

**Governing Body**

**29th July 2016**

## Quality and Performance Report

<b>Agenda Item 16 Paper 12</b>	
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<b>Executive Lead:</b>	Steve Hams, Director of Clinical Performance and Delivery
<b>Relevant Committees or forums that have already reviewed this paper:</b>	N/A
<b>Action required:</b>	For discussion
<b>Attached:</b>	Quality and Performance Report
<b>CCG Strategic objectives relevant to this paper:</b>	Quality and Performance
<b>Risk</b>	Identified risks relating to quality and safety of commissioned services are captured on the Surrey Downs CCG risk register and discussed at the Quality Committee and other fora such as the local Clinical Quality Review Groups
<b>Compliance observations:</b>	<b>Finance:</b> There continues to be a risk that the CCG will not achieve the level of performance in a number of areas of quality and that this will impact on the potential to receive the associated quality premium payments.
	<b>Engagement:</b> Patient and public feedback is key to understanding the quality and experience of commissioned services. The CCG monitors its commissioned providers in respect of performance in

	this area.
	<b>Quality impact:</b> Quality Impact Assessments are carried out on all service developments and improvements and monitored for future impact.
	<b>Equality impact:</b> Equality Impact Assessments are carried out on all service developments and improvements and monitored for future impact.
	<b>Privacy impact:</b> None identified in this paper
	<b>Legal:</b> None identified in this paper

<b><u>EXECUTIVE SUMMARY</u></b>	
<p>This report is to assure the Governing Body that the CCG reviews the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and that those areas of concern or risk to patients are highlighted and addressed.</p>	
<b>Key issues to note:</b>	
Section One	
<b>Recommendation(s):</b>	
The Quality Committee is requested to:	
<ol style="list-style-type: none"> <li>1) Note the report</li> <li>2) Discuss highlighted matters of concern</li> <li>3) Agree any matters for escalation to the governing Body or other NHS organisations.</li> </ol>	
<b>Date of paper</b>	18 <sup>th</sup> July 2016
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## Quality and Performance Report – July 2016

### 1. Introduction

- 1.1. Ultimate responsibility for safeguarding the quality of care provided to patients rests with each provider organisation through its Board. However, CCGs, as statutory organisations are required to deliver the best possible services to and outcomes for patients within financial allocations. Therefore, Surrey Downs CCG (SDCCG) has a statutory duty to secure continuous improvements in the care that we commission and to seek assurance around the quality and safety of those services. This requirement is underpinned by national guidance and locally-determined commissioning intentions.
- 1.2. This report is to assure the Governing Body that the CCG monitors the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and, that areas of concern or risk to patients are highlighted and addressed. The report presents an overview of quality of care and patient safety matters, with narrative around areas of concern, risk. A weekly performance report covering contract performance indicators is produced and circulated to CCG leaders. It is reviewed by the CCG Executive therefore general performance indicators are not covered in this report.
- 1.3. **Section One** of the report provides information about Surrey Downs CCG's main providers based on the performance dashboard at Appendix 1 and reports on all available data at the time of writing the report. This contains national and local data, formal and informal, for all patients (not only Surrey Downs). In depth review of key risk areas is contained here and, in this way, any wider concerns around quality and safety leading to potential risk to Surrey Downs CCG patients are addressed.
- 1.4. **Section Two** of the report summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team's quarterly assurance meetings:
  - CCG Outcomes Indicator Set
  - NHS Constitution
  - CCG Operating Plan including three local priorities
- 1.5. The performance dashboards for Surrey Downs CCG patients (Section 2: Appendix A) reflect the formal reporting of performance position against the goals and core responsibilities of the CCG as outlined in '*Everyone Counts: planning and priorities for patients in 2014/15 – 2018/19*' and the '*CCG*

*Assurance Framework 2014/15'*. Matters of concern addressed in this section are cross reference to Section One where necessary.

### Risk Management

- 1.6. Each provider has its own internal governance and risk management processes. Provider's own risks relating to contractual requirement are discussed at contract meetings and Clinical Quality Review Group/ Monitoring meetings.
- 1.7. Where inadequacies in provider performance around quality and safety are assessed to be a risk to the CCG as a commissioner of those services, these will be raised on the CCG's corporate risk register or Governing Body Assurance Framework.

## **2. Executive Summary of Key Areas of Concern**

- 2.1. A summary of the key issues for each provider placed at the end of their section on the report and in the table below.

<b>Summary of key issues and actions</b>
<p><b>CSH Surrey</b></p> <ul style="list-style-type: none"><li>• <b>Issue:</b> CSH Surrey has seen an increase in the incidence of Pressure damage in individuals coming into their care <b>Action:</b> Audit of cases to be carried out by the CCG and action plan reviewed as a result</li><li>• <b>Issue:</b> CSH Surrey continues to report vacancies in their workforce – particularly in Childrens services. <b>Action:</b> CSH Surrey is actively recruiting and is using more innovative schemes to try and attract staff. They continue to match staffing capacity to demand to prioritise clinical need and maintain patient experience. They also have also have a programme that focuses on supporting staff on long term sickness and facilitating their return to work.</li></ul>
<p><b>Epsom and St Helier</b></p> <ul style="list-style-type: none"><li>• <b>Issue</b> The Trust has received a rating of “Requires Improvement” from the CQC with issues identified that include Staffing levels, Organisational Culture, Infection Prevention and Control and the Management of Risk. <b>Action:</b> The Trust has taken immediate action to mitigate risk and make immediate improvements in identified areas. It is developing a comprehensive action plan which will be monitored by Commissioners and the CQC.</li></ul>

- **Issue:** Incidence of HCAI at the Trust with continued evidence of poor compliance with the hygiene code
- **Action:** The CCG together with Sutton CCG have raised concerns with the Trust about the continued poor performance around areas of Infection and Prevention Control. The Trust has reviewed its infection control improvement plan and will be incorporating it into the overarching CQC action plan

#### **Surrey and Borders Partnership NHS FT**

- **Potential Issue - CQC Inspection and potential actions from this**
- **Action –** A Quality Summit has been arranged for 19<sup>th</sup> July 2016. Commissioners are waiting more information on findings of the CQC
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#### **Kingston Hospitals NHS FT**

- **Issue –**Reduction in Grade 2 Pressure Ulcers has not been reflected in the incidence of Grade 3/4 Pressure Ulcers
- **Action:** To be discussed as a “Deep Dive” at the June CQRG
- **Issue:** CQC inspection during January- report not yet received
- **Action:** Await report

#### **Surrey and Sussex Healthcare (SASH)**

- **Issue:** There has been an increase in the number of urinary catheters and associated patient harm as a result of Urinary Tract infections identified at the Trust
- **Action:** The Trust is taking a proactive approach to reduce the number of catheters used through increased training and follow up monitoring.
- **Issue:** The Trust reported a high number of Serious Incidents (10) in March  
**Action:** Assurances received about the immediate actions taken. Commissioners will monitor levels of incident reporting to identify trends or additional concern
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#### **South East Coast Ambulance (SECAmb)**

- **Issue – Issue –** on-going concerns re service key performance indicators  
**Action –** SDCCG following up through the lead commissioner
- **Issue –** Red 3 pilot investigation remedial action plan  
**Action –** SDCCG is actively engaged in the commissioner forum to support SECAmb and monitor the action plan.
- **Issue –** The Trust was inspected by the CQC in May and have received high level feedback on this
- **Action –** To be agreed with the lead commissioner when details of the report are known

### **Royal Marsden Hospital FT**

- **Issue** –The Trust has now met the training targets for safeguarding adults
- **Action** – Monitor through CQRG

### **St George's Hospital**

- **Issue** — Review of process around the management of Serious Incident reporting which identified poor process.  
**Action** – Trust to implement recommendations which will be monitored through the CQRG
  
- **Issue:** Safeguarding Children and Adult Training compliance  
**Action:** Performance has improved. Agreed actions for both adult and children safeguarding continue to be monitored by the respective safeguarding Committees.

