

Integrated Quality and Performance Report - July 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 May 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 a summary of quality of care and patient safety matters. 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 summarises the information about Surrey Downs CCG's main providers based on the performance dashboard 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. 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.
- 1.6. 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 14th June 2017. The full report is available and may be provided on request.

CSH Surrey	
Issue	Action
The overall rating received following the CQC inspection carried out in January 2017 was “good” with a rating of outstanding for Caring. The organisation received, however, a rating of “Requires Improvement” for the Safety KLOE from the CQC inspection in January 2017.	Improvement plan requested for CQRG July.
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, next steps agreed as full continence review. Scoping meeting arranged.
Significant backlog of patients waiting for a falls risk assessment from the Falls prevention service due to increasing demand.	Formal request made at June CQRG to establish actual risks and actions put in place to see new patients at hubs. CCG to examine commissioning risk.
Workforce risk	There is evidence of assurance following a desk top review that workforce issues are part of a wider workforce strategy in CSH and were being risk managed by the provider. Safe staffing was covered in CQRGs but it was agreed to highlight this to the Governing Body and to look at available benchmarking in this area. Risk being monitored on the risk register.

Epsom and St Helier	
Issue	Action
The Trust received a rating of “Requires Improvement” from the CQC inspection in May 2016	Significant progress on actions has now been made and CCG are supporting a series of CQC style inspections
Incidence of HCAI at the Trust with continued evidence of poor compliance with the hygiene code	Infection Control leads are now in place across all clinical areas driving up the quality of the hand hygiene audits which should improve overall compliance
Dementia Screening Performance on a downward trajectory and not meeting required levels	A formal email has been sent from the Chair of the CQRG to ask for immediate action to be taken and an action plan to resolve the identified issues
Safe Discharge information to Community Hospitals	The trust has met with senior leaders from CSH to identify the issue and agree immediate mitigating actions. An action plan was agreed and the CCG is waiting to receive this
Surrey and Borders Partnership FT	
Issue	Action
<u>Data Quality</u> During the implementation of a new data system at the end of 2016 the Trust experienced a number of issues that have led to delays in producing good quality data which have continued. The Trust has been working with NHS England to increase confidence in the data by finding a solution to data automation issues within System One.	In May 2017 commissioners asked SABP asked to respond to the on-going concerns. A paper is being submitted to the CQRG describing the work SABP to improve records to give a truer reflection of how well the Trust is doing against its quality standards. Further information will be available in the September report to this Committee.
<u>Early Intervention in Psychosis</u> There has been an on-going concern about performance which has been attributed to a major issue with data quality.	At the May CQRG it was reported that data is now automated and revised reports would be presented to the June CQRG. The issues concern waiting times and integrated care plans and commissioners requested that future reports reflect this. The matter has been escalated to the contract group with a view to raising a contract query if performance does not improve.
Kingston Hospitals NHS FT	
Issue	Action
In March 2017, the Trust had 7 reportable incidents of Trust acquired pressure ulcers. All were discussed at the Intermediate Pressure Ulcer Management Plan (PUMP) meetings.	Although the number of cases has dropped from 11 in February, the Trust is continuing its focus on preventing tissue damage.

Four were deemed avoidable and three were deemed unavoidable.	
Surrey and Sussex Healthcare (SASH)	
Issue	Action
Referral to Treatment target (18 weeks) not meeting standard	Performance continues to decline. A joint Service Review led by East Surrey CCG is planned and the Trust action plan will be reported to the CQRG in July.
HSMR (mortality) for #NOF continues to rise above expected levels	An external clinical review has identified no care delivery problems. Coding accuracy is being reviewed and put into action and it expected that future rates will reduce. If no reduction then further action will be considered
Stroke Quality performance under expected levels	Deep dive review at May CQRG to understand issues and actions being taken. National peer review of services expected in early July.
South East Coast Ambulance (SECAmb)	
Issue	Action
On-going concerns regard R1 and R2" performance	There are detailed actions within the URP that had shown some positive step changes in R1, R2 and A19. Trajectories have been agreed for Q1 using the previous methodology with updated trajectories for the rest of the year to be agreed following the piece of work being completed by Deloitte. Further work continues to be focused on initiatives such as CFRs and Fire Co responders, improvements in call cycle time and also changes to H&T to better manage the activity and where possible avoid conveyance to hospital.
Improvement in Ambulance Clinical Outcome Indicators	The lead CCG attended a workshop with SECAmb in April 2017 to identify appropriate COI targets and other clinical outcome priorities for the 2017-19 contractual years. It is expected that SECAmb will develop a project mandate for taking this work forwards into 2017-18 according to milestones and targets within the contractual requirements. The Survival to discharge data is significantly lower than expected due to a change in procedure within the Trust. The Clinical Audit Lead has been

