Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
6th September 2017

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

1 INTERNAL FOCUS

1.1 #Right Culture

The devastating fire at Weybridge Community Hospital on Wednesday 12th July came as a huge shock to all and our thoughts have been with our healthcare colleagues based at the hospital and the wider Weybridge community.

Fortunately nobody was hurt but the hospital buildings, including a Walk-in Centre and two GP surgeries, were destroyed. Out of adversity came a tremendous pulling together of all local emergency and health services; Surrey and Fire Rescue, Surrey Police and the local authority working alongside Central Surrey Health (CSH), North West Surrey Clinical Commissioning Group (CCG) and ourselves to deal with the situation and provide alternative arrangements for urgent patients.

The speed in getting some services back up and running and the communication with patients was particularly impressive. For example GP colleagues had pop-up surgeries operating within just hours of the fire so they could still see urgent patients.

We had members of our team on site at the control centre to help where possible and promptly ensured all services we ran from Weybridge were moved to other locations; in particular antenatal clinics and physiotherapy services. We also established 'business continuity' status in anticipation of increased attendances at our Urgent Care Centre, with the Weybridge Walk-in Centre closed. Going forward we continue to monitor attendances closely to ensure we can respond to any increases in demand but currently appears to be in the region of five patients per day.

Obviously the impact from the fire will be felt for many months to come and it will take time to fully re-provide the services lost. We are committed to helping in any way we can.

We continue to work in partnership in other areas. For example we continue to do more work on our Joint Delivery Plan with North West Surrey CCG, which focuses on using our resources effectively to ensure best practice and outcomes across a range of clinical pathways. At a joint Clinical Forum in July with the CCG and CSH Surrey, the new provider of adult community services in North West Surrey, we were joined by the new Medical Director of CSH Surrey along with other colleagues from the CCG and local GPs. This feels like a real step-change in the way we work together, getting the right people around the table so we can work together to make a tangible difference for local patients.

Scaling this up, we continue to be an active partner in the Surrey Heartlands STP which is another opportunity for joint working across a wider area to make sure patients have access to the best care, eliminating clinical variation and working together to make best use of our collective resources across the system.

Services provided at Weybridge Hospital include:

Those run by CSH Surrey – information attached at Appendix 1.

- **GP services**:

Rowan Tree and Church Street Practices have temporarily been relocated to Walton Community Hospital in Burwood Ward with plans to return them to Weybridge in temporary accommodation in the next few months.

- **Physiotherapy (ASPH service)**

All appointments which were planned for Weybridge are taking place in other locations (Woking and Ashford) and patients will have been contacted directly. The normal number 01932 826037 can be called for any queries as it has been diverted. There is also an

alternative number 01932 726733.

- **Surrey Community Dental Services – provided by Virgin Care**

Patients requested to call Virgin directly for more details.

1.2 Best Outcomes

Award from Government A&E Capital Fund
We were delighted to receive £609,000 from the government's £100 million A&E capital fund, established to help ease pressure on emergency departments in time for winter. We plan to use the money to set up a new GP service within the Urgent Care Centre at St. Peter's Hospital – a system known as 'primary care streaming' – to help support the flow of emergency patients.

Patients will be triaged by an experienced nurse in the same way they are now and those who require less urgent attention and treatment can be directed (or 'streamed') to the hospital-based GP, ensuring our A&E doctors and nurses are available to care for other, more critical, patients.

Looking at how the model works in other Trusts we know the hospital-based GP is often able to provide reassurance and advice to patients who are worried, before then referring them back to their usual GP for an appointment within a couple of days. In this way, the hospital-based GP is not a replacement for a patient's usual GP and is there to help prioritise patients and support flow through A&E.

This is an exciting development and will hopefully build on the success of the Urgent Care Centre in helping us manage the flow of emergency patients better. Works will begin in the Urgent Care Centre shortly to set up the GP service, which we anticipate launching in late autumn.

