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

COUNCIL OF GOVERNORS
8th September 2015

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus for the Trust, areas of performance in terms of quality, operations and finance and a perspective on the external environment.
The Council is asked to:	Discuss the report
Submitted by:	Suzanne Rankin, Chief Executive
Date:	September 2015
Decision	For discussion

1 INTERNAL FOCUS

1.1 #Right Culture

The Trust continues to progress its culture work-stream and engagement strategies and this has been reflected yet again in improving scores in the Staff Friends and Family Test for the most recent quarter – full details have not been published yet but early indications show a continuing upward trajectory. The Trust has also published two short videos to staff on *Duty of Candour* – the importance of being honest and open with patients and their families and carers should something go wrong. This is a key theme in the Trust's developing culture and these videos are being promoted widely to staff across the organisation. These have been developed in-house, aimed to getting across this vital information in a more interesting and dynamic way and can also be viewed on the Trust's YouTube channel where a wide a range of other Trust video material can be found which may be of interest.

1.2 Best Outcomes

Golden Laparoscope' Award for Gynaecology team

In June, the Trust's Centre for Endometriosis and Minimally Invasive Gynaecology (CEMIG), received worthy recognition at the British Society for Gynaecological Endoscopy (BSGE) Silver Jubilee meeting. Endometriosis is a debilitating condition affecting around 2 million women in the UK and in the cases of advanced disease; surgery can be very complex and involve colorectal surgeons, urologists and gynaecologists. This is a specialist service the Trust has been developing in recent years. Last year, the Trust was the second busiest accredited endometriosis centre in the UK, operating on 48 patients with severe endometriosis.

At the Silver Jubilee meeting, Clinical Fellow Dr Suruchi Pandey presented a video of an operation performed by Consultant Obstetrician and Gynaecologist, Mr Shaheen Khazali, demonstrating a technique for resection of deep infiltrative endometriosis. Dr Pandey won a well-deserved prize of a golden laparoscope, presented by the President of the BSGE.

1.3 Excellent Experience

Consultant of the Week

At the start of July the Chief Executive visited Aspen Ward, the Trust's respiratory and haematology ward, that also houses the High Dependency Unit. The Chief Executive met Dr Michael Wood, Consultant in Respiratory Medicine, to find out more about a new way of working the consultants have initiated called 'Consultant of the Week'. It means the same consultant leads the team and the ward round each day for a week, rather than a different consultant taking charge each day.

The benefit for everyone is really continuity, particularly for patients as they can build trust and rapport with their consultant and do not have to repeat all the details of their 'story' each day to somebody new. Nursing staff advised that it helped them to plan care for their patients better and also meant they knew exactly which consultant to go to with any problems or questions. Therapists reported that it had made them busier as everything was working more efficiently and patients were able to go home more quickly. Feedback from the new initiative seems very positive and going forward, we will be looking at ways to implement this learning on other wards.

One Small Thing

At the end of June, junior doctors launched their 'one small thing' campaign, which has been really inspirational. It is all about the small acts of compassion that healthcare professionals can do to make a real difference to their patients. They developed a special logo for the campaign and a short video to launch it, showing patients describing the small acts of kindness that had made a difference to them in hospital. This video is also available on the Trust's YouTube channel.

Leaflets and postcards were distributed around the wards, for staff and patients to write down the one small thing they had experienced that day. Replies were collected in post boxes, and also via Twitter (@ASPHT #onesmallthing) and the areas which received the highest number of cards received certificates of recognition in July from the Chief Executive and Chief Nurse. Birch Ward came first with the highest number of cards, Aspen Ward second and the Medical Assessment Unit and Swan Ward, joint third.

1.4 Skilled, Motivated Teams

National finalists in five categories of The Wow! Awards

The Trust has reached the national finals of the WOW! Awards 2015 for outstanding customer service in five of the 15 categories, which is a huge achievement. The WOW! Awards are the UK's only national award scheme to recognise outstanding customer service based on patient, carer or colleague nominations across private and public organisations. We adopted the WOW! Initiative in July 2012, as a vessel for patients, relatives and colleagues to recognise staff that go 'above and beyond'. The winners will be announced and the awards presented at a Gala ceremony in London on Monday 23rd November. Our finalists are:

- Kirstie Addison, a midwife at St Peter's Hospital, for two awards –"Going the Extra Mile" and "Judges' Choice" where, out of the total 12,984 nominations received for this year's awards, the organisers have selected the top 10 to be put before the judges.

- The Multi-disciplinary team who worked on Wordsworth ward at Ashford Hospital have been nominated for the "WOW! What a Team" award. This is a fantastic legacy for Wordsworth ward and we will be looking at ways in which these members of staff can spread their best practice to the new teams they are now part of.

- The Organisational Development Team (Jules Potter and Judith Thompson) for the Leadership award for their hard work in making The WOW! Awards such a success within the Trust.

- The Trust's management team for "Engaging with your employees", an award for public sector organisations which recognise that their staff are one of their greatest assets and which strive to keep their teams enthused and engaged.

1.5 Top Productivity

VitalPAC launch

At the start of June, with funding from the Nursing Technology Fund, the Trust launched a new hand-held mobile technology device using a system called 'VitalPAC'. This enables nurses to

electronically record patient observations such as blood pressure, heart rate and temperature, rather than using the traditional paper charts kept on the end of each patient's bed. It also enables the patient's Early Warning Score, a points' score to represent how sick they are and if they may be deteriorating, to be automatically and accurately calculated.

VitalPAC will help staff to record observations more quickly. In other hospitals where it is used, the system has been shown to reduce the time it takes nurses to complete a set of observations by up to 40%. It will also help to flag up problem Early Warning Scores more quickly to doctors and specialist staff – they can then access the patient's record from any device connected to the hospital's computer network. It is planned to roll out VitalPAC gradually, with all wards using the new system in the autumn. This is a positive step for the Trust and part of its overall electronic medical record project.

1.6 Car Parking

Work on the Runnymede Borough Council's public pay and display car park has now commenced and it is expected that this will be in use soon although no date has been given to the Trust of when it is likely to be operational.

The Trust Car Park Steering Group which consists of patient representatives, public and staff governors, non-executive directors, unions and other interested staff members met in early July to discuss options to help improve the current car parking situation. These included various sustainable travel initiatives and car parking management suggestions to help improve the patient/visitor and staff car parking experience. An action plan has been developed to help take these ideas forward.

1.7 Other Items of Interest

Annual Members' Meeting

I attended my first Annual Members' Meeting as Chief Executive earlier this month. Around 100 members attended with a very positive feeling about the whole evening. Members were welcomed with light refreshments and an invitation to chat to members of staff and volunteers who had set up a range of interesting display stands. These included patient food testing with our catering suppliers OCS, two very proactive patient groups – the *Improving Cancer Care Action Group* and *Heartbeat Support* – Radio Wey describing the fabulous work they do, staff from our Health Informatics Department showcasing the new VitalPAC electronic patient observation system and staff from Surrey Pathology Services, the pathology partnership with the Royal Surrey County and Frimley Park hospitals who were showcasing the impressive Labkit – a roadside bag for ambulance staff which gives them access to a range of immediate pathology tests. This was then followed by a very uplifting performance by the Ashford & St Peter's Choir.

A series of presentations followed which were hosted by Aileen McLeish. David Frank, Lead Governor, spoke about the work of the Council of Governors; the Director of Finance and Information presented the Trust's accounts for the year and I gave a presentation on the #RightCulture programme and general achievements and plans for the Trust, followed by an extremely informative presentation from orthgeriatrician, Dr Radcliffe Lisk, and Specialist Orthopaedic Nurse, Hazel Watters, on the innovative work of the Early Supported Discharge Team who work out of Swan Ward. The evening ended with a number of questions and answers. Initial feedback from members about the event was very positive and the Trust will shortly be publishing a short video which summarises the evening for those unable to make it.

2 EXTERNAL OUTLOOK

2.1 Lord Carter Review of Operational Productivity in NHS Providers

In June 2014, Lord Carter of Coles was appointed as Chair of the NHS Procurement and Efficiency Board. He was tasked with helping the NHS identify opportunities to cut waste, save money and drive efficiencies. Since October 2014 Lord Carter and his team have been analysing data from 22 trusts and published their interim report in June with a further update due in Autumn 2015.

In terms of the efficiency opportunity – the report highlights that the NHS could save up to £5bn per annum by 2019/20 through efficiency opportunities identified by the review. This figure is made up of:

1. Workforce and workflow savings of £2bn through:
    - Better management of productive time
    - Tighter management of annual leave, sickness and appropriate use of training
    - Better balance between clinical productive time and administrative tasks

2. Improved hospital pharmacy and medicines optimisation, estates and procurement management which could lead to savings of £3bn by:
    - Streamlining hospital pharmacy provision across the country
    - Developing a tool to help identify efficiency opportunities
    - Reducing the number of everyday consumable lines from 500,000 to less than 10,000 and reducing the price variation on identical products to 1-2% from the current 35%. Managing the demand for products through better inventory management would also be necessary. This alone could save the NHS £1bn by 2020.

2.2 Secretary of State Speech – 25 year vision - Making Healthcare More Human-Centred and not System-Centred

The Secretary of State, Rt Hon Jeremy Hunt made a speech on his 25 year vision on 16 July 2015.

Key announcements:

<u>Changes to the regulation architecture and a renewed focus on improvement</u>:

NHS Improvement is to be the new operating name for the jointly led NHS Trust Development Authority and Monitor.

<u>Changes to the consultant contract to enable a seven day NHS</u>:

The opt out clause for weekend working will be removed from the consultant contract for newly qualified hospital doctors.

<u>Leadership capacity in the NHS</u>:

The Government has accepted in principle the 19 recommendations within the Rose Report and this included a proposal to merge Monitor and NHS TDA and a suggestion that the functions of the Leadership Academy come under the purview of Health Education England.

<u>Proposals relating to patient safety, quality of care and patient choice</u>:

The Government published its report, “Learning not blaming” in response to Sir Robert Francis QC’s “Freedom to Speak Up” review, the Public Administration Select Committee report on

"investigating clinical incidents in the NHS" and Dr Bill Kirkup's independent report on the Morecambe Bay investigation. Proposals include:

- Improving incentives for staff to speak out against poor quality care in the NHS and establishing an independent agency to investigate patient safety incidents to be hosted by NHS Improvement and modernising the supervision of midwifery.
- GPs will be asked to inform patients of the Care Quality Commission rating and waiting time data at hospitals.
- NHS England will develop proposals for introducing meaningful patient choice and greater control over care offered in maternity, end of life care and long term conditions.

3 STRATEGY

3.1 Our Merger Plans with The Royal Surrey County Hospital

On the 14 August 2015 the Competition and Markets Authority (CMA) provisionally cleared the anticipated merger between Ashford and St Peter's and the Royal Surrey. The CMA has a statutory consultation period on these findings which finishes on 4 September 2015. Following this consultation the final report is expected at some point in September but no later than 7 October. Following the final report the trusts will re-fresh the merger financial model and the business case in advance of the trusts boards deciding whether to progress with the merger in November. Following approval by the trust boards the case for merger will be assessed by Monitor, the health sector regulator, before final approval by the trust boards and Council of Governors in 2016. Subject to full regulatory, Board and Governor approvals, the earliest start date for the proposed new organisation would be Summer 2016.

4 REGULATION

4.1 Monitor - Change to Risk Assessment Framework

Finance Risk Rating

Monitor has made the changes to its Risk Assessment Framework (RAF) in response to the increasingly challenging financial context facing the sector. The changes are intended to strengthen Monitor's regulatory regime so that it can help foundation trusts (FTs) live within their means and support improvements in financial efficiency across the sector.

Monitor is replacing the previously used 'continuity of service risk rating' with the 'financial sustainability risk rating'.

