

*Governing Body*  
*Friday 25th November 2016*

## Quality and Performance Report

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<b>Relevant Committees or forums that have already reviewed this paper:</b>	Quality Committee
<b>Action required:</b>	For discussion
<b>Attached:</b>	Quality and Performance Report
<b>CCG Principal objectives relevant to this paper:</b>	N/A
<b>CCG Operating plan objectives relevant to this paper:</b>	OP1) Implement the quality improvement strategy; OP2) Implement pathway programmes; OP4) Delivery of constitutional performance requirements; OP5) Delivery of other priorities
<b>CCG core functions relevant to this paper:</b>	CSF1 Commissioning of services, including patient choice; CSF2 Meeting required national and local performance standards; CSF3 Improving quality, including research; CSF4 Compliance with standards including patient

	<p>safety;</p> <p>CSF5 Reducing inequalities;</p> <p>CSF6 Patient and Public engagement;</p> <p>CSF11 Safeguarding children and associated legal duties;</p> <p>CSF12 Adult safeguarding and associated legal duties (including mental capacity);</p> <p>CSF17 Continuing Health Care;</p> <p>CSF18) Collaborative arrangements – NHS, local authority and other;</p> <p>CSF19 Public Health responsibilities including child poverty;</p> <p>CSF21 Supporting Health and Wellbeing including JSNA</p>
<p><b>Risk</b></p>	<p>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.</p>
<p><b>Compliance observations:</b></p>	<p><b>Finance:</b> There continues to be a risk that the CCG will not achieve the level of performance in a number of areas of quality and that this will impact on the potential to receive the associated quality premium payments.</p> <p><b>Engagement:</b> Patient and public feedback is key to understanding the quality and experience of commissioned services. The CCG monitors its commissioned providers in respect of performance in this area.</p> <p><b>Quality impact:</b> Quality Impact Assessments are carried out on all service developments and improvements and monitored for future impact.</p> <p><b>Equality impact:</b> Equality Impact Assessments are carried out on all service developments and improvements and monitored for future impact.</p> <p><b>Privacy impact:</b> None identified in this paper</p> <p><b>Legal:</b> No issues identified.</p>

## **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:**

#### **Section One: Provider performance**

A summary of the key issues and actions in place for each provider is outlined in this report.

#### **Section Two: CCG performance**

A list of the red rated indicators is placed in the Executive Summary and again at the beginning of Section two of the report.

A more detailed report has been received and reviewed by the Quality Committee that took place on 4<sup>th</sup> November 2016.

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

The Governing Body is requested to:

- 1) Review the report
- 2) Discuss highlighted matters of concern and areas where further assurance is required.
- 3) Agree any matters for escalation to NHS England or regulatory organisations

**Date of paper**

15<sup>th</sup> November 2016

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## **Integrated Quality and Performance Report – September 2016**

### **1. Introduction**

- 1.1. Ultimate responsibility for safeguarding the quality of care provided to patients rests with each provider organisation through its Board. However, CCGs, as statutory organisations are required to deliver the best possible services to and outcomes for patients within financial allocations. Therefore, Surrey Downs CCG (SDCCG) has a statutory duty to secure continuous improvements in the care that we commission and to seek assurance around the quality and safety of those services. This requirement is underpinned by national guidance and locally-determined commissioning intentions.
- 1.2. This report covers data reported to September 2016 Clinical Quality and Review Group meetings and is to assure the Governing Body that the CCG monitors the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and, that areas of concern or risk to patients are highlighted and addressed. The report presents an overview of quality of care and patient safety matters, with narrative around areas of concern, risk. A weekly performance report covering contract performance indicators is produced and circulated to CCG leaders. It is reviewed by the CCG Executive therefore general performance indicators are not covered in this report to the Governing Body.
- 1.3. Section One of the report provides summary information about Surrey Downs CCG's main providers based on all available data at the time of writing the report.
- 1.4. Section Two of the report summarises performance against the key areas outlined below and forms the basis of the NHS England South (South East) assurance meetings:
  - CCG Outcomes Indicator Set
  - NHS Constitution
  - CCG Operating Plan including three local priorities

1.5. The performance dashboards for Surrey Downs CCG patients (Appendix 1) reflect the formal reporting of performance position against the goals and core responsibilities of the CCG as outlined in the '*CCG Improvement and Assessment Framework 2016/17*'.

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

1.7. Where inadequacies in provider performance around quality and safety are assessed to be a risk to the CCG as a commissioner of those services, these will be raised on the CCG's corporate risk register or Governing Body Assurance Framework.

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

### **2.1. Provider Performance**

A summary of the key issues for each provider and the actions being taken is contained in the table below. A more detailed report has been received and reviewed by the Quality Committee that took place on 4<sup>th</sup> November 2016.