## **Section One**

### **1. Introduction**

This section of the report provides information about Surrey Downs CCG's main providers based on the performance dashboard at Appendix 1 and reports on all available data at the time of writing the report. This contains national and local data, formal and informal, for all patients (not only Surrey Downs). Detail about key risk areas is within the report by Provider. In this way, any wider concerns around quality and safety within individual providers that may lead to potential risk to Surrey Downs CCG patients are addressed. In addition, it gives an opportunity for organisational performance against a number of quality metrics to be benchmarked against similar providers.

### **2. Provider Dashboard - Quality and Safety Indicators**

Appendix 1 provides an overview of Surrey Downs CCG's main providers against key quality and safety indicators. The narrative below addresses the Amber or Red rated indicators.

## **Surrey Downs CCG Main Providers**

### **2.1. CSH Surrey**

#### **Lead Commissioner – Surrey Downs CCG**

### **2.2. Healthcare Associated Infection (HCAI)**

At the quarterly Infection Control Strategic Group meeting held in May, the organisation's annual infection control action plan and audit plans were reviewed. The Quality Team requested more robust timelines to be put in place and that CSH Surrey should ensure that the accountability for each action is clear.

The action plan has been amended as a result, giving more assurance about its robustness.

### **2.3. MRSA Bacteraemia**

At the time of writing this report, there have been no cases of MRSA Bacteraemia acquired by patients receiving services from CSH Surrey year to date. There were no cases identified in 2015/16

### **2.4. Clostridium difficile**

There have been no further cases of Cdifficile reported by CSH Surrey since July 2015.

### **2.5. Quality Account**

CSH Surrey has shared its Quality Account with the CCG for review. The CCG has provided the lead commissioner statement and it is expected that the Quality Account will be posted onto the NHS Choices Website by 30th June 2016.

### **2.6. Feedback from Clinical Quality Review Group – 11<sup>th</sup> May 2016**

The following areas were discussed:

- The continued high level of referrals across the majority of services and the work that CSH Surrey are carrying out to reduce DNAs and ensure maximum use of available capacity.
- The reduction in waiting times following investment in the Neuro-rehab teams leading to an improvement in patient experience
- The increase in acuity of patients admitted to the Community hospitals over the winter period as CSH Surrey supported acute providers under pressure.
- Workforce was discussed including vacancy rates and reported sickness and absence rates. CSH Surrey has a programme focussing on long term sickness and this has had good results to date.



- Statutory and Mandatory training, currently at 72% against a target of 95%. CSH Surrey is working to improve this figure by training co-owners more locally and also by developing a new training venue which makes it easier for them to deliver training to larger cohorts of staff.
- Pressure Damage – CSH Surrey reported 40 pressure ulcers during January and February of which 24 (60%) were already present on admission to the service. CSH Surrey will conduct a “deep dive” of these cases which will be supported by the CCG. This will inform an action plan for the Tissue Viability Nurse and will support future improvements.

## 2.7. Care Quality Commission (CQC)

CSH Surrey is currently compliant in all standards that have been inspected by the CQC. There have been no inspections since February 2014

## 2.8. Serious Incidents including Never Events

CSH Surrey has not reported any Never events during this period  
The Serious Incident Review Sub-Committee (SIRSC), of the Quality Committee, is held monthly to scrutinise the investigations and subsequent action plans of providers for whom we are lead commissioner. Areas of learning that are identified from discussions at this meeting are shared and these also inform future audit programmes.

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are under investigation will be presented in Part 2 of this meeting and will include details pertaining to incidents reported by CSH Surrey.

## 2.9. CSH Surrey Board Papers

Due to commercial sensitivity CSH Surrey do not currently publish their Board papers online, concern has been raised with the Chief Executive Officer.

### Summary of key issues and actions

- **Issue:** CSH Surrey has seen an increase in the incidence of Pressure damage in individuals coming into their care  
**Action:** Audit of cases to be carried out by the CCG and action plan reviewed as a result
- **Issue:** CSH Surrey continues to report vacancies in their workforce – particularly in Childrens services.  
**Action:** CSH Surrey is actively recruiting and is using more innovative schemes to try and attract staff. They continue to match staffing capacity to demand to prioritise clinical need and maintain patient experience. They also have also have a programme that focuses on supporting staff on long term sickness and facilitating their return to work.

### **3. Epsom and St Helier University Hospital NHS Trust (ESUHT)**

**Lead Commissioner – Sutton CCG.** Surrey Downs CCG is an associate commissioner and also has its own contract for services delivered at Epsom General Hospital

#### **3.1. Healthcare Associated Infection**

#### **3.2. MRSA Bacteraemia**

The Trust had no cases of MRSA Bacteraemia attributed to them in April 2016. Their year to date total during 2015/16 was 5 against a zero tolerance of cases.

Post Infection Reviews are conducted on all cases

#### **3.3. Clostridium difficile**

A total of 6 Cdifficile cases were reported in April 2016 of which 2 were assigned to the Trust. There were no D&V cases reported during April.

The CCG together with Sutton CCG have raised concerns with the Trust about the continued poor performance around areas of Infection and Prevention Control. Hand hygiene audits have shown persistently poor performance and the Trust has consequently focussed on carrying out more local audits and related training. This has improved results in May.

The Trust has reviewed its Infection Control Improvement plan following feedback from the CQC and this will now be incorporated into the overarching action plan.

#### **3.4. CQUINs**

The CCG has reviewed performance against the 2015/16 and agreed partial achievement. At the time of writing this report, there was still some information outstanding and a verbal update on final achievement will be given at the Quality Committee.

CQUINs for 2016/17 have been agreed with the Trust.

These are under the subjects of:

- NHS Staff Health and Wellbeing (National CQUIN)
- Timely identification and Treatment of sepsis (National CQUIN)
- Antimicrobial resistance and Antimicrobial Stewardship (National CQUIN)
- Medicines Optimisation (Year 2) - Local CQUIN
- Asthma Care Bundle (Year 2) - Local CQUIN
- Cancer Pathway optimisation – Local CQUIN
- Improved Mental Health awareness across the acute workforce – Local CQUIN

- Alcohol misuse, the use of brief intervention and advice – Local CQUIN

The CCG and the CSU have worked closely with Sutton CCG to agree measures that will stretch the Trust and improve outcomes for patients and a schedule has been agreed for reviewing performance against these during the year.

### **3.5. Quality Account**

The CCG has received and reviewed the Trust Quality Account for 2015/16 and has sent a commissioners statement to be included in the final version which will be posted on NHS Choices by 30<sup>th</sup> June 2016.

