average performance from last year. The inpatients net promoter score has shown a significant improvement in June (79) and now comfortably exceeds last years average of 73.

NHS Choices - User Rating:

Hospital	User rating (out of 5) Nov 2013	User rating (out of 5) Feb 2014	User rating (out of 5) Jun 2014	User rating (out of 5) Aug 2014
Ashford & St Peter's *(ratings split by site from August)*	SPH: 5 (138) AH: 4.5 (27)	SPH: 4.5 (146) AH: 4.5 (28)	SPH: 4.5 (166) AH: 4.5 (58)	SPH: 4.5 (161)* AH: 4.5 (60)
Frimley Park	4.5 (155)	4.5 (159)	4.5 (175)	4.5 (186)
Epsom	4.5 (46)	4.5 (58)	4 (73)	4 (75)
Royal Berkshire	4 (156)	4 (177)	4 (200)	4 (217)
Royal Surrey	4 (79)	4 (102)	4.5 (129)	4.5 (154)
Kingston	4 (64)	4 (81)	3.5 (90)	3.5 (100)
West Middlesex	4.5 (116)	4 (132)	4 (155)	4 (180)
St George's	4 (113)	4 (124)	4 (147)	4 (164)
Wexham Park	3.5 (98)	3.5 (110)	3.5 (137)	3.5 (168)
Chelsea & Westminster	4 (35)	3.5 (46)	3.5 (61)	3.5 (71)

* the number of ratings for SPH has reduced as NHS Choices have removed those ratings which were allocated to the combined Trust rather than the individual hospitals. This is being followed up with NHS Choices.

[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?

5.2 Operational Performance

The Trust did not achieve the Referral to Treatment Time (RTT) admitted target or the 62 day NHS Cancer Screening Service referral target in June 2014.

Domain	Standard		Compliance threshold	JUN-14	
A&E	Maximum waiting time of **four hours** from arrival to admission/transfer/discharge		95%	95.82%	☑
RTT	Maximum time of **18 weeks** from point of referral to treatment **(ADMITTED PATIENTS)**		90%	84.2%	☒
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(NON-ADMITTED PATIENTS)**		95%	95.5%	☑
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(INCOMPLETE PATHWAYS)**		92%	95.4%	☑
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	88.2%	☑
		NHS Cancer Screening Service referral	90%^	83.3%^	☒
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	100%	☑
		Anti-cancer drug treatments	98%	100%	☑
CANCER	All cancers: 31-day wait from diagnosis to first treatment		96%	97.3%	☑
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	93.0%	☑
		Symptomatic breast patients	93%	93.1%	☑

^ Total referrals = 3. Total breaches = 0.5 (1 shared patient).

Four hour waiting time target The Trust met the 4 hour wait standard in June. Performance for the month was 95.82%. This represents an improvement in performance compared to the previous month of May (92.99%). The Trust met the 4-hour standard for quarter one (95.23%).

Monthly Performance			Quarterly Performance		
Month	Performance (Monitor)	*Performance SPH only*	Quarter	Performance (Monitor)	*Performance SPH only*
Jun 14/15	95.82%	*93.35%*	Q1 2014/15	95.23%	92.32%
May 14/15	92.99%	*88.80%*	Q4 2013/14	94.59%	91.07%
April 14/15	97.01%	*95.76%*	Q3 2013/14	95.77%	93.12%
Mar 13/14	96.26%	*93.91%*	Q2 2013/14	96.34%	94.03%
Feb 13/14	93.07%	*88.42%*	Q1 2013/14	95.44%	92.50%
Jan 13/14	94.19%	*90.39%*			

June Performance Attendances at St. Peter's A&E were slightly lower compared to the extremely high levels experienced during May; however the department remained very busy with excess of 8,000 attendances during the month. This level of attendance remains higher than levels seen during the 2013/14 winter period.

- Unplanned re-attendances remained high with the sixth successive month over 5%.

- Admissions to the acute emergency care pathway indicated by the conversion rate from A&E remained in the region of 22%, which benchmarks well and is within reasonable parameters.

- The Trust continues to absorb the effect of the closure (from the beginning of May) of its escalation ward to accommodate the enhancement of facilities.

The hospital site remains busy with high numbers of non-elective & elective admissions as a result of the on-going work to support RTT 18 week pathways. The level of elective activity is due to rise in line with improved plans to reduce the backlog over the summer to regain compliance. This will place further pressure on hospital capacity.

Cancer: The Trust was compliant against the 62 day referral to first treatment target for urgent GP referrals, recording provisional performance of 88.2% in June. All other cancer target indicators were compliant in June with the exception of the 62 day referral to treatment standard for referrals received from NHS Screening Services. The Trust receives a very small number of referrals via this route (only 3 in June) and, as a result, any breach on this pathway places immediate pressure on this standard. In the case of June, the Trust breached one pathway (a shared pathway with the Jarvis Centre in Guildford).

