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

COUNCIL OF GOVERNORS
8th March 2017

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.
The Council is asked to:	Discuss the report
Submitted by:	Suzanne Rankin, Chief Executive
Date:	March 2017
Decision	For assurance

1 INTERNAL FOCUS

1.1 #Right Culture

The hospitals were really busy during December, January and February but staff continued to be positive and portrayed a 'can-do' attitude and culture within Team ASPH. Over the Christmas and New Year period staff worked hard to make sure the hospitals ran smoothly despite peaks in demand over that time. Clearly their efforts were hugely appreciated judging by the messages from both patients and relatives expressing their thanks and admiration for Team ASPH.

During the week of 16th January the whole local system had been feeling the pressure, and the Trust did move to Opel 4 Black (business continuity) for a short period. Once again there was the positive camaraderie, with a real sense of team spirit across the hospitals, everyone working together and committing to making that difference. The Trust has continued to work very closely with partner agencies and colleagues, meeting daily when capacity was particularly challenged, with everyone engaged in trying to maximise discharges and get our hospitals back onto an even keel. This was achieved and there is a real sense of pride at how Team ASPH rises to the challenge.

Coincidentally, this period of intense pressure coincided with the Re-boot Week, a hospital-wide effort to get the Trust back on track with everyone working together to reduce the number of patient outliers (patients who find themselves in the wrong wards for their condition) and to create a sustainable improvement in our discharge process. Overall the week was a great success, and staff were able to both reduce the number of escalation beds open and the number of outliers in preparation for our elective programme (planned surgery) fully re-starting after the holiday period.

1.2 Best Outcomes

Learning, Candour and Accountability – the CQC's review of the way NHS Trusts investigate patient deaths

Earlier in December the CQC published their review into the way NHS Trusts investigate the deaths of patients. Central to their findings were that families and carers often do not get a very good experience from hospitals when a relative dies, and that there is inconsistency in the way different organisations report the deaths of patients in their care and their approach to any subsequent investigation. Patients and carers are often not involved in these investigations in a meaningful way, and do not always understand exactly what has happened.

The purpose of carrying out mortality reviews is to make sure we fully understand what has happened and pull out any relevant learning from each case. The CQC has highlighted that learning from deaths needs much greater priority within the NHS to avoid missing opportunities to improve care. ASPH has worked hard on this and aims to review all deaths that take place in the Trust but clearly there is more work to do.

NHS England has recently announced that they have developed a standard process for case note reviews to help trusts take a more consistent approach to undertaking mortality reviews and the Trust has put itself forward as an early adopter which will help us refresh its approach, raise awareness and maximise learning.

1.3 Excellent Experience

IWantGreatHealth Launch Event

On 12th December, I attended our internal launch of **iWantGreatCare** for clinicians, a new online

platform that gives patients and their families a chance to rate individual clinicians and leave detailed feedback on their experience. This is designed to give every patient a voice and comments received are used to improve patient experience, demonstrating our transparency and focus on patient experience.

We want patient experience to be our universal measure of quality at ASPH and this tool will help us gather increasing evidence and help drive our efforts to make more improvements and deliver the highest possible standards in healthcare. As a further demonstration of transparency, we are now streaming comments live from IWantGreatCare on the home page of our website (www.asph.nhs.uk) and on our intranet so staff can see exactly what is being said about us in real time.

For more information about iWantGreatCare, visit www.iwantgreatcare.org

Shortlisted for National Patient Experience Awards

We are delighted to have two quality improvement projects shortlisted for the 2017 National Patient Experience Network Awards (PEN), which celebrate the delivery of outstanding patient experience by those involved in the health and social care industry. Our two shortlisted projects are:

- Our Breast Care mobile app developed for patients, led by Mr Manish Kothari, Louisa Daly, former Head of Patient Experience and the Breast Care team, shortlisted in the Innovative Use of Technology/Social Media category. The app provides essential information about breast care for patients and was developed as part of our Experience Based Co-Design project last year which brought together patients and staff to share their experiences of the service.

