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

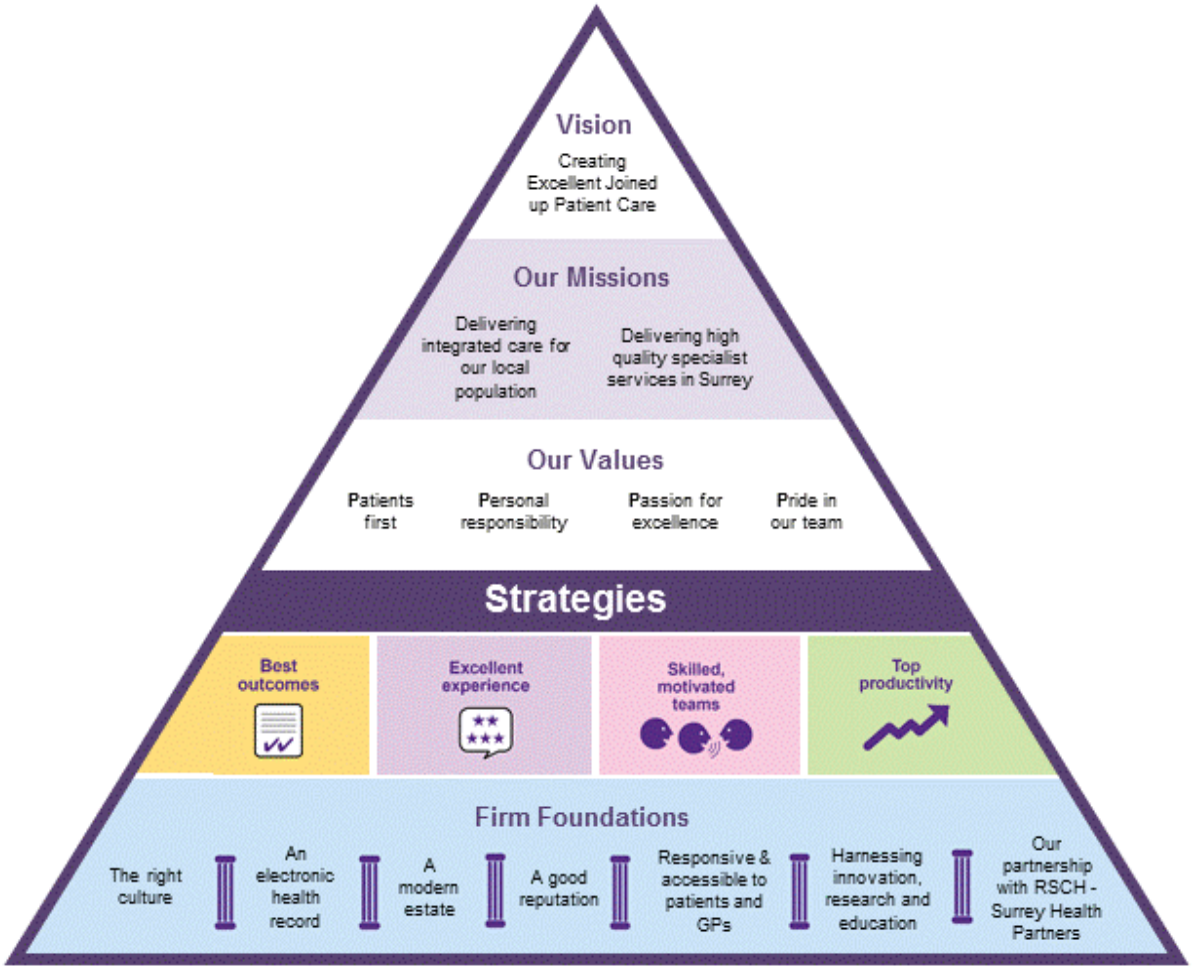
Council of Governors
7th September 2016

AGENDA ITEM NUMBER	7.1	
TITLE OF PAPER	Assurance Report	
Confidential	**NO**	
Suitable for public access	**NO**	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
STRATEGIC OBJECTIVE(S):		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams	√	
Top productivity	√	
EXECUTIVE SUMMARY		
	Our strategy drives the annual Business Plan through the delivery of the BEST strategies: 1. Best Outcomes 2. Excellent Experience 3. Skilled, Motivated Teams 4. Top Productivity This report aims to provide an update on progress in areas of risk and mitigation going forward.	
RECOMMENDATION:	To note	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety		
Patient impact		
Employee		
Other stakeholder		
Equality & diversity		
Finance		
Legal		