June's performance was unfortunately not sufficient to ensure that the Trust was compliant against the 62 day (urgent GP referrals) target for Quarter 1 meaning that a failure will be recorded against this standard within the Monitor *Risk Assurance Framework*.

The Trust's pathway of chief concern is Urology. A series of positive meetings with the clinical team have been undertaken in the last month, including a multidisciplinary pathway mapping event, which has agreed a number of pathway changes that will now take place. The Trust is confident that this will contribute to minimising delays on the pathway.

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

For the purposes of the Monitor *Risk Assurance Framework*, performance is measured on an aggregate (rather than specialty) basis and NHS foundation trusts are required to meet the threshold on a monthly basis. Consequently, the Trust is not compliant for the admitted standard for Q1 2014/15. This risk has previously been highlighted to Monitor as part of the Trust's 2014/15 annual plan.

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

Jun-14	SPECIALITY PERFORMANCE		
	Admitted pathways (Target 90%)	Non-admitted pathways (Target 95%)	Incomplete pathways (Target 92%)
General Surgery	84.64%	93.22%	94.25%
Urology	97.44%	97.53%	97.19%
Trauma & Orthopaedics	62.53%	88.17%	88.37%
Ear, Nose & Throat (ENT)	88.17%	97.22%	97.00%
Ophthalmology	91.54%	97.95%	98.45%
Oral Surgery	83.13%	95.38%	96.25%
General Medicine	100%	99.36%	97.60%
Gastroenterology	100%	97.33%	97.91%
Cardiology	95.92%	93.03%	94.34%
Dermatology	n/a	97.75%	98.96%
Neurology	n/a	84.17%	87.27%
Rheumatology	n/a	98.53%	98.88%
Geriatric Medicine	n/a	95.24%	99.31%
Gynaecology	98.31%	98.85%	97.50%
Other	96.52%	99.12%	99.27%
Total	**84.11%**	**95.46%**	**95.41%**

Admitted standard: The Trust has experienced slippage against plan in both ENT and Oral Surgery. These specialties treated a larger than planned number of backlog patients during May and June, which affected performance against the 90% standard. This represents slippage from the initial estimates provided in January, however these services are not developing further backlogs as the number of incomplete pathway patients waiting in excess of 18 weeks remains manageable.

As the Trust books all RTT patients chronologically, this will ensure that our longest waiting patients are treated first and will have the benefit of reducing the admitted waiting list backlog. As in all specialties, the Trust continues to ensure that its capacity is utilised most effectively towards longest waiting patients.

In light of the additional non-recurrent funding made available at the end of June, the Trust has revised its plans for activity over the next three months to support the reduction of its backlog. The additional work proposed as part of this plan supplements the on-going work the Trust has been undertaking over the past year to improve its RTT position.

The Trust recognises that two specialties – General Surgery and Trauma & Orthopaedics (T&O) are the key drivers of its non-complaint performance against the Trust aggregate 90% RTT Admitted pathway standard. Therefore the Trust is focussing the majority of its efforts towards ensuring these two specialties recover to compliance. Based on a projection of how the additional activity will likely effect

the Trust's performance, the Trust expects to return to compliance against the admitted standard by the end of September 2014.

Non-Admitted standard: Performance improved slightly in Neurology for June and the service has seen the backlog reduce when compared with the previous month. Performance remains at risk on the non-admitted standard due to the fact that the Neurology specialty routinely only has a breach tolerance of around 5-7 patients a month if it is to meet the 95% standard. The service continues to focus effort on its non-admitted pathway through weekly patient level PTL meetings.

T&O and General Surgery continue to face challenges with this standard as a result of the size and profile of their waiting lists however continue to make incremental progress.

June saw the Cardiology specialty miss the non-admitted standard due to a higher than usual number of breaches within the month. This specialty has not previously encountered issues with compliance against this standard and is currently ensuring it has a full understanding of reasons behind June's performance and has put in place plans to avoid any further issues in June.

The Trust aggregate non-admitted standard (used for the purposes of the Monitor *Risk Assurance Framework*) is not anticipated to be at risk.

Incomplete pathways standard: The sizable backlogs in Neurology and T&O will continue to put pressure on the 92% incomplete standard until the point where these backlogs are suitably reduced. The Trust aggregate incomplete standard (used for the purposes of the Monitor *Risk Assurance Framework*) is not anticipated to be at risk.