- Our 'Adopt a Grandparent' scheme, led by Dr Chris Marsh and Sangeeta Singadia, shortlisted in two categories - Personalisation of Care and Staff Engagement/Improving Staff Experience. The scheme brings non clinical staff into contact with older aged patients to provide them with social interaction and communication.

Winners will be announced at the Birmingham Repertory Theatre on 27 March. For more information about the awards, please visit http://patientexperiencenetwork.org/awards/

Improving care for patients with cancer

The results of the 2015 National Cancer Patient Experience Survey were published before Christmas and reveal positive developments in cancer services at the Trust. The survey was sent to 392 patients and the results show encouraging improvements in many areas of cancer patients' experience of care and treatment.

The overall response rate was up with the trust achieving a rate of 71%, 5% above the national average of 66% and a significant increase on the previous year's survey of 58%.
Areas highlighted as showing improvements included:

- Patients having a named Clinical Nurse Specialist (CNS) to contact and 'ease of contacting CNS'
- Improvements for patients leaving hospital and better reporting regarding home support
- Above national average result for length of time for attending clinics and appointments
- Significant improvement in the area of overall NHS care.

This is a positive result and we will continue to focus on areas where patients have said we need to improve.

1.4 Skilled, Motivated Teams

Team ASPH – award winning!

In addition to being shortlisted as finalists in the Patient Experience Network Awards (above), the Trust has also seen considerable success in a number of local and national awards recently, including:

- Dr Asim Nayeem, our Lead Consultant in Emergency Medicine won the national WOW!

Awards for his improvement work in our Emergency Department – a fantastic achievement

- Our MS (Multiple Sclerosis) nurses, Natalie Thompson and Emily Whisker, in partnership with the Royal Holloway University, received a QuDos in MS Award in the category for 'Innovation in practice: outstanding use of information and shared decision making in MS care'

- Our Housekeeping Team were shortlisted as finalists for the Hospital Cleaning Award in the 2016 health Business Awards

- The Trust was shortlisted as one of the finalists in the Provider of the Year category at the HSJ National Awards (although we didn't win the final award).

These awards, as winners or finalists, are all great testimony to the hard work, commitment and innovation demonstrated by teams and individuals across the Trust, and I feel extremely proud of each one of these achievements.

Celebrating excellence in undergraduate medical training
I have also been delighted to celebrate another set of awards, this time for excellence in undergraduate medical training, with Dr Gulam Patel and others:

- Dr Jacob Addo and Dr Mark Williams have both received 'Teaching Excellence' awards from Imperial College and St George's respectively for their undergraduate teaching;

- A research project run by Dr Viran Gunasekera and his undergraduate trainees was accepted at an international conference in Switzerland;

- Annette Stanley our Medical Student Co-ordinator has won the Supporting the Student Experience Award from Imperial College.

ASPH Surgical Trainer of the Year Award
Congratulations also to Consultants Senthy Sellaturay and Kumaran Ratnasingham who were respectively winner and runner up in the ASPH Surgical Trainer of the Year Award.

Fit and Lean in 2017
To support the national vision to improve health and wellbeing of staff across the NHS, our Health and Wellbeing Steering Group set its first challenge for 2017 – *to get Fit and Lean in 2017.* The group promoted a fun six week weight management challenge for teams and individuals across the Trust coupled with weekly nutritional sessions. The group hoped that by creating a fun incentivised and competitive challenge, with teams competing against each other, colleagues would reap the benefits of working towards achieving a healthy body mass index particularly after the festive period. The group also supported the Dry January initiative, working closely with our Alcohol Liaison Nurse.

Staff Survey Headlines
The National Staff Survey was completed by 1559 (43%) members of permanent staff at ASPH between October and December 2016. The average response rate achieved by our Contractors was (who compared us to 45 other acute Trusts) was 39.9% so we have done well to exceed that.