	working with the Clinical Audit Supervisor ensuring that the processes are supporting better data entry along with enhanced updates for the receiving hospitals.
Medicines Management - significant concerns following audits carried out on two sites	An independent review of the medicines management has been commissioned. On-going monitoring will continue through the Single Oversight Group. SECAMB have identified that there is a task and finish group in place and the improvement plan has been rewritten, all actions within the plan are currently up to date with completion. There is a NWS CCG GP representative on the newly formed Medicines Governance group within SECAMB.
Serious Incident management not effective	Incident reporting (including serious incidents) and safeguarding forms part of the SECAMB Unified Recovery plan, oversight for these areas is at the Single Oversight Group. Commissioners have requested a trajectory for when SECAMB will be compliant with their submission of SI reports, which will be tracked at the monthly SI panel held by Swale CCG on behalf of the three counties. They are due to provide this tracker by the end of June 2017.
Royal Marsden Hospital FT	
Issue	Action
RMH did not meet the 62 day urgent GP referral standard in March (before reallocation) with performance at 84.75% (target 85%) but was at 91.74% after reallocation.	The revised trajectory incorporates plans submitted by referring trusts within SW London to ensure referrals are made to RM by day 38 wherever appropriate. The 2017/18 trajectory indicates that a compliant position on reallocation from April 2017 should be achieved, dependent on referring organisations achieving their own trajectories.
St George's Hospital	
Issue	Action
<u>Infection Prevention and Control</u> For April 2017 the position for cleaning and decontamination has fallen below target reporting 94.2% against a target of 95%. Hand Hygiene has also dipped	An external review is expected to take place by NHS England (NHSI) and the Clinical Commissioning Group (CCG) infection control leads to review standards of practice and compliance

below target of 95% reporting 91.45% for April.	against the hygiene code. The Infection Control team is recruiting a support nurse for 6 months to focus on Hand Hygiene compliance and education across professional groups.
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.	It was reported in May that 1,100 referrals had had a comprehensive review; 107 of these needed urgent follow up, 3 of these have occurred harm due to the delay which will be discussed in further detail at the June CHG.

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.
Epsom Medical	
Issue	Action
No issues to report	
Ramsey Ashtead	
Issue	Action
The latest CQC report was published on 30 th May 2017 with a number of Must dos and Should dos	The provider will be asked to present their actions to respond to the must dos and should dos

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

3.1 Safeguarding Children, Adults and looked After Childrens – July 2017

This exceptions report summarises safeguarding children, adults and looked after children activity since the last report.

National Context – Legislation / Guidance / updates

Adults Safeguarding, Children Safeguarding, Looked after Children:

PREVENT

NHSE are currently migrating to UNIFY2 to collect Prevent data from priority areas, this is to ensure a more automated and efficient way of collecting Prevent data. For those who have been in non-priority areas there has not been a national requirement to submit data to NHS England, however, in the coming year this is due to change.

Prevent remains a National Priority for Safeguarding in NHS England and for this reason NHSE will require all Trusts and Foundation Trusts to provide Prevent data on UNIFY2 in the coming financial year.

In preparation the Prevent Returns Template has been revised, information and an update has been circulated to Surrey health providers in preparation for the change

Changes to Deprivation of Liberty Safeguards

The Law commission has published a report and draft Bill on 13th March 2017 setting out recommendations. The final report and draft Bill recommends that the DoLS be repealed with pressing urgency and sets out a replacement scheme for the DoLS – which is called the Liberty Protection Safeguards. In addition the draft Bill makes wider reforms to the Mental Capacity Act which ensures greater safeguards for persons before they are deprived of their liberty. It is now up to the government to decide whether to take the commission's recommendations forward. You can find further information and access all the documents via <http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>