5.3 2014/15 Financial Position - Month 4

The month 4 financial position showed an overspend against budget of £1.2m. The key components of which 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	4	3	
Total income excluding interest (£000)	£252,142	£260,027	£83,555	£85,187	£1,632
Total expenditure (£000)	£235,227	£244,886	£78,016	£80,889	£2,873
EBITDA (£000)	£16,915	£15,140	£5,538	£4,298	-£1,241
I&E net operational surplus (£000)	£1,500	£0	£319	-£889	-£1,208
CIP Savings achieved (£000)	£14,902	£13,672	£4,728	£3,782	-£946
CQUINs (£000)	£4,726	£4,726	£1,576	£1,576	£0
Month end cash balance (£000)	£15,376	£13,876	£18,321	£9,989	-£8,332
Capital Expenditure Purchased (£000)	£12,415	£12,414	£3,056	£3,298	£242
Emergency threshold/readmissions penalties	£5,572	£5,572	£1,857	£1,876	-£18

Monitor Metrics					
	Weighting	Current	Forecast	Current Score	Forecast Score
Debt Service Cover	50%	2.02x	2.27x	3	3
Liquidity	50%	-2.8	-5.3	3	3
Continuity of Service Risk Rating				**3**	**3**

Year to Date

The key points are: -

- Clinical income from CCG's, NHS England and Local Authorities (GUM) activities was £1.8m ahead of budget. The main areas that are over-performing are outpatients (£0.5m) and pass through drugs (£0.5m). July was a particularly busy month with income ahead of budget and the Trust has now exceeded its baseline for emergency activity, and as a result relevant emergency activity is only being paid at 30% of tariff;

- Other income streams are behind by £0.2m mainly within private patients, overseas visitors and injury cost benefit income;

- The higher than planned activity levels has had a knock on effect on the Trust cost base with additional staff costs incurred (£1.5m). In addition delivery of the emergency pathway has seen increased pay costs as the Trust utilised escalation beds to cope with the exceptional demand during July and to achieve the A&E 4 hour target in quarter 1. Temporary staffing costs were 13% higher than at this point last year;

- Activity also drove increased non-pay costs (£1.4m) in particular clinical supplies which includes drugs. The Trust has carried out a lot of 18 week RTT work most of which has been outsourced at tariff. Drugs costs are also high as a result of pass through drugs for which income is received;

- Cost improvement plans are £0.9m behind plan at month 4 with this falling across a number of workstreams, some of which have been impacted by the activity pressures previously mentioned;

- Capital is currently ahead of plan by 7.9% (£0.2m);

- Cash continues to track behind target due to the year to date deficit, in year over-performance not yet invoiced and 2013/14 over-performance of £2.4m not recovered by the end of the July (£1.5m of this has subsequently been paid in August); and

- Overall performance shows that a deficit of £0.9m has been delivered to date, however that is £1.2m behind plan. This financial performance delivers a CoSRR of 3 at month 4, against a plan of 4.

Forecast

The Trust is forecasting that it will recover to a breakeven position by the end of the financial year after allowing for the costs of the proposed merger with Royal Surrey. This revised target has now been agreed with Monitor and would deliver a CoSRR of 3.

However there is pressure on income and costs and the Trust is taking various actions to get the budget back on track, as well as delivering the key performance targets.

The forecast includes a significant level of over-performance against income plans with commissioners, in particular NW Surrey CCG and NHS England (specialist commissioning). The assumption built in is that these organisations will pay for their over-performance.

Cost saving targets, which are budgeted at £14.9m for the full year, are currently projected to yield £13.7m.