The initial results outlining the main finding have been received from our Contractors and this data is what we have based this presentation on. The official full results will be published by NHS England on 7th March 2017

<u>THIS YEAR'S RESULTS</u>

1) This year's results have improved significantly compared to last year:
    - 76 of the 88 key questions have improved scores
    - 9 questions have scores that have remained the same

- 1 question deteriorated

2) Our overall results compared to other organisations have changed as follows:
   - Responses to 28 questions are significantly better than average
   - Around average for 56 questions
   - Below average on 4 questions

1.5 Top Productivity

Looking ahead

Surrey Heartlands – we continue to play an active role in the Surrey Heartlands STP. Currently workstreams are beginning to formally mobilise to take forward the planning work now that the full plan has been submitted to NHS England. Early feedback from regional and national teams is broadly positive and the STP remains an important strand in our forward strategy.

One early success from the collaborative working across Surrey Heartlands has been our selection as one of seven areas to take forward recommendations to improve maternity services as set out in the NHS Maternity Transformation Programme. These early adopters will test a range of new and innovative ways of working that will help to transform maternity services across their area to reflect the needs of all women and their babies.

Using a share of £8m over two years, early adopter sites will play a key role in delivering action and improvement quickly including:

- A shared community midwifery service model across the geography, enabling midwives to work across organisational boundaries supported by mobile technology and electronic patient records
- Service provision from 'community hubs', where a variety of services can be delivered to pregnant women and families
- A Surrey Heartlands-wide home-birthing team ensuring local women have access to a full range of birth choices
- A dedicated 'maternity line' to ensure that women have easy access to consistent advice and information when they need it.

This is a great early success for our STP and demonstrates the value of working in partnership to benefit local people.

2 EXTERNAL OUTLOOK

2.1 Mental Health Provision

Two mental health wards from Epsom Hospital recently moved to the Abraham Cowley Unit (ACU). There is no young person's unit at ACU. ADHD services currently provided at St Peter's are likely to move to Child and Adolescent Mental Health Services but this has not been confirmed by the CCG at this stage.

2.2 Patients not eligible for free NHS care to be charged upfront for non-urgent treatment – NHS Providers

The Department of Health announced on 6th February that new regulations requiring all hospitals to check upfront whether patients are eligible for free NHS treatment will be in place within months under plans to recover the cost of health treatments provided to patients not ordinarily resident in the UK.

The law will change from April this year and will play a key role in meeting the government's ambition to recover up to £500 million a year from overseas visitors who are not eligible for free care.

Under the new measures, hospitals and NHS bodies will also be required to identify and flag a patient's chargeable status so that other parts of the NHS can more easily recoup costs from overseas visitors wherever charges apply.

NHS Improvement will be working with trusts that have the most potential to recover costs.

Where someone is unable to provide information up front or does not have physical ID documents, the trust will work with the patient to determine their eligibility. No one will be denied urgent or immediately necessary healthcare.

3 PERFORMANCE

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

3.2 2016/17 Financial Position - Month 10 Position

The month 10 financial position showed that the Trust had delivered a surplus of £9.5m which was an adverse variance to plan of £1.0m. The £9.5m surplus derives from £3.2m operational surplus plus £6.3m of Sustainability and Transformation funding. The table below shows the key metrics:

Finance Scorecard							
	Annual Plan	Forecast	YTD Plan	YTD Actual	YTD Variance	Annual Plan (incl STF)	Forecast (incl STF)
Use of Resources Score (UOR)	2	2	2	2		1	2
Total income excluding interest (£000)	£281,921	£282,307	£235,089	£236,368	£1,279	£290,321	£288,572
Total expenditure (£000)	£264,380	£267,516	£219,689	£222,324	£2,635	£264,380	£267,516
EBITDA (£000)	£17,541	£14,791	£15,400	£14,044	(£1,356)	£25,941	£21,055
I&E net operational surplus/Deficit (£000)	£3,900	£1,735	£4,184	£3,263	(£921)	£12,300	£8,000
CIP Savings achieved (£000)	£10,727	£10,081	£8,686	£7,587	(£1,099)	£10,727	£10,081
CQUINs (£000)	£5,052	£4,052	£4,258	£3,925	(£333)	£5,052	£3,052
Month end cash balance (£000)	£7,251	£7,233	£3,713	£7,343	£3,630	£15,651	£7,233
Capital Expenditure Purchased (£000)	£9,945	£9,445	£8,425	£6,004	(£2,421)	£9,945	£9,445
Emergency threshold/readmissions penalties	£3,319	£3,969	£2,774	£3,317	£543	£3,319	£3,969

NHS Improvement "Use of Resources Score (UOR)"							
	Weighting	Current	Current Score	Forecast (excl STF)	Forecast Score (excl STF)	Forecast (incl STF)	Forecast Score (incl STF)
Capital Service Cover	20%	3.39x	1	2.07x	2	2.94x	1
Liquidity	20%	2.0	1	-11.7	3	-3.3	2
I&E Margin	20%	3.97%	1	0.64%	2	2.80%	1
I&E Margin Variance From Plan	20%	-0.58%	2	-1.00%	2	-1.71%	3
Agency	20%	-25.22%	3	-27.38%	3	-27.38%	3
Use of Resources Score Rating (UOR)			**2**		**2**		**2**

Note – with the introduction of the Single Oversight Framework on 1st October 2016 the Financial Sustainability Risk Rating (FSRR) has been abolished. NHSI have introduced a Use of Resources (UOR) rating that feeds into an overall Trust rating taking into account many other factors. A UOR of 1 is the best score with 4 now being the worst.

Year to Date

The key points are: -

- Clinical income from CCG's, NHS England and Local Authorities (GUM) activity was below plan, with the plan including expected over-performance. Some areas of activity are over-performing with the largest being outpatients. CCG and NHSE QIPP in the plan at month 10 was £3.8m excluding expected savings from the new iMSK service;

- Other income streams ("Other Income" and non-NHS activity income) as at month 10 were £1.8m above plan with variances largely due to additional eMR funding as well as Overseas Visitors, Private Patients and training income coming in higher than expected;

- Pay costs are £1.0m above plan at month 10 with agency costs continuing to increase, although it is still lower than the same period last year. Agency staffing costs were 6% (£0.8m) lower than at this point last year with the biggest reduction being in temporary medical staffing which is 25% lower than last year. The Trust has been set an annual target for agency spend by NHSI and was £2.2m above the month 10 trajectory;

- Non-pay costs were £1.6m above plan, mainly in drugs (which includes high cost drugs which are mostly funded through income), and outsourced work, in particular angiography work and orthopaedics;

- Sustainability and Transformation funding (STF) of £8.4m is available to the Trust at £2.1m per quarter. The trigger to accessing the funds is by meeting the year to date financial control total each quarter which generates a 70% payment. The other 30% is available for meeting agreed performance trajectories monthly for A&E (12.5%), RTT (12.5%) and Cancer 62 day (5.0%). At the end of quarter 3 the Trust had met most of the relevant criteria missing only one month of the cancer target, resulting in a penalty of £35k. Cash of £4.2m (as planned) for quarters one and two has been received to date, with the £2.1m for quarter three expected soon;

- Cost improvement plans are currently £1.1m behind plan at month 10 with delays to some schemes and under delivery of others;

- Capital is currently behind plan by 28.7% (£2.4) mainly due to delays in scheme business cases and approvals, tender prices coming in higher than budget leading to scheme reviews and general slippage, although it did catch up significantly in month 10;

- Cash is ahead of target due to capital programme slippage and the receipt of quarterly education funding; and

