

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

1st JUNE 2016

CONTENTS

1.	HEALTHCARE ASSOCIATED INFECTION	3
2.	MORTALITY RATES	4
3.	SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE).....	4
4.	CHILDREN'S SAFEGUARDING	5
5.	ADULT SAFEGUARDING	7
6.	DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)	8
7.	ADULT CONTINUING HEALTHCARE (CHC).....	8
8.	CHILDREN'S CONTINUING HEALTHCARE	9
9.	PERSONAL HEALTH BUDGETS (PHB) FOR PATIENTS IN RECEIPT OF CONTINUING HEALTHCARE.....	10
10.	PREVIOUSLY UNASSESSED PERIODS OF CARE (PUPoC)	10
11.	FRACTURED NECK OF FEMUR INDICATOR	10
12.	STROKE.....	10
13.	CQUIN UPDATE	11
14.	COMPLAINTS	11
15.	ELIMINATING MIXED SEX ACCOMMODATION.....	12
16.	CQC INSPECTIONS.....	12
17.	ASSURANCE REPORTS	12
18.	CARE AND TREATMENT REVIEWS.....	13
19.	WINTERBOURNE SUBMISSION.....	13
20.	DELAYED TRANSFERS OF CARE (DTC).....	13

NHS ROTHERHAM

1. HEALTHCARE ASSOCIATED INFECTION

RDaSH: There have been no cases of healthcare associated infections so far for the current year.

Hospice: There has been one case of a patient admitted to the Inpatient unit with MRSA in the current year.

TRFT:

- MRSA – 0
- MSSA – 0
- E Coli – 14
- C-Difficile:

TRFT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16 Target = 26	Monthly Actual	0											
	Monthly Plan	1	4	2	2	1	4	2	2	2	2	2	2
	YTD Actual	0											
	YTD Plan	1	5	7	9	10	14	16	18	20	22	24	26

NHSR:

- MRSA – 0
- MSSA – 0
- E Coli – 18 (an increase of 1 compared with April 2015)
- C-Difficile:

NHSR		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16 Target = 63	Monthly Actual	1											
	Monthly Plan	6	7	6	7	7	6	4	4	4	4	4	4
	YTD Actual	1											
	YTD Plan	6	13	19	26	33	39	43	47	51	55	59	63

The above tables represent the cases to date which have been signed off (14th of each Month) on the MESS database. Please note the above figures may not exactly match the C.Diff figures which are discussed at the Post Infection Review meetings with TRFT.

Post Infection Review – Overview Panel meeting (C.Diff cases)

Post infection reviews are now being undertaken on all cases of Clostridium Difficile within Rotherham. This will be a continual and reviewed process. The process will highlight any lapses in quality of care and any learning outcomes within both community and acute trusts. Any common themes will be addressed as identified.

Post Infection Review Meeting - last meeting held on 28th April 2016

So far there has been 1 case highlighted as an NHSR case. A lapse in care has been highlighted, recorded and discussed as relevant.

Additional information relating to Clostridium Difficile Infections (CDI's) from 2015/16 that was requested at previous Governing Body:

- No CDI mentioned on any death certificates, although there have been patients who had CDI that are deceased.
- No serious illness from any CDIs (e.g. toxic mega colon)
- 18 cases reported from out of area trusts – with some inpatient episodes.
- 1 case reported as Rotherham, was actually a Barnsley case.

- 46 cases had previous recent Hospital admission (with discharge prior to positive result) or admission at the time of CDI. The remaining were treated/ managed as outpatients.

MRSA Wound Infections

There has now been no new case in almost 6 months, the enhanced monitoring continues.

The Public Health England (PHE) epidemiology team have identified through regional requests that the type is circulating regionally and further epidemiological and whole genome sequencing is taking place and communications continue with the head of the PHE Staphylococcus Reference Service.

This highlights that the process for monitoring Health Care Associated Infections (HCAI's) in Rotherham is highly effective.

