

<b>Title of paper:</b>	Quality and Performance Report: November 2015	
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<b>Exec Lead:</b>	Karen Parsons, Chief Operating Officer	
<b>Meeting name and date:</b>	Governing Body – 27 <sup>th</sup> November 2015	
<b>Agenda item &amp; attachment number:</b>	Agenda Item 09, Attachment 5.	
<b>Attachments – please list or state “none”</b>	None	
<b>Purpose of Paper (tick one only):</b>		
<b>For information only (to note)</b>		
<b>Requires discussion and Feedback</b>		
<b>For decision</b>		✓

## **Executive Summary:**

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.

### **Key issues to note:**

- Healthcare Associated Infections
- Cancer Waits with a particular focus on cancer urgent referral to treatment within 62 days
- A&E waits within 4 hours and the potential associated impact on patient safety and experience
- Safeguarding Adults – an internal audit has identified concerns around capacity within the designated service hosted by Surrey Downs CCG on behalf of all Surrey CCGs. This has impacted on the level of assurance reported by the auditors and is reflected by an increased risk score on the Corporate risk register
- Maternity indicators – Smoking at Time of Delivery (SATOD) has risen and Breastfeeding prevalence at 6-8 weeks has fallen
- Ambulance Response Times has deteriorated
- Improving Access to Psychological Therapies has not achieved its target.

### **Recommendation(s):**

The Governing Body is requested to:

- 1) Review the report
- 2) Discuss highlighted matters of concern
- 3) Agree any matters for escalation outside the CCG.

## Compliance section

Please identify any significant issues relating to the following areas. Do not leave any boxes blank – if there are no compliance issues please state “no known issues”.

<b>Risk Register and Assurance Framework</b>	Identified risks relating to quality and safety of commissioned services are captured on the Surrey Downs CCG risk register and discussed at the Committee and other fora, such as Clinical Quality Review Groups.
<b>Patient and Public 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>Patient Safety &amp; Quality</b>	Surrey Downs CCG is accountable for the quality and safety of the services that are commissioned for our population.
<b>Financial implications</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 this will impact on the potential to receive the associated quality premium payments
<b>Conflicts of interest</b>	Conflicts are inherent in the way the CCG operates. A register of Committee members and staff interests are held by the CCG. Nil additional declared.
<b>Information Governance</b>	At the time of writing, this document is for internal circulation only.
<b>Equality and Diversity</b>	The CCG is committed to monitoring the compliance with the Equality duty of the providers from whom we commission services. This is done through the quality and contracting process.
<b>Any other legal or compliance issues not covered above</b>	No known issues

## Integrated Quality and Performance Report - November 2015

### 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. For example, the NHS Outcomes Framework forms an essential part of the way in which the Secretary of State for Health holds NHS England to account. Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. The five domains of the NHS Outcomes Framework are covered by three dimensions against which the quality and safety of services should be measured; they are **Effectiveness, Patient Experience and Safety.**

#### Five Domains of the NHS Outcomes Framework

Domain 1	Preventing people from dying prematurely	Effectiveness
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill health or following injury	
Domain 4	Ensuring that people have a positive experience of care	Patient experience
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	Safety

- 1.3. In addition the CCG's Quality Improvement Strategy also provides a continuous focus on improving the quality and safety of services that we commission to give assurance that key benefits are realised for patients.

- 1.4. 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 and Trust performance indicators is produced and circulated to CCG leaders. That report is reviewed at the fortnightly Executive Committee and monthly at the Finance and Performance Committee therefore general performance indicators are not covered in this report to the Governing Body.
- 1.5. **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.
- 1.6. **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
- 1.7. The performance dashboards for Surrey Downs CCG patients (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*'.

#### Risk Management

- 1.8. Each provider has its own internal governance and risk management processes. Provider's own risks relating to contractual requirements are discussed at contract meetings and Clinical Quality Review Group/ Monitoring meetings.
- 1.9. 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

There are a number of areas of concern that have been identified within this report. They relate to:

- Healthcare Associated Infections
- Cancer Waits with a particular focus on cancer urgent referral to treatment within 62 days
- A&E waits within 4 hours and the potential associated impact on patient safety and experience
- Safeguarding Adults – an internal audit has identified concerns around capacity within the designated service hosted by Surrey Downs CCG on behalf of all Surrey CCGs. This has impacted on the level of assurance reported by the auditors and is reflected by an increased risk score on the Corporate risk register

### **Healthcare Associated Infections – Risk Register ID SDRR12**

It is reported throughout the main body of the report that there continues to be concerns relating to the incidence of Healthcare Associated Infections that affect Surrey Down patients. Although, there is generally an improvement in the performance of acute Trusts when compared to the same period last year, reduced Department of Health objectives set for 2015/16 have meant that both Kingston Hospital and Surrey and Sussex Healthcare are at risk of exceeding their threshold for Cdificile at mid-year.

In addition, there continues to be an increase in the number of community acquired cases of Cdificile. Root Cause Analyses that are carried out into these cases have not identified any particular theme although many of the patients who have a positive diagnosis of Cdificile are frail and have had a number of acute admissions over a period of time, leaving them more vulnerable to becoming colonised with infections. CSH Surrey has reported 3 cases of Cdificile in Community Hospitals during June and July. Points of learning that were identified through Root Cause Analyses included the use of single room facilities/isolation once a patient is symptomatic and the escalation to senior management if there is difficulty in achieving this.

Performance at Epsom and St Helier has improved compared to the same time last year and this is as a result of a renewed focus on the accountability of Senior Clinical Leaders and the use of “special measures” within areas where there are infections identified.

There continues to be a focus on antimicrobial prescribing in practices and maintaining an awareness of the prevention of Healthcare Associated Infections in community settings.

There was an outbreak of iGAS, a streptococcal infection in one of the Care Homes in Surrey Downs. This outbreak was managed by Public Health England and was quickly contained. Actions included the screening of all residents, staff and visitors to identify any potential carriers within this cohort. The management of this incident can

give a level of assurance to the CCG that there is an effective outbreak management process in place to support all providers.

However, Infection Prevention and Control has been logged as a risk on the Corporate Risk Register since April 2013. It is currently rated as a medium risk, scoring 9 on the register as there are a number of controls that have been put in place to mitigate this risk. However, it is recognised that there is a lack of operational level expertise and capacity within the CCG quality team and within Surrey Public Health team to undertake the in depth investigations and monitoring needed to make an impact on this issue. Recent capacity and capability reviews that have been undertaken within the CCG have also identified a lack of resource in the Quality Team and this will need to be addressed to enable there to be more robust scrutiny of cases and actions arising from these.

### **Cancer Waits with a particular focus on cancer urgent referral to treatment within 62 days – Risk Register ID SDRR48**

There continues to be concerns about provider performance around Cancer Waits – particularly urgent referral to treatment within 62 days. All Trusts have improvement plans in place which are being scrutinised through the quality and contracting processes in place. There is also attention on performance against 2 week rule referrals as successful referral within this timeframe has a positive impact on overall treatment pathways and outcomes.

All cancer waits over 100 days are investigated by the appropriate provider using a root cause analysis investigation. These investigations are now routinely discussed at the respective Clinical Quality Review Groups (CQRG) to give commissioners assurance around the process used and that lessons are identified, shared and embedded. An exception to this was Surrey and Sussex Healthcare NHS Trust where these cases were not being routinely reported to commissioners but this has now been remedied and will be a standing agenda item at each CQRG. The Quality Committee is maintaining an oversight of this risk.

### **A&E waits within 4 hours and the potential associated impact on patient safety and experience – Risk Register ID SDRR34**

Although Surrey Downs CCG is just achieving the A&E 4 hour target (95.1% YTD against a target of 95%), there are a number of providers who have had a challenging summer, seeing severe operational pressures that are normally at the level seen in winter. Kingston Hospitals NHS FT has had particular operational pressures and has consistently failed the target over the summer.

There have been no patient safety incidents that have been brought to the Quality Team's attention as a result of these issues but there is undoubtedly an associated impact on patient experience although it is difficult to quantify this as the response rate to the Friends and Family Test in A&E is low at the Trust.

Epsom and St Helier has experienced some deterioration in their A&E performance recently but it has been identified that this is in part due to internal process issues, particularly on the Epsom site. The CCG is giving active support to the Trust and is also leading twice weekly conference calls to monitor the situation and provide support.

Capacity and surge planning is identified as a risk on the corporate risk register. The risk level has reduced as the system had been working relatively well. System resilience plans and associated bids are currently being put in place in preparation for Winter 2015/16.

### **Safeguarding Adults, hosted service – Risk Register ID SDRR13**

An internal audit has identified concerns around capacity within the designated service hosted by Surrey Downs CCG on behalf of all Surrey CCGs. This and the associated lack of resilience within the service has impacted on the ability to develop policies and processes following the changes brought in with the Care Act on 1<sup>st</sup> April 2015. The auditors have reported a reduced level of assurance and this is reflected by an increased risk score on the corporate risk register. An action plan has been developed by the Quality Team and progress against this will be reported to the Quality Committee and through the CCG Head of Quality and Nursing Collaborative Group.

### **New Performance Risks**

New risks have been identified relating to maternal health indicators. There has been an increase in the numbers of women smoking at the point of delivery and there has also been a reduction in Breast feeding prevalence at 6-8 weeks. These issues have been highlighted to Public Health and any improvement plans will be reported to future Quality Committees.

Ambulance response times have been underperforming consistently for over a quarter. The performance has been reviewed at the commissioner's forum and the action plan will be shared.

Patient numbers accessing Psychological Therapies remains lower than performance targets. The CCG is currently introducing self-referral pathways in November to increase access.

# Section One

## 1. Introduction

**1.1.** 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.

In addition to this, the data contained in the table placed at the beginning of each provider section is extracted from the safety section that is published on the NHS Choices website. It gives an indication of how individual organisations are performing against a range of safety indicators and also enables the committee to benchmark the performance of providers who are commissioned by Surrey Downs CCG to deliver services to our population.

Indicator	Brief Definition
CQC national standards	As the independent regulator for health and adult social care in England, the Care Quality Commission (CQC) check whether services are meeting their national standards of quality and safety.
Recommended by Staff	Staff survey score for satisfaction with standard of care if a friend or relative needed treatment
Infection Control and Cleanliness	Describes how well the organisation is performing on preventing infections and cleaning
Open and honest reporting	To give an overall picture of whether the hospital has a good patient safety incident reporting culture.
Mortality Rate	Whether the rate of deaths for an NHS Trust is better or worse than expected
Food Choice & Quality	Looks at the way the hospital as a whole organises its food services, and the quality of the food it serves
Safe Staffing	Shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwives in hospitals which are filled. May be over 100% which can reflect a higher need of patients on a ward requiring 1:1 care
Patients assessed for Blood Clots (VTE) NHSE Patient Safety notices	Shows the percentage of adults admitted to hospital that were assessed for risk of blood clots, all hospitals should assess at least 90% of patients.

It is important to note that these ratings are at a point in time and may not align completely to the provider dashboard at Appendix 1. Where this is the case, concern or assurance will be included in the narrative.

Further information can be found on <http://www.nhs.uk/Pages/HomePage.aspx>

## **Monitor**

Monitor ratings have been included in the provider reports of NHS Foundation Trusts.

Monitor publishes two ratings for each NHS foundation trust.

- The continuity of services rating is Monitor's view of the risk that the trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least risk. A rating of 2\* means the trust has a risk rating of 2 but its financial position is unlikely to get worse.
- The governance rating is Monitor's degree of concern about how the trust is run, any steps they are taking to investigate this and/or any action they are taking. They'll either indicate that they have no evident concerns, that they have begun enforcement action, or that the foundation trust's rating is 'under review', which means they have identified a concern but not yet taken action.

The role of these ratings is to indicate when there is a cause for concern at a trust. The ratings do not automatically trigger regulatory action. They simply prompt Monitor to consider whether a more detailed investigation is needed.

Monitor updates foundation trusts' ratings each quarter and also in 'real time' to reflect any regulatory action taken. The date of the data extracted will be included in each section.