- Overall performance shows that a surplus of £9.5m has been delivered to date, which is £1.0m behind plan. The £9.5m surplus includes £6.3m of STF. The adverse variance to plan arises from four things (i) pay costs £1.0m above plan as several vacancies continue to be filled by agency at rates above the cap, (ii) non-pay £1.6m above plan mainly due to drugs and outsourcing, (iii) income £1.2m ahead of plan on non-activity income (mostly additional education funding received, additional Overseas Visitors and Private Patients income and eMR income above plan), and (iv) post EBITDA items being £0.4m ahead of plan mainly due to there being no impairments in the period. This financial performance delivers a UOR rating of 2 at month 10, against a plan of 1.

Forecast

At the end of quarter 3, the Board agreed to reduce the end of year forecast to £8.0m from £12.3m, which includes £6.3m of STF. This forecast would deliver an UOR of 2. The decision to reduce the forecast was based on risks around host CCG affordability in terms of the income, as well as risk share and CQUIN delivery issues, combined with CIP under-delivery. The forecast cannot be reduced again between now and the end of the year.

There is a continued pressure on income and costs and the Trust is taking various actions to keep the financial position in line with the forecast, as well as delivering the key performance targets, however, full receipt of the STF will not be achievable due to the financial target for quarter 4 being missed. As widely publicised the state of NHS finances in this financial year is under deep scrutiny by NHSI and the DH following last years' overall performance and the increased overall NHS budget allocations.

The forecast includes a significant level of over-performance against income plans with commissioners, in particular NW Surrey CCG (NWS) and NHS England (specialist commissioning).

Cost saving targets, which are budgeted at £10.7m for the full year, are currently projected to yield £10.1m The Trust is striving to close this gap and identify additional savings to meet emerging cost pressures.

Following a request from NHSI, the capital programme forecast has been revised down by £0.5m to account for potential slippage. Despite the delays in the programme experienced in earlier months significant cost are now coming through.