Link to Board Assurance Framework Principle Risk	
AUTHOR NAME/ROLE	Suzanne Rankin, Chief Executive
PRESENTED BY DIRECTOR NAME/ROLE	Suzanne Rankin, Chief Executive
DATE	September 2016
BOARD ACTION	For assurance

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

1 OUR STRATEGY



Our strategy drives the annual Business Plan through the delivery of the BEST strategies:

1. Best Outcomes
2. Excellent Experience
3. Skilled, Motivated Teams
4. Top Productivity

This report aims to provide an update on progress in areas of risk and mitigation going forward.

1.1

Corporate Objective:	**Best Outcomes**
RAG rate progress on Business Plan objectives at end of Qtr 2.	Delivering or exceeding target | Improvement month on month Underachieving target | In line with or just below last month Failing target | Below target
Achievements to date include: I. In Q1 the Trust reported 88 falls against a target trajectory of 91.5 per quarter, which is a significant achievement. The ongoing falls corporate prevention strategy uses an improvement	

methodology model and includes training, engagement, sensor alarms and other clinical improvements.

II. In Q1, the Trust has achieved Safety Thermometer performance better than the national average.

III. Implementation of the Kent Surrey and Sussex AHSN safety culture and leadership and improvement capability test site pilot programme remains on trajectory with significant and trust-wide participation and engagement.

IV. Good increase in frontline staff capability to perform safety incident root cause analysis.

V. 7 day audit results from March audit still awaiting final ratification from NHS England however provisional results show we are below national average for documenting our shared decision making.

a. Divisions are making plans on improving this before the next audit in September 2016.
b. Diagnostics results were mainly above national average and meeting Keogh standards except access to MRI for urgent patients.
c. Time to 1st consultant review and on-going review, although at national average, still needs to be addressed by Divisions to meet the expected criteria by 2020.

VI. The Trust continues to support and guide nursing staff on the revalidation process. Revalidation has been live since April 2016 and to date we have had no nurses fail to revalidate with one nurse choosing not to revalidate.

Risks / challenges and mitigations*:*

I. The July 2016 Medication Safety Thermometer [MedST] metrics concur with local audits and is reliable in highlighting known performance issues. Medicines reconciliation rates are affected by the lack of 7 day working which is anticipated to improve in 2016/17.

There is trust-wide communication and education to all clinical staff on the need to focus on processes to manage medication, especially high risk. The inpatient medication chart is being redesigned [Q3] to support safer practices and there is a renewed focus on the need to implement an electronic prescribing and medication management system.

II. Q1 performance dipped slightly below national average for the Maternity Safety Thermometer [MatST]. MatST performance was better than the national average for April, lower in May and almost the same as the national average in June.

The Division is reviewing the submission process and the Maternity Governance Team is reviewing cases for improvement actions where applicable.

III. Lack of evidence to demonstrate implementation of the National Safety Standards for Invasive Procedures (NatSSIPs), which is due to be completed by September 2016 (criteria as per the NHS England Safety Alert). For each procedure identified there is to be a local version of the National Safety Standards developed (LocSSIPs) and ratified by the Divisions.

The Chief of Patient Safety is liaising with the Divisions to enable an end of Sept 2016 implementation and ensuing assurance against the Safety Alert.

1.2

Corporate Objective:	**Excellent Experience**		
RAG rate progress on Business Plan objectives at end of Qtr 2.	Delivering or exceeding target		Improvement month on month
	Underachieving target		In line with or just below last month
	Failing target		Below target

Achievements to date include:

I. FFT in Inpatients is above the national average of 95% for recommended scores in April and May, and only very marginally under in June with 94.3% recommended score.

II. FFT in Outpatients has remained consistently above the national average recommended score of 92% for April, May and June, with recommended scores of 95.8%, 95.5% and 96.2% respectively.