## Surrey Downs CCG Main Providers

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

#### 2.1.1. NHS Choices Safety data - extracted on 15<sup>th</sup> October 2015

Infection control and cleanliness	CQC inspection ratings	Recommended by staff	Safe Staffing	Patients assessed for blood clots	NHS England patient safety notices	Open and honest
 As expected	 No rating <a href="#">Visit CQC profile</a>	 Within expected range with a value of 65%	95% St Helier 94% Epsom of planned level	 96% of patients assessed	 Good - All alerts signed off where deadline has passed	 Among the worst

There has been no change to the dashboard since the last reporting period. “Open and honest reporting” remains as “Among the worst”. As previously reported, the Trust is now using DATIX online risk management database to report incidents and serious incidents and their Quality Directorate are continuing to work on embedding robust investigation and learning, alongside Being Open with patients and their families. It is hoped that the latter part of the year will see an improvement in this patient satisfaction on this indicator.

#### 2.1.2. Healthcare Associated Infection (HCAI) – August data

##### 2.1.2.1. MRSA Bacteraemia

During August there was one reported case which brought the YTD total to 6 against the zero target. The case occurred on a surgical ward at St Helier Hospital and the post infection review identified the cause of this bacteraemia as a contaminant (albeit with mitigating circumstances). However, the more concerning finding was evidence that the patient had acquired the MRSA whilst on the ward and typing identified further cases of colonisation (including a different strain). Given the high risk nature of the patients on the ward the decision was taken to instigate weekly MRSA screening on all ward patients for the foreseeable future and for the matron and ward manager to focus on infection prevention and control measures such as hand hygiene, equipment cleanliness. Once all the patients had been discharged the ward was closed, deep cleaned and reopened in the first week of October.

The infection control rates and the specifics of this case continue to be monitored by commissioners at the Clinical Quality Review Group (CQRG) meetings and the lead commissioner’s Infection Prevention and Control Nurse.

There have been no cases assigned to Surrey Downs CCG since the report to September’s Committee.

#### 2.1.2.2. **Clostridium difficile**

The Trust has reported 11 cases of Cdifficile YTD against their trajectory of 39. The Trust has set itself an internal trajectory against which they base their performance and are currently below their internal trajectory of 15.

At the CQRG in July, the Trust acknowledged that their performance around Cdifficile had plateaued in the last 2 years and has a renewed programme of actions to improve their position this year. These actions will be monitored internally by the Trusts Infection Prevention and Control Committee and progress reported to commissioners at the CQRG.

#### 2.1.3. **CQUINs**

The CCG has met with the Trust to monitor and agree performance against Quarter 1 of the 2015/16 CQUINs. The Trust has made progress against the agreed targets but some additional information is awaited to confirm this. A further meeting took place on Thursday 22<sup>nd</sup> October to discuss this information and also to agree achievement against Quarter 2.

#### 2.1.4. **Feedback from Clinical Quality Review Group – 8th October 2015**

The Trust reported on a number of key areas displayed in their performance scorecard where performance has fallen below the agreed threshold. They included:

- Cancer 62 day wait
- Cancer Two Week Rule
- Falls
- Legionella
- Complaints
- Last minute cancelled operations

Each area was discussed and assurance was received by commissioners present. Surrey Downs CCG was represented by the Head of Quality, Quality and Safety Manager and GP Clinical Lead.

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

The Trust is currently compliant in all standards inspected and is due to be inspected during the week of 9<sup>th</sup> November 2015 under the new inspection regime. The CCG Quality Team was invited to the Peer Review exercise during early October to aid the Trust's preparation for inspection. It was felt that this process demonstrated openness to feedback and commitment to change where necessary.

In addition, the CCG was invited to give feedback to the Care Quality Commission about the quality and safety of services that are provided by the Trust as associate commissioner and lead commissioner for the Epsom site.

### 2.1.6. Serious Incidents, including Never Events

In September, the Trust presented the report of the investigation that was carried out following the Never Event that was reported in May 2015. There were a number of areas of learning identified and these have been shared widely across the Trust. In addition, the Trust has filed a report to the MHRA regarding risks and issues that were identified with the particular equipment used and if agreed these issues will be circulated nationally by the MHRA through their alert system.

## 2.2. CSH Surrey

### 2.2.1. NHS Choices

CSH Surrey does not currently receive a patient safety rating from the Care Quality Commission in the same way that other organisations do. They are rated against their Patient-Led Assessments of the Care Environment (PLACE) assessments which are self-assessments undertaken by teams of NHS and private/independent health care providers, and include at least 50 per cent members of the public (known as patient assessors)

Data for the 2015 assessments has been published and CSH Surrey scored below average in the two areas highlighted below. This will be followed up with the organization through the CQRG.

Organisation Name	Org Type	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
CSH Surrey	Independent	99.37%	89.96%	83.53%	81.46%	84.78%
National Average at site level 2015	N/A	97.57%	88.49%	90.00%	90.11%	74.51%

The list of results for all Surrey Downs CGG's main providers is contained in Section 10.1.

### 2.2.2. Healthcare Associated Infection (HCAI)

#### 2.2.2.1. MRSA Bacteraemia

There have been no cases of MRSA Bacteraemia that were acquired by patients being cared for by CSH Surrey to date in 2015/16

#### 2.2.2.2. Clostridium difficile

There have been three cases of Cdifficile during June and July; one was at NEECH and 2 were at Dorking Hospital. Micro-biology identified that the Dorking cases were caused by cross infection as the Ribotyping was the same. This brings the total of cases to 3 year to

date. The infection control nurse is providing infection prevention and control update training across the whole organisation.

CSH Surrey feel that there could be a potential risk of further cases through the use of temporary staff and have designed an induction booklet which the agency worker has to read and sign to confirm that they are confident and competent in a number of aspects of care. This is in addition to the assurances that the organisation receives from agencies prior to them providing staff.

### **2.2.3. CQUINs**

A meeting was held in August to discuss Q1 performance and to agree outstanding trajectories for the remaining quarters where baselines have been established. The CCG is waiting for further information on a number of areas before confirming achievement. A further meeting took place on 23<sup>rd</sup> October to agree this information and discuss achievements against Quarter 2.

### **2.2.4. Feedback from Clinical Quality Review Group – 2<sup>nd</sup> October 2015**

The following areas of performance were discussed:

- The increase in the Neuro Physiotherapy Referral Rate
- Workforce
- CSH Quality Strategy

Each area was discussed and assurance was received by commissioners. The meeting was attended by the Head of Quality, Governing Body, GP Clinical Lead and senior commissioning and contracting managers from the CCG.

### **2.2.5 Care Quality Commission (CQC)**

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

### **2.26 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 the lead commissioner. A regular report is presented to the Quality Committee for scrutiny and assurance.

### 2.2.7 Safeguarding Children

It was recently identified by the Ashley Centre Surgery that the internal processes that CSH Surrey staff used to highlight Children and families to the practice where there were safeguarding concerns were not robust which meant that the practice could not be fully assured that they were being made aware of all of these families. The practice highlighted this to CSH Surrey who have reviewed their systems and the way that they gather and present information at practice meetings. The practice is now far more assured about the information sharing process and the systems that are in place to protect vulnerable children.

As a result, CSH Surrey is taking steps to ensure that this issue and subsequent change to practice is highlighted to and taken forward with other GP Practices across Surrey Downs.

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

### 2.3.1. NHS Choices

SABPFT Surrey does not currently receive a patient safety rating from the Care Quality Commission in the same way that other organisations do. They are rated against their Patient-Led Assessments of the Care Environment (PLACE) assessments which are self-assessments undertaken by teams of NHS and private/independent health care providers, and include at least 50 per cent members of the public (known as patient assessors)

Data for the 2015 assessments has been published and SABPFT scored above average in all categories (see table overleaf).

Organisation Name	Org Type	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
Surrey and Borders Partnership FT	Independent	99.84%	92.18%	93.34%	96.14%	93.58%
National Average at site level 2015	N/A	97.57%	88.49%	90.00%	90.11%	74.51%

The list of results for all Surrey Downs CGG's main providers is contained in Section 10.1.

### 2.3.2. 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.

### 2.3.3. CQUINs

The 2015/16 CQUINs are reviewed by the lead commissioner on a quarterly basis. Achievement against this will be reported in a future report.

#### 2.3.4. **Feedback from Clinical Quality Review Group – 23<sup>rd</sup> September 2015**

The following areas of performance were discussed:

- Complaints
- Your Views Matter - the patient survey
- Internal Governance Review being undertaken
- Farnham Road site development plan & Suite 136 Transition Plan – The new facilities at Farnham Road are due to open this autumn, including the transfer of the Fenby Ward (on the Epsom Hospital site). The CQC has visited the site and were pleased with progress.

Each area was discussed and assurance was received by commissioners. The meeting was attended by the SDCCG Quality and Safety Manager and commissioning and contracting managers from all of the Surrey CCGs.

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

A service for up to seven people who have a learning disability or are on the autistic spectrum was subject to an unannounced inspection on two days in May and August and found to be inadequate in the Safe, Caring and Well-led domains and Requires improvement in the Effective and Responsive domains.

The inspection summary is publically available on the CQC website.

<http://www.cqc.org.uk/location/RXXFR>

There were no Surrey Downs residents in the facility. The action plan will be monitored through the CQRG.

The Trust's CQC action plan in respect of other inspections is due for review at the October CQRG and therefore no further information is available for this report.

The Trust has been informed by the CQC that they will carry out a large scale inspection of SABPFT services in February 2016. All NHS Trusts need to have been rated by April 2016 and although the Trust was inspected in 2014, this was a pilot inspection so they did not receive a rating. The CCG will be offering support to SABPFT as they prepare for this inspection.

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

The Trust has not reported any Never Events during this period

## 2.4. Kingston Hospital NHS Foundation Trust (KHFT)

### 2.4.1. NHS Choices Safety data - extracted on 15<sup>th</sup> October 2015

Infection control and cleanliness	CQC inspection ratings	Recommended by staff	Safe Staffing	Patients assessed for blood clots	NHS England patient safety notices	Open and honest
 Among the worst	 No rating <a href="#">Visit CQC profile</a>	 Within expected range with a value of 60%	102% of planned level	 82% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected

There has been no change in the data. As previously reported, the hospital has been under considerable operational pressure over the summer and this is reflected in the areas reported above. The Infection Control and Cleanliness indicator relates to the incidence of HCAI and reported cleanliness of the environment. Environmental surveys are undertaken annually or 6 monthly so this indicator would not be expected to change until the autumn when new information will become available. Although the Trust currently has zero MRSA Bacteraemia and a low incidence of Cdifficile, previous poor environmental surveys will have been reflected in the current rating above.

The latest information available relating to “Patients assessed for Blood Clots (VTE)” shows that the Trust achieved 98.6% of patients assessed in July 2015 so it is to be expected that this measure will improve next month on this dashboard.

### 2.4.2. Healthcare Associated Infection (HCAI)

#### 2.4.2.1. MRSA Bacteraemia

The Trust has had Zero acute acquired MRSA Bacteraemia since April 2015.

#### 2.4.2.2. Clostridium difficile

The Trust has two cases during July bringing the YTD total to 8. Of these cases, one lapse in care has been identified year to date against an annual threshold of 9, and this related to antibiotic prescribing. The importance of maintaining good infection control practice was emphasised in the Quality Message from the Director of Nursing and Medical Director as hand hygiene scores in peer audits have been very low in some areas. There is no correlation with the low scores and cases of infection but all areas have been made aware that 100% compliance should be the aim.

### 2.4.3. CQUINs

CQUINs for 2015/16 are being monitored by the lead commissioner, Kingston CCG.

#### **2.4.4. Feedback from Clinical Quality Review Group – 16<sup>th</sup> Sept 2015**

Areas of performance that were discussed included:

- Cancer Waits
- Delayed Transfers of Care
- Staff Vacancy Rates

Each area was discussed and assurance was received by commissioners. The meeting was attended by the SDCCG Quality and Safety Manager and a locality GP.

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

The Trust is currently compliant in all standards that have been inspected. There have been no inspections since April 2014.

#### **2.4.6. Complaints/ PALS, Patient Experience**

An improved performance with responses to complaints within 25 days continued in June 2015 with 81% of responses meeting the target time. Specific action is being taken with relevant service lines and close Trust-wide performance management is in place to ensure the rate rises again back over their target of 90% for July 2015 and beyond

In July the Trust-wide FFT score increased to 95.26%. The improvement is mainly driven by a rise in FFT Out-patient scores (97.29%). Whilst the A and E score is being maintained the response rate is low, however the difficulties with the tablets on which data is captured has been rectified so an improvement is anticipated.