- This risk rating represents Monitor's view of the likelihood that a licence holder is, will be, or could be in breach of the continuity of service licence condition 3 and/or the provisions of the NHS foundation trust licence condition 4 (governance) which relates to finance.
- The financial sustainability risk rating will be calculated using the following measures:

    - Liquidity: days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown
    - Capital servicing capacity: the degree to which the organisation's generated income covers its financial obligations
    - Income and expenditure (I&E) margin: the degree to which the organisation is operating a surplus/deficit. The I&E margin is defined as surplus/deficit/total operating and non-operating income. Surplus/(deficit) should be calculated before impairments, transfers by absorption, gains/losses on asset disposal and restructuring costs.
    - Variance from plan in relation to I&E margin: variance between a foundation trust's

planning I&E margin in its annual forward plan and its actual I&E margin within the year.

As of July 2015 Monitor are now collecting monthly financial data from all foundation trusts.

Governance Risk Rating

Monitor is introducing a measure within the existing governance rating to assess whether foundation trusts are delivering value for money. If a provider demonstrates inefficient/uneconomical spend (actual or likely) compared to published benchmarks, this may trigger an investigation.

5 PERFORMANCE

5.1

MONITOR - JUNE & Q1 PERFORMANCE UPDATE - inc. JULY ESTIMATE

Domain	Standard	Compliance threshold	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Apr	May	Sparkline	June	Performance Issues	July (est)	MONITOR Q1 (prov)
A&E	Maximum waiting time of **four hours** from arrival to admission/transfer/discharge	95%	95.2% ☑	95.2% ☑	88.6% ☒	92.1% ☒	92.5% ☒	94.2% ☒		93.1% ☒	**A&E Performance showed** 0.46% improvement ahead of trajectory at 93.1% although missed the 95% target. Patient flow was difficult through June due to the closure of the Ashford rehabilitation beds to schedule without community rehabiliation resources becoming fully available. An extensive **Urgent Care Improvement Programme** is underway with the following workstreams to expedite patient care, signposting & efficient treatment; **W1** - **Revision of the ED Acute Referral to Specialty Policy** to expedite clinical specialty review **W2** - **Revision of Standard Operating Procedures** to include innovation (Rapid Assessment & Treat, Acute Hub & Point of Care testing) **W3** - **Initiatives to reduce patient ward Length of Stay** & Early Supported Discharge **W4** - **Reduce Delayed Transfers of Care & Complex Discharges** (including creation of an Integrated Discharge Team) **W5** - **Create an Urgent Care Centre** as the front door triage to A&E **W6** - **Create a Paediatrics Assessment Unit** co-located with Paed's ED **W7** - **Local health & social care providers (led by NWS CCG) have engaged with Alamac Consultancy** to improve system healthcare performance & change	☒	93.3% ☒

A&E PERFORMANCE UPDATE

					Feb-15	Mar-15	Apr-15	May-15	Jun-15	Sparkline
A&E	A&E	INPUTS	Attendances	**Total**	**6847**	**8064**	**7630**	**8032**	**7795**	
				Avg Att per day	*245*	*260*	*254*	*259*	*251*	
			Admissions	**Total**	**1734**	**1882**	**1914**	**1988**	**1804**	
				Avg Adm per day	*62*	*61*	*64*	*64*	*60*	
		CONTROLS	Breaches	**Total**	**825**	**1136**	**918**	**715**	**859**	
			% Breaches late Specialty	**Total**	**34.1%**	**28.5%**	**25.3%**	**13.4%**	**23.9%**	
			% Breaches late Dr/ENP	**Total**	**8.8%**	**4.4%**	**3.6%**	**3.5%**	**2.5%**	
			Number of Breaches by Minors	**Total**	**102**	**146**	**94**	**94**	**85**	
			Delay Transfers of Care	**Total**	**644**	**661**	**938**	**748**	**817**	
			Complex Discharges	**Total**	**1324**	**1509**	**1214**	**1424**	**1099**	
		OUTPUTS	A&E 4hr Performance % (Monitor)	**Total**	**92.79%**	**91.49%**	**92.51%**	**94.25%**	**93.09%**	
			A&E 4hr Performance % (St Peters)	**Total**	**87.95%**	**85.95%**	**87.96%**	**91.07%**	**88.99%**	

Performance:

The Trust missed the 4 hour A&E CCG contract standard in June with St Peters site A&E, GUM & EPU performance recorded at 90.36% [Monitor performance (inc Ashford) = 93.08%]. Although the target of 95% wasn't achieved, it was 0.46% ahead of the 89.9% Trust recovery trajectory.

June's A&E attendances at 7,795 were lower than May (8,031) although comparable to June 2014 with a daily average of 260 patients attending per day (Apr=254 & May=259).

Admissions via A&E for June at 1,804 (daily average = 60) was lower than the previous 4 months (Feb-May where the daily average = 62) although broadly comparable to last June 2014 when the daily average was 59 per day.

The Trust's A&E performance showed improvement ahead of trajectory for June, despite the closure of 2 rehabilitation wards at Ashford where rehabilitation & step-down provision for the closing wards was not readily accessible. This caused difficult patient flow during the month due to the high levels of delay when discharging patients with complex care to the community.

Domain	Standard	Compliance threshold	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Apr	May	Sparkline	June	Performance Issues	July (est)	MONITOR Q1 (prov)
RTT	Maximum time of **18 weeks** from point of referral to treatment **(ADMITTED PATIENTS)**	90%	84.9% ☒	88.5% ☒	90.6% ☑	88.9% ☒	88.5% ☒	92.6% ☑		92.2% ☑	**Admitted Performance** remained compliant for June at 92.2%. At specialty level; -**General Surgery** continues to reduce its admitted backlog although the Trust's position with delays in endoscopy continue to impact Upper and Lower GI pathways, -**Urology** continues to tackle its admitted backlog over the course of June, & -**Paediatrics** (1 breach out of 5 patients) as a result of a complex pathway & multiple non-attendances by the patient. Underperforming specialties have remedial action plans in place to improve performance. A Demand & Capacity & action plan review is scheduled end July with NHS England's Intensive Support Team (IST) to test the robustness of the Trust's remedial plans.	☑	☒ Failure of 1 month during the Qtr = Qtr failure (lowest value reported for Qtr). Compliant performance May & June.
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(NON-ADMITTED PATIENTS)**	95%	96.3% ☑	95.3% ☑	95.2% ☑	95.2% ☑	95.0% ☑	96.3% ☑		95.9% ☑	**Non-Admitted Performance** remained compliant for June at 95.9%. At specialty level; -**General Surgery** & **Gastroenterology** recorded breaches as a result of the Trust's position in endoscopy, -**Dermatology** due to lost clinical capacity following the departure of two consultants with locums difficult to obtain. The posts are now covered with additional capacity planned to recoup the deficit (with recovery expected within 3 months), & -**Neurology** due to high demand, diagnostic delays & waiting the commencement of the 3rd consultant who has now started. Underperforming specialties have remedial action plans in place to improve performance. A Demand & Capacity & action plan review is scheduled with NHS England's Intensive Support Team (IST) during July to test the robustness of the Trust's remedial plans for GS, Urology & Gastroenterology.	☑	☑
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(INCOMPLETE PATHWAYS)**	92%	93.9% ☑	95.4% ☑	95.0% ☑	95.3% ☑	96.1% ☑	96.7% ☑		96.3% ☑	**Incomplete Pathway** performance remained compliant for June at 96.3%. At specialty level; -General Surgery experienced delays to upper gastro-intestinal and colorectal pathways as a result of the Trust's position in endoscopy, & -Neurology due to high demand, diagnostic delays & waiting the commencement of the 3rd consultant, who has now started.	☑	☑

Domain	Standard		Compliance threshold	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Apr	May	Sparkline	June	Performance Issues	July (est)	MONITOR Q1 (prov)
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	93.5% ☑	93.4% ☑	93.8% ☑	91.0% ☒	89.9% ☒	94.7% ☑		96.1% ☑	The Trust has experienced difficulty achieving this standard due to patients choosing to book after 14 days and delays to straight-to-test endoscopy procedures. With a revised escalation & engagement process having been introduced, we have seen better engagement, with a return to compliance during May & June although patient choice remains a significant risk. Work has been underway with the CCG GP cancer lead to improve patient information in GP Surgeries in an attempt to mitigate this issue.	☑	93.9% ☑
		Symptomatic breast patients	93%	93.4% ☑	91.1% ☒	96.9% ☑	95.5% ☑	94.7% ☑	95.3% ☑		93.2% ☑	The Trust experienced a higher than expected number of breaches (7) during June although remained compliant. All breaches were as a result of patients choosing to be seen after 14 days from referral. Work has been underway with the CCG GP cancer lead to improve patient information in GP Surgeries in an attempt to mitigate this issue.	☑	94.7% ☑
CANCER	All cancers: 31-day wait from diagnosis to first treatment		96%	100% ☑	98.3% ☑	98.2% ☑	99.1% ☑	98.0% ☑	97.6% ☑		96.1% ☑	n/a	☑	97.3% ☑
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	100% ☑	94.7% ☑	100% ☑	86.8% ☒	100% ☑	100% ☑		100% ☑	The Trust experienced difficulty achieving this standard in Q4 due to the backlog in Urology procedures & patient preference to delay treatment. **However April, May & June's position have remained compliant.**	☑	100% ☑
		Drug Treatment	98%	100% ☑	100% ☑	100% ☑	100% ☑	100% ☑	100% ☑		100% ☑	n/a	☑	100% ☑
		Radiotherapy	94%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	☑	☑
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	82.2% ☒	72.0% ☒	82.8% ☒	76.9% ☒	85.0% ☑	89.8% ☑		89.1% ☑	**This standard is recorded as compliant at 89.1%.** The Trust continues to deliver its Cancer Improvement Action Plan which aims to further address the recent issues regarding cancer performance. Many of the risks to performance against this standard require continued careful monitoring. The Trust is also reviewing a number of key cancer pathways to further reduce the risk of delays.	☒	87.7% ☑
		NHS Cancer Screening Service referral	90%	92.0% ☑	97.3% ☑	100% ☑	100% ☑	100% ☑	100% ☑		75.0% ☒	**The Trust had 1 breach in this standard**, although due to very low referrals has recorded non-compliance at 75.0%. The Trust treated the patient within a compliant 4 weeks of referral, however a delay of 4wks & a failed colonoscopy polyp removal by the Screening Centre caused the breach. *[The Trust position has been revised for May as the late referral breach via the Frimley Screening Centre has been confirmed as a colonoscopy with polyp removal counting as First Definitive Treatment].*	☑	91.7% ☑

5.2 Quality and Safety

Table 1: Quality Performance Dashboard

1. Best outcomes

	Measure	Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Jun 15 Actual	6-month trend	YTD 15/16
1-01	In-hospital SHMI	58	<72	<72	64		60
1-02	RAMI	60	<70	<70	56		60
1-03	In-hospital deaths	1111	86	<1033	88		204
1-04	Proportion of mortality reviews	38%	>80%	>80%	59%		40%
1-05	Number of cardiac arrests not in critical care areas	72	-	-	7		17
1-06	MRSA (Hospital only)	1	0	0	0		0
1-07	C.Diff (Hospital only)	18	1.4	17	0		4
1-08	Falls (Per 1000 Bed days)	3.29	3.00	3.00	2.63		2.94
1-09	Pressure Ulcers (Per 1000 Beddays)	2.03	1.19	1.19	1.32		2.10
1-10	Readmissions within 30 days - emergency only	12.6%	12.2%	12.2%	12.8%		12.9%
1-11	Stroke Patients (% admitted to stroke unit within 4 hours)	52.8%	90.0%	90%	56.3%		49.6%
NEW	Medication errors - rate per 1000 bed days	2.04%	2.01%	2.01%	3.19		2.91
NEW	Sepsis audits undertaken (PLACEHOLDER ONLY - TO BE ADDED IN Q3)						

3. Excellent experience

	Measure	Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Jun 15 Actual	6-month trend	YTD 15/16
CHANGED	Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG				39		39
NEW	Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG				8		8
3-07	Friends & Family Satisfaction Score - InPatients (incld Daycases)	93.3%	95%	95%	96.8%		96.5%
3-08	Friends & Family Satisfaction Score - A&E (incld Paeds)	93.6%	97%	97%	98.6%		96.2%
3-09	Friends & Family Satisfaction Score - Maternity (Composite Score)	95.6%	TBC	TBC	98.7%		96.3%
3-09a	Friends & Family Satisfaction Score - Outpatients	NEW	TBC	TBC	94.7%		93.4%
3-10	Follow-up complaints	85	7	81	2		9
3-11	Dementia screening (Composite Score)	96.6%	>90%	>90%	97.5%		96.8%

Rating table

Delivering or exceeding target		Improvement month on month
Underachieving target		In line with or just below last month
Failing target		Below target

5.2.1 Commentary

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

In hospital SHMI of 64 for June is below both the monthly target of 72 and 67 in May.