Changes to Mental Health Act - Sections 135 & 136

The Policing and Crime Act 2017 has introduced changes to the Mental Health Act. The key changes are: Section 136 can be used in more places than before. Previously a person could only be detained if they were in a place which the public had access to. With the change in the law, a person can be detained if they are

anywhere other than a person's home or garden. This means a person can now be detained if they are within a business premises or other places which are not accessible to the public. There is a reduction in the length of time that a person can be detained before having an assessment completed and assessments prior to someone being detained by the police under Section 136. For more information, please see: [Changes to the Mental Health Act 1983](#)

Looked after Children

Additional guidance has been distributed by NHSE which details the tariff charges for completion of health assessments for children placed in Surrey from other local authorities. Previously it was up to the provider to develop a Service Level Agreement to the placing authority, this new guidance aims to cut delays in children receiving the statutory health assessments by removing the need for SLA's to be agreed prior to work being completed.

Local Context

Safeguarding Adults:

During June with funding provided by NHS England Guildford and Waverley CCG have delivered Mental Capacity Act and Deprivation of Liberty training to Guildford and Waverley CCG GP Practices and the Royal Surrey County Hospital

Surrey Safeguarding Adults Board (SSAB)

The SSAB last met on 18th May 2017, Clement Guerin who has recently taken up the role of Head of Safeguarding at Surrey county Council was introduced to members
The following items were discussed

- One Stop Surrey
- SECAMB Action plan update
- Closer working SSCB/ SSAB
- SSAB Performance Management Framework - Round up and forward plan
- MARAC
- Domestic Abuse and Sexual Exploitation Board
- Safeguarding Adult Groups (SAG)
- SSAB Annual Report Executive Summary
- Police survey on Domestic Abuse
- Domestic Abuse – Stepping up project
- NHS England Money
- Friends against Scams

The SSAB have developed a new SSAB Competency Framework and this can now be accessed on the SSAB website <https://www.surreycc.gov.uk/social-care-and-health/contacting-social-care/surrey-safeguarding-adults-board/surrey-safeguarding-adults-board-information-for-professionals/surrey-safeguarding-adults-multi-agency-procedures-information-and-guidance/surrey-safeguarding-adults-board-multi-agency-competency-framework>

2.2 Safeguarding Children:

Child Protection-Information Sharing (CPIS)

CPIS is a national system that connects local authorities' child social care IT systems with those used by NHS unscheduled care settings in England, to provide better care and earlier intervention for children who are considered 'vulnerable and at risk'. A working group has been established with Surrey Health providers, Surrey Social Care and Surrey CCG's Safeguarding Team in order to take the implementation of CP-IS forward. Work is progressing and it is anticipated Surrey County Council and the majority of health trusts will go live at the end of August.

Surrey Safeguarding Children's Board (SSCB)

The SSCB last met on 15th May 2017, and the following items were discussed

- SSCB Dashboard
- Staff and agency changes
- Improvement Board update
- CSE & Missing update
- Draft SSCB Annual Report
- Learning /Recommendations from Serious Case Reviews
 - Child FF
 - Child GG
 - Child LY
 - Child MM
- Children & Social Work Bill

Surrey County Council Children's Improvement Board

The Surrey Children's Improvement Board last met in February 2017, details of what was discussed can be accessed via the following link

<https://www.surreycc.gov.uk/social-care-and-health/partnerships-and-programmes/childrens-improvement-programme/childrens-improvement-board>

2.3 Looked after Children

OFSTED Inspection / Care Leavers

The OFSTED two day monitoring visit which took place in January focussed on children that are looked after and included care Leavers access to health histories. In response to this the Designated Doctor for looked after Children recently undertook an audit of care leavers reports, which included those who had had initial health assessments at age 17 and would be leaving care before their 18th birthday. Results of the audit will be detailed in the September Looked after Children Annual report.

The Health Passport is currently in the process of being finalised, feedback on the previous Health Passport noted that it needed further refinement. An improved format has been agreed which will enable the passport to be individually tailored to meet the needs of each child, once resource allocation has been agreed it will be rolled out across Surrey.