Appendix 1: Charts 1 to 4 Safety Thermometer

Chart 1 Percentage patients with new harms

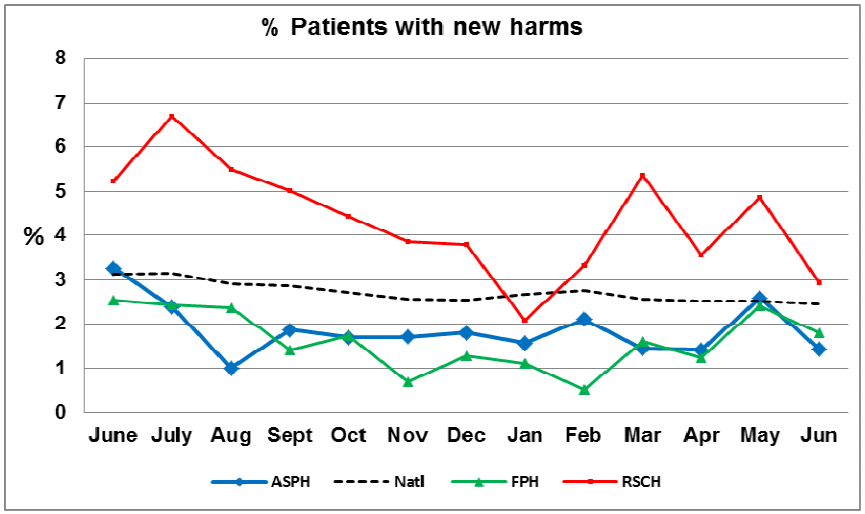


Chart 2 Indicence of new CAUTI

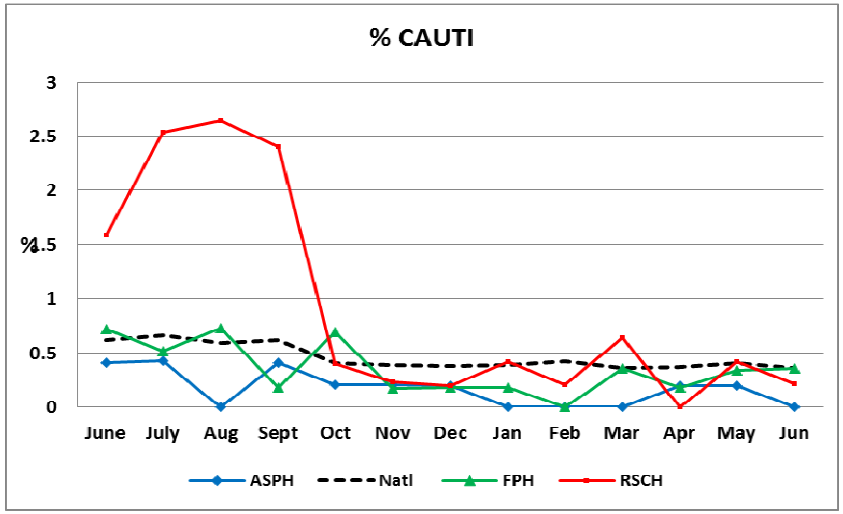


Chart 3 Incidence of new pressure ulcers

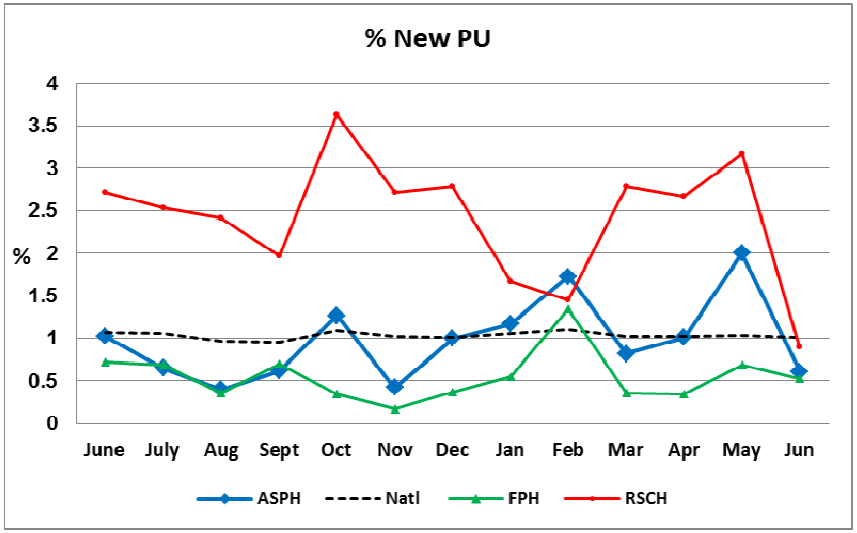
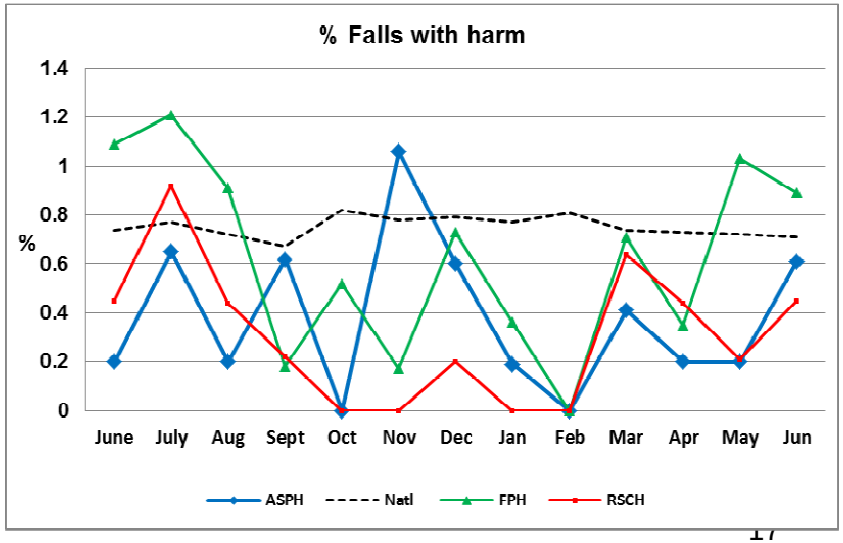