Risk Adjusted Mortality Index (RAMI)

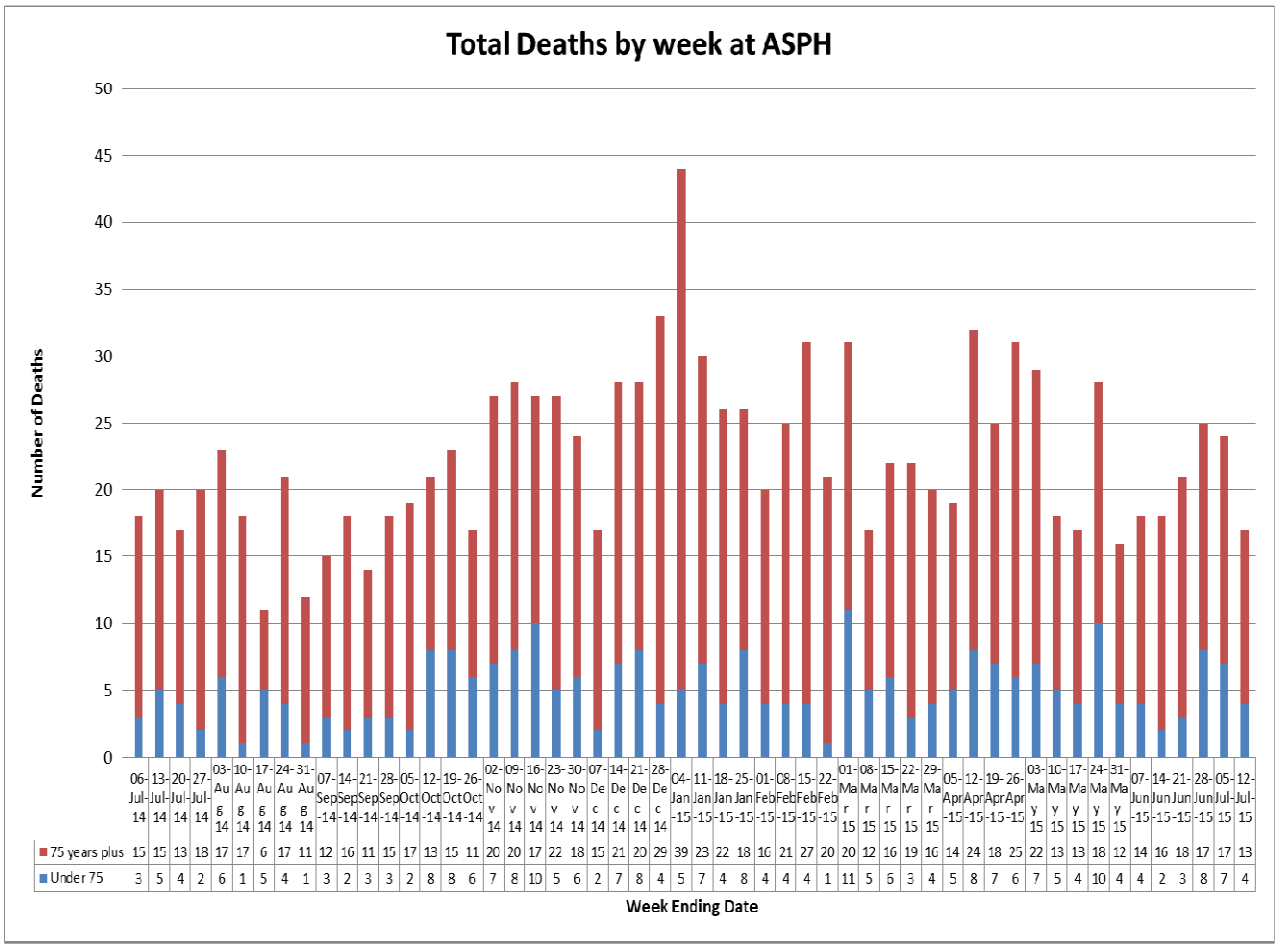
RAMI of 56 is below the limit of 70 and 71 in May. The mortality indices are reflecting the expected improvement associated with seasonal variation.

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

In-hospital Deaths

There has been no significant change with in-hospital deaths which at 88 is marginally above limit of 86 but just below May of 91.

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



5.2.2 Safety

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

The Classic NHS Safety Thermometer programme aims to achieve significant reductions in four types of avoidable harm: pressure ulcers, falls, Catheter Associated Urinary Tract Infection (CAUTI) and Venous Thromboembolism (VTE). Data is collected on inpatients on one day per month. Safety Thermometer performance for these harms is shown on Charts 1 to 4 on pages 16-17.

New harms of 1.30% this month are well below the national average of 2.22%. One new CAUTI occurred in June but performance is below national limits. Although there were two hospital acquired falls with harm in June the rate was below the national average of 0.66%.

Harms were reviewed based on data publicly available, including a review of wider trends from Ashford and St Peter's and the Royal Surrey's annual reports and accounts, and this information is attached at Appendix 3.

5.2.3 Patient Experience

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

In June 119 patients or families contacted PALS, a notable reduction compared to the previous quarter's average of 138. Concerns relating to the outpatient experience and communication were the highest areas of concern with 38 and 35 contacts respectively. Encouraginly 35 contacts pertaining to communication issues marks a notable drop from April and May where there were 53 and 49 concerns raised respectively. It is too early to indicate whether this drop is due to a natural variation or sustained improvement in communicating with patients. Improvement work continues to focus on the outpatient journey with an Outpatient User Group commencing in September. Treatment and care concerns remain consistent with 13 concerns raised in June.

Formal Complaints

29 new formal complaints in June is below expected levels when compared with previous years. This is the 4th consecutive month where there has been a decline and whilst a seasonal decline is expected in summer the total numbers of new complaints are tracking below previous years. With the continuing decline in PALS concerns and complaints this could be indicative of an evolving culture on the frontline where staff are encouraged and empowered to resolve issues and concerns straight away. Whilst numbers of complaints relating to treatment and care remained consistent to previous months complaints relating to communication showed a significant drop to just three. There was a spike in formal complaints pertaining to the outpatient journey with 10 complaints. No complaints in June pertained specifically to discharge concerns.

The previous month's spike in follow-up complaints has recovered with two complaints in June received as follow-ups or 4.5%.

Complaint Performance Against Timescale

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

None of the divisions achieved the target introduced from April 2015 for responding to complainants within new timescales linked to the grade of complaint. The reason for this is largely because many of these complaints were received into the Trust in April and early May which is before 21 May, the date at which the complaints system was modified to accommodate differing complaint response dates by grade. Going forward performance is anticipated to improve significantly once the effects of the new system are fully embedded.

Complaints received before 1 April 2015 are reported against the previous measure of timescale agreed with complainant. In June there was a relatively low volume of such complaints thus the missed cases had a significant effect on performance rate. From July onwards there are 15 complaints still open which were received before April 2015. There are various reasons for the complaints being oustanding including serious incident investigations and complex multi-agency complaints. Excepting the five serious incidents, the 10 remaining cases are scheduled to be resolved by the end of August.

5.2.4 Patient Feedback

Friends and Family Test (FFT)[2]

Inpatients recommending the service remains stable and above the national average at 96.8%. The response rate has dipped slightly in June, however this is due to a minority of areas and all have provided assurance for refocussing efforts for obtaining feedback in July.

The Accident and Emergency Department recommended score has improved for the third consecutive month in May at 88.6% and is now exceeding the national average target of 87%. The response rate remains stable at 26.6%.

The Maternity Department is now reporting at Touchpoint 2 (Labour ward) only, following a change in national guidance resulting from a sector issue with reporting patient numbers for the other Touchpoints. The Maternity Department is communicating this change to the team and will focus collection on this Touchpoint of the patient journey moving forwards. The responses are low for Touchpoint 2 in June at 8.7%, however the focus had previously been on Touchpoint 3, the inpatient experience, and this will now shift to Touchpoint 2. Therefore this figure is expected to improve and stabilise from July onwards.

The Outpatient Department's percentage recommended score[3] is stable at 94.7%. The first month for national submission was April 2015, however, latest data from NHS England is not showing Outpatient scores and therefore we are currently unable to benchmark.

Wow Awards

There were 15 WOW award nominations for Acute Medicine and Emergency Services, 11 for Diagnostics and Therapies, Trauma and Orthopaedics, 8 for Women's Health and Paediatrics and 7 for Theatres, Anaesthetics, Surgery and Critical Care. Human Resources had four proposals and Finance and Information received three nominations. Estates and Facilities had two nominees and Quality, Research, Medical, Nursing and Midwifery had one.

NHS Choices User Rating

Hospital	User rating (out of 5) Aug 2014	User rating (out of 5) Dec 2014	User rating (out of 5) Feb 2015	User rating (out of 5) June 2015	User rating (out of 5) August 2015
Ashford and St Peter's	SPH: 4.5 (161) AH: 4.5 (60)	SPH: 4.5 (179) AH: 4.5 (68)	SPH: 4.5 (193) AH: 4.5 (76)	SPH: 4.5 (214) AH: 4.5 (95)	SPH: 4.5 (249) AH: 5 (96)
Frimley Park	4.5 (186)	4.5 (215)	4.5 (235)	4.5 (235)	4.5 (235)
Epsom	4 (75)	4 (86)	4 (89)	4 (99)	4 (104)
Royal Berkshire	4 (217)	4 (236)	4 (245)	4 (264)	4 (282)
Royal Surrey	4.5 (154)	4.5 (191)	4.5 (206)	4.5 (253)	4.5 (272)
Kingston	3.5 (100)	3.5 (118)	3.5 (135)	3.5 (152)	3.5 (154)
West Middlesex	4 (180)	4 (197)	4 (212)	4 (223)	4 (226)
St George's	4 (164)	4 (179)	4 (185)	4 (196)	4 (201)
Wexham Park	3.5 (168)	3.5 (194)	No data available	4 (14)	4 (38)
Chelsea and Westminster	3.5 (71)	3.5 (80)	3.5 (87)	3.5 (91)	3.5 (98)

[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?

[3] Outpatients is not yet nationally reported so there is no nationally set target. National average data is not available currently.

