This report summarises clinical quality data for October 2016.

In-hospital deaths rose appreciably to 113 cases in October, and this will be tracked in the next 2 months to determine if a deeper analysis is required. The SHMI and RAMI were as expected. Refer to Chart 1 p. 4 for in-hospital mortality trends across time.

Mortality review completion rate at 64% has plateaued at around this level across the past 10 months. Performance remains below the 90% target.

C. difficile cases peaked with 4 cases this month, against an annual limit of 17. 2 cases were on Swift Ward. Strain typing is underway.

The 21 stage 2 pressure ulcers (PUs) in October is above the limit of 18.2 per month and 2.18 PUs per 1000 bed days year to date days exceeds 2015/16 total of 2.08. Localised initiatives are progressing on high reporting wards.

Emergency readmissions reached 13.9% and are rising approximately 1% per year. In early 2016 the Trust benchmarked well against our CHKS peer group. Assurance on readmissions is primarily through the monthly Performance Meeting process. Chart 2

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1 Abbreviations used: Diagnostics, Therapies, Trauma & Orthopaedics (DTTO); Emergency Department (ED); Medicine and Emergency Services (MES); Theatres, Anaesthetics, Surgery & Critical Care (TASCC); Women’s Health and Paediatrics (WH&P), Intensive Care Unit (ICU). CHKS is explained on page 5 in the footnote. Friends and Family Test (FFT). Summary Hospital-level Mortality Indicator (SHMI). Risk Adjusted Mortality Index (RAMI). Care Quality Commission (CQC).
p. 6 shows emergency readmission trends since April 2013.

Stroke performance dropped from 75% to 69% which remains below the target of 90%.

The FFT Inpatient recommended score has remained stable in October at 94.7% which is marginally below the target of 95%.

FFT satisfaction score for ED has been steadily rising since August and in October is 92.3% which is above the national average.

Maternity touchpoint 2 score for FFT reached 100% in October, however, the response rate remains low which the WH&P Division is actively striving to improve.

Outpatients FFT score of 95.2% is above the national average.

The action plan measure from the Fix Dementia Care report is to be discussed and reviewed as it is not feasible to collate data quarterly - biannual or annual collation would be more appropriate.

ED sepsis screening performance of 87% is marginally below the required limit of 90%, and inpatient screening and antibiotic administration is significantly under the upcoming required level with scores of 23% and 17% in Q2 compared with the Q3 December month spot target of 90%. VitalPAC, Careflow and a senior team supported awareness campaign is being reviewed to promote achievement. Whilst a tool has been rolled out to increase performance achieving such a significant stepwise improvement in 2 months will be challenging.

Safety Thermometer falls with harm of 1.46% exceeded national average of 0.56% and this resulted in new harms of 2.51% exceeding national average of 2.13%.

Maternity Safety Thermometer combined maternity harm free care of 60.0% is below national average with multiple factors including 8 post partum haemorrhages. A maternity deeper dive review is to occur and is being monitored with oversight by Quality and Performance Committee.

Medications Safety Thermometer scores for medicines reconciliations of 61.3% and omitted critical medicines at 12.8% are less favourable than national average which Pharmacy is addressing as part of its service redesign.

Of 33 wards/areas audited in the Best Care ward clinical care audit 19 audits retained levels, 6 increased, and 8 dropped levels most significantly Dickens from 3 to 1, and Swan from 1 to zero. The Best Care Surveillance Panel oversees improvement with ward leadership.

Whilst complaints performance against timescale agreed with the complainant is 100% the extension dates indicate response time is prolonged in some cases.

At the end of October 50 complaints are pending a response which have been outstanding for 55 days on average. This is indicative of complaints building up a slight backlog.

In November 2016 the Care Quality Commission (CQC) issued the results of its review into its NHS National Patient Survey Programme. Going forward the Trust will participate in a programme comprising 1 annual Inpatient Survey plus rolling 2 yearly surveys in Urgent and Emergency Care, Maternity, and Children and Young People.
**RECOMMENDATION:**
Review the paper and seek additional assurance as necessary.