#endPJparalysis
I am excited to see the national #endPJparalysis campaign introduced at ASPH by a group of enthusiastic colleagues. This is exactly the kind of 'grass roots' approach we want to encourage; with people feeling able to take the initiative and introduce new ideas to help our patients.

Started in Nottingham by a group of nurses, the campaign is about preventing deconditioning and encouraging independence in patients. Currently our group are looking at the potential barriers to patients not getting dressed whilst in hospital and devised a short survey to gather opinion. I look forward to seeing how this project evolves.

Greatix
We introduced our Greatix system at the start of June as way of recording and sharing excellence in patient safety practice. We've put much effort into encouraging colleagues to report any concerns they have, which is a vital way of ensuring and improving safety, however it's also important to recognise positive practice. Greatix is a way of recording times when colleagues go the extra mile to provide excellent care and ensure the safety of our patients.

Those colleagues nominated through Greatix recently received certificates of recognition and they will be entered into a special Christmas draw, with a prize awarded to the best nominee as judged by our Chief Nurse and Medical Director.

1.3 Excellent Experience

Launch of Better Births Programme
At the end of June I had the privilege of chairing the Surrey Heartlands Better Births launch event. We were joined by Baroness Julia Cumberledge CBE, who led the national Better Births review – a five year forward view to develop new and innovative ways of delivering better maternity services to women and their families in England.

Our local programme is a great example of positive partnership working; colleagues across

Surrey Heartlands were successful in bidding for funding to be an early adopter for the maternity transformation project. One area of focus is to create a shared community midwifery service model across the Surrey Heartlands area, enabling midwives to work across organisational boundaries, supported by mobile technology and electronic patient records.

The launch event was really interesting and triggered some passionate and interesting debate focused on the notion of strengthening and delivering real change through partnership working.

Virtual Reality for Patients with Dementia
We know that our older patients with dementia often spend a long time in hospital whilst they are recovering from their acute illness and become well enough to be discharged.

The hospital environment has obvious constraints and during this time they may feel bored or unstimulated, which can have an impact on their memory impairment and lead to a greater risk of falling as they move around an unfamiliar ward. Being unable to engage in their normal daily activities can also lead to other behavioural and emotional changes and sometimes a feeling of isolation or distress.

Our medical division has recently purchased a virtual reality system, developed especially for patients with dementia to improve their experience. The headset provides a three-dimensional, computer generated environment which the patient can interact with. It offers a variety of 'virtual worlds' for the patient to explore, such as a nostalgic beach scene, a forest full of animals and an underwater experience of the coral reef and dolphins. When used in other hospitals it has been shown to improve patients' moods and create a long lasting calming effect, sometimes hours after use.

Launch of Project Joey
In July our maternity team, supported by Quality Improvement (QI) colleagues, launched a new initiative to give every mother the opportunity of uninterrupted skin-to-skin time with their baby as soon after birth as possible.

The idea came from our Infant Feeding Team Leader Midwife, Jo Wilding-Hillcoat, who explained at the launch event how skin-to-skin contact in the first few hours after birth can benefit both mother and baby. It regulates the baby's temperature, provides early immunity against infection, supports maternal and new born well-being and provides an environment that encourages the baby to feed.

The launch, complete with a special 'Project Joey' cake, was a great event and the team have been busy educating women and colleagues on the great benefits skin-to-skin time can bring.

Formula 1 comes to our Children's Ward
Our young patients are now able to travel in style from our paediatric wards to theatres thanks to a generous donation from McLaren in the form of a mini P1 sports car. This is such a great idea and a brilliant way to alleviate some of the anxieties children and their families feel when coming in for surgery. Luckily the car only reaches top speeds of 3-4mph so our other patients and visitors will be safe in the corridor! Impressively the car comes with air conditioning, music, a horn and (perhaps most importantly) a remote control with a stop button.