III. iWantGreatCare has been rolled for patient-level feedback Trust wide. Phase 2 is to roll-out clinician level feedback with the first clinical engagement sessions planned for September 2016 and plan to go live in October 2016.
IV. Dementia care – The successful redesign of two bays in the Care of the Elderly wards to create a dementia friendly environment for patients.
V. The Trust is participating in the national Always Events programme. The Trust's focus is around improving the patient and carer experience within the context of dementia care. There are plans to roll out further Always Events in other areas of the hospital in future months.

Risks / challenges and mitigations:

I. Reported dementia case findings dropped significantly from 88% in May to 50% in June and is thought to reflect a combination of data collection limitations from staff capacity gaps and screening results not being entered into the Real-time system. Consideration for VitalPAC for data recording will be evaluated this year.
II. FFT responses have dropped significantly in A & E since a new system of feedback has seen the removal of text messaging as a means of FFT responses. This cessation has resulted in a fall of response rate and we are currently working with the department to increase response rates by re-educating staff on FFT and its usage.
III. FFT recommended scores are below the national average in A & E of 87%, with April. May and June scores of 84.5%, 84.1% and 79% respectively. There is ongoing work in A & E led by the Interim Director of Operations and Lead Nurse to improve the environment and the experience for patients. Feedback continues to be shared with the wider team.

1.3

Corporate Objective:	**Skilled, Motivated Teams**		
RAG rate progress on your Business Plan objectives at end of Qtr 2.	Delivering or exceeding target		Improvement month on month
	Underachieving target		In line with or just below last month
	Failing target		Below target

Key areas of progress to highlight:

- We are on target in relation to recruitment plan for nurses & midwives (UK and overseas) – target to hire 200 nurses in 2016/17.
- In response to our organisational challenges, we are focussing on both a quality improvement and leadership development agenda, and have made significant progress with this to date including holding a successful QI Summit with our Trust Board, senior leaders and a faculty from the Institute for Healthcare Improvement (IHI), and recently launching a new manager's toolkit, focusing on the development and improvement of people management skills for line managers.
- Good progress has been made in relation to workplace health and wellbeing programmes, including a renewed focus on physical health, resilience training, access to physiotherapy and an introduction of a range of mental health initiatives for staff.

Key Risks:

- The vacancy and staff turnover rate is currently above target at 10.8% and 16.5% against an annual target of <9% and <15.5%.
- There is a particular challenge with recruitment of medical workforce, in particular within acute medicine, care of the elderly and A&E, consistent with the national picture.
- There is a feeling of disengagement and poor relations with junior doctors, as illustrated by the most recent GMC survey, in relation to their experience of working in the Trust.

Key Mitigations:

- Continue to drive the international and local recruitment events for N&M and consider exceeding the original target to hiring 250 N&Ms in 16/17 in order to have a further impact on vacancy rate.
- Continued development of flexible staff benefits to enable us to be the local employer of choice.
- Continued development of medical recruitment initiatives including:
    - Recruiting overseas for hard to recruit to medical vacancies, and developing a relocation/ benefits package to support this.
    - Recruiting to flexible middle grade posts which can be deployed across specialities to be more effective in filling gaps in rotas more effectively.
    - Working with the junior doctors, consultant workforce and in particular new Guardian of Safe Working appointee (Dr Paul Murray) to improve the experience of the workforce.
- Development of and recruitment to a new post of Director of Clinical Education.

1.4

Corporate Objective:	**Top Productivity**		
RAG rate progress on Business Plan objectives at end of Qtr 2.	Delivering or exceeding target		Improvement month on month
	Underachieving target		In line with or just below last month
	Failing target		Below target

Key areas of progress to highlight:

- One North West Locality hub is in operation in the Woking area with the aim of reducing demand through a community based interventions.
- Urgent care centre operating and acute medical unit and Ambulatory Emergency Care Unit delivered
- The WHP&SH Division has achieved a number of actions that contribute towards the reduction in the length of stay and maternity pathways including midwife examination of the new-born and care bundle implementation for reducing stillbirth.
- The Trust was successful in its MSK tender bid and is currently working closely with the CCG to mobilise the service for October 2016.
- Lithotripsy repatriation from RSCH service specification has been agreed

Key Risks:

- Recruitment of key clinical staff to deliver services to reduce demand and length of stay and enable progress in some projects such as admitting patients directly to the urology unit
- Ongoing delivery of the emergency care 4 hour standard
- Increase in TWR referrals impacting on demand

Key mitigations:

- Continued development of recruitment initiatives
- Urgent care programme

2 PERFORMANCE

2.1 Details of our operational performance are included at Appendix 1. There is a separate report on A&E (including performance) at Paper 7.2.