**SPECIFIC ISSUES CHECKLIST:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and safety Y</td>
<td></td>
</tr>
<tr>
<td>Patient impact Y</td>
<td></td>
</tr>
<tr>
<td>Employee Y</td>
<td></td>
</tr>
<tr>
<td>Other stakeholder</td>
<td>Quality priorities are set following consultation with internal and external stakeholders.</td>
</tr>
<tr>
<td>Equality &amp; diversity Y</td>
<td>All of our services give consideration to equality of access, taking into consideration disability and age and all matters are dealt with in a fair and equitable way regardless of the ethnicity or religion of patients.</td>
</tr>
<tr>
<td>Finance</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Legal</td>
<td>Poor quality care for patients can lead to potential litigation, non-compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and could affect the Care Quality Commission registration and NHS Improvement licences.</td>
</tr>
</tbody>
</table>

**Link to BAF principal risk**
Vulnerable groups care is part of Board Assurance Framework (BAF) risk 2.2.

**AUTHOR NAME/ROLE**
Dr Erica Heppleston, Assistant Director Regulation and Improvement

**PRESENTED BY**
Dr David Fluck, Medical Director and Mrs Heather Caudle, Chief Nurse

**DATE**
24 November 2016

**BOARD ACTION**
Assurance.
1.0 Background and Scope

The Board receives assurance and information on key clinical quality and improvement measures from the performance dashboard in Appendix 1 pages 10 to 11. Results by exception by either the ratings below or significance are summarised in Section 1.1.

Rating table

<table>
<thead>
<tr>
<th>Rating table</th>
<th>Improvement month on month</th>
<th>In line with or just below last month</th>
<th>Below target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivering or exceeding target</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underachieving target</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failing target</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.1 Performance by exception – October clinical quality data

In-hospital deaths

In-hospital deaths have followed a similar trend to last year, including seasonal variation, until this month when they rose to 113 for October. The SHMI and the RAMI are in line with expectations. The level of in-hospital deaths will be monitored across the next 2 months to determine if a deeper analysis is required. Mortality reviews are undertaken as outlined in the next section, however, full coverage is not yet being achieved. The assurance review group for this measure is the Mortality Review Group.

Chart 1 - In-hospital deaths

Mortality reviews

Mortality review completion rates in MES are steadily rising and reached 71% in October. MES rolled out a new template and introduced Registrar case presentations at QUASH day. TASCC performance at 60% is below the usual 100% rate. DTTO completed 0% which will be rectified by November QUASH meeting review. WH&P scored 0%.

C.difficile

There have been 10 C. difficile cases in 7 months which leaves a narrow margin of 7 cases for the remainder of this year, given the Trust’s annual limit of 17 cases. The 4 cases in October includes 2 cases on Swift Ward which also had a case in September. Swift Ward cases are
being strain typed to determine if transmission is likely. Initial data shows that the first 2 samples were different types and 1 result is pending. Root cause analyses are progressing.

Cardiac arrests in non-critical care areas

6 cardiac arrests in non-critical care areas for October is higher than the level the team is seeking, although this is not a formal target. The Resuscitation Service aims to introduce a treatment escalation plan (TEP) pilot on 2 wards in the upcoming months. A TEP process means that levels of care including resuscitation status are evaluated early in the patient’s admission. If successful the TEP process will then be rolled out Trustwide.

Pressure ulcers

21 stage 2 pressure ulcers (PUs) in October is above the limit of 18.2 per month and 2.18 PUs per 1000 bed year to date days exceeds 2015/16 of 2.08. Wards with higher levels were 4 on Swift, 3 on ITU and BACU, and 2 on Cedar. The approach to improvement includes Trustwide initiatives including mandatory preventing pressure ulcer training and new alternating air mattresses. This quarter focus is on localised harms initiatives on high reporting wards including promoting the SSKIN2 care bundle within the ICU Metavision system and skin integrity checks each shift. A Project Management Office supported quality initiative for Swift ward is under development.