5.2.5 Safety Thermometer Charts

Chart 1 Percentage of patients with new harms

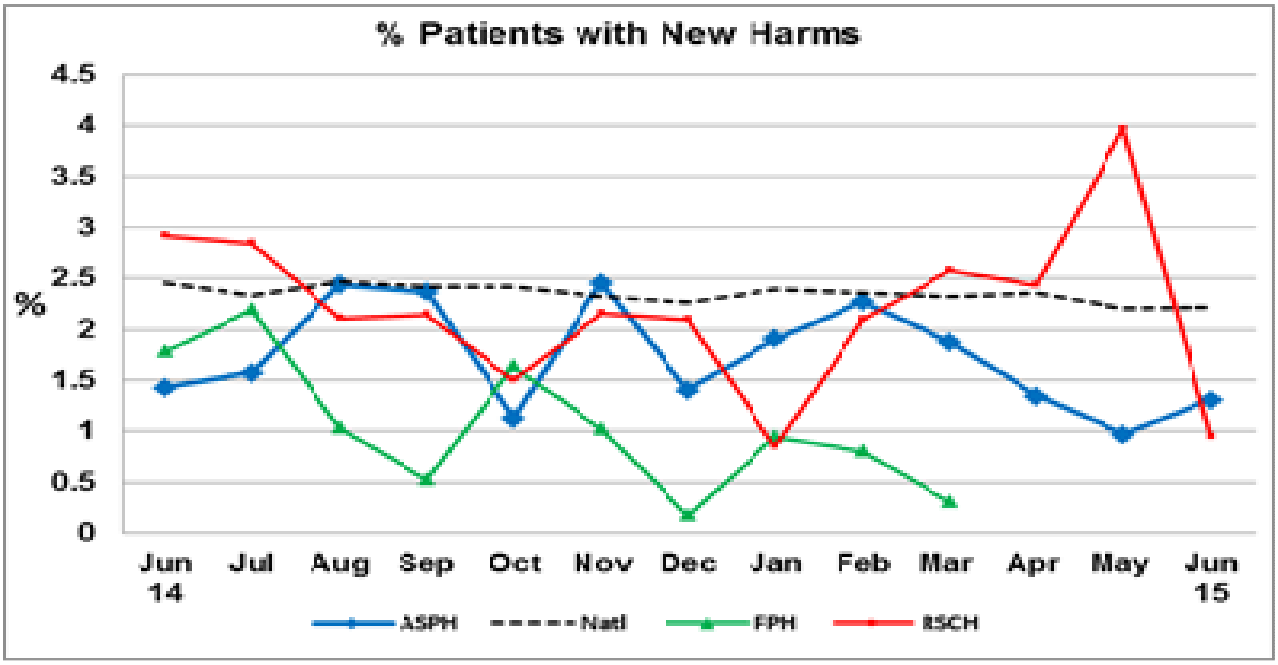


Chart 2 Incidence of new Catheter Associated Urinary Tract Infection (CAUTI)

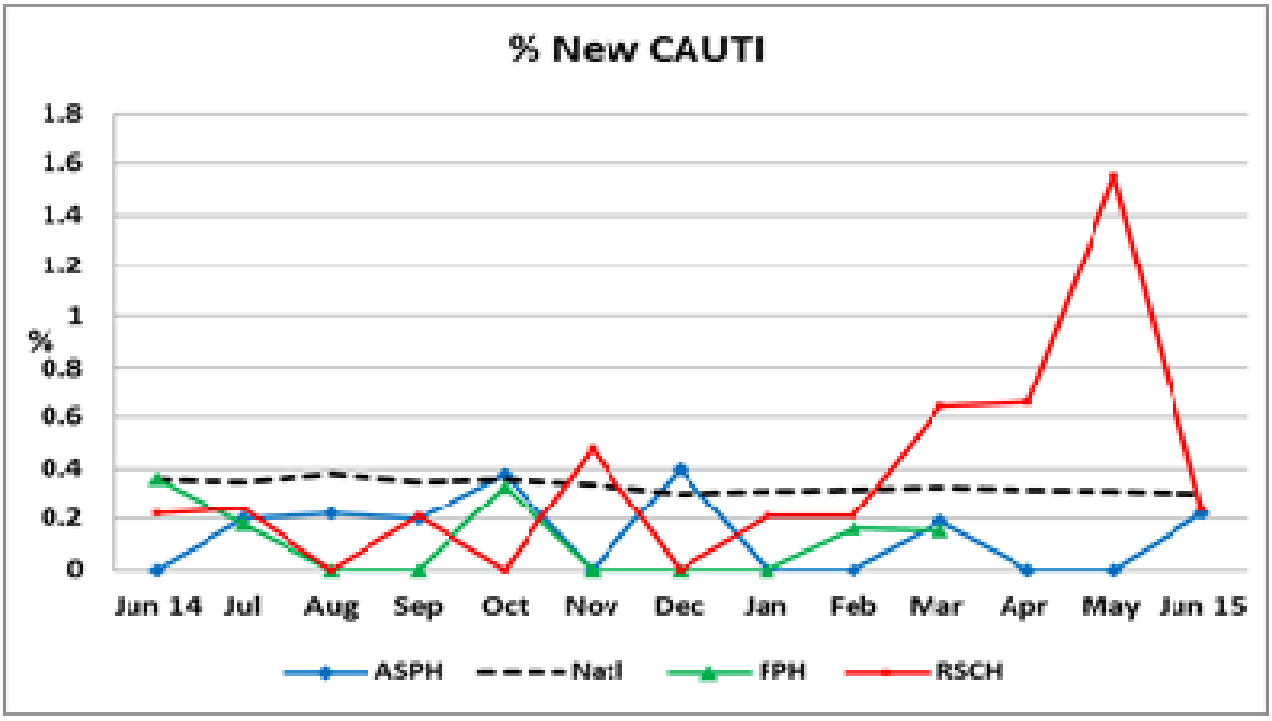


Chart 3 Incidence of new pressure ulcers

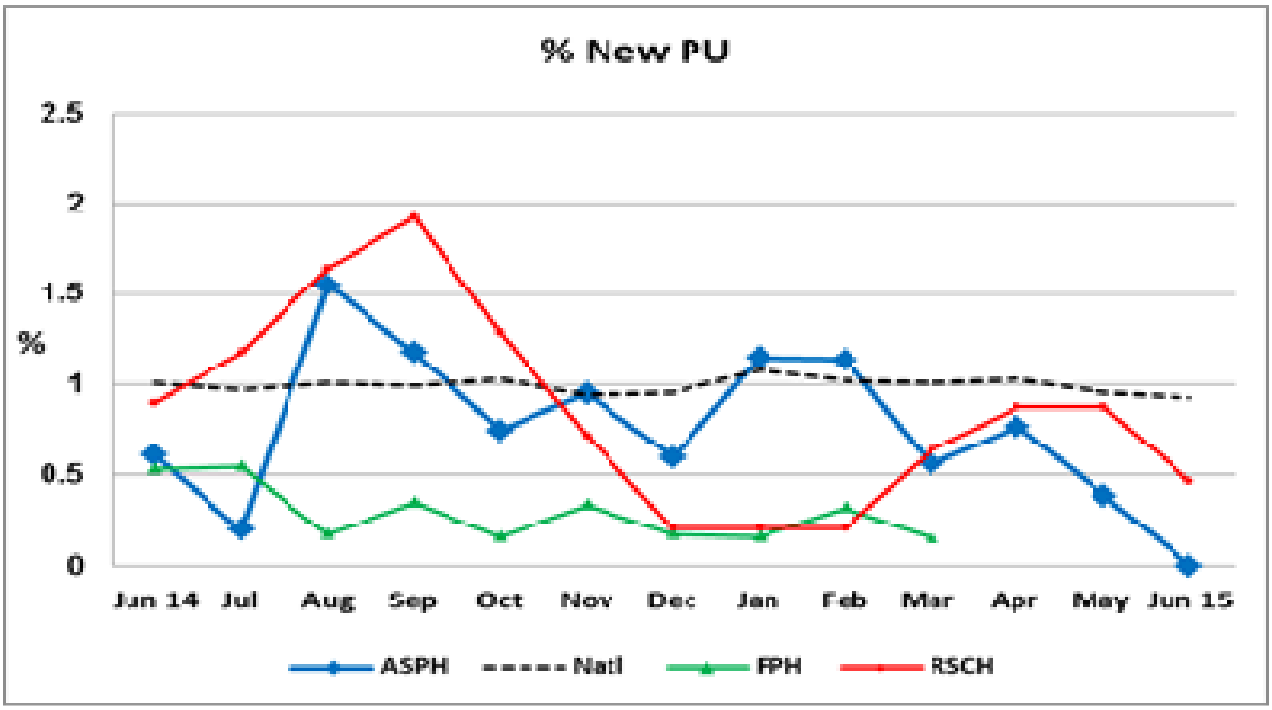
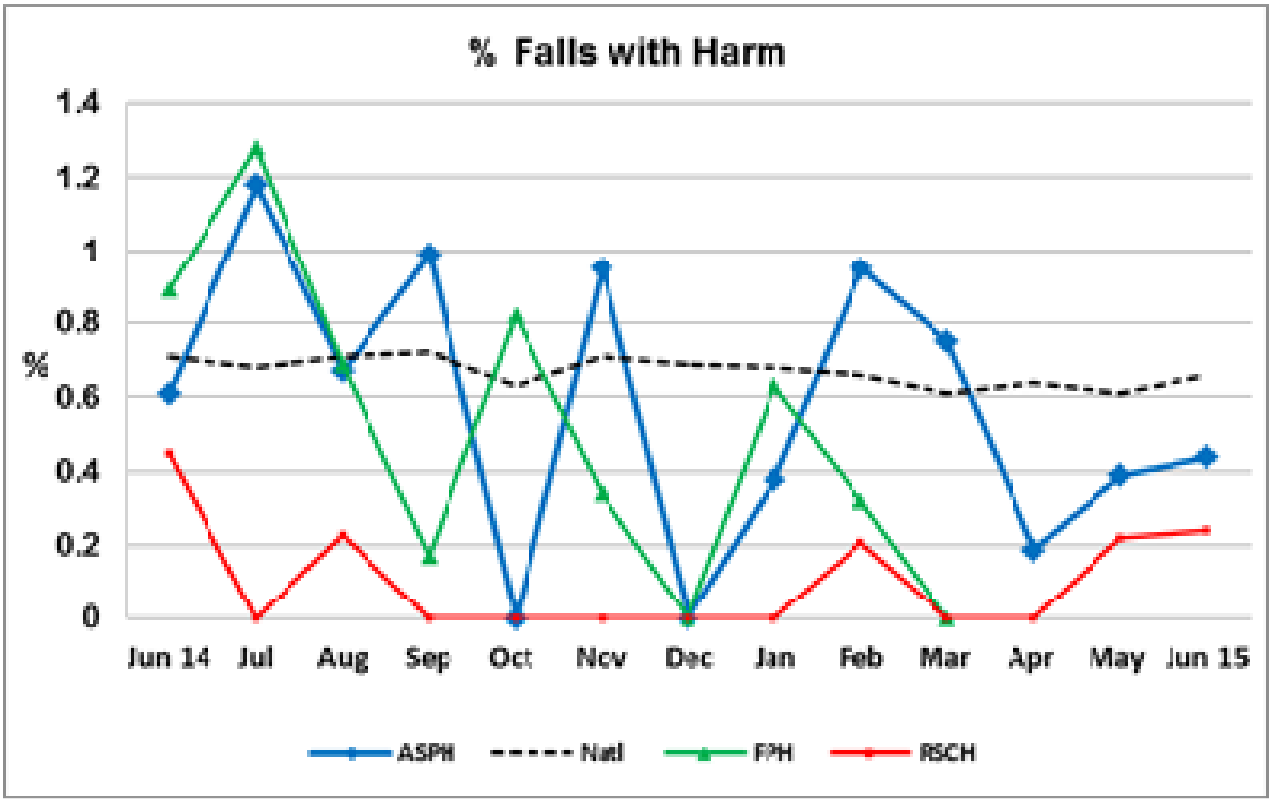
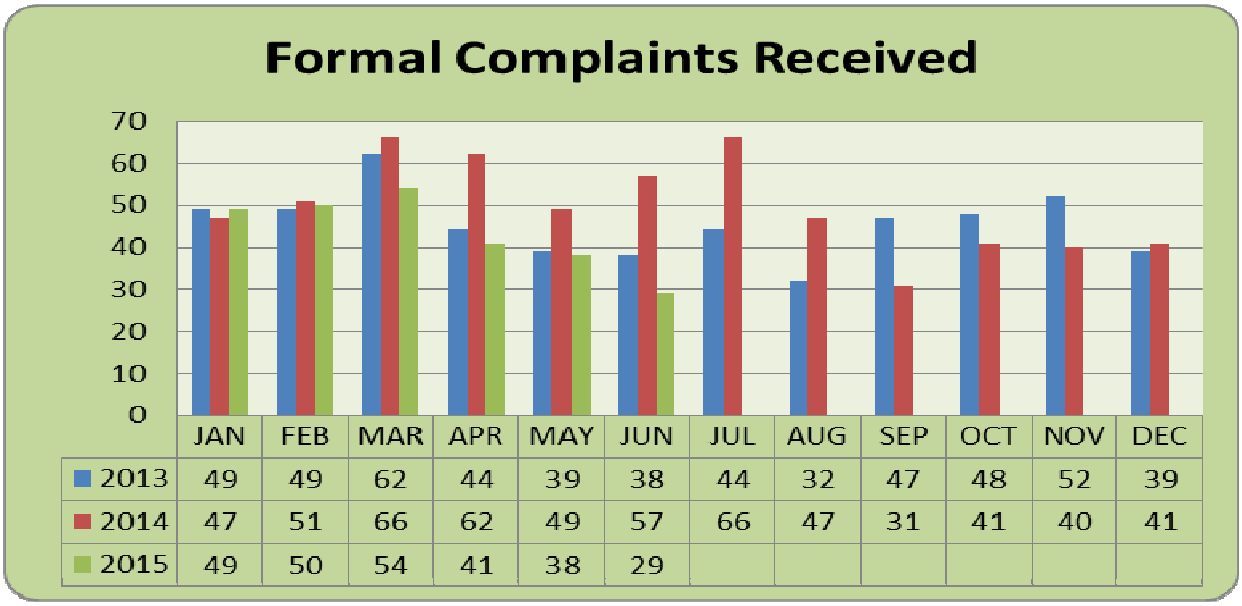