1.4 Skilled, Motivated Teams

Appointment of New Chairman
Following the decision taken by Aileen McLeish to step down from her role on the Board we were delighted to have appointed Andy Field as our new Chairman following a rigorous selection process. It is Andy's first Council meeting in September and we look forward to benefitting from his inspiration and wealth of expertise from his private and public sector experience.

I would like to thank Aileen for her twelve years of dedicated service at the Trust – the last eight years as Chairman. She has been an absolute privilege to work with and supported so many colleagues across the Trust with her time and expertise. She will be missed by us all but I know

she is moving onto other interests and projects and I wish her all the very best with her future endeavours.

Let's Work Together Online Summit
At the end of June we joined forces with our partners in Kent, Surrey and Sussex to launch a new online summit. The recruitment and retention of staff is a challenge faced by organisations across the NHS and we want to gain a clearer vision of what our workforce believe to be the issues underlying these challenges; why do people leave and what could we do to better support people in their careers and make them want to stay.

There has been a great response so far and Ashford and St. Peter's are currently 'top of the leader board' in the number of responses. It's great to see our staff engaged with this and we look forward to receiving the detailed feedback to guide our recruitment and retention strategies going forward.

Congratulations to Dr Haddad
Congratulations to Consultant Paediatrician, Dr Diab Haddad, who has won the 'Excellent Teacher Award' from St. George's Hospital Medical School for the second time. Dr Haddad received a letter thanking him for 'exceptional commitment to the teaching of the medical undergraduates over the past academic year'.

Dr Haddad was quick to say that much of the credit should go to his colleagues in the undergraduate office and paediatric department and that is a sentiment I echo. Organising rotations for our medical students and supporting them during their time at the Trust takes great effort and I know the whole team take great pride in making this a success. So I'd like to say 'well done' to both Dr Haddad and the wider team for this achievement.

1.5 Top Productivity

"What good looks like"
Earlier in July we hosted an important visit from two key national figures; Professor Tim Briggs from the 'Get it Right First Time' programme, focused on improving clinical quality and efficiency by reducing unwarranted variations in care and Lord Carter, who led a recent review on hospital efficiency resulting in recommendations on how to become a Model Hospital.

These national programmes are important elements of helping the NHS respond to the financial challenge with which we are all familiar. At the core of this work is the belief that the delivery of evidence based, high quality, care with utter reliability and consistency avoids poor patient outcomes, harms, cost and waste.

We have done a lot of work following the Get it Right First Time programme and have also been reported as one of the most efficient hospital Trusts in the country – which is great news for both our patients and staff.

During their visit it was clear that Professor Briggs and Lord Carter were both enormously impressed by the work we are doing and it was good to receive this praise and also confirmation we are on the right path.

Everyone is an Improver'
I was delighted to attend our second annual Quality Improvement (QI) event on 28th June, along with over 120 colleagues from across the Trust. The theme for the day was 'everyone is an improver' and that concept runs right through our QI strategy; this was evident during the day as we heard from a variety of colleagues across all levels of the organisation, clinical and non-clinical, about the improvement work they are doing.

We had a surprise message from Jim Mackey, Chief Executive of NHS Improvement, endorsing our QI efforts, which was a great boost for the team. We welcomed two keynote speakers; John Harden, National Clinical Lead for Quality and Safety at the Scottish Government, who spoke about the work of the national programme for healthcare quality and improvement in Scotland;

and Professor Tom Downes, Consultant Geriatrician and Honorary Senior Lecturer at Sheffield Teaching Hospitals NHS Foundation Trust, who described his personal journey and experiences around QI.

It was a very positive and inspiring day and proof that we have made huge progress in the last year; focusing on patient experience and safety and in working together and supporting each other in our culture of curiosity and creativity. In their recent report, *Driving Improvement,* the CQC draws on a number of case studies to evidence that effective leadership and a positive, open culture are important drivers of change. In particular the report states that in hospitals rated as good or outstanding, Trust boards had worked hard to create a culture where staff felt valued and empowered to suggest improvements and question poor practice. This is clear demonstration that our QI strategy is following the right direction and is further evidenced by improving staff engagement scores through our most recent staff survey.