Health Assessment Performance 2016/17

The new contract for delivery of Initial Health assessments for children placed out of county is now operational. The monitoring arrangements of the contract remain under review for the period until March 31st 2018 with the new provider. The contract with Hampshire will be reviewed and will run until March 2018 with an option to renew for a further 2 years

The completion rate for Review Health Assessments reached the 85% target for the first time this year, this figure includes returns for out of county placements. It has to be noted that the numbers completed overall have risen including those completed for children not in the reporting cohort, e.g. left care or aged 18yrs before the 31st March

A workshop was held at the end of May, between Health and the Local Authority Looked After Children Teams to agree a swifter pathway for mainly Initial Health Assessments. The go live date for the agreed new process will be 03.07.17. There has been an allocated resource of a WTE assistant co-ordinator from the local authority.

Looked After Children Health Team

A Looked after Children's nurse in the provider, retired in May 2017, the recruitment process has now been completed, a 0.6wte nurse will be in post from August. In addition to this there is the opportunity for bank work to support children placed out of county. Surrey Children and Families (The Alliance) is currently formulating its new structure and the effect on the team will be included in the next report.

Risk

As the host for safeguarding children adults and looked after children G&W have added the following overarching risk their risk register:

'If the CCG's safeguarding contract monitoring is not robust, they we will not meet the statutory obligations for safeguarding & Looked After Children'

All underlying risks identified are closely monitored by the Surrey Wide CCG Safeguarding Team

Actions Required by CCG

- For the CCG to note the overarching risk and add to their own organisations risk register
- To note this report

3.2 Healthcare Associated Infections (HCAI)

CCG Quality Premium (QP)

As previously reported, there is a national ambition to reduce healthcare associated Gram-negative blood stream infections (GNBSIs) by 50% by March 2021 and this is a Quality Premium for CCGs during 2017-19.

During 2017/18 the focus will be on *E.coli (Escherichia coli)* as a one of the largest GNBSIs infection groups.

The lead for this programme sits within NHS Improvement although the Quality Premium is recognised as a commissioner tool for improvement.

At present, it is acknowledged that outside of the financial incentive, the ambition to reduce GNBSIs and improve associated care pathways is the right thing to do. The challenges relate to obtaining the right levels of engagement and resources to support the work required.

The requirement to collect data on community E.coli cases is causing concern for some CCGs. The Quality Premium requires that a core data set is collected to provide intelligence regarding local risk factors and to inform improvement work. Acute Trusts have to date been recording a basic data set on E.coli cases. This has now been expanded within the PHE Data Capture System (DCS) to identify risk factors. At present CCGs are unable to access the DCS to complete this data set for community cases and so the Quality Premium suggests exploring access via the local Trust or completion of a local data set.

CCGs in our local health economy have also expressed concerns about the potential issue of data collection. The Quality Premium is not mandatory, though there is a national ambition to reduce GNBSIs by 50% by 2021 which indicates that push for improvement will continue.

Locally deep dives and potential work across the STP footprint have been proposed as workable ways of gathering insights to inform improvement work. There has been some discussion around the need to plug in to work already under way regarding long term conditions, frail elderly care, sepsis, emergency admission avoidance and out of hospital care as well as the Anti-Microbial Resistance work which has been very successful to date. Working with community providers and appropriate questioning at local Quality meetings are seen as a way of raising the profile of this agenda.

Our Approach

In recognition of the resources for support required the CCG has commissioned North East London Commissioning Support Unit (NEL CSU) to undertake a scoping exercise and gap analysis in order to develop a strategy to achieve the Quality Premium 2017-19 Part a) (i and ii) reducing Gram Negative Bloodstream Infections (GNBSI).

Additionally there will be a gap analysis of scrutiny and oversight of IPC in our commissioned services against The Code. A report with recommendations for improvements will be

provided. It is anticipated that this piece of work will be completed during August and early September 2017.

In terms of the Surrey approach to E.coli there is also planning in place to carry out an audit/RCA of a number of cases at the Acute Hospitals across Surrey including Epsom to identify improvement work and best practice. The first meeting to progress this will be held on 14th August 2017.

Progress against the Quality Premium will be reported quarterly in future reports to the Quality committee and Governing Body.

In addition, the CCG monitors other incidence of HCAs including MRSA Bacteraemias against which there is a zero tolerance approach.

The table below provides a summary of all MRSA Bacteraemia cases during 2017-18. 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
05.04.17	546637	ESTH	SDCCG/ ESTH	Avoidable /Unavoidable	awaiting final report
12.05.17	554058	ESTH	ESTH/ SDCCG	sent to NHSE for arbitration as PIR identified intractable case	some learning but would not have changed outcome of this case