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

The Trust has not reported any Never Events during this period

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

### 2.5.1. NHS Choices Safety data - extracted on 15<sup>th</sup> October 2015

Infection control and cleanliness	CQC inspection ratings	Recommended by staff	Safe Staffing	Patients assessed for blood clots	NHS England patient safety notices	Open and honest
 Among the best	 Good  <a href="#">Visit CQC profile</a>	 Among the best with a value of 77%	90% of planned level	 95% of patients assessed	 Good - All alerts signed off where deadline has passed	 Among the best

The Trust continues to perform well in all areas monitored through NHS Choices.

### 2.5.2. Healthcare Associated Infection (HCAI)

#### 2.5.2.1. MRSA Bacteraemia

The Trust has had Zero acute acquired MRSA Bacteraemia since April 2015

#### 2.5.2.2. Clostridium difficile

There were four cases of Trust acquired Cdifficile in July. This brings their year to date total to 11 cases against an annual trajectory of 15.

As previously reported the Trust has logged a risk on the corporate risk register relating to recent outbreaks of viral gastritis. The Trust continues to follow their outbreak measures during these outbreaks and commissioners are assured that practice is good.

### 2.5.3. CQUINs

CQUINs for 2015/16 are being monitored by the lead commissioner with East Surrey CCG.

#### 2.5.4. **Feedback from Clinical Quality Review Group – 15<sup>th</sup> September 2015**

Areas of performance that were discussed included:

- Falls and the improved Trust performance.
- Emergency Department and pressures experienced by the Trust
- Performance against Cancer Waits

Each area was discussed and assurance was received by the lead commissioners and shared with SDCCG. There was no capacity within the team to be able to attend the meeting on that day.

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

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

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

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

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

Although the South East Coast Ambulance Service contract continues to be managed by NHS Swale CCG on behalf of all CCGs in Kent, Surrey and Sussex, NHS North West Surrey is taking the lead on behalf of the collaborative of Surrey CCGs.

#### 2.6.1. **NHS Choices**

SECAMB does not receive an overall rating on NHS Choices.

#### 2.6.2. **CQUINs**

NW Surrey CCG as lead commissioner for the Surrey CCGs is monitoring SECAMB's performance against the national and local CQUINs. An update will be included in a future report.

#### 2.6.3. **Feedback from Clinical Quality Review Group – September 2015**

##### **999 update**

**Performance** - As previously reported, SECAMB were issued with a Contract Performance Notice in relation to the decline in performance in June and July 2015.

The process and timescales for developing and agreeing a remedial action plan was discussed.

**Workforce** - Lead commissioners are carrying out the agreed 6 monthly workforce assurance review with SECamb at the end of October, and will share the outputs following this review.

**Training** – There was discussion about SECamb’s key skills training. Although there have been concerns expressed about progress around this it is important to note that they are in a significantly better position with their training this year than they were last year, and they do believe they will achieve compliance by year end.

They have agreed to provide an update to CQRG in November regarding a revised trajectory and actions to be taken to achieve year end compliance, as well as providing an assurance paper on the quality of the delivery of their training.

### **Safeguarding**

Metrics - SECamb have provided a safeguarding report for September 2015 which has been agreed by their internal committee. So far the Trust has not yet reported against the agreed safeguarding metrics but the narrative in the report does cover most of the agreed metrics. The Designated Nurses will be meeting with the Safeguarding Lead in October to discuss further reporting.

Training - Overall training compliance currently stands at 61.6% across the Trust. There has been a push over the summer months to ensure that those staff groups that are most likely to be affected by winter pressures complete their training. This has been effective and training compliance for A&E COMs is 80.6% and for A&E Field Ops is 83.6%.

A Board Safeguarding Development day was held on the 30th September and was attended by 4 of the executive directors and 5 NED’s The outcomes from the day were for the safeguarding lead to map exactly what is currently being done to address the safeguarding agenda and to identify some short, medium and longer term goals in order to maintain compliance and keep the safeguarding agenda moving.

### **Patient Transport Service (PTS) update**

Commissioners have received an updated draft of the PTS quality report, and will be agreeing a final version in early November. Once this has been finalised it will be shared with other CCGs. It is planned that this report will be provided quarterly in future.

### **NHS 111**

The revised quality governance structure described in the September Quality report has been agreed at the Regional Clinical Governance meeting – in summary this means that there will be a separate 111 and 999 Clinical Quality Governance Review meeting, and these will take place in alternate months. The contractual reporting element of this group has been strengthened to ensure routes of escalation are clear, and joint working arrangements across the county is also clearer to ensure that all CCGs across the region are assured on the quality of 111 (led by Swale CCG).

#### 2.6.4. Care Quality Commission (CQC)

The Trust has been assessed as being compliant in all areas inspected by the CQC. The last inspection took place in October 2014.

#### 2.6.5. Monitor

The trust is currently under review by Monitor as they are considering governance issues within the organisation. The Trust has a continuity rating of 4 which indicates that they are at a minimal risk of failing at this time. NHS North West Surrey is aware and will provide an update when able.

#### 2.6.6. Serious Incidents including Never Events

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

### 3. Surrey Downs CCG as host commissioners for all Surrey CCGs

#### 3.1. Royal Marsden NHS Foundation Trust

##### 3.1.1. NHS Choices Safety data - extracted on 15<sup>th</sup> October 2015

Infection control and cleanliness	CQC inspection ratings	Recommended by staff	Safe Staffing	Patients assessed for blood clots	NHS England patient safety notices	Open and honest
 As expected	 No rating <a href="#">Visit CQC profile</a>	 Among the best with a value of 89%	102% London 97% Sutton of planned level	 97% of patients assessed	 Good - All alerts signed off where deadline has passed	<b>n/a</b> No relevant data available

3.1.2. The ratings are unchanged from those reported to the Committee in September with the exception of the Safe Staffing which was 98% overall at 14.08.15.

#### 3.1.3. Healthcare Associated Infection (HCAI)

##### 3.1.3.1. MRSA Bacteraemia

The Trust has had no cases of MRSA Bacteraemia since April 2015

### 3.1.3.2. **Clostridium difficile**

The Trust had four cases of Cdifficile attributed to them during July. Their total year to date is 9 against an annual objective of 31.

### 3.1.4. **Feedback from Clinical Quality Review Group – 29<sup>th</sup> September 2015**

- Hospital Standardised Mortality Ratio (HSMR)
- Vanguard Programme
- CWT Performance
- Patient Story

Each area was discussed and assurance was received by the lead commissioners and shared with SDCCG. There was no capacity within the team to be able to attend the meeting on that day.

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

The Trust has been assessed as being compliant in all areas inspected by the CQC. The last inspections took place in June and August 2013.

### 3.1.6. **Monitor**

Monitor gives the Trust a green rating with no evident concerns. It has a continuity rating of 3.

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

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

## 3.2. St George's Healthcare NHS Trust (SGHT)

### 3.2.1. NHS Choices Safety data - extracted on 15<sup>th</sup> October 2015

Infection control and cleanliness	CQC inspection ratings	Recommended by staff	Safe Staffing	Patients assessed for blood clots	NHS England patient safety notices	Open and honest
 Among the worst	 Good <a href="#">Visit CQC profile</a>	 Within expected range with a value of 73%	94% of planned level	 96% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected

3.2.2. The ratings are unchanged from those reported to the Committee in September.

### 3.2.3. Healthcare Associated Infection (HCAI)

#### 3.2.3.1. MRSA Bacteraemia

There were no cases of MRSA bacteraemia in August; with a cumulative total of 2 incidents in the year.

#### 3.2.3.2. Clostridium difficile

There were two Cdifficile incidents; a total of 13 for the period April to August 2015.

### 3.2.4. CQUINs

Performance against the 2015/16 CQUINs are being monitored by the lead Commissioner, NHS Wandsworth CCG.

### 3.2.5. Feedback from Clinical Quality Review Group – 16<sup>th</sup> September 2015

The following areas were discussed and assurance received by those present:

- Cancer waits
- Diagnostic 6+ Weeks Wait

Each area was discussed and assurance was received by the lead commissioners and shared with SDCCG. There was no capacity within the team to be able to attend the meeting on that day.

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

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

### **3.2.7. Monitor**

The Trust is currently rated Red by monitor and is subject to enforcement actions. Monitor is investigating financial sustainability concerns at the trust, triggered by deterioration in the trust's financial position. It now has a continuity of services rating of 2, a reduction since the September report where the rating was 3.

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

The Trust has reported two Never Events since the last report to the Committee.

- June 2015 – wrong site surgery.
- July 2015 - misplaced nasogastric tube

These Never Events are subject to an investigation and will be reviewed by the lead commissioner and NHSE London before closure is agreed.

### **3.2.9. Safeguarding Children**

It was reported at the CQRG in June 2015 that Level 3 Safeguarding Children training was below 60% as at 2 June 2015 against a target of 95% for 2015/16. Following a deep dive into the training figures it has been shown that the Emergency Department and Maternity Level 3 training figures are much improved (33% to 96% in maternity). This reflects more accurate data entry. As reported at the September Committee there is an action plan in place to ensure that 85% required staff are trained at Level 3 by December 2015.

## **4. 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**

As reported in September, Ashford and St Peters NHS FT are currently under review by Monitor. Monitor is requesting further information following multiple breaches of the A&E and cancer targets and deterioration in the forecast financial position, before deciding next steps. The Trust currently has a continuity of services rating of 3.

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

### **5.1. Ramsey Ashtead Hospital (RAH)**

#### **5.1.1. NHS Choices**

Ramsay Ashtead Hospital does not receive an overall rating on NHS Choices.

#### **5.1.2. CQUINs**

The hospital is working on a number of CQUINs that have been agreed for Q1. There continues to be discussions regarding the position of CQUIN delivery going forward.

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

There has not been a quarterly CQRG since the last Quality and Performance report. The meeting planned for 11<sup>th</sup> September was cancelled and there have been no further meetings since. The Quality Team monitors the provider's monthly quality report and there are no quality concerns to raise at this time.

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

Ramsay Ashtead is currently compliant in all standards that have been assessed by the CQC. The last inspection was reported in March 2014.

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

There have been no Never Events reported by Ramsay Ashtead since the last report in June 2015.

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

### **5.2.1. NHS Choices**

Dorking Healthcare does not receive an overall rating on NHS Choices.

### **5.2.2. CQUINs**

Discussion around CQUIN development for 2015/16 has been suspended at this time.

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

There has been no CQRG held since June 2015. The Quality Team monitors the organisations quality report and no concerns need to be escalated at this time.

### **5.2.4. 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.

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

There have been no Never Events reported by Dorking Healthcare since the last report in June 2015.

## **5.3. Epsomedical (EM)**

### **5.3.1. NHS Choices -**

Epsomedical does not receive an overall rating on NHS Choices.

### **5.3.2. CQUINs**

Discussion around CQUIN development for 2015/16 has been suspended at this time.

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

There has not been a quarterly CQRG since the last Quality and Performance report. The Quality Team monitors the provider's monthly quality report and there are no quality concerns to raise at this time.

### **5.3.4. 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.

### **5.3.5. 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 June 2015.

## **5.4. Princess Alice Hospice (PAH)**

### **5.4.1. NHS Choices**

Princess Alice Hospice does not receive an overall rating on NHS Choices.

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

The Quality Team met with the Director of Patient Care and Strategic Development to discuss quality monitoring of services provided by the Hospice. There was also discussion around the services currently provided by the hospice to Surrey Downs patients and strategic developments that the hospice wish to progress. Members of the senior team participate in the Surrey Downs led End of Life Care Strategy Steering Group.

A further meeting will be arranged to develop and agree quality performance indicators with the hospice team.

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

The hospice is currently compliant in all standards that have been inspected by the CQC. The last inspection report was published in January 2014.

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

There have been no Never Events or Serious Incidents reported by Princess Alice Hospice during this period.