Chart 4 Percentage of falls with harm



5.2.6 Patient Experience Charts

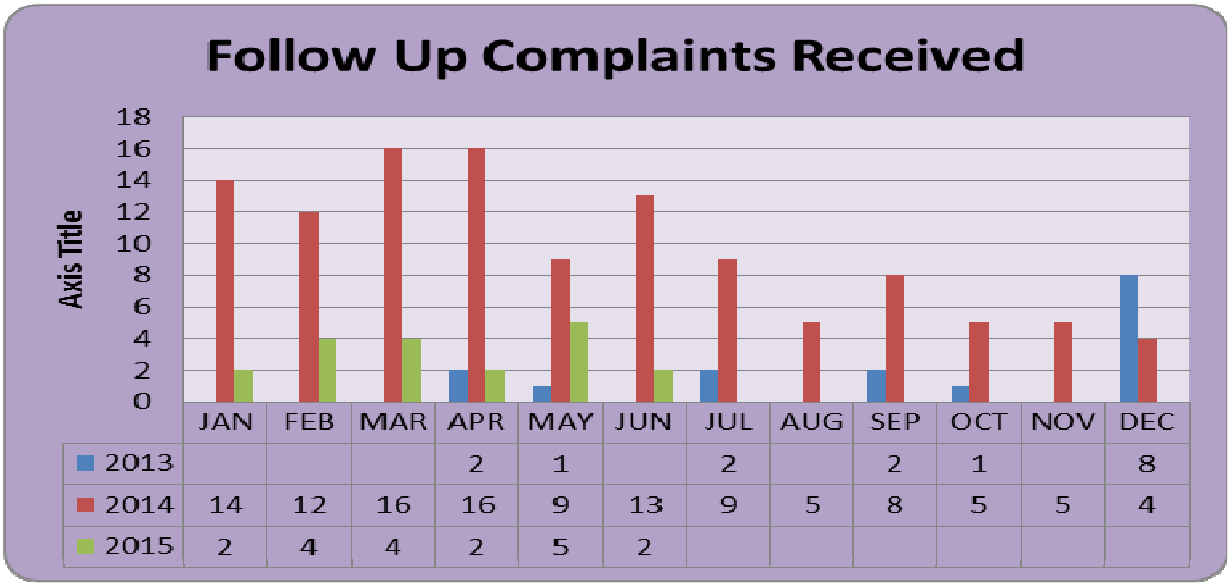
Chart 5 Complaints received by month



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2013	49	49	62	44	39	38	44	32	47	48	52	39
2014	47	51	66	62	49	57	66	47	31	41	40	41
2015	49	50	54	41	38	29						

Chart 5 highlights that complaint numbers are showing a reduction to date in 2015 and whilst in line with the expected seasonal trend numbers are falling below that of previous years.

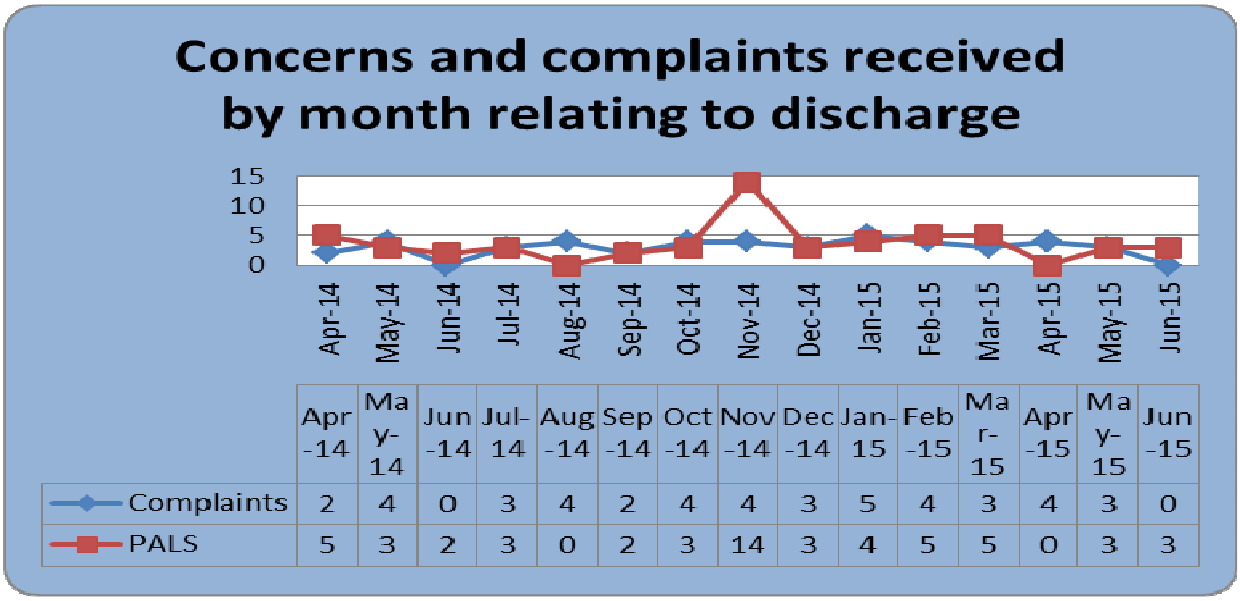
Chart 6 Follow-up complaints received



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

Chart 6 shows that complaints remain an important measure in quality of complaint response and these reduced to two in June providing assurance that the quality process around complaints remains robust.

Chart 7 Concerns and complaints about discharge



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

Chart 7 shows complaints and concerns pertaining to discharge show a reduction in June. Discharge complaints are often complex in nature and work is being undertaken by the Head of Patient Experience to support the discharge teams in improving the journey of patients and families.

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Chart 8 Friends and Family Test Response Rate

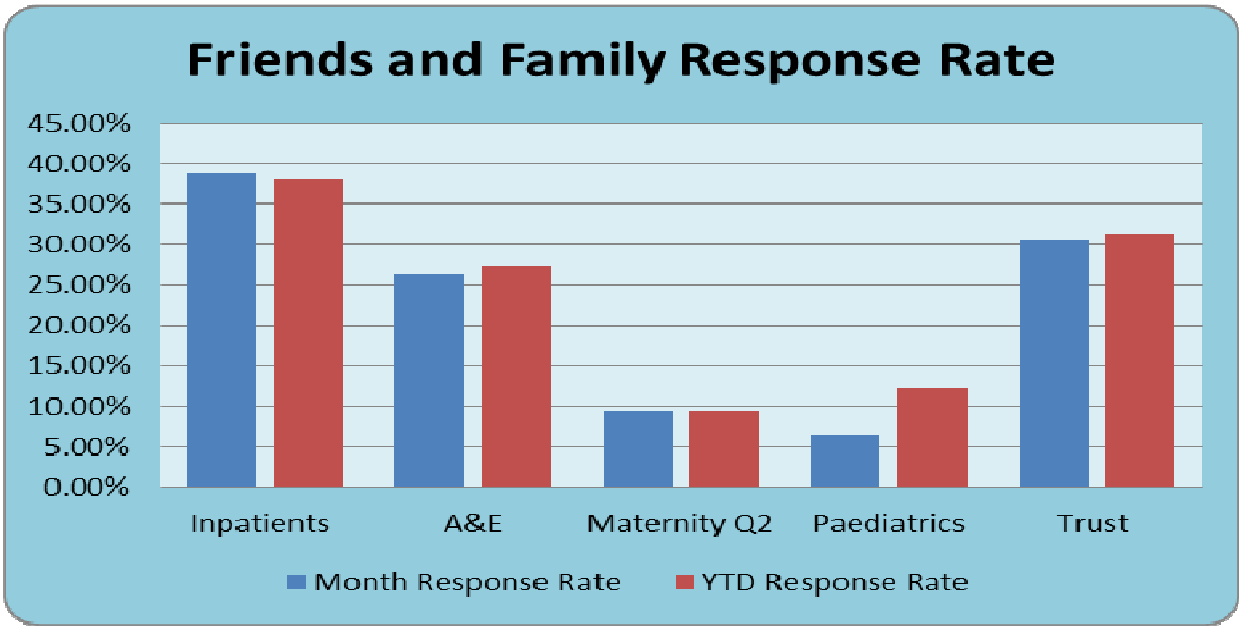

Chart 8 shows there is no response rate calculated for Outpatients in line with national guidance. Maternity Touchpoint 2 is now the only nationally reported Touchpoint and there will be additional focus on gathering feedback in this area from July.

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Chart 9: Friends and Family Test satisfaction percent

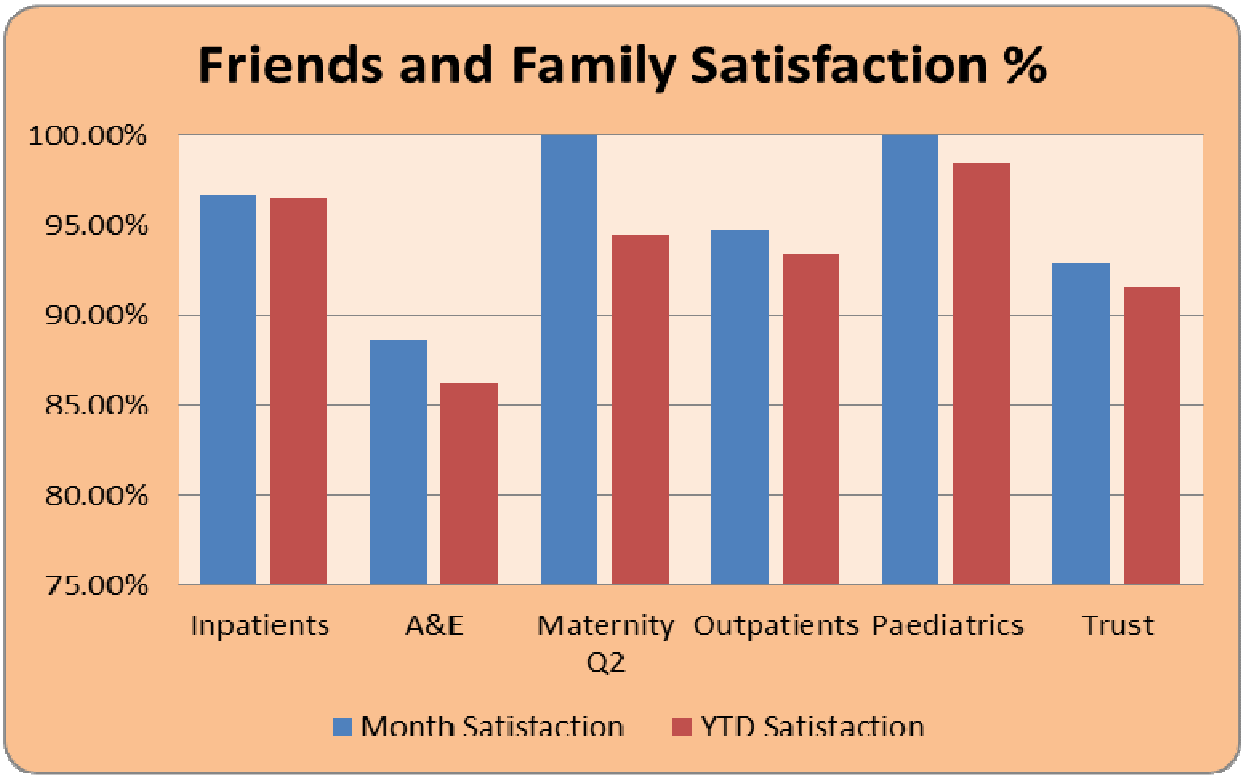


Chart 9 shows Friends and Family satisfaction scores in the Trust are a reliable measure indicating satisfaction levels of our patients. The Trust is consistently above the national average in most areas, and has seen a continued improvement in the Accident and Emergency Department in recent months which is reflected in performance which exceeds the national average for June, a considerable achievement for the team.