### **3.6. Feedback from Clinical Quality Review Group – 5<sup>th</sup> May 2016**

- National Safety Standards for Invasive Procedures. The Trust presented a paper that outlined the Trust's response to the Stage Two Patient Safety alert published by NHS England, which required demonstration of compliance by 14<sup>th</sup> September 2014. There is good progress to date in achieving compliance with most of the recommendations and the Trust is monitoring the impact of these actions through their quality divisions group. Further assurance will be given in September before the submission.
- Review of Outpatients by Healthwatch – The Healthwatch report was presented which outlined the findings of the 2 part survey carried out by their volunteers in the Trust Outpatient Clinics. Key findings and recommendations were discussed and a Task and Finish group has been set up to take forward the recommendations of the report with a particular focus on clinical template reviews to address patient delays, overbooking and suitability for each patient category and particular clinicians. It was agreed that the department needs a complete review focussing on nursing and identifying patients who should not be seen in an outpatient Department to prevent future bookings.
- CQC Update. – See below
- A& E – There had been some improvement over April and the CCG was more assured

### **3.7. Care Quality Commission (CQC)**

The Quality Summit following the CQC inspection that took place in November was held on 1<sup>st</sup> June 2016. The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team's findings as set out in the inspection report. The Trust received an overall rating of "Requires Improvement" with this also being the rating given in all 5 domains.

There were some areas of good practice identified across the Trust and in particular, the Elective Orthopaedic Centre which was judged to be outstanding.

The full report can be viewed at <http://www.cqc.org.uk/provider/RVR>

The Trust continues to work on its CQC action plan and will be presenting it to their Board in May. However, the CCG has yet to see and comment on the full action plan.

### **3.8. Serious Incidents including Never Events**

The Trust has not reported any Never Events since February 2016.

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

### **3.9. ESHUT Board Papers**

The most recent set of Board papers are available to view on this weblink.

<https://www.epsom-sthelier.nhs.uk/board-papers-and-agendas>

#### **Summary of key issues and actions**

- **Issue:** The Trust has received a rating of “Requires Improvement” from the CQC with issues identified that include Staffing levels, Organisational Culture, Infection Prevention and Control and the Management of Risk.  
**Action:** The Trust has taken immediate action to mitigate risk and make immediate improvements in identified areas. It is developing a comprehensive action plan which will be monitored by Commissioners and the CQC.
- **Issue:** Incidence of HCAI at the Trust with continued evidence of poor compliance with the hygiene code
- **Action:** The CCG together with Sutton CCG have raised concerns with the Trust about the continued poor performance around areas of Infection and Prevention Control. The Trust has reviewed its infection control improvement plan and will be incorporating it into the overarching CQC action plan

#### **4. Surrey and Borders Partnership NHS Foundation Trust (SABPFT)**

##### **Lead Commissioner for Surrey – NE Hants and Farnham CCG**

#### **4.1. Healthcare Associated Infection (HCAI)**

There have been no concerns identified about the incidence of HCAI within services provided by Surrey and Borders Partnership NHS FT. The Infection Prevention and Control Report was discussed at the CQRG in May. Environmental audits were completed showing good compliance but issues were raised about the frequency of hand hygiene audits. Processes have been put in place to improve on this. The Trust has an IPC group in place that meets quarterly and further assurance will be brought to the CQRG about the results of future audits.

#### **4.2. Feedback from Clinical Quality Review Group –**

- Commissioners noted that they would like to see feedback from the recent CQC inspection as soon as possible
- A report on medication incident reporting was discussed and commissioners received assurance around the processes in place. The annual medicines management report will be circulated and discussed at the CQRG in August
- Safer Staffing report was discussed and it was noted that SABPFT normally achieve Safer Staffing levels but recognised that this was sometimes more difficult during times of additional pressure. SABPFT are working to retain staff and exit interviews are carried out for all staff leaving the Trust. Capacity and staffing is on the Trust's corporate risk register
- An update was given around SystemOne. The system has been in place since October 2015 and major reporting issues had occurred. The Trust has begun to implement a new process that will resolve this and this will take place over a 3 month period. The CQRG has agreed that minimal amounts of information will be reported in the interim. It is expected that this system will be operational by 1<sup>st</sup> July 2016.

#### **4.3. Care Quality Commission (CQC)**

The Trust was inspected by the CQC during March 2016. They have now received the draft report which is being checked for factual accuracy. A Quality Summit will be held on 19<sup>th</sup> July to discuss the findings of the inspectors and to develop an associated improvement plan to which commissioners have been invited. The Trust has not yet shared any information about the draft report and its findings with commissioners.

#### **4.4. Serious Incidents including Never Events**

The Trust has not reported any Never Events during this period

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

#### **4.5. SABPFT Board Papers**

The most recent set of Board papers are available on this weblink.

<http://www.sabp.nhs.uk/aboutus/public-meetings>

#### **Summary of key issues and actions**

- **Potential Issue** - CQC Inspection and potential actions from this  
**Action** – A Quality Summit has been arranged for 19<sup>th</sup> July 2016. Commissioners are waiting more information on findings of the CQC

#### **5. Kingston Hospital NHS Foundation Trust (KHFT)**

Lead Commissioner – Kingston CCG

##### **5.1. MRSA Bacteraemia**

The Trust had no MRSA Bacteraemia infections during April 2016.

##### **5.2. Clostridium difficile**

The Trust reported no cases of Cdifficile in April 2016. Hand Hygiene audits show that compliance has continued to marginally improve. Awareness is being raised through the use of new posters, video clips of hand washing technique being available in clinical areas and the engagement of consultants through the appointment of hand hygiene champions.

### **5.3. Quality Account**

. The Quality Account was shared with the CCG and comments were fed back through the lead commissioner, Kingston CCG. The Trust expects to publish the Quality Account on its website by 30<sup>th</sup> June 2016

### **5.4. Feedback from Clinical Quality Review Group – 18<sup>th</sup> May 2016**

- It was noted that there had been a 46% reduction in the number of Grade 2 Pressure Ulcers acquired within the Trust in 2015/16 when compared to 2016/17. There has not been a similar reduction in Grade 3/4 pressure ulcers although exception reporting indicates that several of these were unavoidable. It is planned to discuss Pressure Ulcers as a seminar item in June.
- Post-Partum Haemorrhage rates and Caesarean Section rates have increased during both February and March and the Trust is focussing on the reasons behind this. They are conducting a trends analysis and this will inform further actions.
- The process around Delayed Transfers of Care was discussed and the Trust demonstrated the Patient Tracking List (PTL) which has been implemented. This gives the Trust sight on internal and external delays. The PTL is used to drive the daily meetings with community partners and track patients who are coming close to their expected date of discharge. It was noted that there is still an issue with access to Neuro beds but that this has improved.
- There was one 100 day Cancer breach in March which has been investigated and did not result in any patient harm.
- An update was given on the first phase of the outpatient building work which will be completed in June.
- The new pan London suspected Cancer Referral Forms are now in circulation and should be used for all 2 week rule referrals by Primary Care.

### **5.5. Care Quality Commission (CQC)**

The Trust was inspected by the CQC in January 2016. The report has not yet been made available.

### **5.6. Serious Incidents including Never Events**

The Trust has not reported any Never Events during this period  
A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

## 5.7. Kingston Board papers

The most recent set of Board papers are available on this weblink.

<https://www.kingstonhospital.nhs.uk/our-trust/trust-board/trust-board-papers.aspx>

### Summary of key issues and actions

- **Issue:** Reduction in Grade 2 Pressure Ulcers has not been reflected in the incidence of Grade 3/4 Pressure Ulcers
- **Action:** To be discussed as a “Deep Dive” at the June CQRG
- **Issue:** CQC inspection during January- report not yet received  
**Action:** Await report

## 6. Surrey and Sussex Healthcare NHS Trust (SASH)

### Lead Commissioner for Surrey – East Surrey CCG

#### 6.1. MRSA Bacteraemia

There were no cases of MRSA Bacteraemia reported by the Trust in March or April 2016.