## 5.5. Community Healthcare Acquired Infections

### Surrey Downs CCG's April – September 2015 HCAI Dashboard on Acute and Community Cases:

Surrey Downs CCG's April – September 2015 HCAI Dashboard on Acute and Community Cases:

Micro-organisms	Year	Objectives	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Objective Balance
MRSA Bacteraemia	2014/15	n/a	2	0	2	0	1	1	1	0	0	0	4	1	12	n/a
	2015/16	n/a	0	0	1	0	0	0							1+(1)	n/a
Cdiff	2014/15	76	5	7	5	5	9	9	9	9	7	5	5	6	81	+5
	2015/16	76	6	5	11	9	4	15							50	26
MSSA Bacteraemia	2014/15	n/a	5	6	4	3	2	5	6	2	7	5	3	5	53	n/a
	2015/16	n/a	8	4	3	4	3	1							23	n/a
E-Coli Bacteraemia	2014/15	n/a	13	15	23	11	12	14	17	11	16	16	21	7	176	n/a
	2015/16	n/a	11	12	13	10	23	26							95	n/a

\*(1) = this case was approved to be charged to the Third Party after ESUHT was successfully in the Arbitration Appeal. The Trust and CCG are both not charged with this case but the case continues to appear in the Data Capture System.

+5 Exceeded the DH Objective.

The table above shows Surrey Downs CCG's performance to date around Healthcare Associated Infections. There is an improved position from the same time last year in respect of cases of MRSA Bacteraemia and so far, there have been no cases in the community whereas last year there were a number identified in Care homes, particularly relating to Urosepsis. There has been a national campaign which supports the early identification of sepsis and there is currently a national CQUIN in place so this should be having a positive impact on patients.

However, there has been a steady increase in the number of Cdifficile cases that have been assigned to the CCG, particularly those that are community acquired. Root Cause analyses are carried out on all patients who have a diagnosis of Cdifficile and to date there are no common themes. However, good antibiotic stewardship and a continual focus on this will continue throughout the rest of year. It is probable that the CCG will exceed the DH objective of 76 that was set for this year.

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

### **6.1. Safeguarding Adults**

An internal audit has identified concerns around capacity within the designated service hosted by Surrey Downs CCG on behalf of all Surrey CCGs. This and the associated lack of resilience within the service has impacted on the ability to develop policies and processes following the changes brought in with the Care Act on 1<sup>st</sup> April 2015. The auditors have reported a reduced level of assurance and this is reflected by an increased risk score on the corporate risk register. An action plan has been developed by the Quality Team and progress against this will be reported to the Quality Committee and through the CCG Head of Quality and Nursing Collaborative Group.

6.1.1. The six monthly safeguarding adults report relating to Q1 and Q2 was discussed as a separate item at the November Quality Committee.

6.1.2. The committee received assurance around the work that has been carried out to ensure that CCGs and provider organisations are working within the new statutory framework of the Care Act 2014.

6.1.3. The main risk that was raised within the report was that of resources in place to support the work of the designated nurse and a business case is being developed for more resource within the team.

### **6.2. Continuing Health Care (CHC)**

6.2.1. The CHC Programme Board meets on a quarterly basis and matters relating to quality and performance are discussed there. The Board is attended by senior representatives from each of the Surrey CCGs who are able to make decisions on behalf of their own organisation.

6.2.2. The Programme Board met on 14<sup>th</sup> September 2015 and the items discussed included:

- Development of the performance dashboard
- Progress against QIPP
- Progress against the work being undertaken to ensure that all providers who were providing care to CHC patients are doing so under the Standard NHS Contract
- An update on the potential closure of Albert Ward (a continuing Healthcare ward provided by SABPFT)

7.2.3 There were no specific quality issues arising from these items that needed to be raised within this report

## **7. Quality issues arising within services hosted for Surrey Downs by other CCGs within the Collaborative**

### **7.1. Safeguarding Children – exception report**

The Department of Health has published guidance to NHS organisations on how to meet requirements to collect and submit data about patients with female genital mutilation (FGM).

The document provides support and guidance to NHS organisations to know how they can meet the requirements to collect and submit data about patients with FGM. This guidance relates to the Female Genital Mutilation (FGM) Enhanced Dataset by the Health and Social Care Information Centre and the forthcoming professional duty about FGM to be published October 2015.

It includes an explanation of the legal basis for the collection of the information and describes what and how NHS organisations need to communicate with patients about this work. The document also explains additional work underway to support GP practices with this work

<https://www.gov.uk/government/publications/fgm-enhanced-dataset-guidance-on-nhs-staff-responsibilities>

The Internal audit consultancy TIAA visited Surrey to undertake an audit of the governance arrangements for the Surrey Wide CCG Safeguarding Children service. The final report has been distributed to the 6 CCG's.

In response to the recommendation from the audit the Surrey Wide Safeguarding Children Team have developed an action plan and have:

- *Developed a system whereby any national updates which affect the safeguarding children policy are circulated as an addendum, the first was circulated in September for attachment to the CCG's March 2015 Policy*
- *Developed a risk table which clearly identifies risks in relation to safeguarding children, which need to be actioned by the CCG and entered onto their own risk register*

The safeguarding team have agreed that the Designated Nurse will be the lead for the delivery of training to Surrey Downs CCG when requests are received for level 1 & 2 safeguarding children training and for training for governing body members.

## **8. CCG Quality – internal**

### **8.1. Quality Improvement Strategy**

8.1.1. Following on from the governance review that has taken place within the CCG, it has been agreed that the strategy needs to be refreshed to ensure that it fully reflects the CCG's QIPP programmes.

8.1.2. At the Quality Committee Seminar that was held in October, it was agreed that there would be an extraordinary meeting to discuss the function of the Quality Committee, the strategy going forward and to have further discussion about the format and shape of the Integrated Quality and Performance report. This is planned for November and a date will be agreed with committee members to take this forward.

### **8.2. Primary Care Workforce Tutor update**

The new guidelines around Healthcare Assistants (HCAs) giving immunisations has been published and sent out to all practice nurses and included in the CCG's newsletter to practices, 'Start the Week'. This clarifies the knowledge, support and training requirements of the HCA as well as those of the delegating practice nurse.

The care certificate mapping for HCAs has started to be implemented in some practices and further information for practices will be included in 'Start the Week' in the week beginning 2<sup>nd</sup> November.

Some practices are beginning to notice that it is becoming increasingly difficult to recruit nurses, not just suitably trained practice nurses. The Primary Care Workforce Tutor has sent out information to practices on how they can use NHS mail free of charge to try and reach a wider audience. Negotiations continue with practices regarding the enablement of their nurses to train as mentors and take Pre-registration students for placements but at present the feedback is that practices are feeling under too much pressure to consider this. However, Heathcote Medical Centre in Tadworth will start taking students from April 2016.

### **8.3. Risk Management**

8.3.1. The governing body assurance framework and corporate risk register is brought to the Committee quarterly, to provide the organisational context plus narrative to support assurance on risks around quality and safety. Interim updates will be provided at the monthly committee meetings by exception.

8.3.2. The risk register enables the Committee to focus on the areas of highest risk and assists the quality team to prioritise its work across all CCG commissioned services. The Head of Clinical Quality and Board Secretary review progress and

update the corporate risk register monthly. A pro-active approach is taken by the quality team to identify new risks as they arise. It is also anticipated that new risks may be identified through discussion at Committee meetings.

8.3.3. The corporate risk register was reviewed on the 23<sup>rd</sup> October 2015 and the risks under the auspices of the Quality Committee are summarised below. A more detailed report will be presented to the November Quality Committee.

	Risk Rating	T-value	Trend
Staffing in CSH Surrey	8	Treat	Improving
Stroke services	16	Treat	Static
Safeguarding Children	8	Treat	Static
Specialist Equipment in the community	6	Tolerate	Static
Catastrophic Provider failure	8	Tolerate	Static
Infection Control	9	Treat	Improving
Safeguarding Adults	12	Treat	Deteriorating
Care home – potential failure	8	Tolerate	Static
Quality of care in care homes	12	Treat	Static
Failure to achieve quality premium	16	Tolerate	Static
Secamb Cat A Performance	12	Tolerate	Static
SECAMB Patients transport	6	Terminate	Improving
Immunisation Training in General Practice	8	Tolerate	improving

## 9. Other

### 9.1. Patient-Led Assessments of the Care Environment (PLACE): England 2015

9.1.1. Patient-Led Assessments of the Care Environment (PLACE) are a self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent/ private healthcare sector in England. The self-assessments are carried out voluntarily and were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which ran from 2000 – 2012 inclusive. The results of the third assessment using a revised process has been published.

9.1.2. Through focussing on the areas which matter to patients, families and/or carers, the PLACE programme aims to promote a range of principles established by the NHS Constitution, including:-

- Putting patients first;
- Actively encouraging feedback from the public, patients and staff to help improve services;
- Striving to get the basics of quality of care right; and
- A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.

9.1.3. The programme encourages the involvement of patients, the public and bodies, both national and local, with an interest in healthcare (e.g. Local

Healthwatch) in assessing providers. This is done in equal partnership with NHS staff to both identify how they are currently performing and to identify which services can be improved for the future.

9.1.4. In 2015 the assessments were extended to include criteria on how well healthcare providers' premises are equipped to meet the needs of caring for patients with dementia. It should however be noted that this does not represent a comprehensive assessment relating to dementia, rather it focussed on a limited range of aspects with strong environmental or buildings-associated components. Organisations are encouraged to separately undertake a comprehensive dementia-related assessment using a recognised environmental assessment toolkit.

9.1.5. The number of assessments undertaken was 1,333 compared to 1,356 in 2014. The report setting out the key findings with national averages is available on line on the following web link.

<http://www.hscic.gov.uk/catalogue/PUB18042>

9.1.6. The 2015 scores for Surrey Downs CCG's main providers and the national averages at site level are shown in the table below.

Organisation Name	Org Type	Region	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
CENTRAL SURREY HEALTH	INDEPENDENT SECTOR	SOUTH OF ENGLAND	99.37%	89.96%	83.53%	81.46%	84.78%
RAMSAY HEALTH CARE UK	INDEPENDENT SECTOR	MULTIPLE	98.23%	93.22%	88.06%	93.61%	84.61%
ROYAL SURREY COUNTY HOSPITAL NHS FT	NHS	SOUTH OF ENGLAND	99.72%	92.24%	86.97%	95.15%	92.04%
KINGSTON HOSPITAL NHS FOUNDATION TRUST	NHS	SOUTH OF ENGLAND	95.01%	93.68%	90.52%	90.28%	47.89%
ST GEORGE'S HEALTHCARE NHS TRUST	NHS	SOUTH OF ENGLAND	96.43%	82.10%	83.47%	89.56%	72.78%
THE ROYAL MARSDEN NHS FOUNDATION TRUST	NHS	SOUTH OF ENGLAND	99.26%	98.31%	89.03%	96.40%	72.10%
ASHFORD AND ST. PETER'S HOSPITALS NHS FT	NHS	SOUTH OF ENGLAND	99.47%	95.25%	85.41%	88.15%	72.37%
SURREY AND SUSSEX HEALTHCARE NHS TRUST	NHS	SOUTH OF ENGLAND	97.98%	85.56%	79.27%	86.67%	56.18%
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	NHS	SOUTH OF ENGLAND	97.20%	83.22%	77.51%	85.89%	65.60%
SURREY AND BORDERS PARTNERSHIP NHS FT	NHS	SOUTH OF ENGLAND	99.84%	92.18%	93.34%	96.14%	93.58%
National Average at site level 2014	N/A	N/A	97.25%	88.79%	87.73%	91.97%	No data
National Average at site level 2015	N/A	N/A	97.57%	88.49%	90.00%	90.11%	74.51%

## **9.2. Serious Incidents and Never Events and trends and how learning is shared across Trusts**

The six monthly Serious Incident report was discussed as a separate Item on the agenda of the Quality Committee on 3<sup>rd</sup> November 2015 and assurance received about the process in place to investigate incidents and how learning is shared across organisations.

There have been no Never Events reported from the CCG's main providers that have affected Surrey Downs patients.

## **9.3. HCAI assigned to Surrey Downs CCG**

There have been no cases of MRSA since the report to the September Committee. The CCG position against Cdifficile is reported in Section 5.5 of this report.