2. MORTALITY RATES

The HSMR and SHMI remain a priority area for TRFT and are monitored closely at the Mortality and Quality Alerts Group (MQAG) and through Contract Quality Meetings. HSMR reported as at April 2016 was 96.64 against target 100 marker, previous month was 108.1. This was an expected decrease to within recommended levels after the 12 month rolling data was rebased which saw the January 2015 elevated level removed from the sampling time.

Crude mortality rate is 1.46% in February which is a better position than the previous month which was 1.66%.

3. SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE)

SI Position 21.04.2016 – 18.05.2016	TRFT	RDASH	RCCG	Roth Residents out of area	YAS	Care UK
Open at start of period	56	12	0	2	0	1
Closed during period	1	2	0	0	0	0
De-logged during period	1	1	0	0	0	0
New during period	3	2	0	0	0	0
Open at end of period	57	11	0	2	0	1
New Never Events	0	0	0	0	0	0
New Trends and themes	0	0	0	0	0	0
Final Report Status as at 15.03.2016						
Final Reports awaiting additional information	2	0	0	0	0	0
“Stop the Clock” e.g. <i>investigations suspended awaiting police investigation</i>	2	2	0	1	0	0
Investigation above 60 working days <i>with CCG approved extension</i>	29	0	0	0	0	1
Investigations above 60 working days <i>without CCG approval</i>	0	0	0	0	0	0
Final Reports due at next SI meeting	44	5	0	1	0	1

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
Aug 2014/ Jan 2015	Child Sexual Exploitation (CSE) Report published Aug 2014.	<p>Report published August 2014, media interest immense. Negative press received for LA and Police.</p> <p>Chief nurse commitment to high level CSE group continues. Deputy Designated Nurse attending operational CSE group and works closely with the Named GP to ensure information is appropriately shared with primary care.</p> <p>NHS RCCG has set up a data base to map information on high risk CSE children.</p> <p>Named GP highlights high risk cases to individual GP Practices for them to flag concerns.</p> <p>With funding support from NHS RCCG all Rotherham secondary schools have received an offer of training for children, parents and governors on CSE prevention.</p>	<p>National training on CSE commissioned for senior health professionals – September 2014.</p> <p>Front line staff undertaking 'Stop the Shift awareness raising' 62% of CCG staff responded to the follow up questionnaire.</p> <p>GP Practices utilised this training with 280 participants recorded.</p> <p>Second tier of CSE training for front line staff commissioned to consider victimology took place in February 2014 just under 800 participants attended and the CSE pocket guide was launched. Next step NHS RCCG to co-support, financially, training within all comprehensive schools as a preventative measure. Education will lead on this work which has been financed for 2/3 years. First year report published and shared with NHS RCCG.</p> <p><i>Third tier of CSE training for front line health staff commissioned March and July 2016.</i></p>

4.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
23 – 16 Feb 2015	TRFT had a CQC Essential Standards inspection which included Outcome 7 (safeguarding)	Written report published and action plan outlining the way that recommendations will be adhered to is being written.	NHS RCCG follow up actions in Quality and Performance meetings. Concluding meeting held April 2016.
Feb 2015	Rotherham had its CQC Children Looked After and Safeguarding Inspection	24 recommendations covering commissioners and providers	Robust action plan and monthly challenge meetings to drive forward practice implemented. Concluding full report and completed action plan to AQUA July 2016.