Stroke

A 12 week public consultation on improving stroke services across West Surrey, including a proposal to expand and improve our specialist stroke unit at St. Peter's Hospital, closed at the end of April and a 'Committees in Common' meeting - hosted by Guildford and Waverley and North West Surrey Clinical Commissioning Groups – was due to take place on 4th July.

However, following the consultation a wealth of feedback was received and more time is needed to ensure a considered response. The independent consultation outcome report is available on Guildford and Waverley CCG's website: http://www.guildfordandwaverleyccg.nhs.uk and the Committees in Common meeting is now due to take place on 6th September.

Other Items of Interest

The Blanche Heriot Unit

Following the decision last year by Surrey County Council Public Health and NHS England to commission a new integrated sexual health and HIV service for Surrey, a new contract was awarded to Central North West London NHS Trust (CNWL). Services were moved over to CNWL in several phases beginning from 1st April 2017. It is expected that services delivered from the Blanche Heriot Unit will begin transition to CNWL on 1st October 2017.

This has, understandably, caused concern among patients who have used services at the Blanche Heriot Unit some of whom have been coming to appointments there for many years. There is a local campaign to keep the unit open and whilst we understand the strength of feeling involved, the decision to transfer the service to another provider has been taken by Surrey County Council and NHS England.

We continue to work with commissioners, and with CNWL, to ensure a smooth and safe transition for both our patients and those staff who are expected to transfer to CNWL under TUPE regulations. A number of patient information and discussion meetings underway with commissioners and CNWL, which will be hosted by the Trust, to allow patients to hear more about the rationale for change, details of the new service and for them to have further opportunity to share their concerns and ask questions.

Parkinson's Disease Service

Concerns were raised by Parkinson UK in relation to a reduced provision of the Parkinson's Disease Service. This was due a number of staff moving on to other positions outside of the trust. In light of both Parkinson Disease Nurses resigning, I can advise that the Parkinson's Disease Nurses' roles have been restructured to better reflect the needs of the community.

The new structure consists of the following roles:

- 1 wte Band 7 Practitioner
- 1 wte Band 6 Practitioner
- 0.4wte Band 3 administrator support

These posts will go out to advert on 1st September.

The following additional actions have resulted and/or due to take place:

- Dr Emma Wilkinson has met with Parkinson's UK to discuss their concerns.
- Detailed signposting advice has been issued to all GPs to ensure patients are directed to the most appropriate support.
- Consultant role will be advertised shortly as part of a wider recruitment process linked with increasing stroke consultant capacity in the trust. The post will be aimed at Neurologists with an interest in Stroke, with the roles split 7PAs in Neurology and 3PAs in Stroke.
- A meeting with the CCG is scheduled for Wednesday 30th August to clarify the service specification for Parkinson's Disease provision and look at possible closer working with the Hubs for older patients with Parkinson's Disease.

2 EXTERNAL OUTLOOK

2.1 NHS England: Monthly performance statistics, June and July 2017

NHS England reports that nationally the long-term trend is one of greater volumes of both urgent and emergency care and elective activity, with ambulance calls receiving a face-to-face response up 3.7%, A&E attendances up 1.3%, emergency admissions up 2.4%, diagnostic tests up 4.6%, consultant-led treatment up 4.9%, and calls offered to NHS 111 up 2.8%.

It is set against the national context that one should consider the detailed performance report for this organisation that follows.