## **9.4. iGAS Outbreak in a care home**

There has been an outbreak in a care home within the Surrey Downs area. It is Public Health England's (PHE's) responsibility to manage the processes to ensure that appropriate actions are taken. A teleconference was chaired by the PHE lead to determine the next steps. Following that call on 29<sup>th</sup> September an update was received to confirm that all screening had been completed and all cases had received appropriate treatment. Infection control measures of enhanced cleaning, hand hygiene and resident temperature monitoring remained in place until the end of October.

PHE checked in with the home weekly until the end of October and then the situation closed

## **Section Two – Performance**

### **1. Executive Summary**

1.1. This section 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



# Appendix 1 Provider Dashboard – Quality and Safety Indicators

## Provider dashboard (Trust level data)

Indicator	Source	Frequency	2014/15 Target	Period	Epsom and St Helier	Kingston	SASH	SECAMB	Surrey and Borders	Royal Marsden	St George's
<b>Patient Reported Outcome Measures (PROMS)</b>											
1.1 Health gain (EQ-5D index) – groin hernia surgery	PROMS	Annual		FY 2013/14	0.15		0.13				0.00
1.2 Health gain (EQ-5D index) – varicose vein surgery					0.10				0.10		
1.3 Health gain (EQ-5D index) – hip replacement surgery (primary)					0.39		0.47		0.47		
1.4 Health gain (EQ-5D index) – knee replacement surgery (primary)					0.31		0.36		0.36		
<b>Friends and Family Test (FFT)</b>											
2.1 Friends and Family Test response rate - A&E	Friends and Family Test (FFT)	Monthly	15%	Jun-15	12.5%	7.4%	11.3%				27.0%
2.2 Friends and Family Test response rate - Inpatients					20.3%	24.6%	20.8%			49.9%	
2.3 Friends and Family Test response rate - Maternity					27.2%	21.9%	19.4%			0.0%	
2.4 Friends and Family Test % recommend - A&E					92.0%	91.1%	93.7%			83.7%	
2.5 Friends and Family Test % recommend - Inpatients					97.2%	93.2%	95.0%			93.9%	
2.6 Friends and Family Test % recommend - Maternity					97.4%	97.4%	94.9%			0.0%	
<b>Mixed Sex Accommodation breaches</b>											
3.1 Mixed Sex Accommodation breaches	UNIFY	Monthly	0	Jun-15	0	0	0		0	0	0
<b>Patient Safety</b>											
4.1 Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	UNIFY	Monthly	95%	Mar-15	94.3%	98.3%	95.1%			97.0%	96.1%
4.2 Rate of patient safety incidents per 100 admissions	National Reporting and Learning Service (NRLS)	Quarterly		Oct-13 to Mar-14	1.72	7.64	6.43		13.54	15.17	9.47
4.3 Percentage of patient safety incidents resulting in severe harm or death					1.3%	0.9%	0.9%	3.5%	0.0%	0.1%	
4.3 Incidence of Healthcare Associated Infection (HCAI): MRSA	PHE	Monthly	0	Jun-15	0	0	0			0	0
4.4 Incidence of Healthcare Associated Infection (HCAI): Clostridium difficile					3	3	2		0	3	
4.5 Never Events (provisional data)	STEIS	Monthly	0	20-May-15 to 30-Jun-15	0	0	0	0	0	0	0
<b>Hospital Mortality</b>											
5.1 Summary Hospital-Level Mortality Indicator (SHMI)	HES	Quarterly (rolling 12 months)		Jul-13 to Jun-14	0.99	0.88	0.93				0.84
<b>Unscheduled Care</b>											
6.1 A&E waits within 4 hours	UNIFY	Monthly	95%	Jun-15	97.2%	87.4%	94.8%				91.7%
6.2 Unplanned re-attendance rate at A&E within 7 days of original attendance			5%	Dec-14	7.1%	7.0%	5.8%			2.9%	
6.3 Left A&E department without being seen rate			5%	Dec-14	2.5%	2.8%	2.3%			2.7%	
<b>Category A ambulance calls</b>											
7.1 Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	SECAMB	Monthly	75%	Jun-15				72.5%			
7.2 Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2							74.2%				
7.3 All life threatening: Category A calls within 19 minutes							95.0%				

Indicator	Source	Frequency	2014/15 Target	Period	Epsom and St Helier	Kingston	SASH	SECAMB	Surrey and Borders	Royal Marsden	St George's				
<b>Mental Health</b>															
8.1 Proportion of patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient care (also 1.2)	UNIFY	Quarterly	95%	Jun-15					97.0%						
<b>Cancelled Operations</b>															
9.1 Number of last minute elective operations cancelled for non clinical reasons	UNIFY	Quarterly		Mar-15	125		23		89			15		223	
9.2 Number of patients not treated within 28 days of last minute elective cancellation					1		4		0			0		44	
<b>Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment</b>															
10.1 Referral to treatment times (RTT): % of admitted patients who waited 18 weeks or less	UNIFY	Monthly	90%	Jun-15	86.1%		92.2%		92.0%			94.3%		85.6%	
10.2 Referral to treatment times (RTT): % of non-admitted patients who waited 18 weeks or less			95%		93.5%		97.3%		93.4%			98.8%		95.3%	
10.3 Referral to treatment times (RTT): % of incomplete patients waiting 18 weeks or less			92%		93.5%		95.7%		92.6%			95.4%		92.4%	
10.4 Referral to treatment times (RTT): number of incomplete patients waiting 52 weeks or more			0		0		0		0			1		0	
<b>Diagnostic test waiting times</b>															
11.1 % Patients waiting over 6 weeks for a diagnostic test	UNIFY	Monthly	1%	Jun-15	0.5%		0.8%		0.8%					1.4%	
11.2 Number of patients waiting over 6 weeks for a diagnostic test			62			76		54				166			
<b>Cancer waits</b>															
12.1 (CB_B6) Cancer patients seen within 14 days after urgent GP referral	Open Exeter	Quarterly	93%	Jun-15	94.4%		93.5%		93.5%			96.2%		92.4%	
12.2 (CB_B7) Breast Cancer Referrals Seen within 2 weeks			93%				89.8%		93.3%			94.2%		90.4%	
12.3 (CB_B8) Cancer diagnosis to treatment within 31 days			96%		96.9%		97.0%		98.4%			99.5%		97.3%	
12.4 (CB_B9) Cancer Patients receiving subsequent surgery within 31 days			94%		100.0%		100.0%		100.0%			96.3%		95.2%	
12.5 (CB_B10) Cancer Patients receiving subsequent Chemo/Drug within 31 days			98%		100.0%		100.0%		100.0%			99.8%		100.0%	
12.6 (CB_B11) Cancer Patients receiving subsequent radiotherapy within 31 days			94%						100.0%			98.3%		100.0%	
12.7 (CB_B12) Cancer urgent referral to treatment within 62 days			85%		74.9%		86.1%		86.5%			73.1%		79.7%	
12.8 (CB_B13) Cancer Patients treated after screening referral within 62 days			90%		50.0%		94.1%		90.0%			89.8%		82.1%	
12.9 (CB_B14) Cancer Patients treated after consultant upgrade within 62 days			86%		97.3%		100.0%		100.0%			79.0%		100.0%	

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# Surrey Downs CCG Performance Report

October 2015

This report reflects the current CCG performance position against the goals and core responsibilities of CCGs as outlined in the NHS England documents of “Everyone Counts: Planning for Patients 2014/15 to 2018/19” and “CCG Assurance Framework 2015/16”.

The report summarises performance against the key areas outlined below and forms the basis of the NHS England South regional team’s quarterly assurance meetings:

- CCG Outcomes Indicator Set
- NHS Constitution
- CCG Operating Plan

The report is set out under the five domains of the NHS Outcomes Framework:

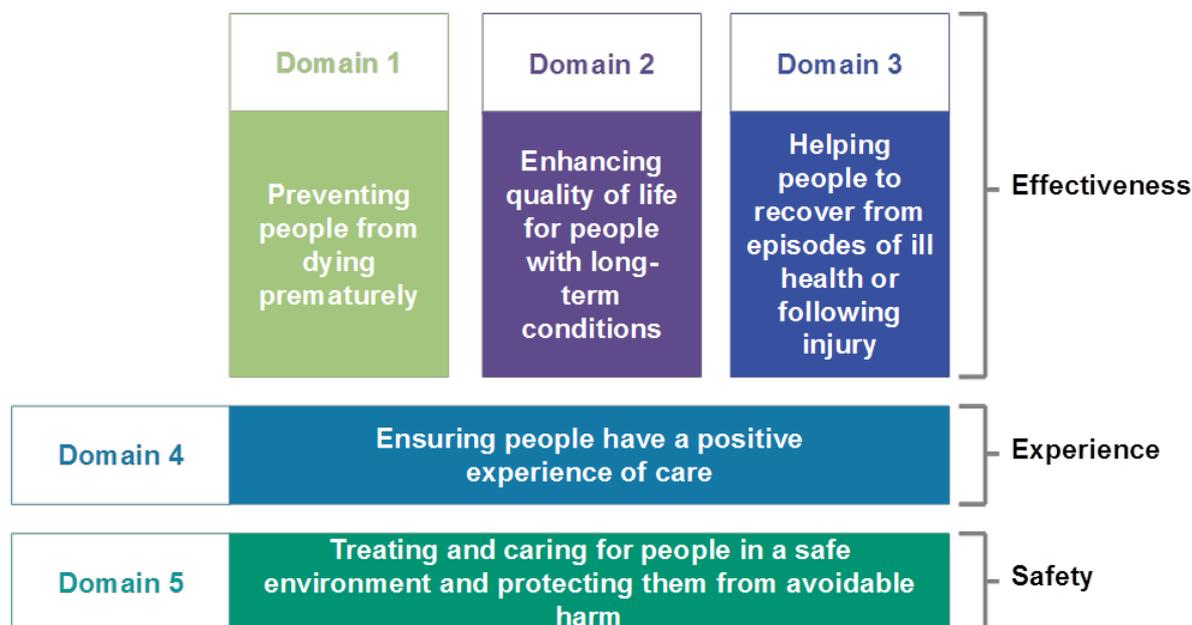


Figure 1: Five domains of the NHS Outcomes Framework

# 1 Executive Summary

The key risks that have been identified are:

- Emergency admissions for alcohol related liver disease (August data)

Year to date there have been 21 admissions compared to 24 during the same period last year. This equates to a rate of 9.45 admissions per 100,000 population compared to 10.80 last year. Surrey's Health and Wellbeing Board (HWB) are implementing a prevention strategy which encourages the adoption of healthy behaviours including reducing alcohol intake.

- Maternal smoking at delivery (June data)

During Quarter 1 2015/16, 43 women out of 758 maternities were smokers at the time of delivery. This equates to a rate of 5.7%, higher than the 2014/15 full year rate of 4.9%.

- Breast feeding prevalence at 6-8 weeks (June data)

During Quarter 1 2015/16, 394 out of 782 infants had been fully or partially breastfed. This equates to a breast feeding prevalence of 50.4%, 2.6% lower than the same period last year.

- Incidence of Healthcare Associated Infection (HCAI): MRSA (August data)

There have been no new reported cases of MRSA since last report.

- A&E waits within four hours (August data)

Year to date, Surrey Downs CCG has achieved the 95% target, with performance of 95.1%.

The CCG monitors key trusts' performance on a weekly basis and there is concern with respect to recent performance as per weekly sitrep updates. Surrey Downs CCG actively engages with all key stakeholders via the System Resilience Group (SRG) where actions are taken to mitigate risks that are identified.

- Cancer urgent referral to treatment within 62 days (August data)

75.1% of patients referred were treated within 62 days year to date. This represents 89 breaches out of 350 patients, 37 breaches over the 85% target limit. Five of the breaches involved patient choice, patient cancellation or medical fitness.

Epsom & St. Helier has an action plan which is being monitored by the monthly Planned Care Working Group and also at the Clinical Quality Reference Group.

- Ambulance response times (August data)

Over the last year, South East Coast Ambulance Service NHS Foundation Trust (SECAMB) performance has fluctuated around the 75% target for Red 1 and Red 2 responses within 8 minutes.

Year to date trust wide performance is below target for Red 1 with 73.7% and Red 2 with 74.6%. Surrey Downs CCG continues to work with the Surrey CCG Collaborative and is actively engaged with the commissioning group led by North West Surrey CCG.