Chart 4 Percentage of falls with harm



Charts 5 to 9

Complaints and Patient Feedback

Chart 5 Complaints received by month

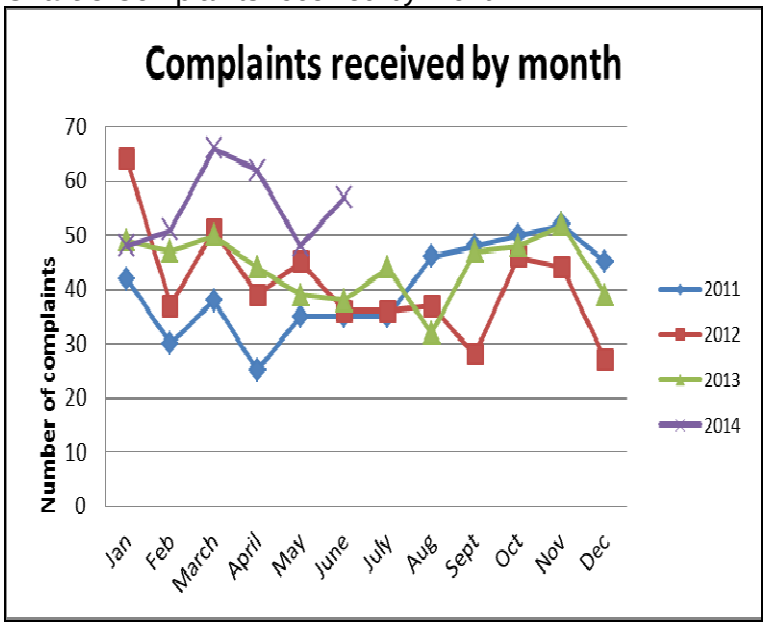


Chart 6 May complaints: service area by date of episode

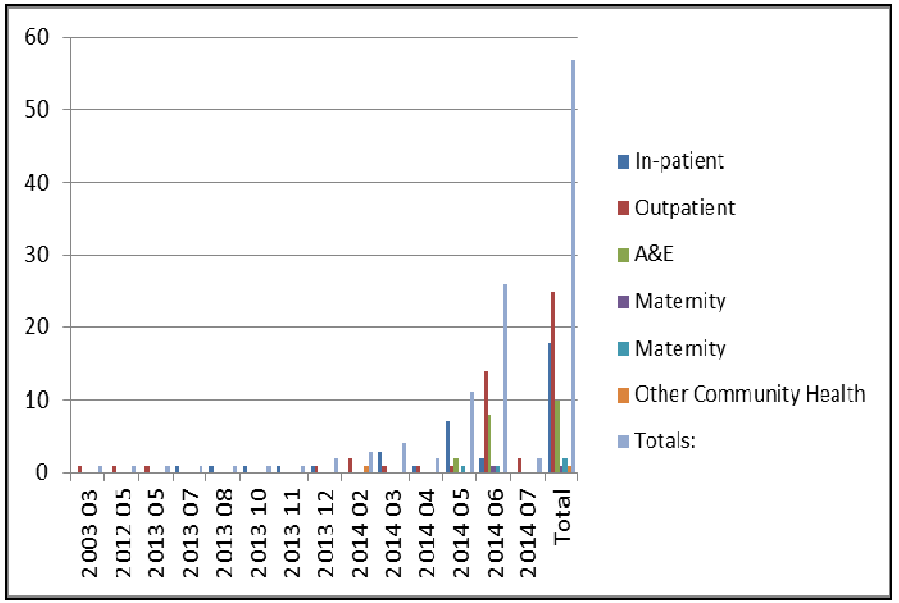


Chart 7 Concerns and Complaints about discharge

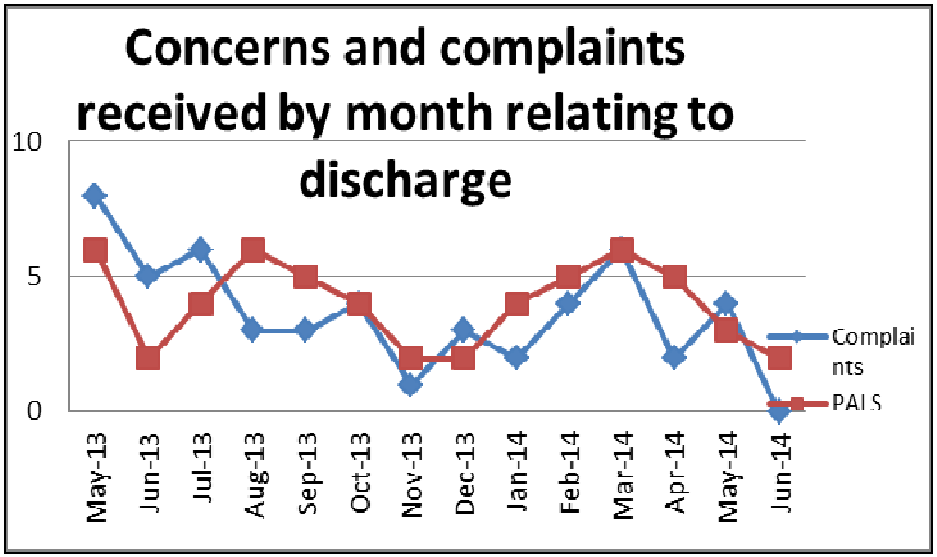


Chart 8 Friends & Family Test: response rates

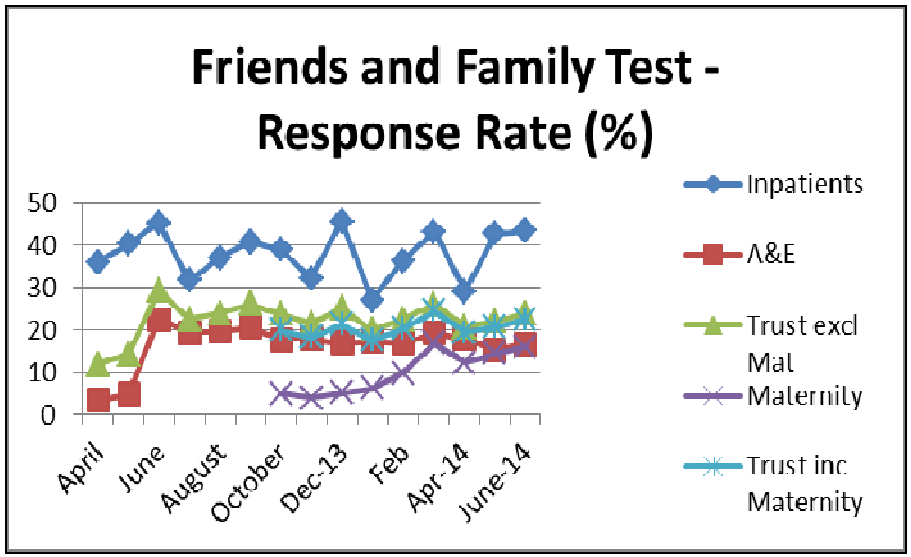
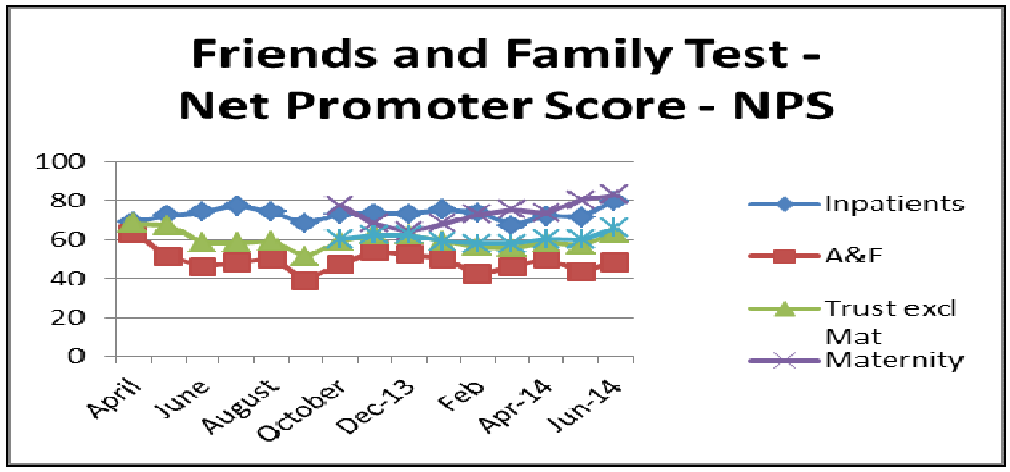


Chart 9 Friends & Family Test: net promoter score



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

1-01 The SHMI (Summary Hospital-Level Mortality Indicator) is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, Charleston Comorbidity Index and diagnosis grouping. A three year dataset is used to create the risk adjusted models. A one year dataset is used to score the indicator. The one year dataset used for scoring is a full 12 months up to, and including, the most recently available data. The three years used for creating the dataset is a full 36 months up to, and including, the most recently available data.

1-02 The RAMI is the Risk Adjusted Mortality Index from CHKS. RAMI (Risk Adjusted Mortality Index) uses a method developed by CHKS to compute the risk of death for hospital patients on the basis of clinical and hospital characteristic data.The model calculates the expected probability of death for each patient based on the experience of the norm for patients with similar characteristics (age, sex, diagnoses, procedures, clinical grouping, admission type) at similar hospitals (teaching status). After assigning the predicted probability of death for each patient, the patient-level data is aggregated. The data source is CHKS. The monthly figure and YTD are reported one month in arrears.

