

Governing Body

26th May 2017

Quality and Performance Report

22nd May 2017

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Audience	Governing Body

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

A summary of the key issues for each provider is placed in the Executive Summary

Section Two

The following list sets out where the CCG did not achieve the targets. Please refer to Appendix 2 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
- MRSA

NHS Constitution Metrics

- A&E waits within four hours
- Mixed Sex Accommodation Breaches
- Category A ambulance
 - Red 1
 - Red 2
 - Calls within 19 minutes

CCG Operating Plan including three local priorities

- Entering treatment
- Moving to Recovery
- 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 or external organisations.

**For further
information
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GOVERNANCE SUMMARY

<p>Compliance:</p>	<p>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.</p>
	<p>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>
	<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>P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme</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>P4) Ensure that the CCG's Organisational Development programmes for the Governing Body and Heads of Service create a radically different culture for the delivery of both objectives and Business As Usual.</p>

<p>CCG Operating plan objectives relevant to this paper</p>	<p>OP1) Implement the quality improvement strategy; OP2) Implement pathway programmes; OP4) Delivery of constitutional performance requirements; 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; CSF2 Meeting required national and local performance standards; CSF3 Improving quality, including research; CSF4 Compliance with standards including patient safety; CSF5 Reducing inequalities; CSF6 Patient and Public engagement; CSF11 Safeguarding children and associated legal duties; CSF12 Adult safeguarding and associated legal duties (including mental capacity); CSF17 Continuing Health Care; CSF18) Collaborative arrangements – NHS, local authority and other; CSF19 Public Health responsibilities including child poverty; CSF21 Supporting</p>

Integrated Quality and Performance Report – May 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 March 2017 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 information about Surrey Downs CCG's main providers 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).
- 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 (Appendix 1) 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

The Quality and Performance reports were discussed by the CCGs Quality Committee which was held on 12th May 2017. The full report is available and may be provided on request.

CSH Surrey	
Issue	Action
CSH Surrey was inspected by the CQC in January and is awaiting the final report	No action required at present
Concerns have been raised by CSH Surrey about the increase in referrals to the continence service and the associated increase in provision of continence products	A report regarding the continence service has been discussed at the CQRG and will be discussed further at the CCG to agree next steps
Epsom and St Helier	
Issue	Action
The Trust received a rating of "Requires Improvement" from the CQC inspection in May 2016	The number of completed actions continues to rise with overdue actions and progress reported to the CQRG
Incidence of HCAI at the Trust with continued evidence of poor compliance with the hygiene code	Hand hygiene performance has shown some improvement but this needs to be evidenced for all areas and demonstrate sustained, high level improvement
Dementia Screening Performance on a downward trajectory and not meeting required levels	No formal confirmation of how the Trust will address the issue of dementia screening and thus the CCG may consider use of the contractual levels

Patient Transport Services – The Trust is out of contract with its provider and a new interim provider is expected to start from 1 st April 17	Regular meetings to be set up with the Trust to gain assurance on the Quality and Safety of services provided by the new provider.
Safe Discharge information to Community Hospitals	Senior lead for Discharge engaged with to make contact with clinical leads at each community hospital to address immediate safety concerns
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 Trust reported in April 2017 that 98% of actions had been completed.
Data Quality During the implementation of a new data system the Trust experienced a number of issues that have led to delays in producing good quality data.	The Trust is working with NHS England to increase confidence in the data by finding a solution to data automation issues within System One. NHSE were expecting a plan to be in place by March 2017. Further information will be available in the July report to the Quality Committee.
SABPFT were inspected in March 2016 and result was an overall 'Requires Improvement' rating. The report is published on the CQC website.	The Trust reported in April 2017 that 98% of actions had been completed.
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 Trust reported in January 2017 that they are making good progress. An update will be brought to the CQRG in May 2017.
Pressure Ulcers – the Trust has seen a rise in reportable pressure ulcers during January and February 2017 and a number of actions have been put in place in response.	Monitor the outcome of the remedial actions in the CQRG.
Surrey and Sussex Healthcare (SASH)	
Issue	Action
Referral to Treatment target (18 weeks) not meeting standard	Performance remains under standard and flat. East Surrey CCG has issued a contract performance notice in relation to