3 PERFORMANCE

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

3.2 2017/18 Financial Position - Month 3 Position

The month 3 financial position showed that the Trust delivered a surplus of £1.2m which was slightly ahead of plan. The £1.2m surplus derives from a breakeven operational surplus plus £1.2m of Sustainability and Transformation funding, both of which were on plan. The table below out the key metrics:

Finance Scorecard					
	Annual Plan (Incl STF)	Forecast (Incl STF)	YTD Plan (Incl STF)	YTD Actual (Incl STF)	YTD Variance (Incl STF)
Use of Resources Score (UOR)	1	1	1	1	
Total income excluding interest (£000)	£299,732	£299,785	£73,016	£72,551	(£465)
Total expenditure (£000)	£272,445	£272,399	£68,549	£68,019	(£530)
EBITDA (£000)	£27,287	£27,386	£4,467	£4,531	£65
I&E net operational surplus/Deficit (£000)	£13,424	£13,424	£1,163	£1,195	£32
Month end cash balance (£000)	£22,788	£22,788	£10,893	£11,291	£398
Capital Expenditure Purchased (£000)	£8,712	£8,712	£3,323	£1,637	(£1,686)
CIP Savings achieved (£000)	£10,541	£10,168	£2,332	£2,401	£69
STF Funding within income £000)	£7,672	£7,672	£1,151	£1,151	£0
CQUINs (£000)	TBC	TBC	TBC	TBC	TBC
Joint Delivery Plan with CCG (Income Only)	£8,000	TBC	TBC	TBC	TBC

NHS Improvement "Use of Resources Score (UOR)"					
	Weighting	Current	Current Score	Forecast (incl STF)	Forecast Score (incl STF)
Capital Service Cover	20%	2.49x	2	3.68x	1
Liquidity	20%	-2.3	2	10.7	1
I&E Margin	20%	1.64%	1	4.68%	1
I&E Margin Variance From Plan	20%	0.05%	1	0.01%	1
Agency	20%	-12.88%	1	-2.79%	1
Use of Resources Score Rating (UOR)			**1**		**1**

Year to Date

The key points are: -

- Clinical income from CCG's, NHS England and Local Authorities (GUM) activity was on plan, however other income streams (non-NHS activity and other income) were £0.5m behind plan. This is occurring across a number of income streams;

- Pay costs are £0.6m under plan at month 3 although costs have risen in June. Temporary staffing costs were the same as at this point last year at £6.0m, however there has been a £0.7m year-on-year reduction in agency costs which have switched to locum and bank. The Trust has been set an annual target for agency spend by NHSI and was £0.4m inside the month 3 trajectory;

- Non-pay costs were £0.1m above plan, mainly in drugs (which includes high cost drugs which are mostly funded through income), and premises costs;

- Sustainability and Transformation funding (STF) of £7.7m is available to the Trust in 2017/18 – phased as £1.2m for Q1, £1.5m Q2, £2.3m Q3 and £2.7m Q4. The trigger to accessing the funds is by meeting the year to date financial control total each quarter which generates a 70% payment. In 2017/18 there has been a change to the other 30% payment which is now all attributable to A&E (15% for performance and 15% for implementing A&E GP streaming). At the end of quarter 1 the Trust had met the relevant criteria and cash of £1.2m (as planned) is expected to be received in September once it

has been through the regulatory approval process;

- Cost improvement plans are currently slightly ahead of plan with delays to some schemes offset by over-recovery on others;

- Capital is currently behind plan by 51% (£1.6m) mainly due to delays in scheme business cases and approvals and some slippage in some schemes;

- Cash is ahead of target mainly due to capital programme slippage, however there still remains one large outstanding settlement from 2016/17 with NHS England; and

- Overall performance shows that a surplus of £1.2m has been delivered to date, which is on plan. The £1.2m surplus includes £1.2 of STF with operational budgets being on plan at a breakeven position. The position arises from (i) pay costs £0.6m below budget with lower agency costs arising within A&E and elsewhere, (ii) non-pay £0.1m above budget mainly due to lower activity levels (clinical supplies) but offset by higher drugs costs and (iii) income £0.5m behind budget YTD, mainly due to low Local Authority and other income. This financial performance delivers a Use of Resources (UoR) metric of 1 at month 3, against a plan of 1.