Emergency 30-day readmissions

Emergency readmissions is tracking upwards from 13.1% for 2015/16 to 13.9% this month, and 13.9% year to date, which exceeds Q4 target of 12.5%. Significant areas by volume included upper gastrointestinal surgery 20.5% and colorectal surgery 15.2% within TASCC, 16.3% for general medicine and 15.6% for A&E within MES, and 15.9% within Trauma and Orthopaedics. In MES readmissions is discussed in all specialty quality governance meetings, with Consultant review of readmissions for the same presenting diagnosis to take forward learning. The Trust’s journey in respect of tackling readmission rates is outlined below.

Reducing readmissions was a Quality Account priority progressed via a 2 year long Trustwide improvement programme which ended in 2015. The readmissions programme involved specialty led pathway improvement, interventions for at-risk patient cohorts, and a pilot of phoning patients after discharge. In September 2015 a further deep dive into patient level readmissions by specialty reiterated that the majority of readmissions over limit were multifactorial cases in general medicine and Accident and Emergency which are difficult to unbundle.

In early 2016 CHKS3 external outcome data confirmed that the Trust was performing well regarding overall readmissions compared to other acute trusts - both nationally and against our CHKS peer group of approximately 15 Trusts. At that time there was again found to be no specific single suitable improvement initiative which could be monitored owing to the influence from the complex combination of items such as community initiatives and emergency pathway reconfiguration.

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2 SSKIN: skin assessment, surface (patient is on), keep moving (promote mobility), incontinence / moisture (keep skin clean and dry), and nutrition (optimising patient’s nutrition and hydration). This tool is in place elsewhere in the Trust, and is the basis underpinning mandatory training, but has only recently been incorporated in the Metavision system in Intensive Care Unit (ICU).

3 CHKS is an external informatics service provider which generates health sector benchmarking data.
Chart 2 below tracks 30 day emergency readmissions from April 2013 onwards and the level is tracking upwards by approximately 1% per year, with month-on-month variability of up to 2.5% and expected seasonal variability.

Assurance on specialty level elective and non-elective readmissions is primarily through the monthly Performance Meeting process including review of the Integrated Performance Report.

**Chart 2 – 30 day emergency readmissions from April 2013 onwards**

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**Direct stroke unit admission**
Stroke performance has been predominantly within the range of 65% to 75% during the past year. In October results dropped from 75% to 69% which remains below the target of 90% due to different presenting conditions, lack of ring fenced beds and pathway disruptions.

**FFT satisfaction score**
The inpatient recommended score has remained stable in October at 94.7% which is marginally below the target of 95%.

FFT satisfaction score for ED has been steadily rising since August and in October is 92.3% which is above the national average.

Maternity touchpoint 2 score for FFT reached 100% in October which is valuable feedback, however, as the response rate remains low this could skew the data. The WH&P Division is actively striving to improve response rate.

Outpatients FFT score of 95.2% is above the national average.

**Sepsis screening and antibiotic treatment CQUIN**
Data for this measure is compiled quarterly and is shown to end of Q2. CQUIN performance is monitored at Transformation Programme Board.

87% of eligible patients were screened in ED which is just below target of 90%.

81% of patients via ED were given antibiotics which were then reviewed on day 3 which met the Q2 target of 80%. Q3 target is 90%.

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4 Commissioning for Quality and Innovation (CQUIN) is an incentivised improvement scheme
The goal on timely identification and treatment of inpatient sepsis is systematic screening of applicable inpatients and timely and appropriate commencement and cessation of treatment. The Trust uses a local adaptation of the UK Sepsis Trust Inpatient Sepsis Screening and Treatment Tool on inpatient wards which has been rolled out supported by implementation training. Performance in both measures at end Q2 were below the upcoming targets of Q3 December month only target of 90% and Q4 target of 90%.