- Improving Access to Psychological Therapies (IAPT) (August data)

The national access target for 2015/16 is that 15% of people with depression and anxiety disorders enter treatment. This equates to a monthly rate of 1.25%, or 334 people per month. 4.1% of the CCG's prevalence figure entered treatment from April 2015 to August 2015, a shortfall of 574 people.

The CCG is working to introduce a self referral pathway to IAPT services in order to improve access to services. The CCG is meeting the national targets for IAPT recovery rates and referral to treatment times.

The Quality Committee is asked to:

1. Review the report and note the CCG's performance;

## **2 Key concerns**

Based on the most recent data the quality and performance risks highlighted in this report are:

- Emergency admissions for alcohol related liver disease
- Maternal smoking at delivery
- Breast feeding prevalence at 6-8 weeks
- Incidence of Healthcare Associated Infection (HCAI): MRSA
- A&E waits within 4 hours
- Cancer urgent referral to treatment within 62 days
- Ambulance response times
- Improving Access to Psychological Therapies (IAPT)

Table 1 below shows the number of indicators in each domain of the NHS Outcomes Framework, and the NHS Constitution, rated Red/Green based on latest year to date performance.

	Red	Green
<b>CCG Outcomes Framework:</b>		
1. Preventing people from dying prematurely	3	0
2. Improving quality of life for people with long term conditions	0	1
3. Helping people to recover from episodes of ill health or following injury	1	0
4. Ensuring that people have a positive experience of care	Data not yet released	
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	1	1
<b>NHS Constitution</b>	4	14

Table 1: RAG ratings for performance indicators

### 3 CCG Outcomes Indicators (Full dashboard is at Appendix A)

#### 3.1 Preventing people from dying prematurely

##### 3.1.1 Emergency admissions for alcohol related liver disease (August data)

This measure is a proxy indicator for the mortality rate from liver disease, which is part of the CCG Outcomes Indicator Set. The number of admissions is directly age and sex standardised per 100,000 population.

Year to date there have been 21 admissions compared to 24 during the same period last year. This equates to a rate of 9.45 admissions per 100,000 population compared to 10.80 last year.

Looking at the monthly data shows some fluctuation in the admissions rate however there are very low volumes (Table 2).

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FY
2014/15 volume	3	5	4	4	8	5	6	8	8	5	4	4	<b>64</b>
2015/16 volume	3	7	4	3	4								<b>21</b>
2014/15 rate per 100,000 population	1.35	2.25	1.80	1.80	3.60	2.25	2.70	3.60	3.60	2.25	1.80	1.80	<b>28.80</b>
2015/16 rate per 100,000 population	1.35	3.15	1.80	1.35	1.80								

Table 2: Surrey Downs CCG emergency admissions for alcohol related liver disease

Looking at the rolling year rate to remove any seasonal impact shows an increasing trend during 2014/15 that has levelled off during 2015/16 and is starting to fall (Figure 2).

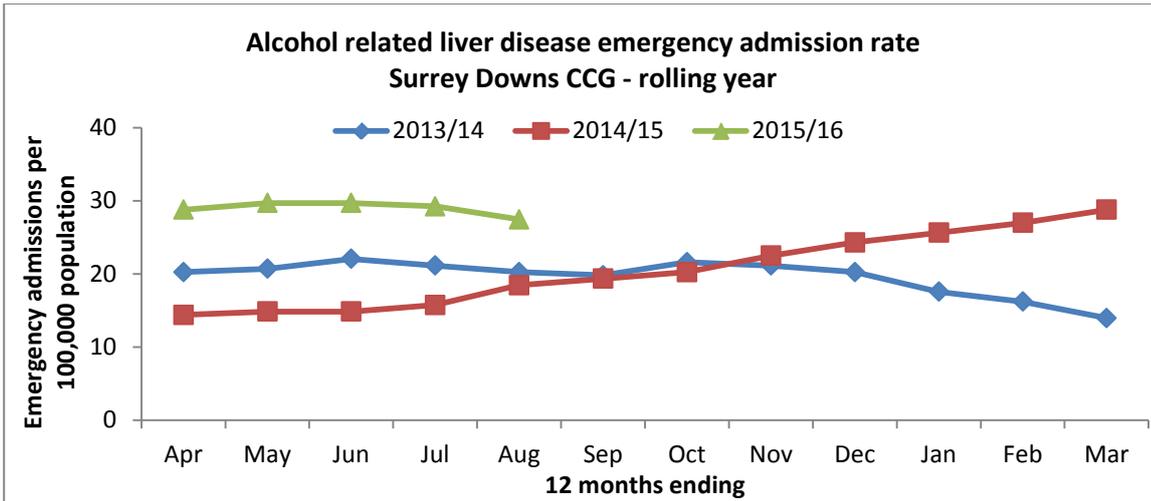


Figure 2: Rolling year Surrey Downs CCG emergency admissions for alcohol related liver disease

Surrey’s Health and Wellbeing Board (HWB) are implementing a prevention strategy which encourages the adoption of healthy behaviours such as reducing alcohol intake and smoking, and improving exercise levels and diet. CCGs are party to this as part of the Local Joint Commissioning Group (LCJG) and via the local partnership board with voluntary sector agencies and district and borough authorities.

**3.1.2 Maternal smoking at delivery (June data)**

This indicator forms part of the CCG Outcomes Indicator Set. It measures the percentage of women who were smokers at the time of delivery, out of the number of maternities.

During Quarter 1 2015/16, 43 women out of 758 maternities were smokers at the time of delivery. This equates to a rate of 5.7%, higher than the 2014/15 full year rate of 4.9%.

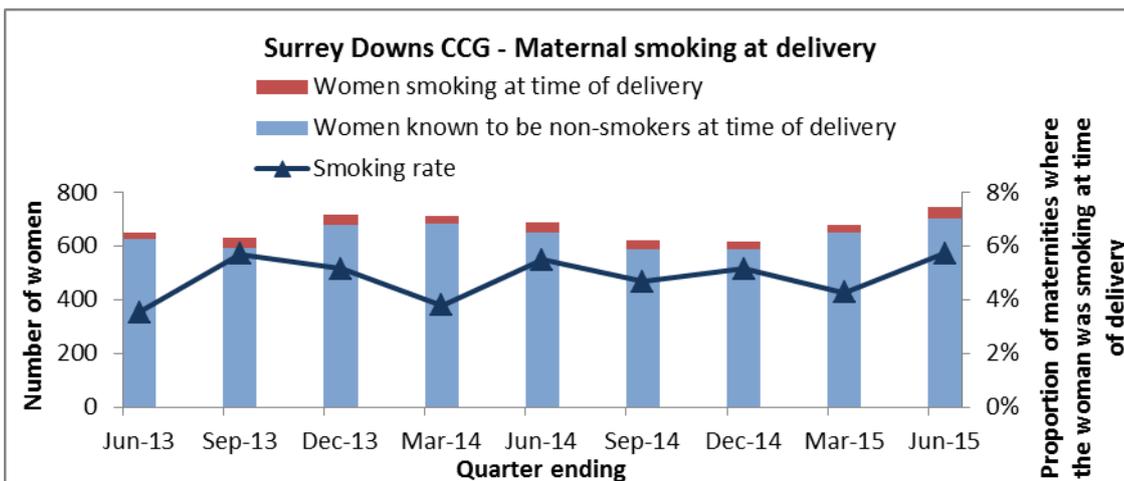


Figure 3: Surrey Downs CCG maternal smoking at delivery

### 3.1.3 Breast feeding prevalence at 6-8 weeks (June data)

This indicator is monitored within the CCG Outcomes Indicator Set. It measures the proportion of infants who have been fully or partially breastfed at 6-8 weeks, out of the number of infants due a 6-8 week check.

During Quarter 1 2015/16, 394 out of 782 infants had been fully or partially breastfed. This equates to a breast feeding prevalence of 50.4%, 2.6% lower than the same period last year.

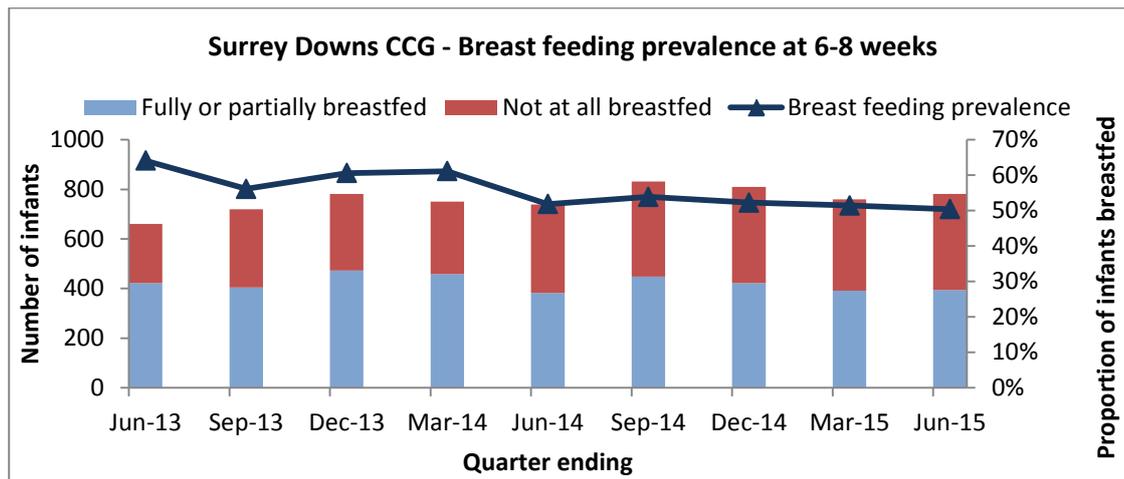


Figure 4: Surrey Downs CCG breast feeding prevalence at 6-8 weeks

## 3.2 Treating and caring for people in a safe environment and protecting them from avoidable harm

### 3.2.1 Incidence of Healthcare associated infection (HCAI)

#### 3.2.1.1 MRSA

There has been no change since last report.

## 4 NHS Constitution Metrics (Full dashboard is at Appendix A)

### 4.1 A&E waits within four hours (August)

A&E wait times are measured within the NHS Constitution and form part of the Quality Premium calculation for CCGs in 2015/16. The full year target is that at least 95% of patients are admitted, transferred or discharged within four hours of their arrival at an A&E department. If the target is not achieved then 30% of the eligible funding will be removed.

In the most up to date National figures for the CCG, Surrey Downs CCG has achieved the 95% target, with performance of 95.1%.

However, the CCG actively monitors the A&E status of its key trusts on a weekly basis. The performance is disseminated on a weekly basis to senior management, reviewed at Finance and Performance Subcommittees monthly and by the Executive Management

Team biweekly. Surrey Downs CCG actively engages with all key stakeholders via the System Resilience Group (SRG) and shares the information to ensure actions are taken to mitigate risks.

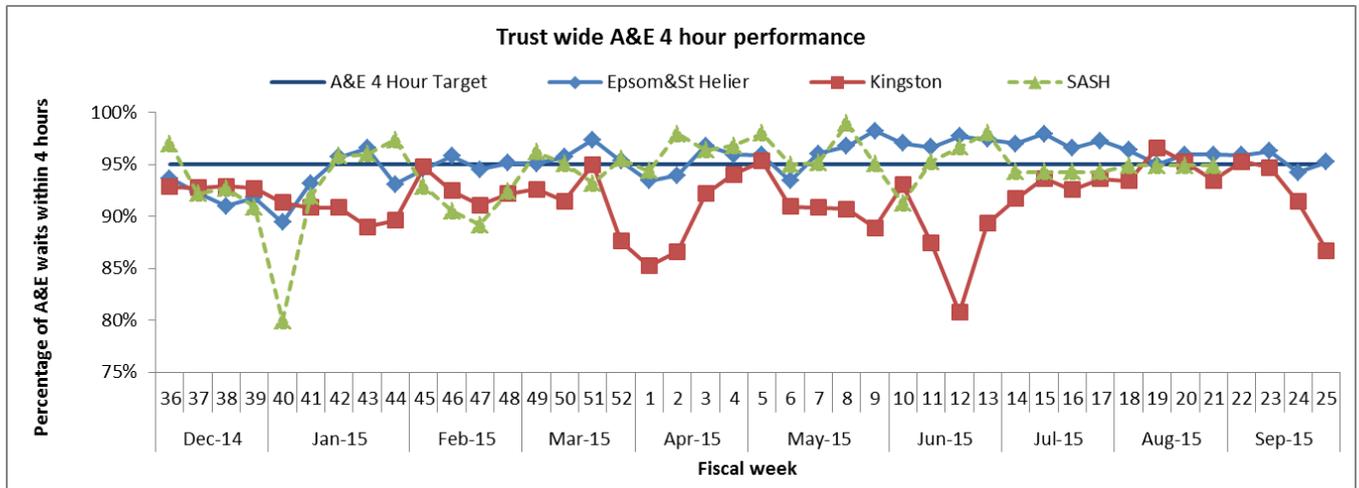


Figure 5: Trust wide weekly A&E 4 hour waits

## 4.2 Cancer waiting times

The nine national cancer waiting times measures form part of the NHS Constitution and are based on data within the Open Exeter system.