Date	Discussion	Outcome	Follow up
October 2014	Ofsted Inspection of Local Authority completed. Rotherham received an Inadequate Grade. Feedback –the government have appointed a number of independent commissioners to oversee improvements and a new DCS appointed.	LA has set up an improvement panel to consider implications and drive up changes. RCCG Chief Officer and Chief Nurse attending.	Rotherham health economy is fully committed to safeguarding (one of four priorities in the Commissioning Plan) Chief Nurse sits on Improvement Board Deputy Designated Nurse commenced post 12 January 2015 same day as an independent manager to drive forward agency input into the Multi Agency Safeguarding Hub (MASH) and therefore support on-going improvements in safeguarding children.
Feb 2016	Joint Targeted Area Inspections proposed by Ofsted, CQC and HMIP	Joint inspectorates have published their expectations on joint inspections. Themed deep dives to be undertaken, from Feb to August 2016 these are to include CSE and Missing from Education	Paper to NHS RCCG Operational Executive sent 15 February. <i>Plan Rotherham Health Economy to work with LSCB and Designated Nurse to prepare for joint inspections March 2016 – template from other areas shared with LSCB to support self assessment.</i>
February 2016	Section 11 Children Act 2004 self-assessment and Peer Challenge by LSCB	NHS RCCG provided a self-assessment position statement to Rotherham Local Safeguarding Children Board (RLSCB). As part of the process the Chief Nurse and Designated Nurse attended a challenge meeting Feb 2016. A report on the findings will be published alongside any remedial actions required. Verbal feedback at challenge meeting very positive for CCG.	In addition to the LSCB peer challenge NHS England published a CCG self-assessment for Looked After Children – peer challenge booked for 19 February and a Safeguarding Children and Adults self-assessment based on Section 11 with a peer challenge arranged for march 2016. Paper to Operational Executive 14 March 2016. Action Plan update submitted to LSCB 31 March 2016

Date	Discussion	Outcome	Follow up
March 2016	NHS England are seeking assurance from all CCG's on safeguarding children and adults	NHS England will undertake a peer challenge on CCGs following their submission of a self-assessment tool. Peer Challenge arranged for 11 May 2016	This needs to be owned by the CCG and will incorporate evidence to demonstrate compliance, Designated Nurse and Adult Safeguarding Lead to attend the challenge meetings. It is anticipated that this will lead to NHS England publishing assurances around the commissioning of safeguarding children and adults nationally.
March 2016	Looked After Children (LAC) Health needs are being more accurately reported on but there still remains an issue around process between LA and the health economy	Joint post commissioned at a senior level between LA and Health – Joint Assistant Director – Commissioning, Performance and Quality. This post holder is supporting the review of process. NHS RCCG part of the Raising Aspirations for Children in Care Group. Governance arrangements being agreed to LSCB, Corporate parenting and Health and Wellbeing Board	Designated Nurse LAC to discuss with TRFT and CCG. Chief Nurse agreed the need for a task and finish group to ensure that 'health' are part of the solution to improving the process of commissioning effective services for LAC and Care Leavers (CL). 22 April 2016 inaugural meeting of Children in Care, Raising Aspirations – Health and Wellbeing Work Stream. This meeting will ensure that commissioners and providers of healthcare work together to raise the delivery and expectations of all health services with regard to this vulnerable cohort.

4.2 Learning Review

Area	Discussion	Outcome	Output
6.3.2014	19.2.2014 SCR Panel met to discuss injuries sustained by a Rotherham infant. The injuries were potentially non-accidental and whilst under investigation the infant sustained further bruising.	SCR Panel has agreed the methodology and terms of reference of the SCR. The methodology to be utilised is a Significant Incident Learning Process (SILP).	Media reporting following court case to restrict access by father – highlights child injured whilst in hospital. Publication of the report will happen after the Court Case rescheduled April 2016.

5. ADULT SAFEGUARDING

Headlines

Rotherham Safeguarding Adults Board (RSAB) – Met on the 16th May 2016. Outcomes of the sub groups were discussed and it was agreed that the MCA/DoLS working group which sat under the Performance and Quality sub group would become a sub group of the board in its own right and be reviewed in 12 months' time. The board agreed that a Safeguarding Adult Review sub group is required

due to the nature/amount of concerns that are presenting. The development ½ day discussed and arranged for the 19th July. Next board meeting is the 18th July.

Safeguarding Adult Review - The final draft copy was discussed during the first half the RSAB. The recommendations were discussed at length and a few amendments have been requested by the board for the end of the week.

Female Genital Mutilation (FGM) – The RLSCB are hosting an “FGM Raising Awareness Week – 13th -16th June” to target health, social and education professionals and will be launching the FGM policy for Rotherham and flowchart for referral. The main event will be the afternoon of the 13th June at New York Stadium and will include a Drama Performance, Health Implications, Project work/survivor story and the Legal Implications. Following on from this a number of “Lite Bite” sessions are to take place across Rotherham.