2.2 2016/17 Financial Position - Month 4 Position

The month 4 financial position showed that the Trust delivered a surplus of £3.6m which was an overspend against plan of £0.3m. The £3.6m surplus derives from £1.5m operational surplus plus £2.1m of Sustainability and Transformation funding. The table below out the key metrics:

Finance Scorecard							
	Annual Plan	Forecast	YTD Plan	YTD Actual	YTD Variance	Annual Plan (incl £8.4m STF)	Forecast (incl £8.4m STF)
Financial Sustainability Risk Rating	3	3	4	4		4	4
Total income excluding interest (£000)	£279,257	£278,851	£93,206	£93,049	(£157)	£287,657	£287,251
Total expenditure (£000)	£261,716	£261,310	£87,166	£87,391	£224	£261,716	£261,310
EBITDA (£000)	£17,541	£17,541	£6,040	£5,659	(£381)	£25,941	£25,941
I&E net operational surplus/Deficit (£000)	£3,900	£3,901	£1,770	£1,515	(£256)	£12,300	£12,301
CIP Savings achieved (£000)	£10,727	£10,111	£3,207	£2,450	(£757)	£10,727	£10,111
CQUINs (£000)	£5,341	£5,341	£1,780	£1,780	£0	£5,341	£5,341
Month end cash balance (£000)	£7,251	£7,251	£6,561	£9,396	£2,835	£15,651	£15,651
Capital Expenditure Purchased (£000)	£9,945	£9,945	£2,775	£1,380	(£1,395)	£9,945	£9,945
Emergency threshold/readmissions penalties	£3,319	£3,793	£1,108	£1,266	£158	£3,319	£3,793

NHS Improvement Metrics							
	Weighting	Current	Current Score	Forecast (excl £8.4m STF)	Forecast Score (excl £8.4m STF)	Forecast (incl £8.4m STF)	Forecast Score (incl £8.4m STF)
Capital Service Cover	25%	3.37x	4	2.45x	3	3.62x	4
Liquidity	25%	-3.4	3	-8.4	2	3.1	4
I&E Margin	25%	3.80%	4	1.72%	4	4.59%	4
I&E Margin Variance	25%	-0.42%	3	0.00%	4	0.01%	4
Financial Sustainability Risk Rating			**4**		**3**		**4**

Year to Date

The key points are: -

- Clinical income from CCG's, NHS England and Local Authorities (GUM) activity was £0.2m behind 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 4 was £1.1m although it is unlikely that this level of QIPP was actually delivered;

- Other income streams ("Other Income" and non-NHS activity income) as at month 4 were on plan with variances both ways within this;

- Pay costs are £0.1m under plan at month 4 although there has been a spike in costs in July which is being reviewed. Temporary staffing costs were 5.2% (£0.5m) lower than at this point last year with the biggest reduction being in temporary medical staffing. The Trust has been set an annual target for agency spend by NHSI and was £0.1m inside the month 4 trajectory;

- Non-pay costs were £0.3m 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 1 the Trust had met the relevant criteria and cash of £2.1m (as planned) has been received in August;

- Cost improvement plans are currently £0.8m behind plan at month 4 with delays to some schemes and under delivery of others;

- Capital is currently behind plan by 50% (£1.4m) mainly due to delays in scheme business cases and approvals, tender prices coming in higher than budget leading to scheme reviews and general slippage;

- 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 £3.6m has been delivered to date, which is £0.3m behind plan. The £3.6m surplus includes £2.1m of STF. The adverse variance to plan arises from three things (i) pay costs £0.1m below plan as several vacancies remained unfilled, (ii) non-pay £0.3m above plan mainly due to drugs and outsourcing, (iii) income £0.2m behind plan on activity, offset by (iv) post EBITDA items being £0.1m ahead of plan mainly due to there being no impairments in the period. This financial performance delivers an FSRR of 4 at month 4, against a plan of 4.