5.3 2015/16 Financial Position - Month 4 Headlines

The month 4 financial position showed an under-spend against budget of £0.6m. 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	3	3	
Total income excluding interest (£000)	£257,085	£262,915	£86,957	£88,825	£1,869
Total expenditure (£000)	£243,296	£249,125	£81,813	£83,618	£1,805
EBITDA (£000)	£13,789	£13,789	£5,144	£5,208	£64
I&E net operational surplus/Deficit (£000)	(£1,220)	(£1,220)	£220	£844	£624
CIP Savings achieved (£000)	£13,544	£13,081	£4,670	£4,673	£3
CQUINs (£000)	£5,195	£5,195	£1,732	£1,732	£0
Month end cash balance (£000)	£8,714	£8,714	£7,700	£13,164	£5,464
Capital Expenditure Purchased (£000)	£10,247	£10,247	£3,380	£2,484	(£896)
Emergency threshold/readmissions penalties	£3,153	£2,999	£1,051	£1,000	(£51)

Monitor Metrics					
	Weighting	Current	Forecast	Current Score	Forecast Score
Debt Service Cover	25%	2.12x	1.79x	3	3
Liquidity	25%	-5.2	-9.9	3	2
I&E Margin	25%	1.0%	0.0%	3	2
Variance in I&E Margin	25%	0.4%	0.0%	4	4
Continuity of Service Risk Rating				3	3

NB: there has been a recent change to the Monitor CoSRR ratings to increase this to four metrics as shown above

Year to Date

The key points are: -

- Clinical income from CCG's, NHS England and Local Authorities (GUM) activities was £1.7m ahead of budget. Most areas of activity are over-performing with the largest being emergency and A&E. July was a particularly busy month with income ahead of budget and the Trust has now exceeded its baseline for activity with specialist commissioners, and as a result relevant activity is only being paid at 70% of tariff;

- Other income streams are ahead by £0.2m mainly within injury cost benefit income and income generation;

- The higher than planned activity levels have had a knock on effect on the Trust cost base with additional staff costs incurred (£0.9m). In addition delivery of the emergency pathway has seen increased pay costs as the Trust utilised escalation beds to cope with the continued high demand and to achieve improvements in the A&E 4 hour target. Pay costs have fallen during the year, mainly attributable to closing beds, however temporary staffing costs were 19% higher than at this point last year;

- Activity also drove increased non-pay costs (£0.9m) in particular clinical supplies which includes drugs. Drugs costs are also high as a result of pass through drugs for which income is received;

- Cost improvement plans are on plan at month 4;

- Capital is currently behind plan by 26.5% (£0.9m);

- Cash is ahead of target due to the year to date surplus, 2014/15 over-performance arrears paid earlier than planned and agreement reached with the host CCG to phase payments so that more cash is paid during the first six months of 2015/16; and

- Overall performance shows that a surplus of £0.8m has been delivered to date, which is £0.6m ahead of plan. The surplus to plan arises from three things (i) impairments not materialising in the period (£0.3m), (ii) merger costs delays (£0.3m) and (iii) core budgets (EBITDA) being slight ahead of plan. This financial performance delivers a CoSRR of 3 at month 4, against a plan of 3.

Forecast

The Trust is forecasting that it will meet its plan at the end of the financial year after allowing for the costs of the proposed merger. This target would deliver a CoSRR of 3.

There is pressure on income and costs and the Trust is taking various actions to keep the budget on track, as well as delivering the key performance targets. As widely publicised the states of NHS finances in this financial year is not healthy; as a result Monitor is also looking for all FT's to at least meet their plans and if possible to improve on this.

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 £13.5m for the full year, are currently projected to yield £13.1m with work continuing to close the gap.

APPENDIX 1: Quality and Safety Balanced Scorecard Indicator Definitions 2014/15

1-01 The SHMI (Summary Hospital-Level Mortality Indicator) is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the tota 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 3 year dataset is used to create the risk adjusted models. A 1 year dataset is used to score the indicator. The 1 year dataset used for scoring is a full 12 months up to, and including, the most recently available data. The 3 years used for creating the dataset is a full 36 months up to, and including, the most recently available data. The data source is CHKS. The monthly figure shown is a rolling 6 month position, reported one month in arrears and the YTD figure shown is a rolling 12 month position, reported one month in arrears.

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

1-03 In-Hospital deaths as per the former CQUIN definition, with exclusions for age <18, maternity. The total number of in-hospital deaths (CQUIN 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 1 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 per 1000 bed days.

1-09 The total number of hospital acquired pressure ulcers per 1000 bed days.

1-10 Readmissions within 30 days of first admission where the first admission was an emergency.

1-11 Percentage of stroke patients admitted to a stroke unit within 4 hours.

1-12 Medication errors relating to administration and prescribing per 1000 bed days.

1-13 A measure for sepsis audits undertaken will be formulated in Q3.

3-03A The total number of Serious Incident Requiring Investigation (SIRI) reports submitted to the Clinical Commissioning Group (CCG) this month.

3-03B The total number of SIRI reports overdue for submission to the CCG.

3-07 Friends and Family Test Satisfaction: Percentage recommended 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?"). Includes Daycase and Paediatric activity.

3-08 Friends and Family Test Satisfaction: Percentage recommended 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?"). Includes Paediatric activity.

3-09 Friends and Family Test Satisfaction: Percentage recommended score for Maternity (Composite Score). Maternity Composite Score calculated from the questions asked at 4 touch points - antenatal care, birth, labour ward and postnatal care.

3-09a Friends and Family Test Satisfaction: Percentage recommended score for Outpatients (Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"). Includes Paediatric activity.

3-10 The number of follow-up complaints received.

3-11 Dementia screening (Composite Score based on the national return, combining the two questions).

Note: Indicators 1-01 to 1-13 are from the Trust's Best Outcomes dashboard and Indicators 3-03 and 3-07 to 3-11 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 2014/15 year end total.

3. Outturn 2014/15 – the overall results for 2014/15.

4. YTD (Year-to-date) 2015/16 – the sum of the indicator from the beginning of the financial year (April).

5. Monthly Target 15/16 – the target for each month.

6. Annual Target 15/16 – the target for the 12 month period ending March 2016.

7. Actual - this is the actual achievement for the month.

8. Performance - Monthly Trend Indicator - The arrows represent 1 of 3 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.

APPENDIX 2: Patient Experience Dashboard – June 2015

Jun-15	AMES	YTD		TASCC	YTD		TODT	YTD		WH & Paeds	YTD		Fac &IS	YTD		HR & Other	YTD		Monthly Total	YTD	YTD target	Annual target
COMPLAINTS AND PALS DATA																						
Complaints Rec'd	16	50	▼	6	27	▼	2	16	▼	5	12	▲	0	1		0	2		29	108		
Discharge related complaints	0	6	▼	0	0		0	1		0	0								0	7		
Follow ups received	0	3		0	1		1	4		1	1								2	9		
PALS Concerns	49	156	▼	30	93	▲	25	92	▼	12	28	▲	1	13	▼	2	7	▼	119	391		
COMPLAINT TIMESCALE PERFORMANCE																						
% Response timescales met (pre April 15)	75.0%	90.9%		0.0%	94.0%		100.0%	100.0%		33.0%	63.0%		N/A	N/A		100.0%	100.0%		77.0%	89.0%	95.00%	>95%
Response to timescale Grade 1&2 in 25 days)	70%	76%		80%	92%		67%	71%		50%	33%		0%	0%		N/A	100%		67.0%	77.0%	95%	95%
Response to timescale Grade 3&4 in 35 days)	83%	89%		20%	50%		75%	75%		50%	67%		N/A	N/A		N/A	N/A		59.0%	71.0%	95%	95%
CLAIMS DATA																						
Intimations of claims	3	7	▲	5	8	▲	1	5		0	6	▼	0	0		0	0		9	21		
Reported claims	2	2	▲	3	3	▲	2	4	▲	0	1	▼	0	0		0	0		7	8		

Key:

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

FRIENDS AND FAMILY TEST PERFORMANCE						
Jun-15	FFT Returns	YTD	FFT Rec Score	YTD	Annual Target Returns	Annual Target Rec Score
Inpatients inc Daycase	28.7%	34.9%	96.8%	96.5%	30.0%	95.0%
Maternity Touchpoint 2	8.7%	10.6%	100%	94.5%	30.0%	97.0%
Maternity Composite Scores	15.2%	10.9%	98.7%	96.3%	TBC	TBC
Paediatrics	6.4%	12.2%	100.0%	98.5%	30.0%	95.0%
A&E	26.6%	27.1%	88.6%	86.2%	20.0%	87.0%
Outpatients	N/A	N/A	94.7%	93.4%	N/A	TBC - no national data
Trust	N/A	N/A	92.80%	91.50%	N/A	N/A

Decrease compared to previous month	▼
Increase compared to previous month	▲
Equal to or above target	
Within 5% of target	
+ 5% below target	
Not applicable	

APPENDIX 3

RSCH Safety Thermometer from published Quality Account 2014-15

Harm Free Care

We have greatly reduced the number of patients suffering avoidable harm in hospital across the 4 main key harms as measured by the national safety thermometer. The hospital's median for patients receiving care free from new harms is 97% against a national median of 95.5%.

The Trust has participated in the national safety thermometer for the last three years and in that time, has developed a good understanding of the issues that require further improvement to ensure that the majority of patients are free from the 4 key harms. Within the safety thermometer, harm is measured in terms of falls, catheter associated urinary tract infections (CAUTI), pressure ulcers and venous thromboembolisms (VTE). Significant improvements have been made in regard to falls in comparison to the other areas of harm and so we wish to focus more closely on the other harm areas in order to make the greatest impact on patient safety.

Current picture shows inconsistent performance across all 4 harms.