Cancer waiting times performance at South West London NHS trusts is monitored by the Transforming Cancer Services Team (TCST). All trusts that do not achieve the required standards on a monthly basis are asked to provide the TCST with exception and breach reports. The team work in conjunction with providers to formulate action plans and monitor performance going forward.

### 4.2.1 Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral (August data)

The target is that 85% of patients receive first definitive treatment within 62 days of an urgent GP referral for suspected cancer. This also includes 31 day waits for children's cancer, testicular cancer and acute leukaemia.

75.1% of patients referred were treated within 62 days year to date. This represents 89 breaches out of 350 patients, 37 breaches over the 85% target limit

The breaches occurred at the Royal Marsden (34), Epsom and St Helier (32), Surrey and Sussex Healthcare (5), St George's Healthcare (11) Kingston Hopsital (4), Epsomedical Group (1), Royal Surrey (2).

Seven breaches involved a transfer between providers at a late stage in the 62 day period following referral. Epsom and St Helier and the Royal Marsden hold a monthly teleconference to review shared breaches.

Notably ten of the CCG's breaches were over 100 days. All South West London NHS Trusts are expected to review any 100 day breaches at their respective Clinical Quality Review Group (CQRG) meetings. All Root Cause Analyses (RCAs) at Epsom and St Helier are examined at the trust's Cancer Breach Panel and any concerns around patient harm resulting from breaches are reviewed.

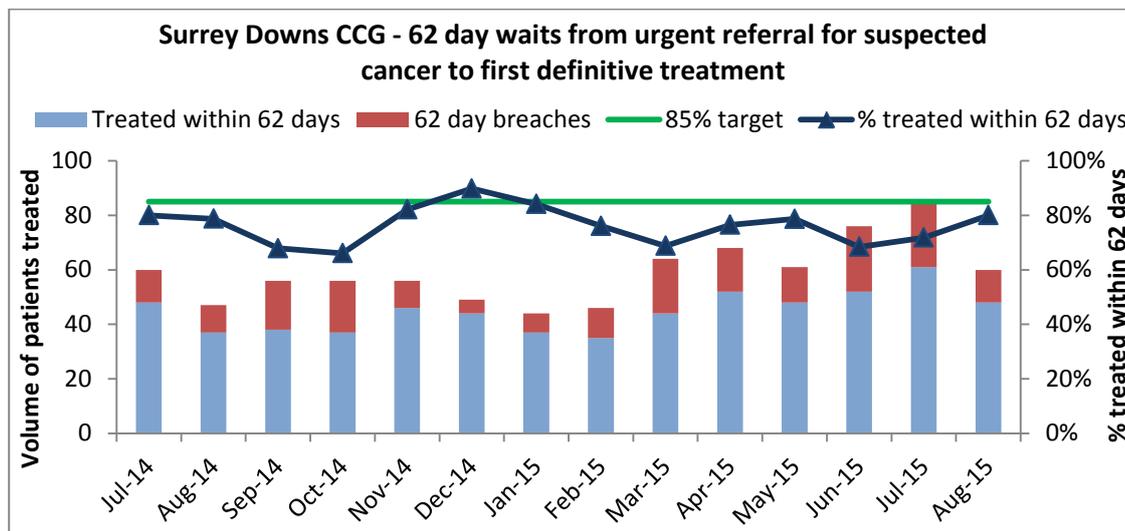


Figure 6: Surrey Downs CCG 62 day waits from urgent referral to first treatment

Performance for this indicator has been challenging at London and National level. Epsom and St Helier sought external support from the Cancer Transformation Team (CTT). The trust has worked to implement recommendations and action plans from the CTT's review. The issue will continue to be monitored by Sutton CCG as lead commissioner through the monthly Planned Care Working Group (PCWG). The CCG expects to receive formal assurance around any patients coming to harm as a result of breaching cancer standards.

### 4.3 Ambulance response times - life threatening (defibrillator required) Category A calls within eight minutes

#### 4.3.1 Red 1 (August data)

This measure is part of the NHS Constitution and forms part of the calculation for the Quality Premium payments to CCGs in 2015/16. If the target is not achieved then 20% of the eligible funding will be removed.

Performance is assessed at whole trust level and has a target of 75%.

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is failing the 75% target year to date with 73.7%. Monthly performance continues to fluctuate; full year 2014/15 performance achieved the target at 75.3%.

Looking at Surrey Downs CCG patients only, year to date performance is 73.7%.

#### 4.3.2 Red 2 (less time critical) (August data)

The following measure is part of the NHS Constitution and has a target of 75%. Performance is assessed at whole trust level. It does not contribute towards the Quality Premium.

Trust wide performance is lower than 75% target year to date with 74.6%, Full year 2014/15 performance failed the target with 74.3%; monthly performance continues to fluctuate.

Looking at Surrey Downs CCG patients only, year to date performance is 70.1%.

### 5 CCG Operating Plan

#### 5.1 Improving Access to Psychological Therapies (IAPT) (August data)

Improving Access to Psychological Therapies (IAPT) is based on data submitted as part of the HSCIC IAPT data requirement. This is a national data set within the Open Exeter system.

In addition to the nationally mandated targets included last year, two new mental health access indicators have been added to CCG operating plans for 2015/16. There are now four national performance indicators:

- The proportion of people in need of psychological therapies that have entered treatment (target 15%);
- The proportion of people who have completed treatment who have moved to recovery (target 50%);
- The proportion of people waiting no more than six weeks from referral to entering a course of IAPT treatment (target 75%);
- The proportion of people waiting no more than eighteen weeks from referral to entering a course of IAPT treatment (target 95%).

Surrey Downs CCG's trajectory for people entering treatment equates to a monthly rate of 1.25% over the financial year. This is equivalent to 334 people entering treatment each month.

1095 patients entered treatment from April 2015 to August 2015. This equates to 4.1% of the CCG's prevalence figure against the year to date target of 6.25%, a shortfall of 574 people.

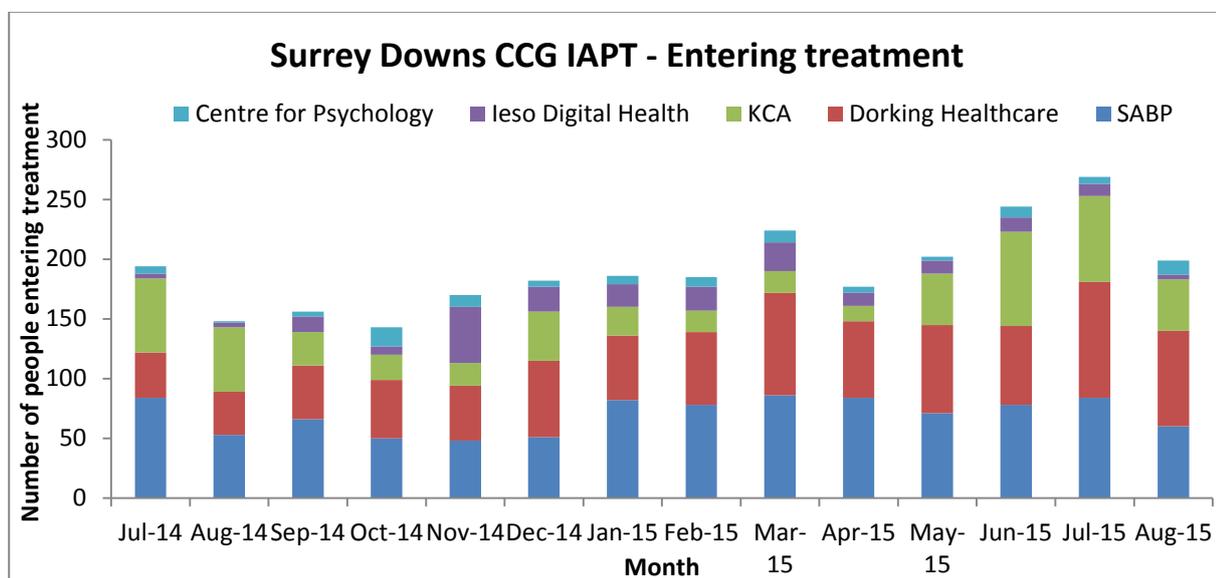
The CCG is achieving the targets for IAPT recovery rates and referral to treatment times.

The National IAPT Intensive Support Team reviewed Surrey IAPT performance in August. Sessions were held with commissioners and providers to discuss issues with IAPT provision at both CCG and Surrey wide level. Key findings from the review have been shared with key stakeholders.

Indicator	Measure	FY	2015/16	Apr-	May-	Jun-	Jul-15	Aug-	YTD
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		2014/15	target	15	15	15		15	
<b>Improving Access to Psychological Therapies (IAPT)</b>									
Proportion of the people that enter treatment against the level of need in the general population	Percentage	8.4%	15.0%	0.7%	0.8%	0.9%	1.0%	0.7%	4.1%
	Patients entering treatment	2,231	4,006	181	202	244	269	199	1,095
Proportion of patients completing treatment who have moved to recovery	Percentage	49.9%	50.0%	50.3%	51.6%	53.3%	50.4%	47.3%	50.7%
	Patients moving to recovery	985		78	79	97	114	69	437
	Patients completing treatment	2,078		163	165	193	241	155	917
	Patients completing treatment who were not at clinical caseness at initial assessment	103		8	12	11	15	9	55
Proportion of patients completing treatment who commenced within 6 weeks of referral	Percentage		75.0%	91.4%	93.3%	92.2%	94.2%	91.6%	92.7%
	Patients waiting more than 6 weeks			14	11	15	14	13	67
Proportion of patients completing treatment who commenced within 18 weeks of referral	Percentage		95.0%	96.3%	98.8%	96.9%	97.9%	96.1%	97.3%
	Patients waiting more than 18 weeks			6	2	6	5	6	25

**Table 3: Surrey Downs CCG IAPT performance**



**Figure 7: Surrey Downs CCG IAPT – people entering treatment**

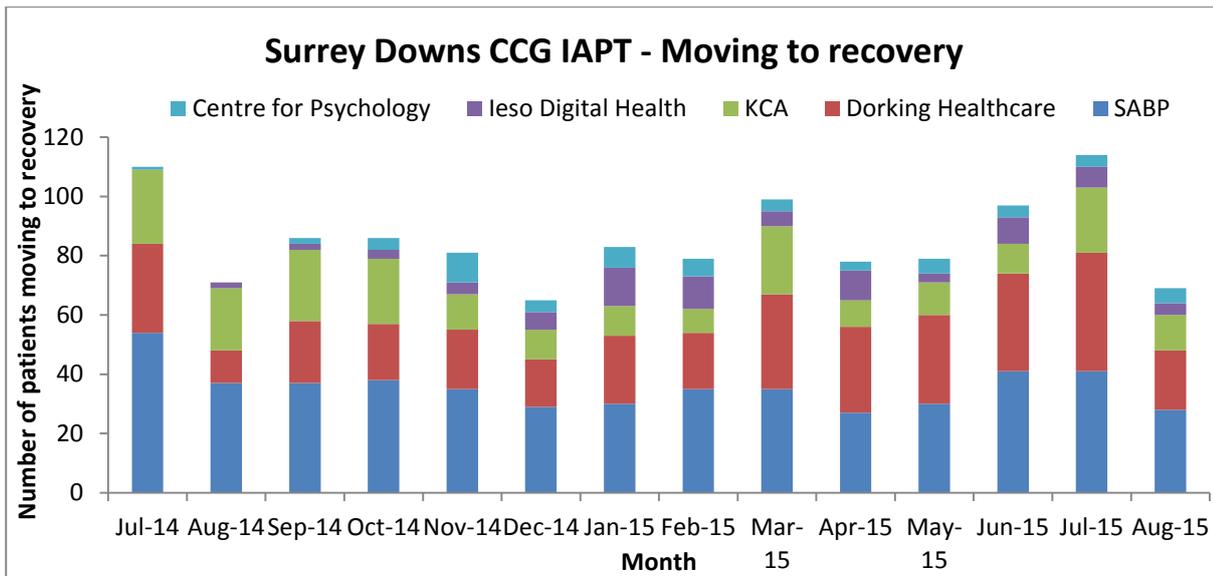


Figure 8: Surrey Downs CCG IAPT – patients moving to recovery

Surrey Downs CCG had previously taken the clinical decision to only permit referrals through RSS but will introduce self-referral pathways during November 2015.