Forecast

Cost saving targets, which are budgeted at £10.5m for the full year, are currently projected to yield £10.2m It is still relatively early in the financial year and the Trust is striving to close this gap and identify additional savings to meet emerging cost pressures..

The capital programme is forecast to be on plan at the end of the year. Despite the current delays in the programme.

At the end of quarter 1 the Trust is forecasting that it will still meet its forecast surplus of £13.4m at the end of the financial year (or £14.0m on the control total measure), which includes £7.7m of STF. This target would deliver a UoR of 1.

When the Trust set its budget of £13.4m for 2017/18 it was recognised that it was a challenging target. That remains the case and the Trust is doing what it can to ensure that it achieves the operational budget target of £6.4m (pre impairments) for the full year in order to access the full STF funds.

Table 1: Quality Performance Dashboard 30 June 2017

REF	Quality Scorecard Measures	Outturn 16/167	Monthly Target / Limit	Annual Target / Limit	May	June	6 month trend	YTD 17/18	Current month commentary
1.01	In-hospital SHMI	64	<72	<72	72.71	72.8		68.4	Mortality indices close to monthly target.
1.02	RAMI	62	<70	<70	53.7	51.9		67.4	See below.
1.03	In-hospital deaths	1139	90	<1082	112	99		301	June in-hospital deaths are above target.
1.04	Proportion of mortality reviews (data 1 month in arrears)	56%	>90%	>90%	68.5%	69.0%		68.8%	Mortality Review completion rates were 74% for MES, 73% for TASCC and 0% for both DTTO and WH&P. There were 4 deaths in both DTTO and WH&P in May. DTTO will review the 4 May deaths together with all other deaths in the intervening period at the next QUASH day on 26 September. WH&P reviewed 1 of the cases after the deadline and the remaining 3 are planned to be reviewed on 21 July.
1.05	Number of cardiac arrests not in critical care areas	56	-	-	3	3		8	Finalisation of the Treatment Escalation Plan (TEP) document is imminent; Trustwide rollout will then be implemented.
1.06	Methicillin Resistant Staphlococcus Aureus (MRSA) - hospital only	0	0	0	0	0		0	No cases.
1.07	C. Difficile (hospital only)	15	1.4	17	0	4		4	One case has been reviewed with the CCG and was not deemed a lapse in care. The remaining 3 cases are awaiting root cause analyses and will be reviewed by the CCG in the next quarter.
1.08	Falls (per 1000 beddays)	2.59	2.46	2.46	3.28	2.07		2.65	Falls per 1000 beddays of 2.07 is below target.
1.09	Pressure ulcers (per 1000 beddays)	2.08	1.98	1.98	1.25	2.07		1.67	The monthly CCG target of 11.7 stage 2 hospital acquired ulcers was not achieved this month with 14 stage 2 pressure ulcers. ITU and Swift both had 4 stage 2 pressure ulcers; Maple had 2 stage 2 pressure ulcers and AMU, Aspen, Cedar and Heron Annexe each had 1 stage 2 pressure ulcer. Swift continues with the pressure ulcer Quality Improvement project; areas of concern have been identified and reflections and root cause analyses have been requested of the staff. Swift ward staff identified as requiring training have been booked onto the pressure ulcer study day planned on 28 July. It should be highlighted that the patient caseload was challenging due to contractures and difficulties in repositioning; new Heel Up protection boots were used in these patients. The Tissue Viability Service Team continue to provide mandatory training on a monthly basis. The first order of Repose Wedges has been received in the Trust and ward based training on their use and ordering has commenced.
1.10	Readmissions within 30 days - emergency only	13.1%	12.5%	12.5%	14.1%	15.9%		14.8%	30 day readmissions of 15.9% remains above the annual target of 12.5%. Significant areas by volume were Urology at 21.9%, General Surgery at 20.6%, General Medicine at 20.5%, Upper Gastrointestinal Surgery at 20.3%, A&E at 18.3%, Colorectal at 15.4% and Cardiology at 14.7%.