Forecast

The Trust is forecasting that it will still meet its forecast surplus of £12.3m at the end of the financial year, which includes £8.4m of STF. This target would deliver an FSRR of 4.

There is pressure on income and costs and the Trust is taking various actions to keep the budget on track, as well as delivering the key performance targets to enable full receipt of the £8.4m of STF. 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). In addition it includes a risk share agreement allowance with NWS.

Cost saving targets, which are budgeted at £10.7m for the full year, are currently projected to yield £10.1m 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 it is currently over-committed with excess schemes having been identified. Slippage will be required to stay within the available cash envelope.

Appendix 1

Table 1: Quality Performance Dashboard 30 June 2016

REF	Quality Scorecard Measures	Outturn 15/16	Monthly Target / Limit	Annual Target / Limit	May	June	6 month trend	YTD 16/17	Current month commentary
1.01	In-hospital SHMI	64	<72	<72	64	66		64	Mortality indices in line with expectation.
1.02	RAMI	62	<70	<70	60	65		61	Mortality indices in line with expectation.
1.03	In-hospital deaths	1139	90	<1082	105	82		283	In-hospital deaths for the month are in line with expectations.
1.04	Proportion of mortality reviews (data 1 month in arrears)	56%	>90%	>90%	68%	55%		61%	Completion rates dipped in all divisions compared with last month: TASCC (88% to 79%), WH&P (100% to 66%), MES (62% to 47%) and DTTO (100% to 33%). MES has a process in place for most specialties to review the mortality forms and the Divisional Director is informed of any specialties which do not meet the deadlines.
1.05	Number of cardiac arrests not in critical care areas	56	-	-	6	2		13	A national Resuscitation Council Treatment Escalation Plan (TEP) is due in mid 2016 so TEP implementation of deferred until this guidance is released.
1.06	Methicillin Resistant Staphlococcus Aureus (MRSA) -	0	0	0	0	0		0	On track with zero cases.
1.07	C. Difficile (hospital only)	15	1.4	17	1	0		1	On track with zero cases.
1.08	Falls (per 1000 beddays)	2.59	2.46	2.46	1.75	2.18		2.59	Absolute falls of 88 in Q1 remains low with 28 in April, 27 in May, 33 in June. Falls prevention strategies including completion of the medical assessment and intervention for all admitted patients using the electronic documentation in patient centre are continuing.
1.09	Pressure ulcers (per 1000 beddays)	2.08	1.98	1.98	2.22	1.7		2.08	The CCG limit of 18.2 pressure ulcers (PUs) of stage 2 and above was narrowly exceeded in June with 19 PUs; 17 stage 2 and 2 stage 3. Root cause analyses are progressing. ITU had 6 stage 2 PUs and their action plan includes initial risk assessment for pressure relieving products, MUST scoring, and promoting regular positioning changes. Swan had 4 stage 2 PUs and the Repose wedge for heel pressure offloading is being piloted from June.
1.10	Readmissions within 30 days - emergency only	13.1%	12.5%	12.5% by Q4	14.5%	14.1%		13.8%	Significant areas for emergency readmissions by volume are general medicine at 19.6% and cardiology with 17.2%; since June 2016 specialty readmissions data is being reviewed at governance meetings to guide action plan setting.