Identified areas for improvement:

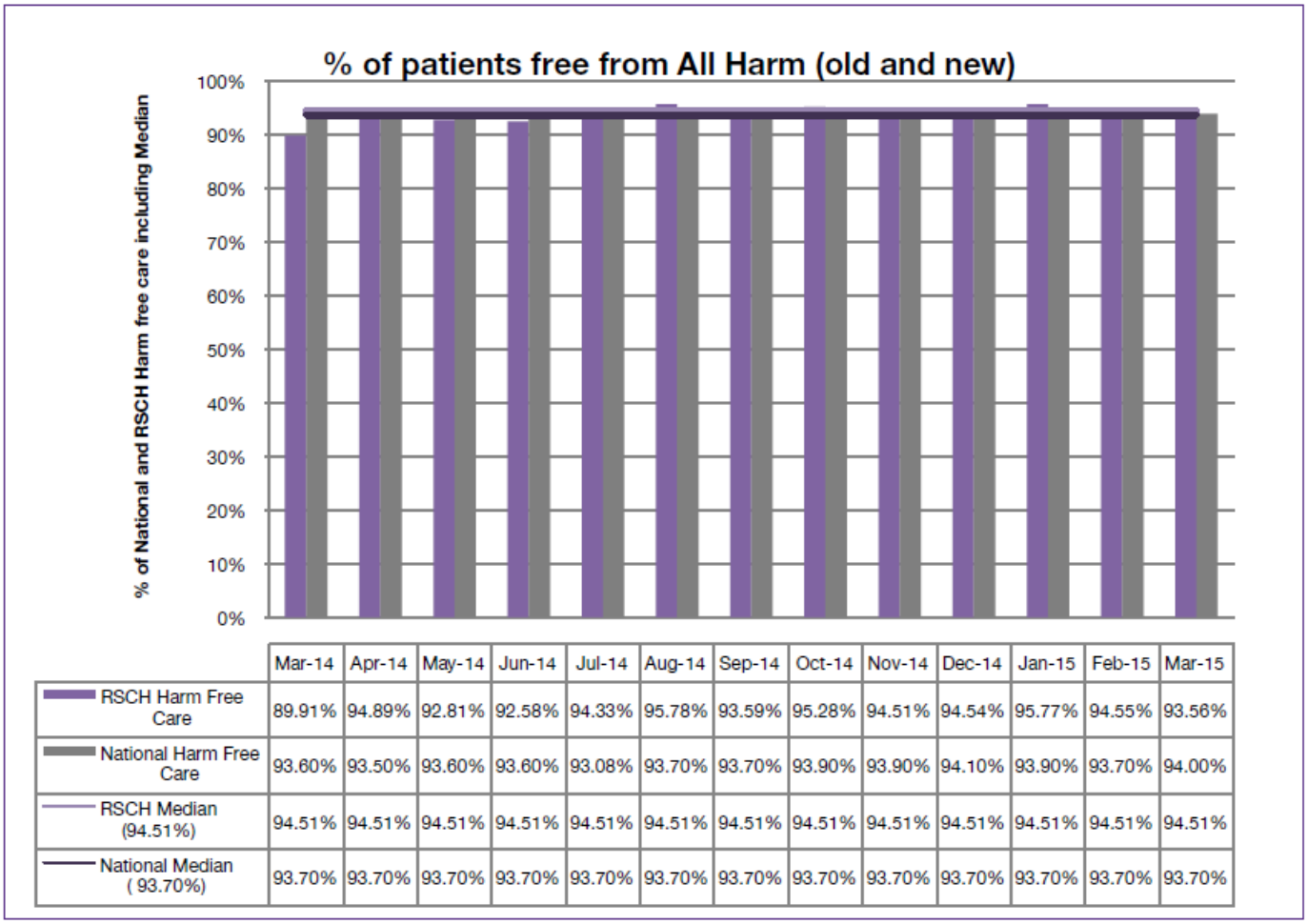
- Safety thermometer performance for new VTE and new pressure ulcers

How will we improve?

- Continue to complete the point prevalence monthly audits
- Development of action plans from audit results with greater accountability for completing identified actions
- Harm free report shared with all matrons
- Engagement with the patient safety collaborative programme run by Kent, Surrey and Sussex Academic Health Science Network to share best practice

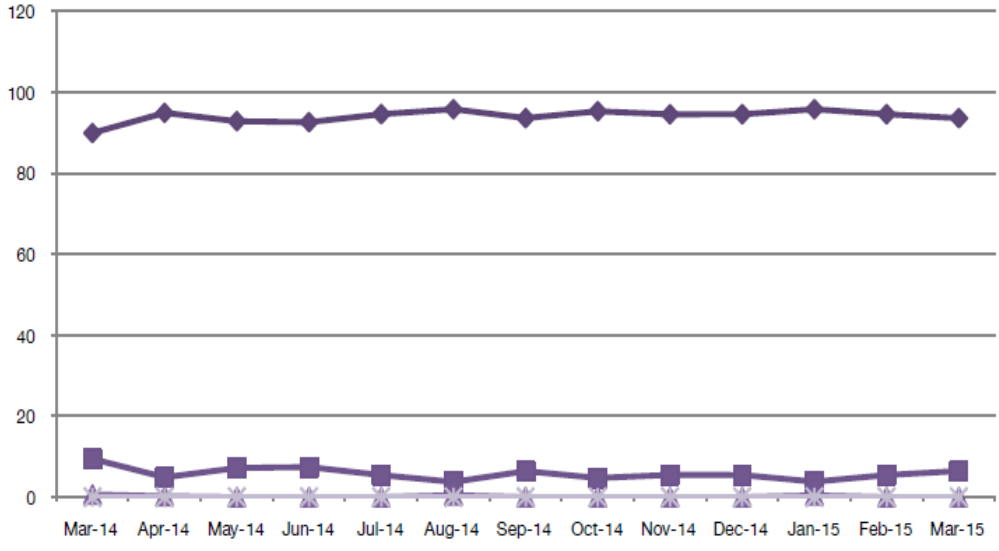
Harm Free Care

The Trust takes part in the national monthly point prevalence survey of in-patient harm as defined by the national Safety Thermometer. Over time the Trust has improved its performance on this national audit and this is shown in the following charts below:



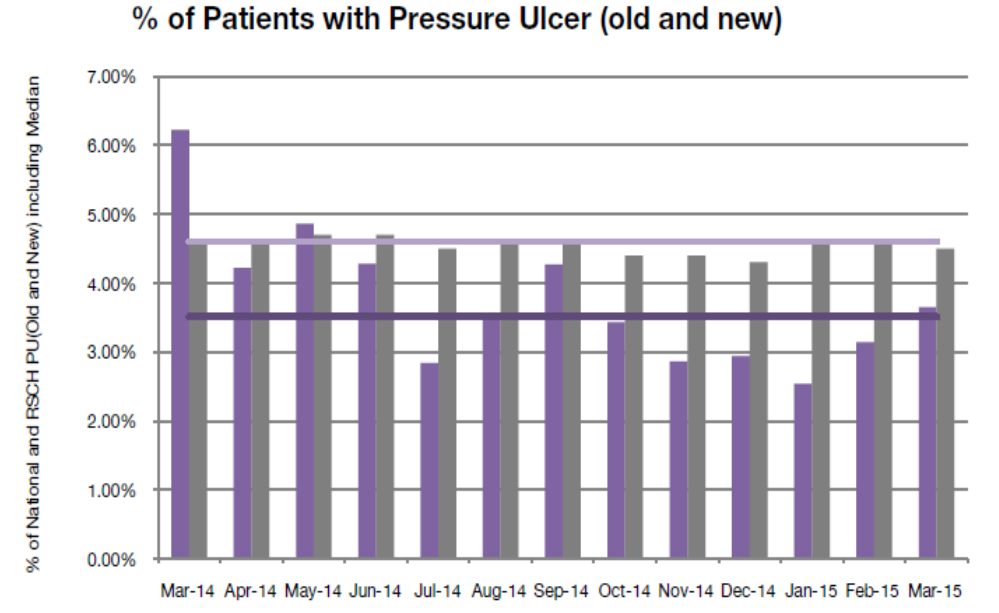
	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
RSCH Harm Free Care	89.91%	94.89%	92.81%	92.58%	94.33%	95.78%	93.59%	95.28%	94.51%	94.54%	95.77%	94.55%	93.56%
National Harm Free Care	93.60%	93.50%	93.60%	93.60%	93.08%	93.70%	93.70%	93.90%	93.90%	94.10%	93.90%	93.70%	94.00%
RSCH Median (94.51%)	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%
National Median (93.70%)	93.70%	93.70%	93.70%	93.70%	93.70%	93.70%	93.70%	93.70%	93.70%	93.70%	93.70%	93.70%	93.70%

The following chart shows the percentage of all inpatients that were free from all four harms

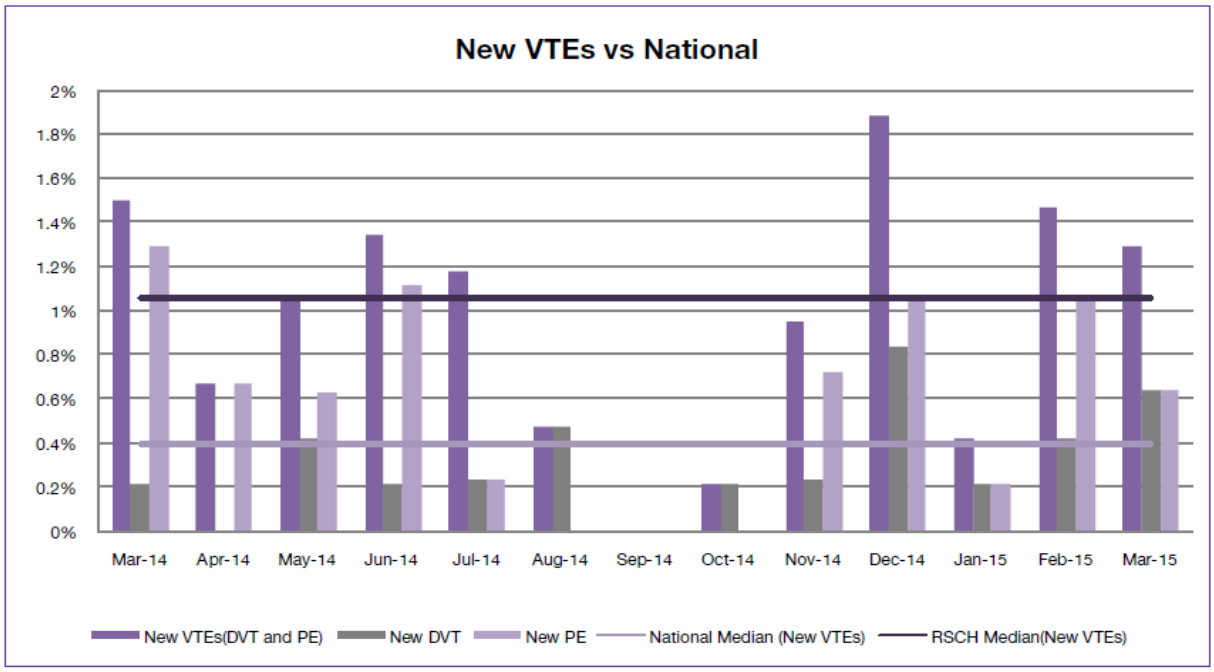


	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Harm Free	89.91	94.89	92.81	92.58	94.56	95.78	93.59	95.28	94.51	94.54	95.77	94.55	93.56
One Harm	9.44	4.89	7.19	7.42	5.44	3.75	6.41	4.72	5.49	5.46	3.81	5.45	6.44
Two Harms	0.64	0.22	0	0	0	0.47	0	0	0	0	0.42	0	0
Three Harms	0	0	0	0	0	0	0	0	0	0	0	0	0
Four Harms	0	0	0	0	0	0	0	0	0	0	0	0	0

Pressure ulcer harm is shown below:



	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
RSCH PU All	6.22%	4.22%	4.86%	4.28%	2.84%	3.51%	4.27%	3.43%	2.86%	2.94%	2.54%	3.14%	3.65%
National PU All	4.60%	4.60%	4.70%	4.70%	4.50%	4.60%	4.60%	4.40%	4.40%	4.30%	4.60%	4.60%	4.50%
RSCH Median(3.51%)	3.51%	3.51%	3.51%	3.51%	3.51%	3.51%	3.51%	3.51%	3.51%	3.51%	3.51%	3.51%	3.51%
National Median (4.60%)	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%



