

Governing Body
Friday 27th January 2017

Quality and Performance Report

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Relevant Committees or forums that have already reviewed this paper	Quality Committee – 6 th January 2017

EXECUTIVE SUMMARY

This report is to assure the Governing Body that the CCG reviews the performance of the 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

A summary of the key issues for each provider is placed in this paper

Section Two

- 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
- A&E waits within four hours
- Cancer 62 day screening
- Category A ambulance
- Red 1
- Red 2
- Calls within 19 minutes
- Entering treatment
- Moving to Recovery (YTD)
- Estimated diagnosis rate of dementia age 65+

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 other NHS organisations.

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GOVERNANCE SUMMARY

Compliance:	Finance: 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.
	Engagement: 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>Formal impact assessments: Quality and Equality Impact Assessments are carried out on all service developments and improvements and monitored for future impact. There is no Privacy Impact identified in this paper.</p>
	<p>Risk: 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>Legal: No issues identified.</p>
<p>CCG principal objectives relevant to this paper</p>	<p>P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality</p> <p>P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development</p>
<p>CCG Operating plan objectives relevant to this paper(delete those that do not apply):</p>	<p>OP1) Implement the quality improvement strategy;</p> <p>OP2) Implement pathway programmes;</p> <p>OP4) Delivery of constitutional performance requirements;</p> <p>OP5) Delivery of other priorities</p>
<p>CCG core functions relevant to this paper(delete those that do not apply):</p>	<p>CSF1 Commissioning of services, including patient choice;</p> <p>CSF2 Meeting required national and local performance standards;</p> <p>CSF3 Improving quality, including research;</p> <p>CSF4 Compliance with standards including patient 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>
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Integrated Quality and Performance Report – January 2017

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 at November 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 being covered in this report to the Governing Body.
- 1.3. **Section One** of the report provides information about Surrey Downs CCG's main providers and reports on all available data at the time of writing the report. This summarises national and local data, formal and informal, for all patients (not only Surrey Downs). In depth review of key risk areas has been undertaken and, in this way, any wider concerns around quality and safety leading to potential risk to Surrey Downs CCG patients are addressed.
- 1.4. **Section Two** of the report summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team's quarterly assurance meetings:
- CCG Outcomes Indicator Set
 - NHS Constitution
 - CCG Operating Plan including three local priorities

- 1.5. The performance dashboards for Surrey Downs CCG patients 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 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 is outlined in the table below. A more detailed report has been received and reviewed by the Quality Committee that took place on 6th January 2017.

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

Patient and Public Engagement

- Concern around the progress to date within the CCG in agreeing and implementing our Patient and Public Engagement strategy

System risk

- The on-going concerns around the performance of SECamb although there had been some improvement in performance noted in the latest data received.
- The Committee noted that SECamb had supported the London Ambulance Service during their internal system failure that happened on New Year's Eve.
- Stroke – The Committee agreed to undertake a deep dive into performance and outcomes for patients following a stroke using SSNP as a framework for this.
- Workforce which included system wide pressures. These had particularly been discussed in relation to CSH Surrey where there continue to be large

numbers of vacancies within the nursing teams, particularly community nursing

- SABPFT have been informed that the Health and Safety Executive are anticipating a prosecution in relation to the death of a patient on the Epsom Hospital site in 2014
- The Committee discussed conducting a Self-review of our performance and will be planning this in conjunction with the Governing Body and associated committees

Summary of Key issues for providers:

CSH Surrey	
Issue	Action
Recruitment continues to be a key challenge and the services continue to experience high levels of vacancy within nursing services.	Active recruitment using more innovative schemes to attract staff remains in place Exit interviews are conducted and themes and trends use to support future recruitment and retention Risk management processes are in place to manage the patient caseloads and ensure minimal impact on patient safety and experience
CSH Surrey are preparing for their CQC inspection which will commence on 9 th January 2017.	The Quality Team has supported CSHS through focussed assurance visits
CSH Surrey continues to raise concerns about the timeliness of NHS Property Services in completing remedial works to clinical environments. Quality insight visits by the Quality Team have highlighted the impact that this has on patient safety and experience	CSH Surrey has escalated through appropriate channels within NHS Property Services. CCG is working with the organisation to ensure that work impacting on clinical services is prioritised by NHS Property Services
Epsom and St Helier	
Issue	Action
The Trust received a rating of “Requires Improvement” from the CQC inspection in May 2016	There has been a significant increase in the number of completed actions but there has been an increase in the number of actions overdue. Update reports will continue to be monitored in the CQRG.
Incidence of HCAI at the Trust with continued evidence of poor compliance with the hygiene code	The appointment of a new Infection and Prevention Control lead is now giving a more realistic picture of the performance across the trust which is enabling more targeted support and improved

	accountability at a service level.
Complaints performance	The backlog in complaints continues, mitigating measures are being put in place with additional staff and the impact will be monitored through the CQRG.
Surrey and Borders Partnership FT	
Issue	Action
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 reviewed at the CQRM and it is anticipated that all actions will be completed by December 2016.
Concerns have been raised about the use of the PICU at Farnham Road Hospital following an unannounced visit by the CQC	The Trust has put measures in place to protect patients and staff. This has included restricting admission to the unit until actions have been completed
The Trust has completed work that minimises the risk of AWOLs from their inpatient services. However, there is still a considerable risk identified at the Epsom Hospital site	A consultation will be carried out that will consider the transfer of beds from the Epsom site to the Abraham Cowley Unit in Chertsey.
The Trust has been informed by the HSE that they are anticipating prosecution following the death of a patient on the Epsom Hospital site in 2014	No action required by the CCG at this time
Kingston Hospitals NHS FT	
Issue	Action
CQC inspection – January 2016. Report published - 14 th July 2016. The result was an overall 'Requires Improvement' rating.	The resulting action plan was taken to the Trust Board at the end of September 2016 and will be scrutinised at the CQRG until actions are completed.
Surrey and Sussex Healthcare (SASH)	
Issue	Action
The number of falls has been rising in the Trust with 6 falls in September 2016 - severe harm x4 (Red) and Moderate harm x2 (Amber) – and comprised four of the 8 SIs declared in that month.	The recently appointed Deputy Director of Nursing has been tasked with conducting a review to identify the eight wards with the highest falls rates and to identify learning from those incidents. The report will be brought to the February 2017 CQRM meeting following review at the Trust's Safety and Quality Committee in January 2016.
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.
Workforce - there is still on-going high	This is being monitored on a daily basis

usage of Bank & Agency staff.	and reviewed by the Project Management Office on a weekly basis. The Trust is responding through on-going overseas recruitment programme.
South East Coast Ambulance (SECamb)	
Issue	Action
On-going concerns regard R1 and R” performance	SECamb’s current trajectory is to hit red 1 and 2 on the first April; they have not submitted a revised trajectory for these constitutional targets and as yet have not articulated how this will be delivered. This is forming part of current contract negotiations
Fractile response times remain an on-going concern	Recent workshop has identified key actions and next steps which will be monitored by commissioners
Unified Recovery Action Plan	This is currently being merged with the CQC action plan and awaiting confirmation of sign off – an updated plan is expected at the next commissioners forum in January
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. A new set of Quality metrics are being developed monitor progress with the URP
Royal Marsden Hospital FT	
Issue	Action
The Trust did not meet the 62 day urgent GP referral standard (before reallocations) with performance at 78.3% in August and 73.6% in September.	A Trust Remedial Action Plan is now in place which includes referring Trusts
The CQC visited the Trust in April 2016. At the time of this report, the CQC report has not been published.	To be agreed
St George’s Hospital	
Issue	Action
The Trust’s CQC was inspected in June 2016 and the report published on 1 st November 2016. The result was an overall ‘Inadequate’ rating and the report is published is on the CQC website.	The St George’s CQC action plan will be monitored at a second part of the monthly CQRG. Membership of the group includes the senior leaders from the Lead Commissioner, the Trust, Merton CCG, the CQC, and South East Commissioning Support Unit. As Lead Commissioner for the Surrey CCGs, Surrey Downs CCG will be kept informed of progress through reports to