Dementia
The action plan measure from the Fix Dementia Care report is under review as it is not feasible to collate data quarterly - biannual or annual collation would be more practicable.

Patient safety alerts
There was 1 new stage 3 safety alert received on 4 October on the risk of oxygen tubing being connected to air flow meters which could result in death. The Trust is implementing systems to address the 3 barriers to human error described in the alert and to establish ongoing equipment checks or audit to ensure these barriers are maintained.

Safety thermometer
New harms of 2.51% were above national average of 2.13% owing to an excess of falls giving cumulative harms of 7 falls, 4 new pressure ulcers, and 1 new DVT (deep vein thrombosis). Falls with harm of 1.46% exceeded national average of 0.56%. Of these 7 falls 6 were low harm and 1 moderate, with locations being AMU - 5, BACU - 1, and Cherry - 1. There were no new catheter associated urinary tract infections (CAUTIs) and the level of new pressure ulcers of 0.84% was below the national average of 0.9%.

Combined maternity harm free care of 60.0% is below the national average of 69.3% which reflects 8 post partum haemorrhages, 3 term babies transferred to NICU, 2 women with third or fourth degree perineal trauma, 2 women who reported being worried at being left alone during part of labour care and 2 women with concerns about safety during labour and birth that they perceived were not taken seriously.

Patients with a medicines reconciliation started within 24 hours of admissions at 61.3% were lower than the national average of 78.9%. Pharmacy is working through a service redesign to provide medicines reconciliation 7 days per week at key admission points which is due to complete by the end December 2016.

Patients with an omitted critical medicine in October at 12.8% was less favourable than the national average of 8.8%. The Pharmacy redesign is to incorporate keeping medication charts in the clinical area and an area on the chart to document actions taken if a drug is unavailable.

Best care audits
In October 33 wards/areas were audited as part of the Best Care ward clinical care audit. 19 areas retained their previous levels, 6 areas increased levels, including the Emergency Department which rose from level 0 to level 3. 8 wards dropped accreditation levels the most significant being Dickens from 3 to 1, and Swan from 1 to zero.

Learning from new complaints
33 new complaints were received in October of which 69% pertain to experiences at the Trust in the past 2 months.
The timing of care/incident giving rise to the complaint was October 2016 – 10 cases (30%), September 2016 13 cases (39%) and May to August 2016 - 7 cases (21%). The largest specialties by volume were Emergency Department (ED) with 6 complaints and Trauma and Orthopaedics (T&O) with 4 cases.

Within the 6 ED cases there was a surgical missed diagnosis and a missed fracture. Within the 4 T&O cases the reasons included delayed imaging that was not followed-up, delay in providing trauma surgery, and delayed physiotherapy for an inpatient.

The 23 other cases were for varying reasons. There was 1 significant harm from early discharge resulting in a fall.

Table 3 – New complaints by division and specialty

<table>
<thead>
<tr>
<th>Division</th>
<th>New complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>MES</td>
<td>14</td>
</tr>
<tr>
<td>TASC</td>
<td>8</td>
</tr>
<tr>
<td>DTTO</td>
<td>6</td>
</tr>
<tr>
<td>WH&amp;P</td>
<td>3</td>
</tr>
<tr>
<td>Estates &amp; Facilities</td>
<td>1</td>
</tr>
<tr>
<td>Informatics</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>33</strong></td>
</tr>
</tbody>
</table>

Complaints performance
In October 100% of complaints were responded to within a timescale agreed with the complainant.

18% (4/22) of grade 1 or 2 complaints were responded to in 25 days and average response time overall was 35.3 days.

There were 2 grade 3 or 4 complaints closed in October which took an average of 149 days to respond to as they were serious incidents requiring investigation (SIRIs).