#### 6.2. Clostridium difficile

The Trust reported 2 cases of Cdifficile reported in April 2016, both of which were attributed to the Trust. Commissioners have reviewed the process to be used for 2016/17 to assess potential lapses in care following each case of Cdifficile and this will ensure that there is a consistency in approach.

The Trust has continued to reported outbreaks of viral gastro-enteritis and this remains a risk on the Trust’s corporate risk register scored at 15 – Likelihood 5, consequence 3.

#### 6.3. CQUINs

CQUINs for 2015/16 are being monitored by the lead commissioner Crawley CCG in conjunction with East Surrey CCG. Performance against Q4 still being agreed and achievement for the Trust’s achievement against the 15/16 CQUINs will be confirmed achievement at the CQRG in June.

Work continues to agree the final CQUIN scheme for 2016/17. A verbal update on progress following the June CQRG will be given to the Quality Committee.



#### **6.4. Feedback from Clinical Quality Review Group – 17<sup>th</sup> May 2016**

- As reported in May, Safety thermometer data shows an increase in patients with catheters/UTI. Work being carried out in the Trust includes carrying out a prevalence study to identify areas of use, delivering a training package to staff and encouraging a reduction in the use of indwelling urinary catheters and consideration of earlier removal in cases where one needs to be used
- The Trust has reviewed its action plan against the Lampard Report and this has been sent to the lead Commissioner.
- Stroke – The SSNAP data has shown that the Trust assessed at level B. The Trust is working with partners to develop the stroke pathway locally and stated that the work is continuing and that within the bid that is being developed, the Hyper Acute Stroke Unit (HASU) at SaSH is the fixed point around which the pathway is being developed. The bid focuses on achieving a SSNAP score of A
- Mixed Sex Accommodation – The Trust was asked for assurance around their compliance with the guidance around Mixed Sex Accommodation. Assurance was given that national guidance is followed and that the site team monitor compliance with this. They do not have a separate policy but the guidance is included in their Privacy and Dignity policy. As a follow up, the Trust has forwarded their policy to the lead commissioner who has indicated that this has given them additional assurance.

#### **6.5. Care Quality Commission (CQC)**

The Trust was inspected by the CQC under its new inspection regime in June 2014, receiving a rating of “good”.

#### **6.6. Serious Incidents including Never Events**

The Trust has not reported any Never Events during this period.

At the CQRG in May, there was discussion about the number of Serious Incidents that had been raised in March (10). The Trust gave further details about the initial findings of their investigations and assurance was sought and received about actions that had been put in place to protect patients. Commissioners will be monitoring future Serious Incident trends.

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

#### **6.7. SASH Board papers**

The most recent set of Board papers are available on this weblink.

<http://www.surreyandsussex.nhs.uk/about-us/about-the-trust/board-papers/>

### **Summary of key issues and actions - SASH**

- **Issue:** There has been an increase in the number of urinary catheters and associated patient harm as a result of Urinary Tract infections identified at the Trust
- **Action:** The Trust is taking a proactive approach to reduce the number of catheters used through increased training and follow up monitoring.
- **Issue:** The Trust reported a high number of Serious Incidents (10) in March  
**Action:** Assurances received about the immediate actions taken. Commissioners will monitor levels of incident reporting to identify trends or additional concern

## **7. South East Coast Ambulance Service NHS Foundation Trust (SECAMB)**

### **Lead Commissioner for Surrey – NW Surrey CCG**

#### **7.1. Quality and Performance**

A Unified plan has been developed and this will be discussed by a Strategic Partnership Group in early July.

Handover delays and patient outcomes: Work continues of minimising delays in handovers from SECAMB and the Acute Trusts and their impact on patients. NW Surrey is encouraging SECAMB to escalate to senior managers when there is an issue with handover delays rather than waiting until after the event. The immediate handover policy is not really being used as effectively it might be. Handover documentation is still paper based and the introduction of an electronic solution has been included in the Recovery Action Plan.

A further briefing has been given to the Quality Committee in Part 2 of the meeting.

#### **7.2. Care Quality Commission (CQC)**

The Trust was inspected by the CQC during the first week of May 2016. High level feedback has been received by the Trust and they have completed a factual accuracy check of the draft report. It is expected that the final report will be published in August.

### 7.3. Serious Incidents including Never Events

The Trust has not reported any Never Events during this period.

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

### 7.4. SECAMB Board papers

The most recent set of Board papers are available on this weblink.

[http://www.secamb.nhs.uk/about\\_us/board\\_meeting\\_dates\\_and\\_papers.aspx](http://www.secamb.nhs.uk/about_us/board_meeting_dates_and_papers.aspx)

#### Summary of key issues and actions - SECAMB

- **Issue** – on-going concerns re service key performance indicators  
**Action** – SDCCG following up through the lead commissioner
- **Issue** – Red 3 pilot investigation remedial action plan  
**Action** – SDCCG is actively engaged in the commissioner forum to support SECAMB and monitor the action plan.
- **Issue** – The Trust was inspected by the CQC in May and have received high level feedback on this
- **Action** – To be agreed with the lead commissioner when details of the report are known

## **8. Surrey Downs CCG as host commissioners for all Surrey CCGs**

### **8.1. Royal Marsden NHS Foundation Trust**

**Lead Commissioner: Sutton CCG**

**Lead Commissioner for Surrey – Surrey Downs CCG**

### **8.2. MRSA Bacteraemia**

The Trust has reported no cases of MRSA Bacteraemia since April 2015.

### **8.3. Clostridium difficile**

The Trust has had 7 cases of Cdifficile between April and May 2016 against an annual objective of 31.

### **8.4. Feedback from Clinical Quality Review Group – 31<sup>st</sup> May 2016**

- The Trust presented the background and engagement on the development of their new Nursing Strategy that was launched in May 2016. It relates well to the new National Framework and commissioners agreed that it was a well thought out strategy.
- An update was given on the work that has been carried out on their Access Policy
- 62 day Trajectory. There was discussion around the breaches that had occurred against this standard. The Trust reported that the largest number of breaches still occur in referrals from Epsom, particularly Urology. The Trust is working with them to try and prioritise cases and reduce delays. It is anticipated that joint training will help to reduce “front end issues” at Epsom

### **8.5. Care Quality Commission (CQC)**

The CQC visited the Trust from the 19<sup>th</sup> to 22<sup>nd</sup> April 2016 and conducted focus groups in the week beginning 4<sup>th</sup> April 2016. The Trust are still waiting for feedback but were advised at the end of the visit that they should be proud of their culture.

### **8.6. Serious Incidents including Never Events**

The Trust has not reported any Never Events during this period.

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

## **8.7. Safeguarding Adults and Children**

The Trust has now met their training targets for safeguarding adults and has maintained high levels of staff training in both April and May 2016

## **8.8. Royal Marsden Board papers**

The most recent set of Board papers are available on this weblink.

[http://www.secamb.nhs.uk/about\\_us/board\\_meeting\\_dates\\_and\\_papers.aspx](http://www.secamb.nhs.uk/about_us/board_meeting_dates_and_papers.aspx)

### **Summary of Key Issues and Actions – Royal Marsden**

- **Issue** – The Trust has now met the training targets for safeguarding adults
- **Action** – Monitor through CQRG

## **9.0 St Georges Healthcare NHS Foundation Trust**

**Lead Commissioner: Wandsworth CCG**

**Lead Commissioner for Surrey – Surrey Downs CCG**

### **9.1. MRSA Bacteraemia**

The Trust reported 0 cases of MRSA Bacteraemia in April 2016.

### **9.2. Clostridium difficile**

The Trust reported 1 case of Cdifficile infection in April against a trajectory of 31.