Key areas that the Quality Committee members wished to highlight to the Governing Body for further discussion were:

- Ambulance handovers and the need for Provider Trusts to take responsibility for both the patient and the 4 hour A&E performance when receiving patients via ambulance
- A backlog of CHC reviews. This is mainly attributed to workforce issues during late summer and it is expected that this backlog will be addressed over the coming weeks
- Lower respiratory tract emergency admissions are an issue for GP Practices located near to an A&E department
- Primary Care Standards for Care Homes are an issue as it is difficult to achieve the required targeted approach
- There are 7 care homes in Surrey Downs that have signed up to participate in a relevant CQUIN scheme.

<b>CSH Surrey</b>	
<b>Issue</b>	<b>Action</b>
Recruitment continues to be a key challenge and the services are experiencing high levels of vacancy within nursing services, however the current trend continues to be positive (July data).	Active recruitment using more innovative schemes to attract staff remains in place The Quality Committee has asked for further assurance about expected achievement of the recruitment trajectory and this will be reported to the next formal Committee
CSH Surrey's compliance links with the Surrey Safeguarding Adult Board. Compliance with Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training remains inadequate.	CSH Surrey Safeguarding leads have a plan in place to address this. This will be monitored by commissioners through the CQRG.
CSH Surrey has raised concerns about the timeliness of NHS Property Services in completing remedial works to clinical environments.	CSH Surrey has escalated through appropriate channels within NHS Property Services. A number of clinical insight visits are planned by the CCG which will support CSH's preparation for their CQC inspection and environment will be a major focus in these including any impact on patient safety or experience.
<b>Epsom and St Helier</b>	
<b>Issue</b>	<b>Action</b>
The Trust received a rating of "Requires Improvement" from the CQC inspection in May 2016	The CQC action plan identifies all actions picked up by the CQC and has been split into 1, 3 and 6 month timeframes. All "must do's" were treated as 1 month actions and have been completed. The CQC action plan will be monitored by commissioners at the CQRG.
Incidence of HCAI at the Trust with continued evidence of poor compliance with the hygiene code	The CCG together with Sutton CCG continues to raise concerns with the Trust about the continued poor performance around areas of Infection and Prevention Control. The Trust's improvement plan will be incorporated into the overarching CQC action plan. The appointment of a new Infection and Prevention Control lead should support improvements in practice.

<b>Surrey and Borders Partnership FT</b>	
<b>Issue</b>	<b>Action</b>
SABPFT were inspected in March 2016 and result was an overall 'Requires Improvement' rating. The report is published on the CQC website.	The action plan has been approved by SABPFT Board and it is anticipated that all actions will be completed by December 2016. The plan will be monitored by Commissioners.
Recruitment of staff, particularly relating to PICU at Farnham Road Hospital	A recruitment campaign continues and Safer Staffing levels are being monitored on a weekly basis through the "Safer Staffing Huddle".
<b>Kingston Hospitals NHS FT</b>	
<b>Issue</b>	<b>Action</b>
CQC inspection – January 2016. Report published - 14 <sup>th</sup> July 2016. The result was an overall 'Requires Improvement' rating.	A Quality summit took place on 19 <sup>th</sup> September where the CQC fed back on the inspection and the actions required. The resulting action plan was taken to the Trust Board at the end of September. The action plan will be scrutinised at the CQRG until actions are completed.
<b>Surrey and Sussex Healthcare (SASH)</b>	
<b>Issue</b>	<b>Action</b>
Timely Ambulance Handovers continue to be an issue at the hospital	Monitored by the Trust. Actions and improvements reported through the A&E Delivery Board.
<b>South East Coast Ambulance (SECamb)</b>	
<b>Issue</b>	<b>Action</b>
On-going concerns regard R1, R2 and A19 performance indicators.	Continued participation in the monthly Commissioner Forum and have escalated concerns to North West Surrey CCG as the lead commissioner for Surrey.
Fractile response times remain an on-going concern	Continued discussions with North West Surrey CCG to support the delivery of 'tail end' audits. NHS Surrey Downs CCG has offered support.
Unified Recovery Action Plan	SDCCG is actively engaged in the commissioner forum to support SECamb and monitor the action plan.
The Trust was inspected by the CQC in May and have been rated as Inadequate	A revised Unified Recovery Action Plan is being agreed delivery of which will be supported by commissioners and regulatory bodies.