## 6 Recommendations and Next Steps

The Quality Committee is asked to:

1. Review the report and discuss the risks raised.

## Appendix A: Full Detail: Performance data

### CCG Outcomes Indicator Set 2015/16 (16.10.2015)

Indicator	Measure	Frequency	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD
<b>1 Preventing people from dying prematurely</b>										
1.8 Emergency admissions for alcohol related liver disease (proxy measure)	Age/sex standardised rate per 100,000 population	Monthly	28.80		1.35	3.15	1.80	1.35	1.80	9.45
1.14 Maternal smoking at delivery	Percentage of maternities	Quarterly	4.9%		5.7%					5.7%
1.15 Breast feeding prevalence at 6-8 weeks	Percentage of infants	Quarterly	52.4%		50.4%					50.4%
<b>2 Improving quality of life for people with long term conditions</b>										
2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Age/sex standardised rate per 100,000 population	Monthly	204.65		3.08	21.54	16.93	21.54	9.23	72.32
<b>3 Helping people to recover from episodes of ill health or following injury</b>										
3.4 Emergency admissions for children with lower respiratory tract infections	Age/sex standardised rate per 100,000 population	Monthly	337.01		16.93	12.31	13.85	12.31	10.77	66.17
<b>4 Ensuring that people have a positive experience of care</b>										
Data not yet released by NHS England										
<b>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</b>										
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	Number of infections reported	Monthly	8	0	0	0	1	0	0	1
5.2ii Incidence of Healthcare associated infection (HCAI): <i>C. difficile</i>		Monthly	81	76	6	5	7	9	4	31

**NHS Constitution Metrics 2015/16 (16.10.2015)**

Indicator	FY 2013/14	2014/15 target	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD
<b>Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment</b>									
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	94.1%	90%	90%	92.5%	92.7%	92.6%	92.7%	91.7%	92.4%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	97.4%	95%	95%	96.6%	96.6%	95.9%	95.2%	94.3%	95.7%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	96.0%	92%	92%	95.5%	95.5%	95.5%	94.7%	94.4%	95.1%
RTT: Number of incomplete patients waiting >52 weeks				0	0	0	0	0	
<b>Diagnostic test waiting times</b>									
% Patients waiting within 6 weeks for a diagnostic test	99.3%	99%	99%	99.2%	99.5%	99.4%	99.4%	99.4%	
Number of patients waiting over 6 weeks for a diagnostic test				32	21	25	22	23	
<b>A&amp;E waits</b>									
A&E waits within 4 hours	95.8%	95%	95%	94.0%	95.1%	95.4%	95.8%	95.3%	95.1%
<b>Cancer waits – 2 week wait</b>									
CB_B6: Cancer patients seen within 14 days after urgent GP referral	95.6%	93%	93%	93.4%	95.3%	95.2%	93.7%	94.0%	94.3%
CB_B7: Breast symptom referrals seen within 2 weeks	93.5%	93%	93%	92.3% 7 breaches	89.6% 11 breaches	96.3%	93.3%	94.1%	93.1%
<b>Cancer waits – 31 days</b>									
CB_B8: Cancer diagnosis to treatment within 31 days	98.6%	96%	96%	97.6%	97.3%	98.3%	100.0%	99.0%	98.4%
CB_B9: Cancer patients receiving subsequent surgery within 31 days	95.9%	94%	94%	95.1%	95.4%	92.0% 2 breaches	100.0%	94.7%	95.4%
CB_B10: Cancer patients receiving subsequent Chemo/Drug within 31 days	100.0%	98%	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
CB_B11: Cancer patients receiving subsequent radiotherapy within 31 days	99.1%	94%	94%	100.0%	100.0%	97.9%	95.8%	91.8%	97.1%
<b>Cancer waits – 62 days</b>									
CB_B12: Cancer urgent referral to treatment within 62 days	86.0%	85%	85%	76.5% 16 breaches	78.7% 13 breaches	68.4% 24 breaches	71.8% 24 breaches	80.0% 12 breaches	75.1% 89 breaches
CB_B13: Cancer Patients treated after screening referral within 62 days	89.7%	90%	90%	93.3%	91.7%	100.0%	100.0%	100.0%	97.0%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	90.0%	86%	86%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Category A ambulance calls (Trust level)</b>									
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	76.8%	75%	75%	75.9%	74.4%	72.5%	73.3%	72.4%	73.7%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	73.9%	75%	75%	77.3%	76.0%	74.2%	73.3%	72.0%	74.6%
All life threatening: Category A calls within 19 minutes	97.0%	95%	95%	96.4%	95.9%	95.0%	94.3%	94.1%	95.1%
<b>Mixed Sex Accommodation breaches</b>									
Mixed Sex Accommodation breaches	12	0	0	0	0	0	0	0	0
<b>Mental health</b>									
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	97.1%	95%	95%		96.8%				96.8%

## CCG Operating Plan 2015/16 (27.10.2015)

Indicator	Measure	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD
<b>Improving Access to Psychological Therapies (IAPT)</b>									
Proportion of the people that enter treatment against the level of need in the general population	Percentage	8.4%	15.0%	0.7%	0.8%	0.9%	1.0%	0.7%	4.1%
	Patients entering treatment	2,231	4,006	181	202	244	269	199	1,095
Proportion of patients completing treatment who have moved to recovery	Percentage	49.9%	50.0%	50.3%	51.6%	53.3%	50.4%	47.3%	50.7%
	Patients moving to recovery	985		78	79	97	114	69	437
	Patients completing treatment	2,078		163	165	193	241	155	917
	Patients completing treatment who were not at clinical caseness at initial assessment	103		8	12	11	15	9	55
Proportion of patients completing treatment who commenced within 6 weeks of referral	Percentage		75.0%	91.4%	93.3%	92.2%	94.2%	91.6%	92.7%
	Patients waiting more than 6 weeks			14	11	15	14	13	67
Proportion of patients completing treatment who commenced within 18 weeks of referral	Percentage		95.0%	96.3%	98.8%	96.9%	97.9%	96.1%	97.3%
	Patients waiting more than 18 weeks			6	2	6	5	6	25
<b>Dementia diagnosis</b>									
Estimated diagnosis rate (ages 65+)	Percentage	53.6%	66.7%					62.7%	62.7%
	Dementia register size	2,159	2,685					2,525	2,525
<b>Monthly Activity Return (MAR)</b>									
Elective Ordinary FFCEs (G&A)	Variation against plan	4.8%		-10.2%	8.2%	-3.5%	-1.0%	-0.3%	-1.6%
Elective Day Case FFCEs (G&A)	Variation against plan	30.0%		4.2%	7.1%	8.5%	1.1%	-3.0%	7.3%
Total Elective FFCEs (G&A)	Variation against plan	24.6%		1.7%	7.3%	6.4%	0.8%	-2.5%	5.8%
Non-Elective FFCEs (G&A)	Variation against plan	12.4%		5.7%	2.5%	6.7%	2.0%	-6.8%	4.9%
All First Outpatient Attendances (G&A)	Variation against plan	29.6%		-2.0%	2.1%	3.5%	-0.8%	8.6%	1.3%
First Outpatient Attendances following GP Referral (G&A)	Variation against plan	42.4%		-3.2%	2.2%	2.5%	0.5%	5.1%	0.6%
GP Written Referrals Made (G&A)	Variation against plan	36.6%		35.4%	35.3%	25.5%	33.1%	32.0%	32.2%
Other Referrals for a First Outpatient Appointment (G&A)	Variation against plan	8.2%		-26.3%	-24.9%	-31.4%	-28.9%	-29.5%	-28.0%
Total Referrals (G&A)	Variation against plan	28.9%		15.1%	15.5%	6.8%	12.0%	11.0%	12.2%
<b>A&amp;E activity trajectory</b>									
A&E attendances - all types	Variation against plan	14.1%		-3.1%	17.2%	-0.5%	-2.8%	-12.2%	67.7%
Plan		77,595		7,057	7,292	7,057	7,292	7,292	21,407
Actuals		88,535		6,835	8,546	7,024	7,088	6,404	35,897

## Appendix B: Glossary

The following terms shall have the following meanings unless the context requires otherwise:

A&E	Accident and Emergency
ACG	Adjust Clinical Grouper
AQP	Any Qualified Provider
ASCOF	Adult Social Care Outcomes Framework
BCF	Better Care Fund
BI	Business Intelligence
CAU	Community Assessment Unit
CCG	Clinical Commissioning Group
CDSS	Computer Decision Support Software
CES	Commissioning Enablement Service
CHC	Continuing Health Care
CMS	Contract Management Solutions
COPD	Chronic Obstructive Pulmonary Disease
CPA	Care Programme Approach
CPT	Combined Predictive Tool
CQRM	Clinical Quality Review Meeting
CQUIN	Commissioning for Quality and Innovation
CSH	Central Surrey Health
CSO	Commissioning Support Officer
CSU	Commissioning Support Unit
DH	Department of Health
DHR	Domestic Homicide Review
DTA	Decision To Admit
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDICS	Epsom Downs Integrated Care Services
ESTH	Epsom and St Helier University Hospitals NHS Trust
FFT	Friends and Family Test
GP	General Practitioner
HCAI	Healthcare Associated Infection
HES	Hospital Episode Statistics
HHR	Hampshire Health Record
HRG	Healthcare Resource Groups
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HSMI	Hospital Standardised Mortality Ratios
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
IC	Information Centre
INR	International Normalised Ratio
IP	In-Patient
JSNA	Joint Strategic Needs Assessment

KHFT	Kingston Hospital NHS Foundation Trust
LA	Local Authority
LES	Local Enhanced Services
LT	Local Team
MRSA	Methicillin-Resistant <i>Staphylococcus Aureus</i>
MSA	Mixed Sex Accommodation
MSK	Musculoskeletal
N3	The National Network
NHS	National Health Service
NHSE	NHS England
OOH	Out of Hours
OP	Out-Patient
PA	Personal Assistant
PALS	Patient Advice and Liaison Service
PARR	Patients at Risk of Re-Hospitalisation
PBC	Practice Based Commissioning
PbR	Payment by Results
PC	Personal Computer
PH	Public Health
PIR	Post Infection Review
PYLL	Potential Years of Life Lost
QA&E	Quality Assurance and Evaluation
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
QTD	Quarter To Date
RTT	Referral to Treatment Time
SABP	Surrey and Borders Partnership NHS Foundation Trust
SASH	Surrey and Sussex Healthcare NHS Trust
SCR	Serious Case Review
SDCCG	Surrey Downs Clinical Commissioning Group
SECamb	South East Coast Ambulance Service NHS Foundation Trust
SHMI	Summary Hospital-level Mortality Indicator
SSAB	Surrey Safeguarding Adults Board
SSCB	Surrey Safeguarding Children Board
STEIS	Strategic Executive Information System
SUS	Secondary Uses Service
TCI	To Come In (date)
TDA	Trust Development Authority
T&O	Trauma and Orthopaedics
TTR	Time in Therapeutic Range
VCSL	Virgin Care Services Limited
YTD	Year To Date (the NHS financial year commencing 1st April and ending 31st March)