1.11	Stroke patients (% admitted to stroke unit within 4 hours)	65.0%	90%	90%	67.5%	44.4%		56.1%	The majority of breaches were due to medical need requiring specialty input, followed by disruptions in the stroke pathway.
1.12	Medication errors (rate per 1000 beddays)	2.92	-	-	3.3	2.96		2.81	Medication errors at 2.96 were lower than last month.
1.13	Sepsis screening audits - % of eligible patients that were screened in ED	70.5%	90%	90%	-		-		Sepsis data is reported quarterly and results are reported in arrears; Q1 results should be available next month.
1.14	Sepsis - antibiotics administered on ED patients and day 3 antibiotic review performed	-	-	80% Q2; 90% Q3	-		-		Sepsis data is reported quarterly and results are reported in arrears; Q1 results should be available next month.
1.15	Inpatient sepsis - % eligible patients screened for sepsis	-	-	Dec 90%; Q4 90%	-		-		Sepsis data is reported quarterly and results are reported in arrears; Q1 results should be available next month.
1.16	Inpatient sepsis - % eligible patients receiving timely antibiotics and day 3 antibiotic review performed	-	-	Dec 90%; Q4 90%	-		-		Sepsis data is reported quarterly and results are reported in arrears; Q1 results should be available next month.
3.03	Serious Incidents Requiring Investigation (SIRI) reports overdue to CCG	8	-	-	9	13		13	Under progression by the Safety Team.
3.04	Serious Incidents Requiring Investigation (SIRI) reports submitted to CCG	116	-	-	8	2		17	Under progression by the Safety Team.
3.07	Friends and Family Satisfaction Score - Inpatients including Daycase	96.2%	95%	95%	95.7%	97.3%		96.6%	The FFT Inpatient recommended score of 97.3% is above the monthly target of 95%. The response rate of 18.9% has returned to usual levels after an increase during May. Of note, 100% of patients were likely to recommend include Urology (response rate 66.7%), Wordsworth (response rate 36.2%) and Cedar (response rate 25.9%).
3.08	Friends and Family Satisfaction Score - Accident and Emergency Department (ED) including Paediatrics	84.3%	87%	87%	86.3%	81.4%		84.5%	The FFT satisfaction score for ED is below target at 81.4%. Further breakdown is that adult satisfaction was 80.5% with a response rate of 1.8% and for paediatric A&E the satisfaction score was 88.9% with a response rate of 0.5%. An action plan is in place to improve the response rate.
3.09	Friends and Family Satisfaction Score - Maternity Touch Point 2	96.3%	97%	97%	91.3%	92.7%		92.1%	Maternity touchpoint 2 score was below target of 97%. The response rate was 27.7% and continues to be significantly increased from rates before April 17.
3.09a	Friends and Family Satisfaction Score - Outpatients	0.9	92%	92%	95.3%	95.2%		95.1%	Outpatients FFT score was above target. Response rate of 2.6% has returned to usual levels after introduction of mobile boxes saw exceptional rises in April.
3.10	Follow-up complaints - complaint rate per rolling 12 month average	8.3%	<10%	<10%	8.2%	8.1%		7.2%	3 follow ups were received which were all grade 3, of which 2 were for MES and 1 for TASCC. 38 new complaints were received in June.
3.11a	Dementia case finding	96%	>90%	>90%	37.3%	38.5%		35.6%	Dementia case finding data reporting is incomplete due to limited staff capacity to manually collate this data. It is planned to use VitalPAC to track this data electronically in 2017/18 which is expected to significantly improve recorded results.
3.11b	Dementia diagnostic assessment	99%	>90%	>90%	100.0%	94.9%		98.4%	In line with expectations.
3.11c	Dementia referral	87%	>90%	>90%	100.0%	100.0%		100.0%	In line with expectations.