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

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

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

1-06 Number of Hospital acquired MRSA cases.

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

1-08 The total number of falls.

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

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

1-11 Pressue ulcers per 1000 bed days.

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

1-13 Readmissions within 30 days – Emergency only.

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

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

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

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

3-07 Friends and Family Test score for Inpatients (Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?").

3-08 Friends and Family Test score for A&E (Test asks following standardised question: "how likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?").

3-09 Friends & Family test score - Maternity (Composite Score). Maternity Composite Score calculated from the questions asked at 4 touchpoints - antenatal care, birth, labour ward and postnatal care.
Note: Indicators 1-01 to 1-16 are from the Trust's Best Outcomes dashboard and Indicators 3-03, 3-07, 3-08, and 3-09 are from the Excellent Experience dashboard. Only indicators applicable to the Quality Report are included.
2. Target (T*) - where possible a national (N) or local (L) target has been used; where not available, we have used a percentage improvement on the 2013/14 year end total.
3. Outturn 12/13 – the overall results for 2013-14.
4. YTD (Year-to-date) Target 14/15 – the sum of the monthly target from the beginning of the financial year (April).
5. Monthly Target 14/15 – the target for each month.
6. Annual Target 14/15 – the target for the entire year.
7. Actual - this is the actual achievement for the month.
8. Performance - Monthly Trend Indicator - The arrows represent one of three states, improvement on the previous month, deterioration on the previous month, or the same. It must be noted that this does not necessarily mean that higher numbers are represented by an 'up' arrow as higher numbers may be worse and thus will be represented by a 'down' arrow.
9. YTD 14/15 - The sum of the actual activity from the beginning of the financial year (April).

APPENDIX 3: Quality Account Dashboard Information

Priority 1: To improve the care of patients with dementia and support carers
All emergency patients aged over 75 who have a length of stay longer than 72 hours should be screened for dementia (exclusions apply e.g. patient in a coma); those patients identified through the screening are then referred on to the team for full assessment.

Trust staff will be appropriately trained to care for patients with dementia. There requirement is to evidence achievement of the training plan by year-end.

The Trust will ensure that carers of people with dementia feel adequately supported, and the requirement is for the Trust to evidence a monthly survey of carers.

Priority 2: To provide safe, high quality discharge for patients

The Trust will increase the proportion of patients discharged before 14:00 hour.

The Trust will increase the timeliness of issuing outpatient letters to General Practitioners.

Priority 3: Improve all aspects of communication with patients

Patients are being asked a question in the Friends and Family Test to identify if they would recommend a particular A&E department or ward to their friends and family. For further details see: https://www.gov.uk/government/news/guidance-for-nhs-trusts-on-the-nhs-friends-and-family-test

Priority 4: Improve the safety culture

The Trust will implement the Manchester Patient Safety Framework (MaPSaF) which is a tool to help NHS organisations assess their progress in developing a safety culture.

Priority 5: Improve harm free care as measured by the Safety Thermometer

Each month all inpatients are assessed on one day for four avoidable harms that patients might experience whilst in hospital using an audit tool called the Safety Thermometer; results can be compared with other trusts and nationally. For further details see:

http://www.ic.nhs.uk/services/nhs-safety-thermometer

The Trust will aim to perform better than the national average.

Priority 6: Provide effective risk assessment and prophylaxis for 'hospital acquired thrombus' (HAT)

'Venous thromboembolism' (VTE) is a collective term for both 'deep vein thrombosis' (DVT) and 'pulmonary embolism' (PE).

The Trust will VTE risk assess patients on admission.
The Trust will perform root cause analyses on all identified cases of hospital associated thrombosis.

The prescribing of appropriate chemical thromboprophylaxis will be monitored via monthly audit.

Priority 7: Improve the quality of care and clinical outcomes of patients with sepsis

This new priority is focused around ensuring the Trust delivers timely and effective treatment of sepsis. The 'Sepsis Six' bundle consists of three diagnostic and three therapeutic steps to be delivered within one hour of the initial diagnosis of sepsis. The Trust has a new local CQUIN that by Q4 the Trust must achieve the sepsis bundle for patients with severe sepsis.

Priority 8: Improving the care of patients with diabetes and reducing their length of stay

On admission to hospital, all appropriate, adult inpatients should be screened for diabetes. Patients identified to be at risk will be referred on to the diabetes team for investigation.

Priority 9: Reduce emergency re-admission rate

These are being measured as re-admissions within 30 days of discharge either following an elective procedure.