At the end of October 50 complaints are pending a response which have been outstanding for 55 days on average. This is indicative of complaints building up a slight backlog.

The 2 follow-up complaints in October gives a 5.7% return rate which is below the 10% threshold.

PHSO cases
In October 4 cases were closed with the PHSO. 3 of these were partially upheld and 1 was not upheld. 1 new TASC case was received for investigation by the PHSO in October. Case overviews are as below.

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5 Parliamentary and Health Service Ombudsman
Case 1 (TASCC) was partially upheld with consent process failure regarding demonstrating risk associated with the procedure.

Case 2 (MES) was partially upheld regarding inadequate provision of information about the patient’s condition and a deficient complaint response in not acknowledging such failures.

Case 3 (MES) was partially upheld regarding failed support for the patient.

The 1 case not upheld pertained to care in ED.

Claims
There were 7 new claims reported in October 2016; 3 for DTTO, 2 for WH&P, 1 for TASCC and 1 for MES. 12 claims were intimated; 5 for MES, 4 for WH&P, 2 for TASCC and 1 for DTTO.

2.0 Other matters

1.1 CQC Surveys Update

In November 2016 the CQC issued the results of its review into its NHS National Patient Survey Programme. The key decisions are below. Going forward the Trust will participate in a programme comprising 1 annual Inpatient Survey plus rolling 2 yearly surveys in Urgent and Emergency Care, Maternity, and Children and Young People.

1. **Outpatient Survey** – In 2017 the CQC is exploring discontinuing the Outpatient Survey but incorporating questions on outpatient experience as part of the Inpatient Survey.

2. **Urgent and Emergency Care Survey** – the existing Accident and Emergency Survey will be expanded to cover other areas including Urgent Care Centres, GP Out of Hours Services, NHS 111, and Ambulance Services. A benefit of this is gaining better information on the urgent care patient pathway. A number of challenges have been acknowledged by the CQC including provider identification, attribution of responses to providers, and data presentation across multiple providers. The CQC plans to modify the survey as outlined, however, the next iteration of the survey still needs to be redesigned in order to address these survey design complexities. The survey is anticipated to be 2 yearly going forward.

3. **Annual Inpatient Survey** – to continue. See the point above regarding incorporating questions on aspects of outpatient experience.

4. **Maternity Survey** – to continue on 2 yearly cycle.

5. **Children and Young People’s Survey** – this is to be a regular 2 yearly survey going forward. The format of the new survey is yet to be determined by the CQC.

6. **Pilot Survey in Community Health** – the CQC is to develop a pilot survey in community health. This survey is not anticipated to involve this Trust based on the consultation guidance.

Communications to staff about the new programme have commenced.
The Q2 target of 80% has been achieved and actions are ongoing to increase the percentage of patients who receive antibiotics within 1 hour of admission. Mortality indices are in line with expectation.

Mortality review completion rates in MES are steadily raising and reached 71% in October. MES rolled out a new template and Registrar case presentations at QUASH day. TASC performance at 60% is below the usual 100% rate. DTTO completed 0% which will be rectified by November QUASH meeting review.

Proportion of mortality review completed cases is 44%. Mortality review completion rates in MES are steadily raising and reached 71% in October. MES rolled out a new template and Registrar case presentations at QUASH day. TASC performance at 60% is below the usual 100% rate. DTTO completed 0% which will be rectified by November QUASH meeting review.

Number of cardiac arrests not in critical care areas was 24. If cardiac arrests in non-critical care areas remain higher than the level the team is seeking. The Resuscitation Service aims to introduce a treatment escalation plan (TEP) pilot on 2 wards in the upcoming months. A TEP process measures that levels of care including resuscitation status are evaluated early in the patient's admission. If successful the TEP process will then be rolled out Trustwide.