Deprivation of Liberty (DoL)– In order to meet the legal requirements for RCCG’s health commissioned clients within the community who may be deprived of their liberty the Safeguarding Team have requested that Paul McGough (Associate Solicitor) from DAC Beechcroft attend Oak House to provide a training session to those identified as appropriate in order to move forward.

Modern Day Slavery – Yorkshire and The Humber Safeguarding Forum requested that NHS England North liaise with the Department of Health (DH) for guidance in relation to CCG’s responsibility for reporting within The Modern Day Slavery Act (2015). It has been confirmed that Health Organisations are not covered within the Act as they are not commercial organisations with a turnover of 36 million and therefore are not required to complete a statement.

6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

6.1 Deprivation of Liberty Applications

Provider	Applications
Hospitals (Acute):	21 + 19 in backlog (granted – 0. not granted – 12)
Hospitals (Psych)	4 + 3 in backlog (granted – 0. not granted – 4)
Care Homes	54 + 460 in backlog (granted – 14. not granted – 6)

6.2 Ongoing Deprivation of Liberty Authorisations

189

7. ADULT CONTINUING HEALTHCARE (CHC)

7.1 Headlines

The CHC referral data for the month of April has identified that the training provided to Rotherham General Hospital professionals who complete referrals into the CHC service, has seen a positive reduction in the number of referrals returned, March data identified 65.5% of referrals were returned, while April data identified 37.2% were returned. These results confirm the training has resulted in an improved quality of referrals and training will continue on a rolling rota at Rotherham Hospital and will be planned to extend to community based professionals.

A Working Group including professionals from RMBC and RCCG, has begun to scope the numbers of patients in their own homes who may be deprived of their liberty, further information will be provided on this issue as the work progresses.

Audit of another five Continuing Healthcare assessments have been completed by the Continuing Care Team, results of the audit will be presented to the Operational Lead for Continuing Healthcare for action.

7.2 Reports

Table 1. The table identifies the total number of patients eligible for funding from NHS Rotherham Continuing Health Care service, including 12 month outstanding reviews.

	Week Commencing	
	20/4/16	09/05/16
Total Number Eligible Patients	582	571
Total % Outstanding 12 mth Reviews	29.9%	30.47%
Total Number of 12 mth Outstanding Reviews	177	174
Number of LD Team patients Eligible	123	124
Total % of LD Team outstanding 12mth reviews	31.71%	33.87%
Total Number of 12 mth outstanding LD Team reviews	39	42

Table 2. The table identifies the total number of referrals received into NHS Rotherham Continuing Health Care service, including the number requiring a full DST.

		Month	
		March 16	April 16
Total number of referrals received	Acute	58	43
	Community	66	64
Total number of referrals screened in to complete a full DST	Acute	9	14
	Community	12	14
Total number of referrals screened out	Acute	11	13
	Community	19	17
Total number of referrals returned for further information	Acute	38	16
	Community	35	33
	Community	35	33

8. CHILDREN'S CONTINUING HEALTHCARE

8.1 Reports

	Month			
	Jan 2016	Feb 2016	Mar 2016	April 2016
Total number of Eligible patients	49	49	50	48
Total outstanding Reviews	0	2	3	2

9. PERSONAL HEALTH BUDGETS (PHB) FOR PATIENTS IN RECEIPT OF CONTINUING HEALTHCARE

	Month					
	Dec 2015	Jan 2015	Feb 2015	Mar 2015	Apr 2016	May 2016
Number RCCG CHC patients eligible for a PHB	619	623	623	589	582	585
Number of RCCG CHC patients in receipt of a PHB	100	98	98	98	98	98

10. PREVIOUSLY UNASSESSED PERIODS OF CARE (PUPoC)

Number of requests received:	Month (2016)							
	Feb	Mar	April	May	Jun	Jul	Aug	Sep
Current number outstanding cases	131	120	104	104				
Submitted NHSE agreed trajectory	16	16	16	16	16	17	17	17
Expected outstanding reviews against trajectory.	115	99	83	67	51	36	20	0
Trajectory outcome	-6	-12	-21	-37				

11. FRACTURED NECK OF FEMUR INDICATOR

This indicator remains on the Community Transformation performance framework and has been monitored closely throughout 2015/16. The Trust has achieved target with actual numbers seen of 261 against annual target of 280 as at end of March 2016.