### **9.3. CQUINs**

Performance against the 2015/16 is being agreed with the Trust and the lead commissioner.

Proposals for 2016 /17 CQUINs will be shared through the quality leads and the CQRG.

### **9.4. Feedback from Clinical Quality Review Group**

- The review of the Serious Incident Reporting Process that had been carried out by commissioners was discussed. The review was conducted to enable commissioners to understand the governance arrangements and evaluate the effectiveness and transparency of the process. The Trust had fully engaged with the reviewers and given as much information as possible to assist with the process.

The review concluded that current arrangements did not meet requirements and timescales need to be put in place to make improvements. The Trust accepted all of the recommendations and will work to achieve the agreed improvements.

- The Trust had received a Preventing Future Deaths Notice from the coroner which related to the death of a patient following a fall from their bed. The Trust has responded to the coroner and has put the required actions in place

### 9.5. Care Quality Commission (CQC)

The Trust was inspected by the CQC in April 2014, receiving an overall rating of “good”.

### 9.6. Serious Incidents including Never Events

The Trust has not reported any Never Events during this period. The YTD position at April 2016 is 0.

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

### 9.7. St George’s Board papers

The most recent set of Board papers are available on this weblink.  
<https://www.stgeorges.nhs.uk/about/board/board-meetings/board-papers/>

## Summary of Key Issues and Actions – St George’s Hospital

- **Issue** – Review of process around the management of Serious Incident reporting  
**Action** – Trust to implement recommendations which will be monitored through the CQRG
- **Issue:** Safeguarding Children and Adult Training compliance  
**Action:** Performance has improved. Agreed actions for both adult and children safeguarding continue to be monitored by the respective safeguarding Committees.

## **10. Surrey Downs CCG – other providers**

Surrey Downs CCG also commissions care from the following providers:

- Ashford and St Peters NHS Foundation Trust
- Frimley Park Hospital NHS Trust
- Royal Surrey County Hospital NHS Trust
- Virgin Care - Surrey
- Guys and St Thomas' Hospitals NHS Trust
- Moorfields Hospital NHD Trust
- Royal National Orthopaedic Hospital NHS Trust
- Princess Alice Hospice

Information about these providers will be included on an exception basis and any concerns of a confidential nature will be raised in Part 2 of this meeting.

### **5.1.1 Ashford and St Peters NHS Foundation Trust**

#### **Lead Commissioner: North West Surrey CCG**

As reported in previous Quality reports, Ashford and St Peters continues to be under investigation by NHSI regarding their A&E performance, Breaches in the Cancer targets and financial performance. No further information is available at this time. The Trust currently has a rating of 3.

### **5.1.2 Royal Surrey County Hospital NHS Trust**

#### **Lead Commissioner: Guildford and Waverley CCG**

Guildford and Waverley CCG issued a performance notice to the Trust which was reported in the Quality report in May.

The CCG has reported an overall assessment of partially assured on the delivery of the action plan, however are not assured on the overall impact and outcome in all areas. Further concerns with specific regard to the A&E plan, will be addressed through a formal breach of action plan notice to ensure the required actions are completed

## **11. Surrey Downs CCG – Any Qualified Providers**

### **11.1. Dorking Healthcare (DHC)**

### **11.2. Feedback from Contract /Clinical Quality Review Group – 9<sup>th</sup> May 2016**

No quality concerns to be escalated apart from the Never Event declared (See Section 11.4)

### **11.3. Care Quality Commission (CQC)**

Dorking Healthcare is currently compliant in all standards that have been assessed by the CQC. The last inspection was reported in October 2013.

### **11.4. Serious Incidents including Never Events**

Dorking Healthcare reported a Never Event during the CQRG that was held with the CCG on 9<sup>th</sup> May relating to a potential wrong site surgery. This is currently being investigated and the investigation report and any subsequent action plan will be scrutinised by South East CSU and the CCG before agreeing closure.

### **11.5. Epsomedical (EM)**

### **11.6. Feedback from Contract /Clinical Quality Review Group**

Assurance was received from Epsomedical through their quality report and discussions at the Contract/Clinical Quality Review Group. There were no quality concerns identified

### **11.7. Care Quality Commission (CQC)**

Epsomedical is currently compliant in all standards that have been inspected by the CQC. The last inspection of Cobham Day Surgery took place in August 2013 and Epsom Day Surgery in February 2014.

### **11.8. Serious Incidents including Never Events.**

There have been no Never Events or Serious Incidents reported by Epsomedical since the last Quality and Performance report in March 2016.



## **12. Quality issues arising within services hosted by Surrey Downs CCG for CCGs in the Collaborative**

### **12.1. Safeguarding Adults**

The collaborative of the 6 Surrey CCGs has agreed that the hosted Safeguarding Adults and safeguarding Childrens teams should be integrated into one Surrey wide Safeguarding Team which will be hosted by Guildford and Waverley CCG. This will help maximise the use of existing resources and also streamline work around certain areas such as Domestic Abuse, Prevent and Modern slavery that affect both children and adults.

A new model has been agreed and consultations will now be carried out with those staff affected. The timescale for completion of this plan is September 30<sup>th</sup>, 2016.

## **13. Quality issues arising within 'other' services**

### **13.1. Care Homes**

There are a number of Care Homes within the Surrey Downs area that have been inspected by the CQC and rated as requiring improvement or Inadequate. Where a home is rated as Inadequate, the Surrey wide Provider Failure policy is implemented and the home is supported by Adult Services and the NHS in making the required improvements.

In addition to this, proactive work is being carried out with Care Home Providers through a number of work streams. These include the newly formed Care Homes Forum that has been implemented by the Continuing Healthcare Team and the Quality in Care Homes Programme which is a multi -agency work programme set up to improve Quality and Safety in Surrey Care Homes and Home Care Providers.