No targets have been set for inpatients for Q2; for Q3 a target of 90% has been set to be achieved in December only. In Q2 an inpatient case was recorded due to difficulty in diagnosis. Significant areas identified were in TASCC with upper gastrointestinal surgery at 20.5% and colorectal surgery at 15.2%; in MES with general medicine at 16.3% and A&E at 15.6% and DTTO with T&O at 15.9%. In MES, readmissions are an agenda item in all specialty quality governance meetings. Consultant review occurs for all cases for feedback, and feedback provided from the same presenting diagnosis and learning is taken forward.
### NHS Safety Thermometer - % of patients on spot day with new harms

<table>
<thead>
<tr>
<th>Reference</th>
<th>Target description &amp; limit</th>
<th>Sep</th>
<th>Oct</th>
<th>Trend</th>
<th>YTD 16/17</th>
<th>Current month commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Overdue safety alerts</td>
<td>&lt;1</td>
<td>0</td>
<td>0</td>
<td>n/a</td>
<td>There was 1 new stage 3 safety alert received on 4 October on the risk of oxygen tubing being connected to air flow meters. Severe harm or death can occur if medical air is accidentally administered to patients instead of oxygen. This alert requires Trusts to implement systems to ensure that the three barriers to human error described in the alert are all in place in all relevant clinical areas and to establish ongoing systems of audit or equipment checks to ensure the barriers are maintained. This alert has been actioned and is underway. Alerts received prior to October have all either been actioned and are underway or closed.</td>
</tr>
<tr>
<td>2.1</td>
<td>NHS Safety Thermometer - % of patients on spot day with new harms</td>
<td>&lt; National av.</td>
<td>2.13%</td>
<td>1.96%</td>
<td>2.51%</td>
<td>1.34%</td>
</tr>
<tr>
<td>2.2</td>
<td>NHS Safety Thermometer - % of patients on spot day with new CAUTIs</td>
<td>&lt; National av.</td>
<td>0.33%</td>
<td>0.66%</td>
<td>0.30%</td>
<td>0.06%</td>
</tr>
<tr>
<td>2.3</td>
<td>NHS Safety Thermometer - % of patients on spot day with pressure ulcers</td>
<td>&lt; National av.</td>
<td>0.90%</td>
<td>0.68%</td>
<td>0.84%</td>
<td>0.61%</td>
</tr>
<tr>
<td>2.4</td>
<td>NHS Safety Thermometer - % of patients on spot day with falls</td>
<td>&lt; National av.</td>
<td>0.56%</td>
<td>1.16%</td>
<td>0.93%</td>
<td>0.51%</td>
</tr>
<tr>
<td>2.5</td>
<td>NHS Medications Safety Thermometer - % of patients with combined harm free care (physical harm and women's perception of safety)</td>
<td>&gt; National av.</td>
<td>69.30%</td>
<td>0.00%</td>
<td>60.00%</td>
<td>64.52%</td>
</tr>
<tr>
<td>2.6</td>
<td>NHS Medications Safety Thermometer - % of patients with reconciliation started within 24 hours of admission</td>
<td>&gt; National av.</td>
<td>78.90%</td>
<td>76.70%</td>
<td>61.30%</td>
<td>64.00%</td>
</tr>
<tr>
<td>2.7</td>
<td>NHS Medications Safety Thermometer - % of patients with an omitted critical medicine in the last 24 hours</td>
<td>&gt; National av.</td>
<td>8.80%</td>
<td>2.50%</td>
<td>12.80%</td>
<td>12.80%</td>
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</tbody>
</table>

### Best care audits undertaken this month

<table>
<thead>
<tr>
<th>Reference</th>
<th>Target description &amp; limit</th>
<th>Sep</th>
<th>Oct</th>
<th>Trend</th>
<th>YTD 16/17</th>
<th>Current month commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Level 3 ward count</td>
<td>17</td>
<td>-</td>
<td></td>
<td></td>
<td>33 wards/areas were audited in October 2016, 6 wards/areas increased their accreditation levels; most significantly, ED rose to level 3 - 19 wards retained their previous levels and 8 wards decreased; the most notable being Dickens which dropped to level 1 from level 3 and Swan which decreased to level 0 from level 1.</td>
</tr>
</tbody>
</table>