12. STROKE

Performance across all stroke indicators has continued to increase month-on-month with now only 2 out of the 10 indicators not achieved as at end of February, one of these being the thrombolysis target which is unachievable against national target due to small numbers in the service.

Whilst the metric in relation to the proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival is one of the indicators not achieved, this has significantly improved in-year but reduced to 58% against a target of 90% in February and is under trajectory year-to-date at 64.7% against a 90% target.

The metric in relation to scan within 1 hour of hospital arrival is above target at 59% in February against a target of 50% but just under year-to-date at 48.3%.

The metric in relation to the proportion of stroke patients scanned within 24 hours of hospital arrival remains on target at 100% in February but just under year-to-date at 98.4%.

Identification of Ring fenced beds on the stroke unit and daily discussions regarding repatriating medical outliers at daily bed meetings are ongoing. .

Amendments to Trust's escalation policy have also been made and implemented. A Standard Operating Procedure has been developed and implemented for the Stroke Unit to manage ring fenced beds.

13. CQUIN UPDATE

13.1 RDaSH

CQUINs have been agreed for 2016/17 with some fine adjustments to the wording required. These cover for local CQUINs; Safeguarding, Transition and Outcomes. National CQUINs will cover staff health & wellbeing and Improving physical healthcare of patients with severe mental illness.

13.2 Hospice

Local CQUINs for 2016/17 are an extension of those from 2016/17 and cover; Dementia Care, Patient led Outcome Measures and Staff resilience. A national CQUIN will cover staff health & wellbeing.

13.3 TRFT

Quarter 4 submissions were received at the end of April. The indicative achievement is 73% overall, although this is subject to final validation in some areas with an approximate £900k of lost income.

Two national indicators had partial failure, these being Acute Kidney Injury and Sepsis Screening which were both new in 2016/17 and although the Trust started at a very low level, significant progress has been made in-year but just falling short of target.

Of the local indicators, the main areas of lost income were Clinical Communications where timeliness of returning letters to GPs following clinic appointment and discharge from hospital failed to achieve target throughout the year, and some elements of the SAFER Care Bundle also missed target during Q4 as pressures across the hospital meant that audits and implementation of new initiatives did not take place.

14. COMPLAINTS

14.1 TRFT

- The number of complaints reported during March was 33, compared with 28 the previous month. The Trust remains below trajectory at 349 year-end against full year target of 600 (50 per month). An action plan has been put in place to address the key themes identified via a thematic analysis. It is noted that the highest number of complaints were recorded in Surgical Divisions throughout Q4 at 47%, with Integrated Medicine the second highest at 23% of complaints. A full complaints report will be provided at Contract Quality Meeting at the end of May.
- A complaint was brought to the CCG which was against TRFT with a request for us to facilitate a response. The complainant has received a response to the complaint; on the whole the complainant is satisfied with the outcome which highlighted that an administrative error had occurred in October 2015. This resulted in the patient not being placed on a waiting list to be seen by a consultant. The patient feels that she has been disadvantaged by this, therefore the CCG has contacted TRFT to request that this patient be put back into a position she would have been had the administrative error not occurred. Outcome awaited.

14.2 Via RCCG

- A complaint from the parent of a young person being held under Section 3 of the mental health act has complained about the length of time taken to complete a DST. As the patient is over 18, consent to pursue the complaint is required and has been requested. Ongoing.
- A further complaint has been received via an organisation acting on behalf of the patient regarding a recent change to their CHC package of care. As consent for the organisation to act on the patients behalf was not provided this has been sought before investigation into the complaint begins.

15. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – There have been no mixed sex accommodation breaches, year to date.

TRFT - Eliminating Mixed Sex Accommodation continues to be monitored through Contract Quality Meetings. There were 0 breaches reported in March, the year-end position remains at 8 overall against a target of zero.

16. CQC INSPECTIONS

16.1 TRFT

TRFT have generated action plans for the two CQC inspections and these are monitored through Contract Quality Meetings as a regular monthly agenda item. RCCG has received assurances that both action plans remain on track for delivery or have recovery plans in place.

The Trust is preparing staff for the next CQC visit, it is not yet known when this will be and it may be unannounced but is expected in the next couple of months.

17. ASSURANCE REPORTS

17.1 TRFT Update

A&E

Current month position as at 12 May 2016 was 90.27%, Q1 was 92.12% and YTD was 92.12%. Trajectories have been adjusted in line with the Sustainability and Transformation Plan (STP) managed by NHS England for 2016/17 which expects TRFT to be back achieving the 95% target by the end of Q2. Work against the recovery plan continues and monthly meetings are continuing to be held in line with contractual requirements.

Cancer Standards

All cancer standards are now back on track and have achieved against target in February and also against year-to-date trajectories. It remains a high priority for the Trust to maintain this position and it is expected to achieve all targets at year-end.

18 Weeks RTT and 52 Week Waits

The Trust has now reported six 52 week waits as validated position at year-end. No cases were reported in February with five of these cases reported in March, all of which are as a result of the General Surgery review.

Some General Surgery cases which should have been recorded as 'discharged' had been recorded on the 'active monitoring list' in error. The Trust is undertaking a validation process of 13,000 records which will be completed during May 2016.

As at the end of April, 11,500 records had been checked, 5 of which had been found to have breached the 52 week wait. No patient harm had resulted from these errors and all 5 patients have been discharged requiring no further follow up or treatment.

The Trust is providing fortnightly updates to the CCG and further assurance is being provided through Contract Quality Meetings.

In regard to the 18 week referral to treatment (RTT) position only one metric is now reportable through the contract, this being the Incomplete Pathway metric which achieved 95.08% against target of 92%. This will form part of the reporting to NHS England against the STP during 2016/17.

6 Week Diagnostics

The Trust reported that April targets had not been met which was unexpected. This was due to Gastroenterology diagnostics and issues with available capacity. The CCG was assured that discussions were taking place with nursing staff to look at providing additional lists to clear any backlog and it is expected they will be back on track for May.

Consultants from Doncaster Royal Infirmary are now supporting the Gastroenterology team on a permanent basis via sub-contract arrangements on Rotherham's site. A pre-planned clinically led

visit will be held by RCCG clinicians to Gastroenterology to review progress and provide further reassurance.

2016/17 Contract

Negotiations were concluded between RCCG and TRFT and the contract was signed on the 25 April 2016 deadline. There have been significant financial constraints placed upon RCCG and TRFT and both parties have agreed to work closely to continue work on the review of clinical thresholds, and the reduction in follow up appointments will continue to be of focus during 2016/17.

17.2 Associate Contracts

Negotiations on the 2016/17 contracts have been finalised and only one associate contract remains outstanding, this being managed through Sheffield CCG as lead commissioner who has been granted an extension to negotiations for finalising by 20th May.

All other associate contracts have been agreed and signed by the deadline of 6th May set by NHS England.

18. CARE AND TREATMENT REVIEWS

There has been one pre-admission Care and Treatment Review (see below).

19. WINTERBOURNE SUBMISSION

The CCG is now required to provide a weekly update on admission or discharge of Rotherham patients into an Assessment and Treatment Unit.