**Appendix 1 Provider Dashboard – Quality and Safety Indicators**

## Indicator Description - Epsom and St Helier University Hospitals

Incidents	Frequency	Last Update/Checked	Target/Benchmark	1st April 2015 - 30 September 2015													
Total Patient Safety Incidents				4211													
Patient Safety Incidents - causing Death				0.10%													
Patient Safety Incidents - causing Severe Harm				0.50%													
Patient Safety Incidents - causing Moderate Harm	every 6 month	30/06/2016		3.10%													
Patient Safety Incidents - causing Low Harm				17.40%													
Patient Safety Incidents - causing No Harm				78.90%													
Patient Safety incidents rate per 1000 bed days				33.21%													
Never Events				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Never Events (provisional data subject to investigation Completion)		30/06/2016	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Mortality				Q1 2015/16				Q2 2015/16									
Summary Hospital-level Mortality Indicator (SHMI)	Quarterly	30/06/2016		97.01				84.17									
Complaints (Written)				Q1 2015/16				Q2 2015/16				Q3 2015/16					
Number of Complaints Brought Forward				130				140				138					
Number of Complaints received (New)				145				162				169					
Number of Complaints resolved				135				166				145					
Number of Complaints Upheld	Quarterly	30/06/2016		92				74				75					
Number of Complaints Partially Upheld				17				54				42					
Number of Complaints Not Upheld				26				38				28					
Number of Complaints Carried Forward				140				136				162					
Friends and Family Test (FFT)				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	
Friends and Family Test response rate - A&E				8.00%	8.30%	12.50%	11.10%	9.50%	8.20%	11.10%	11.00%	9.20%	8.40%	8.50%	8.90%	7.60%	
Friends and Family Test response rate - Inpatients			15%	20.30%	19.60%	20.30%	19.80%	18.70%	23.40%	30.40%	29.60%	25.90%	27.50%	29.70%	27.50%	25.90%	
Friends and Family Test response rate - Maternity				14.70%	24.70%	27.20%	22.10%	27.50%	29.10%	25.10%	24.20%	17.60%	16.00%	16.10%	8.70%	23.20%	
Friends and Family Test % recommend - A&E	Monthly	30/06/2016		98.20%	98.10%	92.00%	92.30%	92.20%	92.10%	89.90%	88.50%	90.10%	85.90%	87.40%	86.80%	88.0%	
Friends and Family Test % recommend - Inpatients				96.30%	96.70%	97.20%	97.40%	97.30%	96.90%	95.10%	94.30%	94.30%	95.20%	95.10%	96.10%	96.6%	
Friends and Family Test % recommend - Maternity				100.00%	99.10%	97.40%	98.10%	98.30%	99.10%	97.50%	99.00%	100.00%	100.00%	98.30%	97.40%	98.9%	
Safety Thermometer				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
% of Patients with Harm Free care				93.79%	91.45%	91.70%	91.07%	92.53%	93.70%	93.05%	93.13%	91.94%	93.35%	92.02%	93.25%	92.33%	95.51%
% of Patients with All Harms				6.21%	8.55%	8.30%	8.93%	7.47%	6.30%	6.95%	6.87%	8.06%	6.65%	7.98%	6.75%	7.67%	4.49%
% of Patients with New Harms				1.21%	1.40%	1.16%	3.18%	2.09%	1.45%	2.72%	1.61%	1.78%	0.93%	2.13%	1.08%	1.50%	1.12%
% of Patients with Pressure Ulcers - New				0.61%	0.47%	0.58%	0.30%	0.15%	0.32%	0.91%	0.58%	0.41%	0.53%	1.20%	0.40%	0.60%	0.84%
% of Patients with Catheters and New UTIs	Monthly	30/06/2016		0.15%	0.00%	0.15%	0.45%	0.75%	0.16%	0.45%	0.15%	0.55%	0.27%	0.66%	0.40%	0.45%	0.14%
% of Patients with Falls with Harm				0.45%	0.47%	0.00%	1.97%	0.75%	0.81%	0.45%	0.44%	0.14%	0.13%	0.13%	0.13%	0.15%	0.14%
% of New VTEs				0.00%	0.47%	0.44%	0.45%	0.60%	0.16%	0.91%	0.58%	0.68%	0.00%	0.27%	0.13%	0.30%	0.00%
Number of patients				660	643	687	661	669	619	662	684	732	752	752	741	665	713

## Indicator Description - Surrey and Sussex Healthcare

Incidents		Frequency	st Update/Check	Target/Benchmark	1st April 2015 - 30 September 2015													
Total Patient Safety Incidents					3115													
Patient Safety Incidents - causing Death					0.10%													
Patient Safety Incidents - causing Severe Harm					0.40%													
Patient Safety Incidents - causing Moderate Harm		every 6 month	30/06/2016		1.10%													
Patient Safety Incidents - causing Low Harm					20.40%													
Patient Safety Incidents - causing No Harm					78.00%													
Patient Safety incidents rate per 1000 bed days					28.85%													
Never Events					Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Never Events (provisional data subject to investigation Completion)			30/06/2016	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Mortality					Q1 2015/16				Q2 2015/16									
Summary Hospital-level Mortality Indicator (SHMI)		Quarterly	30/06/2016		94.83				88.32									
Complaints (Written)					Q1 2015/16				Q2 2015/16				Q3 2015/16					
Number of Complaints Brought Forward					133				97				114					
Number of Complaints received (New)					137				160				111					
Number of Complaints resolved					73				73				72					
Number of Complaints Upheld		Quarterly	30/06/2016		31				24				30					
Number of Complaints Partially Upheld					26				30				20					
Number of Complaints Not Upheld					16				19				22					
Number of Complaints Carried Forward					197				184				153					
Friends and Family Test (FFT)					Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	
Friends and Family Test response rate - A&E					15.40%	10.50%	11.30%	10.20%	13.90%	19.90%	23.50%	20.30%	19.40%	20.20%	28.10%	24.10%	24.70%	
Friends and Family Test response rate - Inpatients				15%	19.30%	20.40%	20.80%	19.90%	21.40%	21.10%	20.90%	22.60%	18.00%	18.50%	19.30%	20.30%	21.30%	
Friends and Family Test response rate - Maternity		Monthly	30/06/2016		20.70%	17.70%	19.40%	15.80%	9.10%	17.70%	20.60%	22.10%	21.90%	22.70%	29.30%	24.50%	23.30%	
Friends and Family Test % recommend - A&E					95.60%	96.20%	93.70%	91.40%	95.80%	96.90%	95.30%	97.30%	97.50%	95.80%	96.30%	95.00%	95.40%	
Friends and Family Test % recommend - Inpatients					94.70%	95.10%	95.00%	95.60%	95.60%	96.10%	94.90%	95.00%	95.40%	96.90%	95.40%	96.70%	95.80%	
Friends and Family Test % recommend - Maternity					94.70%	97.00%	94.90%	93.80%	87.90%	95.40%	95.10%	97.60%	91.70%	95.50%	97.10%	94.70%	98.90%	
Safety Thermometer					Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	
% of Patients with Harm Free care					91.59%	93.45%	91.96%	94.96%	92.21%	93.22%	95.36%	90.34%	92.64%	91.15%	89.09%	90.21%	91.54%	
% of Patients with All Harms					8.41%	6.55%	8.04%	5.04%	7.79%	6.78%	4.64%	9.66%	7.36%	8.85%	10.91%	9.79%	8.46%	
% of Patients with New Harms					3.97%	2.72%	4.79%	2.28%	5.19%	3.31%	2.40%	4.99%	3.76%	4.92%	6.19%	5.53%	5.04%	
% of Patients with Pressure Ulcers - New		Monthly	30/06/2016		0.16%	0.48%	0.62%	0.33%	0.16%	0.66%	0.00%	0.48%	0.00%	0.98%	0.49%	1.42%	0.81%	
% of Patients with Catheters and New UTIs					0.48%	0.16%	0.93%	0.33%	1.46%	0.17%	0.64%	0.97%	0.78%	2.13%	1.14%	1.74%	1.63%	
% of Patients with Falls with Harm					2.38%	2.08%	2.94%	1.46%	3.25%	2.31%	1.76%	2.90%	2.82%	1.80%	3.58%	1.90%	2.11%	
% of New VTEs					0.95%	0.00%	0.31%	0.16%	0.65%	0.17%	0.16%	0.81%	0.31%	0.16%	1.14%	0.47%	0.65%	
Number of patients					630	626	647	615	616	605	625	621	639	610	614	633	615	