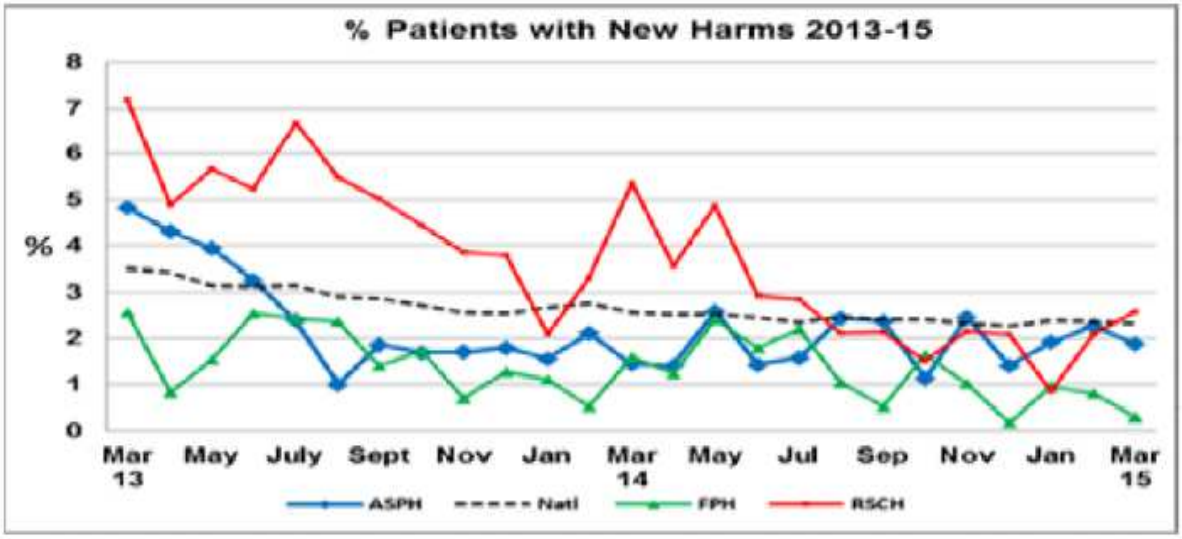
ASPH Safety Thermometer from published Quality Account 2014-15

Priority 5 – To improve harm free care as measured with the Safety Thermometer	Achievement against this priority	
Achieved in 2014/15	**2013/14**	**2014/15**
To maintain Safety Thermometer performance better than, (demonstrating a lower harm rate than), the national average for the percentage of patients with new harms	Achieved[107]	Achieved 1.9%
Percentage of new catheter associated urinary tract infection (CAUTI)	Not achieved	Achieved 0.2%
Percentage of new pressure ulcers	Achieved	Achieved 1.0%
Percentage of falls with harm	Not achieved	Achieved 0.6%

The NHS Safety Thermometer programme[108] is a way of nationally benchmarking avoidable hospital harms. Data is collected on a single spot day each month to provide a snapshot of inpatient harms. Safety Thermometer is again a priority area for 2015/16 refer to Priority 1, p. 9.

[107] The target for 2013/14 was to maintain new hospital-acquired harms below 6%. In 2014/15 this target was changed to remaining below the national average level of harms. In 2014/15 the Trust achieved percentage of new harms of 1.9% which is below the national average of 2.4%.
[108] For more information refer to www.safetythermometer.nhs.uk.

Chart 1: Percentage of patients with New Harms 2013-15



The Trust shows data compared with both national average and nearby acute trusts – Frimley Park Hospital NHS Foundation Trust (FPH) and The Royal Surrey County Hospital NHS Foundation Trust (RSCH).

Chart 2: Percentage of patients with New CAUTIs 2013-15

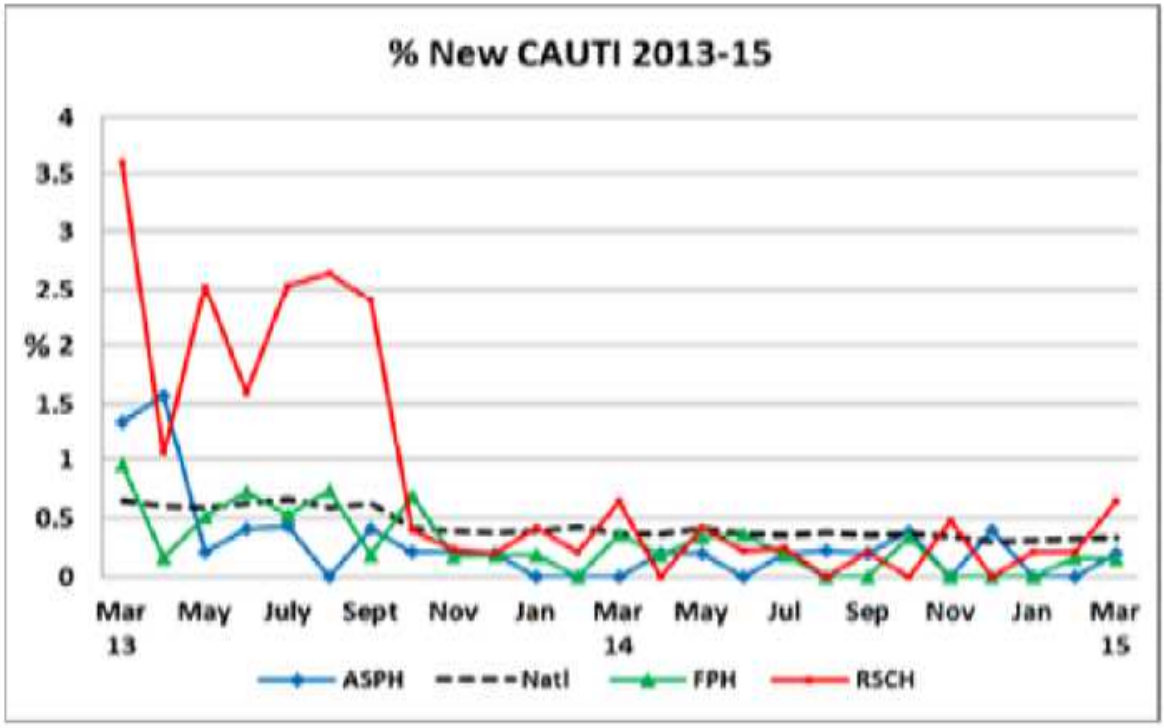


Chart 3: Percentage of patients with New Pressure Ulcers 2013-15

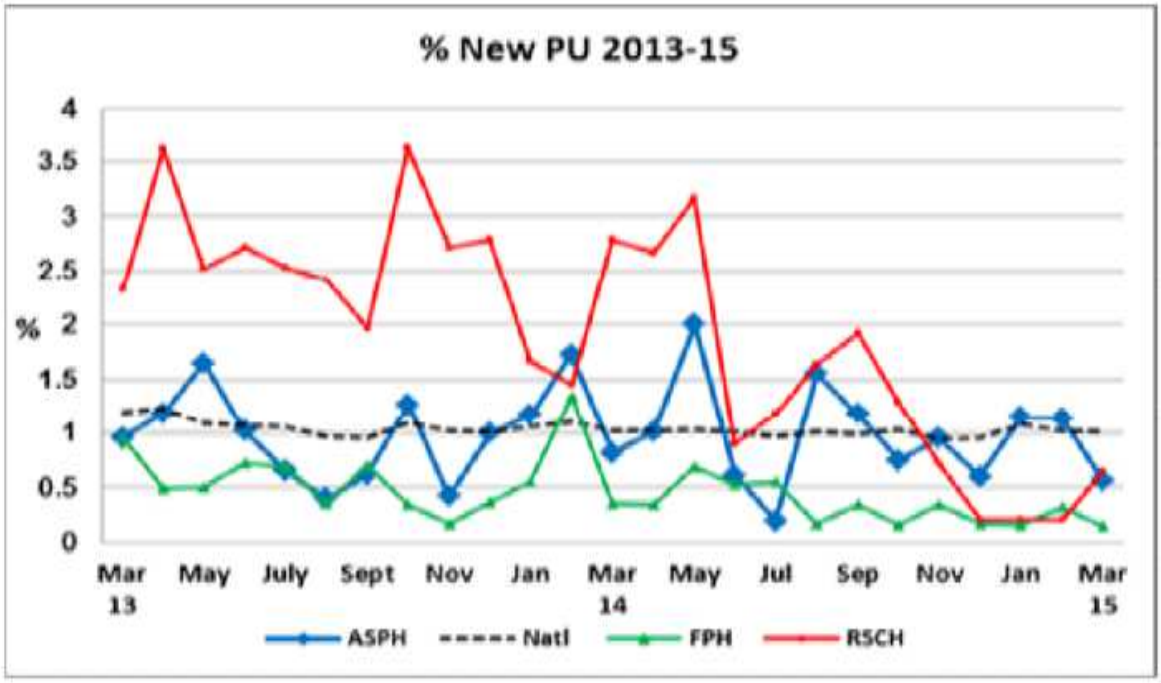
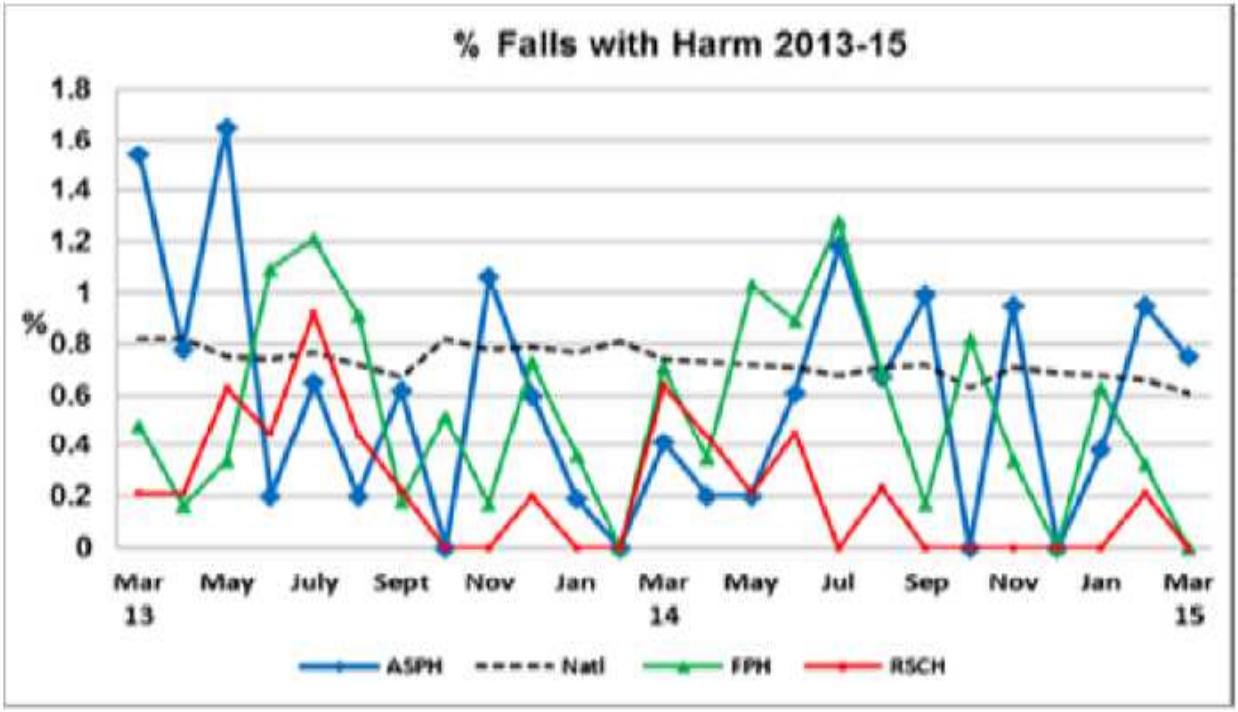


Chart 4: Percentage of patients with Falls with Harm 2013-15



The following additional initiatives were progressed from 2013/14 regarding the aim to reduce inpatient falls:

- Falls training is in line with the Trust's training plan, as evidenced by attendance by wards at scheduled sessions.

- A multidisciplinary approach to prevention of falls was progressed by implementation of the Medial Falls Identification and Intervention of Falls Risk took which assesses a patient's risk of a fall based upon medication and medical condition. Training is multidisciplinary and includes physiotherapists and occupational therapists.

- Performance against the Falls Strategy was last reviewed on 1 April 2015 and included assessing compliance with the falls prevention action plan. New initiatives during the current year have included the use of prompt cards on medications associated with falls risk and other risk factors. The following areas within the strategy are areas for improvement next year:

    - Review of adherence to the Medical Falls Identification and Intervention of Falls Risk tool; and
    - the falls prevention action plans.