Table 1: Quality Performance Dashboard 31 December 2016

REF	Quality Scorecard Measures	Outturn 15/16	Monthly Target / Limit	Annual Target / Limit	Nov	Dec	6 month trend	YTD 16/17	Current month commentary
1.01	In-hospital SHMI	64	<72	<72	62	62		64	Mortality indices are 1 month in arrears - reflecting time needed for clinical coding of the current month's data.
1.02	RAMI	62	<70	<70	73	59		60	As above.
1.03	In-hospital deaths	1139	90	<1082	111	144		915	December 2016 in-hospital deaths of 144 rose 47 cases (48%) compared with 97 in December 2016. December deaths are under active investigation.
1.04	Proportion of mortality reviews (data 1 month in arrears)	56%	>90%	>90%	58%	66%		64%	Mortality review completion rates were 85% for TASCC, 67% for MES and 0% for DTTO and WH&P. The 8 outstanding DTTO case reviews will be reviewed in the January Quality and Safety Half Day.
1.05	Number of cardiac arrests not in critical care areas	56	-	-	7	2		33	Typically 3-4 cardiac arrests outside critical care areas occur per month so 2 events for December appears favourable. However, it is too soon to know whether this month's finding represents improvement or random variation.
1.06	Methicillin Resistant Staphlococcus Aureus (MRSA) -	0	0	0	0	0		0	No cases.
1.07	C. Difficile (hospital only)	15	1.4	17	3	0		13	No cases.
1.08	Falls (per 1000 beddays)	2.59	2.46	2.46	2.61	2.17		2.35	Falls rate remains below limit. Improvement actions have included meeting with the Primary Care Medication Optimisation Team to review polypharmacy and prescribing of medications which could predispose to falls, and the pilot of patient assistance cards on Dickens, Maple, Swan and Swift Wards.
1.09	Pressure ulcers (per 1000 beddays)	2.08	1.98	1.98	2.67	2.70		2.21	Stage 2 pressure ulcers (PUs) exceeded the monthly limit of 18.2 in December with 22 and November with 26. Areas with higher levels were ITU, Swan and Swift with 3 each. ITU is considering alternative nasogastric tube adhesive and Swift is progressing its PU specific quality improvement project. Aspen is promoting correct positioning of non-invasive ventilation masks.
1.10	Readmissions within 30 days - emergency only	13.1%	12.5%	12.5% by Q4	13.9%	14.8%		14.0%	30 day readmissions of 14.8% remains above the Q4 target of 12.5%. The significant areas by volume remain similar to previously with General Medicine at 21.0%, Trauma and Orthopaedics at 17.3%, and Accident and Emergency at 17.1%.
1.11	Stroke patients (% admitted to stroke unit within 4 hours)	65.0%	90%	90%	70.4%	43.0%		62.0%	Breaches in stroke performance in December were mainly due to lack of ring fenced beds and different presenting complaints.
1.12	Medication errors (rate per 1000 beddays)	2.92	-	-	2.67	2.3		3.03	The rate of reported medication errors of 2.3 for December is well below the year to date average of 3.0 cases per 1000 bed days. It is impractical to distinguish if that is random variation, a decrease in drug errors, or low reporting across the busy winter period.
1.13	Sepsis screening audits - % of eligible patients that were screened in ED	70.5%	90%	90%	-	-	-		Sepsis data is reported quarterly and results for Q3 will be available in February.
1.14	Sepsis - antibiotics administered on ED patients and day 3 antibiotic review performed	-	-	80% Q2; 90% Q3	-	-	-		As above.
1.15	Inpatient sepsis - % eligible patients screened for sepsis	-	-	Dec 90%; Q4 90%	-	-	-		As above.
1.16	Inpatient sepsis - % eligible patients receiving timely antibiotics and day 3 antibiotic review performed	-	-	Dec 90%; Q4 90%	-	-	-		As above.
3.03	Serious Incidents Requiring Investigation (SIRI) reports overdue to CCG	8	-	-	4	10		10	Under progression by the Safety Team.
3.04	Serious Incidents Requiring Investigation (SIRI) reports submitted to CCG	116	-	-	14	4		75	Under progression by the Safety Team.
3.07	Friends and Family Satisfaction Score - Inpatients including Daycase	96.2%	95%	95%	95.9%	93.8%		94.7%	The FFT Inpatient recommended score of 93.8% year to date is narrowly below monthly target of 95%. Q3 monthly scores were 94.7% for October, 95.9% for November, and 93.8% in December.
3.08	Friends and Family Satisfaction Score - Accident and Emergency Department (ED) including Paediatrics	84.3%	87%	87%	91.4%	92.0%		85.8%	FFT satisfaction score for ED has been steadily rising since August and in December this trend has continued with a score of 92%. The year to date score of 85.8% is just below target of 87%. Response rate has fluctuated across the quarter with 13.5% in October, 6.1% in November and 4.7% in December.
3.09	Friends and Family Satisfaction Score - Maternity Touch Point 2	96.3%	97%	97%	97.9%	91.9%		96.2%	Maternity touchpoint 2 score for FFT dropped significantly from 97.9% in November to 91.9% in December and the response rate of 18.1% is improving and this month rose above the target of 15%.
3.09a	Friends and Family Satisfaction Score - Outpatients	0.9	92%	92%	94.6%	95.6%		95.7%	Outpatients FFT score of 95.6% remains steady and above target of 92%.
3.10	Follow-up complaints - complaint rate per rolling 12 month average	8.3%	<10%	<10%	11.5%	8.4%		7.2%	In line with expectations.
3.11a	Dementia case finding	96%	>90%	>90%	25%	9.0%		49.1%	It impractical to analyse the dementia case finding measure score of 9.0% for scorecard item 3.11a as recording is incomplete due to limited capacity to collect this data across the past 5 months. The last full dataset was July 2016 with performance of 90%.
3.11b	Dementia diagnostic assessment	99%	>90%	>90%	100%	100%		100%	In line with expectations.
3.11c	Dementia referral	87%	>90%	>90%	100%	100%		95%	In line with expectations.