## Indicator Description - St George's Healthcare NHS Trust

Incidents		Frequency	st Update/Check	Target/Benchmark	1st April 2015 - 30 September 2015													
Total Patient Safety Incidents					5353													
Patient Safety Incidents - causing Death					0.20%													
Patient Safety Incidents - causing Severe Harm					0.20%													
Patient Safety Incidents - causing Moderate Harm		every 6 month	30/06/2016		5.50%													
Patient Safety Incidents - causing Low Harm					18.50%													
Patient Safety Incidents - causing No Harm					75.60%													
Patient Safety incidents rate per 1000 bed days					33.18%													
Never Events					Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Never Events (provisional data subject to investigation Completion)			30/06/2016	0	1	0	0	1	0	0	1	0	1	0	0	0	0	1
Hospital Mortality					Q1 2015/16				Q2 2015/16									
Summary Hospital-level Mortality Indicator (SHMI)		Quarterly	30/06/2016		84.81				82.22									
Complaints (Written)					Q1 2015/16				Q2 2015/16				Q3 2015/16					
Number of Complaints Brought Forward					124				91				96					
Number of Complaints received (New)					227				256				262					
Number of Complaints resolved					232				251				276					
Number of Complaints Upheld		Quarterly	30/06/2016		232				251				276					
Number of Complaints Partially Upheld					0				0				0					
Number of Complaints Not Upheld					0				0				0					
Number of Complaints Carried Forward					119				96				82					
Friends and Family Test (FFT)					Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	
Friends and Family Test response rate - A&E					24.40%	25.50%	27.00%	29.60%	21.70%	21.60%	22.40%	23.10%	21.50%	23.70%	26.00%	25.00%	25.30%	
Friends and Family Test response rate - Inpatients				15%	47.80%	53.90%	49.90%	43.80%	41.90%	20.80%	25.10%	21.40%	20.40%	20.10%	19.50%	21.10%	29.90%	
Friends and Family Test response rate - Maternity					0.80%	0.00%	0.00%	0.00%	2.20%	13.80%	2.80%	-	-	100.00%	100.00%	96.80%	87.00%	
Friends and Family Test % recommend - A&E		Monthly	30/06/2016		82.80%	84.60%	83.70%	85.70%	86.60%	82.20%	83.30%	81.90%	82.40%	83.20%	80.70%	80.60%	82.30%	
Friends and Family Test % recommend - Inpatients					95.60%	95.10%	93.90%	93.20%	93.70%	91.70%	93.70%	92.10%	93.70%	93.20%	93.10%	93.70%	95.70%	
Friends and Family Test % recommend - Maternity									100.00%	88.90%	91.70%		0.00%	1.20%	5.90%	68.90%	5.90%	
Safety Thermometer					Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
% of Patients with Harm Free care					94.24%	94.61%	94.71%	95.25%	94.40%	94.84%	94.93%	94.50%	93.69%	93.96%	92.64%	94.62%	95.11%	93.67%
% of Patients with All Harms					5.76%	5.39%	5.29%	4.75%	5.60%	5.16%	5.07%	5.50%	6.31%	6.04%	7.36%	5.38%	4.89%	6.33%
% of Patients with New Harms					3.26%	2.29%	2.98%	1.87%	2.05%	1.55%	2.01%	2.15%	3.27%	2.29%	3.08%	2.28%	1.96%	2.52%
% of Patients with Pressure Ulcers - New					1.67%	1.48%	1.64%	1.09%	0.87%	0.52%	1.12%	0.96%	1.48%	1.53%	2.18%	1.55%	1.22%	1.60%
% of Patients with Catheters and New UTIs		Monthly	30/06/2016		0.91%	0.22%	0.97%	0.62%	0.95%	0.52%	0.45%	0.40%	0.47%	0.38%	0.38%	0.49%	0.33%	0.69%
% of Patients with Falls with Harm					0.38%	0.30%	0.22%	0.16%	0.00%	0.34%	0.15%	0.32%	0.31%	0.38%	0.30%	0.24%	0.08%	0.31%
% of New VTEs					0.53%	0.37%	0.15%	0.08%	0.24%	0.17%	0.30%	0.48%	1.01%	0.00%	0.23%	0.08%	0.33%	0.08%
Number of patients					1320	1354	1343	1285	1268	1162	1341	1255	1284	1308	1331	1227	1226	1311

## Indicator Description - Kingston Hospital NHS Foundation Trust

Incidents	Frequency	st Update/Check	Target/Benchmark	1st April 2015 - 30 September 2015													
Total Patient Safety Incidents				2413													
Patient Safety Incidents - causing Death				0.10%													
Patient Safety Incidents - causing Severe Harm				0.50%													
Patient Safety Incidents - causing Moderate Harm	every 6 month	30/06/2016		2.30%													
Patient Safety Incidents - causing Low Harm				29.60%													
Patient Safety Incidents - causing No Harm				67.50%													
Patient Safety incidents rate per 1000 bed days				32.55%													
Never Events				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Never Events (provisional data subject to investigation Completion)		30/06/2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Mortality				Q1 2015/16				Q2 2015/16									
Summary Hospital-level Mortality Indicator (SHMI)		Quarterly	30/06/2016	88.0				87.3									
Complaints (Written)				Q1 2015/16				Q2 2015/16				Q3 2015/16					
Number of Complaints Brought Forward				27				18				27					
Number of Complaints received (New)				23				29				21					
Number of Complaints resolved				39				21				27					
Number of Complaints Upheld		Quarterly	30/06/2016	5				5				3					
Number of Complaints Partially Upheld				21				7				11					
Number of Complaints Not Upheld				13				9				13					
Number of Complaints Carried Forward				11				26				21					
Friends and Family Test (FFT)				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	
Friends and Family Test response rate - A&E				3.40%	2.10%	7.40%	4.10%	3.40%	2.50%	1.90%	2.10%	4.80%	2.20%	1.60%	4.10%	3.70%	
Friends and Family Test response rate - Inpatients			15%	23.80%	23.80%	24.60%	23.00%	23.70%	20.80%	25.90%	26.40%	31.00%	32.90%	30.00%	25.80%	30.90%	
Friends and Family Test response rate - Maternity		Monthly	30/06/2016	6.90%	43.30%	21.90%	19.80%	6.70%	26.70%	23.40%	21.80%	18.10%	32.20%	16.70%	25.50%	12.10%	
Friends and Family Test % recommend - A&E				92.20%	89.60%	91.10%	91.30%	96.60%	96.80%	98.00%	96.40%	97.50%	95.20%	94.30%	95.90%	95.90%	
Friends and Family Test % recommend - Inpatients				95.50%	95.80%	93.20%	95.80%	95.10%	96.10%	96.10%	96.20%	94.80%	97.00%	95.80%	95.80%	95.20%	
Friends and Family Test % recommend - Maternity				100.00%	97.70%	97.40%	91.90%	96.90%	97.00%	95.00%	92.90%	97.60%	99.30%	98.60%	97.60%	94.40%	
Safety Thermometer				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
% of Patients with Harm Free care				94.70%	94.48%	94.26%	94.98%	96.68%	95.15%	92.14%	93.59%	92.65%	94.38%	95.48%	93.13%	92.14%	92.64%
% of Patients with All Harms				5.30%	5.52%	5.74%	5.02%	3.32%	4.85%	7.86%	6.41%	7.35%	5.62%	4.52%	6.87%	7.86%	7.86%
% of Patients with New Harms				1.26%	0.96%	1.77%	1.20%	0.51%	0.88%	0.81%	0.56%	1.76%	1.18%	0.80%	1.19%	2.52%	1.94%
% of Patients with Pressure Ulcers - New				0.76%	0.48%	0.22%	0.72%	0.00%	0.44%	0.00%	0.28%	0.29%	0.30%	0.00%	0.60%	0.31%	0.39%
% of Patients with Catheters and New UTIs		Monthly	30/06/2016	1.52%	1.92%	2.43%	1.67%	0.26%	1.32%	2.98%	1.39%	1.47%	0.30%	0.80%	1.79%	3.14%	2.71%
% of Patients with Falls with Harm				0.00%	0.24%	0.44%	0.24%	0.51%	0.00%	0.27%	0.28%	0.88%	0.30%	0.53%	0.60%	1.26%	1.16%
% of New VTEs				0.25%	0.24%	0.22%	0.24%	0.00%	0.22%	0.27%	0.00%	0.29%	0.59%	0.00%	0.00%	0.31%	0.39%
Number of patients				396	417	453	418	391	454	369	359	340	338	376	335	318	258