	part one of the CQRG and, directly, by the Wandsworth CCG Interim Deputy Director of Quality and Lead Nurse
The trust has been non-compliant against RTT incomplete pathways since April 2016 with performance in September at 86.7%, a slight improvement on the previous month's performance of 85.6%.	The trust acknowledges the importance of not just reducing long waiters but achieving a position of sustainability and has a number of actions in place to address performance.

Out of Hospital Providers

Dorking Healthcare	
Issue	Action
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 additional information requested has been reviewed and the report will be presented to the January 2017 Serious Incident Review Sub-Committee for discussion with a view to agreeing to submit to NHSE for closure.
Dorking Healthcare reported a Never Event that took place on 12 th December 2016. It related to a wrong site surgery which took place at Spire St Anthony's Hospital under a sub-contract to DHC who are responsible for that activity.	At the time of writing this report the CCG is in the early stages of ensuring that appropriate governance and clinical governance processes are in place to ensure that a robust investigation is undertaken.
Epsom Medical	
Issue	Action
The CQC in their Quality reports have identified Must do's and Should do's that provider needs to action	The Quality and Safety team have requested the action plan and an update from the provider for the next CQRG.
Ramsey Ashtead	
Issue	Action
The Never Event took place at Ramsey Ashtead Hospital under a sub-contract to DHC who are responsible for that activity.	The full update on this is provided under Dorking Healthcare, however, the provider has been asked for an update on actions it has now taken since the investigation which should be presented to the next CQRG in January.

Additional information for note

Princess Alice Hospice (PAH)

Care Quality Commission (CQC)

Princess Alice Hospice has been rated as Outstanding by the CQC. They received an outstanding in all five domains that were inspected by them, the first hospice to receive this rating across the UK. This is an enormous achievement by the hospice and reflects the excellence in their approach to collaborative working. The full report can be downloaded at:

<http://www.cqc.org.uk/location/1-143826921>

Safeguarding Adults and Children

The integration of the Designated Safeguarding Adults and Childrens teams was completed on 1st October 2016 and the service is now hosted by Guildford and Waverley CCG. The monthly exception report provided by the Deputy Director for Safeguarding was reviewed by the Quality Committee as part of the Quality and Performance Report.

Children's Services

OFSTED has carried out an inspection of SEND services within Surrey and the report has now been published. There are a number of key areas where OFSTED has identified concerns and partners are working together to develop a co-ordinated improvement plan. Further information will be shared once received.

Care Homes

Project Hydration has now launched across the Surrey Downs area, with 19 care and residential homes signing up to work collaboratively with us to identify and undertake actions to improve hydration in their residents and staff. The first Surrey Downs CCG hosted training event took place recently, with 23 identified 'hydration champions' from 14 care homes attending. All attendees have now committed to undertake two key actions on the back of the event which will be updated on a regular basis over the coming weeks and months.

The first phase of Project Hydration will run until April 2017 with the aim of improving the quality of life for residents whilst reducing burden on primary and secondary care due to urinary tract infection, falls, and exacerbations of long term conditions. Care homes will be providing us with monthly data on UTIs, falls and Fracture Neck of Femur.

The second wave of sign-ups will happen early in the year and progress will be reported in future quality and performance reports.

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

1.2. Red rated indicators

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

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

NHS Constitution Metrics

- A&E waits within four hours
- Cancer 62 day screening
- Category A ambulance
 - Red 1
 - Red 2
 - Calls within 19 minutes

CCG Operating Plan including three local priorities

- Entering treatment
- Moving to Recovery (YTD)
- Estimated diagnosis rate of dementia age 65+