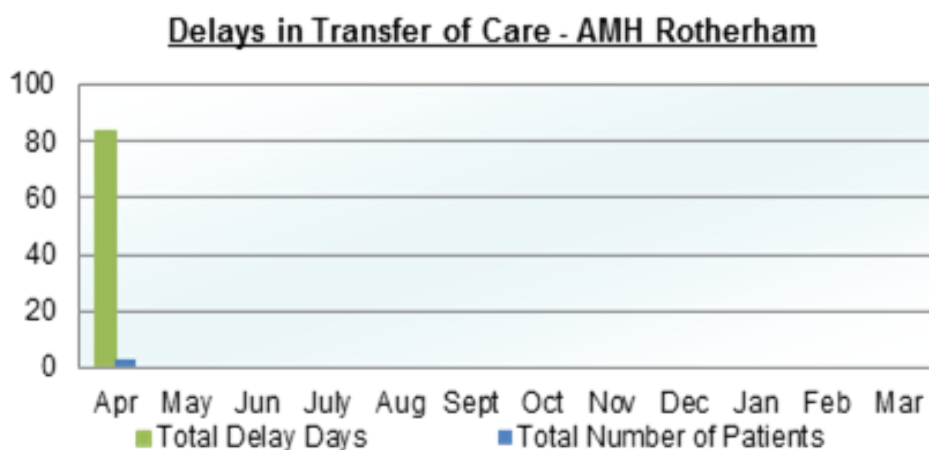
Week commencing	Admission	Discharge	Number in ATU	Total number currently subject to Winterbourne
4 th April	1	0	0	6
11 th April	0	0	0	6
18 th April	0	0	0	6
25 th April	0	0	0	6

The one admission shown above relates to a patient admitted to our local mental health facility. It has been established that he is the responsibility of Doncaster CCG and we are working with our partners to ensure a safe transfer.

20. DELAYED TRANSFERS OF CARE (DTOC)

In both February and March, delays have been experienced and the CCG is working with RDaSH and RMBC to reduce these.

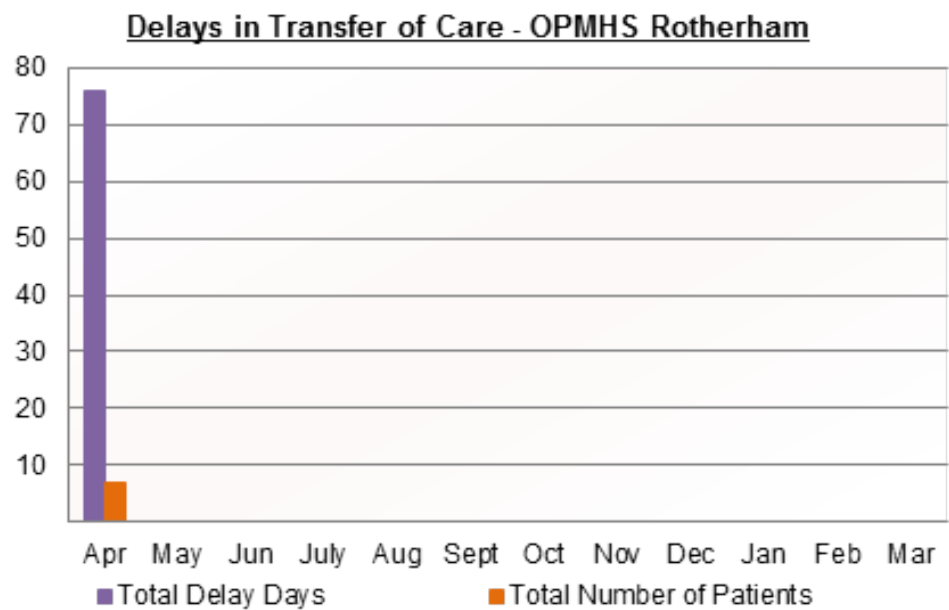
See below the graph of DTOC for Adult services.



Older Peoples Mental Health Services

The Older People's pathway continues to operate to support reductions in delays as reflected in the graph below.

See below the graph of DTOC for Older Peoples services



**Sue Cassin – Chief Nurse
June 2016**

*R:\2. CCG Senior Managers & GP's\Senior Management\Sue Cassin\Meetings\
CCGC\2016\6. 2016 June\Templates\Public Patient Safety and Quality Report June 2016 TEMPLATE.doc*