## Indicator Description - Royal Marsden NHS Foundation Trust

Incidents	Frequency	st Update/Check	Target/Benchmark	1st April 2015 - 30 September 2015													
Total Patient Safety Incidents				1853													
Patient Safety Incidents - causing Death				-													
Patient Safety Incidents - causing Severe Harm				0.10%													
Patient Safety Incidents - causing Moderate Harm	every 6 month	30/06/2016		3.00%													
Patient Safety Incidents - causing Low Harm				43.00%													
Patient Safety Incidents - causing No Harm				54.00%													
Patient Safety incidents rate per 1000 bed days				64.67%													
Never Events				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Never Events (provisional data subject to investigation Completion)	30/06/2016		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints (Written)				Q1 2015/16			Q2 2015/16			Q3 2015/16							
Number of Complaints Brought Forward				-			1			9							
Number of Complaints received (New)				29			31			27							
Number of Complaints resolved				28			23			19							
Number of Complaints Upheld	Quarterly	30/06/2016		5			10			9							
Number of Complaints Partially Upheld				21			10			9							
Number of Complaints Not Upheld				2			3			1							
Number of Complaints Carried Forward				1			9			17							
Safety Thermometer				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
% of Patients with Harm Free care				96.50%	96.93%	96.79%	96.80%	98.02%	97.82%	96.30%	95.75%	96.50%	96.18%	96.38%	95.47%	96.65%	
% of Patients with All Harms				6.43%	7.01%	6.02%	7.52%	5.81%	5.45%	7.72%	7.79%	6.35%	7.00%	5.94%	7.81%	5.31%	
% of Patients with New Harms				2.80%	3.65%	2.95%	4.74%	3.57%	3.68%	4.18%	3.68%	2.72%	2.93%	2.71%	3.78%	1.96%	
% of Patients with Pressure Ulcers - New				0.56%	2.77%	1.34%	1.81%	1.19%	1.50%	0.96%	1.98%	1.30%	2.16%	2.33%	2.27%	1.40%	
% of Patients with Catheters and New UTIs	Monthly	30/06/2016		0.14%	0.29%	0.40%	0%	0%	0.27%	0.64%	0.14%	0.39%	0.38%	0%	0%	0%	
% of Patients with Falls with Harm				1.96%	0.44%	1.07%	2.79%	2.38%	1.63%	2.57%	1.27%	0.91%	0.13%	0.26%	0.76%	0.56%	
% of New VTEs				0.14%	0.29%	0.13%	0.14%	0.13%	0.27%	0%	0.28%	0.13%	0.25%	0.13%	0.76%	0%	
Number of patients				715	685	747	718	757	734	622	706	772	786	774	397	358	

## Indicator Description - Surrey and Borders Partnership NHS Foundation Trust

Incidents	Frequency	st Update/Check	Target/Benchmark	1st April 2015 - 30 September 2015													
Total Patient Safety Incidents				1299													
Patient Safety Incidents - causing Death				3.20%													
Patient Safety Incidents - causing Severe Harm				0.30%													
Patient Safety Incidents - causing Moderate Harm	every 6 month	30/06/2016		7.50%													
Patient Safety Incidents - causing Low Harm				29.10%													
Patient Safety Incidents - causing No Harm				59.90%													
Patient Safety incidents rate per 1000 bed days				34.48%													
Never Events				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Never Events (provisional data subject to investigation Completion)		30/06/2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints (Written)				Q1 2015/16			Q2 2015/16			Q3 2015/16							
Number of Complaints Brought Forward				27			18			27							
Number of Complaints received (New)				23			29			21							
Number of Complaints resolved				39			21			27							
Number of Complaints Upheld	Quarterly	30/06/2016		5			5			3							
Number of Complaints Partially Upheld				21			7			11							
Number of Complaints Not Upheld				13			9			13							
Number of Complaints Carried Forward				11			26			21							
Safety Thermometer				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
% of Patients with Harm Free care				94.74%	98.59%	94.87%	96.15%	94.87%	94.67%	94.52%	98.36%	96.61%	100.00%	94.00%	89.80%	86.79%	89.47%
% of Patients with All Harms				5.26%	1.41%	5.13%	3.85%	5.13%	5.33%	5.48%	1.64%	3.39%	0.00%	16.00%	10.20%	13.21%	10.53%
% of Patients with New Harms				5.26%	0.00%	3.85%	1.28%	3.85%	4.00%	2.74%	1.64%	3.39%	0.00%	12.00%	10.20%	11.32%	10.53%
% of Patients with Pressure Ulcers - New	Monthly	30/06/2016		1.32%	0.00%	2.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.89%	0.00%
% of Patients with Catheters and New UTIs				0.00%	0.00%	0.00%	0.00%	1.28%	0.00%	1.37%	0.00%	0.00%	0.00%	0.00%	0.00%	3.77%	0.00%
% of Patients with Falls with Harm				3.95%	0.00%	1.28%	1.28%	2.56%	4.00%	1.37%	1.64%	3.39%	0.00%	12.00%	10.20%	7.55%	10.53%
% of New VTEs				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of patients				76	71	78	78	78	75	73	61	59	50	50	49	53	57



## Indicator Description - Central Surrey Health

Incidents	Frequency	st Update/Check	Target/Benchmark	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>Never Events</b>																	
Never Events (provisional data subject to investigation Completion)		30/06/2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Safety Thermometer</b>				<b>Apr-15</b>	<b>May-15</b>	<b>Jun-15</b>	<b>Jul-15</b>	<b>Aug-15</b>	<b>Sep-15</b>	<b>Oct-15</b>	<b>Nov-15</b>	<b>Dec-15</b>	<b>Jan-16</b>	<b>Feb-16</b>	<b>Mar-16</b>	<b>Apr-16</b>	<b>May-16</b>
% of Patients with Harm Free care				94.62%	92.08%	94.77%	94.48%	95.02%	94.95%	94.81%	95.59%	90.83%	95.06%	97.52%	92.97%	92.86%	94.30%
% of Patients with All Harms				5.38%	7.92%	5.23%	5.52%	4.98%	5.05%	5.19%	4.41%	9.17%	4.94%	2.48%	7.03%	7.14%	5.70%
% of Patients with New Harms				2.20%	2.90%	3.27%	3.79%	1.00%	2.21%	1.48%	2.03%	4.17%	2.03%	1.42%	4.32%	2.38%	2.53%
% of Patients with Pressure Ulcers - New				1.22%	1.32%	0.98%	0.69%	0.33%	0.63%	0.37%	0.00%	0.00%	0.00%	0.35%	1.08%	0.95%	1.27%
% of Patients with Catheters and New UTIs	Monthly	30/06/2016		0.00%	0.53%	0.00%	0.00%	0.00%	0.63%	0.74%	0.68%	0.42%	0.58%	0.35%	0.00%	0.48%	0.95%
% of Patients with Falls with Harm				0.00%	0.00%	0.33%	1.72%	0.00%	0.32%	0.00%	0.34%	2.50%	0.58%	0.00%	2.16%	0.95%	0.00%
% of New VTEs				0.98%	1.06%	1.96%	1.38%	0.66%	0.63%	0.37%	1.02%	1.25%	0.87%	0.71%	1.08%	0.48%	0.32%
Number of patients				409	379	306	290	301	317	270	295	240	344	282	185	210	316