1.11	Stroke patients (% admitted to stroke unit within 4 hours)	65.0%	90%	90%	63.0%	62.2%		63.5%	June stroke performance at 62% has been constant across Q1. In June 14 breaches reflected factors including 7 ring fence beds being unavailable and 4 cases of differing presenting complaint or medical opinions being awaited.
1.12	Medication errors (rate per 1000 beddays)	2.92	-	-	3.34	3.4		2.92	The Trust continues to promote notifying and investigating medication errors which is driving increased reporting.
1.13	Sepsis screening audits - % of eligible patients that were screened in ED	70.5%	90%	90%					The sepsis measures and targets for items 1.13 to 1.16 are provisional - pending finalisation of the audit later this month. Q1 results will be provided in the August report.
1.14	Sepsis - antibiotics administered on ED patients and day 3 antibiotic review performed	-	TBC	TBC					-
1.15	Inpatient sepsis - % appplicable patients screened for sepsis	-	TBC	TBC					-
1.16	Inpatient sepsis - % appplicable patients receiving timely antibiotics and day 3 antibiotic review performed	-	TBC	TBC					-
3.03	Serious Incidents Requiring Investigation (SIRI) reports overdue to CCG	8	-	-	12	12		12	The Safety Team continue to actively progress completion of overdue SIRI reports.
3.04	Serious Incidents Requiring Investigation (SIRI) reports submitted to CCG	116	-	-	3	1		11	1 report was submitted to Panel this month.
3.07	Friends and Family Satisfaction Score - Inpatients including Daycase	96.2%	95%	95%	95.2%	94.3%		95.1%	FFT satisfaction rate dipped narrowly by 1 percentage point in June and inpatient areas are reviewing to identify actions and learning.
3.08	Friends and Family Satisfaction Score - Accident and Emergency Department (ED) including Paediatrics	84.3%	87%	87%	84.1%	79.0%		82.7%	The ED satisfaction score dropped 5 percentage points from 84% in May to 79% in June and thematic feedback analysis is under urgent review by ED senior leadership to guide improvement actions.
3.09	Friends and Family Satisfaction Score - Maternity Touch Point 2	96.3%	97%	97%	98.1%	98.1%		97.5%	The maternity satisfaction rate remains above national average in June and reflects benefits from the ongoing service improvement work programme.
3.09a	Friends and Family Satisfaction Score - Outpatients	0.9	92%	92%	95.5%	96.2%		95.9%	Outpatient feedback continues to be stable and above average. The Outpatient improvement project continues to enhance the experience for outpatients and any negative feedback is used to inform future initiatives.
3.10	Follow-up complaints - complaint rate per rolling 12 month average	8.3%	<10%	<10%	8.4%	5.5%		6.5%	The 2 June follow-up complaints from DTTO were grade 1 and 2 complaints which have subsequently been reviewed by the complaints panel for learning. Grade 1 and 2 complaints are not part of the Chief Nurse quality review process and this group of follow-up complaints is being monitored closely in Q2.
3.11a	Dementia case finding	96%	>90%	>90%	88%	50%		77%	Reported dementia case finding dropped significantly from 88% in May to 50% in June and is thought to reflect a combination of data collection limitations from staff capacity gaps and screening results not being entered into the Realtime system. Consideration of VitalPAC for data recording will be evaluated later this year.
3.11b	Dementia diagnostic assessment	99%	>90%	>90%	100%	100%		100%	All eligible patients received a diagnostic assessment.
3.11c	Dementia referral	87%	>90%	>90%	100%	100%		100%	All eligible patients were referred to appropriate specialist services.