<b>Royal Surrey County Hospital FT</b>	
<b>Issue</b>	<b>Action</b>
In April 2016 the lead commissioner wrote to CCG about quality concerns in the following areas: cancer, emergency department, diagnostic waits, access to stroke services and workforce.	A remedial action plan was drawn up and is monitored by the Lead Commissioner who has reported some improvements in a number of areas.
<b>Royal Marsden Hospital FT</b>	
<b>Issue</b>	<b>Action</b>
RMH narrowly failed the 31 day subsequent surgery target. There were 4 patients who underwent surgery outside of their 31 day date. These included 2 sarcoma patients, 1 skin patient and a urology patient.	Extra lists are being utilised where possible and when patients are available to attend the hospital
The CQC visited the Trust in April 2016. At the time of this report, the CQC report has not been published.	To be agreed
<b>St George's Hospital</b>	
<b>Issue</b>	<b>Action</b>
The breach Root Cause Analysis (RCA) process and governance is still of concern. A more robust RCA pro-forma has been developed however it, and the review process that spans the Trust and Wandsworth CCG, is not yet being consistently used by the Trust	Going forward the CQRG require a regular written report from the Trust Clinical Harm Group to include as minimum key themes, actions being taken and identified cases of harm that have moved to SI. The group further recommended that a Contract Performance Notice should be considered through the contracting route due to the continued delay in establish an effective process.
The Trust was inspected by the CQC during the week commencing 21 <sup>st</sup> June 2016 and is awaiting a full report and rating.	The Trust received the draft CQC report in late September for comment. Publication of the final report is anticipated during October. A Quality summit will be organised after which a commissioner Quality Oversight Group will be established to monitor the Trust action plan. That group will report to the CQRG.

## Out of Hospital Providers

<b>Dorking Healthcare</b>	
<b>Issue</b>	<b>Action</b>
Dorking Healthcare (DHC) reported a Never Event during the May 2016 contract/quality meeting that related to a potential wrong site surgery which took place at Ramsey Ashtead Hospital.	The CSU have requested additional information in response to initial report on the Never event; most information has been shared and the final report is expected to be submitted in the next few weeks
<b>Epsom Medical</b>	
<b>Issue</b>	<b>Action</b>
Nil to report	
<b>Ramsey Ashtead</b>	
<b>Issue</b>	<b>Action</b>
The Never Event took place at Ramsey Ashtead Hospital under a sub-contract to DHC who are responsible for that activity.	Ramsey Ashtead has fully engaged with the RCA process and has provided the required additional information requested by the CSU.
<b>Safeguarding</b>	
<b>Issue</b>	<b>Action</b>
The number of applications being received by the Local Authority under Deprivation of Liberty Safeguards (DoLS) is significantly exceeding the numbers that are able to be assessed. This presents a potential risk to both individuals awaiting assessment who may be wrongly deprived of their liberty and to organisations that could be challenged for not having the right process in place. Backlog of DoLS applications is a national issue.	<p>This issue has been raised with the local authority by the Surrey Safeguarding Adults Board and assurance has been sought regarding expected improvements.</p> <p>This has been raised as a risk on the Quality Risk Register.</p>
<b>Continuing Healthcare</b>	
<b>Issue</b>	<b>Action</b>
The CHC service uncovered a backlog of patients who had not received their 3 month or annual review with the potential risk that they may not be receiving the correct care that will meet their needs.	<p>A data cleansing exercise has been undertaken and actions have been taken to ensure that the outstanding reviews are completed as soon as possible.</p> <p>A root cause analysis has been undertaken to understand the reasons behind this backlog.</p>

## 2.2. CCG Performance - Red rated indicators

The following list sets out where the CCG did not achieve the targets. Please refer to Appendix 1 for more details and commentary.

### **2.2.1. CCG Outcomes Indicator Set**

- Emergency admission for alcohol related liver disease
- Unplanned hospital admission for asthma, diabetes and epilepsy in under 19s
- Emergency admissions for children with lower respiratory tract infections
- Breast feeding
- MRSA

### **2.2.2. NHS Constitution Metrics**

- A&E waits within four hours
- % patients waiting within 6 weeks for a diagnostic test
- Cancer 62 day screening
- Category A ambulance
  - Red 1
  - Red 2
  - Calls within 19 minutes
- Mental Health – care programme approach

### **2.2.3. CCG Operating Plan including three local priorities**

- Entering treatment
- Estimated diagnosis rate of dementia age 65+
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## **Section Two – CCG 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

### 1.2. CCG Performance - Red rated indicators

The following list sets out where the CCG did not achieve the targets. Please refer to Appendix 2 for more details and commentary.

#### **2.2.4. CCG Outcomes Indicator Set**

- Emergency admission for alcohol related liver disease
- Unplanned hospital admission for asthma, diabetes and epilepsy in under 19s
- Emergency admissions for children with lower respiratory tract infections
- Breast feeding
- MRSA

#### **2.2.5. NHS Constitution Metrics**

- A&E waits within four hours
- % patients waiting within 6 weeks for a diagnostic test
- Cancer 62 day screening
- Category A ambulance
  - Red 1
  - Red 2
  - Calls within 19 minutes
- Mental Health – care programme approach

#### **2.2.6. CCG Operating Plan including three local priorities**

- Entering treatment
- Estimated diagnosis rate of dementia age 65+

## **Appendix 1: Full Detail: Performance data - CCG Outcomes Indicators, NHS Constitution Metrics and CCG Operating Plan**

These documents are in separate files which will be brought together into one paper. This will mean that page numbering is no longer sequential from this point forward.