	18 weeks and an update will be sought at the next CQRG.
The number of falls has been rising in the Trust with severe and moderate harm continuing to be reported.	Work continues on the Falls improvement plan but the Trust are looking at appropriate reporting of falls going forward
VTE – non reporting of number an outcome of RCAs to commissioners	Following this issue being raised by commissioner a new quarterly report will be presented to commissioners on RCA outcomes, learning and actions being taken on a quarterly basis.
South East Coast Ambulance (SECamb)	
Issue	Action
On-going concerns regard R1 and R” performance	SECamb have not met the improvement trajectory and a revised trajectory is being developed through an external review by Deloitte
Improvement in Ambulance Clinical Outcome Indicators	The Clinical Outcome Indicator Group has met to identify clear targets/outcomes/measures to demonstrate clinical recovery of the organisation. A number of clinical pathways have been identified, and further work is needed to define and agree priorities. This will be mapped into the schedule 4 for 2017-19.
Medicines Management - significant concerns following audits carried out on two sites	This will be followed up at the next SECamb commissioners forum as to specific actions being taken
Serious Incident management not effective	Incident reporting (including serious incidents) forms part of the SECamb Unified Recovery plan, oversight for these areas will be at the Single Oversight Group. SECamb have upgraded their incident reporting system (DATIX) and incident categories reviewed in conjunction with service users. This will go live in March 2017. The process for reviewing serious incidents have been changed, both internally within SECamb and externally with commissioners – the new SI panel process is due to go live in April 2017.

Royal Marsden Hospital FT	
Issue	Action
RMH did not meet the 62 day urgent GP referral standard in February (before reallocations) with performance at 78.7% against a target of 85%. Performance rose above the target to 88.0% following reallocations. Despite the projected higher performance in March, it is unlikely that RMH will meet the target in Q4 as a result of the significant impact of January performance.	Remedial Action plan is in place for the Trust and also with referring Trusts because they are not achieving timely inter-Trust referrals. RMH has developed a revised trajectory for compliance in 2017/18 which has been submitted to NHSI, and a revised action plan will be produced to support the improvements required to achieve this trajectory.
The CQC visited the Trust in April 2016. The Trust received the CQC rating is 'Good'.	The CQC quality summit meeting was held on 6 th April 2017 where RMH presented the draft action plan developed to address key areas highlighted in the report and this was well received by the CQC at the Quality Summit.
St George's Hospital	
Issue	Action
<u>Infection Prevention and Control</u> Hand Hygiene – poor performance	The Infection Control team is recruiting a support nurse for 6 months to focus on Hand Hygiene compliance and education across professional groups. The Host Commissioner and NHSI IPC leads are to do a combined report and provide a programme of assurance for each CQRG.
<u>Staffing</u> - There is a significant problem with staff turnover, appraisals, retention of staff and morale. A Trust benchmarking committee has found that in all areas, except for turnover, St George's was below other Trusts and they are targeting areas to improve. Nursing recruitment is the biggest challenge.	The results and analysis of the Staff survey will be brought to the May CQRG for commissioner review.
The trust has been non-compliant against RTT incomplete pathways since April 2016. Work on the backlog has revealed that there is a cohort of dermatology patients who are waiting a long period for follow-up appointments.	The work is being monitored through the St George's Clinical Harm Group whose minutes are received by the CQRG. The group is chaired by a GP who attends the CQRG. Commissioners are assured by the approach being taken to identify potential/actual harm. No serious concerns have been raised to date.

Out of Hospital Providers

Dorking Healthcare	
Issue	Action
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.	St Anthony's commissioned an external investigation and submitted the report to DHC for review and comment. DHC has now given the CCG their comments for review at the CCG Serious Incident Review Sub-Committee in May 2017.
Epsommedical	
Issue	Action
The CQC in their Quality reports have identified Must do's and Should do's that provider needs to action	The provider response addresses the Must do's but assurance is still required that the 'Should do's' have been addressed which will be reported to the CCG
Ramsey Ashtead	
Issue	Action
No Issues to report	

Section One

1. Other Quality issues related to services hosted for Surrey Downs by other CCGs within the Collaborative

1.1. Safeguarding Children and Adults

An exception report was received at the March 2017 Quality Committee meeting. The Looked After Children six-monthly report and the integrated annual report are substantive items on the agenda for the May Quality Committee.

1.2. Carers

The quarter 3 report was received at the March 2017 Quality Committee meeting and there were no issues to raise at the May meeting by exception. The annual report will be a substantive item on the June Quality Committee agenda.

Surrey-wide Carers Support Service

The new Action for Carers Support contract went live on 3rd April 2017 using staff TUPE'd over from the previous provider and recruitment programme is underway to fill remaining vacancies. A more detailed summary covering the first three weeks can be supplied on request.

1.3. Children's Services

Following the re-procurement of Children's services Surrey wide, a new provider has been awarded the contract. The services will be provided by an alliance formed by CSH Surrey, First Community Health and Surrey and Borders Partnership NHS Foundation Trust and went live on 1st April 2017. A report on this service will be included in the quality report to the Quality Committee on a quarterly basis going forward and to the Governing Body by exception.

2. Other Services

2.1. Care Homes

As reported to the Quality Committee in March 2017, the Surrey Downs CCG Quality Care Homes Team is now fully recruited and is beginning to engage with a number of stakeholders across the CCG. Once the team is more established, a regular report will be included in the Quality and Performance report to the Committee.