APPENDIX 4: Quality Account Dashboard June 2014

Quality Account 2014/15	Target / Limit	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Trend
Improving our Patient Experience															
1. Improve the care of patients with dementia and support carers															
% Emergency admissions aged ≥75 screened (los > 72h; exclusions apply e.g. coma)	90%	89%	91.9%	*										TBC	
Demonstrate staff are appropriately trained to care for patients with dementia by achieving the training plan by year end.	Plan by y/e														
Provide evidence of the monthly survey of dementia carers	Evidence														
2. Provide safe, high quality discharge for patients															
Increase the number of wards who discharge 50% of patients before 14:00h.	Baseline is Q1 2014/15														
Increase the timeliness of outpatient letters issued to General Practitioners	TBC														
3. Improve all aspects of communication with patients															
By Q4 achieve Accident and Emergency response rate of ≥20%	Q1 ≥15%	18%	15.0%	16.6%										16.4%	
By Q4 achieve Inpatient response rate of ≥30%	Q1 ≥25%	29%	43.0%	43.3%										38.3%	
Inpatients promoter score for NHS Friends and Family test >73	>73	72	71	79										75	
Maternity promoter score for NHS Friends and Family test >73	>73	73	80	82.7										79.2	
Accident and Emergency promoter score for NHS Friends and Family test >55	>55	50	44	48										47.3	
Maintaining High Safety Standards															
4. Improve the safety culture															
Complete the Manchester Patient Safety Framework assessment by end of Q3	Q3	n/a	n/a	n/a	n/a	n/a	n/a								
Improvement action plan developed by end of Q4	<450/y	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a					
5. Improve harm-free care as measured with the Safety Thermometer															
% patients with new harms to be below the national average	<nat av	1.41	2.59	1.43										1.81	
Percentage of new CAUTI to be below the national average	<nat av	0.2	0.2	0										0.13	
Percentage of new pressure ulcers to be below the national average	<nat av	1.0	2.0	0.61										1.2	
Percentage of falls with harm to be below the national average	<nat av	0.2	0.2	0.61										0.34	
6. Provide effective risk assessment and prophylaxis for 'hospital acquired thrombus' (HAT)															
% patients risk assessed for venous thromboemloism (VTE) on admission	≥ 97%	98.2%	98.3%	98.3%										98.3%	
Root cause analysis (RCA) for 100% identified cases of hospital associated thrombosis	100%	100.0%	100.0%	**										100.0%	
Prescribing of appropriate thromboprophylaxis (chemical) monitored via monthly audit, with aim of achieving 80%	80%	61.2	53	63.2										59.1	
For information only - Prescribing of appropriate thromboprophylaxis (chemical) monitored via monthly audit - with DSU and Admissions lounge adjusted for	80%	78.8	71.7	81.5										77.3	
Clinical Effectiveness															
7. Improve the quality of care and clinical outcomes of patients with sepsis															
Increase compliance with the sepsis bundle within 1 hour of diagnosis in A&E	TBC														
By Q4 achieve 90% compliance with the sepsis bundle for patients with severe sepsis	90% Q4														
8. Improving the care of patients with diabetes and reducing their length of stay															
Increase the population of admitted patients who are screened for diabetes	98%	77%	86%	89%										84%	
9. Reduce the hospital emergency and elective readmission rates															
Improve emergency 30 day readmissions below 2013/14 performance	<12.5%	13.3%	12.1%	13.9%										13.0%	

APPENDIX 5: Patient Experience Dashboard – June 2014

Jun-14	EMED	YTD		Fac &IS	YTD		HR & Other	YTD		TASCC	YTD		TODT	YTD		WH & Paeds	YTD		A&E FFT		Inpt FFT		Mat FFT				Trust incl. Mat	YTD	YTD target	Annual target
Complaints Rec'd	26	70	▲	5	8	▲	0	1		9	38	▼	12	29	▲	5	21	▼								▲	57	167		
Discharge related complaints	0	4	▼	0	0					0	0		0	1	▼	0	1	▼								▼	0	6	TBA	TBA
% Response timescales met	91%	93%	▲	100%	100%		-	100%		100%	89%	▲	83%	92%	▼	78%	72%	▲								▲	91.0%	90.0%	95%	>95%
PALS Concerns	59	170	▼	14	36		1	6		35	114	▼	46	117	▲	14	32	▲								▲	169	475		
FFT* returns	51.0%	42.0%	▲							40.9%	37.5%	▼	22.2%	25.2%	▼	15.9%	14.1%		16.6%	▼	43.3%	▲	15.9%	▲		▲	22.4%	20.7%	A&E 15%; IP 25%	A&E 20%; IP 30%
FFT* Score -	77	74	▲							82	69	▲	83	80					48	▲	79	▲	83	▲		▲	65.5	62	A&E >55; IP>73	
Intimations of claims	2	5		0	0					1	7		1	3		2	6										6	21		
Reported claims	1	3		0	0					1	6		0	2		0	2									▼	2	13		

Key:

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

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

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