REF	Reference items	Target description & limit		Mar	Apr	6 month trend	YTD 16/17	Current month commentary
1	Overdue safety alerts	<1 overdue	<1	0	0		n/a	In April a stage 2 alert was received on Patient Safety Incident Reporting and Responding following transfer of statutory functions from NHS England to NHS Improvement. Whilst the underlying reporting processes and policies are unchanged the Trust is ensuring it meets the alert requirements and a review is underway.
2.1	NHS Safety Thermometer - % of patients on spot day with new harms	< National av.	2.23%	1.10%	0.23%		0.23%	New harms of 0.23% were below the national average of 2.23%.
2.2	NHS Safety Thermometer - % of patients on spot day with new CAUTIs	< National av.	0.31%	0%	0.00%		0.00%	There were no new CAUTIs on the April spot day.
2.3	NHS Safety Thermometer - % of patients on spot day with new pressure ulcers	< National av.	1.01%	0.88%	0.00%		0.00%	There were no new pressure ulcers on the April spot day.
2.4	NHS Safety Thermometer - % of patients on spot day with falls with harm	< National av.	0.57%	0.00%	0.00%		0.00%	There were no falls with harm on the April spot day.
2.5	NHS Maternity Safety Thermometer - % of patients with combined harm free care (physical harm and women's perception of safety)	> National av.	70.30%	75.0%	0.0%		0.0%	The Maternity Safety Thermometer was not submitted in April 2016 and the submission process is to be reviewed by the Division.
2.6	NHS Medications Safety Thermometer - % of patients with reconciliation started within 24 hours of admission	> National av.	77.90%	48.05%	50.00%		58.0% *	*YTD actual is rolling median in line with national charts. Patients with reconciliation started within 24 hours of admissions at 50.0% was lower than the national average of 77.9% and may reflect absence of a 7 day pharmacy service.
2.7	NHS Medications Safety Thermometer - % of patients with an omission of a critical medicine in the last 24 hours	< National av.	6.45%	7.79%	2.94%		2.9%*	*YTD actual is rolling median in line with national charts. Patients with an omission of a critical medicine at 2.94% were lower than the national average of 6.45% and this is an improvement this month.
3	Best care audits undertaken this month	Level 3 ward count	-	-	17	-	n/a	32 wards were audited in April 2016. 7 wards/areas increased their accreditation levels; of note were Cedar, DSU and SDU all of which increased to level 3 from level 1. 17 wards retained their previous accreditation levels, including ITU, HDU, Joan Booker, Labour Ward and Maple. 8 wards/areas decreased in accreditation levels; of these, most significant were ED which decreased to level 0 from level 2 and Swan which decreased to level 0 from level 1.
4	WOW awards	-	n/a	61	75		n/a	TASCC received 29 WOW nominations and MES received 25. WH&P had 11 nominations and DTTO had 6. Workforce Planning & Intelligence had 3 proposals and Patoral Care received 1.
5.1	Complaints % Responded to timescale as agreed with complainant	Timeliness	>95%	95.0%	82.0%		82.0%	In April 14 out of 17 complaints were issued within agreed timescale. Of the exceptions 2 were complex Paediatrics cases and 1 was a MES case. The low volume of 17 responses issued is an indication that cases are being extended beyond 1 month and this is being monitored.
5.2	Complaints % Responded to timescale (Grade 1 & 2 in 25 days)	Timeliness	No target	30.0%	27.0%		27.0%	3 from 11 complaints were issued within 25 days. Complaints volume by due date is being monitored by the Head of Patient Experience and Involvement to address the future trajectory of cases due out.
5.3	Complaints % Responded to timescale (Grade 3 & 4 in 35 days)	Timeliness	No target	50.0%	17.0%		17.0%	1 from 6 complaints were issued within 35 days. As above a complaints trajectory is being reviewed currently.
5.4	Complaints mean response time in days: variance from 25 day target (Grade 1 & 2)	Responsiveness	No target	5	7	-	7	On average this complaint grade takes 32 days to issue, up from 30 days last month. The earliest response was on the 25th day and the longest took 66 days. As above this is under review.
5.5	Complaints mean response time in days: variance from 35 day target (Grade 3 & 4)	Responsiveness	No target	18	16	-	16	On average this complaint grade takes 51 days to issue, improved from 53 days last month. The earliest response was on the 35th day and the longest took 76 days. As above this is under review.
5.6	PHSO (Ombudsman) cases open - total number	Response quality	No target	6	7			There are currently 7 open cases with the PHSO. Case openings and closures are outlined below.
5.7a	PHSO (Ombudsman) cases closed but not upheld	Response quality	No target	0	1		1	1 case was closed and not upheld by the PHSO.
5.7b	PHSO (Ombudsman) cases closed and partially upheld	Response quality	No target	0	1		1	1 surgical case was closed this month and was partially upheld reflecting failings in communication and the provision of patient information. Improvement actions have been made.
5.7c	PHSO (Ombudsman) cases closed and upheld	Response quality	No target	0	0		0	No cases occurred this month.
5.8	PHSO (Ombudsman) new cases received	Response quality	No target	0	3		3	The TASCC case was from 1 year ago and 1 MES case was from 15 months previously. The 2nd MES case arose 2 years ago with a follow-up complaint in progression until late 2015.

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