3. CCG Quality – internal

3.1. Quality Improvement Strategy and Action Plan

An update on the progress against the action plan in 2016 will be presented at the June Quality Committee.

3.2. Community Hubs

Epsom Health & Care (EHC) is not flagging any red rated risks with regard to quality of care. Organisational leadership/governance around the reporting and investigating of Serious Incidents and incidents is being clarified with EHC.

For Dorking and East Elmbridge, the organisational leadership/governance around the reporting and investigating of SIs/incidents is being worked through with the provider boards.

The CCG is checking that the GP providers within the Hubs are compliant with the requirements of registration Care Quality Commission (Registration) Regulations 2009 Initial indications from the CQC are that the arrangements are sufficient.

Arrangements are being put in place to ensure that governance arrangements for the delivery of Community Integration Programme are sufficient for Commissioner's oversight, monitoring of patient quality and QIPP savings delivery.

3.3. Risk Management

The Governing Body governance review during 2015 highlighted that risk identification and management needed to be more prominent within the CCG. The corporate risk register had previously been brought to the Quality Committee quarterly, to provide the organisational context plus narrative to support assurance on risks around quality and safety, with interim updates at the monthly Committee meetings by exception. Therefore, since November 2015 the corporate risk register has been discussed at regularly at formal meetings of the Committee, usually following the integrated quality and performance report.

The CCG assurance framework sets out the risks to the CCG's principle objectives a number of which come under the remit of the Quality Committee therefore the Assurance Framework will form part of the risk management report to the Committee going forward.

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 Chief Nurse 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.

The Corporate risk register has been reviewed following the launch of Datix. Risks under the auspices of the Quality Committee will be presented for discussion at the Quality Committee in May 2017.

A risk had been identified following changes to the way that patients with Prostate Cancer will be followed up on completion of any acute intervention. This risk is being managed by the Planned Care Programme Board however, because there could potentially be serious implications for the quality and safety of patients should the agreed mitigations fail, it has been agreed that the risk should be transferred under the auspices of the Quality Committee. Assurance that the risk is being regularly being reviewed should be reported within the monthly CCG Risk Management report.

3.4. Service Redesign / Quality, Innovation, Prevention and Productivity (QIPP)

The CCG Programme Management Office oversees the QIPP programme and service developments. Leads are assigned to each work-stream / project which undergoes impact assessments – equality, privacy and quality. The Quality Team is responsible for reviewing the initial quality impact assessments and proposed key quality performance indicators before they are finalised and receives on-going assurance that the impacts are being reviewed and appropriate mitigations are in place.

4. Other

4.1. Healthcare Associated Infections (HCAI)

The table below provides a summary of all MRSA Bacteraemia cases during 2016-17. The CCG Quality Team has been involved in the Post Infection Reviews (PIR). More detail on each case is available on request.

Date	Case Reference	Allocation	Location	Status	Recommendations
20.05.16	486515	Third Party	SDCCG/ ESTH	Avoidable /Unavoidable	Went to arbitration and was assigned to Third Party.
23.11.16	522201	SDCCG	SDCCG/ ESTH		<p>The Trust should review their policies regarding the communication of a positive screening result after discharge from their care.</p> <p>Trust to review their policies re: communicating information following infection screens to patients, GP and Community Organisations after the patient is discharged from their care.</p> <p>Carers and informal carers should be supported with information and advice about managing at home following a positive MRSA screen.</p> <p>The Home Care agency should review its audit Programme to give assurance around compliance with infection control and hand hygiene.</p> <p>There should also be challenge and further education to improve the agency's understanding and attitude to Healthcare Associated Infections and managing the risk</p>
31.01.17	534680	Third Party	SDCCG/ ESTH	Unavoidable	<p>Trust to review their policies re: communicating information following infection screens to patients, GP and Community Organisations after the patient is discharged from their care</p> <p>Examples of good practice identified in all services.</p>
23.03.23	543625	SASH	SASH/	TBC	Screening of all wounds on admission to

			SDCCG	Identify infection and take preventative action Screening of all wounds on admission to identify infection and take preventative action Review of use of aseptic techniques to ensure that staff are competent and compliant
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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 Appendix 1 for more details and commentary.

1.2.1. CCG Outcomes Indicator Set

Emergency admission for alcohol related liver disease

Unplanned hospital admission for asthma, diabetes and epilepsy in under 19s

MRSA

1.2.2. NHS Constitution Metrics

A&E waits within four hours

Mixed Sex Accommodation Breaches

Category A ambulance

Red 1

Red 2

Calls within 19 minutes

1.2.3. CCG Operating Plan including three local priorities

Entering treatment

Moving to Recovery

Estimated diagnosis rate of dementia age 65+