REF	Reference items	Target description & limit		May	Jun	6 month trend	YTD 17/18	Current month commentary
1	Overdue safety alerts	<1 overdue	<1	0	0			In June no new alerts were received. Open alerts are being actioned and are underway and include the nasogastric tube misplacement alert received in July 2016; the restricted use of open systems for injectable medication received in September 2016 and the safety of girls and women who are being treated with valproate received in April 2017. There are no overdue alerts.
2.1	NHS Safety Thermometer - % of patients on spot day with new harms	< National av.	%	0.41%				National data for June not yet available from the national data provider.
2.2	NHS Safety Thermometer - % of patients on spot day with new CAUTIs	< National av.	%	0.00%				National data for June not yet available from the national data provider.
2.3	NHS Safety Thermometer - % of patients on spot day with new pressure ulcers	< National av.	%	0.21%				National data for June not yet available from the national data provider.
2.4	NHS Safety Thermometer - % of patients on spot day with falls with harm	< National av.	%	0.21%				National data for June not yet available from the national data provider.
2.5	NHS Maternity Safety Thermometer - % of patients with combined harm free care (physical harm and women's perception of safety)	> National av.	73.63%	88.24%	86.67%			Combined maternity harm-free care of 86.67% was above the national average of 73.63%. YTD data is unavailable.
2.6	NHS Medications Safety Thermometer - % of patients with reconciliation started within 24 hours of admission	> National av.						National data for May and June not yet available from the national data provider.
2.7	NHS Medications Safety Thermometer - % of patients with an omitted critical medicine in the last 24 hours	< National av.						National data for May and June not yet available from the national data provider.
3	Best care audits undertaken this month	Level 3 ward count	-			-	-	From 1 April 2017, wards/areas have been completing weekly data collection for between 1 - 3 measures using Quality Improvement methodology; these measures are undertaken for a 3 month period. The next phase of new/continuing measures is currently being decided.
4	WOW awards	-	n/a	32	36		-	WH&P received 15 WOW nominations, MES received 9 and DTTO received 8. TASCC received 2 nominations and Estates & Facilities and Health Informatics each received 1.
5.1	Complaints % Responded to timescale as agreed with complainant	Timeliness	>95%	61.5%	72.0%		-	30 complaints were closed in June. Of these, 5 were grade 1, 16 were grade 2, 8 were grade 3 and 1 was grade 4.
5.2	Complaints % Responded to timescale (Grade 1 & 2 in 25 days)	Timeliness	No target	25.0%	52.0%		-	11 out of 21 complaints were responded to within the target timescale. 9 were allocated 35 working days for review by the Chief Executive. Ther were 2 grade 2 follow ups, of which 1 was completed in 58 days and 1 in 302 days.
5.3	Complaints % Responded to timescale (Grade 3 & 4 in 35 days)	Timeliness	No target	29.0%	56.0%		-	5 of the 9 closed complaints were completed within the timescale.
5.4	Complaints mean response time in days: variance from 25 day target (Grade 1 & 2)	Responsiveness	No target	23.00	10.00	-	-	This month there were no major outliers and 3 complaints were closed in under 10 days.
5.5	Complaints mean response time in days: variance from 35 day target (Grade 3 & 4)	Responsiveness	No target	36.00	0.00	-	-	The mean response was 35 days. 2 complaints were closed in under 6 days as they were amended to SIRIs. In addition, there were no major outliers.
5.6	PHSO (Ombudsman) cases open - total number	Response quality	No target	4	5		-	There are 5 PHSO cases open, of which 1 remains open from 2015-16.
5.7a	PHSO (Ombudsman) cases closed but not upheld	Response quality	No target	0	0			
5.7b	PHSO (Ombudsman) cases closed and partially upheld	Response quality	No target	0	0			
5.7c	PHSO (Ombudsman) cases closed and upheld	Response quality	No target	0	0			No cases closed in June.
5.8	PHSO (Ombudsman) new cases received	Response quality	No	1	1			There was 1 new PHSO case in June regarding treatment of a confused elderly patient.