REF	Reference items	Target description & limit		Nov	Dec	6 month trend	YTD 16/17	Current month commentary
1	Overdue safety alerts	<1 overdue	<1	0	0			No new safety alerts were received in December. Open alerts received in previous months are being actionned. The Pharmacy led phenytoin high risk medication action plan is in place which met the criteria for closure of this alert in December. However, the improvement action remains ongoing and will be reviewed as part of the serious incident requiring investigation action tracker which reports to Quality and Performance Committee.
2.1	NHS Safety Thermometer - % of patients on spot day with new harms	< National av.	2.12%	0.40%	1.07%		1.20%	New harms of 1.07% were below the national average of 2.12%.
2.2	NHS Safety Thermometer - % of patients on spot day with new CAUTIs	< National av.	0.29%	0.00%	0.00%		0.05%	There were no new CAUTIs on the December audit spot test day.
2.3	NHS Safety Thermometer - % of patients on spot day with new pressure ulcers	< National av.	0.93%	0.00%	0.85%		0.56%	New pressure ulcers at 0.85% were below the national average of 0.93%.
2.4	NHS Safety Thermometer - % of patients on spot day with falls with harm	< National av.	0.55%	0.40%	0.00%		0.43%	There were no falls with harm on the December audit spot test day.
2.5	NHS Maternity Safety Thermometer - % of patients with combined harm free care (physical harm and women's perception of safety)	> National av.		60.00%				Data from national dataset not yet available as of 23 January 2017.
2.6	NHS Medications Safety Thermometer - % of patients with reconciliation started within 24 hours of admission	> National av.		80.00%				Data from national dataset not yet available as of 23 January 2017.
2.7	NHS Medications Safety Thermometer - % of patients with an omitted critical medicine in the last 24 hours	< National av.		7.80%				Data from national dataset not yet available as of 23 January 2017.
3	Best care audits undertaken this month	Level 3 ward count	-	-		-	-	Quarterly Best Care Audits are being reviewed this month.
4	WOW awards	-	n/a	54	22		-	WH&P received 7 WOW nominations, MES received 6 and DTTO, TASCC and QRMNM all received 2 proposals each. Estates & Facilities, IT and Library Services were all nominated for 1 WOW award each.
5.1	Complaints % Responded to timescale as agreed with complainant	Timeliness	>95%	69.0%	83.0%		**	Estates and Facilities and DTTO scored 100%; MES and TASCC achieved 88% and WHPAED scored 40%.
5.2	Complaints % Responded to timescale (Grade 1 & 2 in 25 days)	Timeliness	No target	28.0%	36.0%		**	Complaints responses are taking longer than the Trust has internally set as guidance and the average number of working days to respond is outlined below.
5.3	Complaints % Responded to timescale (Grade 3 & 4 in 35 days)	Timeliness	No target	40.0%	40.0%		**	Despite a longer 35 day timescale for higher graded complaints, there is little difference in meeting the internal guidance number of days compared with less complex complaints.
5.4	Complaints mean response time in days: variance from 25 day target (Grade 1 & 2)	Responsiveness	No target	9	15	-	**	The 25 grades 1 and 2 complaints took on average 40 working days to respond to of which grades 1 took 47 days and grades 2 took 38 working days.
5.5	Complaints mean response time in days: variance from 35 day target (Grade 3 & 4)	Responsiveness	No target	8	46	-	**	There were 9 grade 3 complaints which took an average of 81 days to respond to. There were 2 significant outliers from WHPAED which took 108 and 377 working days to respond to respectively.
5.6	PHSO (Ombudsman) cases open - total number	Response quality	No target	1	1		-	-
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			-
5.8	PHSO (Ombudsman) new cases received	Response quality	No target	0	0			-

Scorecard notes: Rating table

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