### WOW awards

<table>
<thead>
<tr>
<th>Reference</th>
<th>Target description &amp; limit</th>
<th>Sep</th>
<th>Oct</th>
<th>Trend</th>
<th>YTD 16/17</th>
<th>Current month commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>-</td>
<td>n/a</td>
<td>47</td>
<td>40</td>
<td>n/a</td>
<td>483 received 15 WOW nominations, WHMP received 10 and TASCC had 3 proposals. DTTO was nominated for 2. Finance had 4 nominations and Workforce 2. Estates and Information Technology both had 1 proposal each.</td>
</tr>
</tbody>
</table>

### Complaints % Responded to timescale as agreed with complainant

<table>
<thead>
<tr>
<th>Reference</th>
<th>Target description &amp; limit</th>
<th>Sep</th>
<th>Oct</th>
<th>Trend</th>
<th>YTD 16/17</th>
<th>Current month commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Timeliness</td>
<td>&gt;95%</td>
<td>93.0%</td>
<td>100.0%</td>
<td>95.0%</td>
<td>24 out of 24 closed complaints (100%) left the Trust within a timeframe agreed with the complainant.</td>
</tr>
<tr>
<td>5.2</td>
<td>Timeliness</td>
<td>No target</td>
<td>43.0%</td>
<td>18.0%</td>
<td>47.0%</td>
<td>22 grade 1 or 2 complaints were closed in October. 1 of these was allocated a longer time period. 4 complaints left the Trust within a 25 day timeframe. 17 complaints allocated a 25 day turnaround left the Trust in more than 25 days. All complaints going over the 25 day turnaround target were extended in agreement with the complainants.</td>
</tr>
<tr>
<td>5.3</td>
<td>Timeliness</td>
<td>No target</td>
<td>67.0%</td>
<td>0.0%</td>
<td>21.0%</td>
<td>2 grade 3 or 4 complaints were closed in October. Of the 2 cases, both of these were also investigated as Serious Incidents requiring Investigation (SIRI). Neither of these left the Trust within 35 days but were not expected to due to the SIRI timeframe. All complainants were fully informed of the process and timesframes involved.</td>
</tr>
<tr>
<td>5.4</td>
<td>Complaints mean response time in days: variance from 25 day target (Grade 3 &amp; 4)</td>
<td>Responsiveness</td>
<td>No target</td>
<td>1.5</td>
<td>10.3</td>
<td>-</td>
</tr>
<tr>
<td>5.5</td>
<td>Complaints mean response time in days: variance from 35 day target (Grade 3 &amp; 4)</td>
<td>Responsiveness</td>
<td>No target</td>
<td>30</td>
<td>114</td>
<td>-</td>
</tr>
</tbody>
</table>

### PHSO (Ombudsman) cases open - total number

<table>
<thead>
<tr>
<th>Reference</th>
<th>Target description &amp; limit</th>
<th>Sep</th>
<th>Oct</th>
<th>Trend</th>
<th>YTD 16/17</th>
<th>Current month commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.6</td>
<td>Response quality</td>
<td>No target</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>There is currently 1 open case with the PHSO.</td>
</tr>
<tr>
<td>5.7a</td>
<td>Response quality</td>
<td>No target</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>case was closed in October and not upheld.</td>
</tr>
<tr>
<td>5.7b</td>
<td>Response quality</td>
<td>No target</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>2 cases were closed in October and were partially upheld.</td>
</tr>
<tr>
<td>5.7c</td>
<td>Response quality</td>
<td>No target</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>40 cases were upheld in October.</td>
</tr>
<tr>
<td>5.8</td>
<td>Response quality</td>
<td>No target</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>1 new case was received in October.</td>
</tr>
</tbody>
</table>